

## LO 3 Activity: Practice Writing a SOAP Note

This assignment will help the BHSS student practice writing a SOAP note based on a realistic (but fictional) scenario involving a client in a mental or behavioral healthcare setting. Examples may include:

- A client who practiced an anxiety reduction skill between sessions and struggles to implement the strategy at home.
- A client who reports poor sleep, nutritional, and exercise habits between sessions despite receiving psychoeducation on the benefits of improving these areas to decrease depressive symptoms.
- A client who experienced a conflict in a significant relationship between sessions that resulted in feelings of inadequacy or hopelessness.
- A client who used alcohol or other mind-altering substance to cope with stress and regrets the decision.

The scenario may be a page and generated by ai providing enough material to write the SOAP note. Alternately, the instructor can provide the scenario and students write the SOAP note in class.

### S – Subjective

- Document the client’s self-reported experiences.
- Use direct quotes when appropriate.
- Focus on relevant information only.

### O – Objective

- Describe observable behaviors (e.g., affect, engagement level, speech patterns).
- Include measurable or descriptive facts (e.g., “arrived 10 minutes late,” “rated anxiety 7/10”).
- Keep this section neutral and behavioral, avoiding interpretations.

### A – Assessment

- Summarize your professional impression of the client’s current status.
- Describe how the subjective and objective information fits with known patterns or baseline functioning.
- Identify any potential needs or concerns related to mental or behavioral health.

### P – Plan

- Outline your recommended next steps.

- Examples: follow-up session, coping-skills practice, additional monitoring, referral to clinician, documentation of event.
- Keep recommendations appropriate to an undergraduate training level.

Your full SOAP note should be **1–1.5 pages**, double-spaced.