*The Structure of Records 1

Narrative and Other Clinical Records

* There are variety of recording structures that are used to guide the selection and organization of information in social work records.

* Recording structures vary along several dimensions, which are useful in understanding and evaluating their advantages and disadvantages.

*Introduction

* Standardization – recording varies in the degree to which content and organization are left to the discretion of the practitioner or are predetermined by form or format.

  * Information will be documented as well as increase the accessibility of that information

  * They tend to typify clients, services, and workers, and to routinize recordkeeping

* Introduction

* Formats that are less standardized are:

  * More open permit practitioners to individualize clients and services

  * Reflecting the worker's perspective about the salient issues in the case

  * Concern: These records can be idiosyncratic (personal peculiarity) and may fail to include important information in a form that is accessible to the user

* **Introduction**

* Recording structures also differ in scope

   * That is, some apply to the entire record, while others are used only for a specific element of content, such as the interim note.

* Introduction

*Records differ in selectivity

*That is, they vary in the degree to which they encourage documentation of a breath of information about the client-need-situation and the service transaction, or limit content to particular observation, assessments, decisions, or actions.

*Introduction

* Records differ in style

  * That is. They vary in the mode of expression used.

    * Comprehensive narrative reports

    * Brief summaries of specific information

      * Some reports are composed primarily of fill-in-the-blanks or checklist

* Introduction

* Recordkeeping structures are often selected because they:

  * Minimize costs by limiting time spent in composing, transcribing, storing, retrieving, or using the record

  * Meet external accountability requirements and standards of practice

* Introduction

* Meet internal information needs, facilitating decisions making, case continuity, supervision, interprofessional communication, business functions, or agency management

* Are congruent with recordkeeping practices in other professionals or agencies in the field of practice

*Introduction

* Are suited to the range of personal in the agency that document information in and use the record.

* Prior to the 1960s social work records tended to be:

    * Open ended and individualistic

    * Practitioners developed a personal approach

*Introduction

* Begin with process recording in field work

* Next Narrative recording

* Agency records were usually organized chronologically and by topic

* Practitioners trained in process recording often included detailed accounts of the service process in their narratives.

*Introduction

* In the 1960s brought about many changes in recordkeeping

  * Increased emphasis on external accountability and the emergence of more structured approaches to practice

  * Agencies began developing and adopting forms and formats that encouraged greater standardization of content and structure across clients and practitioners

* Introduction

*In the 1990s, agencies began the transition from paper forms and formats to computerized records

*Increased the standardization of records

*Introduction

* Today, most agencies use a combination of structures, ranging from standardized forms to narrative reports. Some practitioners still prepare their records by hand or via dictations, but many use computers.

  * Because of funds practitioners must produce records as efficiently as possible

* Introduction

* Practitioners also need to develop skills:

  * Writing clear

  * Succinct

  * Meaningful

    * Well organized narratives that capture the essence of the client-need-situation and the process and progress of services

*Introduction

*Narrative recording permits practitioners to describe and assess the client-need-situation and the service transaction in their own words, emphasize issues they consider most important.

*Narrative Reports

* Today narrative reports contain a structural format:

  * Nature of the client-need-situation

  * Purpose of service

  * Decisions and actions affecting services

  * Process of service

  * Impact of services on the client-need –situation

  * Page 127

* Narrative Reports

* Primary Function: Individualized service documentation
* Secondary Functions: Clinical supervision
* Current Usage: All fields and modalities of practice
* Organizing Rationale: Information is organized (1) temporally and (2) by subject matter

* Summary

*Strengths: Because the record is not standardized, it is inclusive and can truly represent the special characteristics of the client-need-situation and the service transaction. Thus, the record is especially responsive to individualized service approaches.

*Summary

*Limitations: It is time consuming and costly. Information is often difficult to retrieve. The quality of the record depends on the recorder's ability to select information appropriately, organize information clearly, find time to record regularly, and write cogently (convincing)

*Summary

* The problem-oriented (POR) is a format that is widely used in health and mental health settings

* POR divided into four sections

  * Data base

  * Problem list

*The Problem-Oriented Record

* POR divided into four sections

  * Data base

  * Problem list

  * Initial plans

  * Progress notes

  * See page 131

*The Problem-Oriented Record

*Several Changes are necessary to adapt POR format for use by all discipline in mental health settings. First, the data base should be expanded to include.

*Relevant and current personal, social, and environmental factors

*The Problem-Oriented Record

* Relevant and current personal, social, and environmental factors

* A detailed personal and social history

* A history of previous mental health services

* A mental status examination

* Findings of psychological test

*The Problem-Oriented Record

*Second, the problem list should include

  *Mental health (DSM) diagnoses, where relevant

  *Problems in daily living, especially

    *Self-care and self-management

    *Relationships with family, peers, community, and in the work environment

*The Problem-Oriented Record

*If the POR is to document social work services fully and fairly, in health, mental health, or other settings, it needs to be expanded and refocused. However, there can be some problems.

*The Problem-Oriented Record

* The breath of social work concern by emphasizing problems rather than needs, resources, and strengths

* The complexity of relevant phenomena by emphasizing the person rather than the person-need-situation

*The Problem-Oriented Record

* Systemic influences by emphasizing individual dysfunction over social and ecological factors

* The special nature of social work activities by emphasizing case management while deemphasizing therapeutic intervention

*The Problem-Oriented Record

*The date base will also need to include

*Relevant interpersonal, social, institutional, and physical environmental influences

*Client strengths, resources in the client's personal environment.

*The Problem-Oriented Record

* Finally, the progress note format might be modified. Changing the SOAP format to SOAIGP

  * S – Supplementary data base information provided by patient and family

  * O – Observation by worker and other service providers

* The Problem-Oriented Record

* S – Supplementary data base information provided by patient and family

* O – Observation by worker and other service providers

* A – Activities with and on behalf of the client

* I – Impressions and assessments

* G – Goals

* P - Plans

*The Problem-Oriented Record

* CREW format by Tebb

  * C – Contributors. What factors contribute to be need for change?

  * R – Restraints. What constitutes the restraints or barriers to change?

  * E – Enables. What factors seem to be enabling or contributing to change?

  * W – Ways. How can change be fostered?

*The Problem-Oriented Record

* Goal Attainment Scaling (GAS) is a special method for documenting and evaluating movement and outcomes; it is used primarily in mental health and other agencies that serve children and adults with mental health or behavior disorders.

  * Specifying goals

  * Identifying measures that represent movement toward attaining those goals

  * Monitoring and evaluating movement toward goal attainment. Page 145

* Goal Attainment Scaling