How to write SOAP Case notes within the Logbook

In **column C**, under sessions "activity", you will enter notes in the following format:

SOAP format:

- **S** – subjective presentation (the client's description of the problem or their wellbeing)

- **O** – observation (the counsellor's observation about the client's presentation and the process)

- **A** – activities in the session (applied interventions)

- **P** – plan for the next session or continuing process

This is an example of SOAP progress notes, that I gave in the class:

- **Subjective:** How does the client describe their problem? This is usually a quote or statement from the client describing their subjective description of the problem and experiences.
- **Observation:** What did you observe about this client presentation and process?
- **Activities:** What **interventions** are applied in the session?
- **Plan:** What is your plan for the next session and the continuing process with this client?

- **S**: F. stated, "He goes out drinking all night and I get so furious. I'm done going around town trying to find him at bars." F. describes a long history of 'dealing' with husbands drinking.
- **O**: F is tearful, then angry, then withdrawn in session. F expresses concern for the effect husband's drinking has had on children. Denies kids are at risk. No history of violence, child abuse. F had alcoholic parents. Not sure what to do and states divorce is not an option.
- **A**: F clearly pained by the situation, looks tired, and seems dejected. Difficulty reaching out for support. She seems to blame herself as reason for her husband drinking. Intervention: support and psychoeducation regarding the husband's use of alcohol.
- **P**: Supportively confront belief she is the cause of his drinking. Inform the client of Al-Anon and encourage attendance in Al-Anon for group support to confront negative self-ideations.

Some more examples:

CC: J3: Session 6:
(S): Further information on her family history was shared.
(O): Appeared quite short of breath. Moments of sadness and confusion were evident during her narrative
(A): Confusion possibly due to medical condition (Infection and meds). Underlying sadness from past family events was validated during session.
(P): To continue to build rapport, utilising validation and attending to her present experiencing, as

appropriate. To assess J3's mood and emotional strength at the next session and appropriate, and attempt to facilitate the Focusing process to work with her sadness.

CC: J4: Session 2: .
S: Shared more information on family history and her medical history. Reportedly sad that her children hadn't been in contact.
O: A sense of sadness and anger was evident.
A: Past trauma, resultant sadness, anger and fears. Validation and "grounding" (mindfulness) exercise were applied. Psychoeducation was used to inform the client of benefits and usefulness of this exercise, specifically how it can help address her fears.
P: As discussed/agreed with J4, to practice using mindfulness exercise to work on her fears, in particular when anxious out of session.

CC - 2nd session
(S): Client reported feeling 'sick'/nausea, approx. 6 weeks pregnant. Awareness of numbing feelings, not wanting to get attached until decision made. Uncertainty of paternity. Described history of 'binge-drinking' when 'emotional' – familiar feelings of 'not knowing, nothing to look forward to, lost'. She reported feeling 'calm' this week despite the situation, needing clarity to make a decision.
(O): Flat affect, quietly spoken, slower speech this week, coherent, maintains eye contact. 15 mins late. Teary at times but appears to be containing emotions.
(A): Needing a safe space to discuss uncertainty and feel supported. No suicidal thoughts. Applied a breathing technique to quieten the nervous system if feeling overwhelmed or panicked.
(P): Continue to assess the safety and emotional wellbeing.

Column D requires reflection on your experience during the session with the client or supervision sessions.

Here are some examples:

- To work on practising mindfulness exercise. Practising utilising the "safe place" process to ease anxieties and internalise the bodily felt experience of safety
- Raised and sought advice on "touching" boundaries. Relevant context, intent and role boundaries were discussed. Specific advice on in the moment self-reflection on intent and context to discern appropriate context-relevant response (i.e. touching) was provided.
- Unsure of how to proceed other than providing safe space for the client to talk, needing knowledge of what psycho-education would be most beneficial. Felt sense of potential for harm to self, mood difficult to read.
- This session seemed to flow really well due to the responsiveness of the client and being organised. CBT has been a helpful intervention due to it's deductive nature and so engages easily with the content. I found offering to attempt my own suggestions is not conducive to good practice.

- Supervision session: Discussed suicide risk assessment and intervention - proposed training workshop - ASSIST. Early termination tabled by another group member was also discussed.
- Group supervision: Other students clients discussed - risk intervention discussed, grief stages, working with inner critic/self-esteem, discussed SC interpersonal pattern, clarifying/challenging patterns, client hesitancy, working with avoidance.

Other columns are self-explanatory.