

McLaren Flint
Partial Hospitalization Program Didactic/Group Therapy Note

Date: _____ **Time:** From _____ To _____

Session Type:

- Group Psychotherapy Psychoeducational Study Hall/School Session
 Individual Psychotherapy Other (Specify): _____

Focus of Session:

- Engaging/joining Assessment/planning Relationships Crisis Intervention
 Relapse Problem resolution Termination Other:

Behavioral Observations:

Affect:

- Full Range (Appropriate)
 Constricted (Blunt/Flat)
 Expansive (Labile)
 Other (Specify): _____

Thought Process:

- Logical/Goal Directed
 Circumstantial
 Tangential
 Other (Specify): _____

Insight:

- Poor
 Fair
 Good
 Guarded

Crisis Management:

- None Reported
 Suicidal Ideation
 Homicidal Ideation
 Desire to Self-Harm

Mood:

- Euthymic
 Dysphoric
 Depressed
 Manic
 Other (Specify): _____

Thought Content:

- Appropriate
 Hallucinations
 Delusions
 Obsessions
 Other (Specify): _____

Judgment:

- Poor
 Fair
 Good
 Impulsive

Comments/Symptoms: _____

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

Social/Group Based

- Instilled hope
 Developing social skills
 Provided structure
 Provided feedback
 Provided support
 Provided reality testing
 Confronted behavior
 Engaged client
 Model appropriate behavior
 Other (Specify): _____

Affective/Communication

- Explored feelings
 Clarified feelings
 Normalized feelings
 Provided catharsis
 Gave interpretations
 Reassured client
 Active listening
 Effective communication
 Established treatment plan
 Empathy skills

Cognitive/Skill Based

- Provided information
 Provided skills
 Provided crisis intervention
 Gave suggestions, advice, instruction
 Set limits
 Gathered data
 Provided education
 Reinforced gains/insight
 Reinforced med. mgmt.
 Other (Specify): _____

Response of client (as of this encounter):

- Positive, agreeable Negative, oppositional Neutral Other (Specify): _____

	1-Poor	2-Fair	3-Neutral	4-Good	5-Excellent
Level of engagement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Stays 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 prognosis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client feedback. What did you learn in this session?

Staff Signature/Credential _____ Date/Time: _____

Patient Name: _____

Date of Birth: _____



PT.

MR./#P

DR.