THERAPY BIBLE

CURIOSITY-EDUCATION-PASSION

CLINICAL WRITING

Clincial writing can be a learning curve. You can adapt, and you will get this! When in doubt, use a cheat sheet! Clincial writing is not a test. You don't need permission to check your notes. Use them! Your clinical voice is your own. **We can learn from our peers, but you are entitled to your own inteerpretation and understanding of your clients!**

Mental Status

Appearance

Well-groomed: Client appeared well-groomed with developmentally appropriate hygiene.
Casually dressed: Client was casually dressed in attire appropriate for the season.
Appropriately dressed: Clothing was appropriate for the weather and clinical setting.
Disheveled: Client appeared disheveled with wrinkled clothing and unkempt hair.
Poor hygiene: Client presented with poor hygiene, including body odor and visibly soiled clothing.
Unkempt: Client's appearance was unkempt, with matted hair and stained clothing.

Behavior

Calm: Client remained calm and cooperative throughout the interview.
Cooperative: Client engaged appropriately and answered questions willingly.
Pleasant: Client was pleasant and maintained appropriate interpersonal interactions.
Engaged: Client remained attentive and actively participated throughout the session.
Guarded: Client was guarded and provided minimal spontaneous information.
Withdrawn: Client appeared withdrawn and required prompting to respond.
Restless: Client demonstrated restlessness, frequently shifting position.
Fidgety: Client frequently tapped their foot and fidgeted with their hands.
Psychomotor agitation: Client exhibited pacing and repetitive hand movements.
Psychomotor slowing: Client demonstrated delayed movements and slowed responses.

Eye Contact

Good: Eye contact was appropriate throughout the interview.
Intermittent: Eye contact was intermittent but appropriate.
Avoidant: Client frequently avoided eye contact while discussing distressing topics.
Intense: Client maintained unusually intense eye contact.
Poor: Eye contact was minimal.

Speech

Normal: Speech was normal in rate, rhythm, volume, and articulation.
Slow: Speech was slow with increased response latency.
Rapid: Speech was rapid but understandable.
Pressured: Speech was pressured and difficult to interrupt.
Soft: Speech was soft but audible.
Loud: Speech volume was louder than appropriate within the setting.
Monotone: Speech was monotone as evidenced by no chase in inflection.
Hesitant: Client frequently paused before responding.
Hyperverbal: Client was hyperverbal and required redirection.

Mood/Affect

Mood: Client described feeling anxious/depressed/hopeful.
Full affect: Affect demonstrated a full range and matched discussion topics assessed.
Restricted: Affect was restricted as observed with monotone speech, and limited gestures/body language.
Blunted: Affect was blunted as observed with little emotional reactivity when discussing highly emotional topics.
Flat: Affect was flat as evidenced by continued facial expression/no shift, and no vocal inflection.
Congruent: Affect was congruent with mood as observed in shifting tone of voice with emotional reactivity in topics.
Incongruent: Affect did not match reported mood.
Labile: Affect shifted rapidly.
Tearful: Client became tearful.

CLINICAL WRITING

Mental Status

Thought Process
Linear, logical, goal-directed, coherent; or circumstantial, tangential, flight of ideas, loose associations, perseverative, thought blocking with objective descriptions.

Thought Content
Reality-based, future-oriented, rumination, obsessions, delusions, paranoid ideation, grandiosity

SI/HI documented objectively; client denies suicidal/homicidal ideation; client does not present with SI/HI.
Risk: Client denied SI/HI, plan, or intent; or documented passive/active SI with protective factors.

Perception.
Client denied hallucinations or reported auditory/visual hallucinations, depersonalization, or derealization.

Cognition
Alert and oriented ×4. Attention, memory, and concentration documented as intact or impaired.

Insight/Judgment/Impulse Control
Document as good, intact, fair, limited, poor, with behavioral evidence when possible.

More Terms You can Use in Writing

Well-groomed: Clean, neat, and appropriately dressed.
Disheveled: Messy or neglected appearance.
Calm: Relaxed and emotionally regulated.
Cooperative: Willingly participates in the interview.
Guarded: Reluctant or cautious in sharing information.
Restless: Difficulty remaining still.
Psychomotor agitation: Excessive purposeless movement associated with distress.
Psychomotor slowing: Noticeably slowed movements or responses..
Pressured speech: Rapid speech that is difficult to interrupt.
Tangential: Moves off topic and does not return to answer the question.
Circumstantial: Overly detailed but eventually answers the question..
Affect: The clinician's observation of emotional expression.
Congruent affect: Observed emotion matches reported mood.
Flat affect: Little or no observable emotional expression.
Linear thought process: Ideas progress logically.
Flight of ideas: Rapid shifts between loosely related topics.
Thought blocking: Sudden interruption of a train of thought.
Delusion: A fixed false belief not explained by cultural norms.
Rumination: Repetitive focus on distressing thoughts.
Hallucination: Perception without an external stimulus.
Depersonalization: Feeling detached from oneself.
Derealization: Feeling that the environment is unreal.
Insight: Awareness of one's symptoms or condition.
Judgment: Ability to make appropriate decisions.
Impulse control: Ability to resist urges and delay actions.
Suicidal ideation: Thoughts of ending one's life.
Protective factors: Factors that reduce the likelihood of self-harm.