

GROUP NOTE

Name: Wesley McDanck

Today's Date: 6/25/2018

Date of Last Use: 6/24/2018

What was today's group topic? Wellness

1. In what area did you struggle with this week and rate the level of intensity: (1-least....10-most)  
Explain what was the struggle.

(substance use, employment, education, relationships, health, legal status, mental health, emotional maintenance, coping, spirituality)

Living @ Fan Between vs relationships

2. Describe what way/s your answer for question #1 would improve by one number:

Self esteem and self-worth plus real delegation of things

3. What do you think about what you learned from the group today, does it apply to you, do you agree or disagree with its value (2-4 sentences)

Important topic and in particular the goals from individuals and the extent of goal values was able to be adopted in ~~reps~~

4. Give one specific example in how you can apply the information you learned to reduce symptoms, develop skill and/or change behavior. (3-5 sentences)

Unsure

5. Describe what progress you made on your treatment goals (3-5 sentences)

Not Sure

6. Describe 3 skills / resources / activities that you use or participate in outside of group to prevent relapse.

Exercise

N.A.

Not Had

Before group: \_\_\_\_\_

After group: \_\_\_\_\_

GROUP NOTE

Name: Samantha Jackson

Today's Date: June 25, 18

Date of Last Use: April 1, 18

What was today's group topic? Wellness

1. In what area did you struggle with this week and rate the level of intensity: (1-least....10-most)  
Explain what was the struggle.

(substance use, employment, education, relationships, health, legal status, mental health, emotional maintenance, coping, spirituality)

Coping (3)

2. Describe what way/s your answer for question #1 would improve by one number:

Find better ways to cope with stressful situations in my life.

3. What do you think about what you learned from the group today, does it apply to you, do you agree or disagree with its value (2-4 sentences)

I think its helpful to look at reasons why and motivations behind different goals I have for myself.

4. Give one specific example in how you can apply the information you learned to reduce symptoms, develop skill and/or change behavior. (3-5 sentences)

Look at every aspect of why, what and how I look at my goals to help me stay motivated and organized.

5. Describe what progress you made on your treatment goals (3-5 sentences)

Been staying on track and organized with all the little things I've had to get done the last couple weeks.

6. Describe 3 skills / resources / activities that you use or participate in outside of group to prevent relapse.

- Go to more outside meetings this week.
- Budget my life to not get so overwhelmed
- Branch out with more fellowship with new people.

Before group: \_\_\_\_\_

After group: \_\_\_\_\_

## GROUP NOTE

Name: Audie GustafsonToday's Date: 6-28-18

Date of Last Use:

6-27-18 (THC)  AlcoholWhat was today's group topic? Resilience

1. In what area did you struggle with this week and rate the level of intensity: (1-least....10-most)  
Explain what was the struggle.

(substance use, employment, education, relationships, health, legal status, mental health, emotional maintenance, coping, spirituality)

Struggled w/ Spirituality; cop'g

2. Describe what way/s your answer for question #1 would improve by one number:

Pray more → Spiritual Connection

3. What do you think about what you learned from the group today, does it apply to you, do you agree or disagree with its value (2-4 sentences)

I was surprised that I'm not as motivated to take action — why is that?

4. Give one specific example in how you can apply the information you learned to reduce symptoms, develop skill and/or change behavior. (3-5 sentences)

Look at my support system — Eric still drinks so I can still use??

5. Describe what progress you made on your treatment goals (3-5 sentences)

I was active and involved in group and honest about my progress

6. Describe 3 skills / resources / activities that you use or participate in outside of group to prevent relapse.

Sponsor; meds; meetings

Before group: \_\_\_\_\_

After group: \_\_\_\_\_

GROUP NOTE

Name: Ryan Love

Today's Date: 6 25 18 Date of Last Use: 5 8 18

What was today's group topic? Wellness

1. In what area did you struggle with this week and rate the level of intensity: (1-least....10-most)

Explain what was the struggle.

(substance use, employment, education, relationships, health, legal status, mental health, emotional maintenance, coping, spirituality)

2. Describe what way/s your answer for question #1 would improve by one number:

Find employment, More exercise

3. What do you think about what you learned from the group today, does it apply to you, do you agree or disagree with its value (2-4 sentences)

I do think what I learned in group today applies to me and I do agree with its value. I am more motivated to reach my goals.

4. Give one specific example in how you can apply the information you learned to reduce symptoms, develop skill and/or change behavior. (3-5 sentences)

I can have the group hold me accountable to reach my goal.

5. Describe what progress you made on your treatment goals (3-5 sentences)

I stayed sober.

6. Describe 3 skills / resources / activities that you use or participate in outside of group to prevent relapse.

AA meetings

Running

Biking

Before group: \_\_\_\_\_

After group: \_\_\_\_\_

## GROUP NOTE

Name: ShameraToday's Date: 6/25/18Date of Last Use: 4/20/18What was today's group topic? Wellness

1. In what area did you struggle with this week and rate the level of intensity: (1-least....10-most)  
Explain what was the struggle.

(substance use, employment, education, relationships, health, legal status, mental health, emotional maintenance, coping, spirituality)

6 - Relationships - It's been hard to face friends & family members that I

2. Describe what way/s your answer for question #1 would improve by one number:

Not procrastinating & not being fearful have to fill in on what's been going on with me

3. What do you think about what you learned from the group today, does it apply to you, do you agree or disagree with its value (2-4 sentences)

Laying out goals & getting a sense of where I am in the process of change & what the "why's" are

4. Give one specific example in how you can apply the information you learned to reduce symptoms, develop skill and/or change behavior. (3-5 sentences)

Laying out plan of action with "why's" in mind as well as knowing who will support

5. Describe what progress you made on your treatment goals (3-5 sentences)

Completed a 5K

went to meetings

collected 100 day cwp

6. Describe 3 skills / resources / activities that you use or participate in outside of group to prevent relapse.

Meetings

Exercise

Therapy

Before group: \_\_\_\_\_

After group: \_\_\_\_\_

**GROUP NOTE**

Name: Jessie Yaeger

Today's Date: 05/14 Date of Last Use: 05/20

What was today's group topic? Media

1. In what area did you struggle with this week and rate the level of intensity: (1-least....10-most)

Explain what was the struggle.

(substance use, employment, education, relationships, health, legal status, mental health, emotional maintenance, coping, spirituality)

10

10

2. Describe what way/s your answer for question #1 would improve by one number:

- get a job

- get through legal issues

3. What do you think about what you learned from the group today, does it apply to you, do you agree or disagree with its value (2-4 sentences)

4. Give one specific example in how you can apply the information you learned to reduce symptoms, develop skill and/or change behavior. (3-5 sentences)

5. Describe what progress you made on your treatment goals (3-5 sentences)

Stayed sober

6. Describe 3 skills / resources / activities that you use or participate in outside of group to prevent relapse.

Meditation

Before group: \_\_\_\_\_

After group: \_\_\_\_\_

**GROUP NOTE**

Name: Jon Njoo  
Today's Date: 6/14/18 Date of Last Use: 3/4/18  
What was today's group topic? Gender Roles

1. In what area did you struggle with this week and rate the level of intensity: (1-least....10-most)  
Explain what was the struggle.

(substance use, employment, education, relationships, health, legal status, mental health, emotional maintenance, coping, spirituality)

Employment 3/20

2. Describe what way/s your answer for question #1 would improve by one number:

Harder finding higher paying job.

3. What do you think about what you learned from the group today, does it apply to you, do you agree or disagree with its value (2-4 sentences)

Allow my boys to encourage them to  
be more opened emotionally

4. Give one specific example in how you can apply the information you learned to reduce symptoms, develop skill and/or change behavior. (3-5 sentences)

To inform my children and myself  
of more of this information

5. Describe what progress you made on your treatment goals (3-5 sentences)

Morning meditation

Called CSU to get back into school

6. Describe 3 skills / resources / activities that you use or participate in outside of group to prevent relapse.

AA

Golds Gym

Meditation

Before group: \_\_\_\_\_

After group: \_\_\_\_\_

GROUP NOTE

Name: Spencer Anderson  
Today's Date: 6/14/18 Date of Last Use: May 20, 2018  
What was today's group topic? Media and Manliness

1. In what area did you struggle with this week and rate the level of intensity: (1-least....10-most)

Explain what was the struggle.

(substance use, employment, education, relationships, health, legal status, mental health, emotional maintenance, coping, spirituality)

My parents were very anxious and overbearing for part of the week but we talked it out

2. Describe what way/s your answer for question #1 would improve by one number:

My parents wanted a council session with Redpoint about how they can stop helicopter parenting

3. What do you think about what you learned from the group today, does it apply to you, do you agree or disagree with its value (2-4 sentences)

I don't have manly issues.

4. Give one specific example in how you can apply the information you learned to reduce symptoms, develop skill and/or change behavior. (3-5 sentences)

Still working on the meditation thing. I don't get it yet.

5. Describe what progress you made on your treatment goals (3-5 sentences)

I worked on my parent relationship, and worked on controlling anger

6. Describe 3 skills / resources / activities that you use or participate in outside of group to prevent relapse.

Volunteering, walking, cooking, art projects

Before group: 7

After group: 8

GROUP NOTE

Name: Kris R

Today's Date: 6-14-18 Date of Last Use: 6-6-18

What was today's group topic? Gender roles

1. In what area did you struggle with this week and rate the level of intensity: (1-least....10-most)

Explain what was the struggle.

(substance use, employment, education, relationships, health, legal status, mental health, emotional maintenance, coping, spirituality)

I broke it off with Jen for lying about being pregnant

2. Describe what way/s your answer for question #1 would improve by one number:

Should've set boundaries sooner

3. What do you think about what you learned from the group today, does it apply to you, do you agree or disagree with its value (2-4 sentences)

I didn't learn anything that I hadn't learned before,  
I will take away the bit of relief from a moment of meditation  
so I'm grateful for that

4. Give one specific example in how you can apply the information you learned to reduce symptoms, develop skill and/or change behavior. (3-5 sentences)

I would like to regain the discipline to meditate regularly.  
perhaps I'll take up my 21 day meditation schedule again  
It helped in the past

5. Describe what progress you made on your treatment goals (3-5 sentences)

Stayed sober  
Called my sponsor  
Hung out/reached out to other recovering addicts

6. Describe 3 skills / resources / activities that you use or participate in outside of group to prevent relapse.

AA, Stick with the winners, Called my sponsor

Before group: \_\_\_\_\_

After group: \_\_\_\_\_

GROUP NOTE

Name: Rebecca

Today's Date: 6/14/18

Date of Last Use: 4/1/18

What was today's group topic? Gender

1. In what area did you struggle with this week and rate the level of intensity: (1-least....10-most)

Explain what was the struggle.

(substance use, employment, education, relationships, health, legal status, mental health, emotional maintenance, coping, spirituality)

Relationships, coping, family

2. Describe what way/s your answer for question #1 would improve by one number:

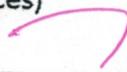
Just get it all figured out, but  
that's not going to happen

3. What do you think about what you learned from the group today, does it apply to you, do you agree or disagree with its value (2-4 sentences)

I learned I'm a really mean mom

..

4. Give one specific example in how you can apply the information you learned to reduce symptoms, develop skill and/or change behavior. (3-5 sentences)



5. Describe what progress you made on your treatment goals (3-5 sentences)

Stayed sober. Made it through a  
bunch of shit and still stayed sober

6. Describe 3 skills / resources / activities that you use or participate in outside of group to prevent relapse.

Mindfulness

Talk to people

Find interests

Before group: \_\_\_\_\_

After group: \_\_\_\_\_

**GROUP NOTE**

Name: DAN FRIDAY

Today's Date: 6-14-18

Date of Last Use: 5-30-18

What was today's group topic? gender Roles / media literacy

1. In what area did you struggle with this week and rate the level of intensity: (1-least....10-most)

Explain what was the struggle.

(substance use, employment, education, relationships, health, legal status, mental health, emotional maintenance, coping, spirituality)

pain + cravings over the weekend

2. Describe what way/s your answer for question #1 would improve by one number:

going to get a massage and see the chiropractor to help with the pain

3. What do you think about what you learned from the group today, does it apply to you, do you agree or disagree with its value (2-4 sentences)

I think I'm an open minded person with respect for others

So while the topic doesn't apply to me, the group was still beneficial.

4. Give one specific example in how you can apply the information you learned to reduce symptoms, develop skill and/or change behavior. (3-5 sentences)

I honestly don't know how I can use this specific group information to help with symptoms, but it still was a good group

5. Describe what progress you made on your treatment goals (3-5 sentences)

Sadly I haven't made any progress on the goals I set with Ben, but I'm happy I've stayed sober

6. Describe 3 skills / resources / activities that you use or participate in outside of group to prevent relapse.

AA

~~Gym~~ Gym

Moving stuff

Before group: \_\_\_\_\_

After group: \_\_\_\_\_



Date: 4/14/18  
Staff: AliSSW

## Drug Testing Shift Log

**Additional Comments:**

Staff Signature:

Once completed, place in Dropbox with email to Program Manager



## Drug Testing Shift Log

Date: 06-14-18 AM

Staff: Alex K.

### **Additional Comments:**

Staff Signature:

Once completed, place in Dropbox with email to Program Manager



## Drug Testing Shift Log

Date: 06-13-18 Evening

Staff: Alex E.

**Additional Comments:**

Spencer A wants test to be checked @ lab because he hasn't used BZO except when he was in jail 05/22

Staff Signature:

Once completed, place in Dropbox with email to Program Manager



1823 Sunset Pl Ste C  
Longmont, CO 80501  
(888) 509-3153

## Daily Check-in

Have you abstained from all non-prescribed drugs and alcohol since your last session?  Yes, If no, which substances \_\_\_\_\_  
How many continuous days of sobriety do you have? 25  
How many outside support meetings have you attended this week (i.e. AA, Refuge Recovery, etc)? None  
Have you had any cravings?  Yes  No  
Have you experienced any other challenges or difficulties outside the program (consider: social stressors, grief, depression, family, etc)?  Yes  No

Please Describe:

### Sleep:

How has the quality of your sleep been? ok How many hours did you get? 6  
Did you have trouble falling asleep?  Yes  No  
Any difficulty waking up?  Yes  No  
Any other problems with sleep?  Yes  No  
Any trouble staying asleep?  Yes  No  
Any nightmares?  Yes  No

### Medications:

Have you taken your medications consistently?  Yes  No      No Meds

If no, please indicate why:

Do you have concerns or questions about your meds at this time?  Yes  No  
If yes, please describe:

### Physical:

Are you having any physical symptoms or complaints at this time?  Yes  No  
If yes, please describe:

### Other Questions:

What did you do for self-care? cook healthy meals, go on walks, get exercise  
How is your mood at this time? good  
What are your goals for recovery today? I don't honestly know  
Have you set your weekly goal?  Yes  No

Name: Spencer Anderson  
Reviewed By: Kellee Haudman Is follow-up required  Yes  No

Date: 6/14/18



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## Daily Check-in

Have you abstained from all non-prescribed drugs and alcohol since your last session?  Yes, If no, which substances \_\_\_\_\_  
How many continuous days of sobriety do you have? 15  
How many outside support meetings have you attended this week (i.e. AA, Refuge Recovery, etc)? 2  
Have you had any cravings?  Yes  No  
Have you experienced any other challenges or difficulties outside the program (consider: social stressors, grief, depression, family, etc)?  Yes  No

Please Describe:

*Stress of moving/getting everything done and the timing of it all*

### Sleep:

How has the quality of your sleep been? OK How many hours did you get? 7  
Did you have trouble falling asleep?  Yes  No  
Any difficulty waking up?  Yes  No  
Any other problems with sleep?  Yes  No  
Any trouble staying asleep?  Yes  No  
Any nightmares?  Yes  No

### Medications:

Have you taken your medications consistently?  Yes  No      No Meds   
If no, please indicate why:

Do you have concerns or questions about your meds at this time?  Yes  No  
If yes, please describe:

### Physical:

Are you having any physical symptoms or complaints at this time?  Yes  No  
If yes, please describe: *physical pain/headaches*

### Other Questions:

What did you do for self-care? AA meetings, stayed busy w/ the house  
How is your mood at this time? OK  
What are your goals for recovery today? Don't use  
Have you set your weekly goal?  Yes  No

DAN FRIDAY

Name \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Is follow-up required  Yes  No

6-14-18



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## Daily Check-in

- Have you abstained from all non-prescribed drugs and alcohol since your last session?  Yes, If no, which substances \_\_\_\_\_  
How many continuous days of sobriety do you have? 74  
How many outside support meetings have you attended this week (i.e. AA, Refuge Recovery, etc)? 0  
Have you had any cravings?  Yes  No  
Have you experienced any other challenges or difficulties outside the program (consider: social stressors, grief, depression, family, etc)?  Yes  No

Please Describe:

Family Stress huge! Relationship. Life Mayhem

Sleep: How has the quality of your sleep been? Poor How many hours did you get? -5  
Did you have trouble falling asleep?  Yes  No  
Any difficulty waking up?  Yes  No  
Any other problems with sleep?  Yes  No

Wake up all the time up by 4:30

### Medications:

Have you taken your medications consistently?  Yes  No      No Meds

If no, please indicate why: Out of one

Do you have concerns or questions about your meds at this time?  Yes  No  
If yes, please describe:

### Physical:

Are you having any physical symptoms or complaints at this time?  Yes  No

If yes, please describe:

Muscle aches

### Other Questions:

What did you do for self-care? Nothing

How is your mood at this time? Bad

What are your goals for recovery today? Stay Sober

Have you set your weekly goal?  Yes  No

Rebecca Schind

Name

Reviewed By: \_\_\_\_\_ Is follow-up required  Yes  No

Date

10/14/18



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## Daily Check-in

Have you abstained from all non-prescribed drugs and alcohol since your last session?  Yes, If no, which substances \_\_\_\_\_

How many continuous days of sobriety do you have? 3 days maybe??

How many outside support meetings have you attended this week (i.e. AA, Refuge Recovery, etc.)? \_\_\_\_\_

Have you had any cravings?  Yes  No

Have you experienced any other challenges or difficulties outside the program (consider: social stressors, grief, depression, family, etc.)?  Yes  No

Please Describe:

*Still dealing with the change of finding out we not gonna be a dad*

### Sleep:

How has the quality of your sleep been? Sparse How many hours did you get? 5

Did you have trouble falling asleep?  Yes  No

Any trouble staying asleep?  Yes  No

Any difficulty waking up?  Yes  No

Any nightmares?  Yes  No

Any other problems with sleep?  Yes  No

### Medications:

Have you taken your medications consistently?  Yes  No      No Meds

If no, please indicate why:

Do you have concerns or questions about your meds at this time?  Yes  No  
If yes, please describe:

### Physical:

Are you having any physical symptoms or complaints at this time?  Yes  No

If yes, please describe:

### Other Questions:

What did you do for self-care? Stayed close to family. Took care of responsibilities  
How is your mood at this time? Hopeful and optimistic, but tired  
What are your goals for recovery today? To share my gratitude for my sobriety  
Have you set your weekly goal?  Yes  No

Kris K

Name: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Is follow-up required  Yes  No

Date

6-14-18



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## Daily Check-in

Have you abstained from all non-prescribed drugs and alcohol since your last session?  Yes, if no, which substances \_\_\_\_\_

How many continuous days of sobriety do you have? 85

How many outside support meetings have you attended this week (i.e. AA, Refuge Recovery, etc)? 0

Have you had any cravings?  Yes  No

Have you experienced any other challenges or difficulties outside the program (consider: social stressors, grief, depression, family, etc)?  Yes  No

Please Describe:

### Sleep:

How has the quality of your sleep been? Great How many hours did you get? 8

Did you have trouble falling asleep?  Yes  No

Any difficulty waking up?  Yes  No

Any other problems with sleep?  Yes  No

Any trouble staying asleep?  Yes  No

Any nightmares?  Yes  No

### Medications:

Have you taken your medications consistently?  Yes  No No Meds

If no, please indicate why:

Do you have concerns or questions about your meds at this time?  Yes  No

If yes, please describe:

### Physical:

Are you having any physical symptoms or complaints at this time?  Yes  No

If yes, please describe:

### Other Questions:

What did you do for self-care? Exercise

How is your mood at this time? great

What are your goals for recovery today? Stay sober

Have you set your weekly goal?  Yes  No

Name Zach

Reviewed By: \_\_\_\_\_ Is follow-up required  Yes  No

Date 6/21/18



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## Daily Check-in

Have you abstained from all non-prescribed drugs and alcohol since your last session?  Yes, if no, which substances \_\_\_\_\_  
How many continuous days of sobriety do you have? 108  
How many outside support meetings have you attended this week (i.e. AA, Refuge Recovery, etc)? X  
Have you had any cravings?  Yes  No  
Have you experienced any other challenges or difficulties outside the program (consider: social stressors, grief, depression, family, etc)?  Yes  No

Please Describe:

### Sleep:

How has the quality of your sleep been? good How many hours did you get? 7.5  
Did you have trouble falling asleep?  Yes  No  
Any difficulty waking up?  Yes  No  
Any other problems with sleep?  Yes  No  
Any trouble staying asleep?  Yes  No  
Any nightmares?  Yes  No

### Medications:

Have you taken your medications consistently?  Yes  No      No Meds   
If no, please indicate why:

Do you have concerns or questions about your meds at this time?  Yes  No  
If yes, please describe:

### Physical:

Are you having any physical symptoms or complaints at this time?  Yes  No  
If yes, please describe:

### Other Questions:

What did you do for self-care? Exercise  
How is your mood at this time? \_\_\_\_\_  
What are your goals for recovery today? \_\_\_\_\_  
Have you set your weekly goal?  Yes  No

Jon Njos  
Name  
Reviewed By: \_\_\_\_\_ Is follow-up required  Yes  No

6/20/18