NTTAC
National Training & Technical Assistance Center
for Child, Youth, & Family Mental Health

Peer Support Documentation – *Best Practices and Strategies for a Unique Workforce*

Millie Sweeney, FREDLA

January 27, 2022

DISCLAIMER

This event is supported by SAMHSA of the U.S. Department of Health and Human Services (HHS) as part of financial assistance award SM-20-008 over five years (2020-2025) with 100 percent funded by SAMHSA/HHS. At the time of this presentation, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use and Administrator of SAMHSA. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by SAMHSA/HHS, or the U.S. Government.

What we will cover…

best practices in documentation

Progress notes

Support planning

Other documentation

staying current and concise in documentation

Challenges

Strategies

3

Why do we document our work?

- As a memory aid
- Recording facts, goals and tasks
- Communicating with other professionals
- Accountability (CYA)
- Funding Documentation
- Legal requirements (state, federal)
- To show progress or challenges

4

Failure to maintain adequate notes:

- deprives the individual or family of data needed for quality services
- can jeopardize funding if you cannot prove that services were provided
- puts you and your employer at risk of accusations that cannot be defended such as issues around service delivery or follow through on tasks

If you don't write it down, it did not happen.

Documentation will look different based on the type of peer support provided

Parent/Family Peer Support

- May refer to work with schools, juvenile court, child welfare, child mental health
- Focus on the caregiver and the whole family to benefit the child/youth
- Skill building for the caregiver of the child/youth
- May involve connection to support employment, housing, and caregiver wellness
- Focus on resiliency

Adult/Young Adult Peer Support

- May refer to employment, housing, court/legal issues, illness management
- If young adult peer support, may involve supporting in high school or college
- Independent living skills
- Focus on the individual
- Focus on recovery

6

What to document – NE requirements

Documentation should include:

- Information on assisting individuals to initiate and maintain the process of recovery and resiliency
- Progress toward improvement in quality of life, increased resiliency, and promotion of health and wellness – including accomplishment of goals
- Support that is based on shared lived experience and mutuality
- Activities and support around system navigation, education and skills acquisition, empowerment, hope, resiliency, voice and choice, and system of care values (family driven, youth guided, culturally and linguistically responsive, community based)
- Services/supports in both individual and group settings, in locations in and out of an office (home, school, community)
- Collaboration with other service providers, including safety planning and care coordination tasks
- Identification of and connection with formal and informal supports
- Crisis management

8

What to document – best practices

- All contacts with, for, on behalf of, or regarding the individual or family you are working with
- Activities are connected to an individualized support plan
- Concise descriptions of your work with the individual and/or family at every stage of the intervention from your first meeting through discharge:
  - Individual or family's preferences, priorities, and culturally or linguistically specific needs
  - Connection to and collaborations with formal services and informal supports
  - Growth and progress in skills acquisition, confidence in navigating systems and addressing needs, accomplishing individual/family prioritized goals, and development of a supportive network
  - Work toward and capacity in crisis management, coping and resiliency
  - Significant incidents

9

Important elements of progress notes

Objective

Concise

Relevant

Timely

Well written

10

How do you show “peer support” in your writing?

11

Terminology & Tone

- Use human experience language – avoid clinical language
- Use the person’s words, terms, preferred name and pronouns, culturally specific terminology
- Use peer support core value language and terms related to service description
- Use strengths-based and person first language
- Objective terms – what you see, hear or are told
- Nonjudgmental, supportive, empowering, validating, respectful, and objective – avoid words/phrases that lead to sensationalism

12

Using strengths-based language

Traditional documentation is more deficit-based	• Terms reflect what is NOT present or what should NOT be done
A strengths-based approach should be reflected in the language of your documentation	• Terms reflect what strengths are present or what should be done/accomplished, reflecting the goal of the individual or family

Descriptions of your activities – verbs used:

- Role modeled
- Demonstrated
- Facilitated
- Provided
- Shared
- Cued
- Discussed
- Explained
- Informed
- Focused/refocused
- Directed/re-directed
- Reframed
- Taught
- Encouraged
- Modeled
- Observed
- Recommended
- Suggested
- Guided
- Reinforced
- Reviewed skills/techniques
- Developed skills in/for
- Role played
- Clarified
- Supported
- Reflected
- Validated
- Affirmed
- Acknowledged
- Practiced
- Partnered
- Collaborated
- Coordinated
- Gave/provided feedback
- Identified
- Problem-solved
- Navigated
- Explored options
- Followed up on
- Reviewed
- Coached

14

Content of your notes - examples

- Establishing boundaries as a peer
- Strategic sharing of lived experience
- Navigating various systems to help individual/family access services and supports
- Problem-solving
- Confidence-building activities including practicing skills, role playing, modeling skills
- Identifying preferences and priorities
- Connections to reduce isolation and develop support network
- Advocacy for appropriate services
- Teaching self-advocacy
- Addressing basic needs
- Accompanying to appointments, court, etc. as a support

15

Basic structure of a progress note

Who – Who is present? Who is participating? Include roles of those present for clarity.

Where – Where did the visit or meeting take place?

When – Record the date, time and length of visit or meeting.

What – What occurred during the meeting? Record topics discussed, goals in progress or status of tasks, successes or challenges, concerns or examples of what is going well.

Plan – What are the next steps? Record any actions to be taken based on the discussion.

Next meeting – When is the next meeting or visit with the family? It is important to never leave a meeting with the family without establishing the date, time and location for the next meeting.

16

Basic structure – Parent peer support

Who – PSP met with youth and mother

Where – at the family's home

When – on 11/20/21 at 5:30 p.m.

What – Both reported that youth had attended school all five days last week and completed the majority of his schoolwork as agreed upon in the behavior contract. Youth stated that the new medication seemed to be helping his concentration but was giving him a dry mouth and his teachers did not like him leaving class to get something to drink. Mother was also concerned about the upcoming court hearing about visitation with the youth's father; youth does not want to continue visitation due to father's alcohol use during visits.

Plan – Next week, mother will make appt. with the NP about the side effects of the medication, and youth will begin taking a water bottle to school, filling it between classes to avoid missing class time. Mother will also schedule a meeting with the atty. to prepare for the court hearing. PSP assisted mother and youth in developing list of concerns to address with atty. prior to the hearing. Also reminded mother of calming exercises she had learned and role-played ways to address possible court situations.

Next meeting - PSP will meet with family again next Thursday afternoon at 4 pm.

17

Basic structure – Adult peer support

Who – APSP accompanied Jane

Where – to a watercolor workshop

When – on 11/20/21 at 1:00 p.m.

What – The watercolor workshop offered a chance for Jane to connect with peers to develop friendships. Before going in, we reviewed ways to start a conversation. Jane said she was feeling anxious but willing to try. She seemed interested in the demonstration and spoke to the woman next to her once they began painting. Jane reported that she felt less nervous after spending time in the class and having a positive conversation with her tablemate. She also stated that the painting was relaxing and took her mind off worries at home.

Plan – Jane will continue with the painting classes and will start conversations with others at her table next week. APSP practiced starting conversations with Jane again. APSP will accompany her for one or two more classes as a support. Also reminded Jane of appointment with the Nurse Practitioner on Tuesday and assisted her in making a list of concerns she wanted to share regarding the side effects of the new medication.

Next meeting - APSP will meet with Jane next Thursday afternoon at 4 pm for the next painting class.

18

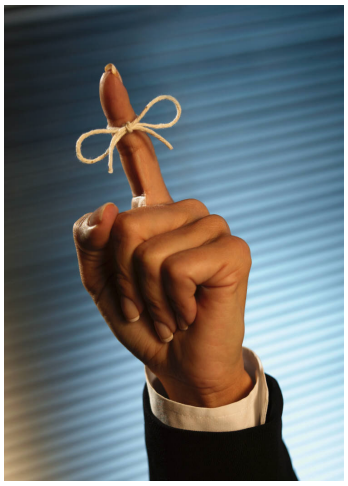
Examples of when more detail is needed…

- Suspicion or allegations of abuse
- Safety concerns (within the home, lack of supervision, suicidal ideation, homicidal thoughts, etc.)
- Legal issues (behaviors of concern to the court or child welfare that you will have to possibly report on)
- Need to break confidentiality (risk of harm to self or others, observation of abuse – mandated reporting issues)

19

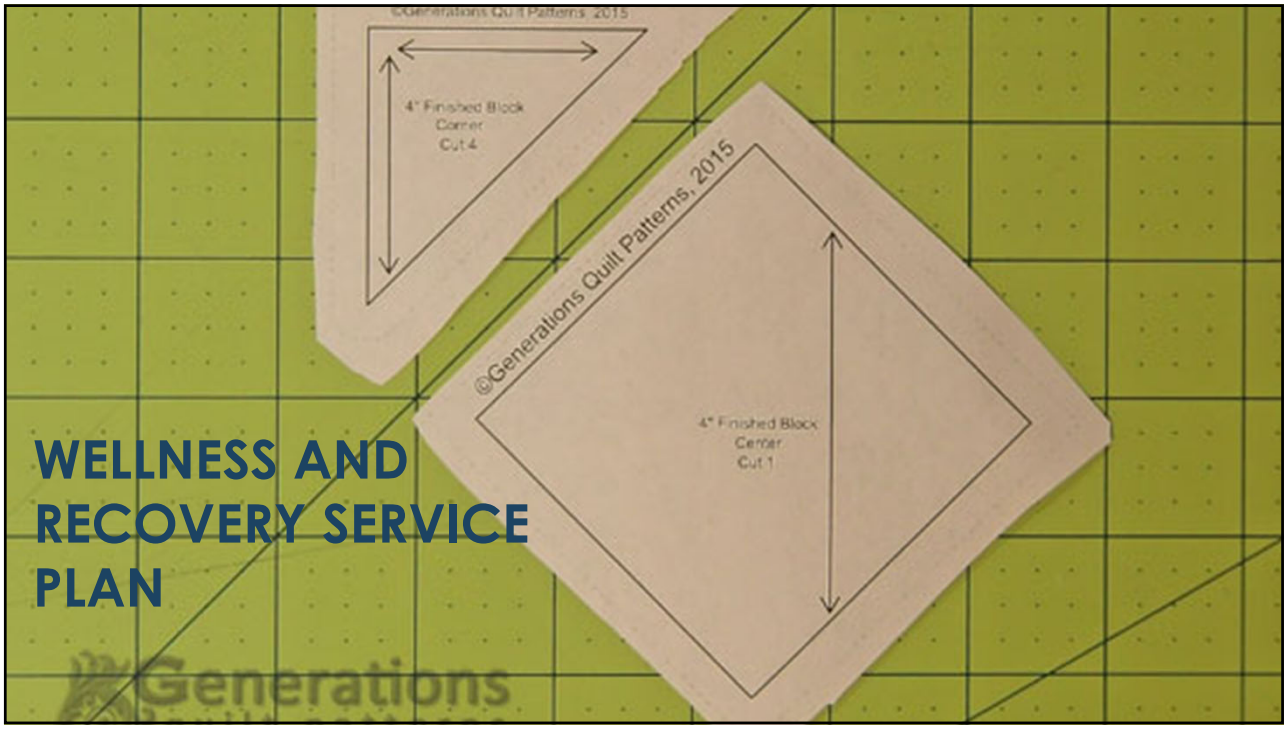
Progress note exercise

Things to remember about your documentation…



- The individual or family has a right to see their record at any time, so it is important to state the facts and be accurate to avoid embarrassment for the individual/family, you, and your agency/employer.
- The progress notes should read like the "story" of their time in your program, detailing the steps of your intervention and the individual's/family's response.
- There is always the chance that your records could be subpoenaed by the court and therefore should be neat, concise, and up to date.

21



WELLNESS AND RECOVERY SERVICE PLAN

Support Plans

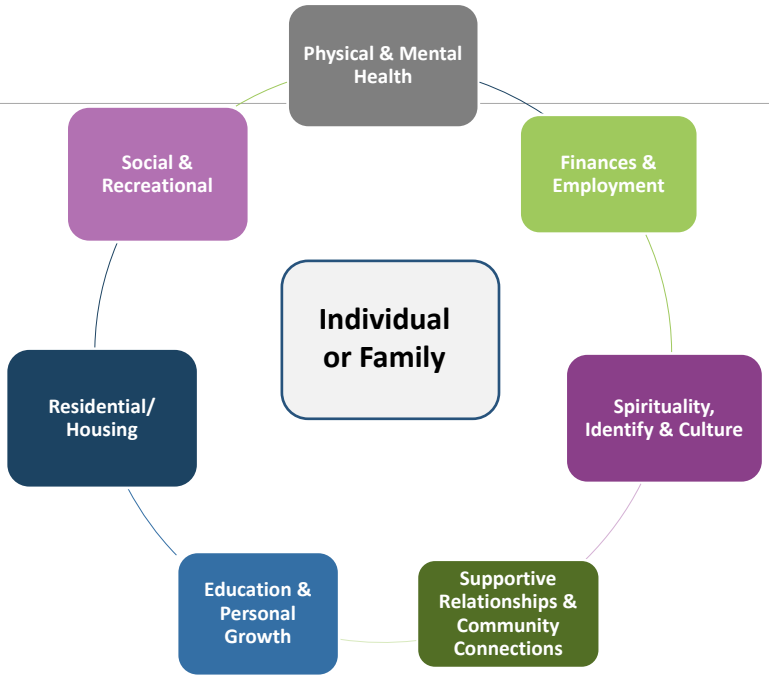
- Strengths-based and individualized to their specific needs, situation, and culture
- Have measurable goals
- Realistic and achievable – may need small steps initially
- Reflect all relevant life domain areas identified by individual/family and crisis or safety issues
- Incorporate formal and informal supports in the community
- Have assigned tasks and time limits for accomplishing those tasks
- Be updated regularly and as needs change/tasks are completed

The individual or family should be the driving force behind support planning

23

What types of goals are in a support plan?

Explore relevant life domains!



24

Basic components of a support plan

- **Long term goal** (*desired outcome/overarching goal*)
- **Short term goals** (*strategies to support completion of the long term goal*)
- **Measurement** (*how will you know that progress is made on each?*)
- **Task assignment** (*who is responsible for completing each step or task under the goals?*)
- **Time frame** (*when will each be completed?*)

25

Developing goals

- Focus on 3 - 4 goals
- Well-defined goals:
  - Stated in a positive way
  - Are as specific as possible
  - Stated in the individual's or family's language
  - Stated as a process, not static
  - Within the control of the family/individual

26

SMART Goals

S	Specific
M	Measurable
A	Achievable
R	Reasonable
T	Time-Delineated

Example – Parent peer support

Need *Brianna is not receiving appropriate mental health services to help with anxiety and panic attacks.*

Strengths *Brianna recently completed a psychological evaluation and now has an accurate diagnosis. She wants to find a therapist with whom she is comfortable, preferably from the LGBTQ+ community. Her parents are basically supportive but are struggling with her "choice" to be gay. The family just received confirmation of enrollment in healthcare coverage through the father's job. The family has reliable transportation, and the parents share use of the vehicle.*

Long term goal: Brianna will be able to control of her anxiety and know how to handle panic attacks when they happen.

Short term goal : *Brianna will be connected with a therapist that fit her needs within the next month.*

Strategies:

1. The PPSP will provide information to the family about mental health services in their community fitting Brianna's preferences during the next visit and assist them in setting up an intake appointment at the provider of their choice.
2. If necessary, Mrs. Sutton will send a note to school regarding early dismissal of Brianna for the appointment. Mrs. Sutton will ensure that she has the family car on the day of the appointment and childcare for her youngest son if needed.

28

Example – Adult peer support

Need *Colin is complaining about not sleeping well, and he is afraid to go to the grocery store because people look at him funny. He has not been consistent with his medication in the past when he is "in a good phase" with his illness (schizophrenia).*

Strengths Colin enjoys physical activity and has access to a gym at his apartment complex. He is connected with a psychiatrist that he likes and has reported that the current medication has been helpful when he is not feeling well. His apartment is centrally located in town with easy access to a local mental health center that offers both group and individual therapy and activities.

Long term goal: Colin will know how to recognize and manage the "bad phases" of his illness.

Short term goal : *Colin will identify the signs when he is entering a "bad phase" and steps to take when recognizing these signs.*

Strategies:

1. APSP will help Colin list the behaviors and feelings that occur when he is doing well ("good phase") and when he is not doing well ("bad phase"), as well as what helps him to feel better. His wellness plan will be updated to include these strategies at the next meeting.
2. APSP will problem-solve with Colin on ways to be more consistent in taking his medication, such as alarms on his cellphone or watch. APSP will support Colin in setting up any reminders.
3. Colin will schedule an appointment with the psychiatrist within two weeks to review his current medication and discuss any necessary changes to address the sleep issues.

29

Vxssruw#Sodq Wlsv

- Be sure the goal is SMART
- Be sure the goal relates to the prioritized needs and reasons for referral
- Be sure the strategies relate to goal achievement
- Be sure the action steps describe the role of the all involved (individual/parent/family, peer supporter, and other providers)

Goal writing exercise

OTHER DOCUMENTATION

Meetings

You may need to maintain documentation from meetings you attend

- Committees
- Workgroups
- Task force meetings
- Advisory Councils
- Policy-making groups

WHY would you need to document these?

33

Supervision notes

It is important to keep records of your supervision

- Documentation and acknowledgement of your work product
- Task reminders in casework
- Professional development goals, achievements
- Record of personnel issues or concerns
- Data to corroborate performance evaluations, performance improvement plans, etc.

34

Trainings and conferences

- **Always keep a record of trainings you have *attended/received***
  - Scan certificates to have an electronic copy and keep paper copy in personnel record or separate file
  - Maintain a training log per fiscal year -- name of conference/training, date, topic or competency area, and number of hours
- **Always keep a record of trainings you have *provided***
  - Maintain a log of trainings you have provided to others – topic, date, audience (type and number of attendees)
  - Keep a folder of confirmation notices or thank you notes, as well as evaluations of the training

35

DEADLINES, DEADLINES, DEADLINES!
STAYING CURRENT IN DOCUMENTATION

Timelines for documentation

- NE requirements
  - Wellness and Recovery Service Plan developed within 30 days of admission, reviewed/updated at least every 90 days or more frequently if needed
- Organizational or program requirements
  - What deadlines or timelines does your organization and program have?
- Best practice
  - Do progress notes within 72 hours
  - Update support plan goals and tasks at least every 60-90 days depending on intensity of service or number of goals/tasks in the plan

37

Issues connected with record-keeping…

- Finding time to keep up with documentation
- Maintaining confidentiality of client records
- Avoiding biased reporting
- Consistency in phrases, abbreviations, etc. to ensure understanding of the documentation

Strategies for staying current and concise

- Set a consistent time to do documentation – make it a habit!
- Use alerts and "tasks" on your outlook calendar to remind you of deadlines and due dates
- Use a cheat sheet to remind you of formatting, abbreviations, etc.
- Use the progress note format to take notes during visits
- Use collaborative documentation

39

Contact Information

Millie Sweeney, M.S.
Director, Learning & Workforce Development
msweeney@fredla.org
www.fredla.org

FREDLA
Family-Run Executive Director Leadership Association

OUR MULTIDISCIPLINARY TEAM

CARS
CENTER FOR APPLIED RESEARCH SOLUTIONS

GEORGETOWN UNIVERSITY
Center for Child and Human Development
Touching Lives, Making a Difference

CHANGEMATRIX

The University of Texas at Austin
Texas Institute for Excellence in Mental Health
Steve Hicks School of Social Work

MedStar Georgetown University Hospital

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

FREDLA
Family-Run Executive Director Leadership Association

YOUTH MOVE NATIONAL™

41

OUR SERVICES

No-cost training, technical assistance, and resources

WWW.NTTACMENTALHEALTH.ORG

42
42

NTTAC
National Training & Technical Assistance Center for Child, Youth, & Family Mental Health

CONTACT INFO

Email: NTTACinfo@cars-rp.org
Phone: 888.945.9377
Website: http://www.nttacmentalhealth.org
Download our flyer: https://bit.ly/nttac-flyer
Request TA: https://tinyurl.com/RequestNTTAC-TTA

GET SOCIAL WITH US!

Facebook: @nttac.mh
Instagram: @nttac.mh
Twitter: @nttac_mh