

Therapist Group Planner Packet

Group topics, activities, and tips
for troubleshooting



Counseling Interventions & Techniques

There are countless counseling interventions designed to support clients with various symptoms, many of which align with specific therapeutic theories. Below are three commonly used theoretical approaches, each with associated techniques.

Challenge yourself: Choose a skill or intervention you're less familiar with, thoroughly research how to apply it, and integrate it into an upcoming session. Afterward, reflect on the experience and write about it.

Cognitive Behavioral Therapy (CBT): 10 Interventions

- 1 Behavioral experiments
- 2 Thought records
- 3 Scheduling pleasant activities
- 4 Exposure (situation exposure hierarchies, flooding, systematic desensitization)
- 5 Journaling
- 6 Cognitive restructuring
- 7 Functional assessment (ABCs)
- 8 Reframing
- 9 Homework
- 10 Roleplay

Source: <https://www.unk.com/blog/15-core-cbt-techniques-you-can-use-right-now/>

Dialectical Behavior Therapy (DBT): 4 Skills

- 1 Mindfulness
- 2 Distress tolerance
- 3 Emotion regulation
- 4 Interpersonal effectiveness

Source: <https://dbtselfhelp.com/>

Motivational Interviewing (MI): 10 Techniques

- 1 Affirmations
- 2 Advice/feedback
- 3 Asking permission
- 4 Normalizing
- 5 Open-ended questions
- 6 Reflective listening
- 7 Summaries
- 8 Change talk
- 9 Pros/cons (decisional balancing)
- 10 Readiness/confidence to change ruler

Source: <https://www.nova.edu/gsc/>



Participant in Crisis

**Emotional Overwhelm
(Cannot Self-Regulate)**

**SI, Suicidal, or Threats
of Self-Harm**

**One facilitator stays
with group; other
escorts client to private
location**

**Provide grounding, self-
soothing, breathing,
calm presence**

**Not Imminent
Risk**

**Imminent
Risk**

**Call 988 with
client**

**Call 911
immediately**

Safe Transition and Follow-up Support: Call emergency contact, ensure safe transport home (unless taken by ambulance to ER), debrief with client at a later time once they're stabilized, revisit safety plan

Document & Debrief: Complete incident report and debrief (include program supervisor if applicable)

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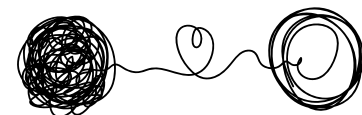
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NOTES

REMINDER



30 Topics for Group Therapy

Emotional Regulation

Building distress tolerance skills
Mindfulness
Interpersonal effectiveness

Stress Management

The impact of stress
Relaxation techniques
Effective time management

Coping Skills

Self-care
Healthy vs. unhealthy coping
Building resilience

Cognitive Restructuring

Identifying cognitive distortions
Challenging negative thoughts
Reframing self-critical beliefs

Behavior Change

Overcoming procrastination
Motivational strategies
Creating effective habits

Relationships & Communication

Healthy boundaries
Conflict resolution skills
Effective listening techniques

Self-Discovery & Growth

Exploring self-concept
Personal mission statement
Values clarification

Self-Esteem & Confidence

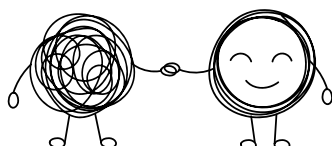
Positive affirmations
Activities to boost self-esteem
Overcoming fear of failure

Mental Health

Understanding depression
Recognizing signs of anxiety
The impact of trauma

Wellness

Exercise and wellbeing
Improving sleep hygiene
Nutrition



GROUP DISCUSSION QUESTIONS

for Guilt & Shame

UNDERSTANDING GUILT & SHAME

How would you describe the difference between guilt and shame in your own words? Is one worse than the other?

GUILT & SHAME TRIGGERS

Can you share a situation where you felt guilt or shame?
What triggered those feelings?

THE IMPACT OF GUILT & SHAME

How do guilt and shame influence the choices you make or how you interact with others?
How does shame affect your self-identity?

HEALTHY VS. UNHEALTHY GUILT

How can guilt be a positive or motivating force?
When does it become harmful?

COPING & SELF- FORGIVENESS

How do you usually cope with feelings of guilt or shame?
How can you practice self-forgiveness?

SUPPORT & CONNECTION

How can sharing feelings of guilt or shame in a safe space like this group help with the healing process?

15 TIPS FOR DEALING WITH CHALLENGES IN GROUP

Strategies for managing resistance, disruptive behaviors, and lack of engagement in group therapy

1. If possible, **co-facilitate**. One clinician leads while the other observes. The observer remains attuned to the general “tone” of the group (e.g., facial expressions, body language, etc.)

2. **Review expectations at the beginning of every group**. Ask clients to recall the guidelines to promote a collaborative spirit.

3. After guidelines are reviewed, explain that while interrupting is discouraged, **there may be times when you interject to maintain the overall wellness and safety of the group**. (Knowing this, a client is less likely to get angry or feel disrespected when/if it happens.)

4. If you interrupt, **apologize, and explain the rationale**.

5. **Avoid power struggles**, especially when a client challenges the benefits of group. (Unhealthier group members will typically side with the challenger and voice their own complaints.) When an individual challenges the efficacy of treatment (or the facilitator), it could be a defense mechanism. Sometimes, the best response is simply “okay,” or none at all. You could also **acknowledge the challenger’s perspective and ask to meet with them after group**. If the group is relatively healthy, you may want to **illicit feedback from members** (e.g., “Can you relate to [challenging client]?”)

6. If a client becomes angry or tearful, **give them time to vent or cry** for a moment or two (**don’t “Band-Aid”**); they may be able to self-regulate. (If they do, **acknowledge it and affirm the client**.)

TIPS FOR DEALING WITH CHALLENGES IN GROUP (CONT.)

7. If a client's anger escalates to a disruptive level, **ask them to take a break**. At this point, their behavior is potentially triggering others. **Don't raise your voice to match them**. Direct them to step out and ask them to return when they're in a better space to process. You may have to repeat yourself several times; remain firm and calm, and they will eventually hear you.

8. If a client is disrespectful (cursing at you or another client, name-calling, insulting, etc.) while escalated, **let them know it's not okay, but avoid a lengthy explanation or attempts to problem-solve**. (A simple "Hey, that's not okay" works well.) Later, bring it up when they've deescalated.

9. Once the escalated client exits, **briefly acknowledge what happened, and let the group know you plan to follow up with the individual**. (Don't ignore the incident.) If a group member wants to talk about it, **ask them to stick to how they're feeling, but stress that it's not okay to talk about another group member when they're not there to defend themselves**.

10. After a blow-up (once everyone is calm), it may be productive for the entire group to **process what happened with the person who was escalated**. Group members can empathize/relate, share their observations and/or how it made them feel, and offer feedback.

11. If other disruptive behaviors occur (side conversations, snoring, etc.), **address them in the moment** (unless to do so would be shameful to the individual). Objectively point out the behavior and explain how it's disruptive. Refer back to the group guidelines. If appropriate, ask group members to chime in as to how it affects them. Ignoring a behavior that hinders the group process sends a message that it's acceptable, which impacts the integrity of the group, and encourages further disruptive behaviors.

TIPS FOR DEALING WITH CHALLENGES IN GROUP (CONT.)

12. For clients who monopolize, make insensitive jokes, or attempt to intentionally distract by changing the topic, **point out your observations and if appropriate, encourage group members to chime in.**

13. If, on the other hand, group members are disengaged, **ask why, privately or in the group,** whichever is clinically appropriate.

14. If there's an overall general level of disengagement, **bring it up in the group.** Remain objective and state your observations. **Be open to the group's feedback** (providing it's appropriate) and don't take it personally.

15. Anticipate that at times, **people may not have much to say.** They may not feel safe, or they may lack the emotional energy. Maybe they're tired or worried or ill. **Don't force the group process.** Instead, have backup plan: watch a psychoeducational film, take a walk, listen to a guided meditation or music, color, etc. (This is also an excellent strategy for when you're burned out, preoccupied, feeling under the weather, etc.!)



Always keep in mind a client's stage of change, their internal experiences (e.g., hearing voices, social anxiety, paranoia, physical pain, etc.), external circumstances (e.g., a recent medication change, loss of housing, conflict with roommates, etc.), and history of trauma. What looks like resistance may be something else entirely.



20 CHECK-IN IDEAS FOR THERAPY SESSIONS

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- 1) I'm glad you're here! What brings you in? (For initial session)
 - 2) Good to see you! How was the drive?
 - 3) What are you hoping to get out of our session today?
 - 4) What are your goals for today?
 - 5) What would you like to focus on today?
 - 6) Where would you like to start?
 - 7) Would you like to start by reviewing the homework session?
 - 8) Let's begin with a short meditation. [Guide client through meditation or imagery exercise]
 - 9) Last week we left off on [topic or themes from previous session]. Where do you want to pick up today?
 - 10) How is your mind?
 - 11) Where are you at today?
 - 12) Rate your mood on a scale from 1-10.
 - 13) What are some things you're feeling good about?
 - 14) What's been going well this week?
 - 15) What's something positive that's happened since we last met?
 - 16) Anything new or exciting since we last met?
 - 17) What's new in your world?
 - 18) What are some highs and lows you've experienced?
 - 19) What's been working for you and what have you found challenging?
 - 20) Catch me up on things.
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TREATMENT PLANNING WORKSHEET

Please take your time to describe the problems you are currently facing, along with your personal goals, for the life areas listed below. You may have goals for only one or two of the life areas or you may find that you have goals for them all. When finished, turn this sheet in to your therapist; he/she will use the information you provided to develop a framework for your individualized treatment plan.

Problem Area 1: Mental Health & Substance Use

Goals for Mental Health & Substance Use

What have you tried in the past to fix your problems related to mental health and/or substance use? What has been the most helpful?

TREATMENT PLANNING WORKSHEET

Problem Area 2: Family & Relationships

Goals for Family & Relationships

What have you tried in the past to fix your problems related to family and relationships? What has been the most helpful?

TREATMENT PLANNING WORKSHEET

Problem Area 4: Income, Employment, and/or Housing

Goals for Income, Employment, and/or Housing

What have you tried in the past to fix your problems related to income, employment, and/or housing? What has been the most helpful?

TREATMENT PLANNING WORKSHEET

Problem Area 5: Legal Issues (Probation or Parole)

Goals for Legal Issues

What have you tried in the past to fix your problems related to legal issues? What has been the most helpful?

TREATMENT PLANNING WORKSHEET

Problem Area 6: _____

Goals for _____

What have you tried in the past to fix your problems related to _____? What has been the most helpful?

TREATMENT PLANNING WORKSHEET

Problem Area 6: _____

Goals for _____

What have you tried in the past to fix your problems related to _____? What has been the most helpful?

GROUP CHECK-IN IDEAS

How are you feeling: physically, emotionally, and spiritually?

If you could be any animal, what would you be and why?

On a scale from 1 to 10, where are you at in your recovery and what does that number mean to you?

If your mood was a weather forecast, what would it be and why?

Tell about a healthy risk you've taken this week.

What brought you to treatment?

Describe yourself in three words.

What is something you want to change about yourself and what are two things you can do to accomplish this?

If you could go anywhere in the world, where would you go and why?

Describe your perfect world. (Who would be in it, what would you be doing, etc.)

Tell about a time you were happy.

Tell about a value that is important to you.

Tell about a problem you have right now.

Take a step outside of yourself and tell us what you see.

Where were you one year ago, where are you now, and where do you want to be a year from today?

Share one thing you would like to improve about yourself and discuss one way you can accomplish this.

Tell about a character defect you have and discuss two ways you can improve.

What is the scariest thing about being a part of this group?

How have you improved or changed since entering treatment?

Tell about a celebrity you admire and the reasons you admire them.

Tell about one thing you've learned and how you will apply it to your recovery program.

What is your favorite day of the week and why?

GROUP THERAPY RESOURCE GUIDE

