

Documentation of Substance Use Disorders: Progress Notes

Progress notes can sometimes be viewed as busy work, not central to the client's progress, or only necessary to fulfill administrative requirements. This can be an issue when caseloads are demanding and face-to-face contact seems more important and/or satisfying. However, progress notes are important to chart a client's journey through the various levels of care of their treatment journey.

Note writing is an opportunity to reflect on the session, your role and work with the client, and the client's progress or barriers to progress. Without this opportunity for reflection, counselors and clinicians may get stuck in a cycle of reactivity, responding to the latest crisis without the foundation setting that may prevent future crises, and repeating past mistakes or doing what has always been done without reflecting on their practice.

In addition, progress notes are critical in order to provide a summary of the unique treatment goals, barriers, progress, and needs of a particular case, and communicate the need for recommended services when requesting service authorizations from SAPC. Provider agencies are encouraged to ensure that their counselors and clinicians document accordingly and to ensure that clinical documentation is thorough, purposeful, and conveys the important details of why services are being provided and how the client is responding to their care.

Does the documentation provide a clear summary of the clinical picture to someone unfamiliar with the case? Does the information make sense, and is it organized in a manner where the reader can follow and understand the client's progress and the treatment provider's rationale for treatment? Or is it vague, relying on shortcuts that are obvious to internal providers, but not for someone outside your agency.

Periodic internal reviews of progress notes will maximize the likelihood of timely service authorization approvals to facilitate the delivery of effective and appropriate substance use disorder (SUD) services. The easier it is for SAPC Utilization Management (UM) staff to understand the justification for the service(s) being requested, the more likely the service(s) being requested will be authorized and done so in a timely manner.

Elements of purposeful and thorough progress notes include:

1. Client's SUD goal in his/her own words
2. Client's overall treatment objectives and SMART goals
3. Client's past history and current presentation
4. Current issues, barriers to progress, experiences, and/or reactions to care provided
5. The counselor/clinician's assessment of the client's overall situation and how best to address the client's unique needs
6. What interventions the counselor/clinician is employing to address the assessed problems and achieve treatment goals
7. Treatment progress, such as skills learned or goals achieved

8. The plan in terms of next steps, both for the client and counselor/clinician, in order to achieve the individualized treatment goals of the client

There are many formats for writing notes, as described in the Quality Improvement and Utilization Management (QI & UM) Manual. Each has useful elements that are relevant for the practice of counselors and clinicians in delivering high quality SUD services.

Below is a fictional example of a progress note in the SOAP (Subjective, Objective, Assessment, Plan) format. For the purposes of this sample progress note, the focus is on the content of the progress note, rather than the format. The sample offers examples of what the SAPC QI and UM staff will be looking for when reviewing records and rendering decisions regarding service authorization requests. Additionally, counselors and clinicians should consider using relevant American Society of Addiction Medicine (ASAM) dimensions to guide their clinical rationale and approach toward SUD care, as demonstrated below.

Progress Note Sample – SOAP (Subjective, Objective, Assessment, Plan)

SUD Goal – *In client’s words:* “I want to stop fighting with my wife and get my job back so I have to stop using.”

S (Subjective) – *Counselor/clinician records what the client says*

Mr. Smith states that his cravings for heroin are still strong, and “about 6 times a day” he still thinks about leaving residential SUD treatment and going to his old neighborhood to score drugs (**Dimension 5 – relapse risk information, objective measure for monitoring progress**). Mr. Smith states that after 5 weeks, he’s finally “comfortable” speaking in group and believes that treatment is helping (**Dimension 4 & 5 – client progress**). He wants to stay clean from heroin, and believes he’s “better”, but still says, “I’m not strong enough; I still can’t stop thinking about the feeling of using and still have trouble getting it out of my head” (**Dimension 4 & 5 – statement that speaks to justification for continued LOC**). But overall, he states that he’s “getting better” because during the last visit with his wife, he said that for the first time he apologized for “giving her grief” and they had a good visit (**Addresses Dimension 4 & 6 – behavior changes**).

O (Objective) – *Counselor/clinician records observations about session and client’s progress that are specific and measurable*

Mr. Smith appears calm and engaged in session (**Immediate presentation**). There are no visible signs of withdrawal, sweating, tremors, or agitation, and client’s drug tests during residential SUD treatment have all been negative (**Dimension 1**). He is still easily distracted and reports occasional anxiety, but his attention and concentration is improved, as evidenced by talking for five minutes about wife and being able to reflect on this past treatment without issue (**Dimension 3 – monitoring of attention, concentration, anxiety**). His mood remains mostly

flat, but he laughed when talking about his children and a humorous incident during a group counseling session (**Dimension 3 – monitoring of mood**).

A (Assessment) – *Counselor/clinician consolidates information into an overall assessment of the client's overall situation and how best to address the client's unique needs*

Overall Mr. Smith is slowly improving. His cravings have reduced from “all the time” to about 6x a day. He is more engaged in treatment and during both individual and group sessions, and has identified high-risk triggers for use (anger, fights with his wife and boss, and being around old neighborhood). He is learning to use his coping skills (relaxation, practicing delay and examining the evidence when he's angry) and reports he now likes going to men's NA meetings because he feels like the men “get it” and “understand me” (**Specific measurable progress**). However, given his 30-year history of heroin use and strong cravings, he needs more time solidifying the use of his coping skills, along with learning new skills to manage cravings and his intense emotions which have previously been triggers to use. (**Justification for ongoing treatment at his current LOC**). Given his ongoing challenges and the severity/frequency/duration of his heroin use, he may be an appropriate candidate for medication-assisted treatment (MAT). Although he initially said that he wasn't interested in considering the use of medications to help with his treatment, he now says he's like to know more after using motivational interviewing techniques to engage the client and speaking with him about the pros and cons of MAT and how it may help him achieve his recovery goals (**Dimension 4 – description of how MI intervention were used to advance client through stages of change**).

P (Plan) – *Factoring in all the considerations outlined in the assessment of the case, counselor/clinician outlines the plan to achieve the client's recovery goals, both in terms of the client and the counselor/clinician*

- Provided additional literature and information regarding MAT for discussion during next session.
- Will continue motivational interviewing techniques with regard to MAT by discussing how MAT might assist client with his goals (stop fighting with his wife, get job back, etc).
- Will request additional 30-day extension of residential treatment to address ongoing cravings, and the fact that positive progress is being made with current interventions.
- Will introduce CBT interventions to show the cycle of anger.
- Plan to continue family sessions with wife, who is strongly supportive of recovery.
- Will continue to monitor client and relapse potential closely.