Wintrob, R. M., & Harvey, Y. K. (1981). The self-awareness factor in intercultural psychotherapy: Some personal reflections. In P. P. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* (Revised and expanded edition). Honolulu: University Press of Hawaii.

Yutrzenka, B. A. (1995). Making a case for training in ethnic and cultural diversity in increasing treatment efficacy. *Journal of Consulting and Clinical Psychology, 63,* 197–206.

Zayas, L. H., Torres, L. R., Malcolm, J., & DesRosiers, F. S. (1996). Clinicians definitions of ethnically sensitive therapy. *Professional Psychology: Research and Practice, 27,* 78–82.

CHAPTER 7

CLINICAL WRITING

Clinical writing is different from other writing you have learned. The purpose, style, subject matter, and format of clinical reports require a new set of skills that very few students are trained in during their undergraduate education. This chapter and the next are designed to help you understand the process and content of clinical writing so you can begin to develop skills that will serve you throughout your academic and professional career.

One way to approach this topic is to assume that students have mastered basic writing skills and need only to focus on the unique aspects of clinical writing. My experience suggests this assumption is sometimes valid, but more often than not, students have trouble with clinical writing because they have yet to develop their general writing skills. Based on that experience, along with discussing clinical writing, this chapter offers suggestions for improving your overall writing skill. If your writing skills are already well established, you may want to skim the initial portions of Chapter 7 and spend more time on the later material. Most students will be well advised to read all the chapters carefully. As Fischer (1985) has observed, many of the principles of writing good reports are "commonsensical . . . but not yet commonplace."

WRITING CAN BE LEARNED

It is sometimes said that writing is a gift and cannot be taught. That statement is false. Writing, like any other skill, can be taught and learned by most people. This does not mean we will all win Pulitzer prizes, but it does mean most students can learn to write reports that are accurate, clear, and in a style that is consistent with professional standards. If you are fortunate enough to have developed good writing skills already, this chapter will help you adapt those skills to clinical writing. If writing has never been a strong point for you, take heart in the following anecdote.

The summer before my first year of graduate school, I spent two months hiking and climbing in the mountains near my family home in Colorado. Much of that time, I hiked alone and I often went for several days without speaking, hearing, reading, or writing a word. The experience was therapeutic, but it also posed a problem when graduate school began.

Among the requirements for all first-year students was a course in psychological assessment. The course involved learning to administer, score, and interpret the major psychological tests. The course also involved writing two lengthy assessment reports each week.

As an undergraduate, I was an average writer but received no specific training in clinical writing. After spending so much of the summer away from language, I found the task of writing in graduate school extremely difficult. In a time before word processing, I worked days on each report, typing, erasing, retyping, starting over, and finishing at 2:00 or 3:00 A.M. on the morning reports were due. To make erasures easier, I used specially treated erasable paper. To save money on "white-out" liquid, I was tempted to buy a gallon of white interior latex wall paint and use it instead. At one point, when my manual typewriter kept skipping spaces between letters, I literally pitched it out our second-floor window.

Despite my best efforts, on embarrassingly frequent occasions reports were returned with huge red Xs or NO! covering the entire first page. With innate clinical skill, I sensed that these messages were a sign of dissatisfaction on the part of my professor. I was right. Indeed, midway through the semester I was told that if my writing did not improve I would have to retake the course or might even be dismissed. Faced with this disheartening news, I asked what I could do to improve my skills. The instructor replied that he did not know. He could teach assessment, but he could not teach writing. I would have to learn to write somewhere else.

The standard resolution to such stories is to conclude: "Looking back on the experience, it was probably very good for me." Without offering that cliché, I can say that as the result of my own difficulties in writing I may have learned some things that will help readers of this book develop their skills more efficiently. I begin with simple rules that apply to all writing.

FOCUSING READING TO LEARN WRITING

One of the best ways to improve your writing is to change the way you read. Most of the time when people read, they

are interested primarily in the content of what they are reading. They want to know the news of the day, learn what the journal article concludes, or discover how a story turns out. This emphasis on content is a fine way to gather information but it is not likely to improve your writing. For reading to help improve your writing, you must focus on structure and style, not just on the information. The focus of reading then changes from what the writing is about to how the piece is written.

A useful analogy may be to think about how a person who plays the violin will listen to a violin concerto much differently than a casual spectator with no aspirations of playing the instrument. The casual spectator merely enjoys the melody. The person learning to play attends closely to the technique of the musician. Similarly, people who do not play golf themselves may watch only to see how far and straight the ball goes. By comparison, a person who wants to learn the sport ignores the ball and focuses instead on the player's motions.

If you want to learn how to write clinical reports, a good place to begin is by reading reports others have written. When you do this, remember to change your focus. Merely reading the content of other reports will tell you little about how to write about clients you might see yourself. What really matters is the structure and style used in the reports. The specific content will change from client to client, but you can use structure and style again and again.

As an exercise to illustrate the distinction between content and style, consider the following sentence pairs. The contents of each pair are essentially the same, but they differ in style and structure. The differences are intentionally subtle and you are not told which is "better." Your task is to note the differences and give some thought to how they communicate information. You may also want to try rewriting the sentences yourself to see if you can improve them in some way. I will discuss these sentences further in a moment.

EXERCISE

Sentence Pairs
1. A. During the interview, the client said that he had never before been seen in therapy by a therapist.
   B. The client indicated no previous experience in therapy.
2. A. Test results suggest the presence of mild to moderate depression, anxiety, and concerns about family matters.
   B. According to the results of the test, there is evidence of depression in the mild to moderate range, along with anxiety and apparent concerns about issues relating to family.
3. A. William Smith is an affable, energetic, 75-year-old male, who arrived neatly attired in a dark gray suit, spoke openly about his presenting concerns,

and expressed a willingness to "do whatever it takes to get going again." Mr. Smith stated that he came to therapy out of concern that his sex life has begun to decline from a frequency of five to three times per week.
   B. William Smith is a 75-year-old male with a presenting problem of decreased sexual performance. At the time of the interview, he was well dressed and groomed and appeared to be well motivated.

PRACTICE AND FEEDBACK

Writing, like any other skill, is learned through practice, but practice alone is not enough. One also needs feedback and constructive criticism. Without such feedback, there is a risk of practicing mistakes rather than learning new skills. As an intern, you have access to at least three sources of feedback about your writing. Your peers, supervisor, and course instructor can all offer input about both the style and content of your clinical writing. I encourage you to take advantage of each of these resources because they will offer different perspectives and because you may find it easier to work with one person rather than another. In my own experience, when my instructor was unable to help with writing, fellow graduate students were the most valuable source of feedback. Indeed, had it not been for their help, I might not have completed my degree. Later, supervisors at several internship placements offered further assistance. The importance of feedback continues to this day as colleagues, editors, and students offer their comments and criticisms.

Just as you must read differently to improve your writing, you must also seek and accept a different kind of feedback. When people ask for comments about what they have written, they often ask with the hope of receiving positive statements. "Looks fine to me," "Very good," "Nice work," and so on, can help us feel good, but such comments do nothing to improve our writing. To make feedback productive, we must be willing to invite and accept blunt criticism and suggestions. Compliments are important, but we learn more by discovering mistakes and correcting them. One student expressed this well when he circulated a draft of his report to several peers with a cover note that said, "Do me a favor and be as critical as you can. Rip this apart. I mean it. I need your honest criticism and suggestions."

Because people are used to asking for and giving only general and positive comments, you may need to take the initiative to ask for more specific and critical suggestions. The most important step is to go beyond global "grade"-like statements and solicit comments about specific parts of what you have written. For example, rather than simply asking people to read your work and tell you what they think of it, ask someone to read each sentence or paragraph and tell you how the writing could be clearer or more succinct. Invite your readers

to suggest alternative ways of expressing what you have written. You may even ask them to write the same information in their words, then compare your work and theirs to see how each might be improved. I often instruct students to exchange their reports and offer one another criticism. With students' permission, I read reports aloud in class anonymously and ask for constructive group feedback about how the writing could be improved. Throughout the feedback process, you must be willing to wrestle with difficult phrases or passages until they come out the way you want. You may also have to throw out some of your favorite passages to make the overall writing work. This process of writing and revising helps develop the skills of the writer and of those who give feedback.

As a way of helping your reader give you the most useful suggestions, you may find the following instructions helpful:

> Please read this as carefully and critically as you can. I am not asking for you to tell me if it is good or bad. I want you to suggest how you think it can be improved. I welcome your comments and will appreciate whatever criticism you have to offer. As you read, please mark any sentences or phrases that are unclear, awkward, poorly worded, ambiguous, uninteresting, or in some other way lacking. If you have suggestions for improving sentences or passages, please feel free to write them. If there are problems with organization, please note them and suggest alternatives. If any information is omitted or is not expressed clearly, please identify what should be added or expressed differently. Finally, if there are any other changes that you think would help, I would welcome your ideas. Thank you in advance for your help. Honest criticism is very hard to find and I value your assistance.

Instructions such as these facilitate feedback in two ways. First, they give permission for your reader to be critical. Second, they suggest specific areas for the reader to focus on and ways of giving feedback about those areas. The next task is perhaps the most difficult. Having asked for honest criticism, you must be open enough to accept the criticism you receive without getting your feelings hurt or becoming defensive.

REWRITING

Before any of the chapters in this book were ready for publication, they each went through perhaps as many as 20 revisions. This comes as a surprise to some readers, but it merely reflects a basic yet often unappreciated fact about the writing process: Writing skill develops through rewriting (Zinsser, 1980).

There are two ways in which quality writing depends on rewriting. First, to develop your skills as a writer, you must gain practice through revising whatever you write. Writing is like anything else you want to learn. You have to try, make

mistakes, try again, make more mistakes, try again in a different way, make more mistakes, and so on, until your skills develop. This process of repeated revision helps you learn more efficient ways of writing and gradually enables you to write better first drafts.

Many students have not had experience rewriting because writing assignments in academic settings seldom require revision. The typical written report is submitted for a grade at the end of a semester but there may be no requirement or opportunity to receive useful feedback and a chance to rewrite the paper. As a result, students may have some practice in writing first drafts, and they may receive an evaluation of their writing skills, but such assignments do little to teach students how to write. Students do, however, learn the bad habit of expecting to write something once and then be done with it. This experience often creates resistance when students are eventually told they must rewrite a report or paper. It would be much better if every writing assignment in college and graduate school involved at least two drafts and feedback from multiple sources. This would develop the habit of revision and would improve writing skills far more than the predominant single-draft practice (Baird & Anderson, 1990).

Along with improving writing skills, rewriting is important because even the most accomplished authors realize they can always improve their first drafts. No matter how much skill one develops as a writer, rewriting will always be part of the process. Understanding and embracing this reality may be just as important as the development of writing skill itself.

COMMON WRITING PROBLEMS

As an instructor and supervisor, I have read several thousand papers and reports by students. This experience has taught me that most of the problems students have in writing can be grouped into a few categories. These include problems relating to clarity, choice of wording, grammar, transitions between topics, and organization. Students who do not write well produce sentences that lack clear meaning. Their writing often contains words that were chosen carelessly or mean something the student did not intend to say. Poor writers also have difficulty structuring the overall sequence of topics and connecting smoothly from one topic to another. These problems are all remarkably common and can lead to papers that are painfully difficult to read. The good news is that most of the errors can be corrected.

I have found several books to be particularly useful in helping students learn to write. Three books that address issues common to all writing are *On Writing Well* by William Zinsser (1980); the *Harbrace College Handbook* by Hodges, Whitten, Horner, and Webb (1990); and the classic, *The Elements of Style* by William Strunk, Jr. and E. B. White (1972).

Two excellent works geared specifically to clinicians are Norman Tallent's *Psychological Report Writing* (1988) and Constance Fischer's *Individualizing Psychological Assessment* (1985). Tallent has conducted extensive research on clinical reports and writing, and although his title addresses psychologists specifically, the book contains information that is useful to professionals and interns from many disciplines. Fischer's book, in addition to providing one of the clearest descriptions I have found of the assessment and report writing process, offers extremely valuable writing tips and a host of examples of common student writing errors and how to correct them. One other source that can help beginning clinical writers find suitable wording for reports is *The Clinician's Thesaurus 3* by Edward Zuckerman (1990). Faculty seeking to improve their students' writing may want to consult an article by Piercy, Sprenkle, and McDaniel (1996), which describes three educational approaches to teaching writing to family therapy and physician trainees.

Caution: Tastes, Supervisors, and Instructors Vary

The next section reviews the suggestions of the authors previously mentioned as well as insights gained from my own experience as a clinician, supervisor, and instructor. Before I offer those suggestions, a brief caveat is in order. Although I will present examples and explanations of what I consider good and bad writing, different instructors and supervisors may have opinions and preferences that vary from what is said here. If your instructor or supervisor offer alternative expectations or suggestions, there is no need to become frustrated by such differences. Instead, try various approaches and examine their differences. As you continue your training, you can develop a style that works best for you.

KEYS TO GOOD WRITING

Simplify Your Writing but Not Your Clients

Strunk and White (1972) instruct the writer to "Use definite, specific, concrete language. Prefer the specific to the general, the definite to the vague, the concrete to the abstract" (p. 15). In a similar vein, Zinsser's first principle of writing well is "simplicity." As he describes it: "The secret of good writing is to strip every sentence to its cleanest components" (1980, pp. 8–9). I strongly endorse these principles but add that the clinician's task is to simplify writing without simplifying the client. You must strive to write as simply and directly as possible, but you must also communicate accurately about your client.

The following examples demonstrate how simplicity and directness in writing can contribute to improved clinical reports.

Example 1

A. At various occasions during the interview Mr. Johnson exhibited signs of nervousness and distress.
B. In response to questions about his family, Mr. Johnson began to shift in his chair, stammered slightly, and appeared to avoid eye contact.

Note how the first example may sound as if it uses clinical language and form, but it actually speaks in very general terms. Words like "various occasions" and "signs of nervousness" do not really tell what the client did or when. By comparison, the second example directly describes Mr. Johnson's behavior and when it occurred. This lets the reader better visualize the client and connects specific behaviors with specific stimuli. Thus, by following the principle of preferring "the definite to the vague, the concrete to the abstract," the sentence is improved both stylistically and clinically.

The second example is one of the sentence pairs presented earlier in this chapter.

Example 2

A. William Smith is an affable, energetic, 75-year-old male, who arrived neatly attired in a dark gray suit, spoke openly about his presenting concerns, and expressed a willingness to "do whatever it takes to get going again." Mr. Smith indicated that he came to therapy out of concern that his sex life has begun to decline from a frequency of five to three times per week.
B. William Smith is a 75-year-old male with a presenting problem of decreased sexual performance. At the time of the interview, he was well dressed and groomed and appeared to be well motivated.

Which of the two descriptions, A or B, do you prefer? Why?

This example is more subtle and might be subject to more dispute, but for most situations I would prefer the description offered in A. There are several reasons for this preference. First, although the second example is clearly more succinct, that quality alone does not necessarily mean it is more direct or that it better represents the client. Describing a "presenting problem of decreased sexual performance" does not tell the reader what the problem is. For some, decreased sexual performance might mean going from having sex twice a month to once per month. As the alternative version shows, for this man decreased performance has a much different meaning. A second reason I prefer Example A is that it gives the reader a better sense of who the client is as a person, again because the description is more specific. "Neatly attired in a dark gray suit" paints a clearer picture than "well dressed and groomed." Similarly, using the direct quote that the client would "do whatever it takes. . ."

brings the reader closer to the client than saying he "appeared to be well motivated."

Fischer (1985) offers advice consistent with this example:

> Early in a report I provide physical descriptions of the client, in part so that the reader can picture the client throughout the written assessment. I try to describe the client in motion rather than statically, so the reader will be attuned to the ways the person moves through and shapes and is shaped by his or her environment. (p. 37)

Please note that although I would prefer the description offered in A for most situations, there are advantages to Example B and there are instances in which it would be preferable. The main advantage of B is brevity. If time is at a premium and there is little need to convey a sense of the person beyond the clinical data that follow, the description can be shortened. Your task as a clinician and as a writer is first to make a choice about what matters, then determine how best to include that in your report.

Omit Needless Words

One way to simplify your writing is to leave out words that are not needed. To appreciate this, compare the sentence you just read with the heading that preceded it. The heading, "Omit needless words," was borrowed directly from Strunk and White (1972, p. 17). It conveys the main idea in three words. By comparison, the sentence that followed took seven words (i.e., "leave out words that are not needed") to say the same thing.

Zinsser (1980) observes that: "writing improves in direct ratio to the numbers of things we can keep out of it that shouldn't be there" (p. 14). Strunk and White state:

> Vigorous writing is concise. A sentence should contain no unnecessary words, a paragraph no unnecessary sentences. . . . This requires not that the writer make all his sentences short, or that he avoid all detail and treat his subjects only in outline, but that every word tell. (1972, p. 17)

To illustrate this point, let us return again to the examples offered in the discussion of focused reading.

Example 1

A. During the interview, the client said that he had never before been seen in therapy by a therapist.
B. The client indicated no previous experience in therapy.

What unnecessary words has the second sentence eliminated? The phrase "During the interview" is removed because it can be assumed that is when the client spoke. The phrase "said that he had never before been seen in therapy," ten words, is replaced by "indicated no previous experience

in therapy," six words that mean the same thing. This cutting of words saves time and makes the report shorter but sacrifices no important information about the client. A similar process can be applied to a second example from our earlier discussion. Read the two examples and identify where and how needless words are omitted.

Example 2

A. Test results suggest the presence of mild to moderate depression, anxiety, and concerns about family matters.
B. According to the results of the test, there is evidence of depression in the mild to moderate range, along with anxiety and apparent concerns about issues relating to family.

Strunk and White offer similar examples of how everyday expressions contain many needless words. For instance, "This is a subject that . . . ," versus, "This subject . . ."; "I was unaware of the fact that . . ." versus "I was unaware that . . ." Common speech also unnecessarily places prepositions after many phrases or uses prepositions when other phrases would work better. Compare "Wake me up at seven" versus "Wake me at seven"; "Find out about . . ." versus "Learn . . ." Within the helping professions, clinical verbiage can complicate very simple matters. For example, "The subject was engaged in walking behaviors" versus "He was walking." Or, "He produced little verbal material" versus "He was quiet."

Just as dietary fat clogs your arteries, verbal fat will clog your writing. As shown in the preceding examples, learning to trim unnecessary words or phrases is a key step toward improving your writing. Zinsser puts this very nicely when he says, "Be grateful for everything you can throw away" (1980, p. 18).

As with the earlier recommendation to embrace rewriting, responding to the instruction to shorten your writing will take some adjustment. Students have learned that excess verbiage helps stretch papers to meet the 10-page minimum so often imposed by faculty. Now the message is to shorten those 10-page papers to the fewest pages possible and make every word count. Tallent suggests that one can tell a report is too long if the person who has written it:

> . . . is unhappy over the length of time required to write it and experiences difficulty in organizing a multitude of details for presentation. It is too long when it contains content that is not relevant or useful, when the detailing is greater than can be put to good use. (1988, p. 73)

Tallent (1988) offers examples of lengthy reports to illustrate his point. Following one such example he quips, "Just glancing at this report one may wonder if it is too long. On reading it, one may be sure that it is" (p. 139). To avoid such statements about your own work, practice trimming

away everything that is unnecessary. You will have much greater impact if you can express the most meaning with the fewest words, rather than the least meaning with the most words.

Choose Words Carefully

Along with limiting the number of words you use, be attentive to their meaning. Careful choice of words is essential to all your work as a clinician. In staff meetings, therapy sessions, and your written reports, the words you use will be crucial. As a clinician, you cannot afford to be careless or haphazard about what you say or write. You must be aware of all the subtleties of language and learn to say exactly what you mean. This is especially true of written reports because once a report is written others may read it without you being present to explain, clarify, or correct mistakes. Careless use of words can also come back to haunt you if your records or reports are ever used in a legal proceeding.

Zinsser advises: ". . . you will never make your mark as a writer unless you develop a respect for words and a curiosity about their shades of meaning that is almost obsessive . . ." (1980, p. 35). I agree and would expand this statement by substituting the word clinician for writer. You will never be a fully skilled clinician unless you are acutely aware of words, attend precisely to the words used by others, and think carefully about the words you use.

Tallent (1988) describes a series of studies in which various groups of mental health professionals were asked to indicate what they like and what they dislike in typical psychological reports. Among the factors most often criticized, ambiguous wording was frequently cited as a problem. The use of vaguely defined clinical terms also receives criticism in the literature. Tallent cites a classic study by Grayson and Tolman (1950) in which clinical psychologists and psychiatrists offered definitions for the 20 words most commonly used in psychological reports. Reviewing the list of words and definitions, the authors of the study were struck by how loosely the professionals defined many of the words.

Fifteen years after the original study by Grayson and Tolman, Siskind (1967) replicated the design and found similar results. Although the specific words included in such lists might differ if the study were performed again today, there is no reason to assume the definitional ambiguities would be any less now than they were in 1950 and 1967. For students and interns, ambiguity can be particularly challenging because many of the words that sound the "most clinical" are in fact highly ambiguous. Students may be eager to use technical terms as a way of demonstrating their knowledge to supervisors. The trouble is that a great deal of what passes for clinical wording may sound scientific but often obfuscates rather than elucidates. Harvey (1997) makes a similar observation and advises students to shorten sentence lengths, minimize the number of difficult words, and reduce

the use of jargon. Fischer recommends to writers: "Say what you mean in concrete terms rather than dressing up the text in professionalese" (1985, p. 125).

Tallent concurs:

In our view words like *oral, narcissistic, masochistic, immature, compulsive,* and *schizophrenia* are often more concealing than revealing.

Technical words do not cause, but readily lend themselves to, imprecise or incomplete thinking. There is the error of nominalism, wherein we simply name a thing or an occurrence and think we understand something of the real world. (1988, p. 69; italics in the original)

Earlier in this book, I made similar observations about the overuse of the word "inappropriate." Other words or phrases, such as "manipulative," "dependent," or "just doing it for attention" are used with similar frequency and with equal ambiguity. As an antidote to such jargon, Fischer asserts:

Saying what one means, both in speech and in writing, requires one to anchor abstractions in concrete examples. Ask yourself how you would explain what you mean to a 12-year-old. If you can't figure out how to do that then you do not yet know what you mean—what your technical information comes down to in terms of your client's life. (1985, p. 134)

Harvey (1997) takes this advice one step further and actually subjects her student's reports to formal "readability" measures that assess such things as word choice and sentence length. Harvey then uses the measures to calculate a grade and difficulty level and asks students to re-write their reports so they can be read at grade levels of 13 or below. Harvey explains this approach by pointing out that psychological and other mental health reports are increasingly being reviewed by parents and others who have less formal education than those writing the reports. Thus, making reports more intelligible to these consumers may enhance their usefulness and reduce misunderstandings.

Exercise

Read the following three sentences and ask yourself if the differences in wording might communicate subtle yet important differences in meaning.

A. Mr. Smith denied any abuse of alcohol or drugs.
B. Mr. Smith said he does not abuse alcohol or drugs.
C. Mr. Smith does not abuse alcohol or drugs.

In the first sentence of this exercise, we encounter another of the many misused clinical words. The word "denied" in this sentence is very important. In psychological language, "denial" is a form of defense and implies that a person is not

being fully honest or that he or she is unconsciously repressing information. In this case, it might be that Mr. Smith "denies" alcohol abuse but we know or suspect that he does in fact abuse. It might also be that Mr. Smith is genuine and does not abuse alcohol or drugs. If that is the case, the second sentence would be better because it avoids the subtle intimation raised by the word "denies." The third sentence is still more clear about whether or not Mr. Smith abuses, but it may suffer from a different problem. Do we really know the statement is true, or is it just something Mr. Smith has told us? The sentence as written implies that we know it to be fact, but if the source of information is Mr. Smith, we should so indicate.

If this sounds like nitpicking, it is not. To appreciate why, ask yourself what might happen if you gave a report containing these sentences to other professionals who based clinical decisions on a misunderstanding of what you wrote. Do other readers conclude from the first sentence that Mr. Smith really drinks but does not admit it, or do they conclude that Mr. Smith does not drink? Do they conclude from the third sentence that we are sure alcohol and drugs are not a problem, or do they assume that is just what the client has told us? If the scenario of clinical misinterpretation is not convincing, imagine trying to explain the meaning while testifying in your own defense in a liability suit.

One way to reduce ambiguity in reports is to read questionable passages to colleagues and ask them to tell you whether the passage is clear and what they think it means. In some cases, I ask nonclinicians to read my reports and offer feedback. This is particularly helpful if a report might be read by family members or others who are not trained in the profession.

Another, and too often overlooked, tool is the dictionary. I encourage students to use both a standard dictionary and a dictionary of professional terms. The standard dictionary can help you understand what words mean and imply in ordinary usage. Be careful, however, not to assume that definitions offered in a normal dictionary carry the same meanings when applied in clinical writing. If a word has specific clinical meanings, the professional dictionary will cite specific meanings within the clinical context. Time after time, students use words they think they know only to discover that the word means or implies something entirely different than they thought. One student used the word "limpid" to describe how a brain-injured patient held his arm. Another spoke of a situation attenuating the client's anxiety when the situation in fact exacerbated the anxiety. I recently heard a colleague repeatedly use the word duplicity when he clearly meant duplication.

If you do not know the meaning of any of the words used in the previous paragraph, did you look them up? If not, why? One of my students answered a similar question in class by saying, "I already took the GRE." That student did not get the point, nor did he get a letter of recommendation.

Misuse of clinical terms is also common. Students frequently confuse delusions with hallucinations, obsession with compulsion, schizophrenia with multiple personality, and so on. Certainly one of the most commonly misused terms is negative reinforcement. Even if you are sure you know what this means, look it up in a textbook. In one upper-division undergraduate class, out of 20 students who said they were sure they knew the definition, only 5 were actually right. Again, to appreciate the importance of precise wording, consider that misunderstanding the meaning of negative reinforcement in a report could lead to interventions that are exactly the opposite of those that the writer intended.

Clarity

Choosing words carefully is part of the larger issue of achieving clarity in writing and clinical work. This demand includes both clarity of individual words and clarity in syntax and organization. If the organization of a report is not clear the reader will have to search to find important information. If the syntax of a sentence is unclear, the meaning may be misinterpreted. For example:

The therapist told the client about his problems.

Whose problems is the therapist talking about—the therapist's or the client's?

Strunk and White (1972) caution: "Muddiness is not merely a disturber of prose, it is also a destroyer of life, of hope" (p. 72). In clinical work, this is not an overstatement. I know of a case in which one therapist told another he had an appointment to see a client "next Friday." As the conversation took place on a Wednesday, the listener assumed the appointment was two days away. The speaker, however, was referring to Friday of the following week. Because the client in question was experiencing a serious crisis, this was a difference of potentially grave consequence.

Although most people would agree that clarity is important in clinical reports, the difficulty lies in recognizing when our own reports are unclear. Because we think we know what we mean when we write something, we assume that what we have written adequately conveys our intention. Thus, we readily overlook passages that may be virtually incomprehensible or, worse, that may appear comprehensible but will be misinterpreted by others.

As suggested earlier, one way to limit misunderstanding is to have someone else read a report before it goes to the intended recipient. If this is not possible, it is often helpful to pretend you know nothing of the case yourself, then read the report out loud. Reading aloud brings out aspects of writing that we do not recognize when we read silently to ourselves. If time permits, another extremely valuable technique is to set a report aside for several days and then read it again with an open mind. Along with helping to identify writing problems,

this also allows one to think more about the case before sending the report.

I cannot overemphasize how important clarity is to your writing. Clinicians simply must learn to be extremely careful about their words. You must know and say precisely what you mean. It is not enough to defend with "C'mon, you know what I meant." That may work in everyday discourse but it is unacceptable in professional work. If the reader does not know exactly what is meant, the responsibility falls on the writer, not the reader. Say what you mean and say it clearly. I feel so strongly about this that I have on occasion told students bluntly, "If you do not want to learn to use words carefully and accurately, you should probably consider another profession."

KNOW YOUR AUDIENCE

The final recommendation about writing is to know your audience. Some instructors and articles about clinical writing dictate specific and fixed rules for the style and content to be included in clinical reports. I prefer an approach that offers suggestions but at the same time encourages you to choose and adapt your style and content with an awareness of your audience.

Fischer (1985) says repeatedly in her book: "Reports are for readers, not for the author" (p. 115). Tallent stresses this principle as well and cites a report by Hartlage and Merck (1971) which showed that the utility of reports is primarily weakened by, as Tallent (1988) describes it, a "profound . . . lack of reflection by report writers on what might be useful to report readers, a simple failure to use common sense" (p. 20). Hartlage and Merck observed, "Reports can be made more relevant to their prospective users merely by having the psychologists familiarize themselves with the uses to which their reports are to be applied" (p. 460).

A report prepared for a fellow professional in your discipline may differ from a report prepared for an attorney, family members, or others with different backgrounds and needs. Similarly, if you believe certain aspects of a client are being overlooked by others, you may want to emphasize those in your report. The most important thing is for you to write with conscious awareness of how your style and content meet your clinical and professional purpose.

EXERCISE

As a way of enhancing your awareness of different groups to which your reports might be targeted, read the following list and write some of the concerns that you might keep in mind if preparing a report for each of these people. You might consider factors such as the readers' level of training or knowledge, how much time they have, and the style of reports they are accustomed to reading. How do these and other factors differ for each group:

- The client.
- Family members of the client.
- Insurance companies.
- Clinical psychologists.
- Counselors.
- Social workers.
- Psychiatrists.
- Non-psychiatrist M.D.s.
- Schoolteachers.
- Students.
- Attorneys.
- Judges.
- Professional journals.
- Newspapers.
- Others for whom you might write.

Reviewing the list should enhance your awareness of general factors to consider in writing, but you must also remember that, regardless of their profession or role, different individuals will have different preferences and needs. One schoolteacher may be well versed in diagnostic categories, but another may know nothing at all about them. One psychiatrist may prefer reports that are as brief as possible and that convey "just the facts." Another may appreciate more detailed reports that convey a sense of the client as a person.

If you know for whom you will be writing before you write a report, it is sometimes a good idea to contact the person and ask about his or her preferences for style and content and any specific requirement for the report. After you write a report, you can follow up by asking the recipient for feedback. Your role as an intern gives you a perfect opportunity to ask for such information, and many people will be glad to offer their suggestions.

REFERENCES

Baird, B., & Anderson, D. (1990). A dual-draft approach to writing. *Teaching Professor, 4*(3), 5–6.

Fischer, C. (1985). *Individualized psychological assessment.* Monterey, CA: Brooks/Cole.

Grayson, H. M., & Tolman, R. S. (1950). A semantic study of concepts of clinical psychologists and psychiatrists. *Journal of Abnormal and Social Psychology, 45,* 216–231.

Hartlage, L. C., & Merck, K. H. (1971). Increasing the relevance of psychological reports. *Journal of Clinical Psychology, 27,* 459–460.

Harvey, V. S. (1997). Improving readability of psychological reports. *Professional Psychology: Research and Practice, 28,* 271–274.

Hodges, J. C., Whitten, M. E., Horner, W. B., & Webb, S. S. (1990). *Harbrace college handbook* (11th ed.). New York: Harcourt Brace Jovanovich.

Piercy, F. P., Sprenkle, D. H., & McDaniel, S. H. (1996). Teaching professional writing to family therapists: Three approaches. *Journal of Marital and Family Therapy, 22,* 163–179.

Siskind, G. (1967). Fifteen years later: A replication of "A semantic study of concepts of clinical psychologists and psychiatrists." *Journal of Psychology, 65,* 3–7.

Strunk, W., Jr., & White, E. B. (1972). *The elements of style.* New York: Macmillan.

Tallent, N. (1988). *Psychological report writing* (3rd ed.). Englewood Cliffs, NJ: Prentice-Hall.

Zinsser, W. (1980). *On writing well* (2nd ed.). New York: Harper & Row.

Zuckerman, E. L. (1990). *The clinicians thesaurus: A guidebook for wording psychological reports and other evaluations.* Pittsburgh, PA: Three Wishes Press.