

## Implementing Collaborative (Concurrent) Documentation

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### Introduction

Collaborative Documentation often referred to as Concurrent Documentation, is a process in which clinicians and clients collaborate in the documentation of the Assessment, Service Planning, and ongoing Client-Practitioner Interactions.

Fundamental to the collaborative documentation process is an understanding that Assessment and Service Planning are clinical processes, not forms, and that the documentation of these activities as well as of client-therapist interactions (progress notes) should add value to the clinical process and positive outcomes.

For documentation to be “worthwhile” it should support three important criteria:

1. Effective, person centered services and interventions
2. Compliance
3. Efficiency

### The Value of Collaborative Documentation

Collaborative Documentation (CD) uniquely supports these three criteria for Worthwhile Documentation:

- **Support for effective, person centered services and interventions**
  - By collaborating with clients in developing clinical documentation, both the clinician and client have the opportunity to review and clarify important aspects of the clinical process being documented.
  - Clinicians often report that what they considered important during a session turns out to be quite different from what the client considered important.
  - Clients often clarify their comments or impressions when given the opportunity during collaborative documentation.
  - Documenting collaboratively provides visual reinforcement of important elements of the client therapist interaction.
  - Field data from CD implementation projects indicates that more than 80% of clients indicate that CD is helpful while less than 3% report it was not helpful
- **Support for Compliance**
  - Since CD is completed during sessions with clients, delays in documentation submission and rates of lost documentation are eliminated or drastically reduced.
  - Provides direct and meaningful support for requirements related to “client involvement”.
  - Documentation content is much more likely to reflect actual session content (as opposed to recollections of content).

- **Support for Efficiency**
  - Data indicates that full-time clinicians that transition from post-session documentation to CD eliminate 8 to 9 hrs of post session documentation per week, which effectively increases capacity by approximately 20%.
  - Clinicians that adopt CD report less stress and an improved quality of work (and home) life due to not needing to find time to catch up on back-logged documentation.

## **The Collaborative Documentation Process**

**Collaborative Documentation can be effectively used for:**

1. **Assessment and Assessment Updates:** Most organizations already use collaborative documentation to some extent for the data collection component of the initial assessment process due to the inherent question and answer format. However, organizations infrequently take advantage of the opportunity to collaborate regarding assessment findings, particularly in formulating identified needs of challenges, and the relationship of these to personal/ life goals and client strengths. It is recommended that CD be used throughout the process as information is collected or decisions are made.
2. **Service (Treatment) Planning and Updates:** Service planning should always be done in collaboration with the client and so collaborative documentation should always be used for this process. Like the assessment, service planning lends itself to collaboratively documenting as decisions are made.
3. **Clinician – Client Interactions (Progress Notes):** Collaboratively documenting a summary of a client-clinician interaction helps to review and clarify the salient information from a session. This is true both for individual and group sessions, in the office and in the field. In contrast to assessment and service planning, collaborative documentation for treatment, therapeutic, skill building sessions, etc. should not be done throughout the course of the session. Doing so interrupts the flow of the interaction and leaves clients feeling unattended to and that the clinician is just trying to get paperwork done. Sessions should be conducted as usual but it is important to reserve sufficient time at the end of the session (based on the nature of the session and the client’s level of functioning) to work together with the client in producing a note that summarizes the following:
  - What Goals(s) objectives were addressed
  - What interventions were provided or work was done
  - What the client’s response (reaction) was to the session
  - An indication of current progress toward the addressed goal(s) objective(s)
  - The plan for next steps

The above note development sequence helps engage the client in development of the note in a way that focuses the clinical/ rehabilitative process. Note that it is not acceptable for clinicians to independently write a note at the end of the session and then just have the client “review” the note. For collaborative documentation to be helpful and considered an integral part of the therapeutic process, it must be developed via interaction with the client!

## **Recommended Implementation Strategies**

Simply exposing staff to, or training them in, collaborative documentation and then expecting a significant transition to its implementation has been found to produce marginal results at best. Adopting the practice of collaborative documentation is a major change for many clinicians and resistance and misunderstandings are to be expected. The two major themes of resistance in adopting collaborative documentation are:

- **It sounds great but “It can’t happen here!”**  
This form of resistance involves assuming that conditions for implementing collaborative documentation are more favorable in other organizations that have successfully adopted the approach. Collaborative documentation has been implemented in a wide variety of behavioral health organizations that have all the challenges common to the field.
- **It will interfere with the client- clinician relationship and interrupt clinical flow.**  
As pointed out above, properly implemented, collaborative documentation actually supports person centered work and the vast majority of clients appreciate the process.

Successful implementation of CD that supports all three criteria for “worthwhile documentation” (i.e., efficient, compliant, and effective, person centered services) involves the following steps:

1. Developing a pilot implementation plan
2. Training a set of pilot staff in the model
3. Assessing the current level of post session documentation (i.e. measuring the pre pilot “direct service to post session documentation ratio”)
4. Allowing pilot staff to implement the process using a “do all you can” approach.
5. Re-measuring the “direct service to post session documentation ratio”
6. Collecting a client reaction survey
7. Conducting a post-pilot debriefing with pilot staff to identify challenges, benefits, identified effective strategies, etc.
8. Organizationally addressing barriers (e.g. technology support, office arrangement, form or electronic record modification, etc.)
9. Roll out the process organization wide taking advantage of the pilot staff and their findings and experience
10. Provide supervisory support and monitoring

MTM Services has extensive experience providing Collaborative (Concurrent) Documentation Implementation Training and Consultation nationally. For additional support, consultation, or products please feel free to contact us or visit us online.

### **MTM Services Collaborative (Concurrent) Documentation Implementation Training and Consultation**

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