

TFC PARENT DOCUMENTATION TIP SHEET

What You Can Do To Strengthen Your Progress Note Documentation

Use language which is behaviorally specific.

Avoid jargon which is vague and does not convey a precise meaning.

NON-SPECIFIC DOCUMENTATION	STRONGER DOCUMENTATION
Lacking Insight	Has extreme difficulty in identifying feelings and relating feelings to antecedent events
Hyperactive	Youth is unable to remain seated, runs around the playroom, and shifts attention frequently from one toy to another
Aggressive	Youth smashed the doll's head into the wall
Hostile	Youth shouted at parent, "I hate you and I don't want to be here."
Inappropriate	Youth began to rub his genital region during the session
Labile	Youth was tearful, then abruptly began singing and running around the room
Depressed	Youth stated she feels empty and guilty believing she has done something terrible
Disorganized	Youth jumps from topic to topic without any apparent pattern
Psychotic	Youth appears to be responding to voices and occasionally shouts, "I did not"
Defiant	Youth shouts "No, you do it" in response to every request
Has Issues With Peers	Youth states that he would like to have friends, but often misinterprets and overreacts to behaviors of new acquaintances
Has Poor Judgment	Youth has extreme difficulty in predicting possible reactions to what he says to others
Low Self Esteem	Youth reports feeling undeserving and believes he is a burden to others
Discussed Youth's Issues	Explored with Youth her earliest memories of feeling confused by her emotions
Supports	These are examples of "therapeutic non-specifics." While they are elements of the provider's skill set, they are not, by themselves interventions. Without elaboration, these verbs do not describe interventions which meet the standards of specialty mental health services.
Listens Empathically	
Encourages	

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THERAPUTIC INTERVENTION LIST

This is not an exhaustive list and prompts below are not enough documentation to support the Specialty Mental Health Services. Prompts are meant to be used as a guide for more thorough documentation.

Demonstrated positive regard...as evidenced by...	Offered choices of...
Established non-verbal signal... by demonstrating...	Outlined expectations ... through examples...
Gave leadership responsibilities ...as evidenced by...	Practiced replacement behaviors... by demonstrating...
Gave praise for good effort ...as evidenced by...	Provide frequent break for self-soothing ...as evidenced by...
Ignored negative behavior ... by demonstrating...	Provided positive reinforcement by...
Implemented reinforcers in the home of...	Recognized positive behaviors ...as evidenced by...
Modeled alternative behavioral response ... by demonstrating...	Redirected undesirable behavior...as evidenced by...
Modeled assertive communication ... through examples...	Reminded to use words, not aggression...as evidenced by...
Modeled compliance with requests by stating/displaying...	Reviewed behavioral chart ...as evidenced by...
Modeled conflict resolution ... through examples...	Role played choice and consequence ... by demonstrating...
Modeled consistent natural discipline ...as evidenced by...	Role-played appropriate behavior... by demonstrating...
Modeled good listening skills ... by demonstrating...	Set appropriate boundaries... through examples...
Modeled good sportsmanship ... by demonstrating...	Taught self-monitoring/management skills of...
Modeled healthy boundaries ... through examples...	Taught appropriate behavior... by demonstrating...
Modeled healthy relationships ... by demonstrating...	Taught how to identify feelings... through examples...
Modeled positive thinking ...as evidenced by...	Taught how to set short-term daily goals, such as...
Modeled pro social skills ... by demonstrating...	Taught relaxation techniques... by demonstrating...
Modeled self-regulation skills ... by demonstrating...	Taught self-talk strategies... through examples...
Modeled/practiced expected behavior ... through examples...	Teach link between effort and outcome... through examples...
Modeled/taught anger management strategy ... by demonstrating...	Use "wait time" to avoid power struggle...as evidenced by...
Monitored behavior...as evidenced by...	

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DAILY PROGRESS NOTE EXAMPLES	
Describing Youth's Targeted Behavior(s)	<p>Example(s): <u>Target Behavior: Reactivity and Aggression</u></p> <ul style="list-style-type: none"> • TFC parent observed the youth have an aggressive outburst 3 times today. The youth became upset and slammed the door when he was attempted to be woken up for the 2nd time. Later in the day the youth became upset when asked to share and took the toy out of his sibling's hands after being redirected. <p><u>Target Behavior: Social Anxiety/Avoidance of Social Situations</u></p> <ul style="list-style-type: none"> • The youth had difficulties with motivation for school and getting ready this morning as evidenced by refusal to get out of bed for the first 2 attempts at waking her. • Client appeared anxious on the way to school by demonstrating her shut down behavior of not making eye contact or communicating.
Intervention(s) Utilized	<p>Example(s): Client Plan developed by TFC Agency/CFT has the intervention of teaching the youth to use "I" statements to share how he is feeling. TFC parent teaches the youth to report what they are feeling, using "I" statements, in a normal tone of voice, rather than shouting. TFC parent and the youth practice back and forth using "I" statements. Document the intervention and the youth's response to the "I" statement intervention.</p> <p>The youth's school has informed the TFC parent that the youth had an outburst at school today over an interaction with a peer. The TFC parent assisted the youth in identifying situations that are more challenging than others (e.g., interacting with groups, rather than just one or two individuals), and what situations tend to trigger disruptive behavior. TFC parent then teaches the youth deep breathing techniques (or other appropriate intervention) and practices with the youth. Youth can utilize breathing techniques at school when they become elevated or disruptive.</p> <p>In a CFT youth planning meeting it was determined that an active team sport would be beneficial for the youth to learn peer interaction and have a healthy outlet for energy. The TFC Clinical Lead provided referrals for soccer teams in the youth's neighborhood. TFC parent takes the youth to meet the coach and see what a practice would be like. Prior to getting out of the car the TFC parent engages the youth in a role play activity of meeting the new coach. TFC parent accompanies the youth to meet the coach and uses reminder signals (previously determined) to encourage the youth to slow down when they started to get anxious and elevated in the new environment.</p> <p>Based on the goals established in the CFT meeting, the TFC parent implemented the following interventions to eliminate the youth's food hoarding: The TFC parent had youth accompany them to the grocery store. During the store visit the TFC parent assisted the youth in selecting healthy snack foods, making them feel more in control of what food is available to eat.</p>

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	<p>Then at home assisted youth in preparing snacks, by putting the healthy snack foods youth selected into plastic containers to take with them after they finish their meals at home and to take to school.</p>
<p>Additional Collateral Information: Any contact or important information obtained from other CFT members or youth's significant support</p>	<p>Example(s): Youth started participating in an afterschool program. TFC parent meets with the program lead and discusses the client's behaviors (not listening to direction, low frustration tolerance, being easily annoyed). The program leader shares the program details and how the client has engaged so far in the program. TFC parent works with the program lead to explain interventions that have been successful in the home setting, including encouraging youth to report what he is feeling by using "I" statements, and having the youth take a ten-minute time out, so they can use relaxation exercises to calm. TFC parent is sharing useful interventions and specifics about the youth's mental health so that the group leader can incorporate these interventions to assist youth in self-managing behavior at the afterschool program.</p> <p>TFC parent contacts the youth's teacher, who is part of the CFT, to ask how the youth has been at school and discuss new interventions that were implemented after the last CFT meeting. The teacher shares how the youth is doing at school including areas that are going well and some areas that need improvement. TFC parent informs the teacher of a new coping skill, 4 count breath, that the parent and youth have practice together and how effective it has been. The teacher learns how to engage in the 4-count breath from the TFC parent so the youth can utilize this at school with the assistance of the teacher.</p>
<p>Overall Risk</p>	<p>Example: Danger to Self/Actions Taken– Youth escalated and was engaging in self-harm behavior of banging their head and TFC parent was not able to de-escalate the youth to a safe level. TFC parent after contacting the TFC Clinical Lead, calls PERT due to the severity of the youth's behavior and mood. TFC parent provides the current situation to PERT and information about youth's mental health. While waiting for PERT the parent provides soothing soft speech to prevent the youth from escalating further. PERT arrives assesses the youth and youth is taken to the hospital for further evaluation and monitoring.</p>