Clinical Notes Rationale

SanctumEMHR is built on the principle that documentation should support healing, not hinder it. Our note system is designed to reduce cognitive load, preserve clinical voice, and align with trauma-informed, relational, and experiential work.

There is no single "best" note format for mental health. Mental health notes should:
- support clinical clarity
- reduce cognitive load
- align with the clinician's therapeutic model
- meet regulatory and billing requirements without distorting the work.

But that doesn't mean all formats are equal. Some formats are designed for medical encounters, while others are designed for psychotherapy. When looked at through a trauma-informed, minimal-burden lens, the lens we already use in SanctumEMHR, the differences become clear.

For What Is Each Note Format Built?

We offer five pre-built templates:

Format	Best For	Not Ideal For
BIRP	General psychotherapy	Depth-only psychodynamic
PIRP	Trauma-informed, relational work	Highly medicalized settings
GIRP	Goal-driven programs	Modalities without explicit goals
DAP	Low-acuity outpatient	Audit-heavy environments
SOAP	Medical encounters	Psychotherapy

BIRP (Behavior, Intervention, Response, Plan) Behavioral health.

Strengths:
- Designed for psychotherapy encounters.
- Tracks what the client did, what you did, how they responded, and what happens next.
- Naturally aligns with evidence-based practice, trauma-informed care, and monitoring progress.
- Reduces cognitive load because it mirrors the flow of a session.

Weaknesses:
- Can feel too structured for depth-oriented or psychodynamic work.
- "Behavior" can be misinterpreted as only observable behavior rather than internal experience.

Best for:
- Trauma-informed therapy
- Process-oriented modalities (EMDR, IFS, ACT, DBT, CBT)
- Outpatient psychotherapy
- Documenting change over time

BIRP is widely used in mental health for a reason: it fits the work.

PIRP (Problem, Intervention, Response, Plan) Psychotherapy-aligned variation of BIRP

PIRP is structurally similar to BIRP but replaces "Behavior" with "Problem," making it a better fit for trauma-informed, relational, and depth-oriented work. Instead of forcing clinicians to describe observable behavior, PIRP centers the clinical issue addressed in the session — internal experience, themes, patterns, or presenting concerns.

Strengths:
- Avoids behavioral framing that can feel medicalized or reductive
- Centers the client's lived experience and the therapeutic focus of the session
- Naturally aligns with trauma-informed, process-oriented modalities
- Keeps documentation grounded in the actual clinical problem addressed
- Clear, audit-friendly structure without forcing symptom-chasing

Weaknesses:
- Slightly less standardized than BIRP in some agencies
- Requires clinician judgment to define the "problem" addressed in each session

Best for:
- Trauma-informed therapy
- EMDR, IFS, ACT, DBT, psychodynamic, and integrative modalities
- Clinicians who prefer narrative clarity over behavioral framing
- Sessions where internal experience matters more than observable behavior

Why clinicians might prefer PIRP:
PIRP preserves the strengths of BIRP (intervention clarity, response tracking, audit defensibility) while removing the most misunderstood section. It supports a more human, relational, and experiential approach to documentation without sacrificing structure.

GIRP (Goal, Intervention, Response, Plan) A variation of BIRP that centers goals.
Strengths:
- Excellent for treatment-plan alignment.
- Makes progress explicit.

Weaknesses:
- Can feel repetitive if goals don't change often.

Best for:
- Agencies with strict treatment-plan requirements
- Programs with measurable outcomes
- Modalities that emphasize goal-tracking (CBT, solution-focused)

GIRP is great for agencies or programs with strict treatment-plan tracking.

DAP (Data, Assessment, Plan) A simplified SOAP for therapy.

Strengths:
- Minimalist.
- Good for clinicians who want fewer boxes.

Weaknesses:
- "Data" is vague.
- Lacks explicit space for intervention or client response.
- Easy to under-document.

Best for:
- Low-acuity outpatient therapy
- Settings with minimal documentation requirements
- Clinicians who prefer very simple structure

DAP is fine for low-acuity outpatient work but often too thin for trauma-informed or insurance-audited settings.

SOAP (Subjective, Objective, Assessment, Plan)
Origin: Medicine, not psychotherapy.

Strengths:
- Great for documenting symptoms, vitals, and medical decision making.
- Familiar to insurers and multidisciplinary teams.
- Highly structured and predictable

Weaknesses in mental health:
- Forces psychotherapy into a medicalized frame.
- "Objective" is often artificial in talk therapy.
- Encourages symptom-chasing rather than process-tracking.
- Can distort relational or experiential work.

Best for:
- Psychiatry
- Primary care
- Integrated care settings
- Encounters focused on symptoms, medication, or medical risk

SOAP is excellent for psychiatry, primary care, and integrated care but it's a poor fit for relational, process-oriented therapy.

The Real Question: What Format Best Serves Mental Health?

If we strip away tradition and look at:
  • clinical usefulness
  • trauma-informed practice
  • cognitive load
  • audit defensibility
  • therapeutic alignment

…the formats fall into two categories:

Medical Model Notes
  • SOAP
  • DAP (a simplified SOAP)

    These are best for:
  • psychiatry
  • integrated care
  • symptom-driven encounters

Psychotherapy Model Notes
  • BIRP
  • GIRP
  • PIRP (Problem, Intervention, Response, Plan)

    These are best for:
  • trauma-informed therapy
  • relational work
  • process-oriented modalities
  • EMDR, IFS, ACT, DBT, etc.
  • documenting change over time

So what's the "best" format for mental health?
For psychotherapy, BIRP or its cousins GIRP & PIRP are the most clinically aligned, defensible, and cognitively efficient format.

Why? They…
  • …capture the actual flow of a therapy session.
  • …document interventions clearly (critical for audits).
  • …capture client response, which is the heart of progress.
  • …avoid the medicalization trap of SOAP.
  • …support trauma-informed, minimal-burden documentation.
  • …scale beautifully across modalities.