Review

• 8 Dimensions of Wellness
• Wellness Assessment Form
• Knowledge, Skill, Resource Form (KSR)

Learning Objectives

• Describe the connection between the KSR and the Individualized Rehabilitation Plan
• Describe the impact of person-first language on service delivery
• Describe the components of SMART documentation
• Identify measurable short-term objectives and interventions
• Identify the key components of a progress note
• Practice writing progress notes
• Describe what is meant by “golden thread”
What is person-first language?

- Referring to people in a way that emphasizes or focuses attention on the fact of their humanity and personhood, rather than on the existence of a disability, illness, condition, or characteristic.

(Psychiatric Rehabilitation Association, 2016)

Why person-first language?

- Words we choose to use to portray people with mental illness reflect our attitudes and beliefs about the value, dignity, and worth of people with disabilities.

(Words Matter!

(Post, Gil, Barrett & Roberts, 2014)

Person-first Language

- By interacting with people as people first and, through our actions and our words, by using “person-first” language, we educate the public that the people who are assisted through rehabilitation services are people first.
- Expressing a person-first philosophy and adhering to it are two separate matters. In order to make this philosophy come alive, we must each become acutely aware of the words we commit to paper or to conversation, and equally aware of the manner in which we represent ourselves, both in public and in private interactions.

(Psychiatric Rehabilitation Association, 2016)
“If thought corrupts language, language can also corrupt thought.”

-George Orwell

The Impact of Language

- Unfortunately, disability diagnoses are often used to define a person’s value and potential, and low expectations and a dismal future may be the predicted norm.
- A person’s diagnosis is often used to decide how/where the person will be educated, what type of job he will/won’t have, where/how he’ll live, and more including what services he is thought to need.

(Snow, 2009)

Activity: Person-first Language
The S-M-A-R-T Framework

Documentation should be straightforward and emphasize what you want to happen:

- **Specific**
- **Measureable**
- **Attainable**
- **Realistic**
- **Timely**

This does not translate into easy, but rather "do-able".

Measurable progress so you can see the changes over time:

- Specific
- Measurable
- Attainable

Should require some effort, but seem reachable.
Open Discussion

• Do you use SMART documentation?

• How can the SMART framework improve your work?

• How would you use the SMART framework to develop rehabilitation plans? Give examples?

SMART Activity

• Do these goals/interventions follow the SMART framework? Are they rehabilitation oriented?

• If not, what changes need to be made?

I WILL START TO BUILD RELATIONSHIPS IN THE COMMUNITY BY MAKING 1 FRIEND BY 8/1/16
I WILL REDUCE THE AMOUNT OF TIMES I VISIT THE HOSPITAL BY 8/1/16

I WILL IMPROVE MY HEALTH BY LOSING 80LBS BY 8/1/16

I WILL COMPLETE A PARTIAL CARE PROGRAM
Rehabilitation Plan Process

**Assessment:** Identifies goals.

- KSR Form: Helps identify the critical components needed to achieve the goal. Once prioritized to 3 to 5 identified areas, written in S-M-A-R-T format, becomes the objectives in the Rehabilitation Plan.

- Rehabilitation Plan: Incorporates the assessment with the KSR form. Adds S-M-A-R-T interventions to match objectives and drives the intentional billable services.

Why Individualized Rehabilitation Planning?

- Links the steps to achieve the goal with the interventions
  - Interventions aim to eliminate the deficits

- Identifies who is responsible for doing what, by when, for how long, and where
  - Increases sense of accountability

- Operationally defines the rehabilitation team approach
**Rutgers**

Individualized Rehabilitation Plan (IRP)

- Valued life roles / Rehabilitation and recovery goals
- Objectives
- Strategy/intervention to be employed
- Expected frequency of each activity
- Location of service
- Other?

**Rutgers**

Individualized Rehabilitation Plan Example

Interventions…

- What is the intended service that you are providing?
Individualized Rehabilitation Plan – Activity Part 1

- Step 1: Partner up with someone that you don’t know
- Step 2: Identify a NEW goal that you are working on
- Step 3: Work with your partner to break the goal down into the critical components utilizing the KSR Form

Individualized Rehabilitation Plan – Activity Part 2

- Step 1: Identify your strengths and areas for improvement by checking off the appropriate boxes on the KSR form.
- Step 2: Talk with your partner; prioritize 3 to 5 areas of need that you want to work on first.
- Step 3: Break down the 3 to 5 prioritized items into S-M-A-R-T format.

Individualized Rehabilitation Plan – Activity Part 3

- Transfer the information from the KSR Form to your Individualized Rehabilitation Plan
  - Keep in mind:
    - Strengths
    - S-M-A-R-T objectives
    - Develop S-M-A-R-T interventions to match each objectives

Switch roles at the buzzer
Rehabilitation Plan Revisions

- Goal(s) have been accomplished
- Consumer no longer wants to work on chosen goal(s)
- Unforeseen events
- Disengagement
- Incarcerations/Hospitalizations

Rehabilitation Reviews

- Disengagement from service
- Words and actions don’t match
- No show/no call after goal setting
- Two steps forward, one step back

(Stone, 2015)

Progress Notes

- Which one(s) below is correct about progress notes?
  A. My supervisor asks me to do it, but it is PIB
  B. For documentation of visits/contact
  C. I never have time for paperwork, I only do it when my boss asks
  D. Are done after each contact
  E. It is used for billing so we can get paid
  F. It is considered a legal documentation
  G. It should reflect progress towards the service/recovery goals and objectives
  H. It should be shared with consumer so they can participate in the process
  I. Provide a guide to evaluate need for revision

AND YOUR ANSWER(S) IS..........................

(Stone, 2015)
D-A-P Format

Data
Assessment
Plan

Linkage to the rehabilitation goal
Consumer report
Specific interventions
Review of consumers follow-up activities

Data

Assessment

Consumer response to the intervention
Assessment of progress towards IRP goals, objectives, and interventions
Assessment of change in consumer behavior
**Plan**

- Staff/Consumer
- Next steps
- Date and time of next service delivery
- Plan

---

**Key Points to Include in Progress Notes**

- Date
- Length of contact
- Person(s) present
- Purpose of the visit/contact
- Interventions provided
- Progress towards IRP goals, objectives, interventions
- Outcome relating to service/recovery goals & objectives
- Consumer presentation and behavior
- Assess whether or not to adjust goals & objectives
- Assess any urgent concern
- Assignment/follow up for consumer
- Plan for next visit/contact

---

**Progress Note Activity**

- Image of a pencil on a sticky note
“Golden Thread”

Assessment → Personal Goal → Individualized Rehabilitation Plan

Service Ties Back To Plan → Service Documented → Service Provided

Plan Ties Back To Assessment

---

Q&A AND EVALUATIONS

---

References

