**DAP NOTE**

**D (DATA) –** Counselor/clinician records what the client says Mr. Smith states that his cravings for heroin are still strong, and “about 6 times a day” he still thinks about leaving residential SUD treatment and going to his old neighborhood to score drugs **(Dimension 5 – relapse risk information, objective measure for monitoring progress)**. Mr. Smith states that after 5 weeks, he’s finally “comfortable “speaking in group and believes that treatment is helping **(Dimension 4 & 5 – client progress)**. He wants to stay clean from heroin, and believes he’s “better”, but still says, “I’m not strong enough; I still can’t stop thinking about the feeling of using and still have trouble getting it out of my head” but overall, he states that he’s “getting better” because during the last visit with his wife, he said that for the first time he apologized for “giving her grief” and they had a good visit **(Addresses Dimension 4 & 6 – behavior changes]**.

**A (Assessment)** – Counselor/clinician consolidates information into an overall assessment of the client’s overall situation and how best to address the client’s unique needs Overall Mr. Smith is slowly improving. His cravings have reduced from “all the time” to about 6x a day. He is more engaged in treatment and during both individual and group sessions, and has identified high-risk triggers for use (anger, fights with his wife and boss, and being around old neighborhood). He is learning to use his coping skills **(relaxation, practicing delay and examining the evidence when he’s angry)** and reports he now likes going to men’s NA meetings because he feels like the men “get it” and “understand me” (**Specific measurable progress).**

However, given his 30-year history of heroin use and strong cravings, he needs more time solidifying the use of his coping skills, along with learning new skills to manage cravings and his intense emotions which have previously been triggers to use. **(Justification for ongoing treatment at his current LOC)**. Given his ongoing challenges and the severity/frequency/duration of his heroin use, he may be an appropriate candidate for medication-assisted treatment (MAT). Although he initially said that he wasn’t interested in considering the use of medications to help with his treatment, he now says he’s like to know more after using motivational interviewing techniques to engage the client and speaking with him about the pros and cons of MAT and how it may help him achieve his recovery goals **(Dimension 4 – description of how MI intervention were used to advance client through stages of change).**

**P (Plan)** – Factoring in all the considerations outlined in the assessment of the case, counselor/clinician outlines the plan to achieve the client’s recovery goals, both in terms of the client and the counselor/clinician - Provided additional literature and information regarding MAT for discussion during next session. - Will continue motivational interviewing techniques with regard to MAT by discussing how MAT might assist client with his goals **(stop fighting with his wife, get job back, etc)**. - Will request additional 30-day extension of residential treatment to address ongoing cravings, and the fact that positive progress is being made with current interventions. - Will Introduce CBT interventions to show the cycle of anger. - Plan to continue family sessions with wife, who is strongly supportive of recovery. - Will continue to monitor client and relapse potential closely.