EXAMPLE S.O.A.P. NOTE

TYPE OF NOTE IND INDIVIDUAL SESSION GRP GROUP SESSION FAM FAMILY SESSION COL COLLATERAL SESSION 01/03/05: IND:				
S: "I wanted to talk to my kids about how guilty I feel about my drinking."				
O: Tearful at times; gazed down and fidgeted with shirt buttons				
A: Consumer has gained awareness in how drinking behavior has embarrassed and hurt his teenage children. He expresses intense feelings related to his drinking and appears to assume responsibility for his past behaviors.				
P: Completed Tx Plan Goal #1, Obj 1. Continue with Goal #1, Obj 2, in next session.				
Sally Jones, CAC				

OTHER COMMONLY USED DOCUMENTATION FORMATS

D.A.P. NOTE – VERSION 1	D = Describe	A = Assess	P = Plan
D.A.P. NOTE – VERSION 2	D = Data	A = Assess	P = Plan

OTHER:

 * Note other documentation formats used in agency/regional area

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S. O. A. P. NOTE

S = Subjective or summary statement by the client. Usually, this is a direct quote. The statement chosen should capture the theme of the session.

- 1. If adding your own explanatory information, place within brackets [] to make it clear that it is not a direct quote.
 - *Example of session theme:* "When he raises his voice, I just . . . what do I do? . . . Yes, I'll talk more in group."
- If client refers to someone else's name, indicate that other person by initials. This
 makes it clear that the client is the focus, not the person the client is talking about. It
 also guards against any breeches in confidentiality. This is especially true when a client
 refers to another client.
 - Example of client using someone else's name: "She really made me mad ... You think I should make an appointment to talk to her? I don't like dealing with this stuff [case worker S.P.].
- 3. If the client didn't attend the session or doesn't speak at all, use a dash on the "S" line.
 - Example: S: ---

O = Objective data or information that matches the subjective statement. Descriptions may include body language and affect.

• *Example:* 20 minutes late to group session, slouched in chair, head down, later expressed interest in topic.

A = Assessment of the situation, the session, and the client, regardless of how obvious it might be based on the subjective and/or objective statements.

- *Example:* Needs support in dealing with scheduled appointments and taking responsibility for being on time to group.
- *Example:* Needs referral to mental health specialist for mental health assessment.
- *Example:* Beginning to own responsibility for consequences related to drug use.

P = Plan for future clinical work. Should reflect interventions specified in treatment plan including homework assignments. Reflect follow-up needed or completed.

- Example: Begin to wear a watch and increase awareness of daily schedule.
- *Example:* Complete Tx Plan Goal #1, Objective 1.
- Example: Consider mental health evaluation referral.
- *Example:* Contact divorce support group and discuss schedule with counselor at next session.

Adapted from work by Larry T. Mark and presented by Donna Wapner, Diablo Valley College. Handout included in materials produced by the Pacific Southwest Addiction Technology Transfer Center, 1999.