

Project

## Group Encounter Log

OMB NO. 0930-0270  
Expiration Date xx/xx/xxxx

### TYPE of SERVICE Select one first before completing this log

☐ **GROUP COUNSELING**  
(a group meeting where participants did most of the talking)

☐ **PUBLIC EDUCATION**  
(a presentation or group meeting where YOU did most of the talking)

Provider Name  Provider #   
Employee #  Date of Service (mm/dd/yyyy)   
County Code of Service  Zip Code of Service

### CHARACTERISTICS of ENCOUNTER

#### LOCATION of SERVICE (select one)

- |   |  |
|---|--|
| <input type="checkbox"/> school & child care (all ages through college)                   | <input type="checkbox"/> home (temporary or permanent residence, including friend/family home; group homes; including houses, apartments, trailers, and other dwellings) |
| <input type="checkbox"/> community center (e.g., government, recreation, social services) | <input type="checkbox"/> retail (e.g., restaurant, mall, shopping center, store)   |
| <input type="checkbox"/> provider site (agency involved with CCP)                         | <input type="checkbox"/> medical center (e.g., doctor, dentist, hospital, mental health specialty)   |
| <input type="checkbox"/> workplace (e.g., office workers, public safety)                  | <input type="checkbox"/> public place/event (e.g., street, sidewalk, town square, fair, festival, sports)  |
| <input type="checkbox"/> disaster recovery center (e.g., FEMA, ARC)                       | <input type="checkbox"/> other (specify in box) > <input type="text"/>   |
| <input type="checkbox"/> place of worship (e.g., church, synagogue, mosque)               |  |

#### SESSION NUMBER (select one)

- ☐ 1st session of group expected to meet once    ☐ 1st session of group expect to meet more than once    ☐ 2nd or greater session of ongoing group

#### NUMBER of PARTICIPANTS PLEASE ESTIMATE

Number age < 18  Number age 18-64  Number age 65+  TOTAL

#### DURATION

- ☐ 15-29 minutes    ☐ 30-44 minutes    ☐ 45-59 minutes    ☐ 60 minutes or more

### GROUP IDENTITIES (select one)

Was the group composed ONLY or MOSTLY of any of the following:

- ☐ children or youth (< age 18)? CHECK, if yes.
- ☐ adult survivors (adults who were directly affected by the disaster)? CHECK, if yes.
- ☐ public safety workers and first responders (e.g., police, fire, EMS, rescue)? CHECK, if yes.
- ☐ other recovery workers (e.g., health care, disaster relief, social services)? CHECK, if yes.
- ☐ Was the group composed of a mixture of the above or none of the above (i.e., no clear group identify)? CHECK, if yes.

### FOCUS of GROUP SESSION (select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> education about reactions to disaster | <input type="checkbox"/> conflict resolution                           |
| <input type="checkbox"/> education about community resources   | <input type="checkbox"/> community action                              |
| <input type="checkbox"/> mutual support                        | <input type="checkbox"/> information about CCP                         |
| <input type="checkbox"/> stress management or skills building  | <input type="checkbox"/> other (specify in box)>> <input type="text"/> |

INSTRUCTIONS:  
GROUP ENCOUNTER LOG

OMB No. xxxxxxxx  
Expiration Date: xx/xx/xxxx

**When to Use This Form:**

1. Complete this form immediately **after** the group encounter is provided. COMPLETE ONLY ONE FORM PER GROUP.
2. Group sessions involve at least 2 or more unrelated participants (excluding staff).
3. Do not use this form for families. Please see the instructions for the Individual Crisis Counseling Services Encounter Log

**GROUP CRISIS COUNSELING OR PUBLIC EDUCATION (SELECT ONE)**

**THE DATA ON THIS LOG CANNOT BE ENTERED OR COUNTED UNLESS YOU INDICATE TYPE OF SERVICE**

**Group Crisis Counseling** refers to services that help group members understand their current situation and reactions to the disaster, review or discuss their options, provide emotional support or referral services, and/or provide skills to cope with their current situation and reactions. In group counseling, participants do most of the talking.

**Public Education** refers to services that provide general psycho-educational information to survivors on disaster services available and key concepts of disaster mental health. Common activities in this category include, but are not limited to, public speaking at community forums, in-service group meetings, and local government meetings. In public education, the crisis counselor does most of the talking.

PROVIDER NAME - The name of the program/agency.

PROVIDER # - The unique number your program/agency is providing services under.

EMPLOYEE # - YOUR employee number.

DATE OF SERVICE - The date of the encounter in the format MM/DD/YYYY, e.g., 01/01/2008

COUNTY CODE OF SERVICE - The 3-digit FIPS code for the county or parish where the group was held.

ZIP CODE OF SERVICE - The zip code of the location you had the encounter in.

LOCATION OF SERVICE - Where did you provide the service? SELECT ONLY ONE.

SESSION NUMBER - Select the number of group encounter session. SELECT ONLY ONE.

NUMBER OF PARTICIPANTS - Use all 4 boxes to report the number of participants (not including staff) and to estimate their age distribution.

For example, for 7 participants, with no adolescents, 3 adults < 65, and 4 older adults, write in 0, 3, 4, 7.

DURATION - How long did your encounter last? SELECT ONLY ONE. If less than 15 minutes, use the weekly tally form.

GROUP IDENTITIES - This refers to the possible identities and/or roles that the group members might share as a whole. "Primarily" means that the majority of group members shared the listed characteristic. For example, a group focused on children that had a few adults present would meet the definition of a group composed "only or mostly" of children. Groups do not necessarily have an identity. If so, check the last box.

FOCUS OF GROUP SESSION - What is the focus of the group encounter? SELECT ALL THAT APPLY. If the focus for the group is different than the categories listed, please select "OTHER," and fill in the blank with the focal point.

Please submit the completed form to the designated person in your agency who will review and sign the form.

***Thank you for taking the time to complete this form accurately and completely!***

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0270. Public reporting burden for this collection of information is estimated to average 2 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.