How to Document a Behavior Intervention Team Referral

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The language style of writing should be straightforward. If the documentation is in handwriting, make the handwriting as legible as possible. When writing behavioral documentation it is not the time to let everyone know you memorized “30 days to a more powerful vocabulary.” Don’t use terms are “over professional.” Do not use terms that are vague or could be interpreted in different ways.

Avoid lots of adjectives, adverbs, and obscure or cryptic terms. Documentation is not the place to show off the “A” you received in Psychology 100. Don’t let your writing exceed your educational or experiential competency. Behavioral documentation is DESCRIPTIVE, not INTERPRETIVE. It is what you saw and heard, not what you think was going on in the persons’ heads.

Always write in complete sentences. Don’t do a list of sentence fragments. This, by itself, will improve the quality of documentation significantly.

Be objective. Your documentation is the verbal equivalent of a video camera. What you write should be as self-evident and as objective as possible. Avoid generalizations, and assessment of “unseen” or internal events, such as attitude, motivation. Any statements about such things need to be supported by behavior. Be cautious about conclusions which have a “clinical” flavor. For example, use “sad” not “depressed”, and make sure there is justification for such a summary term. For example, write “The student appeared sad, as evidenced by being tearful, making little eye contact, and speaking slowly in soft tones.” Don’t write, unless you are a licensed clinician, “The student was obviously very depressed.”

Effective documentation is behavioral. That is, the documentation focuses on observed and public behavior. Don’t say “The student was extremely oppositional” or “The student had a bad attitude”. Say instead, “The student refused to answer questions with more than a few words, was slow to comply with simple directives, and said he was very angry at being here.”

Support what you write by what you write. The use of a phrase “as evidenced by” or “as shown by” or “as demonstrated by” has to be integral to any broader statements about mood, attitude, and demeanor. Don’t say “low self-esteem” unless you say: “The student appears to have low self-esteem as demonstrated by his rumpled clothing, unkept hair, and frequent negative comments about himself.”

Don’t say “The student has poor impulse control” unless you say “The student has poor impulse control as evidenced by constantly interrupting during the interview, constantly getting up and wanting to leave the room, and constantly playing with items on the desk.”
Don’t say “The student was very disrespectful” unless you say “The student was disrespectful as shown by her continually making negative comments about myself, such as ‘You are a big dummy’, and spitting at my feet.”

Don’t be afraid to quote. “The student said ‘I am really going to raise holy hell here if you don’t let me go back to classes.’” The quote does not have to be exactly verbatim, and can be grammatically adjusted. Don’t let quotes of such poor grammar confuse the reader!

Carefully document the student’s reactions to your intervention or your questions, but again be “behavioral”. Don’t write, “The student copped an attitude when confronted on his behavior in the math class. Write instead: “The resident raised his voice, made several negative statements about the value of meeting with me, denied that he had committed the reported behaviors, and threw his book hard down on the table.”

Never use statements such as “I hate when students act this way” or “This behavior made me lose my cool.”

Remember you are a mandated reporter and inform the student that if he/she makes an admission of physical, sexual or emotional abuse to a minor child or impaired adult must be reported to DCFS (if the student is a caretaker) or the police (if the student is not in a caretaker role to the victim). Unless the student is under age 18, admissions that he or she is/was the victim of abuse is their responsibility.

If in writing a report you are citing other information from medical or mental health records that speak to the student’s medical, psychiatric or psychological status, make sure you give the source of the information, so that it does not appear to your inference. For example, “Dr. Jones diagnosed James with an impulse control disorder.”

Remember: If litigation arises from actions by the student or alleged actions by you, what is not documented did not happen. Document “sentinel events” (those which could put you and the institution at risk) as soon as they are over; memory fades with time and details become fuzzy. The A-B-C model is a convenient way of documenting events. “A” stands for antecedents, or what happened before the incident. “B” are the observed behaviors of the student and others. “C” are the observed behavioral consequences of the incident.

When documenting assertive interventions, e.g. having to physically intervene, it is very important to document only in behavioral terms. Don’t say: “The student was physically assaultive to staff.” Say instead, “The student refused to stay calm and sit at the conference table and said ‘You will have to take me, so come on and see how tough you are,’ and started punching and kicking the persons around him.”

Avoid pejorative language, and especially avoid any “prognosis statements.” These include wording like “This student is likely to be very problematic in the program and in not likely be successful.” Or “She will very difficult to handle.” Whenever possible documentation should be balanced with both the strengths and problems of the student noted.