9. Financial—reports and service documentation, such as for Medicaid, translate into revenue for your agency. Poorly written documents may be rejected and/or not reimbursed.
10. Writing is an investment in the case for you and the client. A sloppy or poorly written report, letter, or assessment can imply a lack of care or mismanagement of the case.
11. Written documentation serves to facilitate the coordinating of services between professionals and agencies. These reports are used as a way to ensure continuity of care.
12. Professional versus conversational—professional writing and e-mailing or texting are very different. Your writing sets a tone. Make sure the tone is appropriate for the right occasion. A casual e-mail to a work colleague is different from an e-mail to the administrator of an agency.
13. Employability—writing skills are extremely important to successful job performance in any social work specialty.

Consider Your Audience and the Purpose of Each Written Document

1. Documentation provides the who, what, where, when, how, and why.
2. Who is your audience, and what do they need to know about your case? Be mindful of HIPAA and confidentiality restrictions (see Appendix B). It's important that the right people have the right information. For example, Johnny's school social worker does not need to know that his mother is an adult sexual abuse survivor, but he or she will need to know that the family is being evicted at the end of the week and that the bus needs to pick him up at the shelter.
3. Each document has to "stand alone," as some readers will have limited or no prior knowledge of case issues and information. Workers often make the mistake of assuming their audience has more background knowledge than they actually do. For example, the judge may have presided over a case several times during the past year; however, he or she may hear an average of six cases per day.
4. Know when to be brief and summarize and when every detail, including quotes, is critical. Too much detail is cumbersome, and readers won't take the time to sort through it all, but too little implies lack of case knowledge and/or services on the worker's part.
5. Remember that clients can access their records.

Writing Suggestions

1. Keeping your writing clear and simple and to the point.
2. Planning—you will need to file documents prior to actual events, such as court and administrative case reviews.
3. Staying caught up on paperwork—if you get behind, you will rush through, and the end product may suffer. The goal will become just completion of the writing, and the *quality* of the writing can cease to be a consideration. Do a little writing every day rather than waiting until the end of the week when it's already piled up. Up-to-date records also let others know exactly where things are in regard to the case.

4. Interviewing—asking the right questions to elicit the right information.
5. Note taking—without thorough notes, the finished product is compromised. (If you are taking notes, be sure to ask the client's permission and/or explain the reason for your note taking.)
6. Accuracy—a document can be beautifully written, but if the facts it contains are wrong, it is useless or, in the worst-case scenario, can be harmful to your client.
7. Be sure to use the correct word choice for words such as "there," "their," and "they're." All three words sound the same but have very different meanings.
8. Proofread your work. Don't rely on spell check and grammar check. Consider reading what you write out loud, as hearing the written word can also be helpful in making sure the report flows together.
9. When writing case/progress notes, always keep a supply of necessary forms with you in the field. Some agencies have moved exclusively to electronic documentation and record keeping.
10. Using quotes can be very powerful. What sounds better: saying the client is cooperative (what does that really mean?) or saying the client stated, "I will do anything to get my children back"?
11. Be specific and objective—if a client has attended eight out of 10 treatment sessions, say he or she has attended eight out of 10 sessions, or 80 percent, but don't say the client attended "most" of them or "several." Ambiguities erode your credibility—the audience will assume you don't know what really happened.

Common Writing Errors

1. Well-documented strengths and weaknesses give a total picture that will speak for itself. If a client is doing well in treatment but had a relapse, say so.
2. Do not omit the worker's observations. Outside of the interview, many significant things occur during a visit. For example, physical appearance of all parties, interaction between parent and child, home conditions, and nonverbal communication are all important observations to record.
3. Never record an impression as fact. Report only what you see, hear, touch, and observe.
4. If you use an acronym or abbreviation, spell it out the first time you write it and thereafter use the acronym. For example, "Individual Educational Plan (IEP)."
5. Avoid using professional and agency jargon.
6. If you are documenting an omission or error in the record, be sure to document it as a late entry and reference where the information should have been placed.
7. Refer to yourself in the body of the report as "this worker" instead of "I" or by your name. Depending on the agency, a less formal approach to documentation may be appropriate. Be sure to talk with your supervisor and review other workers' documentation styles.
8. Record your name and the date after every entry.

Writing a Case/Progress Note

A case note or progress note is a common method of recording contacts with clients and his or her collateral contacts. Typically, these entries are in chronological order. Be sure to include all of the steps taken in an effort to assist your client. All case/progress notes should be dated and include the type of contact and where the contact took place.