Group Therapy Progress Note

Group section once · individual section for each client

Group section (shared: no member names or initials)

Group name and type

Session no.

Date

Start time

Stop time

Total minutes

Facilitator(s) and credentials

Members present / enrolled

Format: ☐ In person ☐ Telehealth video ☐ Mixed

Group type: ☐ Psychotherapy ☐ Psychoeducational ☐ Multiple-family ☐ Other

Topic and goal for this session

Interventions used with the group:

☐ Psychoeducation ☐ Homework review ☐ Skills practice ☐ Role play ☐ Exposure

☐ Mindfulness ☐ Process discussion ☐ Feedback round ☐ Other

Key themes (describe themes, not who said what)

Individual section (this client only; others are "a peer")

Client name or ID

Plan goal and objective no.

Attendance: ☐ Full session ☐ Arrived late at ___ ☐ Left early at ___ ☐ Absent

Presentation (mood, affect, change since last group)

Participation (what this client said and did)

Response (ratings, skill shown, insight in their words, barriers)

Progress on objective: ☐ Met ☐ Progressing ☐ No change ☐ Worse

Risk: ☐ Not assessed (say why) ☐ Screened, denies harm to self or others ☐ Concern: see Plan

Plan (homework, next group, individual follow up, referrals, plan changes)

Clinician signature and credentials

Date and time signed

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Group Therapy Progress Note

Group section once · individual section for each client

FILLED EXAMPLE · fictional client and group, for illustration only

Group section (shared: no member names or initials)

Group name and type: Anxiety skills group (CBT), closed, 8 weeks

Session no.: 4 of 8

Date: 11/17/2026

Start time: 5:30 p.m.

Stop time: 6:45 p.m.

Total minutes: 75

Facilitator(s) and credentials: R. Okafor, LPC; co: D. Alvarez, LMSW (fictional)

Members present / enrolled: 7 / 8

Format: [x] In person [ ] Telehealth video [ ] Mixed

Group type: [x] Psychotherapy [ ] Psychoeducational [ ] Multiple-family [ ] Other

Topic and goal for this session

Avoidance and safety behaviors; each member builds a first exposure ladder for one avoided situation.

Interventions used with the group:

[x] Psychoeducation [x] Homework review [x] Skills practice [ ] Role play [x] Exposure

[x] Mindfulness [ ] Process discussion [ ] Feedback round [ ] Other

Key themes (describe themes, not who said what)

Avoidance at work, in shops and on public transport; short term relief vs long term cost of avoiding.

Paired practice building ladders; brief paced breathing; homework assigned to all members.

Individual section (this client only; others are "a peer")

Client name or ID: A.M. (fictional example)

Plan goal and objective no.: Goal 1, objective 1.2: bus to work 3 of 5 days

Attendance: [x] Full session [ ] Arrived late at ____ [ ] Left early at ____ [ ] Absent

Presentation (mood, affect, change since last group)

Arrived early; mood "jittery," affect anxious, congruent; more talkative than in sessions 1 to 3.

Participation (what this client said and did)

Completed panic diary (4 entries) and volunteered to share it. Built a 6 step bus ladder in paired practice,

from standing at the stop (SUDS 30) to riding alone at rush hour (SUDS 90). Gave a peer feedback on splitting a step.

Response (ratings, skill shown, insight in their words, barriers)

Said, "I didn't realize I'd been planning my whole week around not taking the bus." Agreed to step 1 as homework.

Paced breathing: anxiety 6/10 before, 4/10 after. Objective 1.2: ladder built, first step set; 0 bus rides so far.

Progress on objective: [ ] Met [x] Progressing [ ] No change [ ] Worse

Risk: [ ] Not assessed (say why) [x] Screened, denies harm to self or others [ ] Concern: see Plan

Plan (homework, next group, individual follow up, referrals, plan changes)

Stand at the bus stop 10 minutes on 3 days, SUDS before and after; continue panic diary. Next group 11/24/2026.

Individual check in with primary therapist 11/20 per plan; review ladder progress at session 6.

Clinician signature and credentials: R. Okafor, LPC (fictional)

Date and time signed: 11/17/2026 7:20 p.m.

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Group Note Checklist

Twelve checks before you sign, and how to write around other members

Before you sign

- [ ] 1. Group name and type, session number, date and actual start and stop times are recorded.
- [ ] 2. Format, group size (as numbers) and facilitators with credentials are recorded.
- [ ] 3. The group section names no members and has no initials or identifying details.
- [ ] 4. This client's attendance is clear: full session, late or left early with times, or absent.
- [ ] 5. The goal and objective from this client's own treatment plan are named.
- [ ] 6. Participation describes what this client said and did, not a generic "participated."
- [ ] 7. Response shows how this client responded: ratings, a skill shown, an insight, a barrier.
- [ ] 8. Progress on the objective is marked: met, progressing, no change or worse.
- [ ] 9. Risk was screened, or the note says why not; any concern has a step in the Plan.
- [ ] 10. Plan lists homework, next group, individual follow up and any plan change.
- [ ] 11. This individual section is different from every other member's note today.
- [ ] 12. Signed with credentials within your agency's or payer's timeframe.

Describing other members without identifying them

Instead of	Write
Argued with Mike about drinking.	Raised voice when a peer challenged him; accepted a redirect.
Comforted S.T. about her loss.	Offered supportive feedback to a peer who shared a loss.
Ann, Tom and Jo all agreed.	Most members agreed; client was the only one to voice doubt.
Whispered with her roommate.	Side conversation twice; responded to a norms reminder.
Roster: 7 names pasted in.	7 of 8 members present.
Client and Sarah bonded.	Exchanged supportive feedback with a peer about job stress.
Said what J. disclosed.	Describe the theme and this client's reaction only.

Billing reminder (check your payer)

CPT 90853 is group psychotherapy (other than a multiple-family group); 90849 is multiple-family group.

Medicare contractor guidance allows the interactive complexity add-on 90785 with 90853.

Medicare LCDs describe groups of up to 12; socialization and recreation are not group psychotherapy.

Group size, covered group types, codes and note deadlines vary by payer and state.

Each client's claim needs that client's own individualized note. Check your payer's policy first.

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