**CP FORM 6**

**GROUP LOG FORM**

**SUMMARY OF GROUP CONTACT HOURS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GROUP CODE** | **DATE:**  **FROM** | **DATE:**  **TO** | **No. OF SESSIONS** | **No. OF HOURS** | **PRESENTING CONCERNS AND MAIN ISSUES EXPLORED** |
| G1 | 6/2/24 | 6/2/24 | 1 | 2 | The group, comprising recovering addicts, part of a 90-day recovery program, seeks support in navigating their journeys. They share challenges including triggers, social relationships, understanding root causes, and gaining insights into addictive patterns and thought processes. Their participation reflects a commitment to understanding and overcoming addiction. |
| G2 | 7/2/24 | 7/2/24 | 1 | 2 ½ | The presenting concerns and main issues explored involve ensuring a successful transition for the daughter post-rehabilitation from alcohol addiction. The family seeks guidance on creating an exit plan and establishing sustainable support systems for her ongoing recovery journey. The therapy aims to strengthen family communication, identify triggers, prevent relapse, provide psycho-education, and address family roles and responsibilities in supporting the daughter's recovery. |
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|  |  |  |  |  |  |

**TOTAL HOURS… COLLECTIVE HOURS…**

**STUDENT COUNSELLOR’S SIGNATURE… DATE…**

**SITE SUPERVISOR’S NAME… SIG… DATE…**

**UNIVERSITY SUPERVISOR’S NAME… SIG… DATE…**