

**CTF
WEEKLY PROGRESS NOTE**

ORAS: _____ **Time on Unit/Facility:** _____ **Drug of choice:** _____

Client Name/ID #: _____

Beginning Date: _____ Ending Date: _____

Types of Services/Modalities Delivered this Period:

- | | | |
|--|--|---|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Case Management | <input type="checkbox"/> Group Counseling |
| <input type="checkbox"/> Individual Counseling | <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Outpatient |

- | | | | |
|------------------------|----------------------------|---------------------|------------------------------------|
| ____ Anger Management | ____ Pro-Social Behaviors | ____ Sober Living | ____ Commitment to Change |
| ____ Design for Living | ____ Relationship-Building | ____ TFAC | ____ Abused Boys Wounded Men |
| ____ Stages of Change | ____ GED/Education | ____ AoD Education | ____ Relapse Prevention |
| ____ Epictetus Club | ____ Beat the Street | ____ Stop the Chaos | ____ High Risk Situations |
| ____ 12-Step Meeting | ____ Self-Efficacy | ____ Life Collage | ____ Chemical Dependency |
| ____ TREM | ____ Other Female Specific | ____ SAFE | ____ Evening Services(AA/Religion) |
| ____ Healthy Living | ____ Grief & Loss | ____ Ridge Program | ____ Other: _____ |

Domains addressed this period:

- | | | |
|---|--------------------------------------|----------------------------|
| ____ Criminal History | ____ Education, Employment/Financial | ____ Family/Social Support |
| ____ Neighborhood | ____ Substance Use | ____ Peer Associations |
| ____ Criminal Attitudes/Behavior Patterns | ____ Mental Health | ____ Medical |

Specific Goal addressed this period:

_____	_____	_____
ITP Goal#	ITP Objective#	ITP Method#

Document sufficient content to justify the client's need for services, progress toward achieving ITP goal(s), objective(s), outcomes of intervention stated in ITP and overall summary of treatment progress during the week:

INDIVIDUAL BEHAVIOR THIS PERIOD:

Progress: ____ much improved ____ somewhat improved ____ no change ____ decline

Signature/Credentials

Date

Reviewed by:

GROUP BEHAVIOR THIS PERIOD

No issues this period, per:

<input type="checkbox"/> Brown	<input type="checkbox"/> Cechvala	<input type="checkbox"/> Cheung	<input type="checkbox"/> Conley	<input type="checkbox"/> Cox
<input type="checkbox"/> Green	<input type="checkbox"/> Guel	<input type="checkbox"/> Hayes	<input type="checkbox"/> Holston	<input type="checkbox"/> Leiss
<input type="checkbox"/> S. Mathis	<input type="checkbox"/> Patterson	<input type="checkbox"/> Rainey	<input type="checkbox"/> Ridley	<input type="checkbox"/> Saum
<input type="checkbox"/> Schnitkey	<input type="checkbox"/> Schroeder	<input type="checkbox"/> Weaver	<input type="checkbox"/> Education	<input type="checkbox"/> C.O.

Group Observations:

<input type="checkbox"/> Cooperative	<input type="checkbox"/> Goal-directed	<input type="checkbox"/> Showed empathy		
<input type="checkbox"/> Provided helpful feedback	<input type="checkbox"/> Discussed meaningful personal issues			
<input type="checkbox"/> Irritable	<input type="checkbox"/> Suspicious	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Hostile	<input type="checkbox"/> Depressed
<input type="checkbox"/> Inattentive	<input type="checkbox"/> Distracted	<input type="checkbox"/> Confused	<input type="checkbox"/> Anxious	<input type="checkbox"/> Uninterested
<input type="checkbox"/> Disruptions	<input type="checkbox"/> Resistant	<input type="checkbox"/> Attention-seeking	<input type="checkbox"/> Not respectful of others	
<input type="checkbox"/> Rule Violations:	<input type="checkbox"/> Minor- behavior observations	<input type="checkbox"/> Major- Write ups		
<input type="checkbox"/> Re-Directions with/without incident		<input type="checkbox"/> Removal from group area/floor		

Progress this period: much improved somewhat improved no change decline

Signature/Credentials

Date