**Group note templates**

**Check-in group note**

W and other staff present engaged with group members in goal setting and reviewing their anxiety/stress levels as a way to promote their stabilization, manage their symptoms, and prevent a future crisis or hospitalization. W prompted group members to disclose their anxiety and/or stress level. If their stress/anxiety level was high, W and group members collaborated in ways to cope or decrease their symptoms. W coached group members to set at least one attainable goal for the day. W also encouraged group members to share feedback about the program. W provided group members with positive feedback for engaging in group.

**Check-out group note**

W and other staff present engaged with group members in goal setting and reviewing their anxiety/stress levels as a way to promote their stabilization, manage their symptoms, and prevent a future crisis or hospitalization. W prompted group members to disclose their anxiety and/or stress level. If their stress/anxiety level was high, W and group members collaborated in ways to cope or decrease their symptoms. W asked group members if they had accomplished the goal(s) that were set in check in group. W also encouraged group members to share feedback about the program. W provided group members with positive feedback for engaging in group

**Codependency group note**

W facilitated an IMR group on Codependency to identify how these unhealthy relationship patterns may exacerbate symptoms, leading to future MH crises or hospitalizations. W provided handouts to group members which reviewed some of the common characteristics of people struggling with codependency, including an exaggerated sense of responsibility for the feelings, actions wants or needs of others, an extreme need for approval and/or recognition and doing anything to hold on to a relationship. Then reviewed ways of moving beyond codependent patterns by communicating assertively, using I statements and setting clear and healthy boundaries within oneself and with others**.**

**Self-esteem group note**

W engaged group members around the topic of increasing their self-esteem as a way to promote their stabilization and prevent a future crisis or hospitalization. W reviewed strategies to promote their self-care. W encouraged all group members to read the educational materials and, while reading, marking the areas in which they struggle the most. W elicited feedback from the group about what stood out to them the most from the material. W prompted group members to identify the areas in which they struggle and prompted them, for homework, to develop a plan to work on these areas. W provided the group with positive feedback for attending group and engaging in the exercise**.**

**Sleep hygiene group note**

Writer facilitated a group on sleep hygiene and relaxation, and how these affect a person's ability to cope with stress, manage current mental health symptoms, and avoid future mental health crises. Writer reviewed rationale for better sleep hygiene and relaxation skills and how these can assist in managing mental health symptoms, cognition, memory and mood to identify symptoms/effects, and reduce crisis. Writer introduced 2 strategies on how to promote better sleep hygiene and relaxation: 1.) Engaged group members by modeling progressive muscle relaxation, coached group members in deep/square breathing techniques and prompted identification of any changes in themselves; 2.) Demonstrated how to journal patterns in sleep/wake cycles, use of caffeine, energy needs/exercise, and breathing practices to gain awareness of what contributes to better mental health.

**Boundaries group note**

W engaged group members around the topic of setting and maintaining boundaries as a way of promoting their stabilization and preventing a future crisis or hospitalization. W elicited the group's feedback on what their personal definition of a boundary is. W reviewed examples of boundaries. W reviewed why it may be difficult for people to set boundaries or, on the opposite side, why someone's boundaries may be too rigid. W encouraged group members to give examples of affirmations of basic rights to setting boundaries. W then coached group members on steps in setting boundaries. W encouraged group members to complete an exercise for homework focused on their experience with boundaries and ways to promote setting and maintaining boundaries. W provided the group with positive feedback for engaging in discussion, providing feedback, and giving examples.

**Conflict resolution group note (option 1)**

W engaged clients in a group intervention with the rationale to increase their conflict resolution skills and to increase their ability to own responsibility for one's behavior in a particular conflict situation. W reviewed that conflict can arise between people in a variety of situations and prompted the group to identify what can occur when people lack specific conflict resolution skills. W reviewed that without skills, often communication is not effective between parties, as well as blaming, shaming, and not taking responsibility for one's own behavior can occur. W reviewed that if both parties involved in the conflict are not able to accept responsibility and/or compromise with one another that resolving conflicts effectively can be difficult. W prompted the group to identify and share where they would rate themselves on a scale of 1-10 (1 being the lowest and 10 being the highest) on their ability and skill level in regards to being able to resolve conflicts effectively. W also inquired why they rated themselves at that level and what they were hoping to change to improve their abilities with this communication skill. W partnered with the group members to role play a mock conflict and ways that the conflict could be resolved effectively. W provided the group members with positive feedback on their abilities to problem solve as a group. W engaged further with the group members to complete a handout where each client identified a conflict in their own life and potential resolutions. W facilitated feedback and support from the peer group, as well as prompted the group to identify the benefits of developing conflict resolution skills.

**Conflict resolution (option 2)**

W engaged with group around the topic of "Conflict Resolution Skills." The rationale for this group is: Many individuals at RCRS report relationship stressors as a major contributor to their current crisis. By providing information about the causes of relationship conflict, the different responses to conflict, non-verbal communication and how to manage and resolve conflict, residents will be better equipped to manage conflict in their lives and avoid future crises. W provided handout on conflict resolution skills, and prompted each group member to take turns reading, or pass. W facilitated a discussion around the different types of conflict, and engaged in a whiteboard brainstorming activity where group members shared the most important components of a relationship. W modeled various non-verbal communication styles for group members to observe and "guess" what was being communicated. W wrote tips for conflict resolution on whiteboard and prompted group members to pick one they would like to try.

**Grounding skills group note**

W introduced the concept of grounding as a way to manage dissociating and overwhelming emotions. W provided two handouts. W taught group members the benefits of practicing Grounding skills and situations where they might be beneficial. W differentiated between sensory awareness grounding exercises and cognitive awareness exercises. Members then reviewed various examples and practiced two of the activities together. Members were challenged to attempt one of the exercises some time during the rest of the day.

**Guided meditation group note- Stop Panic and Anxiety app (compassion meditation w/music)**

W prompted group members to practice the distress tolerance skill of guided meditation, as this practice could promote mental health stabilization and prevent a future crisis or hospitalization. W reviewed the benefits of practicing meditation and mindfulness. W then prompted group members to choose a topic of meditation. Group members chose the topic of 'compassion', which focused on breathing exercises while providing imagery on showing compassion to self and others. W encouraged group members to practice mindfulness during this 20 minute exercise and prompted them to re-direct themselves should an interruption occur. W prompted group members to share their thoughts after the meditation was complete.

**Stress management group note**

Writer facilitated Health and Wellness group covering the topic of stress. The group focused on how stress affects the body, mind, behaviors and emotions and how to manage stress more effectively to help prevent a future mental health crisis. The group reviewed written material covering the different causes for stress, good stress versus bad stress and some ways in which to handle stress, in particular dealing with stress in the moment. Writer challenged group members to identify and handle one stressful situation in the moment

**Radical acceptance group note**

W engaged group members around the topic of radical acceptance as a way to promote their stabilization and prevent a future crisis or hospitalization. W and group members partnered to read through the educational material that focused on the DBT (dialectal behavior therapy) skill of radical acceptance. W reviewed that the skill means to accept something completely and without judgment. W reviewed an example that was detailed in the hand out. W prompted group members to think of a specific example that they could share with the group and challenged group members to identify what radical acceptance of the situation would be. W then reviewed an exercise of radical acceptance and encouraged group members to complete the exercise independently or with a staff this evening.

**Self-care group note**

Writer conducted group on self care behaviors as a way to add structure and maintain optimal health in order to prevent a future crisis. Writer reviewed the benefits of self care and the importance of using self care behaviors to maintain daily health. Writer gave handouts which reviewed techniques in relaxation, utilizing support systems, journaling, therapy, regular exercise, daily structure and avoiding making major life decisions. Group members were prompted to share techniques which work for themselves, and share barriers to daily self care. Group members were encouraged to create a schedule of daily self care behaviors which they can begin to create as habits while at RWCR.

**Nutrition group note**

Writer facilitated Health and Wellness group to review the importance of nutrition. Writer reviewed rationale of how nutrients, emotional eating (habits) and weight gain can affect mood/mental health symptoms and can interact with psychotropic medications to either minimize or contribute to mental health deterioration/crises. Writer used visual aids, written material and group discussion to engage/prompt group members in active exploration to identify what healthy food choices they make. The group reviewed food labels and their nutrients as well as a list of foods that may help with specific mental health symptoms.

**Thought-stopping group note**

Writer conducted group on thought stopping as a way to prevent a future crisis. Writer reviewed how depression and anxiety can often make for racing thoughts about things that have gone wrong in the past or might go wrong in the future. Writer reviewed a two-step process to thought stopping. The first step is to stop thoughts by engaging in activities which replacing racing thoughts such as counting backwards from 100, singing a song, reciting a poem, etc. Writer then reviewed Step two which is how to keep thoughts away by engaging in activities such as talking a walk, reading a book, listening to a tape, or doing crafts or a hobby. Writer prompted group members to list items from Step 1 and Step 2 which they could engage to help thought stopping.

**Self-talk group note**

W engaged group members around the topic of negative self talk as a way to provide group members with awareness to help prevent their mental health symptoms from worsening. W provided group members with the analogy of a 'poisoned parrot'. W had group members read through the material and then prompted them to provide their feedback and how they interpreted the analogy. W then reviewed that group members could counter their negative self talk by using the skill reviewed from earlier (thought stopping) and replacing it with affirmations. W reviewed affirmations and how to positively use them. W encouraged group members, for homework, to come up with three positive affirmations to counter their negative self talk.

**Distress tolerance group note**

W engaged group members around the topic of Distress Tolerance as a way to promote MH stabilization and prevent future hospitalizations. W provided each group member a handout on DT skills which explained Radical Acceptance, Self-Soothing and the acronym “ACCEPTS”, which stands for Activities, Contributing, Comparisons, Emotions, Pushing away, Thoughts and Sensations. Group members also received a worksheet on ACCEPTS and were encouraged to complete it and share some of their ideas with other members.

**Medication adherence group note**

Writer facilitated a Health and Wellness group and reviewed with the group members the importance of medication adherence, particularly how this promotes decreased symptoms, narrows the range of symptom severity/lability, and increases stability to prevent future mental health crises. Writer engaged group members through group discussion and visual learning to identify possible negative effects of past non-adherence. Writer prompted group members to self-identify possible barriers as well as strategies to medication adherence. Writer reviewed common effects of medication, both positive and negative, and prompted group members to self-identify individual effects and how to contact a provider when/if negative side effects become bothersome.

**Cognitive Distortions**

Writer facilitated a group on identifying thought distortions, to teach group members to cope with their symptoms, and prevent future mental health crisis. Writer provided group members with a handout and encouraged recipients to review each unhelpful thinking habit with the group and encouraged group members to discuss examples and how they see this fits in to their life. Writer normalized thought distortions for the group, and identified several examples. Writer encouraged recipients to identify which thought distortions they most identify with.

**Cycle of Fear Group**

Writer facilitated a group on the cycle of fear and panic to develop awareness about human responses to stimuli and avoidant tendencies in order to improve behavioral patterns that will prevent future mental health crisis. Writer provided group members with a handout of the cycle of fear: New or threatening or challenging situation > Normal fear/anxiety reaction (release of adrenaline and glucose into bloodstream, helps prepare us by giving extra energy, increase alertness and learning powers, may feel shaky with increased breathing and heart rate) > Distorted interpretation (perceive that feelings of fear are unacceptable and can't be tolerated, fear of fear develops, make faulty decision that situation must be avoided so feeling of fear will go away) > Avoidance (refusal to face situation, followed by feeling of relief) > Lack of experience and knowledge (ignorance breeds more fear, fear is increased). W and group members discussed each stage of the cycle of fear and W encouraged group members to discuss examples and how they see this fits in to their life. Writer and group members also shared responses to the following questions from the handout: What am I avoiding because of my fear? What other factors may be adding to my fear? What small step could I take to work through my fear? Writer encouraged recipients to contemplate the fight or flight phenomenon and healthy fear next time they experience a new or threatening or challenging situation.

**5 levels of disclosure group note**

W engaged group members around the topic of levels of disclosure and boundaries as a way of promoting their stabilization and preventing a future crisis or hospitalization. W elicited the group's feedback on what levels of disclosure mean to them. W identified the 5 levels of disclosure; starting from most general to most personal. W coached group members to identify what types of communication would qualify as appropriate at each level. Group members were encouraged to share personal examples. W encouraged group members to give examples of how these levels can help to set boundaries and determine if we are violating others boundaries. W provided group members with a handout and prompted them that there will be an activity regarding this later this afternoon.

**Motives and consequences group note**

W engaged with group members around the topic of substance use motives and consequences as a way to promote their stabilization and prevent a future crisis or hospitalization. W reviewed with group members the reasons why people use substances and also reviewed the consequences of using substances. W encouraged group members to complete the hand out with a 'pay off matrix' while brain storming answers. W prompted group members to identify the positive and negative consequences of using drugs and alcohol. W then prompted group members to identify the positive and negative consequences of not using drugs and alcohol. After collaborating to write all of these lists, W prompted group members to think of ways of minimizing the negative consequences of not using substances. W provided group members with positive feedback for actively collaborating to complete the 'pay off matrix'

**Positive Affirmations Group (only)**

W engaged with group around the topic of "Positive Affirmations". The rationale for this topic was: many individuals in crisis endorse persistent negative self talk. Replacing negative self talk with positive affirmations helps individuals create a more positive mindset, building resilience and adding to their self-care toolbox. W led whiteboard brainstorming session on the plusses and minuses of positive affirmations, prompting group members to share the negative and positive conceptions about affirmations. W distributed handout on "The Power of Positive Affirmations" and prompted group members to take turns reading from the handout. W outlined the ABCD's of positive affirmations: Achievable, Believable, Concrete, and Desirable. W distributed a list of 100 positive affirmations, prompting group members to read through the list and identify at least one they would like to use for the next few days. W encouraged group members to read aloud the positive affirmation they chose. W engaged in supportive listening and provided encouraging feedback. W thanked group members.

**Self-Compassion (only)**

W engaged with group around the topic of “The Scientific Benefits of Self Compassion.” The rationale for this group is: many individuals at RCRS report a high level of self-criticism that leads to stress responses, depression, and anxiety. By providing information about the benefits of self-compassion for physical, mental, and emotional health, residents will be better equipped to reduce self-criticism and take steps to avoid future crisis. W prompted group members to share what “self-care” meant to them. W provided psychoeducation about the three parts of self-compassion: self-kindness, common humanity, and mindfulness. W provided a handout on self-compassion, and prompted each group member to take turns reading, or pass. W facilitated a discussion around the components of self-compassion, including reviewing four ways to boost self-compassion. W prompted group members to share which technique they would use to benefit to improve their self-compassion and why.

**Self-Compassion and Positive Affirmations (combined)**

W engaged with group around the topic of "Self-Compassion and Positive Affirmations." The rationale for this topic was: many individuals in crisis endorse persistent negative self-talk. Replacing negative self-esteem with self-compassion, and negative self-talk with positive affirmations helps individuals create a more positive mindset, building resilience and adding to their self-care toolbox. W provided psychoeducation around the definition of Compassion, distributing a handout on self-compassion. In addition to learning the scientific benefits of self-compassion, group members learned that self-compassion involves "Treating ourselves as we would treat a friend" and reducing self-criticism by recognizing the Common Humanity of many of our mistakes. W distributed a list of 100 positive affirmations, and pens, prompting group members to read through the list and check off at least 5 that they liked. W then distributed a handout on The Power of Affirmations, prompting group members to take turns reading aloud from the handout. W then encouraged group members to go back to their affirmations list and read aloud the one they would be willing to try repeating to themselves for the next 24 hours.

**Goal setting group (option 1)**

W engaged with group around the topic of Goal Setting. The rationale for this group was: by learning how to set realistic goals and formulate the steps that go onto achieving goals, group members will achieve more self-efficacy and be better equipped to avoid future crises. W distributed handout on Goal Setting. W engaged with group in discussion around: The ABCs of goal setting, setting meaningful goals, making simple goal statements, and identifying the steps to achieve a goal. W led group in whiteboard exercise on how to formulate the steps that lead to accomplishing goals stated by group members, with steps suggested by the group.

**Goal-Setting group (option 2)**

W engaged with group around the topic of "Goal Setting." The rationale for this group is: Many individuals in a mental health crisis benefit from focusing on the parts of goal setting, the required elements of a goal and how to map a timeline to achieving a goal. The skill of goal setting will better prepare clients to make plans and achieve them, enabling them to avoid future crises. W outlined the purpose of the group and elicited from group members what "goal setting" meant to them. W presented the three types of goals: Short, medium, and long-range goals; and how long-range goals are made up of multiple medium and short-range goals. W presented the metaphor of filming a movie, where the director uses short, medium, and long-range shots to make the movie believable. W presented the ABCD’s of goal setting: Achievable, Believable, Concrete, and Desirable. W encouraged group members to share their thoughts on these four "ingredients" of an achievable goal. W prompted group members to share aloud one goal. W presented the idea of creating a map, or timeline, to achieve one's goals. W prompted group engagement in brainstorming all the steps that go into achieving one person's goal. W mapped out two examples, with client input and demonstrated creating "sub-goals" when one of the steps is too complicated. W encouraged planning as a way to keep on track in achieving goals, and summarized the steps.

**Four A’s of Dealing with Stressful Situations**

W engaged group members around the topic "The Four A's of Dealing with Stressful Situations". The group reviewed written material covering strategies for dealing with stressors including: Avoid unnecessary stress, Alter the situation, Adapt to the stressor, Accept the things you can't change. W prompted group members to identify incidents where they have used each strategy or might use each strategy in the future. The group also focused on managing stress by making time for relaxation. W provided group members with positive feedback for engaging in group.

**Coping Skills group**

W engaged with group around the topic of Coping Skills. The rationale for this group was: lack of coping skills is one consistent presentation by crisis residents. By broadening group members' understanding of what coping skills they can use to manage their distress in the moment, they may feel better equipped to avert future crises. After introductions, W began by hanging up a quote by Henry David Thoreau: "Things do not change. We change." W presented psychoeducation on the domains of change that can affect mental health symptoms: physical, mental, emotional, and spiritual. W distributed handout on Coping Skills to Reduce Stress. W prompted group members to take turns each reading five coping skills, and continuing around the room until all the skills were read. W summarized that learning to cope with the stress that mental health symptoms can cause includes learning to take care of ourselves - physically, mentally, emotionally, and spiritually. W asked group members to share how it felt when someone said negative things about them. W followed up by asking the group if anyone ever talked to themselves negatively, and put themselves down. W stated that part of mental health recovery is to change how we talk to ourselves. W provided psychoeducation around the benefits to the brain and body of using positive affirmations. W distributed handout on Positive Affirmations. W outlined the ABCD's of positive affirmations: Achievable, Believable, Concrete, and Desirable. W then prompted each group member to state something positive about themselves, followed by a statement about how they are changing the way they take care of themselves. W engaged in supportive listening and provided encouraging feedback. W thanked group members.

**Rumination, thought stopping, urge surfing group**

W engaged with group on the topic of "Reducing Rumination - thought stopping and urge surfing". The rational for this group is: many individuals in crisis report that they have racing thoughts, rumination, and uncontrollable thoughts about impulsive or addictive activities. By learning ways to reduce rumination, stop racing thoughts, and mindfully "surf" urges, residents will be better equipped to manage their mental health symptoms and avoid future crises.

W distributed handout "How to reduce rumination" and prompted group members to take turns reading from the handout. W led discussion on how individuals experience rumination. W encouraged group members to discuss the suggestions of: positive thinking, problem solving, and positive self-reflection as a way to reduce their rumination. W distributed handout on "Thought Stopping" and prompted group members to take turns reading from the handout. W used the whiteboard for a brainstorming exercise of other ways residents have successfully managed their worries. W segued into "Urge Surfing," providing psychoeducation about mindfulness and being aware of urges while not acting on them. W provided information about "extinction" or urges, and urges getting shorter and further apart the longer one does not act on them. W provided supportive feedback during group and engaged in reflective listening.

**Emotional Regulation**

W presented group on "Managing Uncomfortable Emotions". The rationale for this group was: individuals in crisis endorse having difficulty managing their overwhelming emotions. By learning about the role of emotions, how to become aware of emotional cycles, and ways to detach from emotional pain, group members will be better equipped to recognize their own emotions and begin to practice techniques to ground or detach from emotional pain. W began by differentiating emotions from physical "feelings". W provided psychoeducation around basic human emotions, and how they work to protect us, such as fear to protect from danger, love to protect from loneliness. W added that individuals in crisis who are wrestling with social and economic stressors, mental health symptoms, or addiction often feel overwhelmed by their emotions. W distributed handout on Emotion Regulation and encouraged group members to think about each question as W read them, including: When was I last overwhelmed by an emotion, what was the emotion, how did I react to the emotion, and how did my reaction to the emotion cause problems or make things worse. W differentiated between the emotion we feel, and the reaction to the emotion. W distributed handout on Detaching from Emotional Pain and prompted group members to take turns reading about the topics of: What is grounding, why use grounding, guidelines for grounding, grounding techniques, mental grounding, physical grounding, and self-soothing statements. W stated that each person will have techniques that work for them and not for others, and how grounding skills work best when practiced consistently, over time. W encouraged group members to ask questions and share their experiences using grounding.

**Stress Reduction group**

W engaged in group on "Understanding and Overcoming Stress". The rationale for this group was: stress is an often reported symptom that crisis residents state affects their mental health recovery. By understanding the causes and effects of stress on the body and how to manage and treat stress, clients will be better equipped to avoid future crises. W prompted group members to brainstorm stress symptoms they have experienced, which W wrote on whiteboard. W prompted group members to pick one that, when reduced, brings down all other symptoms. Group members guess breathing and W distributed handout "How Breathing Affects Feelings" focusing on relaxed, paced diaphragmatic breathing. W encouraged each group member to breathe from their diaphragm, modeling the technique for the group. W coached group members on the technique outlined for breathing in to the count of four, holding for the count of two, exhaling for a count of four, holding for two, etc. W provided psychoeducation about the stress reduction benefits of paced diaphragmatic breathing and prompted group members to hold up their hands if they were going to practice the breathing technique. W distributed three handouts on stress reduction skills and prompted each group member to choose three to read aloud and pick one that they would be willing to try.

**Positive Problem Solving and Decision Making**

W engaged with group around the topic of "Positive Problem Solving and Decision Making." The purpose of this group is to increase knowledge and gain experience in the problem-solving technique called "brainstorming," and to increase decision-making skills by learning and experiencing the method of "weighing things out." rationale for this group is: Often when confronted with a problem, it's difficult to see the alternative solutions, options ,and possibilities. This technique affords creativity, increases choices, and improves the chances of decision satisfaction. It is easy to get overwhelmed with information when making a difficult decision. Internal conflict may arise when choosing the best option for yourself. W distributed handout on "Positive Problem Solving" and prompted group members to independently complete the worksheet with sections of: Identify the problem; Be creative and list options and possible solutions; Check the boxes for those that sound reasonable to you; Write in the three best and why you chose them; Review steps 1-4 once again and now decide on your plan. W also distributed a handout on "Decision Making" which included a Pros and Cons list. W facilitated group discussion about their identified problem, their problem-solving process, and the decision they have come to based on pros and cons. W engaged in reflective listening, summarization, and provided supportive feedback to group members, and encouraged them to return to this tool as they make decisions in the future.

**Creating Structure and Achieving Goals**

W engaged with group around the topic of "Creating Structure and Achieving Goals." The rationale for this group is: Many individuals in mental health crisis report that lack of a routine or structure contributes to their crisis. By learning ways to create structure, and learn the steps involved in setting and achieving goals, group members will be better equipped to avoid future crises. W distributed handout on "Setting a Routine" and prompted group members to take turns reading. W paused between sections to allow for discussion and for group members to add their own ideas for creating structure around: Self-care, meals, housework, appointments, relaxation, enjoyment, and bedtime. W distributed a handout on goal setting and achieving and provided psychoeducation around the three types of goals (short, medium and long-range) the ABCD’s of goal setting (Achievable, Believable, Concrete, and Desirable). W provided supportive feedback around goals being personal and based on each person's own needs. W demonstrated on the whiteboard how to create a step-by-step plan to achieve a goal, with brainstorming input from group members. W prompted group members to share a goal they are working on and encouraged group members to brainstorm ideas for the steps to achieve the sample goal.

**Discharge Planning Workshop Group**

W engaged in "Finding and Connecting with Resources" group. W asked group members to brainstorm what their "basic needs" are and wrote their suggestions on the whiteboard. W provided psycho-education about identifying needs and locating resources to meet those needs. W distributed "Discharge Planning Worksheet" that included columns and spaces to write names and phone numbers of: Residence options, family/friends, shelters and treatment centers/IRTS facilities. W briefly described the columns and provided resource binders with names, addresses and phone numbers related to: Treatment centers, homeless shelters, housing resources, mental health supports, drop-in centers and residence options including sober housing, board and lodges, and group homes. W prompted group members to page through the resources and write down resources that related to their needs. W circulated amongst the group members offering 1:1 assistance in finding resources appropriate to their needs. W encouraged group members to ask questions, network, and share with their peers any relevant experiences and knowledge of the various resources. W summarized the resources available and encouraged group members to partner with staff members tomorrow if the needed further resources.

**Recovery Toolbox Group**

W engaged with group around topic "Building My Recovery Toolbox." The rational for this group is: Everyone at RCRS is present for mental health concerns, and many have co-occurring chemical dependency issues. By learning what recovery tools are available for mental health and chemical dependency, group members will be better equipped to avoid future crises. W distributed "Stages of Change" graphic and provided psychoeducation around the various stages, making clear that one person may be at a different stage of change for their mental or chemical health recovery and even a different stage of change for different mental health issues. W encouraged group members to share which stage of change they saw themselves in. Using the whiteboard, W drew a "Change Matrix" where group members were encouraged to engage in a brainstorming around the benefits and costs of the status quo and the benefits and costs of change. W distributed pens and led a discussion/whiteboard brainstorming on the topic of "What Recovery tools can I use?" W prompted group members to share strategies, tips, and coping skills they have used to help manage their mental health symptoms or chemical dependency recovery. Group members were encouraged to write down the various tools and tips suggested by their peers for mental health and chemical dependency recovery, including: self-help groups, meditation, exercise, deep breathing, therapy, urge surfing, cooking, relaxation, distraction, massage, journaling, positive affirmations, positive supports, and numerous others.

**Managing Depression Group**

W engaged with group around the topic of "Creating Motivation when Depressed." The rationale for this group was: The current group of residents all experience some level of depressive symptoms. By assisting group members identify what their depressive symptoms look like, what they've tried in the past that's worked, what they can do to increase motivation and what one new thing they are willing to try, group members will have the opportunity to learn ways to manage their depressive symptoms and avoid future crises. W prompted group members to share what depression feels like to them. W encouraged group members to share one thing they have done in the past that has helped their depression improve. W distributed handout "12 Steps to Creating Motivation when Depressed" and prompted group members to take turns reading and discussing the topic areas: Opposite action, set an alarm, make your bed, wash up, get dressed, go outside, choose one exercise, make a list of activities, schedule activities, daily necessity schedule, see family and friends, and psychotherapy. W concluded by prompted each group member to identify one new thing they are going to try to manage their depression and share it with the group.

**Motivation to Change Group**

W engaged with group around the topic of “Discovering Motivation to Change.” The rationale for this group was: The current group of residents have all endorsed ambivalence about their current goals related to chemical dependency, mental health concerns, and treatment. By group members engaging in a cost-benefit analysis of change vs staying the same, individuals may discover additional information that would contribute toward motivation to change. W hung up a quote by Henry David Thoreau: “Things do not change. We change.” W prompted group members to share what change meant to them. W then drew on the whiteboard a 2x2 grid with the squares labeled: Benefits of Staying the Same, Benefits of Change, Costs of Staying the Same and Costs of Change. W encouraged group members to share words that went in each category. W distributed the Circle of Change and provided psychoeducation about the states of change from relapse and pre-contemplation, through contemplation and preparation, to action, maintenance, and sometimes relapse. W outlined that a person can be in numerous stages of change for different aspects of their life, from wanting to exercise and quit coffee, to thinking about going to treatment or starting therapy with a new counselor. W prompted group members to consider where they were in their own circle of change.

**Understanding and Managing Depression Group**

W engaged with group on the topic of “Understanding and Managing Depression.” The rationale for this group was: The current group of clients at RCRS endorse experiencing depression at various levels of severity. By educating clients about the symptoms, causes, and treatments of depression, they will be better equipped to make choices relating to the management of their depression and enabling them to avoid future crises. W prompted group members to call out the symptoms of depression they have experienced or knew about depression. W wrote these words on the whiteboard: Sadness, hopelessness, helplessness, fatigue, apathy, emptiness, isolation, changes in appetite, changes in sleep, loss of pleasure, and others. W distributed handout “Depression Facts,” prompted group members to take turns reading about the treatability of depression and other statements designed to instill hope. W provided psychoeducation around the causes of depression, including: Biological, genetic, medical conditions, lack of exercise, grief and loss, low social support, some types of medications, reduced sunlight, poor diet and stress. W prompted and fielded questions related to causes of depression. W distributed handout “The Road to Depression Recovery” and prompted group members to take turns reading on subjects including: Asking for help, making health lifestyle changes, building emotional skills, seeking professional help and considering antidepressants. W provided additional psychoeducation about the half-life of some medications and urged individuals to openly communicate with their healthcare providers.

**Understanding and Managing Stress Group**

W engaged with group around the topic of "Understanding and Managing Stress." The rationale for this group was: most individuals in crisis experience either acute or chronic stress. By understanding the symptoms, effects, and ways to manage and relieve stress, group members will be better equipped to avoid future crises. W prompted group to brainstorm symptoms of stress, which W wrote on the whiteboard. W distributed handout on the effects of stress on the body, mind, emotions, and behavior. W read each list, and asked which group members had experienced these effects. W distributed handout on Changing Thoughts to Change Stress Level and prompted group members to take turns reading from the handout. After each section on: How to you start your day? Practicing gratitude; Prioritize; Thought stopping and reframing; and Monitoring self-talk. W prompted group member to comment on each section after it was read. W distributed handout: "Tips to Relieve Stress" and encouraged each group member to take a few moments to review the list and choose at least one that they would like to try. W then went around the room and encouraged each group member to share which technique they wanted to try to relieve their stress. W pointed out that reducing stress takes practice, and practice will improve everyone's skills.

**Identifying and Practicing Assertive Communication Group**

W engaged with group around the topic of “Identifying and Practicing Assertive Communication.” The rationale for this group was: of the three communication styles, assertive communication is proven to be the most effective for getting needs met. By learning about the three communication styles, identifying their own communication style, and practicing the assertive communication formula in group using a topic from their own life, clients will be better equipped to assert for their own rights and be more able to avoid future crises. W distributed handout on Assertive Communication and asked for volunteers to read the parts of passive, assertive, and aggressive. Group members took turns reading from lists of examples of the three communication styles. W prompted for and answered group members’ questions. W distributed a handout on communication styles, asking for volunteers to read the paragraphs on passive, aggressive, passive-aggressive, and assertive communication, with time for discussion and examples after each reading. W distributed handout, “A formula for assertive communication” and wrote the “I” statements on the whiteboard, encouraging group members to think of a real-life situation where they would have liked to have been more assertive. W provided rationale for each of the statements, then prompted each group member to read the “I” statements and fill in the blanks for their specific circumstance. W pointed out that improving communication takes practice, and practice will improve their skills.

**Coping Skills for Mental Illnesses Group**

W engaged with group around the topic of "Coping Skills for Mental Illnesses". The rationale for this group was: individuals in crisis often seek coping skills specific to their symptoms. By introducing coping skills useful for various symptoms, group members will be better prepared to avoid future crises. W prompted group members to introduce themselves, then W outlined group guidelines. W distributed handout on famous people who have mental health diagnoses. W prompted group members to call out the names they recognized. W asked group members to raise their hand if they shared a mental health diagnosis with one of the famous people. W distributed handout "Coping Skills for Mental Illness", and prompted group members to take turns reading from the handout about symptoms of mental health diagnoses, and coping skills for each diagnosis. W encouraged discussion after each of the sections on: thought disorders, mood disorders, and psychotic disorders. W distributed handout "How to improve coping skills" and prompted group members to take turns reading aloud. W encouraged group members to discuss the skills, including: problem solving, staying calm, not blaming, being realistic, and taking action.

**Restoring Resilience group**

W engaged with group around the topic of "Restoring Resilience". The rationale for this group was: by providing psychoeducation around specific skills that can improve resilience, individuals will be better equipped to avoid future crises. W distributed handout, and prompted group members to take turns reading on: the definition of resilience, awareness of self care, planning for change, taking action, reinforce skills, and working for the future. After each section, W encouraged group members to discuss the material, and ask questions. W provided examples verbally to illustrate the main points. W engaged in reflective listening and provided supportive feedback.

**Building Better Boundaries group**

W engaged with group around the topic of "Building Better Boundaries". The rationale for this group was: the current group of individuals at RCRS have all endorsed wanting to improve their boundaries in their relationships. By learning what steps they can use to effectively create healthy boundaries in their lives, the better equipped they will be to avoid future crises. W distributed handout: "10 Ways to Build and Preserve Better Boundaries" and prompted group members to take turns reading from the handout. After each subject area, W encourage group members to discuss example from their own lives where they would have like to: name their limits, tune into their feelings, be direct, give themselves permission, practice self-awareness, consider their past and present, make self-care a priority, seek support, be assertive, and start small. When the group discussion reached "be assertive", W distributed handout on the Assertive Communication Formula. W provided psychoeducation around the "I feel, when you, I need, will you" assertiveness formula, and encouraged group members to recall a situation where they would have like to be more assertive. W wrapped up by providing encouraging statements and reflecting in a general way on individuals' abilities to master new skills.

**Anger Management Group**

W facilitated group on anger management skills. Recipients received handout, Anger Management: Tips and Techniques for Getting Anger Under Control, and took turns reading aloud from the packet. Recipients were encouraged to reflect on their own experiences with anger, and share with group members about their thoughts and insights from the group material. Group members learned that anger is a healthy emotion and can be expressed in a healthy manner, myths and facts about anger, why learning to control anger is important, anger control and management tips, anger as a secondary emotion, warning signs and triggers, ways to cool down, finding healthier ways to express anger, and when to seek help for anger management. The rationale for this group material is that anger is a common emotion that all Riverwind clients experience at some point in their lives and it is important to normalize this emotion, encourage healthy expression and identify healthy ways it can be expressed, identify when this emotion is "out of control," and when to seek help in order to prevent future crises and encourage healthy emotional expression.

**Realistic Thinking**

W engaged with group around the topic of realistic thinking. The rationale for this group is to encourage group members to learn how to challenge negative thought patterns in order to prevent future crises and promote well-being. Recipients received handouts, “Realistic Thinking” and “Distorted Thinking Descriptions.” Clients were encouraged to read aloud from the packet and identify struggles and experiences with anxious thoughts. Group members learned how to pay attention to self-talk patterns, identify thoughts that lead to feelings of anxiety, how to challenge anxious thinking, coping statements, positive self-statements, and distorted thinking descriptions (ex. All or nothing thinking, discounting the positive, etc.

**Asking for Help**

W facilitated group on How to Ask for Help; which included three parts: Accepting that you need help, reaching out for help, and taking help graciously. W and group members took turns reading the information packet, and engaged in discussion as to why it is important to ask for help, identified why it is difficult to ask for help, and what makes asking for help easier. The rationale for this group is to reduce shame around asking for help by normalizing the process as well as education on the help asking process in order to reduce future crisis and/or hospitalization.

**Relaxation Techniques Group**:

Writer established the rationale for the intervention and reinforced that learning to cope with stress can facilitate symptom management. Writer and clients collaborated on a group about relaxation exercises. W and group participants read through the handout, "7 Powerful Relaxation Techniques" in order to learn different ways one can relax, such as removing clutter or not worrying about what others think. W read through the guided meditation exercise "10 Minutes Guided Chakra meditation" while clients closed their eyes and listened to the audio prompts. Most clients identified that they found the exercises helpful. Writer provided feedback that clients could do relaxation at any time and is a useful coping skill when one feels stressed or overwhelmed. Clients will follow up with questions and comments on an as needed basis.

**Mindfulness**

W and Client reviewed the practice of mindfulness. W and Client read about mindfulness attitudes (non-judging, patience, beginner's mind, trust, non-striving, acceptance, and non-attachment) and how they can be helpful in managing anxiety. W played a five minute audio clip of a mindfulness exercise and Client practiced the skill while listening to the exercise. The rationale for this intervention is to help Client learn at least 3 effective coping strategies to prevent a future hospitalization.

**Laughter**

W engaged with group around the topic of laughter as a way to cope and build relationships with others. The rationale for this group was: individuals in crises can often focus on negative thoughts and can struggle with isolation. By introducing the topic of laughter as a way to cope, change perspective on problems, and to build relationships with others, group members will be better prepared to avoid future crises. W discussed the health benefits of laughter, such as lowering stress levels easing anxiety and fear, and reviewed with recipients how laughter has been beneficial to them in their own lives. W then distributed the handout and prompted group members to take turns reading from the handout. After reading the handout, W encouraged discussion with recipients about their thoughts on laughter as a coping skill and encouraged questions.

**Game Group**

Wellness group focused on leisure/fun activities. Group members agreed on a game to play together and practiced coping skills and relationship building through the form of a structured, leisurely activity. The rationale for this group is to help clients learn leisure, specifically playing games with others, can be an enjoyable coping skill as well as a positive way to build relationships with others.

**Improving your self image**

W engaged with the group around "Improving your Self Image". The rationale for this group is: many individuals in residential crisis endorse low feelings of self worth, which limits their self-efficacy. By reviewing 12 ways to increase positive thought strategies, group members will be able to identify ways they cause harm to themselves, and choose positive changes they would like to make to improve their sense of self worth. W distributed handout on "Improving your self image" and prompted group members to take turns reading about positive thought strategies, including: avoiding exaggerations, nip negative thoughts in the bud, accept imperfections, replace criticism with encouragement, and don't feel guilty about things beyond your control. W encouraged group members to choose at least 3 positive thought strategies they could try to use this week, and identify for themselves which of these three may be the most challenging for them and why.

**Going for a walk**

Writer engaged group members in physical exercise as a means for coping. W educated clients that mental health and physical health are related. The rationale for this group is that learning about how physical exercise can positively impact their mental health and be a means for coping with their symptoms. Writer discussed with group members their experience in utilizing exercise to cope and encouraged clients to incorporate exercise into their daily self-care routine as a means of coping with mental health symptoms to prevent further crisis and hospitalizations.

**Art Group Rationales:**

**Bilateral Drawing- For stress, PTSD, self-regulation**

W engaged the group around the topic of coping skills by providing material about bilateral drawing and facilitated a bilateral drawing exercise. The rational for this group was to explore bilateral drawing as a coping skill for stress, trauma reparation, PTSD, and self-regulation. The clients were given a handout regarding EMDR and the benefits of bilateral stimulation. The clients then participated in a bilateral drawing experiential. W used supportive listening and provided encouraging feedback. W thanked group members for being engaged participants.

**What your present and future hands hold**

W engaged the group around the topic of present and future oriented thinking. The rationale for this group was: learn how to use mindful present thinking, formulate realistic future goals, to reduce anxiety, and focus on steps to take toward achieving goals. W distributed a handout on present and future oriented thinking. W engaged the group in an art experiential around what one’s present hand and future hand hold, by tracing both hands and filling in one hand with present mood, goals, and thoughts, and filling in the other hand with future aspirations. W allowed the group members to share their “hands” drawings if they wished, and share how they will work to stay in the present to move towards the desired future. W provided supportive listening and positive encouraging feedback.

**Masks**

W facilitated an art group around “masks”, and asked group members some of the “masks” they wear and why. This activity is designed to help group members begin to become aware of these masks so that they can choose what masks to wear. They will also become more aware of what is really going on behind the masks in order to learn how to deal with them in healthy ways. Each group member was given an outline of a face with a line drawn down the middle. They were then asked to draw on each side of the face to symbolize the mask that they show to others and the mask that identifies what is really going on inside and how they feel “on the inside.” W and group member discussed the differences between each side of the drawing. The objective of this exercise is for group member to practice identifying the difference between what they communicate with others versus what they are actually feeling, which can stimulate conversations for healthy communication and increase their sense of self-control. This exercise naturally opens conversation that highlights healthy boundaries and how they work.

**Scribble Drawing**

W facilitated group about art as a leisure activity as a coping skill. Recipients were encouraged to choose from a number of different art mediums including color pencils, markers, crayons and paint, and choose a sheet of paper. W explained the exercise was to scribble on the paper then fill it in however they wanted, either seeing shapes and figures, with patterns or creating something new out of the scribble. W gave the rationale to recipients that coloring can be used as a healthy coping skill and a way to relax, as well as that studies have shown coloring has similar effects on the brain as meditation. W played relaxing music while recipients colored and socialized. As group members shared their thoughts and experiences, W provided reflective listening and positive feedback.

**Drawing in the Dark**

W facilitated group about art as a leisure activity and as a coping skill. Recipients were encouraged to choose from a number of different art mediums including color pencils, markers, crayons and paint, and choose a sheet of paper. W explained the exercise was blind contour drawing in order to create artwork in total darkness, which frees participants from self-criticism. W gave the rationale to recipients that blind contour drawing allows them artistic freedom that derives from thoughts and feelings, free of judgment for "perfection." W played relaxing music while recipients colored and socialized. As group members shared their thoughts and experiences, W provided reflective listening and positive feedback.

**Coping Skills Toolbox**

W engaged the group around the topic of coping skills by having participants create a visual coping skills toolbox. W encouraged group members to identify healthy coping skills they currently use or would like to use. The participants would then draw the coping skill in the tool box. W explained that art and coloring can be used as a healthy coping skill and a way to relax, as well as that studies have shown coloring has similar effects on the brain as meditation. Having a visual of healthy coping skills will encourage participants to use them in times of need. W used supportive listening and provided encouraging feedback. W thanked group members for being engaged participants.

**Coping Skills Pictionary**

W engaged the group around the topic of coping skills for mental health symptoms by having participants create visual coping skills while playing Pictionary. W encouraged group members to identify healthy coping skills they currently use or would like to use. The participants would then draw the coping skill on the board in front of the group, and group members would guess that coping skills their peer was drawing. W prompted group members to explain how the specific coping skills- prayer, meditation, reading, talking to a friend, doing crosswords, singing, dancing, showering, going for a walk, sewing, knitting, sleeping, etc.- can address specific mental health symptoms. W used supportive listening and provided encouraging feedback. W thanked group members for being engaged participants.

**Art Group: Resilience: Creating an image of resilience**

W led a group on resilience and what that means to consumers. The rationale for this group was to show group members that by increasing resilience we can overcome adversity, and learn how to better manage when life throws stressors at us. Together, group members and W read the handout on what resilience means and how we can increase/improve our resilience such as accessing supports, increasing our internal locus of control, increasing emotional intelligence. Next, group members were asked to draw/color/write what resilience means to them on paper using a variety of mediums such as crayons, markers, paint. Group members were asked to share their pictures if they wished. W provided supportive feedback.

**Yoga Group**

This group is a yoga session. Yoga is a branch of meditation. Meditation is "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally". This skill helps individuals learn to connect with themselves and those arounds them. Through this practice consumers learn to regulate their emotions. Regulation of emotion is gained through the slowing down of the fight or flight nervous system of the brain, and facilitating a relaxation state. Yoga also provides the opportunity for the consumer to strengthen flexibility of the muscle. It is a form of self-care that teaches self awareness of body and mind in a non judgmental manner. Therefore, this group is designed to show consumers self-care, and provided opportunities for relaxation and coping.

**Seeking Safety – Honesty**

Writer reviewed the rationale behind practicing honesty, both with oneself and with others. The rationale for this Seeking Safety Group is to facilitate growth on skill-building on being honest to reduce symptoms of mental health to a more manageable level. Reviewed the pros of honesty (promotes recovery, helps your respect yourself, improves relationships), and the cons of dishonesty (keeps you hidden and alone, makes you feel ashamed, can hurt other people/feelings of betrayal). Writer reinforced that honesty is often difficult if one has experienced PTSD and/or substance abuse. Reviewed reasons people are often dishonest how have experienced trauma in their past. Reinforced that there are times where it is appropriate to be dishonest (to be safe, when the other person isn't receptive to the truth, when honesty/full disclosure isn't necessary). Writer asked participants to think about times when they could be more honest in their own life’s and how they could apply what was discussed. Writer then brainstormed strategies with group members to be more honest, including recognizing honesty is essential for recovery, using 'I' statements, and honesty is worthwhile even if the other person isn't receptive.

**Seeking Safety - Recovery Thinking**

Writer reviewed the rationale behind practicing recovery thinking. The rationale for this Seeking Safety Group is to facilitate growth in skill-building on having recovery-oriented self-talk to reduce symptoms of mental health to a more manageable level. Writer coached group members on the difference between negative, non-helpful thoughts and the corresponding more positive recovery thoughts. Writer reviewed how recovery thinking means talking to yourself with respect and support. Writer identified rethinking tools to help change thinking, such as creating a mental picture to help you feel better, positive self-talk, learn from experience, and don't take everything someone says as the absolute truth. Writer reinforced how thinking impacts your life, positively or negatively, and it takes practice to consistently use recovery thinking. Writer and group members agreed on a homework assignment to be completed by next group.

**Seeking Safety – Coping with Triggers**

The rationale for this Seeking Safety Group is to cope with triggers by changing “who, what and where” in order to reduce substance use, and symptoms of mental health to a more manageable level. Writer asked group members their name, current mood and goal for the day relating to their treatment goals. Writer reviewed definition of a trigger, common triggers, how to avoid triggers and coping with triggers before, during and after they occur. Writer reviewed the layout of this packet, which is how to change “who, what and where” in order to cope with triggers. As defined in the packet, it is important for clients to; detach from unsafe people, identify and create healthy relationships, switch to safe activities, create a structured schedule, and changing your environment by finding a safe place. Writer reinforced that coping with triggers is an active skill and learning how to fight and avoid them makes them stronger.

**Seeking Safety – Creating Meaning**

Writer facilitated Seeking Safety group, with the topic of the group curriculum being “Creating Meaning”. The rationale for this Seeking Safety group is to assist clients in identifying meanings, or beliefs, they have developed in their life. Common “meanings that harm”, also known as thought distortions, that are often attributed to PTSD and substance use were examined and then replaced with meanings that heal. Writer encouraged group members to identify which beliefs, or meanings, they experience most often and share examples from their own life. Writer and group members then applied “meanings that heal” to determine better ways to work through these thought distortions. Writer encouraged each group member to read at least once and offered support throughout group.

**Seeking Safety – Compassion**

Writer facilitated Seeking Safety group, with the topic of the group curriculum being “Compassion”. The rationale for this Seeking Safety group is to assist clients in identifying destructive/negative self-talk and guide them how to replace these thoughts with compassionate self-talk. Writer provided an introduction to the topic and why it is relevant – often times people with PTSD or substance use experiences feelings of guilt and shame and struggle with negative self-thoughts. Writer reviewed Handout 1: Harshness versus Compassion. Writer explained how harshness if often associated with PTSD and substance use when in reality harshness is detrimental as it prevents growth, when compassion promotes growth. W encouraged group members to identify their own negative self-talk and how they can replace it with more compassionate self-talk. Writer explored ways to increase compassion as covered in handout 2. Clients were encouraged to try these things when they notice harsh self-talk: explore the reasons underlying your actions, replace with kinder language, imagine you are talking to a small child, and identify your deepest needs. Writer thanked group members for their input and encouraged them to replace at least one harsh thought this week by using self-compassion.

**DBT Skills – Distress tolerance handout 7, 8 and 8a (Distracting, Self-Soothing and Body Scan Meditation Step by Step)**

The rationale for this group intervention was to coach participants on the DBT Skills curriculum, for developing crisis survival skills from the distress tolerance section of the curriculum using handout 7, 8 and 8a “Distracting”, "Self-Soothing" and "Body Scan Meditation step by step". Writer and participants reviewed previous crisis survival skills. Writer engaged them on how our interpretations of stressful events could arouse different emotions and how challenging those thoughts and paring them with breathing in and out can change our emotions. Participants were encouraged to think of distracting and self-soothing techniques they can use to calm down their mind and body when in crisis situations. Participant’s practiced the body scan at the end of group and were encouraged to use these skills afterwards when they feel like they are in crisis.

**Check Out Group**

The focus of this check-out group was to engage in goal-setting and positively affirming oneself and peers for progress toward daily goals in-line with EIMR-8: Coping with Problems and Symptoms. Writer engaged with group members on defining recovery goals. Writer coached group members on positive self-talk and affirming peer’s progress toward their recovery goals today. Writer encouraged group members to practice planfulness by stating their recovery intentions for the following day or something they want to work on. W encouraged group members to share how they felt today and any coping skills they utilized, or could have utilized. Writer also coached group members in routine-building by reviewing the following day’s chores and scheduled groups.

\*\*\* Plan :   
Staff will continue to provide check in group and prompt group members to continue to attend and engage in check in group. Group member will work towards practicing skills to cope with their symptoms, identify barriers and work towards their daily goals

**Check In group:**  
W engaged with group members about their current mood and goal for the day. Goal setting was worked to a reasonable level to be completed today if necessary. Group members were encouraged to share a positive affirmation about themselves, anything they felt like staff or peers could help support them better with, and any questions or comments about the program. W asked group members a fun question for the day which was “IF you could travel anywhere where would it be?” W provided group members with positive feedback for engaging with the group.

W engaged group members about their current mood and why they are feeling this way. W then encouraged group members to identify their mood on a scale, the scale was as such: None (0%), a little bit (25%), sometimes (50%), a lot of the time (75%) and all of the time (100%). W asked group members a fun question of the day which was “If you could have any super power what would it be?” W provided group members with positive feedback for engaging with the group.

\*\*\* W engaged group members in check in group to identify how they are feeling, why they are feeling this way and what their goal is for the day. Goal setting was worked to a reasonable level to be completed today if necessary. If anxiety/stress level was high staff collaborated with group members on ways to decrease their anxiety through coping skills, meds or other stress relief techniques. Writer asked clients how they will meet their goals and encouraged them to come to staff if they need any support.

**Movie Group**  
Recreation group focused on leisure/fun activities. Group members agreed on a movie/show to watch and practiced coping skills and relationship building through the form of a structured, leisurely activity. The rationale for this group is to help clients learn leisure, specifically watching movies and working together, can be an enjoyable coping skill as well as a positive way to build relationships with others.

**Drawing Group**

The focus of this group was to draw/color while engaging with peers. W explained that art and coloring can be used as a healthy coping skill to reduce anxiety and depression and as a way to relax. Studies have shown coloring has similar effects on the brain as meditation and improved mindfulness. Having a visual of healthy coping skills will encourage participants to use them in times of need. W used supportive listening and provided encouraging feedback. W thanked group members for being engaged participants.

**CBT – Meditation combined with Check out group (Anchor)**

The rationale for this group was developing CBT skills. W and group members reviewed the Cognitive Triangle and the three sides to the triangle; Thoughts, feelings and behaviors. W introduced the practice of mindfulness in correlation to CBT skills and how mindfulness and meditation can help group members work through negative feelings. W introduced the meditation topic to group members and gave a brief insight into what the video was about. The meditation video presented is titled "Headspace: Guide to Meditation" on Netflix. At the end of the video writer checked in with group members to see how they felt after meditating and their thoughts on the experience.

The focus of this check-out group was to engage in goal-setting and positively affirming oneself and peers for progress toward daily goals in-line with EIMR-8: Coping with Problems and Symptoms. Writer engaged with group members on defining recovery goals. Writer coached group members on positive self-talk and affirming peer’s progress toward their recovery goals today. Writer encouraged group members to practice planfulness by stating their recovery intentions for the following day.

\*\*\* when writing group notes, this is good to put under Client Information and “notes”

Facilitator engaged Jennifer in group towards her objective of "I will learn 1-3 effective coping skills in order to manage my depression and anxiety symptoms." in order to make steps towards her goal of "I want to work on making it easier for me to cope. I have some coping skills, but sometimes I am not able to cope effectively." Jennifer appeared engaged during the group and was supportive to others.

Writer engaged with Meg in group on her objective of "I will practice positive self-talk and cognitive restructuring techniques daily." In order to work towards their goal of "I will feel confident in my ability to cope with mental health symptoms and uncertainty."

**CBT Skills**

The purpose of this group was to work on EIMR module five: coping with stress. Writer and the group reviewed the CBT skills module. Together the group reviewed what cognitive behavioral therapy skills are. The group discussed how that could affect feelings and how our feelings could affect our actions. The group then went around and practiced examples of what kind of situation’s may cause stressful thoughts to occur. The group explained that stressful thoughts may lead to stressful feelings and then lead to undesired actions. The group role-played different scenarios in which a client was given bad news. The group role-played situations where one was given bad news such as “you didn’t get the job you wanted”. Then The group modeled what typical thinking might look: thinking things such as “I’m worthless I never get the job. No one will ever see me as a good candidate.” The group then discussed how that form of thinking could negatively affect our feelings and our future actions. The group decided that it would be good practice to try CBT skills of reframing our thoughts in a more neutral light. The group then came up with examples of how to reframe this such as “ I didn’t get the job this time but I am a good applicant and I’m going to keep trying for jobs because I know I would be good at the this job.” Writer and the group discussed how our thoughts influence our feelings and what we can do to try to utilize our thoughts to better handle tough situations. Writer and the group practiced challenging negative thoughts and cognitive restructuring skills.

**Cleaning Group**

The focus of this independent living skills (ILS) group was to coach on EIMR-9: Healthy Lifestyles and engaging in routine cleanliness and organization. Writer coached group members on routine-building and how organization and cleaning benefits independent living. Facilitator and group members reviewed the rationale for engaging in organizational skills in order to reduce anxiety, engage in healthy exercise, and engage in the coping skill of distraction. Writer informed group members that staff would be checking each room to ensure cleanliness and provided feedback as needed. Writer and staff members engaged in positive affirmations for peers who engaged in cleanliness and organization this evening.

Plan: Group members will continue to review their daily chores and work on building a daily routine in-line with EIMR-9: Healthy Lifestyles.

**Healthy Relationships – Mindful Listening: 3 Ways Mindfulness can improve your listening skills**

The rationale for today's Healthy Relationship group was “Mindful Listening: 3 Ways Mindfulness can improve your listening skills”. This group explored what mindfulness is and how mindfulness techniques can help each group member become a better active listener. The article identified the following as ways mindfulness can help develop listening skills; 1) Becoming aware of mental chatter, 2) Becoming aware of judgement and preconceived ideas, and 3) Being more aware of the other person. The article provided a list of questions group members can review while doing mindfulness practices and before having a conversation. The questions are: What is my intention? What is the mindset I would like to bring to this conversation? What qualities can I offer? How would you like to treat the other person? The facilitator and group members reviewed the material covered in the article and concluded the session by practicing a meditation technique.

**Ted Talk – Brene Brown, Shame**

The focus of group was to engage group members on the topic of shame as it relates to mental health and everyday life. The group facilitator showed a Ted Talk by Brené Brown titled “Listening to Shame”. In this TedTalk, Brené Brown labels shame as an “unspoken epidemic” and identified that shame is the secret behind many broken behaviors. Brené goes on to discuss the importance of vulnerability as it relates to shame, and how vulnerability should be seen as a strength rather than a weakness, as it often is seen as one in society. Brené ends the Ted talk by encouraging listeners to face their shame head on, and show vulnerability, as she identifies “this is the way back to each other”. Group members were encouraged to share parts of the TedTalk that stood out to them, and how the topic relates to their own life. W provided group members with other resources by Brené Brown and encouraged them to look into these resources if they liked the video.

**Pulling weeds and painting**

The rationale of this recreation group was to engage group members in tasks such as spray-painting and pulling weeds to practice coping skills and skill building. Group members were asked how these hands-on activities made them feel; group members described that these skills were “good”, “useful” and “helpful”. Co-facilitator reviewed the DBT distress tolerance skill “TIPPS”. Group members were encouraged to practice this as a coping skill and during times of crisis. Facilitator also introduced the topic of expression of self through color theory. Group members were asked about their own “color scheme” along with what this means to them. Writer and staff members engaged in positive affirmations for peers who engaged in painting and weed pulling.

**Smart Recovery**

W facilitated Smart Recovery Session 29: Communicating with a Health Professional. The purpose of this session was to explore the role drug use may have played with regard to self-medication of psychiatric symptoms and or side effects. Together we discussed how it feels talking to a provider about symptoms and side effects and explored techniques for communicating with a health care professional. For the last few minutes of group, W and group members participated in chalk activity outside getting some fresh air.

W facilitated Smart Recovery Session 30: Money Management. The purpose of the session was to explore the role of drug use as it pertains to receiving and spending money, and how money impacts the urge to use. Writer informed group members that money management does not just apply to drug use, it applied to almost every aspect of life. Facilitator went through the packet and asked group members of their experiences of money and what they feel they can improve on. Writer then gave group members 4 money management tips to improve finances.

**Shopping – Rec group**

Group info: Today's group was community engagement skills group. Clients participated in visiting a local shopping center to practice skills that such as shopping for healthy food to practice health lifestyle skills, and community engagement to practice social skills. Clients seemed to gain increased sense of self efficacy in being able to accomplish specific goals that help increase progress on bigger recovery goals.  
Staff coached clients to be responsible for their own groceries and spending expenses. Staff also coached clients not to participate in favors with other clients by buying their food items or other expenses

Plan: Practitioners will continue to support community engagement groups among clients.

**Library Run**

Today's group was community engagement skills group. Clients participated in visiting the local library to practice skills such as finding books related to their interests and hobbies and working on social skills through community engagement. Clients spent time independently looking for, and reading, books along with signing up to get a library card for future use. Staff coached clients on time management and tidying up once they were done looking for books.

DBT – Mindfulness

The rationale for this group was developing DBT skills. W introduced the practice of mindfulness in correlation to DBT skills and how mindfulness and meditation can help group members work through negative feelings. W introduced the meditation topic to group members and gave a brief insight into what the video was about. The meditation video presented is titled "Headspace: Guide to Meditation" on Netflix. At the end of the video writer checked in with group members to see how they felt after meditating and their thoughts on the experience.

Plan: Staff will continue to provide groups to build skills, practice ways to cope with their symptoms and identifying barriers to work towards their daily goals.

**ILS Group – Self care podcast with Glennon Doyle**

The rationale for this group was independent living skills. W engaged with group around the topic of self-care. The purpose of this session was to highlight the importance of self-care. The podcasts distinguish the difference between inner self-care and outer self-care and how self-care has been commodified in our culture.

**Boundaries**

The rationale for this group was defining boundaries and identifying how to set them. Writer reviewed the different types of boundaries and provided examples of each. Writer discussed setting limits in relationships and the difference between healthy and unhealthy boundaries. Group members were encouraged to think of the following four points when setting boundaries; what you want with others, what you don’t want from others, how close you want different people to be with you and how emotionally connected you want to be with others. Facilitator asked group members to identify some healthy and unhealthy boundaries in their life and discuss the importance of boundaries.

**Health and Wellness – Caffeine Addiction group**

Writer facilitated Health and Wellness group covering the topic of caffeine intake and addiction. Co-staff identified what caffeine is and how it affects the brain. Co-staff reviewed signs of a caffeine addiction and what these symptoms can look like. Caffeine addiction can increase symptoms of anxiety, and other mental health symptoms such as racing thoughts, hearing voices and inability to sit still. Staff reviewed withdrawal symptoms and informed group members that most caffeine symptoms related to withdrawal go away after 7-12 days. Caffeine withdrawal symptoms include the following: depressed mood, difficulty concentrating, tremors, low energy, irritability. Group members were encouraged to monitor their caffeine intake over the next week and how it relates to their mental health symptoms. W provided the group with positive feedback for engaging in discussion, providing feedback, and giving examples.

**SMART Recovery – Chapter 1: Welcome to SMART**

The rationale behind this SMART Recovery group was to introduce group members to SMART recovery and review chapter 1: Welcome to SMART. Writer informed group members what SMART is, how SMART works, how SMART can help those in recovery and other introductory information. Writer engaged with group members on their goals and reframed them in the SMART perspective. Writer helped group members make their goals; specific, measurable, agreeable, realistic, time-bound.

**Ted Talk – Glennon Doyle, Pain First then Rising**

The focus of group was to engage group members on the topic of pain and negative emotions and the advantage of feeling these emotions. The group facilitator showed a Soul Session Youtube Video by Glennon Doyle titled “First the Pain, Then the Rising”. Glennon discusses pain, and negative emotions and the pros of leaning into those emotions rather than pushing them away. Glennon begins by asking the question “How would our lives, our relationships and our world transform if we stopped being so afraid of pain?” She discusses the stigma of society to only feel “happy shiny emotions” but explains that this is unproductive as negative emotions are a part of life and tell us things about ourselves. Doyle goes on discuss “easy buttons”, what they are, and when they pop up in life. She explains that easy buttons are things people do to numb or push away “bad” feelings such as drinking, using substances, eating, or shopping. Writer then encouraged group members to determine 2 or 3 easy buttons in their life and look into what these easy buttons might tell them about themselves.

**DBT Interpersonal Effectiveness Skills**

The rationale for this group intervention was to coach participants on the DBT Skills curriculum, for developing crisis survival skills from the interpersonal effectiveness section of the curriculum using D.E.A.R M.A.N., G.I.V.E. and F.A.S.T. Writer reviewed each skill and explained them in depth to group members. Group facilitator encouraged each member to identify which skill resonated with them at this point in their journey or which skill they would like to work on in the upcoming week. Writer provided validation, feedback and constructive feedback to group members.

Plan: Continue to teach DBT skills to decrease prominence of mental health symptoms and reduce relapse.

**DBT Emotional Regulation Skills**

The rationale for this group intervention was to coach participants on emotional regulation skills using Opposite Action, Check the Facts, P.L.E.A.S.E., and Paying attention to positive events. Writer reviewed each skill and explained them in depth to group members and gave examples of when to use these skills. Writer encouraged each group member to think of situations they can use these skills and incorporate them into their daily/weekly routines. To conclude group, the facilitator encouraged each group member to identify one thing they are grateful for to tie in the skill Paying attention to positive events. Writer provided validation, feedback and constructive feedback to group members.

**DBT skills – TIPP**

The rationale for this group intervention was to teach group members about the DBT Skills curriculum, in particular focusing on distress tolerance skills – TIPP. Writer reviewed each skill (T – temperature, I – intense exercise, P – Paced breathing, P – Pair muscle relaxation) and explained them in depth to group members and gave examples of when to use these skills. Writer encouraged each group member to think of situations they can use these skills and incorporate them into their daily/weekly routines. Writer encouraged group members to incorporate at least one of these skills into their daily/weekly schedules.

**Self Care wheel**

Writer conducted group on types of self-care, and how self-care can maintain optimal health in order to prevent a future crisis. Writer reviewed the benefits of self-care and the importance of using self-care behaviors to maintain daily health. Writer gave handouts of the Self-Care Wheel which reviewed 6 kinds of self-care; emotional, physical, spiritual, professional, personal and psychological self-care. Writer provided the definitions of each kind of self-care and then asked group members to identify activities that fit into each self-care category. Group members were prompted to share techniques which work for themselves, what kind of self-care they will engage in this week.

**How to Create Healthy Boundaries**

The rationale for group was How to Create Healthy Boundaries. W engaged group members around the topic of setting and maintaining boundaries as a way of promoting their stabilization and preventing a future crisis or hospitalization. Writer reviewed what a boundary is, why it's important to set a boundary, different types of boundaries, barriers to boundary setting, and the difference between healthy and unhealthy boundaries. Writer asked group members their experience with setting boundaries and gave tips on identifying unhealthy boundaries. Writer encouraged group members to identify values that are important to them and how they can use their values to set boundaries. W provided the group with positive feedback for engaging in discussion, providing feedback, and giving examples.

**Movie at movie theater**

Today’s group was focused on recreation/fun activities in the community. Group members, and staff, viewed the film “Morbius” at the movie theater. practiced coping skills and relationship building through the form of a structured, leisurely activity. The rationale for this group is to help clients learn leisure, specifically watching movies and working together, can be an enjoyable coping skill as well as a positive way to build relationships with others.

**Forgiveness Group**

This group's purpose was to practice using communication skills and self-esteem skills of forgiving others, self-forgiveness, and asking for forgiveness. Writer and the group discussed the Benefits of forgiving others and forging oneself. Writer and the group identified what forgiveness was and was not. The group also shared their experiences with self-forgiveness and letting go of feelings of shame and guilt about past mistakes. Writer and the group collaborated on strategies to ask for forgiveness from others, and how to move on when others will not give us closure.

**Challenging Anxious Thoughts**

The rationale behind this group intervention was for Writer and clients to practice utilizing the DBT skill of challenging anxious thoughts. Writer and the group discussed what anxious thoughts we experience, and the group then collaborated on how to challenge those thoughts. Writer demonstrated challenging anxious thoughts with questions. Writer and group also practiced the idea of radical acceptance. That if this was an anxious that may be ongoing we practice utilizing the coping skill of radical acceptance to help deal with that anxiety.

**Attachment Styles**

The rationale behind this group wants to work on EIMR module 5: coping with stress. The purpose of this group was to review DBT skills and practicing them when feeling insecure, or avoidant. The group began with discussing different experiences with insecurity and avoidance. The group discussed how some people experience, anxious behavior, insecure behavior, or avoidant behavior. Others also experience some secure behaviors. The group, then discuss that just because we have experience certain behaviors in the past doesn’t mean we are doomed to always experience that. The group discuss that we can change and grow. They discussed that by noticing, when we are having anxious thoughts, we can challenge those thoughts. The group reviewed the concepts of DBT skills, such as Socratic questioning and challenging are negative thoughts. The group practiced the skill of noticing. By noticing when maybe we were anxious or insecure we may utilize our coping skills to try and ground ourselves. The group practiced utilizing self compassion skills and implementing self compassion when feeling insecure.

**Joey’s Group Additions**

The purpose of this group is to discuss sustainable and healthy ways we can build happiness, specifically gratitude. Writer and the group discussed the benefits of gratitude and went over a gratitude worksheet.

Practice working on gratitude in day to day life.

Writer facilitated a group on social support, including benefits, types, and how to find social supports. Client also filled out handout on social support that had them list supports in their life, barriers to getting support, how their supports help, and ways they could better utilize their existing supports.

Work on tending to existing social supports and find ways to create more social supports.

**Values Game / Exploration Group**

The rationale for this group intervention was to work EIMR Module 9: Healthy Lifestyles. This group's objective was to build social support as well as self-esteem and self-compassion for the clients. Writer worked towards this by utilizing values exploration. Writer started off the group with an Icebreaker question to foster openness and start the group into socializing. From there writer handed out a worksheet where the clients were asked to rank their top three values from a huge list of different values. Writer instructed Clients not to share their values with the group yet. After Clients had picked their top three values Writer instructed the group on the game. The game was for one client to be asked value discussion questions from a discussion card. From there, based upon their answer, their peers then guessed what they ranked as their top three values. The intention of this group was to foster self-esteem, by letting the clients be seen and known by their peers. Clients also got to foster a sense of purpose by exploring what was important to them. This also fostered building social support as clients were able to get to know each other better. This group also gave them the opportunity to practice being supportive of one another.