SOP 508.09 Attachment 2 03/01/22

GEORGIA DEPARTMENT OF CORR	ECTIONS		Facility:		
Mental Health Services			Name:		
Group Treatment Case Notes			ID #:		
Group Name:			DOB:		
Month/Year:	-		Race:	Sex:	
DATA: (Agenda: Group topics discuss			Absent		
Date: DATA: (Agenda: Group topics discus	ATTENDANCE: sed)	Present	Absent	(circle the one applicable)	
Date: DATA: (Agenda: Group topics discus	ATTENDANCE: sed)	Present	Absent	(circle the one applicable)	
Date: DATA: (Agenda: Group topics discus	ATTENDANCE: sed)		Absent		
Assessment For the Month: Behavior Ratings:	LOW M	1ED HI	QUARTERLY EVALUATION (Fill out last group of OMS cycle)		
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	] [ ] ] [ ] ] [ ] ] [ ] ] [ ] ] [ ] ] [ ]	] [ ] ] [ } ] [ ] ] [ ] ] [ ] ] [ ] ] [ ] ] [ ] ] [ ]	TOPIC Participation Discussed Issues Insight Motivation Emotions Expressed Stays on task Objectives being met		HI [ ] [ ] [ ] [ ] [ ] [ ]
TARGET SYMPTOMS		2 3 4 [][][][] [][][]]	5 [ ] Indiv	SUGGESTIONS vidual Counseling Eval	
INDIVIDUAL (issues/contributions for the r					
PLAN:					
Time of group: (Time Frame:	[]1 hrs. []2 hrs.	)(Facilita	tor)	(Co-Facilita	utor)

Form no. M20-01-02

Retention Schedule: Completed forms shall be placed in the offender's mental health file. At the end of the offender's need for mental health services and/or sentence, the mental health file shall be placed within the offender's health record and retained for 10 years.