Writing a DAP Progress Note

D = Data – Information that takes place in the session

- What to include:
  - progress on presenting problem
  - review of interventions discussed
  - review of any homework assigned
  - description of both the content and process of the session
  - any important statements the client used
    - Ex: “I am feeling suicidal.”

A = Assessment – What was observed by the clinician in the session

- What to include:
  - information related to mental status: affect, mood, and demeanor
    - Ex: "Depression appears improved this week"; "more resistant ... less involved..."

P = Plan – What is planned for the next session and continuing sessions

- What to include:
  - possible revisions to treatment plan
  - any topics to be covered in next session(s),
  - report any homework given
  - next session date
    - Ex: "continue weekly individual counseling"

Example:

D: Client arrived to session late; she reported oversleeping and almost forgetting about the session. The undersigned discussed responsibility and time management, specific to arriving at important events on time – client has a history of absences and tardiness. Client reported feeling overwhelmed with her family; she discussed continued arguments between her and her mother. Client discussed techniques she has attempted to implement with her mother based on the interventions discussed in previous session; she reported feeling guilty when she sets boundaries and stated, “I just keep giving in to her and I don’t want to, but she makes me feel so bad when I say no.” The undersigned continued to discuss types of interventions for creating boundaries.

A: Client’s affect is euthymic and congruent with mood. Client appears ambivalent to making changes in her relationship with her mother as evidenced by her struggles to implement interventions. Client has made limited progress as she seems to understand and agree with the interventions discussed, but seems to struggle with internalizing the interventions for implementation.

P: Continue weekly individual counseling; continue discussing interventions related to boundary setting and developing healthy relationships.
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Professional Tips on Writing Progress Notes

• Be sure you have the right chart!
• Think about what you are going to write and formulate before you begin
• Date and sign every entry
• Proofread
• Record as "late entry" anytime it doesn't fall in chronological order; be timely
• Think about how the client comes through on paper
• Watch abbreviations-use only those approved (ex: dx – diagnosis, do - disorder, tx - treatment, hx – history)
• Errors should have a line through incorrect information. Write error, initial, and date
• Write neatly and legibly; print if handwriting is difficult to read; type if possible
• Use proper spelling, grammar, and sentence structure
• Do not leave blank spaces between entries; can imply vital information left out
• Put client name/case number on each page
• Avoid slang, curse words except if directly quoting the client
• Another provider should be able to continue quality care based on the information you have provided
• Use quotes from client that are clinically pertinent Use descriptive terms
• Describe what you observed, not just your opinion of what you observed
• Reference identified problems from the Treatment Plan
• Reference diagnostic criteria from DSM 5
• Do not write in first person; use terms such as: the undersigned, this writer, counselor, etc.
• Refer to the person you are writing about as client, Client, patient, etc.
• Use power quotes:
  ○ "Client remains at risk for __________ as evidenced by __________"
  ○ "The current symptoms include __________"
  ○ "Limited progress in __________"
  ○ "Continues to be depressed as evidenced by __________"
  ○ "Client continues to have suicidal ideation as evidenced by the following comment made to the undersigned: __________"

Vocabulary:

• Affect: Expression of mood
• Ambivalent: feeling equally strong about both sides, positive and negative.
• Euthymic: normal (in relation to affect)
• Congruent: matching, corresponding to (in relation to affect)
• Incongruent: opposite, contrasting (in relation to affect)