Psychological Report guidelines – CLN560

This document outlines the *academic* requirements for writing a Psychological Report specifically for CLN560 – Supervised Clinical Placement AB. These guidelines include information that may not typically be included in a standard Psychological report that would be provided to clients or other relevant parties, and has been designed solely for the purpose of learning, reflective practice and skill demonstration.

General Guidelines

1. Reports should be approximately 2500-3000 words.
2. Reports must be adequately deidentified and should be based entirely on the students' own direct work with clients seen on placement.
3. The report must involve a cognitive assessment using a standardised assessment tool that has been taught in the course (e.g., WAIS-IV, WISC-V).
4. Written expression is to be clear and succinct, without grammatical or spelling mistakes.
5. Terminology is to be correctly employed; without the use of non-psychological jargon.
6. Students are required to have their clinical supervisors review and approve their final report on SONIA.
7. Satisfactory completion of the report as assessed by the student's supervisor and placement coordinator is required to pass the unit.

Report Content Requirements

The report must:

(a) Provide the date the client was first seen, the number of sessions and the period of treatment (e.g., 8 months)

(b) Provide a clear summary of the reason for referral, the client's background and presentation.

(c) Provide a hypothesis-driven psychological testing plan, outlining the psychological processes to be tested, why and how.

(d) Outline the process and results of the psychological testing, with appropriate analysis.

(e) Provide a diagnostic summary based on an integration of the clinical and testing information.

(f) Provide recommendations based directly on your testing findings that reflect evidence-based literature.

Recommended Report Format

The report should include the following sections (students may use subheadings within each section at their discretion, in consultation with their supervisor):

- **Referral Information** (Reason/s for, background to and context of referral. Summarise the clinical issue/s under consideration, including perspectives [e.g., client, GP] on its cause and impact)

- **Testing protocol** (clinical hypotheses to be tested, and how these are linked to the specific standardised assessments that you have selected.)

- **Client Presentation** (provide a full MSE, including a risk assessment, with correctly utilised terminology. Use subheadings if required and include any relevant behavioural observations during testing)

- **Background Information** (provide a succinct, complete account of the clients relevant clinical history – e.g., family, educational, psychosocial, medical/psychiatric)

- **Results of testing** (summarise the results of your testing using confidence intervals, descriptors, standardised scores etc, as appropriate. Include relevant information about testing process issues, if appropriate. Structure your findings according to the domain of functioning being assessed where possible (e.g., executive functioning, memory, intellectual functioning, verbal comprehension, perceptual reasoning etc).

- **Impressions and Interpretations** (Contextual integration and interpretation of clinical and testing information. If appropriate, include hypotheses re DSM-5-TR diagnosis & differential diagnosis; for the differential diagnosis, say i) what you considered, ii) why you considered it and iii) why you rejected it)

- **Summary and Recommendations** (restate succinctly the primary findings and conclusions of the report, and link to possible evidence-based strategies, interventions and plans)

- **Reflection** (describe your thoughts, feelings and insights about the work. Reflect on how these influenced your understanding of the client, and any challenges your experienced. Consider issues relating to personal reactions, therapeutic alliance, clinical decision making, cultural competence, professional development, supervision, ethics and outcomes).