

FAMILY THERAPY SESSION NOTE

Family Name: _____ Date: _____

Session #: _ Duration: _ Next Appointment: _____

Therapist: _____ Co-Therapist: _____

SESSION ATTENDANCE

Family Members Present: Name: __ Age: Relationship: __ Name: __ Age: __
Relationship: __ Name: __ Age: __ Relationship: __ Name: __ Age: __ Relationship: __
Name: __ Age: __ Relationship: _____

Absent Members: Name: __ Reason: ☐ Work ☐ School ☐ Illness ☐ Refused ☐
Other: _

Others Present: ☐ None ☐ Extended family ☐ Friend ☐ Advocate ☐ Interpreter
Name/Role: _____

PRESENTING ISSUES TODAY

Primary Focus: ☐ Communication problems ☐ Behavioral issues ☐ Parent-child
conflict ☐ Sibling conflict ☐ Discipline issues ☐ School problems ☐ Mental health ☐
Substance use ☐ Trauma ☐ Divorce/separation ☐ Blended family issues ☐ Financial
stress ☐ Extended family ☐ Cultural issues ☐ Other: _

Who Identified the Problem: ☐ Parents ☐ Children ☐ School ☐ Court ☐ Other family
☐ Therapist

Family's Description of Current Issues:

FAMILY DYNAMICS OBSERVED

Communication Patterns: ☐ Open communication ☐ Limited communication ☐ Poor communication ☐ Frequent interrupting ☐ Respectful listening ☐ Defensive responses ☐ Blame/criticism ☐ Supportive statements ☐ Emotional expression

Power Structure: ☐ Clear hierarchy ☐ Unclear roles ☐ Parent coalition ☐ Child in charge ☐ Triangulation ☐ Scapegoating ☐ Enmeshment ☐ Disengagement

Alliances/Coalitions: ☐ Healthy parent alliance ☐ Parent-child coalition ☐ Sibling alliance ☐ Cross-generational coalition ☐ Shifting alliances ☐ Isolation

Boundaries: ☐ Appropriate ☐ Rigid ☐ Diffuse ☐ Enmeshed ☐ Disengaged ☐ Generational boundary issues ☐ External boundary issues

Emotional Climate: ☐ Warm/supportive ☐ Neutral ☐ Tense ☐ Hostile ☐ Chaotic ☐ Withdrawn

INDIVIDUAL PRESENTATIONS

Parent 1: _____ **Mood:** ☐ Calm ☐ Anxious ☐ Frustrated ☐ Angry ☐ Sad ☐ Overwhelmed **Participation:** ☐ Active ☐ Moderate ☐ Minimal ☐ Dominating ☐ Withdrawn **Key concerns:** _____

Parent 2: _____ **Mood:** ☐ Calm ☐ Anxious ☐ Frustrated ☐ Angry ☐ Sad ☐ Overwhelmed **Participation:** ☐ Active ☐ Moderate ☐ Minimal ☐ Dominating ☐ Withdrawn **Key concerns:** _____

Child 1: _____ **Age:** _ **Mood:** ☐ Cooperative ☐ Defiant ☐ Withdrawn ☐ Anxious ☐ Angry **Participation:** ☐ Age-appropriate ☐ Mature ☐ Immature ☐ Resistant **Behavior in session:** _____

Child 2: _____ **Age:** _ **Mood:** ☐ Cooperative ☐ Defiant ☐ Withdrawn ☐ Anxious ☐ Angry **Participation:** ☐ Age-appropriate ☐ Mature ☐ Immature ☐ Resistant **Behavior in session:** _____

SESSION CONTENT

Opening (10 minutes): Check-in format: ☐ Round robin ☐ Open discussion ☐ Structured questions **Homework review:** ☐ Completed ☐ Partial ☐ Not done ☐ N/A
Key themes from check-in:

Main Focus (30-40 minutes): Primary intervention: ☐ Communication skills ☐ Problem-solving ☐ Conflict resolution ☐ Behavioral management ☐ Psychoeducation ☐ Structural intervention ☐ Narrative therapy ☐ Play therapy ☐ Art therapy ☐ Other: _____

Specific techniques used:

Family response to interventions: ☐ Very engaged ☐ Engaged ☐ Mixed engagement ☐ Resistant ☐ Overwhelmed

Key insights/breakthroughs:

Challenges encountered:

Closing (5-10 minutes): Summary provided by: ☐ Therapist ☐ Family members ☐ Collaborative **Homework assigned:**

THERAPEUTIC INTERVENTIONS

Structural Interventions: ☐ Boundary setting ☐ Hierarchy clarification ☐ Enactment ☐ Unbalancing ☐ Boundary making ☐ Joining ☐ Other: _____

Communication Interventions: ☐ Active listening training ☐ I-statements ☐ Reflective listening ☐ Conflict resolution skills ☐ Emotional expression ☐ Other: ____

Behavioral Interventions: ☐ Behavior modification ☐ Contingency management ☐ Token economy ☐ Natural consequences ☐ Positive reinforcement ☐ Other: _____

Systemic Interventions: ☐ Genogram ☐ Family mapping ☐ Circular questioning ☐ Reframing ☐ Externalization ☐ Miracle question ☐ Other: _____

Experiential Interventions: ☐ Role playing ☐ Empty chair ☐ Family sculpting ☐ Art activities ☐ Play therapy ☐ Movement ☐ Other: _____

PROGRESS ASSESSMENT

Family Goals: Goal 1: _____ **Progress:** ☐ Achieved ☐ Significant progress ☐ Some progress ☐ No progress ☐ Regression

Goal 2: _____ **Progress:** ☐ Achieved ☐ Significant progress ☐ Some progress ☐ No progress ☐ Regression

Goal 3: _____ **Progress:** ☐ Achieved ☐ Significant progress ☐ Some progress ☐ No progress ☐ Regression

Individual Goals: Member: __ **Goal:** _____ **Progress:** ☐ Achieved ☐ Significant progress ☐ Some progress ☐ No progress

Member: __ **Goal:** _____ **Progress:** ☐ Achieved ☐ Significant progress ☐ Some progress ☐ No progress

Overall Family Functioning (1-10): _____ **Change from last session:** ☐ Improved ☐ Same ☐ Declined

SAFETY ASSESSMENT

Child Safety: ☐ No concerns ☐ Mild concerns ☐ Moderate concerns ☐ Serious concerns

Specific safety issues: ☐ Physical abuse ☐ Emotional abuse ☐ Neglect ☐ Sexual abuse ☐ Domestic violence ☐ Substance abuse ☐ Mental health crisis ☐ Other: _____

Protective factors: ☐ Strong parent-child bond ☐ Extended family support ☐ Community resources ☐ Previous successful coping ☐ Motivation for change ☐ Other: _____

Risk factors: ☐ History of abuse ☐ Substance use ☐ Mental illness ☐ Social isolation ☐ Financial stress ☐ Domestic violence ☐ Other: _____

Action taken: ☐ None needed ☐ Safety planning ☐ Referral ☐ CPS consultation ☐ Crisis intervention ☐ Other: _____

HOMEWORK/BETWEEN-SESSION TASKS

Family Tasks: 1. _____ 2. _____ 3. _____

Individual Tasks: Parent 1: _____ Parent 2: _____ *Child 1:* _____ *Child 2:* _____

Skills to Practice: ☐ Communication skills ☐ Problem-solving ☐ Conflict resolution ☐ Behavioral strategies ☐ Emotional regulation ☐ Family time ☐ Other: _____

Resources Provided: ☐ Handouts ☐ Books ☐ Apps ☐ Community resources ☐ Referrals ☐ Other: _____

TREATMENT PLANNING

Current Treatment Phase: ☐ Assessment ☐ Engagement ☐ Intervention ☐ Maintenance ☐ Termination

Treatment Approach: ☐ Structural ☐ Strategic ☐ Solution-focused ☐ Narrative ☐ Bowenian ☐ Experiential ☐ Behavioral ☐ Multisystemic ☐ Other: _____

Session Format: ☐ Whole family ☐ Subsystem work ☐ Individual sessions ☐ Combination

Frequency: ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ As needed ☐ Intensive

Estimated Duration: ☐ Short-term (1-3 months) ☐ Moderate (3-6 months) ☐ Long-term (6+ months)

Referrals Needed: ☐ None ☐ Individual therapy ☐ Psychiatric evaluation ☐ Medical evaluation ☐ School consultation ☐ Legal consultation ☐ Substance abuse treatment ☐ Parenting classes ☐ Support groups ☐ Other: _____

CULTURAL CONSIDERATIONS

Cultural Background:

Language Preferences: ☐ English ☐ Spanish ☐ Other: _____ ☐ Interpreter needed ☐
Bilingual family

Cultural Factors Affecting Treatment: ☐ Family structure ☐ Gender roles ☐ Authority patterns ☐ Communication styles ☐ Help-seeking beliefs ☐ Mental health stigma ☐ Religious beliefs ☐ Other: _____

Cultural Strengths:

Cultural Adaptations Made:

SYSTEMIC FACTORS

Extended Family Influence: ☐ Supportive ☐ Neutral ☐ Interfering ☐ Conflicted ☐
Absent

School System: ☐ Supportive ☐ Neutral ☐ Problematic ☐ Collaborative ☐ Not involved

Community Resources: ☐ Well-connected ☐ Some resources ☐ Limited resources ☐
Isolated

Legal System Involvement: ☐ None ☐ CPS ☐ Custody issues ☐ Juvenile justice ☐
Other: _____

Healthcare System: ☐ Good access ☐ Limited access ☐ No access ☐ Coordination needed

THERAPIST OBSERVATIONS

Therapeutic Relationship: ☐ Strong alliance ☐ Good alliance ☐ Developing ☐ Strained ☐ Resistant

Family Strengths:

Areas for Growth:

Prognosis: ☐ Excellent ☐ Good ☐ Fair ☐ Guarded ☐ Poor

Factors Affecting Prognosis: Positive: _____ **Negative:** _____

Countertransference Issues:

Supervision Needs: ☐ None ☐ Case consultation ☐ Technique guidance ☐ Ethical issues ☐ Safety concerns ☐ Other: _____

NEXT SESSION PLAN

Primary Focus:

Specific Interventions Planned:

Family Members to Include: ☐ Whole family ☐ Parents only ☐ Children only ☐ Specific subsystem: _____

Materials Needed: ☐ Assessment tools ☐ Handouts ☐ Art supplies ☐ Games ☐ Technology ☐ Other: _____

Preparation Required:

Therapist Signature: _____ **Date:** _____

Co-Therapist Signature: _____ **Date:** _____

License #: __ Credentials: __

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