

Group Monitoring Form

Location: _____ Date: _____

Treatment Provider(s): _____

Day of Week: _____ Time of Day: _____

Number of Clients in this session: _____

Environment	
1. Problems with room size, temperature, noise, crowding or lighting	Yes No
2. Problems with interruptions	Yes No
3. Problems with noise outside the group room	Yes No
Comments:	
Client Conduct	
4. All clients arrive on time.	Yes No
5. All clients stay to the end of the group session.	Yes No
6. No clients leave during group to go to restroom.	Yes No
7. Clients pay attention to the treatment provider.	Yes No
8. Clients pay attention to other clients who are talking about issues.	Yes No
9. Clients do not raise voices, cuss, yell, or intimidate.	Yes No
Comments:	
Treatment Provider Conduct	
10. Able to give clients direction	Yes No
11. Confronts disruptive behavior in a healthy manner	Yes No
12. Able to teach clients	Yes No
13. Able to get clients to confront each other in a healthy manner	Yes No
14. Able to get clients to share with each other	Yes No
15. Able to use the group setting to influence behavior – does not do individual therapy in a group setting	Yes No
Comments:	

Psychoeducational Component	
16. At least fifteen minutes of psychoeducational training in the session	Yes No
17. Psychoeducational training is conducted every group session	Yes No
18. Psychoeducational training focuses on dynamic risk factors	Yes No
19. Clients apply psychoeducational lesson to their past conduct	Yes No
20. Clients apply psychoeducational lesson to their current and future conduct	Yes No
Comments	
Offense Specific Component	
21. Clients work on offense specific cognitive therapy assignments before coming to group	Yes No
22. Clients use a treatment manual	Yes No
23. At least one client presents a cognitive behavioral offense specific therapy assignment in the group session.	Yes No
24. Clients who did not present the offense specific assignment give feedback to the client who did present a worksheet	Yes No
25. Client who receives feedback is receptive to feedback.	Yes No
26. Client who receives feedback writes down feedback so he or she can revise the worksheet.	Yes No
Comments	
Priorities and Violations Component	
27. Treatment provider passes around a sign-up sheet at the beginning of group session so clients can self-report violations and priorities.	Yes No
28. Treatment provider addresses all priorities and violations at the end of group session.	Yes No
29. Clients with violations are given assignments to remediate the problem	Yes No
30. Clients with violations are told to report violations to their supervising officer	Yes No
Comments:	

