



**McSILVER INSTITUTE**  
FOR POVERTY POLICY AND RESEARCH  
NEW YORK UNIVERSITY

# **Say What You Mean: Aligning Documentation with Practice Standards and Person Centered Services**

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# Housekeeping



The slides will be available after today's session.



Material contained within this presentation is informational only and is not official guidance. Providers should refer to state guidance documents for official guidance.

# Agenda

- Why Documentation Matters
- Person-Centered Recovery Oriented Language
- Best Practices and Tools for Practice
- Supervisors' Role in Supporting Documentation
- Q & A

***Documentation tells the story of  
the individual's experiences and  
recovery journey.***

# WHEN PROVIDERS DOCUMENT APPROPRIATELY

## Empowers and Engages Individuals

Documentation is a tool to engage participants and ensure the record captures and reflects their recovery journeys from their perspective and with their input.

## Improves Continuity of Care

Well-maintained records ensure that subsequent providers or other healthcare professionals have a comprehensive understanding of the participant's history and recovery journey, leading to more seamless transitions and consistent care.

## Informs Decision-Making

Access to thorough documentation helps providers and individuals make more informed decisions about rehabilitation and recovery strategies.

# WHEN PROVIDERS DOCUMENT APPROPRIATELY

## Enhances Care & Outcomes

Allows providers and participants to track progress, identify patterns, and tailor service(s) to individual needs, leading to more effective care and collaboration.

## Provides Evidence of Care Provided & Compliance

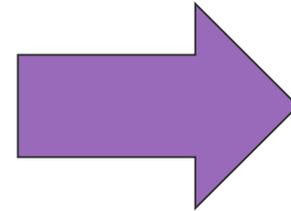
Proper documentation provides evidence of the service(s) provided, demonstrating that the ethical guidelines were adhered to, and reduces potential of revenue loss due to audits.

## Supports Organization's Fiscal Sustainability

Higher engagement leads to more support and care provided, and potential increase in productivity and revenue to sustain the organization financially.

# LANGUAGE MATTERS

- Biased language used, whether consciously or subconsciously, can cause individuals to feel disrespected, marginalized, and distrustful.
- This negatively influences an individual's/family's care across providers and lead to lower quality service provision.



**Recognizing and replacing biased language can lead to more equitable and effective treatment.**

# STRENGTHS BASED APPROACH

- Emphasize participant strengths, skills, and progress
- Prioritize recovery, resiliency, growth, and self-sufficiency
- Use empowering, hopeful, and supportive language
- Reflect collaboration by documenting goals, preferences, and shared decisions
- Reframe challenges as opportunities for learning and recovery

# LANGUAGE MATTERS

STIGMATIZING LANGUAGE	WHY IT'S PROBLEMATIC	PERSON CENTERED ALTERNATIVE
Manipulative	Labels behavior negatively without considering coping strategies or underlying needs	Seeking to have needs met during; demonstrating survival-based behavior; is expressing their needs and advocating for themselves; is learning effective communication strategies
Non-Compliant with treatment or medication; Refused services	Implies willful defiance, can sound accusatory; may not capture the individual's reasoning or informed choice; may not capture the barriers to care.	Considering other wellness strategies; is not in agreement with; prefers alternative strategies; declined the service/medication/intervention; currently not interested in this option.
Resistant	Suggests blame on the person instead of recognizing ambivalence or systemic barriers.	Ambivalent; Hesitant; Uncertain; Engaged in recovery planning

# LANGUAGE MATTERS

STIGMATIZING LANGUAGE	WHY IT'S PROBLEMATIC	PERSON CENTERED ALTERNATIVE
Failed at completing the program	Implies personal failure rather than a treatment mismatch or system issue.	Did not achieve desired outcomes with this approach; Is working on improving this skill
Exhibits Poor Functioning	Deficit focused, vague and judgmental measure of functioning; implies unchangeable state	Has difficulty with consistently completing; struggles in this specific context due to their symptoms of; is learning to
Is schizophrenic, is bipolar, is psychotic	Labels or defines the individual by their diagnosis; dehumanizing	Is living with schizophrenia; is diagnosed with bipolar disorder; Is experiencing symptoms of psychosis
Dependent on staff	Frames as a deficit instead of a specific way that person needs support; fails to acknowledge large gaps in system and community	Needs assistance with; is currently learning skills and needs support with; utilizes support services for

# Let's Practice

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# Rewrite this Sentence:

John's room remains messy and unorganized throughout the month despite Case Manager's constant encouragement.

# Rewrite this Sentence:

Original: John's room remains messy and unorganized throughout the month despite Case Manager's constant encouragement.

**Revision:** John shared he has been struggling to keep his room organized this month. John would like to stay more organized so that he can find what he needs before leaving his house. John and Case Manager talked about ideas, such as a daily cleaning checklist, that may be helpful to him.



Documentation Workbook: Using Strengths Based Language

# Let's Practice

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# Rewrite This Progress Note

Maria is a schizophrenic who was late to meet with the Provider and continues to hear voices. She reports feeling like she can't do anything right. Client is non-compliant with medication and cooking goals.

# Rewrite This Progress Note

Maria is a schizophrenic who was late to meet with the Provider and continues to hear voices. She reports feeling like she can't do anything right. Client is non-compliant with medication and cooking goals.

# Revision of Progress Note

- Maria arrived late to meet today and appeared anxious.
- Maria lives with Schizophrenia. She shared that she has been hearing voices more often and sometimes feels discouraged, stating she “can’t do anything right.”
- Maria loves to cook at home but being anxious makes it hard for her to ride the bus to the grocery store. She is not interested in taking medication at this time, but wants to learn other ways to feel less anxious.
  - Maria would like to try listening to music and taking deep breaths when she is preparing to go on the bus.
  - We will meet again in three days to discuss how she did with practicing and to discuss other types of supports our program can offer.



Documentation Workbook: Avoiding Assumptions and Judgments

# Care and Compliance

We don't have to choose between care and compliance.

For example, *lengthy intake assessments or certain questions may unintentionally cause disengagement.*

*The goal is to support the individual, not just complete the documentation.*

*If someone is uncomfortable answering personal questions (e.g., family trauma or legal history), you can document that they declined and move on to areas more relevant to their immediate concerns.*

*Assessments are living documents that can be revisited over time, so prioritize engagement and proceed at the individual's pace.*

# Impact of Documentation

# Why Documentation Matters



Track Progress &  
Goals Toward  
Recovery



Serves As A  
Memory Aid



Improves  
Coordination Of  
Care



Informs Quality  
Improvement  
Process



Allows For  
Reimbursement



Serves As An  
Official Record



Is A Legal  
Requirement

# When Documentation is Not Accurate



Tells a different story than what the individual and/or family experienced; may limit the individual and/or family's access to care and services in the future



Reflects the provider's professionalism and may result in legal or clinical consequences



Impacts organization's fiscal sustainability and future ability to provide services



Leaves the organization at risk of not meeting the standards of care, which can lead to penalties, fines and legal issues

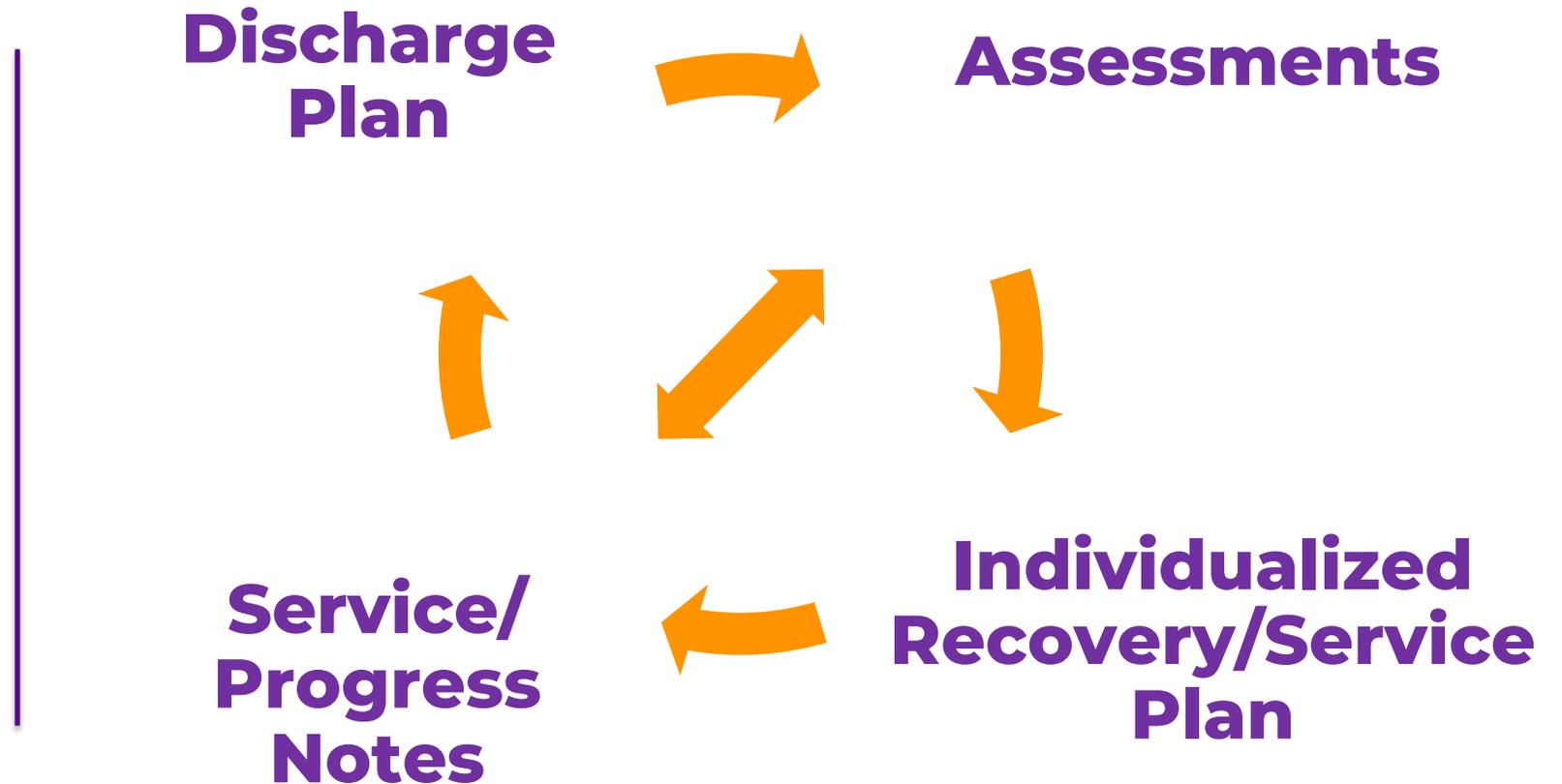
# Best Practices and Tools

# Reminder: Best Practices in Documentation

- Person-Centered Language
  - Respectful, non-stigmatizing, strengths-based, person-first, empowering
- Person-Centered Recovery Planning
  - Individual's voice in preferences for care and developing recovery goals
- Golden Thread
  - Thru-line from intake/evaluation to ISP/IRP's goals, objectives, and service frequency, scope, and duration
  - Connection between ISP/IRP and Progress Notes

# The Golden Thread:

- Consistent and cohesive narrative
- Links the entire recovery journey from assessment, service/recovery plan, progress notes, to outcomes and discharge
- Dynamic, not linear



# Maintaining the Golden Thread: Goals, Objectives, and Interventions / Services

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## Practice: Is it a Goal, Objective, or Intervention?

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Review each statement below and put a check in the appropriate box to indicate whether it is a Goal, Objective, or Intervention.

1. Jessica reports, “I want to get my GED.”

Goal

Objective

Intervention

2. The Employment Specialist will provide vocational services weekly for 20 minutes for the next six months to support Jerome’s desire to work.

Goal

Objective

Intervention

3. Josie will work on her anxiety skills over the next 6 months by practicing grounding exercises once a week.

Goal

Objective

Intervention



Documentation Workbook:  
Developing Effective Goals

# Let's Practice

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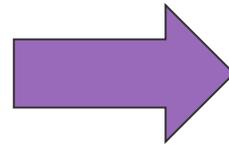
# Using Person Centered Language to Describe Progress

*Ling is a 25-year-old with major depression. She shared her goal is to make new friends at her new workplace. Services include weekly peer support.*

## **Original:**

Client attended peer support group this week and called a friend.

Making progress toward socialization goal.



## **Revision:**

Ling attended peer support group this week and reached out to a friend.

She said she felt encouraged by the support and wants to keep building her confidence to work up to her goal of making new social connections.

# Using Person Centered Language to Describe Progress Cont'd

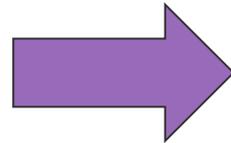
*Ling is a 25-year-old with major depression. She shared her goal is to make new friends at her new workplace. Services include weekly peer support.*

## **Original:**

Client failed to attend peer support group.

Did not follow through on goal of calling a friend.

No progress made.



## **Revision:**

Ling was unable to attend peer support group this week and did not reach out to a friend as planned.

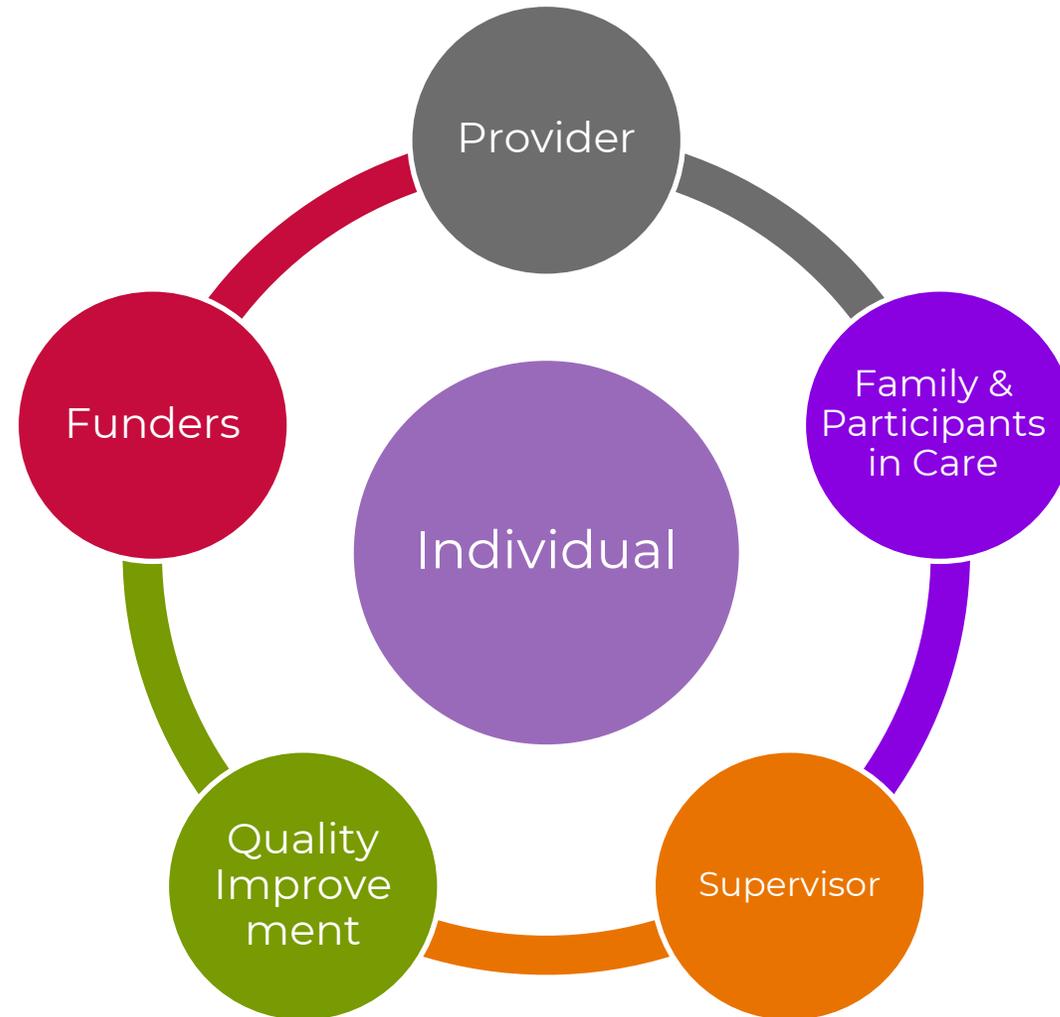
She shared that he has been feeling more fatigued and discouraged, which has made participation difficult.

Ling said she still wants to work toward her goal though and would like to think about what other strategies she can use to follow through with coming to peer support group when her mood is low.

# Supervisor's Role in Supporting Documentation

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# Who Is Involved In The Documentation Process?



# How Supervisors Can Support Documentation

- Establish a culture of “learning” rather than criticism
- Communicate Expectations (clear and consistent)
- Always start with what’s working
  - Highlight strengths, point out what’s already well-written
- Don’t work on everything all at once
  - Focus on 1-2 skills at a time
- Be a Coach, not an Editor
  - Use guiding questions: “Does this include person-centered language? Is this consistent with goals and objectives written in the ISP/IRP?”
- Embed documentation in supervision and team meetings
  - Individual review, and/or anonymous peer to peer review exercises

# Tailor Practice to Documentation Skills

Questions When Reviewing Your Team’s Documentation	Relevant Workbook
Are the recovery goals of the individual captured appropriately and relevant objectives also meet SMART criteria (specific, measurable, action oriented, relevant, and time-bound)?	Developing Effective Goals
Is the progress note concise or is there a lot of unnecessary detail included that is not relevant to the treatment goals?	What’s In and What’s Out
Are there clear descriptions for the support and services provided, that align with the provider’s scope of services?	Progress Note: Sample Action Statements
If the progress note were shown to the individual, would they feel respected?	Avoiding Assumptions and Judgments; Using Strengths-Based Language
Are progress notes specific and customized to the individual, or are they “copy and pasted” from other individuals’ records with minimal revisions to pronouns, names, or other identifiers? Would these be a red flag for an auditor?	Proofreading Progress Notes
Do progress notes about interactions with “collaterals” explain why the interaction is relevant, the service provided, the response to the service, and next steps?	Documenting Service Encounters with Others
Do progress notes about interactions that veer away from the plan (e.g., crisis services) mention the original plan, information about the crisis, the intervention provided, the response to the service, and next steps, including any necessary care coordination or other follow-up?	Documenting Unexpected Needs



# Example: Deciding the Details to Include in Progress Notes

## Practice: What's In, and What's Out



Below are statements about a session with Jeremy and his mom. Review the sentences and place a check mark next to the statements you think should **NOT** be included in the progress note.

- Jeremy and his mom came into the session actively in conversation.
- As soon as Jeremy and his mom entered the room, Jeremy told this writer about his new matchbox toy car, which is a red sports car.
- Jeremy's mom said she was very frustrated by Jeremy's behavior.
- Mom talked about the problems she had finding a parking spot.
- Mom talked about grandmother's constant complaining about Jeremy receiving therapy.



Documentation Workbook: What's In and What's Out

# Example: Progress Note Self Check List

## Self Checklist for Progress Notes (customize for yourself)

- Use person-centered language to capture the individual's experiences, responses, preferences, and decisions
- Described in detail the service provided (e.g. the modality and specific technique) and how it connects to supporting the individual's objectives and goals listed in the ISP/IRP
- Signed and dated
- [Fill in]: \_\_\_\_\_
- [Fill in]: \_\_\_\_\_

# Resources



Documentation Done Right  
Workbook Series is available for free  
[on our website](#) with a CTAC MCTAC  
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# Questions

