

GEORGIA DEPARTMENT OF CORRECTIONS

Facility: _____

Mental Health Services

Name: _____

Group Treatment Case Notes

ID #: _____

Group Name: _____

DOB: _____

Month/Year: _____

Race: _____ Sex: _____

Date: _____ **ATTENDANCE:** Present Absent (circle the one applicable)

DATA: (Agenda: Group topics discussed) _____

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DATA: (Agenda: Group topics discussed) _____

Assessment For the Month:

<i>Behavior Ratings:</i>	<i>LOW</i>	<i>MED</i>	<i>HI</i>
Seemed interested in the group	[]	[]	[]
Shared emotions	[]	[]	[]
Helpful to others	[]	[]	[]
Disclosed information about self	[]	[]	[]
Understood group topics	[]	[]	[]
Participated in group exercise	[]	[]	[]
Showed listening skills/empathy	[]	[]	[]
Offered opinions/suggestions/feedback	[]	[]	[]
Seemed to benefit from the session	[]	[]	[]

QUARTERLY EVALUATION

(Fill out last group of OMS cycle)

<u>TOPIC</u>	<u>PROCESS</u>		
	<i>LOW</i>	<i>MED</i>	<i>HI</i>
Participation	[]	[]	[]
Discussed Issues	[]	[]	[]
Insight	[]	[]	[]
Motivation	[]	[]	[]
Emotions Expressed	[]	[]	[]
Stays on task	[]	[]	[]
Objectives being met	[]	[]	[]

TARGET SYMPTOMS

	0	1	2	3	4	5
_____	[]	[]	[]	[]	[]	[]
_____	[]	[]	[]	[]	[]	[]

SUGGESTIONS

_____ Individual Counseling _____ Evaluation for medication
 _____ Other: _____

INDIVIDUAL (issues/contributions for the month) _____

PLAN: _____

Time of group: _____ (Time Frame: [] 1 hrs. [] 2 hrs.) _____ (Facilitator) _____ (Co-Facilitator)