

Acing It!

CSP Documentation Writing A Person-Centered Integrated Summary

- Moving Your CSP Practice from a fidelity score of a 4 to a 5
- How does the Person-Centered Integrated Summary fit into the CSP Documentation Process?
- What is a Person-Centered Integrated Summary?
- The How To: Format and Content Standards of an Integrated Summary
- Sample Person-Centered Integrated Summary
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Moving Your CSP Practice from a Fidelity Score of 4 to a 5

When a program's CSP practice has been taken to the next level; beyond a score of 4 and a concern with getting it "right" to a 5, the following issues are evident in the documentation and interactions with program participants and staff:

1. The program staff consistently pursue knowing and understanding **"What Matters Most"** to the person
 - The program is committed to working on goals that are important to the person rather than what the provider believes is important
 - Staff understand that fixing problems is not the only mission of this work. They have "moved away" from a deficit mindset to understanding what matters most to the person
 - Rather than only considering what is not going well, they are asking a better question that considers what having a good life means to the program participants
2. The staff are **doing "with" rather than for** the person and promoting self-efficacy, choice and independence in their interactions
 - Staff are actively helping participants create lives worth living while enabling their privacy, their capabilities, their independence, and opportunities to make choices.
 - Staff have moved beyond a safety and maintenance mindset to one where the person has control over and is enabled to make life choices and is allowed to make mistakes
3. There are working relationships that demonstrate caring, presence, and generous listening
 - Beyond the "science and teaching strategies" of psycho-rehabilitation, the staff enter into relationships with participants as human beings that care
 - The relationships and interactions with participants are characterized by listening and dialogue that seeks to understand the humanity behind another's words, is willing to let go of assumptions and preconceived notions, and be surprised
 - Staff understand that every person that comes to the program is a person with their own unique perspective, problem, and view of the world that needs to be understood as a prerequisite to the work.

So What Is the Evidence that Programs are Operating at a 5?

1. There are Life Goals identified that represent the person's rather than the practitioner's priorities and focus on what the person wants in his or her life
2. There are objectives identified on the IRP that represent small action steps the person and the team are going to take toward the life goal rather than objectives to eliminate problems
3. The IS is written from the person's perspective including how the person perceives his or her current situation, details what the person says he or she wants from services, and outlines the strengths and barriers that the person has identified
4. There are interventions on the IRP that move past what the staff are going to do and include what action steps the person and any natural supports are taking to achieve the objective(s)
5. Updated IRP plans that focus on progressive skill building and GIRP notes that document progressive skill acquisition toward important life goals
6. Changes and updates to the IRP are driven by the person's ideas and preferences
7. GIRP notes that document the staff supporting the person learning a skill rather than interventions that focus on staff doing for the person
8. Evidence of people "graduating" the program
9. Lack of judgements and projections of staff's point of view in the documentation. Narratives and GIRP notes where the person's perspective is represented alongside the provider's assessment
10. GIRP notes where the P section is developed with attention to the person's response and reactions to the interventions that were offered during the session
11. Lack of progress is explored from a stage of change point of view rather than the person being labelled "unmotivated"

Centering the IS in the CSP Documentation or Work Process

Engagement

+

Functional Assessment

Leads To



Development of a Working Formulation called the
Integrated Summary



Leads to the Development of the IRP which are the small action steps
toward achieving the Person's Life Goals

Individual Recovery Plan (IRP)



GIRP Notes + FA Update

Tells the story of
Work

Reassessment of skill
status

Leads to

Have 90 days
to complete

**Updated
IRP**
every 90 days



So What Does All These Mean for the Integrated Summary (IS)

Or

How to Write an IS scoring a 5 rather than a 4

1. The IS format follows the following structure and content standards for the IS formulation:
 - **Basic Demographics**
 - **Presenting Issues**
 - **Life Goals**
 - **Summary of Findings from the FA**
 - **Description of Person's Strengths**
 - **Barriers**

2. The majority of the IS content is from the person's perspective rather than the staff's point of view
 - More traditional formulations offer content that consists of the clinician's perspective, judgements, and assessments of the person's situation and observed behavior.
 - The content of the CSP IS is driven by the person's rather than the staff's point of view.
 - As a general rule of thumb, aim for 75% of the IS content to be narrated directly from what the person reports, how they view their situation, and understand their behavior
 - To develop an IS that is driven by the program participant's perspective requires staff to:
 - Understand that every person has his or her own frame-of-reference for understanding the world that has been created as a result of the person's unique interactions and experience in the world.
 - "Move from" a telling and fixing approach to the work, to one of curious inquiry into how the person understands his or her world, what in the person's life is most important to him or her, and how the person views his or her current situation.
 - Facilitate dialogues that consist of open-ended questions and the use of active listening skills as opposed to feeling like they need to provide answers and advice to participants

Developing a Person Driven Integrated Summary Pulling It All Together

To write an effective IS, you need to walk a mile in the other person's shoes.

■ What Is an IS?

The IS is a **summary statement or formulation** that is based upon your **engagement** work and **assessment** process that creates a picture of the person and serves several purposes:

- ❖ To convey how the other person views their life, their relationships, their priorities, and the world around them from their perspective. Remember every individual is an expert on their own point of view, feelings, and life experiences
- ❖ To present a synopsis of the assessments you have completed with special attention to the functional needs and skills assessed by the FA
- ❖ To offer a description of the issues that brought the person into treatment and the impact of these issues on the person's day-to-day life and relationships
- ❖ To provide a working formulation and a shared frame-of-reference that is both hopeful and collaborative that can serve as a foundation for the development of the IRP and the on-going work

The How Tos

The Integrated Summary Format and Content Standards

- **Basic Demographics**

- Outline the facts - Use this section to provide an overview of the basic demographics of the individual you are working with
- The purpose is to provide a context for understanding the situational and environmental issues impacting a person's recovery journey.
- **Include:** Age, ethnicity, gender, place & length of residency, living with who, employment status, benefit status and income, mental health dxs., substance use, medical issues and dxs., significant others and natural supports, and any other significant demographic information that may impact the person's recovery.

- **Presenting Issues**

- This section is a summary of the issues that brought the person into treatment from his or her point of view, how the person views their current situation, and what he or she wants help with or views as needing to change in his or her life. This is NOT a diagnostic or clinical formulation but rather a summary of your engagement work in understanding the reasons and circumstance that led the person to seek treatment.
- **From the person's point of view , include:**
 - The reasons, or circumstances that brought the person to treatment and what does he or she want help with?
 - A description of the impact of the behavioral, medical and/or substance use issues on the person's everyday life and relationship with significant others
 - A description of what the person believes need to change in their life or how their life would be different if the issues that brought the person into treatment were out of their way
 - A statement of what the person expects or would like to have happen in their treatment

The Integrated Summary Format and Content Standards

- **Life Goals**

- Life Goals are about what the person wants to accomplish in his or her life. **The Big Goals.** Find a job, Have my own home, get married, go back to school to learn how to work on the computer, make friends, have a family, spend time with my grandchildren.
- Life Goals are the things that are most important to the person and reflect his or her dreams and aspirations and ultimately, make the person's life meaningful.
- Life Goals are positive, motivating and give the person hope about the life they are working toward.
- Life Goals are what the person wants NOT what someone else wants for the person.
- Life goals are NOT about reducing symptoms or achieving a treatment benchmark.

- **Examples of Traditional Treatment Goals versus Life Goals**

Traditional Goals	Life Goals
Patient will maintain medication compliance	"I want to be a good father and husband"
"Patient will reduce outbursts and cutting behavior	"I want to take care of my son and enjoy being with him"
I just want to be less depressed	"I want to have friends and people I can talk to"
I want to be less angry and irritable	"I want a boyfriend and maybe a family someday"

- **Tips for Eliciting Life Goals**

When a person starts with a more narrowly defined traditional goal; follow-up with the following open-ended questions:

- What would you do if (the issue) was not in your way? What would be different about your life?
- What is important to you in the big picture beyond your day-to-day life? Beyond your symptoms?
- When someone is having a hard time thinking "Big", start smaller and ask: What would a good day look like for you?

The P-C IS Format and Content Standards

- **Summary of Findings from the FA**
 - How do the findings from the FA, which identifies skill strengths and deficits ,inform the work and the recovery process regarding the person’s abilities vis-à-vis attainment of his or her life goals.
 - The finding from the FA should include:
 - A review of the functional domains that the person is proficient in
 - The domains that the person could benefit from learning additional skills
 - The areas on the FA where there is overlap between the person’s life goals, skill building needs, and motivation to “work on now” domains.
 - Identify the stage of change is the person in related to their “work on now” functional needs and life goal(s).

- **Description of Person’s Strengths**
 - This is a description of the strengths, knowledge, interests, values, preferences, and natural supports the person has to bring as collateral assets to his or her recovery journey.
 - **Include:**
 - A summary of the person’s strengths and skills and how a person’s strengths can be used to overcome barriers that he or she faces

Strength	How it can Support Recovery
Good father	Desire to be a good father and role model can provide motivation to address ETOH use and medication non-compliance
Intelligent, Smart	Will be helpful in person’s ability to learn new skills
Part of Church Community, Spiritual	Involvement in church and spiritual practice offers a natural support system beyond CSP program and staff

- A description of the people who are important and involved in the person’s life. Include those who potentially could be supportive of the person’s recovery
- Identify community groups or resources the individual is already involved with

The Integrated Summary Format and Content Standards

- **Barriers**

- Barriers are assessed needs that interfere with the person achieving the goals that are most important to them.
- Identify both **what** the barrier is and **how** it impacts the person achieving their goals and his or her functioning.
- **Include:**
 - A discussion of how the mental health and/or the substance use issues interfere with functional abilities. For example, cognitive and concentration issues interfere with budgeting tasks
 - Review of how the skill deficits, daily living issues, and/or stressful life circumstance interfere with the steps the person will need to achieve to attain their important life goals and the smaller objectives along the way
 - Identify the cognitive or learning challenges that could potentially be a barrier to the person learning new skills.

Examples: The What and Impact of Barriers

Intrusive thoughts and paranoia (barriers) increase anxiety in social situations (impact)

Need for skill development to learn public transportation (barrier) to increase community mobility (impact)

Negative symptoms and medication side effects (barrier) result in severe fatigue (impact)

Need for developing coping and anger management skills (barrier) to improve communication and decrease angry outbursts (impact)

Cognitive issues, difficulty concentrating, and lack of basic math skills (barriers) interfere with budgeting tasks (impact)

Cognitive symptoms and disorganized thoughts (barriers) can lead to forgetfulness re: taking and identifying correct dosages of medications (impact)

Conflict with mother over differing view of mental illness (barrier) make supportive interactions with family, especially with his mother, difficult and often stressful (impact)

Sample: Person Centered Integrated Summary

Demographic Information:

Mr. X is a 35 year old, married, Puerto Rican man who is diagnosed with bipolar disorder and has a co-occurring addiction to alcohol which he relies on to help him manage distressing symptoms. He lives with his wife and two sons, ages 3 and 5 in an apartment where he and his wife have resided for 8 years. He currently is unemployed and collects SSDI.

Presenting Issues:

"I recently got into a fight with my wife and I ended up hurting her. She felt so afraid that she had to call the police. The worst part is that it happened in front of my 2 sons".

Mr. X has been feeling very stressed lately and has been drinking to try and feel better; "not hard liquor just a few beers here and there". He was drinking the night he and his wife got into the fight that lead to him being hospitalized. He had also been missing some of his medications. He feels that they do not help him with the stress and how unhappy he feels most of the time. He would really like to feel better about himself as a person, a husband, and a father. "I know if I do not take a look at my life I am going to lose my family. My sons are still young and I want them to look up to me and not be afraid of me".

Life Goals:

"I want to get my family back. I don't want my boys to be afraid of their father. I would like to learn how to cope with my anger and frustration without hurting the people I love. I want better relationships with my family and want to decrease my drinking. I could also use help looking for a job if I can get my family life on more stable ground".

Summary of Findings from FA:

Mr. X is proficient in the domains of independent living skills, personal care task, community safety, money management, transportation, leisure and advocating for his mental health treatment. He could benefit from learning and practicing interpersonal communication skills especially as these relate to improving his relationships both with his wife and 2 sons. Additionally, he expresses an interest in learning alternative ways to cope with distressing clinical symptoms other than turning to alcohol which he knows makes controlling his anger much more difficult. He is open to learning alternative ways to reduce his alcohol use and finding strategies for remembering to take his medications consistently. He is aware that alcohol use also interferes with his memory and that his mania makes it difficult to focus and follow through with the important details of his treatment. Mr. X is in the action stage related to learning coping skills to deal more effectively with his anger and irritability. He is between the contemplative and preparation stage of change related to addressing his alcohol use and his use of psychotropic medications. While he understands the disadvantages of continued use, he continues to be ambivalent about the extent of his alcohol use and its impact. He is also ambivalent regarding the effectiveness of his medication regime but open to further discussions with his doctor.

Strengths, Resources and Natural Supports:

"My family is very important to me. Being a father has brought real meaning into my life. When I knew I was going to be a father, it was the first time I actually stopped drinking for a while and began working with my doctor to get my irritability and stress under control". His church community and prayer have helped him to keep going when things have been difficult. For the most part, when he puts his mind to something, he has been able to achieve what he wants. He also has his wife and a couple of close friends he can turn to when he wants to talk.

Barrier (s) that Interferes with the Person Achieving Life Goals:

"I think my stress and drinking are issues that are standing in the way of me being the man and father I want to be". It is pretty clear to Mr. X that his drinking makes him more irritable rather than relaxing him the way it use to. "When my thoughts are racing and I can't sleep, it is really difficult for me to be patient with my children. If I could find a way to be less stressed and on edge all the time, I think that I could make the progress with my family and my life which are important to me".

Review Sheet: Integrated Summary

Demographic Information: Several short orienting statements concerning person's demographic information.		
	Yes	No
Is the following information included:		
• Age, ethnicity, gender, family composition		
• Psychiatric and co-occurring diagnoses		
• Employment/benefit status		
• Place, type, and length of current residency		

Presenting Issues: A summary of <u>how the person sees his/her current situation</u> , what he/she wants help with, and what he/she believes needs to change in his/her life. This is NOT a diagnostic statement . It is from the person's perspective not how the staff view the person's situation.		
	Yes	No
• Reason(s) for seeking treatment Statement describing the situation/circumstances that brings the person to treatment (from his or her point of view).What the person wants help with.		
• Impact on person, daily life, relationships Description of how the person believes the behavioral, medical, and/or substance use issues are affecting the person's everyday life and relationship with others.		
• What person believes needs to change in their life Describe how the person would like his or her life to be different if the issues that brought him or her to treatment were out of the way.		
• What the person expects or would like to have happen in his or her treatment		

Life Goals: Identify <u>what the person wants to accomplish in their life</u> that would provide them with a sense of happiness, success and purpose. These are the "Big" picture goals of what is most important to the person. Use 1 st person language.		
	Yes	No
• Definition of life goals Statement clarifying what goals are important to the person, both short and long term, and what each goal means in terms of the person's life.		
• Personal priorities What are the person's preferences concerning what they want to work on now versus later?		
• What it would mean to the person if they were successful? Is there a statement as to what it would mean to the person if they were successful in achieving their goals.		
• What would the person be willing to try to achieve their goals?		

Review Sheet: Integrated Summary (cont.)

Summary of findings from Functional Assessment (FA):		
	Yes	No
<ul style="list-style-type: none"> Skill Proficiencies Is there a review of functional domains the person demonstrates proficiency or a review of their skill strengths? 		
<ul style="list-style-type: none"> Skill Deficits Is there a review of functional skill areas that the person could benefit from additional skill training? 		
<ul style="list-style-type: none"> Overlap between person's life goals and work on now goals from the FA Is there a description of the overlap between the person's prioritized life goals and the work on now goals from the FA. 		
<ul style="list-style-type: none"> Identify the person's stage of change for any work on now issues? 		

Strengths: Description of the strengths, skills , knowledge, interests, values and how these strengths can serve as assets in the person's recovery journey		
	Yes	No
<ul style="list-style-type: none"> Strengths and Skills A summary of the person's strengths, interests, and preferences and how they can be leveraged to facilitate the person's recovery journey 		
<ul style="list-style-type: none"> Natural Supports Description of the people who are important and involved in the person's life, including those who are or could be supportive of the individual's recovery 		
<ul style="list-style-type: none"> Community Groups or Resources Include community groups or resources that the person is already involved with 		

Barriers: Describe the issues that could potential serve as roadblocks to the person achieving what is most important to him or her. Identify both <u>what</u> the barrier is and <u>how</u> it interferes with the person achieving their life goal(s) ..		
	Yes	No
<ul style="list-style-type: none"> Mental Health or Substance Use Barriers: Description of the mental health, substance use, or medical issues and their functional impact on the person achieving their life goal (s). 		
<ul style="list-style-type: none"> Functional Skill Deficits or Daily Living Issues: Description of the functional or daily living issues and their impact that could interfere with goal achievement? 		
<ul style="list-style-type: none"> Cognitive or Learning Challenges: Description of the cognitive or learning challenges the person has that could interfere with the person to profiting from learning based interventions? 		

Open-Ended Engagement Questions to Facilitate Development of the Integrated Summary

- **Presenting Issues:**

- *What problems or issues bring you into services?*
- *What is your understanding of your situation right now related to your mental illness?*
- *What is it that you would like to change in your life?*
- *How do these issues impact you and your day-to-day life?*
- *What are your fears?*
- *What are your hopes?*
- *How would your life be different if this (these) issues were out of your way?*
- *What do you want from treatment or participation in this program?*
- *What are you willing to do to change your situation?*

- **Life Goals:**

- *What important goals would you like to accomplish?*
- *What are the things, big or small, that you would like in your life that would make you happy?*
- *What about your life is worth living for?*
- *What are some of your hopes and dreams?*
- *What would a good day look like for you?*
- *What would it mean to you if you were successful in achieving your goals?*
- *In order to achieve your goals, what would you be willing to try?*

- **Strengths and Resources the Person Brings to His or Her Recovery Journey:**

- *What do you see as your strengths; things about who you are that have kept you moving forward in your life?*
- *How has this strength helped you to achieve your goals?*
- *What are some of the successes or achievements you have had in life; ones that you are proudest of?*
- *What are some of your personal strengths or qualities that have made it possible for you to keep going and not give up; when you have faced difficult situations?*

- **Barriers and the Functional Impact:**

- *What do you see standing in the way of you getting what you most want in life?*
- *How do your symptoms or substance use get in the way of you reaching your goals?*
- *How do the issues that brought you into service affect your day-to-day life?*
- *What barriers that you currently face are you most concerned about overcoming?*
- *What would it mean to you if you were successful in overcoming the barriers you have identified?*