

# Suggested Practices in Clinical Documentation and Clinical Supervision

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This presentation will take the therapist through the motions of documenting (best practices) from screening/assessment to service plans and updates to progress notes and will culminate in a discussion on clinical supervision. The information presented here is what field reviewers look for while performing a review for facilities seeking certification for providing alcohol and drug treatment services.

# Screening/Assessment

## Timelines

- Facilities' policies must be compliant with that required by standards unless the chapter pertaining to that type of treatment program requires that the facility set their own timelines, i.e. CMHC (Chapter 17). The procedure that the facilities then implement must be compliant with their policy.

# Screening/Assessment (cont.)

- Additional items to cover that are required by standards, for certain chapters, i.e. medical assessment for appropriateness of placement by a physician for non-med detox or physical exam which addresses immunizations and evaluation of motor development and function of speech, hearing, visual and language functioning for adolescent residential treatment and adolescent halfway house treatment.

# Assessment Tool

## Content

- Be particular. If standards say that particular things need to be addressed, i.e. how the consumer was welcomed/engaged, then document this so that an outside third party can tell that it was done.
- If the applicable chapter specifies that specific information should be collected, then collect that specific information, i.e. sexual history.
- If the applicable chapter states that the facility can mandate what information their assessment tool collects, then the procedure for collecting this should collect this information.

# Assessment Tool (cont.)

- If standards require that certain information be collected, collect everything, i.e. Gambling Treatment Programs (Chapter 65) must ask for current financial status, gambling debt and any previous bankruptcy or repayment plans. Address all of the elements.
- If standards require additional information, i.e. facility accepts children with their parents, then must collect the additional information as well.

# Assessment Tool (cont.)

- Flush out the information (MH/SA Treatment History, Trauma History, Sexual History, Military History, Marital/Significant Other History)
- Frequently Missed Items: Marital/Significant Other History, Sexual History, Educational Difficulties, Preferences, Cultural Orientation

# Assessment Tool (cont.)

- If a consumer returns to a facility within one year of assessment, then an intake assessment update may be done. However the information obtained must address the applicable standard. “Best Practices” would state that a provider goes above and beyond checking the old information to be sure that it is still current and documenting that this has been done.

# Assessment Tool (cont.)

- What if a facility has a consumer bring in an assessment that has been performed by a different facility?
- The assessment must have been done in the last six months. The receiving facility must review this document with the consumer to ensure that the information is still applicable and must document that this review occurred. During a review, in an instance like this, the receiving facility would be responsible for the content of this assessment if they chose to use it as their own assessment tool.

# Treatment Plan

## Timelines

- Facilities' policies must be compliant with that required by standards unless the chapter pertaining to that type of treatment program requires that the facility set their own timelines, i.e. CMHC (Chapter 17). The procedures that the facilities then implement must be compliant with their policy.

# Treatment Plan (cont.)

## Content

- Be particular. If standards say that specific things need to be addressed, i.e. for adults, CMHC's are required to address goals for employment, independent living, volunteer, and training.
- If the applicable chapter states that the facility can mandate what information is contained in their service plan, then the procedure for collecting this should collect this information.

# Treatment Plan (cont.)

- Collect all information requested, either from standards or the facility's policy. Address all of the elements.
- Frequently missed items: individualized discharge criteria, preferences, diagnosis.

# Service Plan Updates

## Timelines

- Facilities' policies must be compliant with that required by standards unless the chapter pertaining to that type of treatment program requires that the facility set their own timelines, i.e. Eating Disorder Treatment Programs (Chapter 60). The procedures that the facilities then implement must be compliant with their policy.

# Service Plan Update

## Content

- If the applicable chapter specifies that specific information should be addressed, then address that specific information, i.e. progress.
- If the applicable chapter states that the facility can mandate what information should be addressed on their service plan updates, i.e. CMHC's (Chapter 17), then address that specific information.

# Service Plan (cont.)

- Frequently missed items: progress
- Update vs. Modification vs. Review-Provider Certification looks at all three as service plan reviews.

# Progress Notes

## Content

- If the applicable chapter requires that specific information should be addressed on the progress note, then collect that specific information.
- If the applicable chapter states that the facility can mandate what information is on their progress note, i.e. CMHC's (Chapter 17), then the progress note needs to contain this information.

# Progress Notes (cont.)

- Flush out items: progress AEB (as exhibited by)
- Commonly missed items: co-occurring=med and response to med; residential missing total treatment hours.

# Important To Remember

- In addition to stipulations required by standards, if your facility has a contract with ODMHSAS or another entity, i.e. OJA, or bills a source that requires additional documentation, then, in addition to fulfilling standards, you must also fulfill your contractual responsibilities to these other entities.

# Supervision

**Clinical Supervision is addressed in the following Chapters:**

- Chapter 18: Standards and Criteria for Alcohol and Drug Treatment Programs; 18-9-2. Clinical Supervision
- Chapter 55: Standards and Criteria for Programs of Assertive Community treatment; 55-3-9. Clinical Supervision
- Chapter 70: Standards and Criteria for Opioid Substitution Treatment Programs; 70-4-2. Clinical Supervision

## 18-9-2. Clinical Supervision

(a) Clinical supervision is a vital component of the provision of quality substance abuse treatment. Clinical supervision shall be provided for those delivering direct services and shall be provided by persons knowledgeable of clinical services as determined by the program.

## 18.9.2. (cont.)

(b) All facilities shall have written policies and procedures, operational methods, and documentation of the provision of clinical supervision for all direct treatment and service staff. These policies shall include, but are not limited to:

- (1) Credentials required for the clinical supervisor;
- (2) Specific frequency for case reviews with treatment and service providers;
- (3) Methods and time frames for supervision of individual, group, and educational treatment services; and
- (4) Written policies and procedures defining the program's plan for appropriate counselor-to-consumer ratio, and a plan for how exceptions may be handled.

## 18.9.2. (cont.)

(c) Ongoing clinical supervision should address:

- (1) The appropriateness of treatment selected for the consumer;
- (2) Treatment effectiveness as reflected by the consumers meeting their individual goals; and
- (3) The provision of feedback that enhances the clinical skills of service providers.

## 70.4.2. Clinical Supervision

- (Note: This standard is identical to 18-9-2)
  - (a) All facilities shall provide clinical supervision for those delivering direct services and shall be provided by persons qualified to provide clinical supervision as determined by state licensure or certification.

## 70.4.2. (cont.)

(b) All facilities shall have written policy and procedures, operational methods, and documentation regarding clinical supervision for all direct treatment staff and service staff.

These policies shall include, but are not limited to:

- (1) Credentials required for the clinical supervisor;
- (2) Specific frequency for case reviews with treatment and service providers;
- (3) Methods and time frames for supervision of individual, group, and educational treatment services; and
- (4) Written policy and procedures defining the program's plan for appropriate counselor-to-patient ratio, and a plan for how exceptions may be handled.

## 70-4-2. (cont.)

(c) Ongoing clinical supervision should address:

- (1) The appropriateness of treatment selected for the patient;
- (2) Treatment effectiveness as reflected by the patient meeting their individual goals; and
- (3) The provision of feedback that enhances the clinical skills of direct service staff and treatment professionals.

## 55-3-9. Clinical Supervision

(a) Each PACT team shall have a written policy for clinical supervision of all staff providing treatment, rehabilitation, and support services. A component of the supervision shall include assisting all staff to have basic core competency in working with clients who have co-occurring substance abuse disorders. The team leader or a clinical staff designee shall assume responsibility for supervising and directing all PACT team staff activities. This supervision and direction shall minimally consist of:

## 55-3-9. (cont.)

(1) Periodic observation, in which the supervisor accompanies an individual staff member to meet with consumers in regularly scheduled or crisis meetings to assess the staff member's performance, give feedback, and model alternative treatment approaches; and (2) Participation with team members in daily organizational staff meetings and regularly scheduled treatment planning meetings to review and assess staff performance and provide staff direction regarding individual cases.

# Additional Resources

- A Treatment Improvement Protocol: TIP 52; Clinical Supervision and Professional Development of the Substance Abuse Counselor. U.S. Department of Health and Human Services-Substance Abuse and Mental Health Services Administration (SAMHSA)-  
[www.samhsa.gov](http://www.samhsa.gov)

# Licensing Boards

- Oklahoma Social Work Board (LSW, LCSW)
- Oklahoma Board of Licensed Alcohol and Drug Counselors (LADC, CADC)
- Oklahoma Department of Health (LBP, LMFT, LPC)