



Clinical Documentation for Beginners

Presented by:

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Objectives

- Define Clinical Documentation
- Highlight the importance of clinical documentation in behavioral healthcare
- Provide Resources for improving clinical documentation skills

Why Clinical Documentation?

- Cohesive Clinical Chart
- Client Progress spelled out
- Guide's the treatment process
- Protects me, employer, and client
- Pet Peeve-Poor Documentation due to laziness v. lack of skill set
- Must be culturally sensitive and appropriate

Why This Topic? & Why Now?

- Behavioral Healthcare reform is underway
 - Accountability across modalities & levels of care
 - Concern that clients are being over/under treated
 - Concern that staff aren't qualified to provide services
 - Politicians and law makers have added behavioral healthcare to their agenda (re-entry, substance use)
 - Utilization Management for SUD Tx. (new)
 - Licensing and Credentialing =Quality Care
 - No license and no credentials=Poor Outcomes



Clinical Documentation

Common Clinical Terms to Consider

Common Clinical Terms to Consider

- “Client” means any individual receiving treatment services in a licensed treatment facility. Client is synonymous with “patient”

Common Clinical Terms to Consider

- “Clinical Note” means a written, signed with original signature and dated notation made by a licensed or credentialed professional, an approved counselor in training (see NJAC 10:161B-1.9(a)2) or other authorized representative of the program who renders a service to the client or records observations of the client’s progress in treatment.



Common Clinical Terms to Consider

- “Clinical Record” means all records in the facility which pertain to client care.

Common Clinical Terms to Consider

- “Continuum of Care Plan” means a written plan initiated at the time of the client’s admission, and regularly updated throughout the course of treatment, which addresses the needs of the client after discharge; may be referred to as a discharge plan.

Common Clinical Terms to Consider

- “Co-occurring Disorders” means a concurrent substance use disorder and mental health disorder as described in the DSM 5, in which the substance abuse and mental health disorders are both primary.

Common Clinical Terms to Consider

- “Counseling” means the utilization of special skills and evidenced-based practices to assist individuals, families, significant others, and/or groups to identify and change patterns of behavior relating to substance abuse which are maladaptive, destructive and/or injurious to health through the provision of individual, group, and/or family therapy by licensed or credentialed professionals or approved counselors in training. Counseling does not include self-help support groups such as Alcoholics Anonymous, Narcotics Anonymous, and similar 12-step programs.

Common Clinical Terms to Consider

- “Deficiency” means a determination by DMHAS of one or more instances in which a state licensing regulation has been violated.

Common Clinical Terms to Consider

- “Didactic Session” means a structured treatment intervention designed to instruct or teach clients about topics related to substance use disorders and treatment related issues.

Common Clinical Terms to Consider

“Drug” means any article recognized in the official United States Pharmacopoeia-National Formulary (USP 31-nf26), accessible at <http://www.usp.org>, 1-800-227-8722; or the official Homeopathic Pharmacopoeia of the United States Revision Service, at <http://www.hpus.com>, as amended and supplemented, incorporated herein by reference, including, but not limited to, a controlled substance, a prescription legend drug, an over the counter preparation, a vitamin or food supplement, transdermal patch or strip, or any compounded combination of any of the above intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease or medical condition in humans/animals or intended to affect the structure or function of the human body.



Common Clinical Terms to Consider

“Evidenced Based Practices” means interventions and approaches supported empirically through systematic research and evaluation. These are to be distinguished from best practices, which are interventions and approaches more likely to yield desired results, based on indicative studies or judgment/consensus of experts.



Common Clinical Terms to Consider

“Integrated Treatment” means the coordination of both substance abuse and mental health interventions, preferably by one clinician; integrated services should appear coordinated to the client participating in services.

Common Clinical Terms to Consider

“Outcomes” means client level of functioning on specific criteria post-treatment as compared with their level of functioning at intake. These criteria include drug and alcohol use, employment, criminal activity, homelessness, and social connectedness, consistent with SAMHSA National Outcome Measures, accessible at http://www.nationaloutcomesmeasures.samhsa.gov/outcome/index_2007.asp



Common Clinical Terms to Consider

“Progress Note” means a written, signed with original signature and dated notation by a member of the multidisciplinary team summarizing facts about care and the client’s response to care, during a given period of time.

Common Clinical Terms to Consider

- “Treatment” means a broad range of primary and supportive services, including identification, brief intervention, assessment, diagnosis, counseling, medical services, psychological services, and follow-up, provided to persons with alcohol, tobacco, and other drug problems. The overall goals of treatment is to reduce or eliminate the use of alcohol, tobacco, and/or other drugs as a contributing factor to physical, psychological, and social dysfunction and to arrest, retard, or reverse progress of associated problems.

Common Clinical Terms to Consider

- “Treatment Plan” means a written plan that has measurable goals, is outcome based, and identifies, the coordination of the projected series and sequence of treatment procedures and services based on an individualized evaluation of what is needed to restore or improve the health and function of the client. The treatment plan is developed by the facility’s treatment team in conjunction with the client where clinically appropriate.

Benefits of Good Clinical Documentation

- Accurate Payment
- Improved Agency Profile
- Decrease in risk
- Quality Care Outcomes



Poor Clinical Documentation/No Clinical Documentation

- Increased risk for lawsuits
- Affects quality profile
- Poor client outcomes



Clinical Documentation-Ethical and Legal Considerations

Clinical Documentation

Clinical Documentation Improvement-

9 minute video from Kindred Healthcare-the largest healthcare company in the United States.

Association for Clinical Documentation and Improvement Specialist the nation's only association dedicated to the CDI profession, launched the first annual Clinical Documentation Improvement Week: September 18-24, 2011.

<https://www.youtube.com/watch?v=cQnFkRIGPys>



Who Relies on Your Documentation?

Client's families rely on your documentation to advocate for the most appropriate and effective care

Who Relies on Your Documentation?

Physicians, Mental Health Professionals, Referral Sources rely on the medical record and your clinical documentation as:

I. an official practical means of communication with each other

Who Relies on Your Documentation?

2. to help them provide a unified treatment approach consistent with your work with the client
3. To provide continuity of care from one treatment setting to another

Who Relies on Your Documentation?

Employers, funding sources, and managed care companies rely on your documentation to justify need for continued treatment, need for admission, demonstrate appropriateness and cost-effectiveness of care, demonstrate all billable services were provided



Who Relies on Your Documentation?

Licensing and Accreditation

Agencies rely on your documentation to verify your practice's quality of care and approve your license to operate



Tips for Completing Clinical Documentation



Handouts

**Everything you ever wanted to know
about case notes**

**Treating Planning: Writing Behavioral
Goals**

DAP Notes (Group & Individual)

Documentation-Rules To Apply

Getting Through Selective Perception

- Tell them what 2%
- Tell them what and how 10%
- Tell them what, how, and why 55%
- Tell them what, how, why, how it will benefit 85%

Retention

Loss of Spoken Word:

- 40% after 20 minutes
 - 60% after 1/2 day
 - 90% after 1 week



Overview of Article:

Flawed Self-Assessment Implications for Health, Education, and the Workplace by Dunning, D., Heath, C., and Suls, J.M.

Overview of Behavioral Healthcare

Workers Perception of Competence

- Data showed that peoples perceptions of their skills often do not mesh with objective reality
- Misjudgments can take two forms:
 - 1st-people's general evaluations of their skills tend to not be closely related to objective performances in tasks to reflect those skills and character traits
 - 2nd-students assessments of their performance tend to agree moderately with those of their teachers and mentors

Dunning, D., Heath, C., Suls, J.M. (2004). Flawed Self-Assessment Implications for Health, Education, and the Workplace. *American Psychological Society* 5, (3).

Overview of Behavioral Healthcare Workers Perception of Competence

- Research in education finds that:

Students tend to be overconfident in newly learned skills, at times because the common educational practice of *massed training* appears to promote rapid acquisition of skills as well as self-confidence but not necessarily the retention of skill

Dunning, D., Heath, C., Suls, J.M. (2004). Flawed Self-Assessment Implications for Health, Education, and the Workplace. *American Psychological Society* 5, (3).

Massed Training

The method of instruction in which instructors train students in one or a few intense sessions.

Massed training has advantages:

Students undergoing intense training quickly obtain the relevant skill and then display it at a high level.

Much research shows that massed training is more efficient than any alternative for bringing students quickly to a high level of performance (Dempster, 1990; Glenberg, 1979, 1992).

Dunning, D., Heath, C., Suls, J.M. (2004). Flawed Self-Assessment Implications for Health, Education, and the Workplace. *American Psychological Society* 5, (3).

Massed Training

Although massed training produces quick learning and high performance in the short term, the knowledge and skill imparted tend to be forgotten rapidly—a result that has been known since the time of Ebbinghaus (1885/1964).

Massed training is efficient for acquiring skills; it is not optimal for retaining them

Dunning, D., Heath, C., Suls, J.M. (2004). Flawed Self-Assessment Implications for Health, Education, and the Workplace. *American Psychological Society* 5, (3).

Massed Training

- Retaining knowledge and skill requires a different recipe. Students retain information and skill better when they: acquire information and practice their skill via *spaced*, or *distributed*, training in sessions that are divided over several occasions, even though this means that students initially learn more slowly and with more difficulty (Dempster, 1990; Glenberg, 1992).
- People are not very good at assessing their comprehension of written materials and
- They think they have understood a piece of text when they have not.

Dunning, D., Heath, C., Suls, J.M. (2004). Flawed Self-Assessment Implications for Health, Education, and the Workplace. *American Psychological Society* 5, (3).

Strategies

- Strategies to reduce unrealistic optimism:
 - Personalized feedback
 - Building self-worth before encountering difficult to hear information

Dunning, D., Heath, C., Suls, J.M. (2004). Flawed Self-Assessment Implications for Health, Education, and the Workplace. *American Psychological Society* 5, (3).

Strategies

- It would seem clear that medical diagnosis should be left to the professionals; there is reason to believe that people feel quite competent in their role of playing doctor even when this self-confidence is misplaced.
- People's labeling of and responses to symptoms are strongly determined by the commonsense models of illness that they hold; models are based on personal experiences regarding symptom onset, duration, and intensity (Leventhal, Meyer, & Nerenz, 1980).
- People also observe patterns of covariation between symptoms and illnesses and use this information and experiences provided by family members and friends.
- **symmetry** attempts to attribute symptoms to possible causes. These beliefs are supplemented by **rule**: people expect symptoms to denote illness, and they expect illness to be accompanied by symptoms. Clearly this belief is often true, but overuse of this rule increases the probability of diagnostic errors. It can lead people to believe that they are well if they are not experiencing symptoms

Dunning, D., Heath, C., Suls, J.M. (2004). Flawed Self-Assessment Implications for Health, Education, and the Workplace. *American Psychological Society* 5, (3).

Solutions for Improving Clinical Documentation Skills

- *Reviewing Past Performance-leads to better self-assessment*
- *Benchmarking-comparing performance against others*
- *Peer Assessment-research reports higher performance when work is reviewing by peers*
- *Ongoing Practice and Training*

Supervisors and Managers

Problems:

- Feedback is *infrequent*
- Feedback is *threatening*
- Feedback is *sugarcoated*
- Feedback is *given too late*

Supervisors and Managers

- For people at the bottom of a hierarchical organization, lack of self-knowledge may hinder career or personal success.
- This is a recipe for personal unhappiness, but it may not affect how they complete their day-to-day tasks.
- Luckily, organizations often develop or evolve reminders, routines, and procedures that help mitigate problems that could be caused by employees who lack awareness of their own abilities

Taken from: Flawed Self-Assessment Implications for Health, Education, and the Workplace David Dunning, Chip Heath, and Jerry M. Suls

Resources

- Zuckerman, E.L. (2010). Clinician's thesaurus, 7th ed. :The guide to conducting clinical interviews and writing psychological reports.
- Berman, P.S. Case conceptualization and treatment planning: Integrating theory with clinical practice. 3rd. ed. Sage Publications.