Group Curriculum and Facilitation Pack

Screen the member before you seat them. Then run one week of a shared spine. Six lanes share this pack: anxiety, psychoeducation, anger, IOP, parenting, and trauma.

Group / program: _____ Cycle dates: _____ to _____ Facilitator: _____

Format: closed / open Setting: OP / IOP / parenting / mixed _____ Contracted dose (sessions/week): ____ Members this cycle: ____

1. Member screening card (clinician-completed)

Fill this from intake, the chart, and a brief interview. It is not a client magazine quiz and it is not GAD-7 or PHQ-9. If those scores already exist, record the number in the notes line. Do not copy a third-party instrument into the chart from this page.

Member initials / record ID (no extra identifiers on a printed copy that leaves the chart):

Why this group, in the member's one sentence:

Can state one reason for joining without a trauma narrative.	☐ Y	☐ N	☐ Hold
Can use a pass option without collapse, walk-out, or targeting the passer.	☐ Y	☐ N	☐ Hold
Can hear other people's material without making them the hour's project.	☐ Y	☐ N	☐ Hold
Attendance: can make the contracted dose this cycle (name days below).	☐ Y	☐ N	☐ Hold
Anger lane: no current violence the room cannot hold; a safety plan exists if needed.	☐ Y	☐ N	☐ Hold
Trauma lane: present-tense work is possible. No imaginal exposure required this cycle.	☐ Y	☐ N	☐ Hold
Parenting lane: child-protection concerns already have a plan. Group will not investigate.	☐ Y	☐ N	☐ Hold
IOP lane: current substance use and dose match this cycle. Individual care is named if acuity is high.	☐ Y	☐ N	☐ Hold
Agrees to the confidentiality limits you actually use, including mandated reports.	☐ Y	☐ N	☐ Hold

Days they can attend / known barriers:

Existing scores (optional; do not administer a copyrighted scale from this sheet):

2. Risk flags that change seating

Suicide: none / ideation / plan / recent attempt Harm to others: none / threat / recent Child safety: none / already reported / needs report

Psychosis, mania, domestic violence, or other flag, and the action you already took:

3. Seat decision

☐ Seat this cycle ☐ Wait one cycle ☐ Individual first ☐ Different lane: _____

What you told the member, in one sentence:

Re-screen after session #:

Shared eight-week spine

One clinical job per week. Adapt the content to the lane on page 3. Do not run a published participant manual through this grid, and do not skip screening because the room looks ready.

Wk	Clinical job	Default move	Stop if
1	**Contract and names**	Pass option, seating decision recap, one-sentence purpose	Anyone seated who failed the screen
2	**Map the problem this group is for**	One shared map. Not eight origin stories.	Trauma dump, parent-shaming, or advice pile-on
3	**Teach one idea they can use**	Psychoed with teach-back. Twelve minutes of talking, then they use it.	Lecture replaces rehearsal
4	**Rehearse the idea in a small scene**	One round. One backup. Keep dignity.	Humiliation, forced disclosure, or a member becoming the demo
5	**High-friction week**	Repair, cue-to-choice, or windowed present tense	Exposure protocol, abreaction, or uncontained rage
6	**Apply in one real relationship**	Homework is one act, named, small enough to review	Partner-bashing, child interrogation, or secret-keeping homework
7	**Name what changed**	Consolidate one gain you can observe, not a feeling claim	New trauma processing in an ending window
8	**Ending and transfer**	Named next step: individual, next cycle, or a different lane	Silent drop-off with no handoff

This cycle

Lane this cycle (circle): anxiety / psychoeducation / anger / IOP / parenting / trauma

Week 1 date and room (in-person / video / hybrid):

What you will not do this cycle (exposure, 12-step work, couples work, child sessions):

Coverage plan if you are out: who runs the hour, and which week they are not allowed to skip to:

Lane adapters

Same spine, six jobs. Circle the lane you are running. Do not mix two primary jobs in one hour. Trauma work here is windowed and present-tense; it is not STAIR, PE, or CPT.

☐ Anxiety

Aim: shrink avoidance you can name this week.
Weeks 1–2: body cue before the story. Map one avoided situation, not a hierarchy protocol.
Keep-out: panic-as-spectacle, forced exposure, breathwork that spikes the room.
Process: "What did you stop doing, and what was the cost this week?"
Note thread: avoided situation, intervention, observable response, next small approach.

☐ Psychoeducation

Aim: one idea, taught and used, not a slide deck.
Weeks 1–2: name the idea in plain words. Teach-back from two members, not a quiz.
Keep-out: more than 12 minutes of facilitator talking. Handouts that outrun the hour.
Process: "Where would this idea have changed one choice since last week?"
Note thread: idea taught, who used it, who could not, next rehearsal.

☐ Anger

Aim: cue to choice without humiliation.
Weeks 1–2: early body cue, then one pause. No "I-statement" drills copied from a manual.
Keep-out: current violence the room cannot hold. Shame as the method. Partner as the villain.
Process: "What happened in the 90 seconds before the heat, and what did you do instead?"
Note thread: cue, choice made or missed, risk to others, next rehearsal.

☐ IOP

Aim: dose plus one skill. Process only if cohesion can hold it.
Weeks 1–2: attendance contract, urine/self-report rules you actually use, one craving map.
Keep-out: turning the hour into a 12-step meeting or a war story. Intoxicated members stay out.
Process: "What threatened the dose this week, and what protected it?"
Note thread: attendance, craving/use, skill practiced, next dose plan.

☐ Parenting

Aim: one interaction with a child or co-parent, not a parenting-style lecture.
Weeks 1–2: one hard moment from the last 48 hours. Practice the next sentence, not the child's diagnosis.
Keep-out: investigating abuse in group. Shaming a parent in front of peers. Homework that interrogates the child.
Process: "What did you do in the moment, and what will you try once?"
Note thread: interaction chosen, rehearsal, child-safety flag, next sentence to try.

☐ Trauma

Aim: stay in window while naming a present-tense pattern.
Weeks 1–2: orientation, dual awareness, one present cue. No story of the event.
Keep-out: imaginal exposure, "tell us what happened," titration protocols you are not trained to run.
Process: "Where are you now, and what tells you the room is still here?"
Note thread: window, grounding used, material that stayed present-tense, follow-up if window was lost.

Lane circled today, and the one job you will not mix in:

Facilitation hour and activity-by-job menu

Sixty minutes. One primary job. One backup if the room is more activated or more shut down. Activities are clinician jobs, not party games.

60-minute hour

Min	Block	Move	Backup if the room tilts
0–8	Opening	One-word weather plus pass option, said aloud	Silent written weather; no go-around pressure
8–13	Bridge	Last week's one act: done, partial, or blank	Skip sharing; facilitator names the thread
13–38	Core	Primary activity from the menu below	Shrink to a 10-minute version, then process
38–50	Process	What showed up in the room, not a recap of content	Pair-and-pass instead of whole-group
50–60	Close	One written next step. Names, not vibes.	Facilitator writes the step; member can take it or leave it

Activity-by-job menu (circle one primary, star one backup)

#	Lane	Job	Do not
1	Anxiety	Avoidance map: one situation, one cost, one 10% approach	Build a full exposure hierarchy
2	Anxiety	Body-cue scan before the story. Name location, then sit.	Breathwork that spikes the room
3	Psychoed	Teach one idea in 12 minutes. Two teach-backs.	Hand out a chapter
4	Psychoed	Worked example on the whiteboard, then they rewrite it in their words	Quiz the room
5	Anger	90-second pre-heat replay. Cue, then one choice.	Vent as the method
6	Anger	Repair sentence after impact, said to an empty chair or a peer who consents	Force an apology
7	IOP	Craving map for the last 48 hours. Cue, place, people, what protected dose.	War stories
8	IOP	Dose plan for the next 72 hours. Who notices if they miss.	A new recovery identity lecture
9	Parenting	One hard moment, last 48 hours. Practice the next sentence once.	Diagnose the child
10	Parenting	Co-parent request, one sentence, no case against the other adult	Put the child in the middle
11	Trauma	Dual awareness: here-and-now anchors before any material	Tell the event
12	Trauma	Present-tense pattern: what the body does when the old cue shows up this week	Imaginal exposure

Primary activity #: _____ Backup #: _____ Why this pair fits today's cohesion and risk:

After-group continuity and pull-out

Each member gets a next step. The roster is not the chart. If someone should not return next week, say so on this page and in the record.

1. Per-member stems (copy into the chart; do not leave this sheet in a shared binder)

ID	Seated? Y/N	Participation (observe / partial / full)	Response / risk	Next step

2. Pull-out rules (check any that fired)

- ☐ Became the hour's spectacle or target
- ☐ Attendance broke the contracted dose
- ☐ Parenting material crossed into child-protection investigation
- ☐ Lost window and could not restabilize in the room
- ☐ Anger or violence the room cannot hold
- ☐ Asked to leave or should not have been seated

Who you are pulling, what you told them, and the individual or different-lane plan:

3. Next week

Spine week next time (1–8) and the one job you will not skip to:

Screening revisits (who, and which item flipped):

Coverage / supervision note if a session was thin or too hot:

4. What this pack is not

Not a consumer activity list. Not a published participant curriculum (STAIR, a 12-week anger manual, Incredible Years, a DBT skills-group syllabus). Not the Group Facilitation Pack topic selector, not the Recovery Group Pack, and not the blank eight-week curriculum template. Use those when that is the job. This pack is screen, spine, lane, hour, pull-out.