# Treatment plans and progress notes, on one page

What CRPO's record standard asks of a therapy plan and progress notes, how to turn a goal into a measurable objective, and the same session written as a SOAP and as a DAP note.

**Study aid, not legal advice.** Last verified against the official sources linked below on 11 November 2026.

## 1 What CRPO's standard asks

- A **plan for therapy** that reflects your modality: at least the direction therapy will take, the client's first and later consents, and each change to the plan.
- **Progress notes**: the client's statements, your observations, your impressions, and the plans you propose in response.
- Every entry shows **who wrote it and when**; kept up to date, legible, in plain language; key information in English or French.
- **Amendments** show what changed, when, by whom and why, with the original still legible.
- CRPO asks for this content, **not a format**: SOAP and DAP are two common ways to hold it.

## 2 From goal to measurable objective

| Part of the plan | Example, built with the client |
|---|---|
| **Goal, in the client's words** | "Feel less anxious at work and get back to team meetings." |
| **Objective: observable, measured, dated** | Attend at least three of four weekly team meetings by week 8, rating anxiety 5 out of 10 or lower during them. |
| **Interventions** | Graded exposure to meetings, paced breathing, a meeting log reviewed each session. |
| **Measure and review** | GAD-7 at intake, week 4 and week 8 (Spitzer et al., 2006, Arch Intern Med 166(10):1092-1097); review the plan together at week 8. |
| **Consent** | Approach, options, risks and benefits discussed and the client's agreement recorded with the date (3.2.6). |

## 3 One session as a SOAP note

| Part | Example (a fictional client) |
|---|---|
| **Subjective** | Says the week was "better than last": went to two of four team meetings, skipped Friday's after a poor night's sleep. |
| **Objective** | On time; steady speech; tearful once describing Friday. GAD-7 12 (14 at intake). Meeting log complete. |
| **Assessment** | Partial progress on objective 1 (2 of 4). Avoidance rises after poor sleep. Asked about thoughts of self-harm: none. |
| **Plan** | Next exposure step: speak once in a meeting. Add a sleep routine. Review the log next session. |

## 4 The same session as a DAP note

| Part | Example |
|---|---|
| **Data** | Went to two of four team meetings; skipped Friday's after poor sleep ("better than last week"). On time, steady speech, tearful once. GAD-7 12 (14 at intake). |
| **Assessment** | Partial progress on objective 1. Avoidance linked to sleep. No thoughts of self-harm when asked. |
| **Plan** | Speak once in a meeting; add a sleep routine; review the log next session. |

## 5 Notes that hold up

- **Same day**, while it is fresh; rough notes not kept are destroyed once the record is written, the same day.
- **Facts apart from impressions**, and the client's own words where they matter.
- Record **risk, consent**, consultations, referrals and any report made.
- Write as if the client will read it: they generally may (PHIPA).
- Notes on **your own process** for supervision, without identifying the client, are not part of the record.

**Plan with the client, measure what you agreed, and let each note show what was said, seen, thought and planned.**

Official sources: CRPO Standard 5.1: Clinical Records and CRPO Standard 3.2: Consent. Condensed from Record-keeping and Documentation and Therapeutic Process. Independent study aid, not legal advice, not affiliated with CRPO or COMPASS.