

Documenting Client Progress Using S. O. A. P. Method

Example of Acceptable S.O.A.P. Note

GRP GROUP SESSION_TOPIC: Recovery Skills

01/03/2013; 1330 hours; Duration: 40 minutes

S: Client stated that "I wanted to talk to my kid about how guilty I feel about my drinking, but I don't know what to say?" Group gave him some positive feedback and he practiced a role play of talking to his teenaged daughter about his drinking.

O: Tearful at times; gazed down and moved anxiously but mood lifted with support from the group

A: Client seems to have gained awareness in how drinking behavior has embarrassed and hurt his teenage children and appears to assume responsibility for his past behaviors. Client making progress on improving relationship with family (Goal 2, Objective 2) and using the group (non-using coping skill) for strong emotions rather than drinking (Goal 1; objective 3)

P: Client to complete Goal 2, Objective 2 by talking to his daughter about his drinking in next family group session.

Counselor Jones, CAC

Example Less Acceptable S.O.A.P. Note

TYPE OF NOTE

GROUP SESSION_TOPIC: Recovery Skills

01/03/2013; 1330 hours; Duration: 40 minutes

S: Client attended group but did not verbally participate.

O: Client seemed alert and attentive

A: Client still getting comfortable with the group process and talking about personal issues

P: Continue treatment.

Counselor Jones, CAC

OR-

GROUP SESSION_TOPIC: Recovery Skills

01/03/2013; 1330 hours; Duration: 40 minutes

S: Client attended group and talked about a county worker who is "Messing up with my pay. I went to get my G.A. check and all they did was make me wait and I never did get my check."

O: Client angry and agitated

A: Client vented for some time and was finally able to calm himself down. He resisted taking any feedback from the group, claiming they don't understand his situation.

P: Continue to support client.

Counselor Jones, CAC

General Checklist

1. DOES THIS NOTE CONNECT TO THE CLIENT'S INDIVIDUALIZED TREATMENT PLAN by reflecting:
 - a. CLIENT'S PROGRESS and/or
 - b. (Change in/New Information Regarding) CLIENT'S STATUS which may affect treatment
2. Is this note dated, signed, and legible?
3. Is the theme or topic of the session included?
4. Is the client name and identifier included on each page?
5. Has referral information (if given) been documented?
6. Are any abbreviations used are standardized and consistent?
7. Would someone not familiar with this case be able to read this note and understand what has occurred in treatment FOR THE CLIENT?
8. Are any non-routine calls, missed sessions, or professional consultations regarding this case documented?

Case Note Scenario

You are a case manager in an adult outpatient drug and alcohol treatment program primarily working with young adults between the ages of 18 and 25 who have some sort of involvement with the adult criminal justice system. J. M. is your patient. She attends both group and individual therapy sessions. For the past three weeks she has missed two group sessions, one individual session and has been 15 minutes late to another individual session. J.M. is on probation for possession of a controlled substance and grand larceny. Some of the problems on her treatment plan include:

- a) Difficulty maintaining abstinence during probation (legal) periods*
- b) Continuing pattern of harmful consequences from use of alcohol and other drugs*
- c) Uses alcohol and other drugs to manage strong emotions*

She has been in treatment for approximately two months. You, as her case manager, have asked her to attend this session after missing her last individual appointment.

Case Manager: "I am glad to see you made it today. I am worried about you. You have missed several sessions in the past three weeks."

J.M.: "I've just been really busy lately. You know, it is not easy doing all this stuff--staying clean, working, and making all these appointments. Are you really worried about me or are you just trying to get info on me for my mom and probation officer?"

Case Manager: "You seem a little defensive and irritated. Are you upset with me, your Mom, your probation officer, or with all of us?"

J.M.: "I don't know...it just feels like everyone is on my case. I am tired of having to report to everyone where I am going, what I am doing, why I am doing things, and not doing others. I am just so tired of everyone watching me. I guess that includes you too."

Case Manager: "So I am included on this list of people who watch over you. How did I get on this list?"

J.M.: "You told my probation officer that I had missed treatment sessions without talking to me first!"

Case Manager: "And that makes you feel..."

J.M.: "I'm pissed off. I thought you were different. I thought I could trust you, but you are just like everyone else in my life."

Case Manager: "Just like everyone else, meaning?"

J.M.: "You go over my head, treat me like a child, don't talk with me first. I hate when people do that. Why did you have to talk to my P.O.? Why couldn't you just have talked to me?"

Case Manager: "It sounds like I hurt your feelings and broke some kind of trust with you."

J.M.: "Yeah, it feels like that." (She stops talking and looks at the ground, wiggling her leg back and forth.)

Case Manager: "Have you felt this way before; like the person you trusted let you down?"

J.M.: (slowly raises her head and nods.)

Case Manager: "When did you feel like this, Jennifer?"

J.M.: "When my dad divorced my mom, about two years ago. He promised he would stay in contact with me. Oh, he did for a while, but then it was like I didn't exist. I didn't hear from him until I got arrested. I hate talking about this stuff!"

Case Manager: "I know it is hard talking about this and it brings up a lot of strong feelings for you, but we need to do this. How are the feelings that you have regarding trust related to your alcohol and drug use?"

J.M.: "I don't want to talk about this!"

J.M. grabs her backpack and walks out of the counseling room. The Case Manager attempts to get her to return, but she keeps walking.