This is a chapter excerpt from Guilford Publications.
Clinician's Thesaurus: The Guide to Conducting Interviews and Writing Psychological Reports, 8th Edition.
Edward L. Zuckerman. Copyright © 2019.
Purchase this book now: www.guilford.com/p/zuckerman

Getting Oriented to the *Clinician's Thesaurus*

Copyright © 2019 Edward L. Zuckerman

What Is the *Clinician's Thesaurus* and What Does It Do?

This book is more than a giant collection of synonyms; it is a treasury of the terms, standard phrasings, common concepts, and practical information clinicians use in their daily work. *In breadth and in depth, this book covers the language of American mental health.* It is organized to help you, first, collect the client information you need; second, organize those findings into a high-quality report; third, find the most precise terms to express your findings; and fourth, develop appropriate diagnoses, treatment plans, and recommendations.

If you write mental health evaluations and intakes, psychosocial narratives, testing-based reports, progress notes, treatment plans, closing summaries of treatments, and the like, the *Clinician's Thesaurus* will ease your workload as it sharpens your writing because it does the following:

- Presents dozens of related terms to enhance the clarity, precision, and vividness of your reports.
- Offers behavioral descriptions for a range of psychopathology to help you document your observations, formulations, and conclusions.
- Suggests phrasings that can individualize and personalize a report or description.
- Stimulates your recall of a client's characteristics (we all can recall more when we prompt our memories by reading related terms).
- Suggests "summary statements" where only a brief indication is needed, such as when cognitive functioning is within normal limits.
- Contains extensive cross-references and a helpful index for ease in locating materials and ideas. In addition, hundreds of URLs are offered with an easy-access online list.
- Replaces the drudgery of narrative construction with playfulness, spontaneity, and serendipity. (I know this is a big promise, but when you skim the book you will find both the familiar and the novel.)

In addition, because of its format and structure, the *Clinician's Thesaurus* can help you do these things:

- Structure an interview or assessment session to ensure that you have not missed any important aspect.
- Organize your thoughts when writing or dictating a report to ensure that you have addressed all the issues of relevance for that client.
- Access the knowledge base you have built from your training and experience for use in treatment planning or other clinical decisions you have to make.
- Revise, elaborate on, or tighten up a report you have drafted. The wide diversity of terms offered allows you to refresh and vary your writing, even about a familiar topic or point.
- Learn, do, or teach report writing (see below).

The *Clinician's Thesaurus* can be thought of as an enormous checklist. It is designed to approximate your internal checklist—the one on which you draw to conduct interviews, understand and respond to questions, and construct your reports. And, because it is far easier to work from an external checklist, it converts the demanding free-recall task into a much simpler recognition task. You just have to read, weigh, and select the best wording for the task at hand.

While there are occasional entries concerning children, this book is designed for the evaluation of adults and the writing of reports about adults of all ages. For a very similar book focused on children's reports, I recommend *The Child Clinician's Report-Writing Handbook,* second edition, by Ellen Braaten (in press).

How This Book Is Organized

The *Clinician's Thesaurus* is organized in the same sequence you would take to approach a client, assess the client's functioning, and then construct the report. Part I covers conducting a mental health evaluation. Part II offers ways to begin, develop, and end the report; it includes all of the standard topics addressed in mental health reports, presented in the sequence they are addressed in a typical report. Part III offers treatment plan formats, alternative report formats, and other useful resources.

Part I offers a guide for interviewing, plus hundreds of questions and aids for eliciting specific kinds of client information.

- Chapter 1 provides pointers for conducting a valid and ethical interview and guidance for beginning and ending the interview.
- Chapter 2 covers all the traditional aspects addressed in a Mental Status Evaluation (MSE). It offers common questions (and many variations on them) for examining cognitive functioning.
- Chapter 3 offers hundreds of questions designed to elicit information about all kinds of signs, symptoms, and behavior patterns, including ones that are particularly difficult to address in the interview context (such as paranoia, dissociative experiences, and sexual history).

Part II of this book is designed to guide your writing of a report. It is organized in the sequence of the traditional evaluation report. (For more on this format and on constructing reports, see below.) The chapters offer a range of descriptors and phrases by topic area. Almost any report can be shaped from the modules of terms and areas covered. Useful clinical tips and and examples of common pitfalls also appear throughout the text.

Copyright © 2019 Edward L. Zuckerman

- Chapters 4–6 cover introducing the report: preliminary information; the reasons for the referral; and historical background information.
- Chapters 7–13 address the person in the evaluation: behavioral observations; responses to aspects of the examination; presentation of self; emotions/affects; cognition and mental status; abnormal symptoms; and personality patterns.
- Chapters 14–19 cover the person in the environment: Activities of Daily Living (ADLs); social/community functioning; couple and family relationships; vocational and academic performance; recreational functioning; and other dimensions clinicians are often asked to evaluate.
- Chapters 20–24 cover completing the report: summaries, diagnostic statements, recommendations, prognoses, and professional closings.

Part III of this book offers useful clinical resources. These include the following:

- Formats for treatment plans.
- Formats for writing a wide range of reports and summaries.
- Access to lists of common psychotropic medications, by trade and generic names, as well as resources on names of street drugs and other resources on medications.
- Cues for recognizing the psychiatric presentation ("masquerade") of medical conditions.

In addition, there are Appendices containing useful abbreviations and an annotated list of readings in assessment, interviewing, and report writing.

Copyright © 2019 Edward L. Zuckerman

Internet Resources in the *Clinician's Thesaurus*

Because so much valuable information is now available on the Internet, hundreds of web links have been included in this book. These URLs can be typed into any web browser, but to make accessing the links in the book even easier, a list of URLs, entitled *Internet Resources Cited in the Clinician's Thesaurus*, is available for download (see the box on page xiv of the Contents). The links are listed by section number/title, and so the corresponding sections of the book are easy to locate. Clicking on any of the URLs will take your browser to the associated publication or web resource.

If you find errors or dead links in this list, please tell me, Ed Zuckerman, at *edzucker@mac.com* so that I can update the list for accuracy. Additional recommended resources will also be appreciated and credited when incorporated.

Understanding the Style and Format of the Chapters

As just described, the three main parts of this book cover, respectively: questions for broad aspects of an evaluation (in Part I), wording for areas of a report (in Part II), and clinical resources (in Part III). The chapters within each part are then subdivided into more specific topics. For example, Chapter 10, "Emotional/Affective Symptoms and Disorders," has 13 main sections—each addressing a specific affective symptom or disorder, ranging from anger to depression to seasonal affective disorder. Each of these main topics has its own section number (e.g., the third section in Chapter 10, "Anxiety/Fear," is numbered 10.3). Cross-references throughout the book are to these chapter and section numbers.

To find terms and descriptors for an anxious client, you could turn to the book's table of contents, find Chapter 10, see that Section 10.3 is "Anxiety/Fear," and then turn to that section for a full

range of terms relating to anxiety and fear grouped by manifestation. You could also look up "anxiety" in the index and find other related sections.

Of course, not all section topics within a chapter will need to be covered in every report. The section topics represent a range of possible options across different types of clients and different types of reports. Select from these topics and terms those relevant to the particular client and type of report you are writing.

Types of Information in the Chapter Sections

Most of this book consists of lists and groupings of the standard terms used in North American mental health. Other kinds of useful information also appear throughout the chapters:

- Introductory and explanatory comments.
- Cross-references to related sections of the book.
- Practice tips, reminders, and cautions.
- References to the standard works in the field or area.
- Descriptors, terms, and phrases for wording reports.
- Sample "summary statements."
- Sample evaluation questions and tasks (primarily in Chapters 1, 2, and 3).

Figure 1 (see below) offers a quick visual guide to identifying these various types of information within the chapter format. It also illustrates many of the formats and typographic conventions described below. (Note that the figure represents a composite of several pages, so as to illustrate a wider range of formats. Some content has been omitted in this composite.) It is from the descriptors that you may select the ones most appropriate for incorporation into your reports. The format for these is explained below.

The descriptors and phrasings offered in this book are standard American English usage and are the conventional language of the mental health field. Because the terms offered are only rarely defined here, you may find useful a specialized psychiatric dictionary (e.g., Campbell, 2009; *Stedman's Psychiatry Words,* 2007).

As you will see in Figure 1 and throughout the book, the descriptors and terms may appear in different formats, such as in a paragraph, in a list, or as columns of words across the page. Some formats indicate that the terms have been ordered according to degree of meaning. Understanding the arrangements gives you further information about those terms. These formats are explained below.

Copyright © 2019 Edward L. Zuckerman

Example of a Report Constructed with the *Clinician's Thesaurus*

There are at least a hundred kinds of reports being written in the current complex mental health care system. The *Clinician's Thesaurus* is structured into modules that can be selected and assembled to provide wording for almost all of these. To demonstrate how these modules may be used, a sample evaluation report keyed to the sections of the *Thesaurus* can be found in the next introductory section, "A Functional Guide to Report Construction."

Formats for Descriptors and Terms

The terms and descriptors offered in the *Clinician's Thesaurus* are always shown in a distinct font, to set them off from other kinds of text. They may be arranged in one of four ways, from an unordered grouping of related words to increasingly ordered arrangements:

Chapter number

Chapter title

Cross-references by chapter and section number

Introductory and explanatory comments

A subsection of "General Aspects of Mood and Affects"

Columns sequenced by degree across the page

Boldface: Most commonly used term in a cluster

Lines or paragraphs staggered down the page by degree of meaning

Slash mark (/): Alternative word follows

Quotation marks (" "): Slang

Unordered, similar (but not synonymous) words

✓ indicates comments, advice, or suggestions

Spectrum sequenced by degree

10

Emotional/Affective Symptoms and Disorders

10.1. General Aspects of Mood and Affects

See Section 3.4, "Affect/Mood," for questions.

"Emotion" is too broad and loaded a word for clinical work. Usually "mood" refers to pervasive and sustained emotional coloring of one's experience, a persistent emotional trend (like the climate). It is usually self-reported (but is sometimes inferred). "Affect" is of shorter duration, such as . . .

Amount/Responsiveness/Range of Affect (↔ *by degree*)

flat	**blunted**	**constricted**	**normal**	**broad**
affectless	apathetic	contained	**usual**	deep
bland	inexpressive	low-intensity	**average**	intense

Appropriateness/Congruence of Affect or Mood and Thoughts/Circumstances

(↔ *by degree*) The following groupings are sequenced by degree of increasing appropriateness/congruence.

Inappropriate, incongruent, inconsistency of reported/observed feelings and those expected . . .

Indifferent to problems, floated over his/her real problems and limitations, showed no/ . . .

Affect variable but unpredictable from the topic of conversation, modulations/shifts inconsistent and unrelated to content or affective significance of statements.

10.7. Depression

See Section 3.10, "Depression," for questions. See also Sections 10.11, "Seasonal Affective Disorder," and 12.28, "Premenstrual Dysphoric Disorder."

Behavioral Facets

Included here are the vegetative signs/physical malfunctioning.

Eating

Appetite/hunger increase or decrease, anorexia, fewer/more frequent meals, fasting, selective hungers, binges, weight increase/decrease. Avoid: "comfort foods."

Libido *See Section 10.12, "Sexual Interest," for descriptors.*

✓ Remember that libido is sexual interest or desire, not activity.

10.9. Mania

(↔ *by degree*) Unkempt, disheveled, poorly groomed, overdressed, decorated, garish.
(↔ *by degree*) Pressured speech, fast/rapid speaking, rapid-fire speech, hyperfluent, hyperverbal, overtalkative, overabundant, loud, verbose, rhyming, punning, word play, hyperbole, overproductive, garrulous, tirades, singing.

FIGURE 1. Reduced composite page illustrating various formats and typographic conventions.

Copyright © 2019 Edward L. Zuckerman

1. Unordered groups of similar but not synonymous words and phrases in a line or paragraph. Example:

   Presentable, acceptable, suitable, appearance and dress appropriate for age and occupation, businesslike, professional appearance, nothing was attention-drawing, modestly attired.

   These words are often used as alternatives for each other. They are presented in a line or paragraph with no ordering principle. In the example above, the terms and phrases are all similar descriptors for "appropriateness" of clothing/attire.

2. An ordered spectrum of words and phrases, indicated by a double-arrow graphic (↔), in a line or paragraph. Example:

   (↔ by degree) **Awkward, clumsy, often injures self, inaccurate/ineffective movements, jerky, uncoordinated, <normal>, purposeful, smooth, dextrous, graceful, agile, nimble. Avoid: "accident-prone," "klutzy."**

   In the example above, a client's movement or activity is characterized along a spectrum of ability from uncoordinated ("awkward") to highly coordinated ("nimble"). The arrowheads (< >) enclosing the word "normal" indicate that it is the midpoint of the spectrum. For an explanation of "Avoid:", see below.

3. Columns of words ordered by degree (↔) across the page. Example:

   Qualities of Clothing (↔ *by degree*)

filthy	rumpled	needing repair	plain	**neat**	**stylish**
grimy	disheveled	threadbare	out of date	careful dresser	fashionable
dirty	neglected	seedy	old-fashioned	clothes-conscious	elegant

   The word columns above are sequenced along a spectrum of degree of the trait—in this example, from "filthy" to "stylish." Each individual column contains one or more unordered alternative terms with slightly different shades of meaning. However, when a word is a standard term used by clinicians for a cluster, it is presented at the top of the column in boldface. In the example above, the three words in the first column all indicate the same relative degree of "Qualities of Clothing," but have different nuances. "Filthy" is a standard term for this degree in quality.

4. Lines or paragraphs sequenced by degree (↔) and staggered downward across the page. This format is used when the phrases are too long to fit into columns. Example:

   Unable to recognize the purposes of the interview/the report to be made . . .

   Indifferent, bland, detached, distant, uninvolved, uncaring . . .

   Dependent, sought/required much support/reassurance/guidance . . .

   Tense, anxiety appropriate/proportionate to the interview situation . . .

   Understood the social graces/norms/expectations/conventions . . .

   In the example above, each level represents a degree of the quality along an ordered spectrum. The words or phrases at each level are rough synonyms. In the example above, the quality of a client's response to the evaluation ranges from "Unable to recognize the purposes . . ." to "Understood . . ."

Copyright © 2019 Edward L. Zuckerman

Typographic Conventions for Descriptors and Terms

- Double arrow (↔): Indicates that the terms or phrases are ordered along a spectrum of degree for the trait, quality, or behavior.

- Slash mark (/): Indicates that an alternative word or words immediately follow. Example:

  Understood the social graces/norms/expectations/conventions . . .

  Here the terms "social graces," "norms," "expectations," and "conventions" are alternative descriptions, each of which can be used with the term "Understood" to indicate a quality of client response to the evaluation.

- Quotation marks (" "): Indicate that a word or phrase is slang or often offered by clients but inappropriate in a professional report. Example:

  Awkward, clumsy, often injures self, . . . Avoid: "accident-prone," "klutzy."

  Slang and similar inappropriate words are frequently offered by persons being evaluated. They are placed in the *Clinician's Thesaurus* under appropriate headings to assist the clinician unfamiliar with understanding clients' use of such phrasings, but the word "Avoid:" and the quotation marks should alert you not to use the terms in your report.

- Check mark (✓): Indicates comments, advice, cautions, and clinical tips. These range from brief comments to tables of information; they are useful in understanding the client or phenomena, but are not to be borrowed for the report. Example:

  ✓ Note: If the client is incapable of providing this information, a family member or other informant should be sought.

Typographic Conventions for Descriptors and Terms at a Glance

Convention	*Meaning*
↔	Ordered spectrum of meaning
/	Alternative word or words immediately following
" "	Slang or inappropriate for professional report
< >	Midpoint in a spectrum
✓	Comments, advice, cautions, clinical tips

Notes on Grammar

For compactness and simplicity, adjectives, adverbs, verbs, and nouns are sometimes mixed in a listing. Just modify the word to suit the sentence you have in mind.

The pronoun forms used throughout this book are intended to lessen the sexist associations and implications whose harmful effects are well documented in this field. The book uses combinations such as "her/him" and "he/she" in varying order, or alternates in turn between "he" and "she," to avoid furthering gender associations. When pronouns of a single gender are employed, that phrasing should not be taken to imply any association of gender with behavior.

Copyright © 2019 Edward L. Zuckerman

Some Ways to Use the *Clinician's Thesaurus*

When You Interview

You can use Part I of this book to guide your interview. You might simply read some of the mental status or symptom questions to the client; you might copy out a few to ask; or you might use them to refresh your memory of the questions appropriate to the referral's concerns. In contrast to structured interviews, these chapters offer many questions for each area; if a particular question does not result in a satisfactory response, you will have many similar ones from which to choose.

When You Write or Dictate a Report

As described earlier, Part II of this book is organized in the same sequence as the "classic" mental health report. If you are constructing other kinds of reports, you will find that you can select relevant sections to fit your needs and requirements for contents and structure. Each chapter is independent and can be seen as a module to be put to different uses. The individual chapter titles correspond to the major headings of standard reports, such as "Behavioral Observations," "Mental Status," or "Diagnostic Summary." Within each chapter, the numbered sections cover the aspects that are typically evaluated in that area. Paging through the major numbered sections within each chapter will remind you to address each relevant area in your report. If you need to do a very comprehensive evaluation, you can use all the numbered headings within each chapter as a checklist to make certain you haven't overlooked any important point.

The chapters in Part II contain specific words and phrases that reflect numerous ranges of meaning. From these, you can select the best descriptors for your patient in these areas. You can turn to a specific chapter and its numbered sections to focus on a particular topic for writing a more fine-grained description.

As you use the *Clinician's Thesaurus*, you may find it worthwhile to highlight in color, underline, or box the words or phrases that best suit your writing style and are most relevant to your practice and setting. You may find it practical to use the black thumb tabs on the edge of each page to access sections of the book more quickly.

When You Teach

As a teacher, you simply cannot offer your students more than a fraction of the behaviors a clinician must understand. When you focus on a few diagnoses or processes, students may miss the breadth they will need. If you discuss theory, your students may miss the concrete; if you offer cases, they may learn only a few examples and not the larger picture of the disorder. As a teacher, I have struggled with these choices myself. This book provides another option: All the aspects of each syndrome and pattern are in the *Clinician's Thesaurus*. The whole language of the mental health field is in here.

When students need to interview, the questions here will enable them to follow up (almost) any referral question. When they sit down to write up their findings, all the language options are here. They and you can concentrate on the higher-level functions—weighing, winnowing, and integrating—not on reinventing the standard language.

Students love this book because it both reduces their anxiety and makes them more competent. When they see that (almost) everything they will need is in this one book, they breathe a sigh of relief. The book does not replace their clinical education, but it does assist the process. It is equivalent to giving a calculator to a math student: The student can concentrate on the nature of the problem, not the details of the calculation.

Copyright © 2019 Edward L. Zuckerman

When You Supervise

Less skilled professionals or students may sometimes fail to think deeply or may write glib reports. The usual supervisor's response to this situation is to interview the students, trying to pull from them observations of the patients that they probably never made because they lacked the terms for labeling the phenomena of interest.

When you supervise, try this instead: Refer such students to the appropriate sections of the *Clinician's Thesaurus* and ask them to find, say, three or more words to describe the cognitive aspects of a patient's depression. Not only does this make the supervision problem into a game instead of a contest over who is smarter, but also it puts the burden of discrimination on the students, where it belongs. Moreover, this process of weighing the alternatives trains a kind of clinical judgment that I find almost impossible to teach in other ways.

The *Clinician's Thesaurus* is not a "cheat sheet" or a crutch. Reports written by clinicians using it are not "canned." Few individuals have thousands and thousands of words and statements in mind to choose from, and there is no limitation on entering new ones into the book. It does not write reports for anyone; students still have to learn the words' meanings and evaluate their appropriateness for each client.

A Cautionary Note and Disclaimer

The entries of this book are presented simply as sample questions and lists of terms that have been used in the field. Their presence here does not imply any endorsement by the author or publisher. These wordings are offered without any warranty, implied or explicit, that they constitute the only or the best way to practice as a professional or clinician.

When individuals use any of the words, phrases, descriptors, sentences, or procedures described in this book, they must assume the full responsibility for all the consequences—clinical, legal, ethical, and financial. The author and publisher cannot, do not, and will not assume any responsibility for the use or implementation of the book's contents in practice or with any person, patient, client, or student. The author and publisher shall not be liable in the event of incidental or consequential damages in connection with or arising out of any use by purchasers or users of the materials in this book. By employing this book, users signify their acceptance of the limits of the work and their acceptance of complete personal responsibility for all such uses.

The author and publisher presume (1) that the users of this book are qualified by education and/or training to employ it ethically and legally, and (2) that users will not exceed the limits of documentable competence in their disciplines as indicated by their codes of ethical practice.

If more than the material presented here is needed to manage a case in any regard, readers are directed to engage the services of a competent professional consultant.

Copyright © 2019 Edward L. Zuckerman.

Copyright © 2019 Edward L. Zuckerman.
No part of this text may be reproduced, translated, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, microfilming, recording, or otherwise, without written permission from the publisher.
Purchase this book now: www.guilford.com/p/zuckerman

Guilford Publications
370 Seventh Avenue
New York, NY 10001
212-431-9800
800-365-7006
www.guilford.com