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.
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, or Spanish Origin

Other Race/Ethnicity
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
16) How was the support provided?
- Text or email
- In-person
- Phone
- Virtual (i.e. Zoom, Teams, Google Meet, etc.)
- CallHOPE 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
* -required
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)

* -required