



Optum TERM

CSA-NPP Psychotherapy Group Monitoring Tool

Clinician/Facility Name: _____ Date of Review: _____

Reviewer Name: _____ Provider Name: _____ Client Gender: _____ Client Age: _____

Rating Scale: Y = Yes N = No NA = Not Applicable

Y	N	NA
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Intake and Assessment Documentation

	1	The reasons for admission to group are indicated.			
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Comments: _____

	2	A mental health history, substance abuse history and medical history is documented.			
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Comments: _____

	3	The record documents the presence or absence of suicidal or homicidal risk.			
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Comments: _____

	4	The mental health treatment history includes the following information: dates and providers of previous treatment (including therapeutic interventions and responses) and relevant family history information.			
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Comments: _____



Rating Scale: Y = Yes N = No NA = Not Applicable			Y	N	NA
	5	If the screening indicates an active alcohol or substance use problem, there is documentation that an intervention for substance abuse/dependence occurred.			
Comments:					
	6	The psychosocial assessment documents the cultural variables that may impact treatment.			
Comments:					
	7	The record documents the presence or absence of relevant legal issues of the patient and/or family.			
Comments:					
	8	Client records include TERM required assessment instruments.			
Comments:					
Intake Assessment Form					
	9	A completed Intake Assessment is in the record.			
Comments:					
	10	A complete mental status exam recorded, documenting the patient's affect, speech, mood, thought content, judgment, insight, attention or concentration, memory, and impulse control.			
Comments:					



Rating Scale: Y = Yes N = No NA = Not Applicable			Y	N	NA
	11	Intake Assessment includes the client's strengths.			
Comments:					
	12	A DSM diagnosis is documented, consistent with presenting problems, history, and mental health assessment.			
Comments:					
	13	Most recent DSM is used for diagnoses and signed by a licensed clinician.			
Comments:					
	14	The treatment plan is consistent with the protective issues and Levenson & Morin (2001) criteria, as documented in the Initial Assessment			
Comments:					
	15	There is evidence that assessment measurements are used in developing the treatment plan and goals.			
Comments:					
Group Quarterly Progress Report					
	16	The Group Quarterly Progress Report indicates the client's participation and involvement in group.			
Comments:					



Rating Scale: Y = Yes N = No NA = Not Applicable			Y	N	NA
	17	The Group Quarterly Progress Report reflects ongoing risk assessments (suicide and homicide) and monitoring of at-risk situations.			
Comments:					
	18	The Group Quarterly Progress Report describes/lists patient strengths and limitations in achieving treatment plan goals and objectives.			
Comments:					
	19	A Discharge Summary is submitted upon completion of treatment.			
Comments:					
Client Record					
	20	Each client has a separate treatment record.			
Comments:					
	21	Each record includes the client's address, employer or school, home and work telephone numbers (including emergency contacts), marital or legal status, appropriate consent forms and guardianship information if relevant.			
Comments:					



Rating Scale: Y = Yes N = No NA = Not Applicable			Y	N	NA
	22	The treatment record documents the Safety Plan and addresses its adequacy in preventing future child sexual abuse as well as other types of abuse.			
Comments:					
	23	All entries and in the treatment record include the responsible clinician's name, professional degree and relevant license/registration number, and dated and signed where appropriate.			
Comments:					
	24	Client record includes a progress note for each group session including specific and observable treatment goals with a proposed intervention for each goal consistent with the diagnosis and results of assessment.			
Comments:					
	26	Provider utilizes interventions that are consistent with those recommended in Optum TERM standards.			
Comments:					



Rating Scale: Y = Yes N = No NA = Not Applicable			Y	N	NA
	27	All entries include the date and duration of service.			
Comments:					
	28	The client record is legible.			
Comments:					
	29	Missed appointments (client “no shows”) are documented.			
Comments:					
	30	There is documentation that communication/collaboration with CWS occurred.			
Comments:					
	31	The clinician uses Consent for Treatment or Informed Consent forms with all clients. Informed consent includes TERM site monitoring visit			
Comments:					
	32	If the client in being seen by another mental health clinician, there is documentation that communication/collaboration occurred.			
Comments:					



Rating Scale: Y = Yes N = No NA = Not Applicable			Y	N	NA
On-Site Group Monitoring					
	33	Facilitator demonstrates cultural sensitivity.			
Comments:					
	34	Group size is between 3-12 participants.			
Comments:					
	35	Participants attend group session free of substances.			
Comments:					
	36	Facilitator addresses off-topic behaviors (i.e. disruptions, inappropriate comments, blaming, denial, etc.).			
Comments:					
	37	Facilitator uses appropriate curriculum topics consistent with Levenson & Morrin (2001) curriculum.			
Comments:					
	38	Group members appropriate for group (no signs of dual relationships or inability to participate).			
Comments:					



Rating Scale: Y = Yes N = No NA = Not Applicable			Y	N	NA
	39	Facilitator appropriately reports any high-risk behavior and makes mandated reports as needed.			
Comments:					
	40	Facilitator demonstrates use of psychotherapy best-practice-informed interventions.			
Comments:					
	41	Facilitator presents evidence-informed psychoeducation.			
Comments:					
	42	Supervisory log reflects licensing board rules and guidelines for the practice of interns			
Comments:					
TOTAL Audit Score:					