STATE OF VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF CORRECTIONS

Directive: 251.02

Subject:	**Cognitive Self Change Files**	
Effective Date:	**October 1, 1998**	**Review and Re-Issue Date:**
Supersedes:	**NEW**	**APA Rule Number:**

Recommended for approval by:		**Authorized By:**	
_____		_____	
Signature	**Date**	**Signature**	**Date**

1. **Authority:**

   1.1 Authority for this directive is derived from Title 28, V.S.A. 102 (C)(1).

2. **Purpose:**

   2.1 To establish a statewide system for developing, maintaining, auditing and transferring cognitive self change files. This is intended to ensure that information is being properly filed.

3. **Applicability/Accessibility**

   3.1 Anyone may have a copy of this directive.

4. **Directive**

   4.1 **<u>Implementation of a six Section File</u>**

   4.1.1 Beginning October 1, 1998, the Department of Corrections shall implement the use of a six section cognitive self change file. The implementation shall include the conversation of existing files by the above date. Facilities and Community Correctional Services Centers will be subject to this process.

   4.1.2 The cognitive self change file is comprised of the following sections: File Cover, Thinking Reports, Case Plan/Program Plan Information, Assessment Information, Special Information, and Journal Assignments.

4.1.3 Each file section shall include an insert outlining the list of documents to be filed. These inserts are to remain at the bottom of each section.

4.2 Section Definition

Section 1: File cover

Referral Form

Affidavit(s)

Record Check

File Audit Form

Section 2: Thinking Reports

Copy of each Thinking' Report completed in group

Individual Group Participation Reports

Section 3: Case Plan/Program Plan Information

Progress Reports (due every ninety days)

Fearless Criminal Inventory

Special Program Team Reviews.

Section 4: Assessment Information

Signed copy of Agreement on Disclosure and Confidentiality

Any other related assessment information

Section 5: Special Information

Orientation Information

Orientation Final Exam

Relapse Contract (If completed)

Section 6: Journal Information

Individual Record of Group Work and Journal Assignments

Copy of journal projects

Each file shall be labeled with the offender's name, date of birth, and program identification (i.e., Doe, John, CSC Program-1/01/98).

All documents are to be filed. within fifteen days of their receipt.

4.3 Local File Audit

4.3.1 Superintendents are to ensure that quarterly audits are performed using the "Cognitive Self Change Program File Audit" form. Generally, the site coordinator of the cognitive self change program performs audits. It is an

expectation that upon completion of the audit, the site coordinator will review his/her findings with the groups facilitator, and, if necessary, develop a plan for remedial action or refer a plan for remedial action to the Superintendent. A copy of this form shall be placed in the file.

4.4 <u>Central Office File Audit</u>

4.4.1 The Quality Assurance Team/Central Office shall conduct or arrange for (with the approval of the OEMG) an annual audit at all sites. This is intended to ensure that staff are in compliance with this directive.

4.5 <u>Transfer of Files</u>

4.5.1 When an offender is transferred to another site, his or her cognitive self change file shall accompany the core file and be given to the CSC Site Coordinator. .

4.6 <u>Closure of Files</u>

4.6.1 When an offender's supervision has been terminated, the cognitive self change file shall remain at the facility or site where they were last supervised for two years and then sent to the Department of Corrections, Central Office. All State and Federal statutes and regulations pertaining to the transfer, storage, and maintenance of offender information will be adhered to.

5. Training Method

5.1

6. Quality Assurance Processes

6.1

7. Financial Impact:

7.1

8. References

9. Responsible Director and Draft Participants

Brian Bilodeau
Jack Bush
Sandra Olberg

Section 1
File Cover

Referral Form
Affidavit(s)
Record Check
File Audit Form

FACILITY
PHASE 1 ___
PHASE 2 ___

Violent Offender Program (VOP)
Cognitive Self-Change Process
(Choose only one phase per Referral Form)
REFERRAL FORM

COMMUNITY
PHASE 2 ___
PHASE 3 ___

Client Name: _____ PO/FSU Officer: _____

Address: _____ Phone: _____

_____ Release Caseworker: _____

Phone: _____ Date of Release: _____

Work Name and Address: _____

Work Phone: _____ Is it permissible to call client at work? Y N

Work Times:

Day / Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From:							
To:							

Preferred Time of Group: _____

Current Offense(s): (Attach Affidavit) _____ Violence Level: 3 4

Current Sentence Structure: (Attach Record Check) Min Date: _____ Max Date: _____

Prior Felony Violence Convictions(s): _____

Prior VOP Experience: Orientation: Y N Facility: _____ Completed: _____

Phase II: Y N Facility: _____ Completed: _____

Phase III: Y N Facility: _____ Completed: _____

Has the client been informed that VOP is on his/her caseplan? Y N

Was client informed that Community Phase is at least 1 year, of _____ (specify) sessions? Y N

ROUTING (Dates & Names)

Referral Form Submitted: _____ _____ Interview: _____ _____

Logged-In by P&P Supervisor: _____ _____ Accepted for VOP: _____ _____

Received by VOP Provider: _____ _____ Start Date: _____ _____

REJECTION & DELAYED STARTS (Explain In Notes Section)

Rejected for VOP: _____ _____ Delayed Start: _____ _____

NOTES (If continued on other side and check here ___)

COPY: VOP File, PO/FSU Off[illegible]

COGNITIVE SELF CHANGE PROGRAM FILE AUDIT

STAFF CONDUCTING AUDIT _____

DATE REVIEWED _____

STAFF RESPONSIBLE FOR FILE _____

OFFENDER _____

SECTION #1 FILE COVER

STANDARD:
*Referral Form (start date of each phase/stage listed)
*Affidavits
*Record Check
*File Audit Forms

CURRENT CONDITION:

NECESSARY ACTION:

SECTION #2 THINKING REPORTS

STANDARD:
*Copy of each Thinking Report done in group
*Individual Group Participation Reports

CURRENT CONDITION:

NECESSARY ACTION:

SECTION #3 CASE PLAN/TREATMENT PLAN INFORMATION

STANDARD:
*Progress Reports (due every ninety days)
*Fearless Criminal Inventory
*Special Reports

CURRENT CONDITION:

NECESSARY ACTION:

SECTION #4 ASSESSMENT INFORMATION

STANDARD: *Signed copy of Agreement on Disclosure and Confidentiality
*Any other related assessment information

CURRENT CONDITION:

NECESSARY ACTION:

SECTION #5 SPECIAL INFORMATION

STANDARD: *Orientation Information
*Orientation Final Exam
*Relapse Contract (If completed)

CURRENT CONDITION:

NECESSARY ACTION:

SECTION #6 JOURNAL INFORMATION

STANDARD: *Individual Record of Group Work and Journal Assignments
*Copy of Journal Projects

CURRENT CONDITION:

NECESSARY ACTION:

FILE CONDITION SUMMARY

NOTE: Additions may be made to the standard.

Copies should be provided to the following staff: Dick Powell, site coordinators, Quality Assurance Team, program file and staff responsible for maintaining the file.

Section 2
Thinking Reports

Copy of each Thinking Report completed in group
Individual Group Participation Reports

Cognitive Self Change
Individual Group Participation Report

Fill in this information for the individual(s) who made a major presentation during this group meeting. Attach a copy of the thinking report, if one was presented.

Client: _____ Staff: _____ _____

Date: _____ Location: _____ Phase: _____

Type of presentation: (TR, FCI, etc.): _____

What personal patterns or issues were uncovered in this group that should be followed up on?_____

Plan for follow up: _____

Journal assignment given: _____

Staff signature: _____

Approved by Cognitive Self Change management team, March 7, 1997.

Section 3
Case Plan/Treatment Plan Information

Progress Reports
Fearless Criminal Inventory
Special Program Team Reviews

COGNITIVE SELF CHANGE
PROGRESS REPORT
ORIENTATION

CLIENT NAME: _____ **DATE:** _____

DATE ORIENTATION BEGUN: _____ **PROJECTED COMPLETION:** _____

STAFF PRESENT: _____ _____ _____ _____ _____

SUMMARY OF PARTICIPATION since last review:

ATTENDANCE (number of groups held/attended): _____/_____

GROUP PARTICIPATION (circle one): inadequate, satisfactory, exceptional.
explanation: _____

_____

JOURNAL WORK (circle one): inadequate, satisfactory, exceptional.
explanation: _____

_____

Rating key for competencies:

1 = Has not begun to learn this competency.
2 = Understands the idea of the competency but does not demonstrate it in practice.
3 = Demonstrates this competency in some situations, but not in all important areas.
4 = Demonstrates this competency in all important areas.

NOTE: Completion of Oientation requires a rating of 4 in all competencies.

COMPETENCY 1: Do and present thinking reports objectively, without blaming, defending, or justifying.

Rating: ____ Explanation: _____

_____

_____

COMPETENCY 2: Keep a daily journal.

Rating: _____ Explanation: _____

_____

_____

COMPETENCY 3: Understand and practice the concepts and methods of the Cognitive Self Change Program.

Rating: ____ Explanation: _____

_____

_____

OBJECTIVES AND PLAN FOR NEXT RATING PERIOD:

Targeted competency: _____
Objective: _____
Plan: _____
_____
_____
_____
_____

Targeted competency: _____
Objective: _____
Plan: _____
_____
_____
_____
_____

Targeted competency: _____
Objective: _____
Plan: _____
_____
_____
_____
_____

COGNITIVE SELF CHANGE
PROGRESS REPORT
STAGE ONE (Old Phase II)

CLIENT NAME: _____ **DATE:** _____

DATE STAGE ONE BEGUN:_____ **PROJECTED COMPLETION:**_____

STAFF PRESENT: _____ _____ _____ _____ _____

SUMMARY OF PARTICIPATION since last review:

ATTENDANCE (number of groups held/attended):_____/_____

GROUP PARTICIPATION (circle one): inadequate, satisfactory, exceptional.

explanation: _____

_____

JOURNAL WORK (circle one): inadequate, satisfactory, exceptional.

explanation:_____

_____

Rating key for competencies:

1 = Has not begun to learn this competency.
2 = Understands the idea of the competency but does not demonstrate it in practice.
3 = Demonstrates this competency in some situations, but not in all important areas.
4 = Demonstrates this competency in all important areas.

NOTE: Completion of STAGE ONE requires a rating of 4 in all competencies.

COMPETENCY 1: Observe your thoughts and feelings.

(A) Able to do thinking reports on situations from the past, including situations in which you did hurtful, rule breaking, or criminal behavior.

(B) Able to objectively observe your thoughts and feelings at the time you are having them.

Rating: ____ Explanation: _____

_____

_____

COMPETENCY 2: Recognize the risk in your thoughts and feelings.

(A) Able to detect how your thoughts and feelings have led to hurtful, rule breaking, and criminal behaviors in the past.

(B) Able to recognize the risk in your thoughts and feelings at the time you are having them.

Rating: ____ Explanation: _____

_____

_____

COGNITIVE SELF CHANGE
PROGRESS REPORT
STAGE II (Old Phase III)

CLIENT NAME: _____ **DATE:** _____

DATE STAGE TWO BEGUN:_____**PROJECTED COMPLETION:**_____

STAFF PRESENT: _____ _____ _____ _____ _____

SUMMARY OF PARTICIPATION since last review:

ATTENDANCE (number of groups held/attended):_____/_____

GROUP PARTICIPATION (circle one): inadequate, satisfactory, exceptional.

explanation:_____

_____

JOURNAL WORK (circle one): inadequate, satisfactory, exceptional.

explanation: _____

_____

Rating key for competencies:

1 = Has not begun to learn this competency.
2 = Understands the idea of the competency but does not demonstrate it in practice.
3 = Demonstrates this competency in some situations, but not in all important areas.
4 = Demonstrates this competency in all important areas.

NOTE: Completion of Phase III requires a rating of 4 in all competencies.

COMPETENCY 1: Continuously monitor your thinking for risk and potential risk.

Rating: _____ Explanation: _____

_____

_____

COMPETENCY 2: Notice all thinking that has risk of leading to crime or violence or to disregard of the rights and interests of others.

Rating: _____ Explanation: _____

_____

_____

COMPETENCY 3: Maintain the ability to interrupt and change this thinking. (cognitive interventions)

Rating: _____ Explanation: _____

_____

_____

Approved by Cognitive Self Change management team, March 7, 1997

OBJECTIVES AND PLAN FOR NEXT RATING PERIOD:

Targeted competency: _____
Objective: _____
Plan: _____
_____
_____
_____

Targeted competency: _____
Objective: _____
Plan: _____
_____
_____
_____

Targeted competency: _____
Objective: _____
Plan: _____
_____
_____
_____

FEARLESS CRIMINAL INVENTORY

Age	Rule Broken	Reason	Consequence

COGNITIVE SELF CHANGE
SPECIAL PROGRAM TEAM REVIEW

CLIENT NAME: _____ DATE: _____

STAFF PRESENT: _____ _____ _____ _____ _____

REASON FOR REVIEW: _____

DISCUSSION: _____

OUTCOME/DECISIONS/CONDITIONS: _____

STAFF SIGNATURES: _____ _____ _____

Approved by Cognitive Self Change management team, March 7, 1997

Section 4
Assessment Information

Signed copy of Agreement on Disclosure and Confidentiality
Any other related assessment information

Agreement on Disclosure and Confidentiality: The Cognitive Self Change Program

March 7, 1997

1. Confidentiality. Behaviors and thoughts disclosed by client's in the program will be shared with members of the client's Supervision Team. The Supervision Team includes the caseworker, parole officer, program facilitators, and other correctional staff responsible for the client's supervision.

Information will not routinely be shared outside of the supervision team.

The sharing of information with persons or agencies outside the Department of Corrections is regulated by the Department of Corrections policy on confidentiality. In general, information disclosed in the program will not be disclosed to persons outside of the Department of Corrections except as directed by a court order.

2. Non-reporting of past crimes. Clients are not required to report identifying, physical details of past criminal actions for which they have not been convicted. The program is interested in patterns of thinking, not in legal evidence of past crimes.

3. Responsibility for convictions. Clients are required to accept responsibility for crimes for which they have been convicted.

> NOTE: Clients are entitled to participate in the program while their conviction is on appeal. If a conviction is the subject of a direct or collateral appeal, the client will be expected to accept responsibility for that crime until and unless there is a final order reversing or overturning the conviction. Disclosure of information within the program regarding a crime that is on appeal is regulated by the Department of Corrections policy on confidentiality.

4. Requirement to report thinking. The primary requirement of participation in the program is a willingness to report one's thinking. It is especially important to report thinking that might pose a risk of leading to violence or criminal behavior.

Program clients are required to disclose and report their thinking during past and current situations, including situations in which they committed crimes or acts of violence in the past, and in which their thinking puts them at a potential risk of committing a new crime or violent act.

5. Protection against punishment for thoughts. Disclosure of thinking that puts a client at risk of criminal behavior is not automatically interpreted as a sign that the client is at risk to re-offend. On the contrary, reporting "high risk thinking" in the program is most often an indication that the client is making a responsible effort to control his or her risk to re-offend.

Approved by the Cognitive Self Change management team after legal review, March 7, 1997.

For that reason the Department will not restrict a client's freedom or increase his or her custody status based solely on the content of his or her thinking, with the following exception:

> EXCEPTION: When a client's thinking indicates that the client poses a serious risk of danger to an identifiable victim, the Department may act to protect potential victims.

In order to assure coordination between the program and the Department and in order to protect the channel of communication between clients and the program, all decisions to increased a client's level of supervision or custody status will be reviewed by the client's Supervision Team. This team is composed of the client's caseworker and/or parole officer, the facilitators of the client's program group, and other staff (such as correctional officers) who are directly involved in the client's supervision.

- The client will have input in this review.
- The review will consider a range of factors effecting the client's risk to re-offend, including a) the client's criminal history, b) new environmental circumstances, c) client behavior outside of the program, and d) the quality of the client's participation in the program.
- The client's willingness to disclose his or her thinking will be considered as a positive indication of responsible program participation.

6. Non-reporting of acts performed by others. Clients are not required to report criminal acts or rules violations performed by others, including other members of the program.

7. Crimes and violations committed while in the program. Client's will maintain good standing in the program as long as they openly report their thinking, meet the conditions of group participation, and perform their individual program assignments. Clients will not be dropped from the program for new criminal behaviors or violations except when such behaviors or violations indicate a failure to report their thinking, to meet the conditions of participation, or to perform their individual program assignments.

8. Acceptance of the conditions of non-confidentiality and disclosure:

> I understand and agree to the conditions of disclosure and confidentiality described above.

Client_____ Date_____

Staff_____ Date_____

Section 5
Special Information

Orientation Information
Orientation Final Exam
Relapse Contract

INTERVIEW FOR ADMISSION TO COGNITIVE SELF CHANGE

Client name: _____ Date of interview: _____

Interviewed by: _____

1. Explain the basic concepts and expectations of the program to the client:

- Thinking reports
- Objectivity (no blame, no excuses)
- Journal assignments
- Open channel of communication (past crimes and current situations)
- Group participation (schedule, expectation to participate)
- Time frames
- Program Competencies (give the client a copy)
- Confidentiality and Disclosure (have the client sign the document)

Written descriptions of this material can be given to the client in advance of the interview, but review each topic personally at least briefly.

2. Be sure the client understands what you have explained. Answer any questions.

3. Ask the client if he or she accepts the expectations and conditions of the program as they have been explained. If so, ask him or her to sign below.

The basic concepts and expectations of the Cognitive Self Change Program have been explained to me and I agree to participate in the program under these terms.

signed: _____(client)

signed: _____(staff)

date: _____

Approved by Cognitive Self Change management team, March 7, 1997

Cognitive Self Change
Orientation—Final Examination

Note: Satisfactory completion of Orientation depends on learning certain basic competencies. This examination is only one source of information for measuring mastery of these competencies. Group participation and journal assignments count even more.

This examination can be given orally in a group discussion, or clients can write answers individually.

1. Give several different kinds of examples of how thinking affects behavior.

2. What is a thinking report? Give examples.

3. Why do we avoid blaming, defending, and arguing in thinking report groups?

4. What is a journal assignment? What can we learn by doing journal assignments? Give examples.

5. How can a person's thinking lead them to do crime or violence? Give examples.

6. Is it possible to change how we think? Explain and give examples.

7. What are the basic steps of cognitive self change?

8. What are some barriers you might have to changing your thinking? What are some barriers others might have?

9. What is risk thinking? Give some examples.

10. What is an intervention? Give some examples.

11. Is it possible for people to control their feelings? Explain and give examples.

12. What is an FCI? How can doing an FCI be useful?

Approved by Cognitive Self Change management team, March 7, 1997

ABBREVIATED RELAPSE PREVENTION CONTRACT OUTLINE

STEP # 1: IDENTIFICATION AND DEFINITION OF MAJOR LIFE PATTERNS.

Offenders must look over the completed long version of their Relapse Contract, all previous journal work, or any other projects to determine major life patterns that have been destructive. Offenders must define for themselves each major pattern that they have identified, describing how that pattern works for them, how it influences their thinking, and how it supports or maintains destructive behaviors listed in step 2.

Offenders should try to be precise yet brief and stick to the point. Each pattern identified should take no more then one or two paragraphs to describe.

STEP # 2: IDENTIFY TARGET BEHAVIORS.

Offenders need to identify and list behaviors that they have targeted for self change. These are doing/acting type behaviors that are violent, criminal, antisocial, abusive, or destructive. This is simply a list and not a detailed description or justification for the behavior. The list should include at least ten behaviors and they should be prioritized.

STEP # 3: EXAMPLES SITUATIONS OF ENGAGEMENT IN TARGET BEHAVIOR(S)

Offenders need to look over the completed long version Relapse Contract or other program records to find examples of situations where they engaged in their identified target behaviors. Along with this they need to list which major life patterns were involved in each situation. These examples should reflect situations that resulted in the victimization of someone else.

STEP # 4: IDENTIFICATION OF BELIEFS, ATTITUDES, AND MINDSETS THAT SUPPORT DESTRUCTIVE PATTERNS AND/OR TARGET BEHAVIORS.

Offenders need to identify the B.A.M.'S that support destructive patterns and/or target behaviors. The offender needs to understand clearly how the B.A.M.'s (s)he has identified increase the risk for him/her to engage in destructive patterns or negative behavior(s). i.e. A belief that "anyone who disrespects me deserves to be treated like shit".

STEP # 5 IDENTIFICATION OF HIGH RISK "THINKING" INDICATORS.

Offenders need to identify high risk "thinking" indicators, or triggers. These are recurring types of thoughts that the offender finds have a common link to a particular major life pattern or target behavior.

EXAMPLE: For the pattern of dehumanizing, High risk thinking indicator or trigger; "FUCKING SCUMBAG".

EXAMPLE: For the target behavior of smoking marijuana, High risk thinking indicator or trigger; "I NEED TO GET HIGH, FUCK IT".

STEP # 6 LIST OF HIGH RISK PEOPLE, PLACES, SITUATIONS, THOUGHTS, FEELINGS BEHAVIORS AND PHYSIOLOGY.

Offenders need to identify and list what types of places and situations are connected to high risk patterns and behavior, and what people specifically are typically involved. Offenders also need to identify and list the thinking, feeling, behavior, and physiology associated with each one of these.

This is an attempt to identify the environment that is ripe for high risk patterns and behavior in the hopes of pre-planning or preparing to avoid high risk people or situations

STEP # 7 LIST OF BEHAVIORS AND STATEMENTS THAT INDICATE HIGH RISK.

Offenders need to identify and list how others can recognize when they are at risk. First the offender must make of list of statements that others may hear her/him say when they are at risk. Second the offender must make a list of behaviors that others may see her/him do when they are at risk.

EXAMPLE: If people start hearing me say "It's not my fault" I'm falling into my victim stance pattern which is high risk.

EXAMPLE: If people notice that "I'm showing up late to work on a regular basis" or "I keep missing groups" I'm falling into my irresponsibility or justification patterns which are high risk.

STEP # 8 DEVELOPMENT OF INTERVENTION STRATEGIES

Offenders need to identify, list and practice specifically developed intervention strategies. This will consist of both cognitive or thought interventions, i.e. The new thinking the offender will use in high risk situations, as well as behavioral interventions (The new behaviors that the offender will do in high risk situations, or behaviors that (s)he will use to "catch" her/himself so that (s)he can intervene in high risk thinking).

Each pattern should have several potential strategies for intervention that fit into several types of situations. Remember that the interventions are not just occasional thoughts but a new and all encompassing way of thinking that needs to include development of new pro-social "low risk" beliefs and attitudes. A thinking plan for success.

RELAPSE PREVENTION PLAN

STEP # 1

Identify and define your major life patterns. State how it influences your thinking and how it supports or maintains destructive behavior(s).

1.

2.

3.

4.

5.

6.

7.

8.

STEP # 2

Identify target behavior(s). These are doing/acting type behaviors that are violent, criminal, antisocial, abusive, or destructive. List at least 10 and prioritize them.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

STEP # 3

Examples of situations in which you engaged in any of your target behaviors. List major life patterns that were involved in each situation.

	PATTERNS
1.	1. 2. 3.
2.	1. 2. 3.
3.	1. 2. 3.

STEP # 4

Identification of beliefs, attitudes, and mindsets that support destructive patterns and/or target behaviors.

1.

2.

3.

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12.

13.

14.

15.

STEP # 5

Identify and list high risk thinking indicator or triggers.

1.

2.

3.

4.

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11.

12.

13.

14.

15.

16.

17.

18.

STEP # 6

List of high risk people, places and situations and the thinking, feelings, behaviors and physiology associated with each.

People	Thoughts	Feelings	Behaviors	Physiology

Places

Situations

STEP # 7

List of behavior and statements that indicate high risk.

Things other may hear me say:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Things other may see me do.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

STEP # 8

List of specific cognitive and behavioral interventions. Also include new pro-social, low risk beliefs and attitudes.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

Section 6
Journal Information

Individual Record of Group Work and Journal Assignments
Copy of journal projects

Cognitive Self Change
Individual Record of Group Work and Journal Assignments

Enter information after each group to keep track of issues, problems, etc. that surfaced for this client during the group meeting, AND record each journal assignment given.

NOTE: when this client was the main focus of attention during the group, staff should also fill out the Individual Group Participation Report.

Client: _____ Staff: _____

Phase: _____ Location: _____

Date	Group note or Journal Assignment (staff initial)	Date of review (staff initial)

Approved by Cognitive Self Change management team, March 7, 1997.