Group Encounter Log

Provider Name

Employee #   Date of Service   /   /   Zip Code of Service

CHARACTERISTICS OF ENCOUNTER

TYPE OF SERVICE (select one)
□ group crisis counseling
□ public education

LOCATION OF SERVICE (select one)
□ school
□ workplace
□ community center
□ disaster recovery center
□ provider site
□ individual's home
□ place of worship
□ other (specify in box) > 

TYPE OF SESSION (select one)
□ first session of group expected to meet once
□ first session of group expected to meet more than once
□ second or greater session of ongoing group

NUMBER of PARTICIPANTS

DURATION
□ < 30 minutes
□ 30-44 minutes
□ 45-59 minutes
□ 60 minutes or more

GROUP IDENTITIES

Common Occupational Identity (select one if applicable)
□ school staff
□ rescue / recovery workers
□ other occupational group (specify in box) >

Common Age (select one if applicable)
□ child (0-5)
□ child (6-11)
□ adolescent (12-17)
□ adult (18-39)
□ adult (40-64)
□ older adult (65+)

Common Gender (select one if applicable)
□ men / boys
□ women / girls

Common Disaster Experience (select one if applicable)
□ bereavement
□ displacement
□ other disaster experience (specify in box) >

Select all of the following that apply
□ Common Religious Identity
□ Common Parenting / Caregiving Concerns
□ Common Neighborhood or Community
□ Common Language Spanish
□ Common Language other than English or Spanish (specify in box) >
□ Common Psychological or Medical Problems
□ Other Identity (specify in box) >
□ No Shared Identity

FOCUS of GROUP SESSION (select all that apply)
□ education about reactions to disaster
□ education about community resources and services
□ mutual support
□ other (specify in box) >
□ stress management or skills building
□ conflict resolution
□ community action
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.