Guidelines for Clinical Encounters and Documentation for Group and Individual Sessions

The Delaware Department of Correction’s Bureau of Correctional Healthcare Services, Connections Community Support Programs, Inc., and Community Legal Aid Society of Delaware, Inc. developed the following guidelines to be implemented immediately within the Department’s correctional facilities.

Adopted 3/16/2017

1. Except for in exigent circumstances, all clinical contacts shall be done in private settings that maximize offender confidentiality to the greatest extent possible.

2. All clinical encounters shall be documented in the Behavioral Health Module of the electronic health record.

3. All clinical encounters shall be documented using a Subjective/Objective/Assessment/Plan (SOAP) format, except when utilizing a specific clinical form such as a group note, and shall include the following information in addition to clinical content:
   a. Accurate date of the session
   b. Time the session began and ended
   c. Location of the session, including housing unit and specific location (i.e., interview room, cell-side, office, etc.)
   d. Clinician name and title
   e. Current diagnoses or diagnostic formulation
   f. Treatment goal from Individualized Treatment Plan being targeted in session
   g. Type of therapeutic intervention (i.e., insight-oriented, supportive, behavioral modification, etc.)
   h. Progress toward achievement of treatment goal
   i. Any exigent circumstances to explain deviation from these guidelines or normal practice

4. The provider of Behavioral Health services, and their clinical staff, shall use evidence-based practices. The provider and their clinical staff may utilize research-based interventions beyond those represented on the Substance Abuse and Mental Health Administration’s (SAMHSA) National Register of Evidence-Based Programs and Practices (NREPP) if such treatments are consistent with the standard of care and the individualized needs represented on the offender’s individualized treatment plan.