

Agency _____ Program _____ Provider _____

Rater _____ Client _____

**QUALITY CHECKLIST:
CLIENT ASSESSMENT & TREATMENT PLANS**

Based on your review, answer this:

To what extent are the following characteristics reflected in the documentation?

- 1-to no extent/not present
- 2-to a low extent/minimally present
- 3-to some extent
- 4-to a substantial extent
- 5-to a very high extent

		No extent	Low extent	Some extent	Substantial extent	Very high extent	N/A
1	Client problems are detailed.	1	2	3	4	5	
2	Client problems are viewed in a larger context.	1	2	3	4	5	
3	Client strengths are described.	1	2	3	4	5	
4	Psychiatric diagnoses (if applicable) are justified by appropriate criteria.	1	2	3	4	5	99
5	A desired <u>ultimate</u> client outcome is described.	1	2	3	4	5	
6	A desired <u>intermediate</u> client outcome is described.	1	2	3	4	5	
7	Intervention strategies are specified.	1	2	3	4	5	
8	Rationales for the intervention strategies are specified.	1	2	3	4	5	
9	The client's motivation to change is described.	1	2	3	4	5	
10	The overall plan demonstrates coherence among problems, strengths, context, motivations, (diagnoses), interventions and outcomes.	1	2	3	4	5	

QUALITY CHECKLIST: CLIENT ASSESSMENT & TREATMENT PLANS

Purpose

The Quality Checklist is a general tool that can be used to assess the extent to which a service provider's documentation reflects professionally valid assessment and service planning practice. It focuses on a limited subset of elements, recognizing that it can be altered to add other elements of particular interest to a program or agency or supervisor.

The Documentation Review Form is appropriate for a social or behavioral health service that requires the presence of a client assessment and a service or intervention plan that is based on that assessment. The Documentation Review Form can be used in quality assurance chart reviews or for more formal research purposes. Users of this tool for chart review purposes are instructed to look at their accrediting body's requirements for chart reviews as this tool was not specifically designed to meet any accreditor's requirements.

Philosophy

Practitioners that can describe their client's situation clearly and provide a rationale for the interventions they use are more likely to deliver services that address vital client issues and improve client's lives than practitioners who cannot.

Preparation for Rating using the Documentation Review Form

Teams of chart reviewers or researchers who wish to use the Documentation Review Form should (a) read this short introduction, (b) read the item by item specifications for this form, and (c) should practice using the rating form on documentation similar to documentation that will be rating. They may wish to practice rating one example aloud as a group and then practice rating a second example silently and compare their ratings. Teams of reviewers should discuss discrepancies in how they rated the documentation on certain items, especially focusing on rating discrepancies that are two or greater (as an example, where one rater scores the documentation as a 3 on one item and another rater scores it as a 1). The goal is to get some agreement on how documentation should be rated before rating actual documentation begins.

Who Should Rate Documentation Using this Form?

Raters should be professionals with some knowledge of social or behavioral health practice. It is helpful if the rater is knowledgeable about the specific type of service being provided.

Scoring

At this point in time, we do not recommend summing the items to generate an overall score.

Using the Documentation Review Form for Quality Improvement

If using the Documentation Review Form for quality improvement, keep the following issues in mind. (1) Service providers benefit from feedback on their documentation. Clinicians should receive the completed documentation review form for each case reviewed. They may also benefit from summary feedback from all of their cases reviewed. We have provided such a form for you. (2) Comparison is helpful. Practitioner's summary results can be compared to (a) their past results, and (b) to the results of other practitioners who do the same job. Our sample form has spaces to provide such feedback. (3) Quality improvement is about shaping practitioner behavior toward practice ideals. If documentation is found lacking, practitioners need to know how it is lacking. If it is found to be exemplary compared to their peer's work, they should be praised for the ways in which they excelled. If improvement occurred over prior reviews, this should be noted and praised. Keep in mind, this feedback is not about punishing, it is about shaping desired practitioner behavior.

Credit/citation

McMillen, J. Curtis (2013). *Quality Checklist: Client Assessment & Treatment Plans*. University of Chicago.

ITEM BY ITEM SPECIFICATION

In this section, we describe what we intended with each item and provide some guidelines for how documentation could be scored using the system from 1-to no extent/not present to 5-to a very high extent. The guidelines are not intended to capture every possible situation. It may be necessary to choose the rating most closely resembling the example guideline.

1. Client problems are detailed.

High quality documentation describes client problems with sufficient detail for the reader to understand the nature and extent of the problem. Behavioral detail can describe how the client behaves. Other details can be provided about the environment. Rate the documentation based on the extent to which client problems are described. Some guidelines are below.

1-to no extent/not present. There is no mention of client problems in the documentation.

2-to a low extent/minimally present. Client problems are noted in vague terms (“home is dirty,” “has problems with attention”), but no problems are described in behavioral or specific terms.

3- so some extent. Client problems are noted; some are given some additional description, but not a lot. Example: “The client’s home is dirty. There were dirty dishes in the sink.”

4- to a substantial extent. Most but not all client problems are described in specific ways that allow the reader to understand the extent of the problem. Example: “The client’s home appeared disheveled and dirty. There were dirty clothes scattered across the floor of the living room and bedroom. The bathtub was brown with grime and the bathroom floor near the commode was stained with urine. There were several days of dishes piled in the sink that smelled.” Example: “The client appeared to have attention problems. He struggled to track the conversation. His answers to did not always fit the question. He changed subjects frequently. His eyes moved across the room the whole time we talked.”

5-to a very high extent. All client problems are described in specific ways that allow the reader to understand the extent of the problem.

2. Client problems are viewed in a larger context.

High quality documentation doesn’t just describe behaviors, symptoms and situations, it attempts to put the behavior in some sort of larger context: neighborhood context, family context, cultural context, or historical context. This context can help explain how problems came to be or help explain how or why it may be difficult to effect change in

this client. Rate the documentation on the extent to which client problems are viewed in a larger context. Some guidelines are below.

1-to no extent/not present. There is no attempt to view problems in a larger context.

2-to a low extent/minimally present. There is an occasional or vague reference to a larger context that could be construed as helping to explain a situation, symptom, behavior or problem.

3-to some extent. There is an attempt to explain at least one aspect of the larger context that may or may not be tied in the documentation to a situation, symptom, behavior or problem.

4-to a substantial extent. There are marked efforts to explain a substantial portion of the larger context and to tie this context to at least one situation, symptom, behavior or problem.

5-to a very high extent. There is a thorough explanation of the larger context and how the context may be tied to multiple situations, symptoms, behaviors or problems.

3. Client strengths are described.

High quality documentation details not only client problems, but client strengths that can be used in formulating treatment options. Strengths may be seen in a person's relationship resources, relationship skills, personality traits (such as sociability, optimism, confidence), unique talents or skills, family support, workplace support, financial resources, and many other aspects of a person's life. It is not expected that documentation detail strengths in each or even most of these domains, but rather you are rating the extent to which strengths are noted and described.

1-to no extent/not present. No client strengths are mentioned.

2-to a low extent/minimally present. A client strength is mentioned without much description or without tying it to any discussion or choice of intervention strategy.

3-to some extent. Two or more client strengths are mentioned, but not described in detail or without tying them to any discussion or choice of intervention strategy.

4-to a substantial extent. Two or more client strengths are described and there is an attempt to tie at least one client strength to a discussion or choice of intervention strategy.

5-to a very high extent. Several client strengths are described and some are to a discussion or choice of intervention strategy. It is clear that the practitioner has tried to discover and value client strengths and view the client as more than just their problem symptoms, situations, or behaviors.

4. Psychiatric diagnoses are justified by appropriate criteria.

This item is only applicable where documentation expects a psychiatric diagnosis. In high quality documentation, psychiatric diagnoses are accompanied by a description of how the client's behavior or symptoms qualifies him or her for the diagnosis, given the specific criteria for the diagnosis laid out in the latest version of the Diagnostic Statistical Manual published by the American Psychiatric Association. The most thorough justification would involve describing how the client symptoms or behavior meet's each required criteria.

1-to no extent/not present. A diagnosis is not present in the documentation when one is required OR a diagnosis is given, but there is not any justification for the diagnosis in the documentation or any description of client behavior or symptoms that sound related to that diagnosis.

2-to a low extent/minimally present. There is only a vague reference to meeting criteria for a diagnosis ("the client appears to meet criteria for a major depressive episode") with no further justification.

3-to some extent. There is an attempt to describe how the client meets at least one, but not most of the criteria for a psychiatric diagnosis. OR, the documentation provides some justification for one diagnosis, but none for others.

4-to a substantial extent. The documentation provides full justification for how the client meets criteria for one diagnosis, but provides little or no justification for other diagnoses.

5-to a very high extent. For each diagnosis given, there is a description of how the client meets each required criteria for the diagnosis.

5. A desired ultimate client outcome is described.

High quality documentation explains what the ultimate desired outcomes are related to the service being provided and the problems described. Ultimate outcomes reflect the reasons the service was initiated and, when achieved, are the sufficient conditions under which service can be terminated. Ultimate outcomes describe the status of the client in the longer term and, often, in broader terms. There may only be a need for one ultimate outcome.

1-to no extent/not present. No outcomes are listed.

2-to a low extent/minimally present. There is at least one desired outcome listed for the consumer, but none of the outcomes reflect broad or long term outcomes or outcomes that reflect the reasons for service or that when, achieved, could be used to justify service termination.

3-to some extent. There is at least one desired outcome listed that could be construed as addressing a broad or long term goal, but it does not reflect the reasons for service and does that reflect a status that when, achieved, could be used to justify service termination.

4-to a substantial extent. There is at least one desired outcome listed that could be construed as addressing a broad or long term goal, and it either reflects the reasons for service or reflect a status that when, achieved, could be used to justify service termination, but something about this outcome does not seem to fit the clients problems or context.

5-to a very high extent. There is at least one desired outcome listed that could be construed as addressing a broad or long term goal, and it reflects both the reasons for service and reflects a status that when, achieved, could be used to justify service termination and it seems to fit the clients problems or context.

6. A desired intermediate client outcome is described.

High quality documentation describes intermediate outcomes it is hoped the consumer achieves on her way to achieving the ultimate outcome(s). An intermediate outcome is one that (a) reflects a status that is presumed to contribute to or create a facilitative climate for continued intervention (e.g., “client is engaged in the treatment process”) or (b) a status that, when achieved, will contribute to the achievement of the ultimate outcome (for example, an ultimate outcome may be “employed 10 hours a week” while the intermediate outcome that makes that happen is that the client is “able to demonstrate an ability to complete job application forms unassisted”).

1-to no extent/not present. No outcomes are listed.

2-to a low extent/minimally present. There is an outcome listed, but none of the outcomes listed reflects a status that is presumed to contribute to or create a facilitative climate for continued intervention or a status that, when achieved, will contribute to the achievement of the ultimate outcome.

3-to some extent. There is a desired outcome listed that could possibly be construed as reflecting a status that is presumed to contribute to or create a facilitative climate for continued intervention or a status that, when achieved, will contribute to the achievement of the ultimate outcome, but something about it seems a stretch.

4-to a substantial extent. This rating is not likely to be used.

5-to a very high extent. There is an intermediate outcome listed that reflects a status that is presumed to contribute to or create a facilitative climate for continued intervention or a status that, when achieved, will contribute to the achievement of the ultimate outcome.

7. Intervention strategies are specified.

High quality documentation specifies what it is that the service provider and/or client are going to do to make things better. These should be linked to specific outcomes, so that implementing these strategies makes it likely that the outcome is achieved.

1-to no extent/not present. No intervention strategies are mentioned

2-to a low extent/minimally present. This rating is not likely to be used.

3-to some extent. At least one or more strategies are listed, but they either are not tied to outcomes, not specific enough, or there are no strategies for both service provider and consumers.

4-to a substantial extent. This rating is not likely to be used.

5-to a very high extent. The documentation specifies what the service provider will do to make things better and what the consumer will do to make things better and these strategies are tied to the achievement of specific outcomes.

8. Rationales for the intervention strategies are specified.

High quality documentation provides rationales (justifications) for the intervention strategies that are specified. These rationales could be based on the evidence of their effectiveness, the client's desires, the availability of service options, agency policy and procedures, or some other reason.

1-to no extent/not present. No justifications are provided.

2-to a low extent/minimally present. Not likely to be used.

3-to some extent. Justifications are provided for some strategies, but not for others, or the justifications do not make sense.

4-to a substantial extent. Not likely to be used.

5-to a very high extent. Justifications are offered for most strategies and make sense.

9. The client's motivation to change is described.

There is growing recognition that it is important to account for a client's motivation in developing intervention options. High quality documentation describes the client's motivation to change, especially their motivation to meet desired outcomes and their motivation to engage in the activities that are thought likely to bring about these outcomes.

1-to no extent/not present. No mention of client's motivation.

2-to a low extent/minimally present. Not likely to be used.

3-to some extent. There is some vague phrasing that could be construed to reflect that motivation was assessed.

4-to a substantial extent. Reflects assessment of motivation, but does not use a rating or categorization of motivation.

5-to a very high extent. Assessment of motivation is rated, such as on a scale from 1 to 10 or categorized, such as using a category of motivation from Prochaska's stages of change model (precontemplation, contemplation, preparation, action, maintenance, relapse) is described.

10. The overall plan demonstrates coherence among problems, strengths, context, motivations, interventions and outcomes.

High quality documentation (1) makes sense; (2) makes a case for the intervention plan; (3) brings together information on problems, strengths, context, motivations and, if applicable, diagnosis, and uses this information in the building of the intervention plan; (4) the outcomes are based on the assessment of problems, strengths, context, (diagnosis), and motivation; (5) the interventions should be expected to have an impact on intermediate outcomes, and (6) if they are achieved, they should make it more likely that ultimate outcomes are met.

1-to no extent/not present. None of these conditions are met.

2-to a low extent/minimally present. One or two of these conditions are met.

3-to some extent. Three or four of these conditions are met.

4-to a substantial extent. Five of these conditions are met.

5-to a very high extent. All of these conditions are met.

QUALITY CHECKLIST: CLIENT ASESMENT AND TREATMENT PLANS PRACTITIONER FEEDBACK FORM

Practitioner _____ Program _____

Between the dates _____ and _____, _____ (#) of your client case files were reviewed and your documentation was rated on the extent to which the following characteristics were present using a scale that ranged from (1) no extent to 5 (a very high extent). The feedback form below reflects how many of your case files were rated at each point along the scale, provides an average rating for each characteristic for you from this review, reflects your average ratings from your most recent prior review and the average ratings of your coworkers from this review.

		No extent 1	Low extent 2	Some extent 3	Substantial extent 4	Very high extent 5	N/A	Avg.	Prior Avg.	Peer Avg.
1	Client problems are detailed.									
2	Client problems are viewed in a larger context.									
3	Client strengths are described.									
4	Psychiatric diagnoses (if applicable) are justified by appropriate criteria.									
5	A desired <u>ultimate</u> client outcome is described.									
6	A desired <u>intermediate</u> client outcome is described.									
7	Intervention strategies are specified.									
8	Rationales for the intervention strategies are specified.									
9	The client's motivation to change is described.									
10	The overall plan demonstrates coherence among problems, strengths, context, motivations, (diagnoses), interventions and outcomes.									

