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ELEGANT WRITING

A THERAPIST'S HANDBOOK

Elegant Writing: A Therapist's Handbook

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Why I Wrote This Book

A threefold labor of love

This has been a threefold labor of love for me, impelled by a passion for writing, affection for my students, and devotion to my chosen field in the arts and psychotherapy.

I have been a writer all my life, starting as a youngster scribbling doodles, poems and plays on assorted scraps of paper around my childhood home; pouring my heart out in long, anguished journal entries and song lyrics in adolescence; eventually trying my hand at academic writing. While many write dissertations as a means to an end (in order to acquire a doctorate degree), for me the opposite held true. I entered a doctoral program so that I could write a dissertation.





When it comes to writing, the most important book I ever read was Strunk and White's third edition of *The Elements of Style* (1979). In a concise and readable manual, William Strunk, Jr. and E.B. White guided me (in college) to eliminate annoying habits and to let go of superfluous words and phrases, cleaning up my writing in a manner that stirred visions of Hemingway and caused me—and, I dare say, my readers—to breathe more easily. The tips contained in this book have been directly inspired by Strunk and White and can indeed be applied to *all* writing. That said, counselors, psychotherapists and creative arts therapists will find the examples presented here particularly germane to their work as therapists and mental health practitioners.

Why a Writer’s Handbook for Therapists?

Perhaps you are thinking, “I am only interested in being a good therapist. Why must I also be a good writer?” I can think of several reasons.

1. An accurate and meaningful case conceptualization forms a foundation for good therapy. It has been my experience that such conceptualizations emerge not only from our out-loud thinking, but also from taking the time to write down those clinical and diagnostic impressions. Writing assists the thinking process and leads to greater clarity and confidence in one’s conceptualizations.
2. Excellent client care requires accurate and respectful documentation. Clients deserve that.
3. The ability to communicate well in both conversation and in writing to other practitioners involved in the treatment of your clients will ensure effective continuity of care.
4. The ability to write clearly and persuasively will enhance career aspirations.
5. Not only can these skills increase *individual* professional opportunities, but through professional publications they can also elevate the credibility of the field. Few will argue that psychotherapeutic disciplines, especially the lesser known fields grounded in the arts, can benefit from that.

How to Use This Handbook

I C O N K E Y	
	Text in red indicates incorrect usage.
	Text in green indicates correct usage.
	Important information.
	Test your knowledge and skill.

Use the “icon key” to quickly identify correct and incorrect usages and spellings. **Red** indicates an incorrect usage; **green** a correct usage. The file icon shares information, and the pencil icon points to opportunities to test knowledge.

You may also find the Index at the back of this book handy for finding the tips you seek.

Capitalization

Capitalize names of *specific* people, places, and things.

- o Dr. Benson, the Maid of Honor, Uncle Bob
- o Adler University, Anoka High School
- o Dr. Sigmund Freud, President Obama
- o Client A turned in his therapeutic homework on time.
- o He found a *Playboy* magazine on the dresser.
- o The movie *Jaws II* scared the pants off me.
- o Ted failed *Geography 101*.
- o Please accept my apology, Father.
- o I plan to take a vacation over *Labor Day*.

It is not necessary to capitalize *improper* nouns.

- o He attended three *core therapy groups* this week.
- o She was my first *client* of the day.
- o I had not decided how I would cast my vote when it came time to elect a new *senator* and *governor*.
- o I could not remember the name of the client's *therapist*.
- o Did you finish the *math* assignment?
- o His paternal *father* relinquished custody.
- o Did you finish preparing her *treatment plan*?
- o I always get a *summer* cold.

Some specific rules apply for capitalization—and for other aspects of writing style and punctuation—when it comes to writing research papers for academic purposes and/or for publication. The American Psychological Association's *Publication Manual* (2010) thoroughly covers such content and need not be duplicated here. For more information, log on to their website at: <https://www.apastyle.org/>.

Abbreviations

Never assume the reader of your writing knows your jargon/slang/short-cut language, and take special care to avoid these in progress notes, quarterly reports, discharge summaries and other documentation that may be distributed not only to other members of an interdisciplinary treatment team, but also to your client’s parents, guardians and other stakeholders, as well as to clients themselves.

I have encountered alarming numbers of practitioners who use terms like “DBT” or “EMDR” without understanding their meanings. Common use of these abbreviations does not excuse being satisfied with only a vague understanding of what they mean. Educate yourself—and educate your clients as well, so they *also* know what you mean. The effectiveness of their treatment literally depends upon it.

When you do abbreviate, spell the entire phrase during the first usage, followed by the abbreviation in parentheses; then abbreviate subsequently in the text.

- o The **American Art Therapy Association (AATA)** held its annual conference in Miami. **AATA** conferences are always well-attended.
- o The **Individual Treatment Plan (ITP)** outlines goals for the year. The primary therapist and client developed the **ITP** together.

If you are already including a term in an abbreviation, there is no need to restate it. The following examples illustrate:

- o Loudly stated demands may trigger the client to engage in **self-injurious behavior (SIB)**.
- o Today Jerry had six instances of **SIB behavior**.
- o Joey regularly attended the **City after School Program (CASP)**.
- o Parents appreciated having the **CASP program** in their neighborhood.

Particular when reporting client dialog, I commonly see people using the abbreviation “OK.” Please spell it out; it is spelled “okay.”

- o Joey seemed to be doing **okay** after his challenging day.
- o “**Okay!**” was his response to the request.

The term “et al.” is a scholarly abbreviation of the Latin phrase *et alia*, which means “and others.” When you don’t want to name all the people or things in

a list, this abbreviation offers an acceptable shorthand, especially in scholarly writing. Note that there is no period after the “et,” but you must include a period after “al.”

- He made reference to the text book written by Corey, *et al.* (2007).
- Johnson and Peterman, *et al.* (2010) made significant contributions to the literature on that topic.

Numbers

Spell out numbers up to ten and numbers at the beginning of a sentence.

Use numerals for numbers greater than ten or tenth.

- o I still remember my **first** boyfriend.
- o It happened in the **tenth** century AD.
- o **Two hundred** people sat in the audience.
- o My team has **25** players.
- o I counted **147** apartments in the building.
- o He came in **14th** out of **200**.

Hyphens and Dashes

Use a hyphen for joining compound words. Use a dash to create a pause between parts of a sentence. The dash may substitute for a semicolon in some instances.

To create a hyphen, strike the hyphen key (–) one time, leaving no space between words. To create a dash, strike the hyphen key (–) twice in a row, and immediately follow with the next word, again with no spaces. This latter procedure will automatically join the two hyphens together, creating a dash, which is a longer line than the hyphen.

Hyphenate when a person's age is used as an adjective modifying a subject *or* as a complete noun.

- o The **five-year-old** boy caught the baseball.
- o The newest member was a **25-year-old**, Caucasian, heterosexual male.
- o He was a smart **two-year-old**.
- o **Sixteen-year-olds** test my patience.

Do *not* hyphenate ages *in any other instance*.

- o Mr. Jones sexually assaulted a four-year-old girl when he was **sixteen years old**.
- o At **age 21**, he drank his first alcoholic beverage.
- o Am I to understand that you are **34 years old**?

Do not use erroneous hyphens when they are not needed, and be sure to put hyphens where they *are* needed. Here are a few common usages that people often get wrong:

- o Was he enrolled in the **out-patient** program or the **in-patient** program?
- o Was he enrolled in the **outpatient** program or the **inpatient** program?
- o Don't forget to deliver the **psycho-educational** testing.
- o Don't forget to deliver the **psychoeducational** testing.
- o They completed the Adlerian **lifestyle** assessment.
- o Take care to manage your **countertransference** responses.
- o Joey had a **long-standing** problem with **self-esteem**.
- o Have you written both **long-term** and **short-term** goals?
- o He considered joining a **self-help** group to build **prosocial** attitudes.

Oh, My Pronouns

To honor gender fluid individuals, the pronoun they/them/their has now been adopted into societal norms. For those unaccustomed to its usage, here is a brief example:

- o Marty is a bright, creative and hard-working student, who brings **their** unique blend of humor and optimism to every class. It took **them** no time at all to acclimate to the college setting, and **they** are now fully integrated into the campus.

More information on usage pertaining to gender pronouns can be found at the following link: <https://notes.childrenshospital.org/clinicians-guide-gender-identity-pronoun-use/>

It is often possible to avoid pronouns entirely and to directly focus on the person in question and that person's name.

- o The client devised his/her/their treatment goals without assistance.
- o **Pat devised pertinent treatment goals without assistance.**

The term "that" generally points to things, while "who" points to people.

- o People ~~that~~ **who** play together stay together.
- o Remember **that** phrase when you forget **who** you are.

Failure to observe the rule above may be rooted in the common practice of loosely using the term "that" in our spoken language. People tend to be more forgiving of such errors in spoken language; our hearing tends to edit these out with "Ums" and "Ahs." But a higher bar exists in the more enduring written form. (See also "Words You Do Not Need" on page 17, below.)

Punctuation

Apostrophes

Add an “s” at the end of most words to make them plural. You do *not* need an apostrophe for plural nouns.

- o Dogs, cats, roller-coasters, subpoenas, points
- o ITPs, ABCs, 1980s

Form the *possessive* of a noun by adding an apostrophe followed by the letter “s,” regardless of the final consonant:

- o the client’s family
- o Charles’s friend
- o Burns’s assessment protocol
- o the witch’s malice
- o the children’s wishes

The following rule may seem counterintuitive. (Welcome to the English language!) But “its” is the possessive form of “it.” That’s right; there’s no apostrophe. The spelling “it’s” has already been taken by the contraction for “it is,” as you will see in the next example.

- o Each unit has its own representative.
- o Even though its cover is torn, the book is still valuable.

“It’s” is a contraction for “it is” or “it has.”

- o It’s cold outside. (It is cold outside.)
- o It’s been a hard day. (It has been a hard day.)

Quotation Marks

Some terms clients use are not terms a professional therapist would use. Quotation marks allow us to avoid having such language attributed to the writer. Enclose slang terms in quotes in order to attribute the sentiment appropriately.

- o He referred to his mother as a “selfish” woman who “never gave a damn” about him.
- o The client described his father as a “cruel and vindictive” man.
- o Their aunt, on the other hand, “could do no wrong.”

Comma, Comma, Comma, Come on!

Generally a comma belongs in a place where the speaker or reader feels a natural pause. That said, several rules exist to help us correctly identify those places.

Use commas to separate items in a series.

- o The clients ordered **apples, peaches, and grapes**.
- o Joe strikes me as an **honest, energetic, and headstrong** individual.
- o He **opened the letter, read it, and made note of its contents**.

The abbreviation “etc.” is always preceded by a comma.

- o He packed clothing, underwear, toiletries, **etc.**

Use a comma to separate the month and day from the year and to separate the year from the rest of the sentence.

- o **January 12, 1994** is the client’s birthdate.
- o He entered treatment on **May 5, 2019**.
- o On **June 4, 2017**, Mr. Jones was transferred to Rush Hospital.

Use a comma after “yes” and “no” at the beginning of a sentence.

- o **No**, there’s no pudding left.
- o **Yes**, you may go outside.

“That” and “Which”

The words “that” and “which” have slightly different meanings and are not interchangeable. Briefly, “that” connects two ideas in a single mental space, whereas “which” comes after a pause so that a descriptor of the preceding clause can be stated. To honor that pause, you must precede “which” with a comma; *never* precede “that” with a comma.

- o She preferred the blouse **that** matched her jeans.
- o He made some change cards, **which** helped him remember his coping strategies.

Often you do not need “that” in a sentence. The following example illustrates another instance in which written language may be less forgiving than the spoken word.

- o They knew **that** their decision could change their lives.
- o She hoped **that** they would forgive her offensive language.

You do not need a comma when you use the phrase “in which” or “to which.”

- o She did not care for the automobile **in which** she was riding.
- o He seemed a poor fit in the therapy group **to which** he was assigned.

Independent Clauses – Or Not

Enclose parenthetical expressions between commas.

- o In 1962, *after his mother died*, Simon went to live in a foster home.
- o His favorite outdoor sport, *other than croquet*, is basketball.

Use a comma before an independent clause. You can tell that it is an independent clause if it could stand on its own as a sentence.

- o I went to the post office, *and I picked up my mail*.
(See how both parts of the sentence can stand alone: “I went to the post office. I picked up my mail.”)
- o Some clients went to lunch, *but others skipped it*.
- o You were late for count, *so you will not be able to play basketball today*.
- o He tried to support Joe, *but all attempts were rejected*.

Do not use a comma before a clause if the following clause is *not* independent—that is, lacking a subject.

- o I went to the post office *and picked up my mail*.
- o He acknowledged his mistake *and moved on*.

Incidentally, the phrase “but also” *always* follows “not only.”

- o She possessed a talent *not only* for drawing *but also* for calligraphy.
- o *Not only* did Judy receive a diagnosis of bipolar disorder; she *also* had an intellectual disability. [Here the semicolon stands in for “but.”]

As noted earlier, a semicolon often stands in for a word like “and” or “but” to connect independent clauses. As such, it signals a longer pause than a comma. Use a semicolon to connect two closely related independent clauses as follows.

- o There were five movie tickets left; *Ed needed six*.
- o He bought nuts and dates; *we ate them all*.
- o It was growing dark; *however, there were no clouds*.
- o I explained my expectations; *he followed them to the letter*.

Where do I put this punctuation?

At the end of a quotation, punctuation goes *inside* the quotation marks—except for semicolons separating clauses, which go *outside* quotation marks.

- o The child ended the story with a definitive “The End!”
- o The mother’s doubt seemed palpable as she uttered, “Are you kidding me?”
- o The man’s “children,” who were not biological offspring, nevertheless referred to him as “Dad.”
- o The boy’s mother reported that Charlie had told her, “I can’t go on anymore”; it was the last statement he made before leaving the house.

Word

Industry Words You May Not Find in the Dictionary

Creative Arts Therapy, Expressive Therapy, Expressive Arts Therapy

The three terms above are frequently confused and misused. Let us take a few minutes to unpack them.

Creative arts therapy is an umbrella term that generally refers to a variety of art-based therapies, including art therapy, music therapy, dance-movement therapy, poetry therapy, drama therapy and psychodrama. The National Coalition of Creative Arts Therapy Associations (NCCATA), founded in 1979, brought together the various associations supporting these disciplines to encourage collaboration and solidarity in their common ground.

The term “expressive therapy” or “expressive therapies” is often used synonymously with the term “creative arts therapy,” a practice reinforced by Wikipedia (https://en.wikipedia.org/wiki/Expressive_therapy), but that practice departs from the term’s original meaning. Expressive Therapy was first used as term to describe a specific approach to psychotherapy in which a variety of art forms are applied in an integrative fashion, or “intermodally.” Shaun McNiff and Paolo Knill were instrumental in developing this intermodal approach within Lesley University’s Expressive Therapies program in 1974. (See Knill, et al., 2005.) Pratt University in New York and the University of Louisville also adopted this term for their academic programs around the same time, reflecting a liberal interpretation of the term “art therapy” as applying to many art forms beyond visual arts, though the latter two academic programs remained exclusively associated with the American Art Therapy Association (AATA).

Over time, the appropriate term for an integrated or intermodal approach to creative arts therapy has evolved to “expressive arts therapy.” Expressive arts therapy can be considered a “subset” of creative arts therapy and often is; although the International Expressive Arts Therapy Association (IEATA) has to date not been included in the NCCATA coalition, since it first emerged as an

international organization, not a national one, unlike the other member organizations.

Licenses versus Certifications

You may want to avoid embarrassing yourself in a graduate school application by noting, for example, that you are looking forward to becoming a “licensed poetry therapist.” At this publication, no *license* exists for poetry therapy, although you can become *registered* or *certified* in poetry therapy. Bottom line, you need to know the difference between licenses and certifications.

Licenses govern one’s legal right to independently practice, are issued and monitored by state governments, and generally have a direct impact on earning power. They enable mental health practitioners to apply for insurance reimbursement for their services.

A certification is not the same as a license. Certification, which is voluntary, affirms that a professional body—for example, the Credentials Board for Music Therapists (CBMT)—has determined that your knowledge and skills have met a pre-determined standard. In terms of scope, such credentials usually extend beyond state and local regions; indeed, they are most often overseen by national organizations that maintain registries for their credentialed professionals. While distinct from licenses, voluntary certifications and professional registration credentials can enhance a person’s professional reputation and may even be required for certain tasks. (For example, the qualified supervision of new graduates in art therapy must be delivered by someone board-certified as an art therapist (ATR-BC) or possessing an ATCS (art therapy clinical supervisor) credential.

The difference between a license and certification has become more confusing over time, as states have begun to introduce legislation to establish licenses for professions previously governed only by certification boards. A few states offer licenses in music therapy and art therapy now—but certainly not all. You can acquaint yourself with licensing regulations and procedures by contacting the appropriate state government office. Professional associations who register practitioners and issue certifications can provide information on their processes, including codes of conduct that govern professional practice.

Another detail that confuses many credentialed professionals has to do with how to write their credentials. Always list the license or credential immediately after the degree upon which it was based. To quote from an article on this topic (2003):

Academic degrees should be listed first, and licenses then should be written before credentials... Some people are proud of their profession and want to promote it by listing [that] credential first. Doing so has the opposite effect among those who understand protocol, however, because [that practice] signifies that the person has not been properly educated.

If you use more than one credential, after following the above instructions, list them in chronological order; that is, in the order in which they were obtained.

- o Jennifer Super, MA, LMHC, ATR, REAT
- o Julio Cortez, PhD, LP, RPT

If you have a doctorate degree, you do not need to list your MA—*unless* your credential is based on that degree:

- o Julio Cortez, Ph.D., LP
- o Jennifer Super, M.A., LPCC, PhD

What shall I call them?

Within this volume, I have mostly used the term “client” to refer to the people with whom therapists work. Many other terms exist for this purpose: patient, resident, member, student, inmate, couple, guest, and so forth. The appropriate terminology is often dictated by the setting. For example, hospitals tend to use the term “patient,” while residential settings tend to use the term “resident,” and private practice settings and community-based treatment programs tend to use the term “client” more frequently.

I include this brief discussion as a reminder that words do matter, and the way in which we refer to the people with whom we work plays a role in conveying how we view them and in defining that relationship.

Earlier in my career I worked as a clinical director for a civil commitment program for sexual abusers, and I recall soon after starting that position engaging in some serious conversations about how we referred to the people on the receiving end of our services. Having emerged from a state hospital system, the program had taught staff to use the term “patient.” The new leadership worked hard to change that practice, and through much resistance, and legislative action, we managed to do so. The change made an enormous difference in treatment efficacy. No longer did the clients with whom we worked look to “doctors” to “cure them,” as if we were setting bones; instead, the therapeutic relationship began to be viewed as a partnership, in which each client had a critical collaborative role to play.

I expect that terminology will continue to evolve as we move into the future, and I hope we endeavor to find words that better convey humane and respectful services and encourage strong therapeutic alliances.

Which one is it?

Affect (verb, uh-fekt) means *to have an influence upon*.

Significant neglect **affected** the child's attachment style.

Affect (noun, af-ekt) is an industry term relating to *emotional presentation*.

The client presented a blunt **affect**.

Effect (noun, ih-fekt) pertains to something produced by a cause.

The profound **effects** of addiction on families are undeniable.

Effect (verb, ee-fekt) pertains to the act of producing a cause.

Precise coping strategies were designed to **effect** changes in behavior.

Ally refers to a member of an alliance or the act of engaging in one.

Their mother seemed to be their only **ally**.

They felt compelled to **ally** themselves with a new group of friends.

Alley refers to a small paved way between buildings.

The thugs hid in an **alley**, waiting for someone to mug.

Continuously means *action that does not stop*.

For nearly an hour, he beat his head **continuously** against the wall.

Continually means *action that is repeated, but not in an uninterrupted fashion*.

My supervisor **continually** reminded me to tend to my self-care.

Ensure means *to make sure something happens*.

A clearly written policy will **ensure** accountability.

Insure means *to issue an insurance policy*.

All their expenses are covered under his homeowner's policy, so he feels no need to **insure** them further.

Fewer refers to a quantity of *individual items*.

Fewer than one in four staff members utilized their paid time off last year.

She had **fewer** friends than her sister.

Less refers to a quantity of *one item or substance*.

She poured **less** alcohol into her glass than was her custom.

He felt **less** anxious when he carried his stuffed unicorn.

Indicted refers to being formally accused of a crime.

The child's father was **indicted** for sexual molestation.

Indicated means "suggested"; it points to something.

The client's shyness **indicated** a need to warm up to the group.

Lead (lead) is a present-tense verb related to the act of directing or guiding.

The adult asked the child, "May I **lead** you by the hand?"

Taking a **lead** came naturally to her.

She aspired to be a **lead** therapist.

Led (led) is the past tense of that verb.

The music therapist **led** the group in song.

Their assumptions **led** to the wrong conclusion.

Report means the act of conveying information, or a written document containing such information.

The client **reported** several instances of sexual abuse.

The intake **report** accurately captured this information.

Rapport refers to the quality of an interpersonal connection.

The therapist easily established **rapport** with the client.

Tenet refers to a principle or element of a theory or practice.

One of the key **tenets** of Adlerian theory concerns social interest.

Tenant refers to someone renting an apartment.

The **tenant** always paid his rent on time.

Then denotes a place in time.

He took a deep breath. **Then**, feeling better, he continued his speech.

Than compares one thing with another.

He felt better this evening **than** at any other time.

Their is a possessive pronoun (and it now can serve as a preferred pronoun for an individual).

Their program was moving to a new location.

Their room is upstairs.

They're is a contraction of "they are."

They're eating lunch now.

There denotes a place, point, or condition.

Put the coffee **there**, on the counter.

There was not enough milk for all the clients.

Don't go **there**!

Yeah (pronounced “yeh”) is an informal way of saying “yes.”

“**Yeah**, I guess I can do that,” the client agreed.

Yea (pronounced “yay”) means “yes” and is typically used when recording votes.

How will you vote? **Yea** or Nay?

Yay! (also pronounced “yay”) is an informal way to say, “Hooray!

“**Yay!** I won!” cried Joey with glee.

Words You Do Not Need

A few words commonly used in conversational English can unnecessarily clutter written language. They appear as fillers, often unconsciously, to help us hold our listener’s attention, to avoid uncomfortable silences or to tie together a train of thought. “Um” and “ah” habitually enter into spoken language. People generally avoid repeating these utterances in written form, except when transcribing direct quotes. Certain other terms and phrases can be more oblique. Words like “that” and “of” come to mind. Examples follow.

- He knew **that** he’d be better off on his own.
- He said **that** her mother could **of** **have** done a better job of raising her.
- Based **off** **of** **on** his classroom behavior, one might conclude that something was bothering the student.

Simplify your writing by avoiding needless words that serve no purpose.

Replace:

this is because of
due to the fact that
have a necessity for
are of the opinion that
until such time as

With:

because
because
need
believe
when

Superfluous words appear in many different contexts.



What’s wrong with the following sentences?

Tomorrow, we will bake cookies **with the oven**.

She has a history of self-harm **in the past**.



Can you think of a more elegant way of making the following statement?

When working with dementia patients, the therapist must have an empathic and patient response to their clients.

How about this instead?


Working with patients who have dementia requires patience and empathy.

Or even:

Working with dementia requires patience and empathy.


Instead of “in regards to...,” use “with regard to...” The former is an improper phrasing, plain and simple. Remove it from your vocabulary—including the spoken word if you can. You will sound far more professional when using accurate phrasing.

Those of you who write reports for court ought to know that “pled” is not an appropriate legal term in the following context.

 The individual ~~pled~~ pleaded guilty.

That's easy for you to say!

Avoid jargon and unnecessarily big, fancy words. They do not make you appear smarter. Using simple, straightforward language makes documentation clearer and ensures you will be better understood by clients as well as coworkers and allied health professionals.

 Read the two versions below and decide for yourself which example sounds clearer and better stated.

Upon an initial cursory investigation, this writer theorizes that John Doe's vituperative tendency harkens back to pre-adult existence when a schism within his family unit left him devoid of a positive paternal role model.

A brief conversation with John Doe suggested his habit of using abusive language may have begun after his parents divorced and he lost his father figure.

You'll want to find a reasonable balance here. While it is important to use accessible and understandable language, be careful to avoid slang that could be interpreted as insulting or demeaning.

- They were kicked out due to substance use in the residence.
- The residence terminated their placement due to substance use.

- No one wanted to work with that jerk.
- The client's conduct disorder was challenging to work with in the view of some staff.

A saying I heard years ago seems to apply:
“Say what you mean, mean what you say, and don’t say it in a mean way.”

Be Precise

Avoid vague terms with unclear meanings. Therapists are notorious for adopting shorthand terms related to their work. Diagnoses listed in the *Diagnostic and Statistical Manual (DSM)* can fall into this category, and when the meanings of these terms are not well understood and well-integrated, they can take on a life of their own.

Take the diagnostic terms “narcissism” or “borderline personality disorder,” for example. To the untrained layperson, these terms may carry baggage and may elicit a judgmental or avoidant response. As therapists, we must understand diagnoses not as moral judgments but rather as indicative of psychopathology—and I would go so far as to say *treatable* psychopathology. Is that not what we do? Indeed, if we feel any particular diagnosis *cannot* be successfully treated, continuing to carry an individual with such a diagnosis on our caseload might well be deemed unethical.

In other words, be sure you understand the meaning of any terms you use, and accurately convey that meaning to those with whom you are communicating. Better yet, learn to speak more directly about the *specific features* of a diagnosis germane to the conversation you are having.

For example:

Rather than:

That client is such a narcissist.

Try:

Due to severe childhood trauma, Joe’s capacity for self-love is lacking; therefore, he may seek to have his mirroring needs met from others.

This, of course, speaks to only one feature of narcissism, but in this case it is the feature of note. Empathy deficits could be another feature of the same diagnosis, but one that is not germane to this example.

Okay, so it may seem wordier to be so specific, but it is much more to the point—and certainly far more respectful to the client--no?

Here is another example:

Rather than:

Her behaviors seem rather **borderline-y** to me. What do you think?

Try:

Carmen demonstrates a **“love-hate” dynamic** with me. One moment she compliments me on what a **“terrific therapist”** I am; the next she angrily storms out. Have you observed this behavior in her?

Yes, I have heard therapists use that term, “borderline-y.” And no, it’s not a word.

Beyond diagnostic terms, a number of other terms are prone to misuse. Sometimes clients, especially those who have been on the receiving end of a lot of treatment, will adopt these terms into their own routine language, while the meaning of each term can be quite unclear to both therapist and client. Here are a few examples:

“Process” is a term commonly used by therapists, and it can in fact mean many different things. How often do we make a statement like the following:

- The client needed to **process** his feelings/her grief/the event.

See how much more meaningful the following statements are:

- Jorge needed to **process** his feelings.
- Jorge needed to **identify his feelings** and to **express and receive validation for them**.
- Siobahn sought therapy to **process** her grief.
- Siobhan sought therapy to help her **normalize and experience grief** related to the loss of her mother so that she could **accept the loss** and **learn to live a fulfilling life** that did not include her mother.
- The therapist helped the teenagers **process** their conflict.
- The therapist sat the two teenagers down to help them **review what led up to their argument** and to **problem-solve options to move forward**.


“**Struggle**” is another problematic term, over-used by therapists. Like “process,” its meaning is vague and could point to a variety of meanings. It is also somewhat “loaded,” as terminology goes—suggesting hopelessness, a victim stance, and/or an image of an active and perhaps even aggressive “wrestling match” with an unnamed other.

- Jasmine **struggles with** alcoholism.
- Jasmine **has a diagnosis of** alcoholism.

- Mabel **struggles with** short-term memory loss.
- Mabel **has** short-term memory loss.

- Corey **struggles** with homework.
- Corey **has difficulty completing** his homework **in a timely fashion**.

Let’s look at another example (below).

-  What does this statement mean, exactly? Would you like to guess? You certainly cannot tell from the way the sentence is phrased. The couple still **struggled** with intimacy.

Indeed, the term “struggled” in this context could mean many things. Here are a few possibilities:

- Harry and Fred **were not happy with the quality of their sexual intimacy**.
- Harry **longed for more emotional intimacy**, while Fred reported having different needs; namely, he **sought more openness to sexual intimacy** from Harry.
- The couple shared a desire for increased intimacy, but neither one was **yet able to articulate what that meant** to each of them.

“**Issues**” is another vague term. I remember one year the American Counseling Association created a delightful poster clearly inspired by the “Got milk?” campaign popular in the day. The poster included some simple sad and smiley faces and the caption, “Got Issues?” The language used popular slang that seemed to point to a need to see a therapist, but once again the language is not precise, and it could be interpreted as being vaguely inflammatory.

See how helpful precision can be in conveying information using different wording.

- The client clearly had **issues** with his mother.
- The client reported a **difficult relationship** with his mother; he perceived a **lack of caring** on her part.

- Be sure to bring your **issues** to group therapy tomorrow.
- Come to group therapy prepared to share and discuss any **interpersonal challenges** you have experienced during the week.

“Negative/Positive.” Therapeutic vernacular is riddled with the use of these terms. Not only are they vague, but also they tend to be more grounded in moral judgement than clinical judgment. This artificial polarity has no place in the realm of complex feeling states, which emerge to all human beings and deserve acknowledgement and acceptance as we learn to cope with them.

If a particular feeling state is problematic with a client for some reason, be able to articulate its role in a maladaptive pattern or cycle, and be able to collaborate with your client to create a clear and understandable treatment plan that does not rely upon vague terms weighed down by moral judgement.

- Don't be so **negative**—think **positive**(ly)!
- Based on your **harsh and dismissive** tone, I take it you might be feeling **angry or frustrated**. Is that true? If so, could I help you talk through those feelings and find a way to channel them appropriately? –to integrate them? –to move past them?
- The client learned to replace **negative** thoughts with **positive** ones.
- The client learned to replace **self-deprecating (or self-defeating)** thoughts with **affirming** ones.

If **you** ***emphasize***
EVERYTHING,
you ***emphasize***
nothing.

I cannot think of many instances in which the terms “very,” “really,” and “so” convey the emphasis likely desired by the writer. More often, such terms have the opposite effect. The following may be an extreme example, but you’ll get my point. Which wording seems stronger to you?

- o I really, really meant what I said, so, so much!
- o I meant what I said.

Here are some more examples:

Replace:

His wall-banging behavior was very inappropriate, and he spoke so loudly.

In many cases, the rooms lacked adequate mattresses.

With:

He banged his fists on the wall and spoke in a loud voice.

Many rooms lacked adequate mattresses.

Long, run-on sentences can be hard to track. Split them up.

- o After a lengthy period of sobriety, the client began to have thoughts of drinking again, and although his peers advised against it, he had trouble keeping those thoughts at bay.
- o After a lengthy period of sobriety, the client began to have thoughts of drinking again. His peers advised against drinking; still, he had trouble keeping those thoughts at bay.

A few simple changes will immediately improve your writing. Implementing any of the steps already discussed will make a difference.

Passive versus Active Voice

Avoid the wordiness and lack of clarity in a passive voice. Active voice conveys your message in a more direct way.

Passive Voice

The decision about the plan's effectiveness will be made after a period of time has passed.

Active Voice

The treatment team will make a decision about the plan's effectiveness in three months.


Passive voice can also leave you wondering who did what.

Passive Voice

Staff will be informed when the client arrives at the intended destination.

Active Voice

Escorting staff will inform the count coordinator by phone when the client arrives at the intended destination.

 **Test Your Knowledge:** What is wrong with the following passage? Rewrite the “passive voice” into “active voice.”

Consider: Who presented the report? Who was seeking a peaceful solution? Who offered the compromise, and who accepted it?

Police have been notified about the escape.
A report on client behavior was presented to the supervisor.
Seeking to find a peaceful solution, a compromise was offered and accepted, and the night progressed without further incident.

A word of caution when writing reports, incident reports in particular: Many times, we don’t know why an event or action took place. When writing a report, refrain from speculating or stating your opinion. *Just report the facts.* If you do not know the full story, tell only what you know. Do not “surmise” or make something up. Moreover, if you do have a strong opinion you want heard, find another way to communicate it, through a conversation or a phone call separate from official documentation.

To maintain a fair and unbiased perspective, consider whether you would write things any differently if the client/subject, the individual’s family, a reporter from the evening news, or someone you respect were to read the report.

Condense your writing. Combining sentences can help make your writing clearer.



Test Your Knowledge: Can you improve upon this?

The client is 34 years old. The client is male. The client is Caucasian. The client is single. He is the father of two children. The children are ages 4 and 7. The children have not had contact with the client since he was admitted to the residence. The client was admitted two years ago. The client was admitted under a commitment of Mentally Ill and Dangerous.


Same information, fewer words:

The client is a single, 34-year-old Caucasian male. He fathered two children, ages 4 and 7, who have not had contact with him since his admission to the residence under a commitment of Mentally Ill and Dangerous two years ago.


Order, Please!

Think back to high school. Do you recall hearing the term “dangling modifier”? Essentially, dangling modifiers point to errors involving parts of a sentence placed in the wrong order, so that the verbs intended to “modify” a particular subject are instead linked to a different one. Such ordering errors cause confusion in the reader and can at times be pretty humorous.


The best way to describe this error is with a few examples. I will start with an all-too-common a common one:

 By keeping secrets, **it** can be difficult to earn a partner’s trust.


In this sentence, “it” is not keeping secrets. Someone else is. You have a choice here to explicitly state who the “someone” is, as follows:

 By keeping secrets, **Sam** had difficulty earning his partner’s trust.

--or by making a more general statement that indicates your sentence applies to virtually anyone, as follows:

 **Keeping secrets** makes earning a partner’s trust difficult.

Let us look at another example.

 What is wrong with the first sentence, below? (See how the second version fixes the dangling modifier.)

I overheard the client say she would kill her roommate **on the way to the outer yard.**


On the way to the outer yard, I overheard the client say she would kill her roommate.

Here is another example:

- Client Doe explained that he intended to hit Client Smith **with the chair on his head.**
- Client Doe explained that he intended to hit Client Smith **on his head with the chair.**

And another one:

- The client **almost met** all of her objectives this quarter.
- The client **met almost all** of her objectives this quarter.

 **Test Your Knowledge:** Can you fix these dangling modifiers?

The client was about 30 years old, white, 5' 10", with wavy hair **weighing about 150 pounds**.

Driving to the airport, **the herd of cattle looked magnificent**.

Covered with hot melted cheese, **we ate the pizza**.

Smashed beyond repair, **Bert saw his watch lying on the court**.

Chapter 10

Concluding Remarks

I hope that you, the reader, have found the content in this book helpful and that you will use it to improve your professional writing. I am confident that I have missed a few commonly made spelling, usage and stylistic errors. However, I trust the material included will assist you, the reader, in adopting general principles that can inform your problem-solving efforts in this regard. Improving your writing will help you to “win friends and influence people.” Go forth and conquer!

For more tips, get a copy of Strunk and White’s *The Elements of Style*, or log onto <http://www.crockford.com/wrrld/style.html>.

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