



Arkansas Total Care Advanced Behavioral Health – Clinical Training

Treatment Planning for Mental Health Diagnoses

Microlearning

Documentation Best Practices

- Symptoms must match diagnosis(es)
- Document frequency, duration, and severity of symptoms
- Treatment modalities must align with symptoms and diagnoses
- Progress notes should be tied to treatment goals
- Focus on what interventions or techniques were used and how the member responded





Documentation Best Practices

- State what the plans are for ongoing treatment. Be specific.
- Include exact start and stop times vs. appointment times.
- Document progress in measurable or observable terms.
- Identify treatment barriers and how these barriers are being addressed.

Is Treatment Medically Necessary?

- Do the services provided represent the least restrictive level of care that can safely address the member's needs?
- Is there enough documentation that the member is making progress in treatment, as shown by a reduction in symptoms and improvement in psychosocial functioning?
- Does the clinical information clearly show the severity of the functional impairments the member is experiencing as a result of their mental health diagnosis(es)?
- Are services being titrated in a way that supports a planned end to the treatment plan and an individualized aftercare/ follow-up plan?

***For children and adolescents, remember to document the involvement of at least one adult caregiver throughout the treatment process.**

SMART Goals

Specific

Mary will decrease anger outbursts from daily to two times a week.

Measurable

Mary will report a PHQ9 score of 7 compared to her current score of 12.

Achievable

Mary will practice deep breathing techniques at least three times a week.

Relevant

Mary will journal her anxiety symptoms at least three times a week and will process journal entries during weekly sessions.

Timebound

Over the next 6 months, Mary's anger outbursts will decrease to once a week for at least three consecutive weeks.

(Leonard & Watts, n.d.)

Treatment Plan Best Practices

DO:

- Develop the plan with the member.
- Document when date goals were initiated (open date needs to stay the same throughout the course of treatment).
- Document how goals show incremental progress or regression.

DON'T:

- Use acronyms or too much clinical jargon.
- Set too many goals at once.
- Use percentages or things that are difficult to measure.
- Include physical health goals unless relevant to MH diagnosis.

(Florida Agency for Healthcare Administration, 2014)

Reasons for Titrating Services

1

Helps promote independence

2

Helps ensure individualized treatment

3

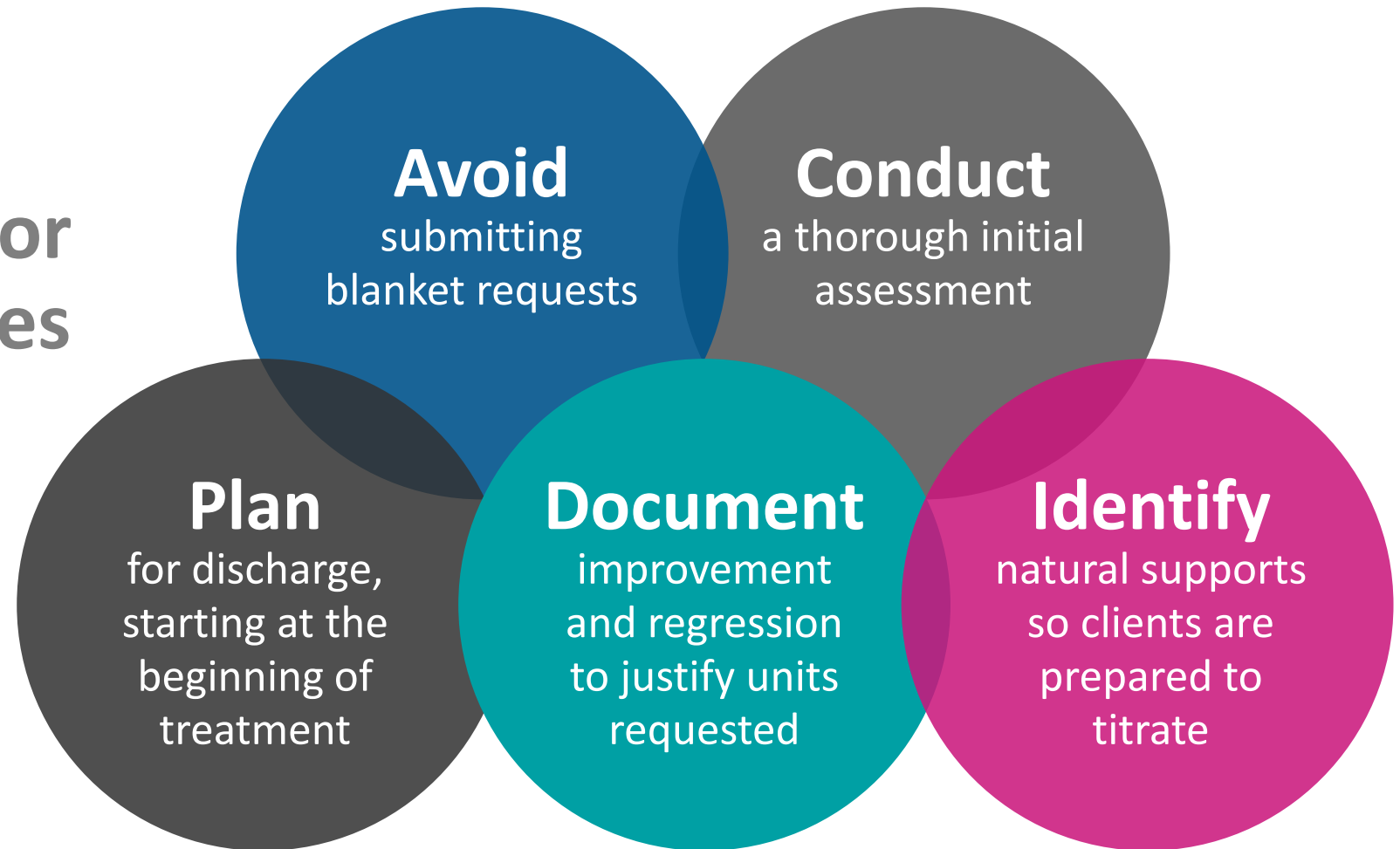
Helps discourage unhealthy attachments to providers

4

Helps prevent overutilization of services

(American Psychological Association, 2020; APA, 2017; Simon, 2015)

Best Practices for Titrating Services



(The Joint Commission, n.d.)

Barriers to Titrating Services

Member

- Fear that symptoms will get worse
- Become used to a routine
- Miss the support from providers

Environmental

- Pandemic
- Financial problems
- Death or loss
- Separation or divorce
- Medical issues
- Crisis

Provider

- Feelings of countertransference
- Productivity requirements (e.g., billable hours)

(Manuel, et.al. 2017)



Thank You!

Arkansas Total Care Advanced Behavioral Health

Reference

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