

“If you didn't document it, it didn't happen.”

😊 Use SMART goals! They empower both clients and clinicians to move towards change in a realistic, sustainable way.

SMART Goals

Specific- Goals should be clear and well-defined to provide focus.

Measurable- Goals need criteria for tracking progress and success.

Attainable- Goals must be **realistic** and attainable within available resources. ***** Very, very important!*****

Relevant- Goals must align with broader values and objectives.

Time-oriented- Goals require a deadline to ensure timely completion.

Verbs & Phrases for Working Together

Therapist **explored** with client...

Therapist **discussed** with client...

Therapist **addressed** with client the concern...

Therapist **conducted** group titled:...

Client was **educated** on...

Client was **encouraged** to...

Therapist **assisted** client with **processing** feelings of...

Therapist **utilized** X technique to **explore**...

Therapist **provided support and redirection**...

Client **created** (safety plan) with the support of therapist...

Therapist gently **challenged** client's (statement, belief, etc.)...

Therapist **role-played** with client...

- Remember: Role-play is a powerful technique. Including a role-play SMART goal can ensure that you are addressing an occurrence in which the client applies a learned skill to a realistic situation. (aka putting your work together to use)
-

What happened/ was observed during your time together?

Client presents with...

Client demonstrates...

Client communicated...

Client stated "...

Client identified...

Client reported...

Client verbalized...

Client expressed...

•• Identify factors that may assist and/or interfere with care.

Common Client Challenges:

Occupational concerns, legal problems, unstable living situation, marital or family conflict, financial difficulties, ineffective coping skills, health problems, substance use, recent loss, lack of transportation, lack of family support, traumatic event, educational concerns, medication change or non-compliance, poor social skills

Common Client Strengths/ Protective factors:

Support of family/friends, independent living skills/vocational skills, age appropriate development, motivated for treatment, insight into present illness, intelligence, employment, education, good physical health, able to benefit from care, cooperative, appropriate social skills, financial support, recreational hobbies, community involvement, spirituality, medication awareness, motivation for change

Stages of Change:

Pre-contemplation, Contemplation, Preparation, Action, Maintenance

Clinical Documentation Resource

JESSICA R STEWARD

😊 Helpful Tips /Terms / and Phrases:

- We do **not** do things *for* our clients, we support them while they do things for themselves
 - Example- phone calls!
 - Therapist **supported** client as she contacted her mother to invite her mother to family day.
 - Family members, case workers, support network, etc.
- Replace the word “*but*”, with “**however**”
- Refrain from using terms or concepts that cannot be easily explained to insurers. The goal of your documentation is that it’s not debatable. What happened is what was documented and if you read the note a year from now, you should be able to tell exactly what happened with confidence.
- Consider level of participation: Client required prompting, engaged in X without prompting, or required no prompting?
- Replace the phrase “Client said he didn’t”, with “**Client denies**”
 - Avoid the word “*said*” in any documentation. “**Client states...**” is more professional.
- When client does not want to attend, engage, or participate despite prompting- use the phrase “**Client refuses to...**”
 - Example: Client refuses to engage in group discussion despite prompting.
 - *If you did not prompt the client, how are you sure they refused? (Insurance companies can ask this) How do you know they didn’t want to? Assumptions are trouble when you are documenting.*
- “**As evidenced by**” is a fantastic way to express any observation that can be questionable, by giving justification for the observation.
 - Example: Client presented lethargic as evidenced by frequent yawning and rubbing eyes during discussion.
- Never use the term “bad”. It reflects personal judgement/bias.
 - Therapist addressed client’s “at risk behaviors” such as...
- If you want to express your professional judgement try “**Client would benefit from...**”
 - Example: Client would benefit from group and individual therapy and education to address...
- Use “**at this time**” appropriately. This phrase allows for progress and change.
 - **Always** end suicidal and homicidal assessment statements with “*at this time*”.
 - Example: Client denies suicidal ideation at this time.
- Write out numbers.
 - Example: Client reports being diagnosed with bipolar disorder five years ago...
- Client quotes are **THE BEST!** It shows specifically what was said. Each interaction will ideally have one client quote.

Good documentation is a job well done!