

EXPRESSIVE THERAPY NOTE

NAME:	DATE:	TIME STARTED:	TIME ENDED:
TYPE OF EXPRESSIVE ACTIVITY:			
MEDIUM: <input type="checkbox"/> Visual art/craft <input type="checkbox"/> Movement <input type="checkbox"/> Music <input type="checkbox"/> Expressive writing <input type="checkbox"/> Psychodrama			
BARRIERS TO TREATMENT: <input type="checkbox"/> None <input type="checkbox"/> Acuity of illness <input type="checkbox"/> Cognitive <input type="checkbox"/> Emotional <input type="checkbox"/> Physical <input type="checkbox"/> Cultural <input type="checkbox"/> Language <input type="checkbox"/> Developmental level			
HOW DID THIS GROUP APPLY TO TREATMENT OBJECTIVE?			
PATIENT'S AFFECT: <input type="checkbox"/> Normal <input type="checkbox"/> Flat <input type="checkbox"/> Anxious <input type="checkbox"/> Irritable <input type="checkbox"/> Euphoric <input type="checkbox"/> Other:			
PATIENT'S MOOD : <input type="checkbox"/> Cheerful <input type="checkbox"/> Sad <input type="checkbox"/> Irritable <input type="checkbox"/> Depressed <input type="checkbox"/> Labile <input type="checkbox"/> Other:			
PATIENT DEMONSTRATED THE FOLLOWING DURING GROUP:	<input type="checkbox"/> Cooperative/Compliant	<input type="checkbox"/> Attentive/Focused	
	<input type="checkbox"/> Able to Follow Directions	<input type="checkbox"/> Positive Attitude	
	<input type="checkbox"/> Positive Peer Interaction	<input type="checkbox"/> Maintained Boundaries	<input type="checkbox"/> Inattentive
	<input type="checkbox"/> Dominated group		
	<input type="checkbox"/> Required Redirection	<input type="checkbox"/> Required Multiple Redirections	
	<input type="checkbox"/> Negative Attitude	<input type="checkbox"/> Resistive	
	<input type="checkbox"/> Defiant	<input type="checkbox"/> Provoking	<input type="checkbox"/> Verbally Aggressive <input type="checkbox"/> Assaultive
	<input type="checkbox"/> Withdrawn/Isolated		
	<input type="checkbox"/> Self-Harmful	<input type="checkbox"/> Poor Boundaries	<input type="checkbox"/> Male/ <input type="checkbox"/> Female Focused
	<input type="checkbox"/> Sexual Acting Out Behaviors		
PROVIDE EXPLANATION OF BEHAVIORS, WHEN NECESSARY:			
DESCRIBE HOW PATIENT PROCESSED EMOTIONS/FEELINGS DURING THIS ACTIVITY:			
PROGRESS TOWARDS TREATMENT GOAL:			
<input type="checkbox"/> Patient was able to exhibit progress toward treatment goal by demonstrating appropriate behavior and processing during the group			
<input type="checkbox"/> Patient was not able to exhibit progress toward treatment goal due to:			
STAFF'S SIGNATURE:		Date:	