## McLaren Flint Partial Hospitalization Program

## THERAPY PROGRESS NOTE

TO BE COMPLETED BY CLIENT	Your Name:(PLEASE PRINT NAME)
1. Please describe what you learned or experienced in this session?	
2. How will this help you in your recovery?	
PLEASE DO NOT WRITE BELOW THIS LINE – FOR STAFF USE ONLY	
DATE:AM toAMPM toPM	SESSION TYPE:  GROUP PSYCHOTHERAPY FAMILY THERAPY PSYCHOEDUCATIONAL SEMINAR INDIVIDUAL PSYCHOTHERAPY GOAL ORIENTED SOCIAL GROUP CONJOINT/MARITAL THERAPY OTHER:  IF GROUP ACTIVITY, NUMBER OF CLIENTS IN SESSION:
FOCUS OF SESSION: engagement/joining assessment/planning relationships relapse family conflict problem resolution termination trauma/crisis intervention review of status/coping/current functioning symptom management : education related to illness/problem or recovery appropriate social skills other (describe):	
provided reality testing pro	normalized feelings provided structure vided crisis intervention provided information reassured client vided feedback explored feelings clarified feelings ablished treatment plan gathered data set limits wed ventilation confronted behavior gave suggestions, advice, instructions, education reinforced medication compliance
neutral/non-committal comments: PROGRESS TOWARD GOALS/OBJEC	NTIONS/SESSION):positive/agreeablenegative/oppositional  TIVES: demonstrating significant progress demonstrating some progress
not demonstrating progress regressing or resisting change THIS IS EVIDENCED BY  Staff Signature/Credential:  Print Staff Name/Credential (if signature not legible):	

PT.

MR.#/RM.