Documentation and Maintaining Peer Support Values

Presented by Amy Pierce, CPS, Via Hope PSI Field Liaison
Learning Objectives

Participants will:

1. Identify 3 Reasons for Documentation
2. Identify 3 Ways to Maintain Peer Values While Documenting
3. Identify and Understand 2 Ways to Complete Collaborative Note Writing
“Peer Support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement on what is helpful. Peer Support is not based on psychiatric models and diagnostic criteria. It is about understanding another’s situation empathetically through the shared experience of emotional and psychological pain.”

Shery Mead
What is the value of peer support?
Core Values of Peer Work

- Foster hope and help people find meaning and purpose in life
- Preserve dignity and counter stigma, shame, and discrimination
- Connect people to peer supports
- Promote community connectedness
Core Values of Peer Work cont’d

- Engage and support family and friends
- Respect and support cultural, ethnic, and/or spiritual beliefs and traditions
- Promote choice and collaboration in care
- Provide timely access to care and support

(The Way Forward: Pathways to Hope, Recovery, and Wellness with Insights from Lived Experience)
Texas CPS Core Values

“IT’S NOT HARD TO MAKE DECISIONS WHEN YOU KNOW WHAT YOUR VALUES ARE”

- ROY DISNEY
Other Key Concepts

- **Self-Determination** - CPS support individuals in their right to decide their own best path to recovery

- **Trauma-Informed** - CPS recognize that individuals may have experienced trauma in the past, and our words, actions and environment should not traumatize those we support

- **Hope** - CPSs instill hope in others and are living examples that the change happens and recovery is real.

- **Resiliency** - Resiliency and strength are valued and modeled by CPS as they share their lived experience and support others on their recovery journeys.
Documentation: Why do we need it?
Why do We Need Documentation?

- Quality Assurance
- Fiscal Responsibility
- Communications
Today we are looking specifically at Medicaid Billable services
A Continuum of Helping Relationships

Psychotherapy
Intentional, one-directional relationship with clinical professionals in service settings

Case Management
Intentional, one-directional relationship with service providers in a range of service and community settings

Peers as Providers of Conventional Services
Intentional, one-directional relationship with peers occupying conventional case management and/or support roles in a range of service and community settings

Peers as Providers of Peer Support
Intentional, one-directional relationship with peers in a range of service and community settings incorporating positive self-disclosure, instillation of hope, role modeling, and support

Self-Help/Mutual Support & Consumer-Run Programs
Intentional, voluntary, reciprocal relationship with peers in community and/or service settings

Friendship
Naturally-occurring, reciprocal relationship with peers in community settings

One-Directional
Continuum of Helping Relationships
Reciprocal

Texas Administrative Code

(35) Peer provider--A staff member who:

(A) has received:

(i) a high school diploma; or

(ii) a high school equivalency certificate issued in accordance with the law of the issuing state; and

(B) has at least one cumulative year of receiving mental health services for a disorder that is treated in the target population for Texas.
Fiscal Responsibility

Why Documentation?

Cost for Poor/No Documentation

Cost for Good Documentation
Services Peer Specialists Can Bill for under Psychosocial Rehab

- Skills Training
- Medication Management

Must be documented in a specific fashion to meet Medicaid Standards
What About Our “Peer” Responsibility?
How Do We Provide Documentation As Well as Honor Our “Peerness”
TAC Documentation Requirements

- Name of individual and where service was provided
- Type of Service Provided
- The specific goal or objective addressed
- The date service was provided
- The start and end time of the service
- The location the service was provided
- Signature of staff member providing the service
- Any pertinent event or behavior relating to the individual's treatment which occurs during the provision of the service
- The individual's response including the progress or lack of progress in achieving recovery plan goals and objectives
An Example of an Organizations Prompts

- Date Service Provided:
- Location of Service:
- Collaboratively Documented - yes or no
- Service Provided:
- Purpose of Service:
- Intervention Utilized:
- Individuals Response to Service:
- Plans for Follow Up:
There Are As Many Skill Based Words As There Are Leaves On A Tree
Data/Service Type: PSS met with Amy at her home on 3/20/2018 to provide psychosocial rehabilitation services

Treatment Plan Objective: Healthy food and nutrition/Diversionary Activities

Method Used: Wellness Recovery Action Plan, Modeling, Instruction, Demonstration, Support

Description of Training: PSS instructed Amy on the preparation technique for stir fried vegetables, placing an emphasis on cleaning technique, as well as chopping technique as requested by individual. PSS demonstrated preparation technique and shared from her own lived experience how chopping vegetables and cooking has been a diversionary activity that she uses in her own life. PSS supported Amy as she prepped the vegetables and completed the recipe.

Response to Training/Progress: Amy shared that knowing her PSS had difficulties cooking in the past and has since found that cooking is a wellness tool for her gave Amy the confidence to attempt to make the stir fry that she was wanting to try. Amy stated “I did it, I really cooked a meal and it was good - vegetables really can be good, and the chopping was really soothing to do. I think I will try this again this week.”

Plan for Follow Up: Amy states she will make this meal again this week and will identify another diversionary activity she wants to work on the next time we meet on 3/25/2018.
Sample Overarching Group Note

Data/Service Type:  PSS met with group on 03/21/2018 to provide skills training
Goal/Specific Skill Trained On:  Wellness Recovery Action Plan/WRAP
Overview/What is Recovery?

Method Used: Modeling, Instruction, Demonstration, Support,

Description of Training:  PSS modeled effective communication skills through the use of open ended questions, body language, as well as active listening skills. PSS instructed the group on the use of WRAP as a way of becoming well and staying well for long periods of time. PSS demonstrated the use of the tool through sharing examples from their own lived experience. PSS supported the group in discussing and writing about the topic with reference to their own personal experience.
Let’s Practice!
What skills were used in this Peer Support interaction?
Date Service Provided: 03/21/2017
Location of Service: Austin TX
Collaboratively Documented - yes or no
Goal/Specific Skill Trained On:
Method Used/Intervention: (ex. Supporting, demonstrating, engaging, role-playing, empowering)
Description of Training: (What did the Peer Support Specialist do)
Response to Training/Progress: (What was the individuals experience)
Plan for Follow Up:
**Method Used/Intervention:** IMR, CBT, WRAP, Coaching, modeling

**Description of Training:** Mary is experiencing symptoms of her illness, which is impeding her ability to be out in the world. PSS identified that Mary had negative thinking around singing, and that she has a social anxiety disorder that inhibits her ability to be in public places. PSS coached Mary to use positive thinking as a wellness tool. PSS modeled singing as a wellness tool and helped Mary identify singing as a wellness tool that she has used in the past.

**Response to Training/Progress:** Mary was engaged in the conversations that we had today as evidenced by PSS’s experience of her responses. Mary identified her anxiety as a barrier to going to an upcoming wedding, which shows that she is accepting her illness.

**Plan for Follow Up:** Mary must use the wellness tools of deep breathing, 3X per day, she must also sing 4 X per day in the days leading up to the wedding, and she will use her CBT skills to navigate negative thinking. PSS will meet with Mary again in 1 week to discuss how she feels about her social anxiety disorder.
**Option B**

**Method Used/Intervention:** WRAP, Active Listening Skills, Modeling

**Description of Training:** PSS used open ended question to explore ways in which Mary had been successful in the past in navigating uncomfortable experiences using examples that Mary already has in her WRAP plan to explore increasing her wellness tools to support her in Attending her cousin’s wedding. PSS modeled singing as a wellness tool when Mary requested support in singing a song. PSS shared from her own lived experience the power of wellness tools that we have used in the past and being able to reconnect with them.

**Response to Training/Progress:** Mary actively participated today and was able to identify multiple wellness tools to not only support her in an event she will be attending but reconnected with other ones she has used in the past. Mary stated that when she left she “felt a lot better”, and that she has a plan to attend the wedding by getting in “a couple of songs before I go in”, and that “finding my music again has been healing.”

**Plan for follow Up:** Mary states that she will continue to work on developing her wellness tools and will meet again with PSS next week.
Option C

Method Used/Intervention: Singing, Breathing, Effective Communication Skills

Description of Training: PSS communicated effectively with Mary as evidenced by Mary’s willingness to share fully about her social phobia and by singing with PSS the song “Lean On Me.” Mary’s singing with PSS is evidence that she trusts PSS. PSS also encouraged Mary to use deep breathing as a wellness tool (especially on the days leading up to and including her cousin’s wedding).

Response to Training/Progress: Mary agreed with everything the PSS said to do, so she is working her WRAP plan.

Plan for Follow Up: Mary will continue to work her WRAP plan as directed by the PSS and will meet with PSS in a week.
Collaborative Documentation: Another Key to Honoring the Individual

- Person Driven Approach
- Interactive Process
- The individual is engaged in the documentation process by providing input and perspective on their service and progress
Collaborative Documentation: Utilizing A Template Specific To Your Organization

- Date Service Provided:
- Location of Service:
- Collaboratively Documented - yes or no
- Service Provided:
- Purpose of Service:
- Intervention Utilized
- Individuals Response to Service:
- Plans for Follow Up:
Sample Collaborative Group Note Template

<table>
<thead>
<tr>
<th>SECTION A) for CLIENT:</th>
<th>A-1) Program - Check 1 Box:</th>
<th>□ Crossroads</th>
<th>□ Journeys</th>
<th>□ Reflections</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A-2) Client – PRINT FULL LEGAL NAME:</td>
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<td>A-3) My Thoughts &amp; feelings about group:</td>
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<td>A-4) Something I learned in group (coping skill):</td>
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<td>A-5) How can I apply the group topic to my recovery &amp; treatment goals?</td>
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Lessons Learned

- Use the person’s words whenever possible
- Use human experience language while writing the note - remember we are in a peer provider role, we are not clinicians
- Use collaborative documentation whenever possible
- Stay connected with my experience of having notes written about me - the impact of reading them years later
- Just the facts - stick to the facts of what occurred, no judgement or assessment
- Make sure I am meeting all the quality measures for a note that also meets the fiscal requirements of the agency
- When in doubt, ask
“A life lived with integrity - even if it lacks the trappings of fame and fortune is a shining star in whose light others may follow in the years to come.”

Denis Waitley, Self-Help Author and Motivational Speaker
THANK YOU

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