

COMMUNITY SUPPORT PROGRAM

RECOVERY ORIENTED DOCUMENTATION

Kristie Scott, MSW & Joey Hobbs, LCSW

Goal:

I want to write encounter notes correctly.

□ Objectives:

1. I will be able to differentiate between CSP and TCM by the end of this training
2. I will be able to develop goals by the end of this training
3. I will be able to develop objectives by the end of this training
4. I will be able to identify the different levels of assistance by the end of this training
5. I will understand the basics of an encounter note by the end of this training

The Purpose of CSP

- CSP is designed to assist adults with severe and persistent psychiatric disorders in achieving and maintaining rehabilitative, sobriety and recovery goals.
- CSP services focus on building and maintaining a therapeutic relationship with the individual while delivering rehabilitative, skill building interventions and activities, facilitating connections to the individual's choices, goals and recovery path.

The Purpose of TCM

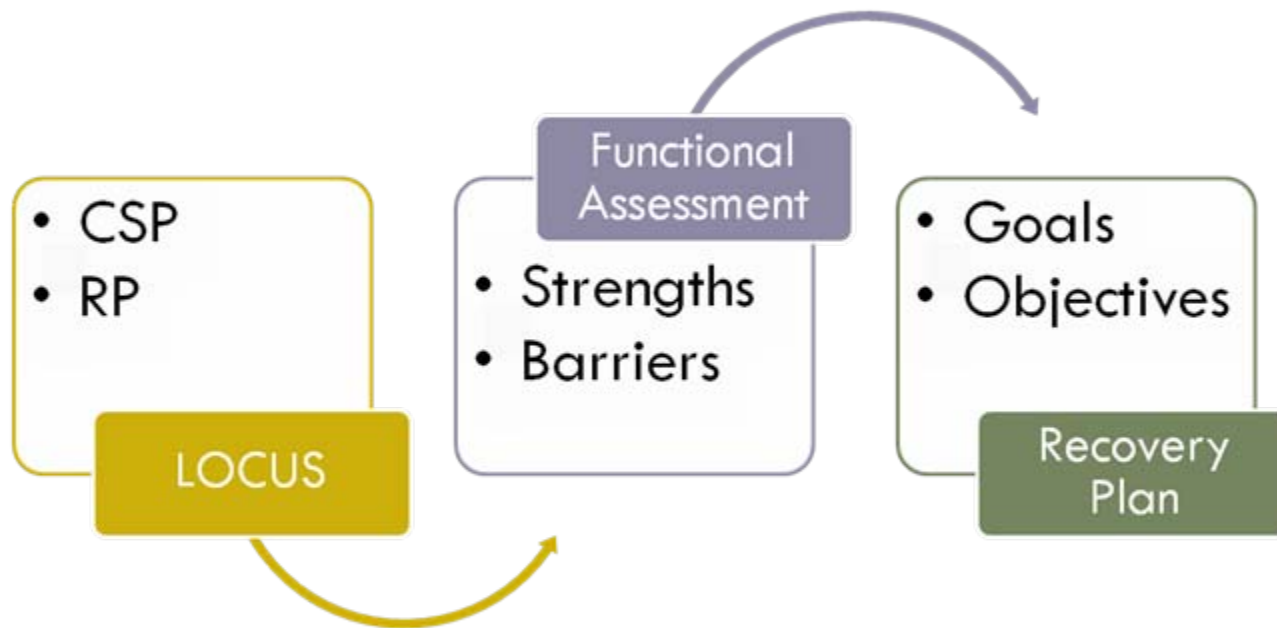
- TCM Services are the continuum of activities concerned with assessment, planning, linking, support and advocacy.
- TCM Services can be performed with the client or on behalf of the client.
- TCM Services include assisting a client in accessing needed housing, medical, clinical, social, educational, and other services.

Distinctions between CSP & TCM

CSP	TCM
Teaching self administration of medications	Monitoring self administration of medication
Coaching client how to access public transportation	Coordinating medical care and transportation
Teaching client how to budget and run a household	Monitoring budget to maintain ability to live in community
Educating client on how to obtain needed services	Maintaining housing. Coordinating and planning housing resources
Educating client on Health and Wellness	Monitoring client's adherence to nutritional plan



The Process



Goals

- What are goals?
- *Goals are general statements of outcomes in the client's own words.*
- *A goal statement takes a particular identified need and answers the question "What do we want the outcome of our work together to be as we address this identified need?"*
- *"Will improving this skill help you achieve your personal recovery goal?"*

Examples of Goals

- “I want to live in an apartment with a roommate.”
- “I will have a part-time job.”
- “I will be able to take my medications on my own.”
- “I’m lonely and want to be able to make more friends.”
- “I want to stop relapsing with alcohol and drugs so I can get my life back.”

Objectives

- What are objectives?
- *Objectives are observable and measurable changes in behavior, functioning, symptoms or changes in social support or environment that relate to achieving the client's goal.*
- *Break the objectives down to achievable chunks.*
- *How will you know there is movement toward the goal?*

Examples of Objectives

- “I will meet with the employment specialist by 3/1/10.”
- “I will go to the library by 3/1/10 to find out about community activities where I can meet people.”
- “I will reduce my anger outbursts by 75% as evidenced by report from roommate, sister and peer specialist.”
- “I will begin to spontaneously express myself to others in a group of peers.”

Examples of Goals & Objectives

- GOAL: “I would like to get my job back and move out of this place.”
- OBJECTIVE: Establish and follow daily routine of getting up and getting dressed by a set time.
- GOAL: “I would like to lose some weight.”
- OBJECTIVE: Develop healthy eating plan for next week to use as shopping list and meal preparation activities.

Remember...

- Be creative.
- Use the Functional Assessment as a guide.
- Our clients have strengths and skills they may not even realize.



Levels of Assistance

Least Invasive



- **INDEPENDENT** : No physical or cognitive assistance needed to perform activities or tasks.
- **STANDBY ASSISTANCE**: **Cues** – Visual demonstrations related to the task. **Prompts/Coaching** – Visual and physical directions that prompt the participant to perform the skills and/or tasks.
- **MINIMUM ASSISTANCE**: **Cues** - Verbal & written hints to help organize thoughts. **Prompts/Coaching** – Step by step verbal directions.
- **MODERATE ASSISTANCE**: **Cues** – Step by step verbal & written directions/hints to help organize thoughts. **Prompts/Coaching** –Written or verbal directions.
- **MAXIMUM ASSISTANCE**: **Cue** – Step by step physical gestures, pointing and demonstrations **Prompts/Coaching** - Step by step physical demonstrations with visual and verbal directions that prompt the participant to perform the skills and/or tasks.

Most Invasive

LEVEL OF ASSISTANCE: 5

- **Maximum Assistance**
- **Cues-** Step by step physical gestures, pointing and demonstrating.
- **Prompts/Coaching-** Step by step physical demonstrations with visual and verbal directions that prompt the participant to perform the skills and/or tasks.
- **Example:** *CM would help organize and wash a sink full of dishes. CM would do some with the client watching (demonstrating and modeling). Then the CM would stand by client's side and coach the client in washing dishes until the task is complete.*

LEVEL OF ASSISTANCE: 4

- **Moderate Assistance**
- **Cues-** Step by step verbal and written directions/hints to help organize thoughts.
- **Prompts/Coaching-** Step by step verbal directions.
- **Example:** *CM would prompt client on doing laundry and remind client of the steps like separating colors and whites and putting in the detergent.*

LEVEL OF ASSISTANCE: 3

- **Minimum Assistance**
- **Cues-** Verbal and written hints related to the task.
- **Prompts/Coaching-** Written and/or verbal directions.
- **Example:** *CM would remind client to attend to a task about 1/4 of the time and have to give corrective instructions. If, at times, the client is able to do activities independently but sometimes requires reminding- this would be considered requiring minimal assistance.*

LEVEL OF ASSISTANCE: 2

- **Standby Assistance**
- **Cues-** Visual demonstrations related to the task.
- **Prompts/Coaching-** Visual and physical directions that prompt the client to perform the skills and/or tasks.
- **Example:** *CM would provide simple reminders to client to make a phone call to schedule an appointment with their psychiatrist.*

LEVEL OF ASSISTANCE: 1

- **Independent**
- No physical or cognitive assistance is needed to perform the activities and/or tasks.
- **Level 0- Unable to assess or individual refuses to be assessed.**

Basics of an Encounter Note

- The provider must document each face-to-face encounter with the participant. This documentation should provide a measure (level of assistance) of how effective the intervention has been in supporting the participant in meeting their goals. It should contain a clear description of the staff's **intervention** (action), the **participant's response** to that intervention (action) and **progress toward the goals** and **next steps**.



Encounter Note

- What goal were you working on?
 - ▣ (from Recovery Plan)
- What was the intervention?
 - ▣ (reviewed, coached, prompted, assisted, encouraged, etc)
- How did the consumer respond?
 - ▣ (use feeling words and/or action words)
- What are the next steps?
 - ▣ (next visit, client will, client plans to...)

Incomplete Note:

- I met Sally at her apartment to discuss healthy eating. I told her to clean the refrigerator because there was spoiled food in there. She reported that she has not gone shopping in a while. She stated that she was too tired to do it. I will take Sally to the grocery store.



Complete Note:

- I **reviewed** the healthy eating plan that Sally made last week (**INTERVENTION**). I **asked** her to name a few healthy meals she had last week (**INTERVENTION**). Sally admitted she only made one really healthy meal (**RESPONSE**). Sally stated that she felt guilty about this but reports she is motivated to try harder this week (**RESPONSE**). I **encouraged** her to clean her refrigerator and throw away the spoiled food (**INTERVENTION**). I also **assisted** Sally in making a reminder note to clean out her refrigerator once per week (**INTERVENTION**). Sally stated that she has been tired lately but she agreed to clean the refrigerator later tonight and make a grocery list (**RESPONSE**). We made a plan to go grocery shopping on Friday at 3pm (**PLAN**).

Incomplete Note:

- I took Sally to the store with her list. We picked up food for several meals and discussed the need to budget. Sally stated that she does not like fruit. We discussed the importance of eating balanced meals including fruit. She was overwhelmed in the store and wanted to leave. She did buy a few items. We will try again next week.

Complete Note:

- I accompanied Sally to the grocery store. Sally had her grocery list prepared. At the grocery store, Sally was coached on the selection of meals using the list she had prepared. Sally stated that she does not like fruit and we reviewed alternatives to fruit such as vegetables. She began to get anxious due to the amount of people in the store. Sally was able to talk about her level of anxiety and I encouraged and modeled use of deep breathing and visual imaging of relaxing at the beach. Sally worked with me to devise a plan to purchase the 4 necessary items from her list and exit the store. Sally agreed to try again next week. We planned to go to the store on a different day and time when the grocery store may be less busy.