

## COUNSELING SESSION RECORD -- GROUP (CLIENT) (TCU METHADONE OUTPATIENT FORMS)

THIS BOX TO BE COMPLETED BY STAFF:

[FORM 225; CARD 01]

SITE #:  _ _  [6]	CLIENT ID#:  _ _ _ _ _ _ _  [7-10]	SESSION DATE:  _ _   _ _   _ _  MO DAY YR [11-16]	LEADER ID#:  _ _ _  [17-18]
CO-FACILITATOR ID#:  _ _ _ _ _  [19-20]		TIME SESSION BEGAN? .....  _ _ : _ _  HR MIN [21-24]	

**INSTRUCTIONS:** Describe how you feel about the session you just completed. Please circle the number for each item that describes, for example, if you feel the session was extremely rough, then circle 7, “agree strongly”. If you are not sure, then circle 4. If you feel the session was not rough, then circle the 1 or 2 (depending on how strongly you feel about your answer).

Your answers are kept confidential and are not used in ANY evaluation of your counselors.

TERRIBLE . . . . . AVERAGE . . . . . GREAT

1. Your general mood today before this group session was -- ..... 1    2    3    4    5    6    7    [25]

DISAGREE                          NOT                          AGREE  
STRONGLY . . . . . SURE . . . . . STRONGLY

2. This group session was --

a. Rough. .... 1    2    3    4    5    6    7    [26]

b. Powerful. .... 1    2    3    4    5    6    7    [27]

c. Comforting. .... 1    2    3    4    5    6    7    [28]

d. Tense. .... 1    2    3    4    5    6    7    [29]

e. Valuable. .... 1    2    3    4    5    6    7    [30]

3. What was the session like? You will like some sessions more than others. Please tell us about the group session that you just finished. Circle the number that best describes your answer to each question.

NONE/  
NOT AT ALL . . . . . SOME . . . . . A LOT/  
A GREAT DEAL

a. How much was a white board, flip chart, or screen used during the session? ..... 1    2    3    4    5    6    7    [31]

b. How much was “mapping” (□□) used in the session? ..... 1    2    3    4    5    6    7    [32]

c. How much did you talk (speak up) during the session? ..... 1    2    3    4    5    6    7    [33]

d. How much writing/drawing did you do during the session? ..... 1    2    3    4    5    6    7    [34]

	NONE/ NOT AT ALL . . . . .	SOME . . . . .	A LOT/ A GREAT DEAL					
e. How much <u>writing/drawing</u> did <u>other clients</u> do during the session?.....	1	2	3	4	5	6	7	[35]
f. How much did you <u>learn about yourself</u> during the session? .....	1	2	3	4	5	6	7	[36]
g. How much <u>practical (useful) information</u> did you learn during the session? .....	1	2	3	4	5	6	7	[37]
h. How much did you <u>learn about others</u> during the session? .....	1	2	3	4	5	6	7	[38]
i. How much of the session do you think you will <u>remember a week from now</u> ? .....	1	2	3	4	5	6	7	[39]
j. How much will you <u>think about</u> the session during the next week?.....	1	2	3	4	5	6	7	[40]
k. How much of the session was a <u>"waste of time"</u> ? .....	1	2	3	4	5	6	7	[41]
l. How much <u>effort</u> did it take <u>for you</u> to <u>follow</u> what was going on during the session? .....	1	2	3	4	5	6	7	[42]
m. How much did <u>other clients talk</u> ( <u>speak up</u> ) during the session? .....	1	2	3	4	5	6	7	[43]
n. How much did <u>the counselor talk</u> during the session? .....	1	2	3	4	5	6	7	[44]
o. How much trouble do you think <u>other clients</u> had <u>understanding</u> what was going on during the session? .....	1	2	3	4	5	6	7	[45]
p. How much did the session <u>motivate you</u> to make changes in your life?.....	1	2	3	4	5	6	7	[46]
q. How much <u>positive feeling</u> did you have about the <u>counselor</u> during the session? .....	1	2	3	4	5	6	7	[47]
r. How much <u>positive feeling</u> did you have about the <u>other clients</u> during the session? .....	1	2	3	4	5	6	7	[48]
s. How much are your <u>thoughts and feelings</u> like those of the other clients in the session?.....	1	2	3	4	5	6	7	[49]
t. How much did the session make you <u>want to come</u> to group sessions in the future?.....	1	2	3	4	5	6	7	[50]