# Documenting behavioral healthcare

Reducing liability risk and increasing quality care

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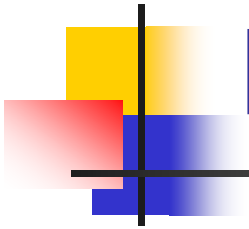


# But first

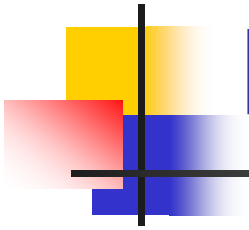
- Questions
- PowerPoint slides
- Recording

# Detailed documentation

- Important for:
  - Avoiding & winning lawsuits
- More important for:
  - Quality care
    - Adequate evidence-based information for decisions
    - Communication to other providers

# Detailed documentation

- "We think there is a lot of detail in our charts."
  - Sufficient detail to know if a matter is a risk factor
  - Sufficient detail to know how the matter contributes to the level of risk
  - Sufficient information to record complete, relevant risk factors (structured instruments)



# Document for you and others

- Checks your completeness
- Enhances your thought process
- Information resource for the next evaluator
- The less the better?
  - Little documentation creates the wrong impression
  - Limited documentation doesn't help the next evaluator

# Document for you and others

- Explain your reasoning
  - "I have concluded that the patient is not at immediate risk for suicide because….."
- Document colleague consultations
  - Including salient facts for decision-making

# Document & explain conclusions

- "Suicide risk was assessed according to Joiner et al. (2015) and determined to be [low/moderate/severe/extreme] due to… [e.g. ideation, plans, preparations, etc.] ACTIONS TAKEN: [e.g. safety plan, emergency numbers, consulted with supervisor, etc.]. Risk will continue to be monitored."

# Document & explain conclusions

- Chu, Joiner et. al. *Routinized Assessment of Suicide Risk in Clinical Practice: An Empirically Informed Update*, Journal of Clinical Psychology 1-15 (2015)

# Document for you and others

- Data reviewed
  - Records
  - People
- Physical pain

# Document for you and others

- High-impact statements
- Checkboxes limit information
  - “danger to self or others?”

# Document for you and others

- Careful about ambiguities
- "The consumer denies thoughts about hurting himself."
  - Thoughts of suicide?
  - Thoughts of NSSI?

# Document for you and others

- Negatives
  - Items you asked about but were denied
    - Did you think about using a gun?
  - What you tried to do but could not
    - I called the patient's referring physician but she was not available.

# Document for you and others

- Repeating entries create the wrong impression
  - May 31: "Discussed with the consumer ways to promote hope, social connection, and personal responsibility.“
  - June 8: "Discussed with the consumer ways to promote hope, social connection, and personal responsibility.“

# Document for you and others

- Be careful with electronic templates
- Don’t change the record or the facts later
  - adding facts creates the wrong impression
- Plaintiff attorneys review documentation to decide whether to take a case

# Documenting sufficient detail

- Document in sufficient detail to:
  - identify the presence of evidence-based risk factors
  - determine level of risk
- Use evidence-based instruments to identify treatable risk factors
  - Ask enough questions
  - Ask the right questions

# Documenting assessments & treatment

- Documentation can often be too general to know whether the matter is a risk factor

# Document sufficient detail

- Suicide risk example
- Too general
  - "Long term risk factors:… Family relational problems…"

# Why do people die by suicide?

- "Because they can, and because they want to - because they develop both the desire and capability to do so."

  - Joiner, Van Orden, Witte, & Rudd, *The Interpersonal Theory of Suicide*, American Psychological Association, 2009

# Acquired capability

- Lowered fear of death and increased tolerance of physical pain
  - Acquired Capability for Suicide Scale (ACSS)
    - Self-report measure
  - Painful and Provocative Events Scale
    - Self-report measure

# Acquired capability

- Those with past suicide attempts habituate to pain more than others

# Risk = Acquired capability +

- Acquired capability alone does not create risk
- Acquired capability by itself is not a risk factor
- Acquired capability + desire creates risk

# Desire

- Sustained
  - Perceived burdensomeness +
  - Failed belongingness

# Desire

- Perceived burdensomeness
  - "a mental state characterized by apperceptions that others would be better off if I were gone"
  - Which manifests when the need for social competence… is unmet
    - Family discord
    - Unemployment
    - Functional impairment

# Desire

- Thwarted belongingness
  - Psychologically painful mental state that results when the fundamental need for connectedness… is unmet
    - loneliness
    - Living alone
    - Low social support

# Failed belongingness

- Social isolation has the clearest support in the literature as a risk factor for suicidal behavior

# Combining factors

- "And so, I am prepared to defend the view that 100% of suicides are characterized by the combination of learned fearlessness, perceived burdensomeness, and profound alienation from others…"
  - Joiner, *Myths about Suicide*, Harvard University Press, 2010, p.193

## SUICIDE RISK ASSESSMENT

****DANGER SIGNS****

| | | | |
|---|---|---|---|
| Talking about Suicide<br>Social withdrawal | Agitation<br>Weight loss | Insomnia<br>Marked Irritability | Nightmares<br>Extreme emotional states (e.g. rage) |

| Assess Suicidal DESIRE and IDEATION | Assess RESOLVED PLANS and PREPARATIONS | Assess OTHER SIGNIFICANT FINDINGS |
|---|---|---|
| • Have you been having thoughts or images of suicide (thoughts of images of killing yourself)? Tell me about that.<br>• Do you think about wanting to be dead?<br>• **THWARTED BELONGINGNESS**: Do you feel connected to other people? Do you live alone? Do you have someone you can call when you are feeling bad? (Are supporting relationships completely absent?)<br>• **PERCEIVED BURDENSOMENESS**: Sometimes people think, "The people in my life would be better off if I were gone." Do you think that? | • **Duration** (look for pre-occupation): When you have these thoughts, how long do they last?<br>• **Intensity**: How strong is your intent to kill yourself? 0 = not intense at all, 10 = very intense.<br>• **Past suicidal behavior**: Have you attempted suicide in the past? How many times? Methods used? What happened (e.g., admitted to hospital?). Non-suicidal self-injury? Family history?<br>• **Specified plan** (look for vividness, detail): Do you have a plan for how you would kill yourself?<br>• **Means and opportunity**: Do you have the pills (or a gun, etc.)? Do you think you'll have an opportunity to do this?<br>• Have you made preparations for a suicide attempt (e.g., buying pills)<br>• Do you know when you expect to use your plan?<br>• **Fearlessness**: **Thinking about suicide, do you feel afraid**? 0 = very afraid; 10 = not afraid at all | • **Precipitant Stressors**: HIas anything especially stressful happened to you recently? (e.g., death of a loved one, divorce, major break-up, job loss)?<br>• **Hopelessness**: Do you feel hopeless?<br>• **Impulsivity**: When you are feeling badly, how do you cope? Sometimes when people feel badly, they do impulsive things to feel better. Has this ever happened to you? (e.g., cutting your skin, drinking alcohol, running away, binge eating, promiscuous sex, physical aggression, or shoplifting)?<br>• **Presence of psychopathology:** (rated by interviewer) |

**Depressive Symptom Index – Suicidality Subscale**
**Acquired Capability Scale (ACSS)** **Interpersonal Needs Questionnaire (INQ)**

****RISK CATEGORY****

| | | | |
|---|---|---|---|
| LOW | MODERATE | SEVERE | EXTREME |

**ACTIONS TAKEN:**

- Continue to monitor regularly
- Given Emergency numbers
- Scheduled mid-week phone check-in
- Provided info about adjunctive treatment
- Coping Card/Safety Plan
- Consulted Supervisor
- Other

Form Provided by Dr. Thomas Joiner, Florida State University, Dept. of Psychology

# Document sufficient detail

- Too general
  - "Long term risk factors:… Family relational problems…"
  - "Client reported negative feelings about family relationship."
  - "Client reported on challenges in relationship with parents."
- Limited information in these quotes

# Document sufficient detail

- Ask questions about & document specific information relating to risk factors
  - Social isolation?
  - Lack of support?
  - Feelings of being a burden?
  - Acquired capability?

# Document sufficient detail

- Child said, "I hate my dad."
  - Childish response to a specific event?
  - Profound feeling of not belonging?
  - Abuse by the father sufficient to contribute to acquired capability?
  - Isolation? Failed belongingness?
  - Burdensomeness?

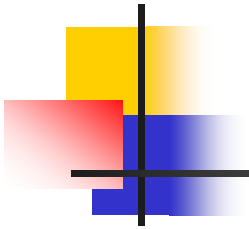
# Document sufficient detail

- Too general:
  - "She was sexually abused by neighbor as a child. It stopped at age 12.
- Is it a risk factor for suicide?
  - What happened?
  - What was the impact? treatment?
  - Did the experience contribute to acquired capability – habituate to pain & fear?

# Document sufficient detail

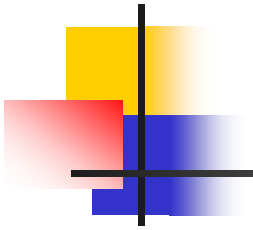
- Get & describe the details to determine if the matter is a risk factor
  - "Thought content: visual hallucinations"
    - What did the patient see?
  - "He has heard voices."
    - What did they say? General question
    - Did they tell you to use a gun? Specific

# Hallucinations or delusions



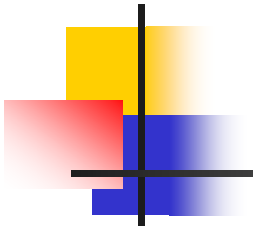
- What did they say?
  - Verbatim examples
- When?
- What were you doing?
- Have you heard other voices?
- Where do the voices come from?
  - Inside you or outside?

# Hallucinations or delusions



- Have you ever acted on the voices?
- Thought about doing something?
- Do you intend to do something?
- Who are the voices about?

# Hallucinations or delusions



- How often do you hear them?
- When was the last time?
- How intense?

# Hallucinations or delusions

- Does anything make the voices more frequent?
- Does anything stop the voices?
- Does medicine stop the voices?
- Do you do anything to protect yourself from the voices?

# Hallucinations or delusions

- Have you ever thought that people are trying to hurt you?
- Do you have thoughts that others find strange?

# Hallucinations or delusions

- What are the thoughts like?
- Have you ever thought of taking action?

# Hallucinations or delusions

- Have you done anything to protect yourself?
  - What happened?
  - What did you do?
  - How often?
- Does anything make it better?
- Treatment?

# Document sufficient detail

- Violence risk example
  - "Patient hears voices."

# Mental disorders & violence

- Only a few mental disorders are most reliably associated with violence
- Which disorders?
  - Despite strong associations, most people with the disorders are not violent

# Mental disorders & violence

- Diagnoses with the strongest associations with violence
  - Substance use disorders
  - Schizophrenia spectrum and other psychotic disorders
  - Personality disorders
  - Paraphilic disorders

# Mental disorders & violence - psychosis

- Psychosis
  - Acute & serious disturbance in thought, perception, affect and behavior
  - Delusions
    - Overvalued ideas that are clearly untrue
  - Hallucinations
    - Disturbance of thought content & perception

# Evidence-based risk assessment instrument

- HCR-20
  - Includes a list of 20 evidence-based risk factors &
  - Detailed indicators
    - Details to determine whether the diagnosis is a risk factor

# Behaviors & conditions that increase risk - psychosis

- Psychosis
  - Feelings of being threatened & controlled
    - Self protection

# Behaviors & conditions that increase risk - psychosis

- Psychosis
  - Disorganization of thought
    - Odd behavior, impaired communication, & inappropriate affect leads to:
      - Annoying others
      - Interpersonal conflict

# Behaviors & conditions that increase risk - psychosis

- Psychosis
  - Interpersonal conflict from not observing social norms

# Document details

- History of problems with psychotic disorder
  - Included acute positive symptoms
    - Hallucinations
    - Delusions
  - Included agitation, irritability or hostility during psychotic episodes

# Document details

- History of problems with psychotic disorder
  - Included distress (fear, stress) associated with psychotic symptoms
  - Included symptoms with themes of violence or aggression

# Document sufficient detail

- Too general:
  - "She was sexually abused by neighbor as a child. It stopped at age 12.
- Is it a risk factor for violence to others?
  - What happened?
  - Physical abuse? Forcible or violent rape?
  - What was the impact? Treatment?

# Savry risk factor – childhood history of maltreatment

- "Being a victim of sexual abuse (unless it is forcible or violent rape), in the absence of other physical abuse or neglect, is not included in rating this item."

# Savry risk factor – childhood history of maltreatment

- "For example, Widom's … work suggests that victims of sexual abuse were slightly *less* likely than those with no abuse history to commit a violent offense."

# Level of risk – suicide risk

- General example
  - "He had a suicide attempt 6 months ago."

# Level of risk – acquired capability

- Get & describe the details
  - How serious – risk rescue ratio
  - How well planned & prepared
  - Circumstances leading up to attempt - stressors
  - Means
  - How does patient feel about not succeeding
  - Alcohol or drugs as a factor
  - Why did attempt fail?

# Level of risk – violence

- General examples
  - "The patient was aggressive during his admission to the CSU."
  - "He was picked up by the police due to a physical altercation with a person."

# Level of risk – past violent incidents

- Violent incidents
  - **Precipitants**
  - Weapons
  - Threats
  - Injury
  - Instigator
  - Planned or reactive
  - Motivation

# Critical information folders

- Warnings
- Risks
  - Suicide
  - Violence to others

# Questions & Comments