

Group Therapy Case Notes

Client: _____ Group: _____ Date: _____

AGENDA: GROUP TOPICS DISCUSSED

GROUP BEHAVIOR RATINGS

	Low	Medium	High
Seemed interested in the group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiated positive interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpful to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focused on group tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disclosed information about self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understood group topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participated in group exercises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Showed listening skills/empathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offered opinions/suggestions/feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seemed to benefit from the session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment considerations addressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MONTHLY EVALUATION

(fill out last group of each month)

Topic	Progress		
	Low	Medium	High
Participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discusses issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stays on task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Objectives being met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SUGGESTIONS

- ____ Individual Counseling
- ____ Evaluation for meds
- ____ Other _____

INDIVIDUAL CONTRIBUTIONS THIS SESSION

Therapist

Co-therapist

Time Started: _____

Time Finished: _____

Duration: _____