NTTAC
National Training & Technical Assistance Center for Child, Youth, & Family Mental Health

PEER SUPPORT DOCUMENTATION - *BEST PRACTICES AND STRATEGIES FOR SUPPORTING A UNIQUE WORKFORCE*

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DISCLAIMER

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What we will cover…

- Review essential components of documentation in peer support
- Challenges in and strategies for supporting peer support providers in timely and quality documentation
- Best practices for documenting supervision of peer support providers – YOUR documentation

Parent Peer Support

- Lived experience as a caregiver of a child/youth with BH challenges
- Focus on caregiver/family, child, siblings and building resiliency
- Focus on all child-serving systems – mental health, education/special education, juvenile justice, pediatrics, child welfare, social services – AND adult services as needed for parents
- Flexible to address the continuous development of the child

Adult Peer Support

- Lived experience as a consumer of BH services
- Focus on individual as independent consumer and living in recovery
- Focus on adult MH and PH systems, vocational goals, housing, adult court system

Documentation will look different based on the type of peer support provided

Parent/Family Peer Support

- May refer to work with schools, juvenile court, child welfare, child mental health
- Focus on the caregiver and the whole family to benefit the child/youth
- Skill building for the caregiver of the child/youth
- May involve connection to support employment, housing, and caregiver wellness
- Focus on resiliency

Adult/Young Adult Peer Support

- May refer to employment, housing, court/legal issues, illness management
- If young adult peer support, may involve supporting in high school or college
- Independent living skills
- Focus on the individual
- Focus on recovery

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What to document – NE requirements

Documentation should include:

- Information on assisting individuals to initiate and maintain the process of recovery and resiliency
- Progress toward improvement in quality of life, increased resiliency, and promotion of health and wellness – including accomplishment of goals
- Support that is based on shared lived experience and mutuality
- Activities and support around system navigation, education and skills acquisition, empowerment, hope, resiliency, voice and choice, and system of care values (family driven, youth guided, culturally and linguistically responsive, community based)
- Services/supports in both individual and group settings, in locations in and out of an office (home, school, community)
- Collaboration with other service providers, including care coordination tasks
- Identification of and connection with formal and informal supports
- Crisis management

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What to document – best practices

- All contacts with, for, on behalf of, or regarding the individual or family you are working with
- Activities are connected to an individualized support plan
- Concise descriptions of your work with the individual and/or family at every stage of the intervention from your first meeting through discharge:
  - Individual or family's preferences, priorities, and culturally or linguistically specific needs
  - Connection to and collaborations with formal services and informal supports
  - Growth and progress in skills acquisition, confidence in navigating systems and addressing needs, accomplishing individual/family prioritized goals, and development of a supportive network
  - Work toward and capacity in crisis management, coping and resiliency
  - Significant incidents

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Basic structure of a progress note

Who – Who is present? Who is participating? Include roles of those present for clarity.

Where – Where did the visit or meeting take place?

When – Record the date, time and length of visit or meeting.

What – What occurred during the meeting? Record topics discussed, goals in progress or status of tasks, successes or challenges, concerns or examples of what is going well.

Plan – What are the next steps? Record any actions to be taken based on the discussion.

Next meeting – When is the next meeting or visit with the family? It is important to never leave a meeting with the family without establishing the date, time and location for the next meeting.

Basic structure – Parent peer support

Who – PSP met with youth and mother

Where – at the family's home

When – on 11/20/21 at 5:30 p.m.

What – Both reported that youth had attended school all five days last week and completed the majority of his schoolwork as agreed upon in the behavior contract. Youth stated that the new medication seemed to be helping his concentration but was giving him a dry mouth and his teachers did not like him leaving class to get something to drink. Mother was also concerned about the upcoming court hearing about visitation with the youth's father; youth does not want to continue visitation due to father's alcohol use during visits.

Plan – Next week, mother will make appt. with the NP about the side effects of the medication, and youth will begin taking a water bottle to school, filling it between classes to avoid missing class time. Mother will also schedule a meeting with the atty. to prepare for the court hearing. PSP assisted mother and youth in developing list of concerns to address with atty. prior to the hearing. Also reminded mother of calming exercises she had learned and role-played ways to address possible court situations.

Next meeting - PSP will meet with family again next Thursday afternoon at 4 pm.

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Basic structure – Adult peer support

Who – APSP accompanied Jane

Where – to a watercolor workshop

When – on 11/20/21 at 1:00 p.m.

What – The watercolor workshop offered a chance for Jane to connect with peers to develop friendships. Before going in, we reviewed ways to start a conversation. Jane said she was feeling anxious but willing to try. She seemed interested in the demonstration and spoke to the woman next to her once they began painting. Jane reported that she felt less nervous after spending time in the class and having a positive conversation with her tablemate. She also stated that the painting was relaxing and took her mind off worries at home.

Plan – Jane will continue with the painting classes and will start conversations with others at her table next week. APSP practiced starting conversations with Jane again. APSP will accompany her for one or two more classes as a support. Also reminded Jane of appointment with the Nurse Practitioner on Tuesday and assisted her in making a list of concerns she wanted to share regarding the side effects of the new medication.

Next meeting - APSP will meet with Jane next Thursday afternoon at 4 pm for the next painting class.

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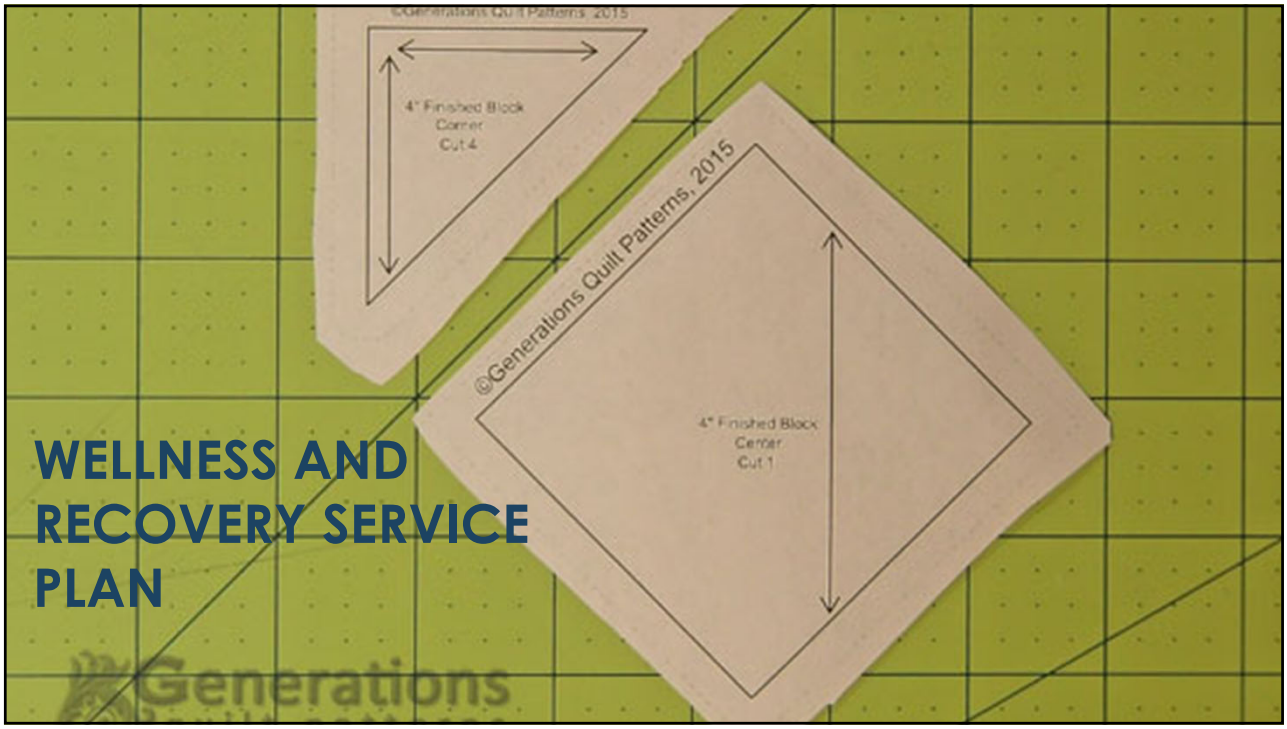

Basic components of a support plan

- **Long term goal** (*desired outcome/overarching goal*)
- **Short term goals** (*strategies to support completion of the long term goal*)
- **Measurement** (*how will you know that progress is made on each?*)
- **Task assignment** (*who is responsible for completing each step or task under the goals?*)
- **Time frame** (*when will each be completed?*)

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Example – Parent peer support

Need *Brianna is not receiving appropriate mental health services to help with anxiety and panic attacks.*

Strengths *Brianna recently completed a psychological evaluation and now has an accurate diagnosis. She wants to find a therapist with whom she is comfortable, preferably from the LGBTQ+ community. Her parents are basically supportive but are struggling with her "choice" to be gay. The family just received confirmation of enrollment in healthcare coverage through the father's job. The family has reliable transportation, and the parents share use of the vehicle.*

Long term goal: Brianna will be able to control of her anxiety and know how to handle panic attacks when they happen.

Short term goal : *Brianna will be connected with a therapist that fit her needs within the next month.*

Strategies:

1. The PPSP will provide information to the family about mental health services in their community fitting Brianna's preferences during the next visit and assist them in setting up an intake appointment at the provider of their choice.
2. If necessary, Mrs. Sutton will send a note to school regarding early dismissal of Brianna for the appointment. Mrs. Sutton will ensure that she has the family car on the day of the appointment and childcare for her youngest son if needed.

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Example – Adult peer support

Need *Colin is complaining about not sleeping well, and he is afraid to go to the grocery store because people look at him funny. He has not been consistent with his medication in the past when he is "in a good phase" with his illness (schizophrenia).*

Strengths Colin enjoys physical activity and has access to a gym at his apartment complex. He is connected with a psychiatrist that he likes and has reported that the current medication has been helpful when he is not feeling well. His apartment is centrally located in town with easy access to a local mental health center that offers both group and individual therapy and activities.

Long term goal: Colin will know how to recognize and manage the "bad phases" of his illness.

Short term goal : *Colin will identify the signs when he is entering a "bad phase" and steps to take when recognizing these signs.*

Strategies:

1. APSP will help Colin list the behaviors and feelings that occur when he is doing well ("good phase") and when he is not doing well ("bad phase"), as well as what helps him to feel better. His wellness plan will be updated to include these strategies at the next meeting.
2. APSP will problem-solve with Colin on ways to be more consistent in taking his medication, such as alarms on his cellphone or watch. APSP will support Colin in setting up any reminders.
3. Colin will schedule an appointment with the psychiatrist within two weeks to review his current medication and discuss any necessary changes to address the sleep issues.

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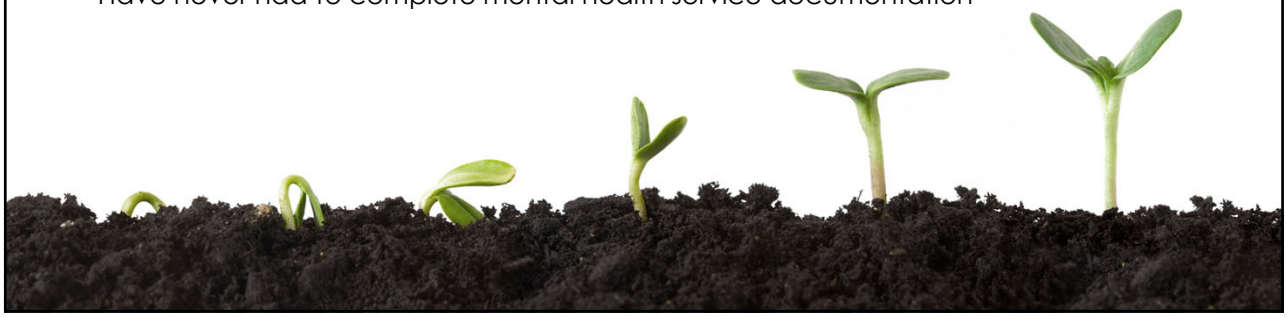
Issues connected with record-keeping for peer supporters…

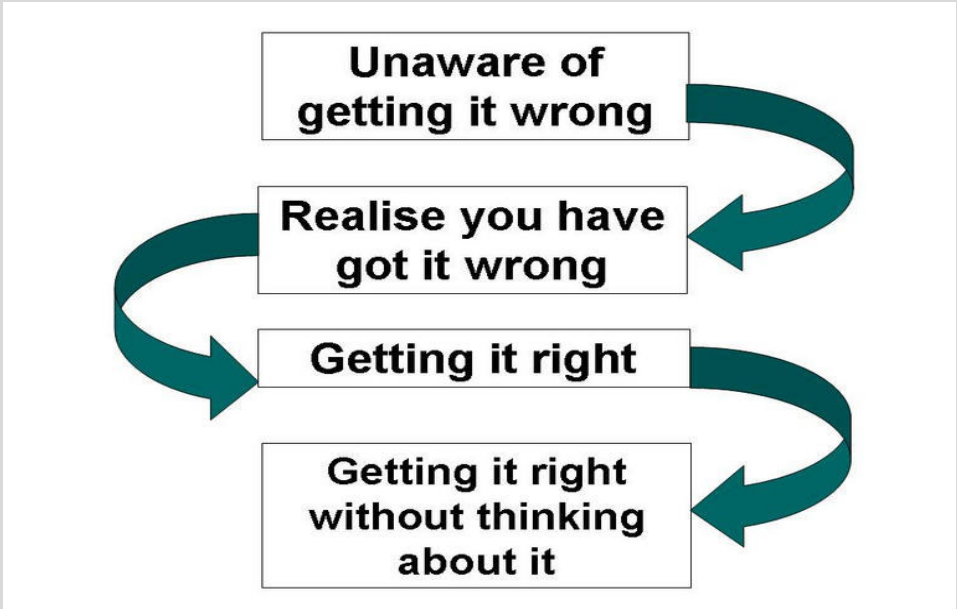
- Finding time to keep up with documentation
- Maintaining confidentiality of client records
- Avoiding biased reporting
- Consistency in phrases, abbreviations, etc. to ensure understanding of the documentation
- Summarizing visits/meetings and grammar

Documentation: Opportunities for Growth

Peer Support Providers

- Diverse employment backgrounds
- Varying levels of writing experience
- Have never had to complete mental health service documentation





http://www.build-relationships.net/The-learning-process

What to do…

- Continue to emphasize the role of their documentation in the individual's or family's journey – they document the "story"
- Be proactive – training, policies, coaching
- Set clear expectations with your team around documentation - encourage communication for any delays
- Ensure an environment for learning when mistakes occur
- Be willing to adjust approaches and processes to fit the unique situations encountered by a peer workforce
- Supervise and mentor peer support providers as they implement skills

Peer support provider strategies and tools for staying current and concise

- Set a time to do documentation – make it a habit!
- Use alerts and "tasks" on Outlook calendar as reminders of deadlines and due dates
- Use a cheat sheet a reminders of formatting, abbreviations, etc.
- Use the progress note format to take notes during visits
- Use collaborative/concurrent documentation

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What type of information do *YOU* track as a supervisor?

Type your response into the chat box or raise your hand to respond!

Supervisor Documentation: What to Document

For Each Team Member

- Notes about work with individuals or families – planning, strategies, barriers, next steps
- Notes about performance –progress, ongoing issues, etc.
- Professional development – professional goals, learning opportunities, new roles or positions

For Your Team

- Trainings received and provided
- Certifications, credentialing, etc.

Contact Information

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