

# FAMILY THERAPY SESSION NOTE

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Family Name: \_\_\_\_\_ Date: \_\_\_\_\_

Session #: \_ Duration: \_ Next Appointment: \_\_\_\_\_

Therapist: \_\_\_\_\_ Co-Therapist: \_\_\_\_\_

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## SESSION ATTENDANCE

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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: \_\_\_\_\_

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## PRESENTING ISSUES TODAY

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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:

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## FAMILY DYNAMICS OBSERVED

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**Emotional Climate:**  Warm/supportive  Neutral  Tense  Hostile  Chaotic  Withdrawn

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## INDIVIDUAL PRESENTATIONS

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**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**Withdrawn Key concerns:** \_\_\_\_\_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:** \_\_\_\_\_

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## SESSION CONTENT

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**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:**

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**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: \_\_\_\_\_

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**Specific techniques used:**

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**Family response to interventions:**  Very engaged  Engaged  Mixed engagement

Resistant  Overwhelmed

**Key insights/breakthroughs:**

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**Challenges encountered:**

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**Closing (5-10 minutes): Summary provided by:**  Therapist  Family members

Collaborative **Homework assigned:**

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## THERAPEUTIC INTERVENTIONS

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**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: \_\_\_\_\_

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## PROGRESS ASSESSMENT

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**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

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## SAFETY ASSESSMENT

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**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: \_\_\_\_\_

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

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**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: \_\_\_\_\_

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## HOMEWORK/BETWEEN-SESSION TASKS

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**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: \_\_\_\_\_

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## TREATMENT PLANNING

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**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: \_\_\_\_\_

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# CULTURAL CONSIDERATIONS

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## Cultural Background:

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**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:

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## Cultural Adaptations Made:

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# SYSTEMIC FACTORS

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**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

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# THERAPIST OBSERVATIONS

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

**Family Strengths:**

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**Areas for Growth:**

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**Prognosis:**  Excellent  Good  Fair  Guarded  Poor

**Factors Affecting Prognosis: Positive:** \_\_\_\_\_ **Negative:** \_\_\_\_\_

**Countertransference Issues:**

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**Supervision Needs:**  None  Case consultation  Technique guidance  Ethical issues  Safety concerns  Other: \_\_\_\_\_

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## NEXT SESSION PLAN

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**Primary Focus:**

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**Specific Interventions Planned:**

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**Family Members to Include:**  Whole family  Parents only  Children only  Specific subsystem: \_\_\_\_\_

**Materials Needed:**  Assessment tools  Handouts  Art supplies  Games  Technology  Other: \_\_\_\_\_

**Preparation Required:**

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**Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**License #:    Credentials:**

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*Confidential family therapy record protected by HIPAA regulations.*