TIPS FOR BEHAVIORIZING YOUR MENTAL/ BEHAVIORAL HEALTH OUTPATIENT RECORDS

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I Overview:

1. Plan of action/treatment should be consistent with diagnosis.

2. Goals and objectives of treatment are clearly stated and in measurable, behaviorally specific terns.

3. Treatment strategy/format is clearly stated including type of treatment(s), length and duration plus any additional complementary or collaborative treatments (ie-coordination with PCP; psychopharmacology; neurological evaluation, utilization of AA, etc)

4. Treatment outcomes are specified so that clinician is identifying steps toward next treatment summary update and /or termination. Break the treatment into small observable steps so that the steps, even if incremental, are spelled out. The trees need to be identifiable, not just the forest!

II Tips:

What would/ should change in your client's life through your work together that would indicate measurable progress or prevention of regression?

What would that actually look like to your client within their life/lifestyle or how would your client or others be able to observe this? In other words, what does it look like?

Conversely, what might happen to your client and their life if they were not in treatment with you? (Hint: Would your client's Global Assessment of Functioning or GAF scores change? Why or why not?)

Short term goals are defined as within 1 month!
Long term goals are defined as within 3 months, even though many issues are really indicative of markedly longer time frames!

All notes should contain length and type of session; problem(s) focused upon in each session; indications of progress or lack there of, toward treatment goals; and either "end dates" of treatment or the next treatment summary update which tends to be within 90 days from the initial evaluation and any subsequent treatment reviews.

III Language (some of this is taken from Michael Reison, PhD's work)

Avoid: Expressing feeling or emotions; ventilating ; validating; normalizing feelings; Talking about worries or concerns; exploring family of origin issues; dealing with ambivalence; reframing; calming; soothing; dealing with grief or loss; dealing with self-esteem or self-confidence issues; dealing with depression or anxiety.

Instead utilize: Affect management; Identifying affect management strategies or techniques; Mood stabilization and/or management; cognitive reframing; Cognitive restructuring; psycho-education; solution- focused or problem-focused therapy; Conflict resolution; problem defining and/or problem solving; Problem-defining as a step toward problem resolution; Learning self-observation and/or self-assessment techniques and strategies; stress management and/ or relaxation techniques; Learning stress reduction techniques; Thought stopping; Learning negative thought stopping techniques; Psycho-education; Learning time management strategies.

Goals: Both short and long term goals should be spelled out so that both the clinician and the client know it when they see it (or not). This is really a clinical opportunity to better ensure that you and your client are on the same page or to understand why not.

Using percentages or frequencies can be helpful (ie-Client is currently able to not act impulsively or in a self-defeating manner 60% of time and will work to improve this skill to 80% by the next treatment review in 90 days; Or 6 out of 10 times...). Think through each step of how your client might get from point A to point Z for a particular issue/problem. This includes identifying resistances or barriers to progress, all of which is consistent with any clinical approach. This means learning to identify the trees, not just the forest! When done in open partnership with clients, it is likely to benefit the client's work a great deal!

And **always write your note as if your patient is sitting on your shoulder** seeing it, since your patient can and will have access to the note!