Group Therapy Note Checklist

Each participant's group therapy note should document the following elements about the group session:

- ❑ **Client Demographics**: Name, DOB, and Medical Record Number

- ❑ **Group Title/Name**

- ❑ **Therapy Type**, if applicable
  Examples: Cognitive Behavioral Therapy, Client-Centered, Recreational Therapy, etc.

- ❑ **Group Therapy Topic**:
  Was it a Process Group, Grief Support Group, or Art Therapy.

- ❑ **Comprehensive Description / Summary**
  A comprehensive summary of the group session should be made on each group participant's note. An example for an art therapy group would be: *Art therapy group members were encouraged to express feelings through a non-verbal process, using a variety of materials to create art. By observing the process, form, content, interests, and comments, the art therapist made a comprehensive assessment of needs and determined treatment plans to restore, maintain or improve an individual's mental health.*

- ❑ **Group Number**
  How many individuals were present?

- ❑ **Leader Interventions**
  What were the group leader's interventions? *Example: The group leader kept the group focused. Support and structure were provided by the group leader.*

Each participant's group therapy note should document the following elements about their individual participation during the group session:

- ❑ **Appearance:**
  Document the person's appearance and observed or reported mood during the group session. 0Are they calm, or are they anxious? Are they freely communicating, or are they guarded?

- ❑ **Participation:**
  Did they stay for the entire group? Did they leave early? Were they active and engaged?

- ❑ **Behavior:**
  Document the person's observed behavior during the group session. Was the client irritable and resistant during group? Or was the client sharing and supportive?

- ❑ **Verbal Communication:**
  What did the client discuss during group? Did they talk about relationship issues or problems at work?

- ❑ **Plan and Progress:**
  Identify the specific goal(s) and objective(s) in the client's treatment plan that were addressed during this group session. Describe the specific therapeutic interventions used in this session to assist the client in realizing those goals and objectives.

  Describe how the session has helped move the client closer to, further away from, or had no discernible impact on meeting his/her goals/objectives. If no progress is being made over time, address how the group leader intends to change strategy to produce positive change.

  Document future steps or actions planned, such as homework or plans for the next session.

- ❑ **Follow-up:** (Next Appointment) – Record the month, day, year and time of the next appointment.

Legal Aspects of the Note:

- ❑ Provider Name and Credentials
- ❑ Clinician's Signature
- ❑ Date
- ❑ Supervisor's Signature (if applicable)

Billing Elements:

- ❑ Date of Service
- ❑ Provider Number
- ❑ Location Code
- ❑ Procedure Code
- ❑ Modifiers
- ❑ Start and Stop Times of the Group
- ❑ Total Time of Session
- ❑ ICD-10 or DSM 5 Diagnosis Code: use the numeric code for the primary diagnosis that is the focus of this session.