Progress Note Examples

Court-Compliant DAP Notes for Justice-Involved Clients

These examples demonstrate how to write progress notes that document clinical work while remaining appropriate for court or probation review. All notes use DAP format (Data, Assessment, Plan) and show how to present both compliance status and clinical progress.

DAP Format Quick Reference

D - Data: Objective facts and client statements. What happened in session, attendance, observable behaviors, UA results, client quotes.

A - Assessment: Your clinical interpretation. Progress toward goals, current functioning, risk factors, stage of change observations.

P - Plan: Next steps. What you'll focus on, referrals, treatment plan updates, next appointment.

Remember: These notes document both compliance (attendance, UAs, court requirements) AND clinical progress (stage of change, skills development, protective factors). You're not choosing one audience over the other—you're presenting the full picture. Both things are true. Document both.

Example 1: Adult Client Making Progress, Still Using (Harm Reduction)

Scenario: 34-year-old male, court-ordered treatment for alcohol-related charges. Drinking has decreased but not stopped. Engaged in treatment.

D - Data

Client attended scheduled individual session (session 12 of 16). Reports reduction in alcohol use from daily consumption to weekends only (approximately 4 drinking days this month compared to 28+ days at intake). Client states he has not driven after drinking since starting treatment. No new legal incidents reported. UA completed today; results pending. Client discussed strategies for managing upcoming family event where alcohol will be present. Client reports using breathing exercises learned in session when experiencing cravings.

A - Assessment

Client demonstrates continued engagement in treatment and measurable progress toward harm reduction goals. Reduction in frequency of use and elimination of high-risk behavior (driving after drinking) indicate movement from contemplation to action stage of change. Client shows increased insight into triggers and improved utilization of coping strategies. Risk level assessed as moderate and decreasing. Protective factors include stable employment, supportive partner, and consistent treatment attendance.

P - Plan

Continue weekly individual sessions. Review relapse prevention plan and update to include strategies for upcoming family event. Continue monitoring progress toward treatment goals. Next session scheduled [date].

Example 2: Adolescent Client Self-Reported Lapse Before UA

Scenario: 16-year-old female, referred by juvenile probation for cannabis use. Self-disclosed use before scheduled drug test.

D - Data

Client attended scheduled session (session 8 of 12). Prior to UA collection, client self-reported cannabis use over the weekend, stating 'I used on Saturday night at a party.' Client identified specific triggers preceding use: argument with mother Friday evening, feeling excluded by peers who were using. UA collected; client anticipates positive result for THC. Client expressed frustration with herself but engaged in discussion about what happened. Parent has signed consent and is aware of treatment progress; family session scheduled for next week.

A - Assessment

Client's self-report prior to testing demonstrates continued engagement and honesty in the therapeutic relationship. This is notable progress from earlier sessions where client minimized use. Lapse appears situationally triggered rather than indicative of return to previous use pattern. Client shows developing insight into connection between emotional distress and substance use. Willingness to discuss openly is a protective factor. Parental involvement remains a strength. Stage of change assessed as preparation with ambivalence.

P - Plan

Process lapse in next session using motivational interviewing approach. Update safety plan to include strategies for peer pressure situations. Continue family sessions to strengthen communication and support. Coordinate with probation officer regarding UA result per established protocol. Next session scheduled [date].

Example 3: Adolescent Client Under the Influence, Session Cut Short

Scenario: 17-year-old male, school-based services, arrived to session appearing impaired.

D - Data

Client arrived to scheduled session appearing impaired. Observable signs included red eyes, slowed speech, and difficulty maintaining focus. When asked directly, client acknowledged using cannabis before school today. Per program policy and client agreement established at intake, session was ended early. Client was not in acute distress or danger. Clinician reviewed program rules regarding attending sessions sober. Client expressed understanding. Parent was contacted to arrange safe transportation home. Client did not drive to school today.

A - Assessment

Incident represents violation of program attendance policy. However, client was honest when asked directly and cooperative with safety planning. This is an opportunity to revisit treatment goals and address barriers to attending sessions sober. No immediate safety concerns identified. Pattern of morning use suggests possible increased tolerance or using to manage school-related anxiety, which warrants clinical exploration.

P - Plan

Treatment plan to be updated to address barriers to session attendance. Next session will focus on identifying what led to using before school and developing alternative strategies. Will explore whether school anxiety is contributing factor. Parent transportation confirmed for remainder of week. Next session scheduled [date]. No incident report required as no safety emergency occurred; documentation per standard progress note.

Example 4: Adult Client Missed Session, Communicated in Advance

Scenario: 28-year-old female, probation-referred for opioid use disorder, called ahead to cancel due to job interview.

D - Data

Client contacted clinician 24 hours in advance to reschedule session due to job interview conflict. This is client's first missed session in 10 weeks of treatment. Client reported via phone that she is continuing to attend MAT appointments as scheduled and has remained on track with medication. Client stated she has not used any substances outside of prescribed medication. Client requested to reschedule for later in the week. Rescheduled session confirmed for [date].

A - Assessment

Client's advance communication and request to reschedule demonstrates continued commitment to treatment. Job interview indicates progress toward quality of life goals (employment). Pattern of consistent attendance remains strong. No clinical concerns indicated by this schedule change. Client appears to be prioritizing both treatment and recovery-supportive activities (employment).

P - Plan

Session rescheduled for [date]. Will follow up on job interview outcome and continue supporting employment goals as part of recovery environment work. Continue current treatment approach. Update probation on attendance status per reporting schedule.

Example 5: Adult Client in Full Compliance, Approaching Discharge

Scenario: 41-year-old male, completing court-ordered treatment successfully, preparing for step-down.

D - Data

Client attended session 15 of 16 scheduled sessions (94% attendance rate). All UAs throughout treatment have been negative. Client reports 120 days without alcohol or other substance use. Client has maintained employment throughout treatment, recently received promotion. Client reports improved relationship with spouse and children. Completed all court requirements including community service hours. Probation officer confirms positive progress reports. Client discussed discharge planning and aftercare options.

A - Assessment

Client has successfully completed treatment goals and demonstrated sustained behavioral change. Stage of change assessed as maintenance. Strong protective factors in place: stable employment, family support, community connections, established coping strategies. Client has internalized skills learned in treatment and demonstrates ability to apply them independently. Prognosis is good with continued engagement in aftercare supports. Risk level assessed as low.

P - Plan

Final session scheduled for [date] to complete discharge planning. Discharge summary to be prepared for probation. Aftercare plan to include: continued NA attendance (client currently attending 2x weekly), monthly check-ins with sponsor, and option to return for booster sessions if needed. Provide client with community resource list and crisis contacts. Coordinate with probation officer regarding successful completion.