

**McLaren Print System Order**

**Order No: 59458**  
**Order Date: 2021-01-06**  
**User: shirley liddell**  
**Phone: 810-342-5333**

**Ship Location: McLaren OakBridge Center PHP - Shirley Liddell**  
**4448 Oakbridge**  
**FLINT, MI 48532**

**Forms**  
**Quantity: 500**  
**Paragon Dept No: 43560**  
**Dept Name: McLaren OakBridge Center PHP**  
**Company Number: 60**

**Order Total Price: 18.00**

**Item Number: 17364-A**  
**Item Description: Partial Hospital Program Didactic-Group Therapy Note**  
**Revision Date: 2/2017**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: 5 Hole Top**  
**Misc Info:**

**McLaren Flint  
Partial Hospitalization Program Didactic Group Therapy Note**

Date: \_\_\_\_\_ Time From \_\_\_\_\_ To \_\_\_\_\_

**Session Type:**  
 Group Psychotherapy  
 Individual Psychotherapy  
 Psychoeducational  
 Study Hall/School Session  
 Other (Specify) \_\_\_\_\_

**Types of Session:**  
 Engaging/working  
 Referral  
 Assessment/planning  
 Problem resolution  
 Relationship  
 Termination  
 Crisis Intervention  
 Other \_\_\_\_\_

**Behavioral Observations:**

<input type="checkbox"/> Full Range (Appropriate)	<input type="checkbox"/> Logical/Goal Directed	<input type="checkbox"/> Insight	<input type="checkbox"/> Crisis Management
<input type="checkbox"/> Constricted (Flattened)	<input type="checkbox"/> Circumstantial	<input type="checkbox"/> Fair	<input type="checkbox"/> None Reported
<input type="checkbox"/> Exaggerated (Idealized)	<input type="checkbox"/> Tangential	<input type="checkbox"/> Good	<input type="checkbox"/> Suicidal Ideation
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Clouded	<input type="checkbox"/> Humorous/Sarcastic

**Mood:**  
 Euthymic  
 Dysphoric  
 Depressed  
 Manic  
 Other (Specify) \_\_\_\_\_

**Thought Content:**  
 Appropriate  
 Hallucinatory  
 Obsessive  
 Obsessional  
 Other (Specify) \_\_\_\_\_

**Judgments:**  
 Fair  
 Fair  
 Good  
 Impaired

**Comments/Symptoms:** \_\_\_\_\_

**Clinician/Staff interventions, assessment, impression, and implementation of treatment plan:**

<input type="checkbox"/> Social/Group Bond	<input type="checkbox"/> Affective/Communication	<input type="checkbox"/> Cognitive/Skill Bond
<input type="checkbox"/> Instilled hope	<input type="checkbox"/> Clarified feelings	<input type="checkbox"/> Provided information
<input type="checkbox"/> Developing social skills	<input type="checkbox"/> Normalized feelings	<input type="checkbox"/> Provided advice
<input type="checkbox"/> Provided structure	<input type="checkbox"/> Provided catharsis	<input type="checkbox"/> Provided crisis intervention
<input type="checkbox"/> Provided feedback	<input type="checkbox"/> Gave interpretations	<input type="checkbox"/> Gave suggestions, advice, instruction
<input type="checkbox"/> Provided support	<input type="checkbox"/> Reassured client	<input type="checkbox"/> Set limits
<input type="checkbox"/> Provided reality testing	<input type="checkbox"/> Active listening	<input type="checkbox"/> Gathered data
<input type="checkbox"/> Confronted behavior	<input type="checkbox"/> Effective communication	<input type="checkbox"/> Provided education
<input type="checkbox"/> Engaged client	<input type="checkbox"/> Established treatment plan	<input type="checkbox"/> Reinforced gains/insight
<input type="checkbox"/> Model appropriate behavior	<input type="checkbox"/> Emphasized skills	<input type="checkbox"/> Reinforced need, agent
<input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Other (Specify) _____

**Response of client (or of this encounter):**  
 Positive, appreciative  
 Negative, oppositional  
 Neutral  
 Other (Specify) \_\_\_\_\_

Level of engagement:	1 Poor	2 Fair	3 Neutral	4 Good	5 Excellent
Provided meaningful feedback:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for change:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment concerns addressed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steps on task:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands group topics:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expected progress:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Spec Info:** Will you have in this week?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Staff Signature/Checked: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Partial Hospitalization Program  
Didactic Group Therapy Note  
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