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The Reader Is a Competent Nonspecialist

In the classic style, you and the reader are equal in the sense that you both are capable of seeing what is manifest in the window you are viewing together. It is against the spirit of the classic style to insinuate that only you, the expert, can understand what is going on. You might have expertise that the reader lacks, but once you have viewed the facts together, you are equally in possession of them. Ultimately, your authority derives not so much from your credentials, but from your ability to perceive what others did not notice and communicate what others did not have the words to articulate, but can verify for themselves once you have explained it.

The first caveat of writing reports is that readers will strive mightily to attach significant meaning to anything we write in the report. The second caveat is that readers will focus particularly on statements and numbers that are unimportant, potentially misleading, or — whenever possible — both. This is the voice of bitter experience.

Report Comments

CONFIDENTIAL EVALUATION REPORT

Thornfield Psychological Associates

Name	Antoinetta Mason	**Evaluation Dates**	10/1/2018–10/15/2018
Birthdate	6/28/1990	**Report Date**	10/16/2018
Age	28	**Examiner**	Currer Bell, PhD

uvádění zdroje informace – sourcing/attributing

Important Information to Gather About the Referral Question

- When did the problem start?
- How old was the examinee when the problem was first noted?
- How frequent is the problem?
- What is its duration?
- How intense is it?
- How long has this concern been present?
- Why did you seek an assessment right now?
- What are some specific *examples* of the problem?
- What do you hope to gain from this evaluation?
- After this assessment is complete and we meet again to review the findings, what would you like to know that you do not know already?

- Erica Pinel sustained a head injury in an automobile accident 6 months ago. Although her physical recovery is nearly complete, inattention, forgetfulness, and mental fatigue have interfered with her ability to resume full responsibilities as head chef at the restaurant that employs her. Dr. Madhu Puri, Ms. Pinel's physician, referred Ms. Pinel for an evaluation of her current level of cognitive functioning. Ms. Pinel wishes to know if her head injury has affected her short- and long-term memory, as well as her ability to learn new skills.
- Noelle, a sophomore in pre-medicine, referred herself for an evaluation because of difficulties with spelling. Many of her teachers over the years have suggested that she be tested, but her parents never pursued an evaluation. Recently, a college English professor spoke to her about her many mistakes in writing and strongly recommended that she contact the university learning disabilities clinic for dyslexia testing. Noelle would like a better understanding of why she has such difficulty spelling, as well as suggestions for how she can improve her skill.
- Gavin referred himself for an evaluation because of concerns about his present performance in law school. Although he understands the concepts of the presented material, he finds that he often does not have enough time to complete examinations. Consequently, he is unable to demonstrate his mastery of the information. He also finds that he spends an inordinate amount of time completing assigned readings. The purposes of the present evaluation were to determine Gavin's present levels of performance, consider eligibility and need for services, and propose appropriate accommodations.

uvádění zdroje informace – sourcing/attributing

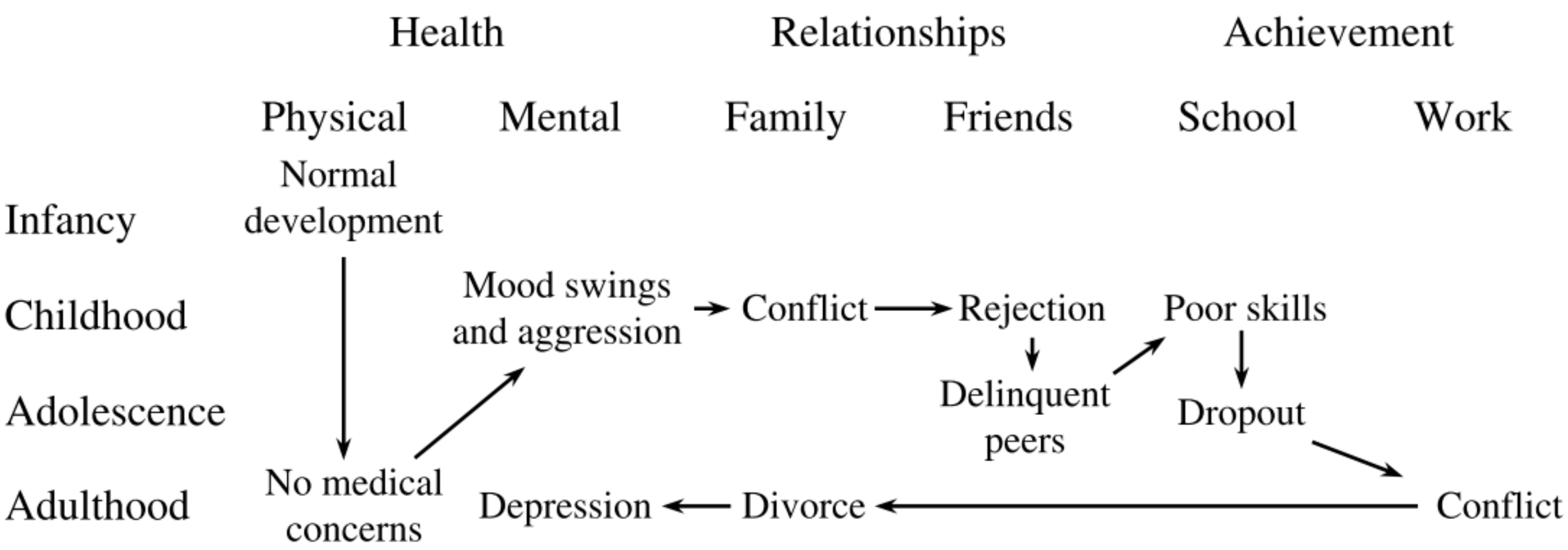

Figure 4.5. Example of Alternating Between Chronological and Thematic Narrative Structures

- Mental health history of family members
- Criminal history of family members
- Substance use among family members
- Physical, emotional, and sexual abuse history of family members
- Sexual orientation of family members who are not fully "out"
- Details about family feuds and marital strife
- Family members' complaints about each other (e.g., ex-spouses) and people who are likely to read the report (e.g., school personnel)

If you include behavioral observations in your reports only out of a vague sense of obligation to the traditions of our profession, you can easily find yourself producing aimless, pointless, disjointed lists of behaviors that have no connection to the case conceptualization, the diagnosis, or the recommendations at the end of the report. Describing behav-

We have warned against two approaches to describing behavioral observations:

- Let me tell you about everything that happened, in the sequence in which it happened.
- I will prove to you that I am right with this exhaustive list of observations.

- Determine the behaviors that you should describe.
- Describe the specific behaviors and use examples.
- Explain to the reader your interpretive hypotheses about the behaviors indicated.
- Support these hypotheses with specific examples.
- Organize your thoughts logically.

Similarly, simply writing "He was tired" does not provide as clear a description as writing "His continual yawning and eye-rubbing were indicative of fatigue."

DON'T FORGET

Dos and Don'ts of Writing the Behavioral Observations Section

Don't	Do
1. List a string of behaviors without providing interpretive hypotheses.	1. Write a list of interpretive hypotheses about the person as soon as the session is over (without dwelling too much on specific behaviors).
2. List an array of hypotheses without providing behavioral examples.	2. Examine the specific notes of behaviors observed.
	3. Blend the interpretive hypotheses with specific behaviors to write paragraphs that integrate both interpretations and specific behaviors.

CAUTION

Remember that most direct observation occurs in the unnaturalistic setting of the testing environment. Do not assume that these behaviors are persistent personality traits. The observed behaviors may not be representative of the individual's typical behaviors.

DON'T FORGET

Even if the behaviors observed during an evaluation are atypical for the person being evaluated, they are critical to understanding that individual's test performance.

Behavioral Domains to Cons

- Physical appearance
- Ease of establishing and maintaining rapport
- Communication
- Response to failures
- Response to feedback
- Attention
- Problem-solving strategies
- Attitude toward self
- Unusual mannerisms or habits

Specific Behaviors

- Andy persisted on puzzle-like tests for the allotted time even though it was clearly frustrating for him.
- Failure on an item did not diminish his motivation on subsequent tasks.
- He complained of boredom while filling out a long questionnaire, yet he asked multiple questions to make sure he understood what the questionnaire items meant.
- His efforts throughout the evaluation did not flag even at the end of the day after he said he was tired.

Interpretive Hypothesis

Andy is unusually able to focus his attention for long periods of time, even when bored, tired, or frustrated.

Integrated Paragraph

Andy demonstrated repeatedly that he is able to stay focused, even when he is bored, tired, or frustrated. For example, he paid close attention to detail during long tasks he considered dull. In addition, he was persistent on challenging tasks even after he became visibly frustrated. Furthermore, he demonstrated stamina and self-regulation by working steadily and carefully throughout the evaluation despite signs of boredom and fatigue.

1. Josie's score on the Woodcock-Johnson IV Spelling test was 95, which corresponds to a percentile rank of 37.
2. Josie can spell about as well as most children her age.

What is this test, the Woodcock-Johnson Eye-Vee Spelling test? Does it tell us all we need to know about a person's ability to spell? Is 95 a good score? What is a percentile rank? Does that mean Josie came in 37th place? … 'cause there aren't that many kids in her class. Or does it mean she got 37% correct? That does not sound like a good performance—we called that an *F* when I was in school. That's the thing about spelling tests, if you don't study in advance, you can really bomb 'em. I know a few times I sure did. Did Josie have the opportunity to study the spelling words in advance? If not, I don't see how the test is fair.

Some inconsistencies are easily resolved: The data are simply in error. Because scoring errors occur frequently in assessment protocols (Rodger, 2011; Styck & Walsh, 2016), this should be the first hypothesis you consider. Any unexpected finding needs to be

Principles of Report Organization

- Choose a basic organization scheme.
- Move from global to specific.
- Use headings and subheadings.
- Move from standardized to informal results.
- Use global themes to organize.
- Use contrast to highlight major findings.

Test Scores Alone Are Not Sufficient

Do not base strong claims on a single data point. Always seek out supporting evidence.

Where to Look for Explanations for Divergent Information

- Look at behavioral observations before, during, and after the subtest or test that yielded inconsistent data.
- Consider the type of stimuli (e.g., verbal versus nonverbal, complex versus simple, auditory versus visual, timed versus untimed).
- Consider the environment (e.g., Were the behaviors consistent during the assessment but different from those observed at school? Is inattention a problem at school but not at home? Does the mother report oppositional behaviors but not the teachers?).
- Determine whether any situational factors during the assessment such as anxiety, fatigue, poor attention, or lack of interest contributed to the divergent test scores.

Hypothesis	Supporting Tests and Subtests	Behavioral Observations	Background Information	Supplemental Test Data
Slow processing speed and slow reading rate	• Letter-Pattern Matching • Digit Symbol-Coding • Symbol Search • Reading Fluency • Test of Word Reading Efficiency	• Approached tasks in a hesitant manner • Skipped a row of numbers • Placed finger under text when reading	• Mother said that Julia has trouble finishing tests. • *Contradictory data:* Julia reported that she completed most sections of the SAT within the time limits.	Performance on Nelson-Denny much higher on untimed (90th percentile) than timed format (10th percentile).

Reader-Friendly Descriptions of Test Score Types

Score Type	Reader-Friendly Description
Raw scores	Raw scores are the number of points assigned for a test scale. For example, on some tests, the raw score is the number of questions answered correctly. The meaning of raw score points depends on how difficult the questions are for people at different ages. To make raw scores easy to understand, they are transformed to more interpretable scores, like percentile ranks.
z-scores	A *z*-score scale has a mean of 0. About 68% of *z*-scores are between −1 and 1, and about 95% of *z*-scores fall between −2 and 2.
Stanines	Stanines range from 1 to 9. Scores of 1 to 3 are low, 4 to 6 are average, and 7 to 9 are high.
Stens	A scale which ranges from 1 to 10. Scores of 1 to 3 are low, 4 to 7 are average, and 8 to 10 are high.
Scaled scores	The average scaled score is a 10. Over half of the population obtains a score between 8 and 12. Over 95% of scaled scores are between 4 and 16.
T scores	The average T score is 50. Over two-thirds of T scores are between 40 and 60. Over 95% of T scores are between 30 and 70.
Index scores	The average index score is 100. About half of the population obtains an index score between 90 and 110. Over 95% of index scores are between 70 and 130.
Percentile ranks	The percentile rank is the percentage of people the examinee's age who have the examinee's score or lower on this test. It does *not* refer to the percentage of questions that were correct.
Age-equivalents	An age-equivalent score is the age at which most people obtain the examinee's score. For example, an age-equivalent score of 4 means that the examinee obtained the same score as the average 4-year-old.
Grade-equivalents	A grade-equivalent score is the grade level at which most students obtain the examinee's score. For example, a grade-equivalent of 5.5 means that the examinee obtained the same score as the average student halfway through the fifth grade.
Relative Proficiency Index	The relative proficiency index indicates the probability the examinee will succeed on a test item that typical peers have mastered (i.e., have a 90% success rate). A relative proficiency index of 96/90 suggests the task is easy for the examinee, whereas a score of 75/90 indicates that the task is difficult for the examinee.

Test-Centered Versus Person-Centered Descriptions

Test-Centered	Person-Centered
Ophelia performed relatively poorly (10th and 7th percentile) on the KABC-II Verbal Knowledge and WJ IV COG General Information subtests, both of which measure vocabulary and acquired knowledge.	Ophelia does not know as many words or have as much general knowledge as typical same-age peers, scoring in the bottom 10th percentile or less on tests of these abilities.
The contrast between Amanda's score at the 5th percentile on WISC-V Vocabulary and the 75th percentile on Peabody Picture Vocabulary Test-4 (PPVT-4) suggests that her receptive vocabulary is better than her expressive vocabulary.	Amanda is generally able to understand vocabulary words appropriate to her age but has considerable difficulty explaining what those words mean.
Ken's score on the BASC-3 Depression was 78 but on the Parent scale of the same name his mother's ratings yielded a score of only 58, which is significantly lower.	Ken has felt depressed for the last 4 months since he moved away from home to attend college. His private thoughts have been relentlessly self-critical, and he has been isolating himself from his friends. However, when family comes to visit, he is able to maintain a pleasant demeanor temporarily so as to, in his words, "not bother anyone with my problems." Thus, although Ken's mother noticed that he has been isolating himself from others, she is not aware of the full intensity of his distress because he has successfully concealed it from her.

Někdy přímo součástí interpretace testových výsledků

Remove Unnecessary Qualifications and Excessive Sourcing

Statement	Reason for Edit
~~If Julia's mother's recollection is accurate,~~ Julia was born 6 weeks premature.	If anyone is going to be accurate about such a matter, it is going to be Julia's mother.
~~According to~~ Julia's teacher~~, he~~ gives her extra incentives to stay focused on her seatwork.	There is no reason to doubt Julia's teacher's words here. The original wording suggests that Julia's teacher might have lied, or at best, is confused.
~~The BASC-3 Self-Report of Personality indicates that~~ Julia ~~possibly~~ has high levels of anxiety.	Rating scales do not have enough authority to stand on their own. Your judgment cannot be outsourced to them. Once the interpretation has been properly confirmed, the reference to the rating scale as a source is superfluous.
~~Exposure therapy may help Julia manage her debilitating fear of dogs, but it is impossible to know for certain.~~ I recommend exposure therapy to help Julia manage her debilitating fear of dogs.	Almost anything *may* help Julia. What is your *recommendation*? There is no need to undermine confidence in your suggestions. It is widely understood that a recommendation is not a guarantee. If you are not ready to make a suggestion you can stand by, your assessment is not yet finished.

CAUTION

If you don't have enough evidence to be certain of your statement, then don't write it, or go collect more evidence so that definitive language can be used.

ZADÁNÍ SEMINÁRNÍ PRÁCE

ZPRÁVA Z VYŠETŘENÍ

MANDÁT >> RAPORT

Souhlasí s ….

Je si vědom, že…

NE „Byl informován…“

Informed Consent

We discussed the evaluation/treatment procedures; what was expected of both the client and the evaluator/therapist; who else would be involved or affected; the treatment's risks and benefits; and alternative methods' sources, costs, risks, and benefits.

This client understands the risks and benefits of giving and withholding information.

The client understands the procedures that he/she is being asked to consent to and their likely consequences/effects, as well as alternative procedures and their consequences.

I have informed the client that the information he/she provides will be incorporated into my report, which I will send to _____, who referred him/her to me for evaluation.

I advised the client that I am not her/his treating psychologist, that we will not have a continuing professional relationship, and that no records will be kept at this/my office.

The client knows that the results of this evaluation will be sent to . . . and used for . . .

In a continuing dialogue, these have been explained in language appropriate to his/her education, intellect, and experience.

Voluntary Consent

This client understands and willingly agrees to participate fully.

The client understands that she/he may withdraw her/his consent at any time and discontinue the evaluation/treatment.

Competency to Consent

Based on our interactions, I have no reason to suspect that this person is not competent to consent to the evaluations/procedures/treatments being considered.

The client is not a minor or mentally defective; nor does he/she have any limitation of communication, psychopathology, or any other aspect that would compromise his/her understanding and competency to consent.

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