# Group Counseling Services Encounter Log

Hello and welcome to the Group Counseling Services Encounter Log. Please ensure this form is completed after each counseling session and is NOT used as a survey during the session.

Please enter your unique access code below.

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# Demographic Information: English

1) Agency Name

-- None --

2) Date of Service

3) County of Service?

-- None --

4) 1st Employee Name?

5) 2nd Employee Name? (if applicable)

6) 3rd Employee Name (if applicable)

7) Number of participants?

- ○ 1-5
- ○ 6-10
- ○ 11-15
- ○ 16-20
- ○ 21-25
- ○ More than 25

8) Group session number?

- ○ First session
- ○ Second session
- ○ Third session
- ○ Fourth session
- ○ Fifth session or later

9) Duration?

- ○ 10 minutes or less
- ○ 10-29 minutes
- ○ 30-44 minutes
- ○ 45-59 minutes
- ○ 60 minutes or more

10) Please indicate the number of individuals in each age range below.

Age 0-11

Age 12-17

Age 18-25

Age 26-40

Age 41-64

Age 65+

11) Was the group composed ONLY or MOSTLY of the below ages? (Select one)

○ Children or youth (under age 12)?
○ Youth (between 12-17)?
○ Young Adults (between 18-25)?
○ Adults (between 25-65)?
○ Older Adults (over age 65)?
○ Mixture of the above

12) Was the group composed ONLY or MOSTLY of the below categories? (Select one)

○ Families (any age/parents/caregivers/family members)?
○ Public safety workers, first responders, other support workers (e.g., police, fire, emergency medical services, nurses, social workers)?
○ Women Only
○ Men Only
○ LGBTQ+
○ Refugees or Immigrants
○ Formerly Incarcerated
○ Veterans
○ Mixture of the above
○ No Clear Group Identity
○ Other

13) Please indicate the number of individuals representing each race/ethnicity below.

White, Caucasian

Black, African American

Hispanic, Latino,

Latinx

Asian

Southeast Asians

Native Hawaiian,
Other Pacific Islander

Alaskan Native,
American Indian

Middle Eastern

Unsure/Did Not
Disclose

Other

14) Primary language spoken?

-- None --

15) Please indicate the number of individuals representing each gender below.

Male

Female

Transgender Man

Transgender Woman

Gender Queer

Another Gender

Unsure/Individual(s)
did not disclose

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# Encounter Information: English

**16) How was the support provided?**

- ○ Text or email
- ○ In-person
- ○ Phone
- ○ Virtual (i.e. Zoom, Teams, Google Meet, etc.)
- ○ CalHOPE Connect Chat App
- ○ Other

**17) Did any of the participants have any Disabling Conditions or Access/Functional Needs? If yes, were you able to accommodate them?**

- ○ Yes, Yes was able to accommodate
- ○ Yes, No was not able to accommodate
- ○ No, Did not need to accommodate

**18) Primary Need Addressed?**

- ○ Finding services and supports
- ○ Loneliness
- ○ Anxiety
- ○ Managing daily life stressors
- ○ Managing a crisis
- ○ Substance Use Recovery
- ○ Other

**19) Secondary Need Addressed?**

- ○ Finding services and supports
- ○ Loneliness
- ○ Anxiety
- ○ Managing daily life stressors
- ○ Managing a crisis
- ○ Substance Use Recovery
- ○ Other
- ○ Not Applicable

**20) Did you provide strategies for?**

- ☐ Reducing negative thoughts
- ☐ Managing physical and emotional reactions
- ☐ Doing positive things and problem solving
- ☐ Substance Use Recovery Action Plan
- ☐ No strategies provided

21) What was the primary focus of the group session? (Select one)

○ Community resources and supports
○ Reducing negative thoughts and managing physical and emotional reactions (e.g., wellness exercises, breathing techniques)
○ Substance Use Disorder Education/Issues
○ Doing positive things, problem solving
○ Parenting/Caregiving
○ Art therapy and discussion
○ Domestic abuse
○ Mutual support/ building social network(s)
○ Participating in community action
○ LGBTQ+ Issues and Concerns
○ Immigrant/Refugees Concerns
○ Concerns of specific racial/ethnic group
○ Other

22) What was the secondary focus of the group session? (If applicable)

○ Community resources and supports
○ Reducing negative thoughts and managing physical and emotional reactions (e.g., wellness exercises, breathing techniques)
○ Substance Use Disorder Education/Issues
○ Doing positive things, problem solving
○ Parenting/Caregiving
○ Art therapy and discussion
○ Domestic abuse
○ Mutual support/ building social network(s)
○ Participating in community action
○ LGBTQ+ Issues and Concerns
○ Immigrant/Refugees Concerns
○ Concerns of specific racial/ethnic group
○ Other

23) Did you refer the participant to? (Select all that apply)

☐ Other counseling program services offered by your Agency (e.g., group counseling, referral to team leader, schedule a follow-up visit)
☐ Mental health services provided by a County Behavioral Health Services Department
☐ Other mental health services (e.g., professional, longer-term counseling, Medi- Cal Managed Care MH services, treatment, behavioral, or psychiatric services)
☐ State/County/Community services (e.g. Medi-Cal enrollment, housing assistance, employment, food banks, social services)
☐ Resources for those with disabilities, or other access or functional needs (e.g. Regional Center services, Independent Living Centers)
☐ Substance abuse services (e.g. County Behavioral Health, professional, medical treatment, self-help groups, such as Alcoholics Anonymous or Narcotics Anonymous)
☐ Faith-based Agencies
☐ No Referral Provided
☐ Other

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Comments or Success Stories

You may upload up to five (5) images or attachments below. (5 Mb Maximum File Size)

Attachment #1
(Optional)

Attachment #2
(Optional)

Attachment #3
(Optional)

Attachment #4
(Optional)

Attachment #5
(Optional)

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