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Relational Charting™ Framework

Defining and Teaching Ethical Documentation of Counselling Session Notes

CPA SCP
Montréal
2026

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University of Lethbridge

BOOK RELEASE

Set for release in Fall 2026

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The Big Cs in Canadian Counselling Ethics
Care, Consent, & Charting

Dawn Lorraine McBride, Ph.D., Registered Psychologist, and a Canadian Professor

Second-guessing what to chart is common.

- Training gaps
- Inherited medical models
- Fear of complaints
- Fear of legal scrutiny

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SUBJECTIVITY IS INEVITABLE

- Session notes reflect professional judgment (theory, experience, values).
- We need to be transparent and accountable about what we document.
- The goal is not to create a historical transcript. The goal is to document what is most relevant for continuity of care, ethical practice, and client well-being.

Relational Charting

Intentional. Transparent. Accountable.

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Relational Charting™ Framework by Dawn McBride. CPA Conference, June 5, 2026. For more information, I welcome your contact via U of L or my webpage contact page: www.dawn-mcbride.com

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A Different Starting Point

Rather than asking:

“What should I write that is objective, observable, and measureable?”

Relational Charting™ asks:

“What information will best support the **client**, **future care**, and the **therapeutic process**?”

- Continuity of care
- Client dignity and voice
- Therapeutic change
- Professional accountability

This framework is intended for counselling session notes and does not apply to forensic, medico-legal, investigative, or psychological assessment reports.

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CPA CODE (does not have a dedicated charting section...yet 😊):
 Create & maintain records relating to their activities ... sufficient to support continuity, coordination over time & manage risks.

| DOES NOT SAY | WHAT IT SAYS: IS THE NOTE SUFFICIENT FOR... |
|--|---|
| ✗ Objective | ✓ Continuity |
| ✗ Capture every detail discussed | ✓ Coordination |
| ✗ Create a verbatim or play-by-play transcript | ✓ Risk management (*safety) |
| ✗ Eliminate professional judgement | ➢ <u>And Principle 1</u> : Collect only info that is relevant |


The goal is document what supports continuity of care.

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ELBOW CHECK-IN



Different takeaways are normal.
Clients are no different.

 What we believe was most important in a session may not be what the client remembers, values, or takes away.

 This insight matters for how we document counselling sessions and client voice.

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Five Major Shifts

- Moving beyond medical models
- Addressing lack of privacy (Legal & AI realities)
- Writing smarter, not longer *Reamer
- Filling the training gap (more consistency)
- Decolonizing documentation

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The Four Questions of Relational Charting™

- 1

AUTHORSHIP
 I am the accountable author of this note.

Why did I choose to write this?
- 2

PURPOSE
 My note should support continuity of care.

How will this support future care?
- 3

CREDIBILITY
 My reasoning should be clear, relevant and professionally defensible.

Would another reasonable psychologist understand & support my reasoning?
- 4

BOUNDARIES

 - Not investigator
 - Not judge
 - Not expert witness
 - Not proving causation

Am I staying in my role as a safety and change agent?

 **DOCUMENT WHAT MATTERS**
 Clear. Relevant. Purposeful.
 For the client. For future care.

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What is Relational Charting™?

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Relational Charting™ Documentation as an Act of Care

An act of care, consent, and professional accountability that extends the therapeutic relationship onto the page.

We write for the "Inner Club": the client, the counsellor, and future care providers.

This work is from **THE BIG C'S IN CANADIAN COUNSELLING ETHICS: CARE, CONSENT, & CHARTING** by Dawn McBride (2026)

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An intern finishes a session and begins telling me:

- Every story.
- Every stressor.
- Every emotion.
- Every insight.
- Every detail.

Then asks:

"What should I chart?"

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From Data to Themes

Let's sort the same sticky notes into patterns that matter most.

| 1. Anxiety & Dysregulation | 2. Boundaries & Assertiveness | 3. Relationship Stress | 4. Self-Criticism & Shame | 5. Signs of Growth & Progress |
|----------------------------|-------------------------------|------------------------------|---------------------------|-------------------------------|
| Poor sleep | Avoided difficult phone call | Argument with spouse | Shame about parenting | Practised breathing exercise |
| Panic attack on Tuesday | Improved boundary with sister | Felt dismissed by supervisor | Self-critical thoughts | Hopeful about recent progress |
| Racing thoughts | Fear of conflict | Feeling trapped at work | | |
| Increased irritability | Difficulty saying no | Financial stress | | |
| Difficultly concentrating | Wants more balance | | | |
| Avoiding social situations | | | | |
| Fearful during session | | | | |

This work is from the Big Cs in Canadian Counselling Ethics: Care, Consent, Charting by Dawn McBride (2026). www.dawn-mcbride.com for more information.

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Decolonizing Through Relational Charting™ (who gets to define what is important)

- I may miss the most important moment (from the client's view).
- The client's takeaway may be different from mine.
- The client's voice has the right to shape what is documented.

The counsellor remains accountable for the note.

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For example:

CHARTING the CLIENT'S VOICE

- a. What is catching your attention so far about _____? (& let's chart it).
- b. What felt important to you about _____? How shall we capture your answer in today's session note?
- c. As you reflect on today's session, what takeaways stand out & we'll chart them?

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Welcome to use/adapt, if you cite the following, as is, on your form. Adapted from the work of Dawn McBride (May 22, 2024). Dawn Psychological Services. Therapy session notes. Lethbridge, Alberta, Canada. *To be inserted in Dawn's book on ethics.

Dawn Psychological Services
 Supervision, Training, & Therapy Services
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Services Provided By Dawn McBride, Ph.D., Registered Psychologist in Alberta (Email: _____ Cell: _____ City: _____)

3. AGENDA & SESSION FOCUS (E.G., TOPICS ~THEMES ~ IMPACT) (based on what the client talked about / shared / expressed; I observed):

Focus/Topic #1: debriefed his view of having a difficult boss

-Core Themes & Impact:

-TW ct: Don't have a right to change others; focus on controlling my reactions

-TW I shared: Willingness to accept the grief behind not being able to change someone

Focus/Topic #2:

-Core Themes & Impact:

-TW ct:

-TW I shared:

Focus/Topic #3:

My Intention - Main Goal for this session: ☆

Topics I would like to raise / address (now or in the future): ☆

CLIENT'S MAIN TAKE-A-WAY from today's session & the impact/meaning of it:

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For example, I like to ask interns:

CHARTING 'CHANGE'







- a. WHAT DID YOU DO to promote connection, safety & change?
- b. HOW did the client respond (did it help...how so or why not)?
- c. FOLLOW-UP PLANS to promote & reinforce change?

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Charting: What Changed?

For example:

| | | |
|--|--|---|
|  Client View? What was most helpful or meaningful? |  Therapeutic Work? What interventions were used? |  Change? What change, shift, or insight emerged? |
|  Impact? How is the change impacting the client (e.g., goals, functioning, wellbeing)? |  Momentum? What needs to happen next? |  Continuity of Care? What needs to be added or updated to TP? CC? Team? |

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Teaching Counselling Session Charting

What would another counsellor need to know to connect with the client & continue the treatment plan?

| TEACH | NOT |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Themes, patterns, & change <input type="checkbox"/> Therapeutic significance of the story (not the story itself) <input type="checkbox"/> Client voice & takeaways <input type="checkbox"/> Interventions & impact of them <input type="checkbox"/> Continuity of care & next steps <input type="checkbox"/> Treatment plan adherence (clinical judgment & rationale) <input type="checkbox"/> Overall: Chart the therapy, NOT the session | <ul style="list-style-type: none"> ▪ Writing to impress ▪ Writing to remember everything ▪ Play-by-play ▪ Historical storytelling ▪ Charting out of scope of practice (e.g., to prove a point; gather evidence) ▪ AI can assist; it should not author the note |

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Examples of Two Counselling Session Notes: Which One Supports Continuity?

| A Minimal Content Focused Style | Relational Charting Framework |
|--|--|
| <p><i>Client arrived on time. Client debriefed stressors caring for a very ill parent without having sibling help. Encouraged self-care.</i></p> | <p>Theme: Stress/overwhelm – as solo sibling caregiver for her parent with cancer (linked to last session, over-responsibility).</p> <p>Intervention: Ct accepted invite to use CBT and whiteboard mapping to explore how all-or-none CD may be linked to over-responsibility and emotional avoidance.</p> <p>Impact/Insight-Client: How staying busy keeps her “black” to avoid feeling disappointment towards non-involved siblings.</p> <p>Main Takeaway-Client: Mapping -gave hope as patterns can change. Reported feeling “lighter” compared to the beginning of the session and expressed appreciation for the visual approach.</p> <p>Client Task: To consider sharing today’s insights with husband & use pattern mapping when noticing becoming “too busy”.</p> <p>Plan: Client expressed interest in spirituality. I will identify resources exploring potential connections between CBT and spirituality by next session (in 2 weeks).</p> |

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Relational Charting™ The “W.H.A.T. Pause”

II

| | |
|--|---|
| <p>W = What matters most (for the client & me)?</p> | <p>H = How does this fit my CC & the TP?</p> |
| <p>A = What protects dignity & privacy?</p> | <p>T = What supports continuity of care, safety, & change?</p> |

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In Closing... www.dawn-mcbride.com

Relational Charting™

CHART THE THERAPY. NOT THE SESSION.

Document what supports continuity of care and honours the client’s voice.

Intentional.

Transparent.

Accountable.

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