

WORDS COMMONLY USED BY CLINICIANS TO DOCUMENT INTERVENTIONS

- Asked
- Assisted client in
- Acknowledged
- Affirmed
- Encouraged
- Contracted
- Clarified -sought clarification
- Discussed
- Explained
- Established
- Evaluated
- Developed
- Discussed
- Explained
- Inquired about
- Directed
- Redirected
- Refocused
- Examined with the client t the benefits/consequences.....
- Explored
- Elicited
- Emphasized
- Pointed out the consequences
- Listened closely to the client for.....
- Confronted client about
- Negotiated with the client
- Helped client to identify
- Guided
- Interpreted
- Instructed
- Focused on
- Paraphrased
- Inquired about
- Reframed
- Lead client in practicing.....
- Performed
- Reflected back
- Repeated back
- Reinforced
- Praised
- Responded to.....
- Shared
- Reviewed with
- Validated
- Supported client's efforts to.....
- Verbally addressed client's concern.....
- Gave homework assignment
- Trained the client in one of several relaxation techniques
- Informed
- Confronted
- Recommended.....

Documentation: Descriptive Words
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TASK PERFORMANCE

Following Directions: follows written directions needs repeated directions follows (1-2-3) step directions	follows verbal directions needs hands-on assist	follows demonstrations learns quickly	needs cuing retains instructions	needs clarification
Use of Time: sets goals slow to get started works steadily	works intermittently organized realistic planning	utilizes time well efficient works slowly	plans ahead irregular attendance hurried	scattered productive skips steps
Choice of Activity: indecisive quickly engages unrealistic choice	hesitant apathetic seeks challenging activity	takes initiative slow to engage decisive	ambivalent chooses familiar activity selects (type of activity)	resistant indifferent creative, repetitive
Approach to Activity: patient eager compulsive recognizes mistakes problem solving	persistent interested tolerates delays impulsive quality of work	persevering follows through accurate reckless seeks quick results	tolerates frustration orderly careful careless quick gratification	thorough neat cautious use of judgement disregards mistakes
Independence/Dependence: responsible self-reliant res suggestions	seeks direction accepts direction disregards direction	needs reminding seeks reassurance self-sufficient	competent refuses direction	independent teaches others

SOCIAL

expressive actful open cooperative noting pathetic reserved argumentative shy tentative compliant forceful sly	joking articulate self-disclosing considerate tolerant isolating self-focused seclusive timid dependent watchful intrusive flippant	congenial gracious assertive sensitive supportive sense of humor guarded detached deferring ingratiating aggressive sarcastic competitive	engaging talkative spontaneous sympathetic concerned solitary suspicious passive condescending distrustful threatening critical engages in power struggle	agreeable warm outspoken care-taking indifferent superficial withdrawn boastful submissive docile dominating provocative
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Social Behaviors:

placement of seating in group (isolates, dominates, on fringe)	eye contact (direct, occasional, elusive)
awareness of social/physical boundaries	group skills: parallel, competitive, cooperative
body posture: open, closed, accessible	verbal/nonverbal
selective interactions (peers, staff, men, women, young, old)	speech patterns (rapid, forced, spontaneous, latent)
tone of voice (monotone, inaudible, loud, soft)	quality of grooming
role of patient in group	response of peers to patient

CHANGING LABELS TO OBSERVABLE BEHAVIORS

Below is a listing of possible observable behaviors which may be associated with a specific label.

DISRUPTIVE

- interrupts
- asks inappropriate questions
- tardy
- shouts out
- plays with inappropriate objects
- talks out loud or to neighbors
- throws objects
- leaves seat or room without permission

HYPERACTIVE

- fidgets or squirms in his seat
- excessively out of seat
- runs in the classroom
- short attention span

SNEAKY AND DISHONEST

- cheats
- lies
- blames his actions to others
- steals
- talks under his breath

DISRESPECTFUL

- argues with decisions
- refuses to follow directions

HOSTILE TROUBLEMAKER

- provokes fights
- engages in fights
- calls peers names
- teases others
- excessive hostile comments
- damages or destroys the property of others

DOESN'T PAY ATTENTION

- stares into space
- daydreams
- does not follow directions

POOR ACADEMIC PERFORMANCE

- gives up or doesn't complete work
- finishes late
- does other activities when he should be working
- hands in sloppy work
- will work only when you pressure him to
- hands in incorrect work

SHY AND WITHDRAWN

- does not interact with peers
- does not interact with adults
- plays alone
- rarely speaks

TOO EMOTIONAL

- expresses excessive fear and worry
- laughs or cries inappropriately
- tantrums
- afraid of all new activities
- excessive angry comments or actions

TOO DEPENDENT

- seeks excessive praise or encouragement
- curries favor
- seeks excessive help
- too compliant
- afraid to work on his own
- seeks excessive attention and/or approval

a quien va cuando who do you go to:
 tiene problemas?

Con quienes vos
 cuando necesita
 ayuda?

LANGUAGE CLINICO EN ESPANOL

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Octubre 2, 2010

<u>spanish</u>	<u>english</u>	<u>spanish</u>	<u>english</u>
✓ PROJECTAR	PROJECTING	CANALIZAR	CHANELING
✓ EVALUACIÓN	ASSESSMENT	PATRONES	PATTERNS
✓ PROCESO	PROCESS	✓ ASERTIVO	ASSERTIVE
DESAHOGARSE	VENTILATING	✓ CONDUCTA	BEHAVIOR
LIDIAR	COPE	APOYO	SUPPORT SYSTEM
HERRAMIENTAS	TOOLS	ABRUMADO	OVERWHELMED
RETROCEDER	REGRESS	<u>Conseja</u> ASESORIAMIENTO	COUNSELING
✓ TRIANGULACIÓN	TRIANGULATION	ESTRATEGIAS	STRATEGIES
ALIANZA	ALLIANCE	✓ SALUD EMOCIONAL	MENTAL HEALTH
DESPLAZANDO	DISPLACING	ESTADO DE ANIMÓ	MOOD
✓ INTIMIDANDO	BULLYING	✓ COMPORTAMIENTO	BEHAVIOR
PARCIAL	BIASED	✓ LIMITES	BOUNDARIES
ETIQUETA	LABEL	✓ PREOCUPACIÓN	CONCERN
VINCULO / <u>paap</u>	ATTACHMENT	✓ METAS	GOALS
✓ NEGACION	DENIAL	✓ DECISIONES	CHOICES
PROCEDIMIENTO	PROCEDURE	✓ APTITUDES	SKILLS
DAR SEGUIMIENTO	FOLLOW UP	AWARENESS	CONCIENCIA
✓ EJEMPLO	ROLE MODEL	CUALIDADES	QUALITIES
INESTABLE	UNSTABLE	✓ DESARROLLO	DEVELOPMENT
✓ DESESPERADO	DESPERATE	RETOS	CHALLENGES

Abilidades

Strengths

~~Exploración~~

explorado

exploring

USE BLACK
BALL POINT PEN.
PRESS HARD

ENKI HEALTH & RESEARCH SYSTEMS, INC.

CLIENT PROGRESS NOTES/MENTAL HEALTH SERVICES

Confidential Patient Information – See California W & I Code Section 5328

DATE: _____ ENKI ID# _____ LACo ID# _____ PROVIDER # _____

STAFF NAME & TITLE: _____

CLIENT ID# _____ CLIENT NAME: _____ SERVICE LOCATION _____ T

PROC. CODE: _____ TIME FF _____ : _____ OT _____ : _____ TT _____ : _____ # CLIENTS PRESENT _____

ADDITIONAL STAFF: STAFF #2 _____ TT _____ : _____ STAFF #3 _____ TT _____ : _____

I acknowledge that this document generates a bill to the client's funding source and all information is accurate, complete, and truthful. I attest that these services meet the test of medical necessity, are consistent with the treatment plan, adequately documented, and time billed is reasonable for the service provided.

GOAL(S):

Indicate treatment objective verbatim from the CCCP. The objective identified must be related to the service rendered and documented.

INTERVENTION:

- 1. PRESENT FOR THE SESSION:** Indicate who was present for the session: staff, client, collateral. Indicate staff by first, last name and discipline the first time mentioned. Consequent references can be shortened.
- 2. TRAVEL:** Indicate any travel that was required to provide the services. Make a statement such as: "Therapist traveled from Boyle Heights clinic to Hollenbeck Elementary to attend client's IEP meeting."
- 3. PURPOSE OF SESSION/SERVICE:** Indicate the purpose and context of the session.
Examples:
"MHW met with client for scheduled appt. to complete Annual paperwork."
"Therapist met with client for unscheduled appt. at client's request due to recent death in his family."
"MHW met with client in order to provide referrals to primary care physician in the client's area."
- 4. CLIENT'S PRESENTATION & AFFECT:** Describe the client presentation and affect. **PHYSICAL APPEARANCE** – hygiene, clothing, make-up, tattoos, piercings, jewelry, bruises, etc.; **BODY LANGUAGE / NON-VERBALS** – relaxed, tense, closed, open, facial expressions, gestures; **EYE CONTACT** – good, inconsistent, poor, avoidant; **ENERGY LEVEL** – good, high, overly active/hyper, agitated, restless, fidgety; **AFFECT** – stable, jovial/happy/cheerful, euphoric/manic, depressed/sad/flat/blunted, tearful/crying, serious/solemn/intense, anxious/worried/nervous, labile → frequently changing/unstable, inappropriate to context or discussion, mood incongruent, etc.; **THOUGHT CONTENT/PROCESS** – logical /clear/coherent/appropriate, illogical, egocentric/narcissistic, negative/pessimistic, idealistic, paranoid, morbid, blaming, hallucinations (visual, auditory, tactile, olfactory), suicidal, homicidal, aggressive/angry, obsessive/compulsive, delusional, etc.
- 5. STAFF INTERVENTIONS:** Describe the service you provided by stating your interventions. Interventions have to be more than just active listening, provided empathy, provided a "safe environment," praised client. Describe what you did *clinically*. Interventions used should tie back to what is stated on the CCCP and make sense given the client diagnosis, treatment objectives, and issues described in the session/contact.
- 6. CLIENT RESPONSE:** Describe the client's response to your interventions during the session or phone call.

RESPONSE:

This is not a repeat of how the client responded in this specific service but a summary and reflection on how the client has been doing over the last few or several sessions. Is the client making progress toward the treatment objective indicated? Has the client been escalating, regressing, worsening, improving? Does the client show a better response to certain kinds of interventions vs. others? Has the client had noteworthy stressors (i.e. trauma, death, child abuse report, change in placement, moving, loss, health problems, etc.)

PLAN:

Given the services delivered.... What is the next step? This section is meant for more than mentioning the next scheduled appointment. What will the client and/or parent do before the next session? Did you give the client homework? Is there something from this session that needs follow-up by the client, parent/caregiver or staff?

STAFF SIGNATURE: _____

CO-SIGNATURE (IF APP.) _____

How to Use Intervention Verbs

Instead of writing

MHW *called* client.

MHW *talked* with client.

MHW told client...

MHW *went over* client's tx goals.

MHW *gave* client the phone number for..

MHW *told* client to talk to her therapist.

MHW *gave* client her appt. information and *told* client to write her appts on her calendar.

MHW *told* client he did a good job.

MHW *completed* tx goals with client.

MHW *told* client how important it is that she attend all of her M.D. appts.

Write

MHW *outreached* client via telephone.

MHW *listened* (clarified,encouraged).

MHW *directed* (explained,discussed)

MHW *reviewed* (addressed,followed up)

MHW *linked* client to..

MHW *provided redirection* by encouraging client to talk to her therapist.

MHW *linked* client to individual therapy by *providing* client with her appt. information and *ecouraged* client to keep track of her appts by writing them down on her calendar.

MHW *praised* client for his effort.

MHW *assisted* client in *developing* tx goals.

MHW *emphasized* the importance of regular attendance to all appts. with client.

Intervention Verbs for Mental Health Workers

acknowledged	linked
asked	listened
assisted	monitored
brainstormed	outreached
clarified/sought clarification	paraphrased
developed	practiced
directed	provided feedback
discussed	provided psycho-education
emphasized	provided support
encouraged	recommended
explained	redirected
focused on	referred
followed up	reminded
helped	responded
informed	reviewed
inquired about	role played
instructed	

Commonly Used Abbreviations & Standard Medical Symbols

+	-	positive	BPD	-	Borderline Personality Disorder
Sx	-	symptoms	S/R	-	Seclusion and restraints
a.c.	-	before meal	DTS	-	Danger to self
ad lib	-	as desired	DTO	-	Danger to others
a.m.	-	morning	CHF	-	Congestive heart failure
b.i.d.	-	twice daily	COPD	-	Chronic obstructive pulmonary disorder
hr	-	hour	H&P	-	History and physical
h.s.	-	at bed time	SBP	-	Systolic blood pressure
M.	-	midnight	DPB	-	Diastolic blood pressure
N.	-	noon	CPZ	-	Thorazine
p.c.	-	after meals	AH	-	Auditory Hallucinations
p.m.	-	afternoon	LOA	-	Loosening of associations
p.r.n.	-	as often as necessary	AWOL	-	Absent without leave
q.d.	-	every day	TCON	-	Temporary conservatorship
q.h.	-	every hour	ROM	-	Range of motion
q.i.d.	-	four times a day	CBC	-	Complete blood count
q. noc	-	every night	RBC	-	Red blood count
q.o.d.	-	every other day	WBC	-	White blood count
q. 4h	-	every four hours	ADA	-	American Diabetes Association
q. 6h	-	every six hours	SOB	-	Shortness of breathe
STAT	-	immediately	Dx	-	Diagnosis
t.i.d.	-	three times a day	ECG/EKG	-	Electrocardiogram
-	-		EEG	-	Electroencephalogram
q	-	every	Fx	-	Fracture
amt	-	amount	GI	-	Gastrointestinal
ax.	-	axillary	mg	-	Milligram
NOC	-	night	STD	-	Sexually transmitted disease
BIB	-	brought in by	TD	-	Tardive dyskinesia
F/U	-	follow up	S/E	-	Side effect
S/I	-	suicide ideations	VDRL	-	Test for syphilis
H/I	-	homicidal ideation	Li ² CO ³	-	Lithium carbonate
IV	-	Intravenously	Dec	-	Decanoate (Long-acting form of anti-psychotic which is given by injection)
HX	-	History	cc	-	cubic centimeter
b.p.	-	blood pressure	cal	-	calorie
B.R.P.	-	bathroom privilege	WNL	-	Within normal limits
-	-		PMA	-	Psychomotor agitation
c	-	with	PMR	-	Psychomotor retardation
I.M.	-	Intramuscular	Ox3	-	Oriented in three spheres (person, place, time)
Sub Q	-	Subcutaneously	EMA	-	Early morning
Tx	-	Treatment	STM	-	Short-term memory
ā	-	before			
Sz	-	Schizophrenia			
BAD	-	Bipolar Affective Disorder			

LTM - Long-term memory
 TBI - Traumatic brain injury
 MR - Mentally retarded
 DD - Developmentally disabled
 TIA - Transient ischemic attack (brief period during which a portion of the brain was oxygen deprived)

 c/o - complains of
 d/c - discontinue
 I&O - intake and output
 L - left
 N.P.O. - nothing by mouth

 -
 p - after

 P.O. - by mouth
 Rec - rectal
 Rx - prescriptions

R or rt. - right

 -
 s - without
 Sx - symptoms
 T.P.R. - temperature, pulse, respiration

 Vital - temperature, pulse,
 Signs - respiration, and blood pressure

 V.O. - verbal order
 T.O. - telephone order
 one
 $\frac{\cdot}{I}$ -
 $\frac{\cdot\cdot}{II}$ - two
 $\frac{\cdot\cdot\cdot}{III}$ - three
 $\frac{\cdot\cdot\cdot\cdot}{IV}$ - four
 IM - intramuscularly