

Group Counseling in Schools: Secondary

Dr. CJ Quilantan
Dr. MC Quilantan-Díaz

February 12, 2025

Counseling Center of South Texas

1

Disclaimer

The views and opinions expressed in this presentation are those of the speakers and do not necessarily reflect the views or positions of any entities they represent.

We are sharing our best understanding of neuroscience and physiology; science is constantly evolving and progressing, information may change as time goes on.

Please remember to practice withing your scope and areas of training.

2

Purpose

- To provide a basic understanding of common mental health disorders, issues, and concerns among secondary students.
- To provide an overview of the group counseling techniques that may be helpful for this age group.
- **BONUS:** Information for NCE test area CACREP 6: Group counseling & group work

3

Objectives

- Learn about the common issues among secondary students
- Learn about the different types of group counseling modalities for secondary aged students
- Learn how to select group curriculums for secondary aged students
- Learn to identify and implement elements of a successful group session

4

Agenda

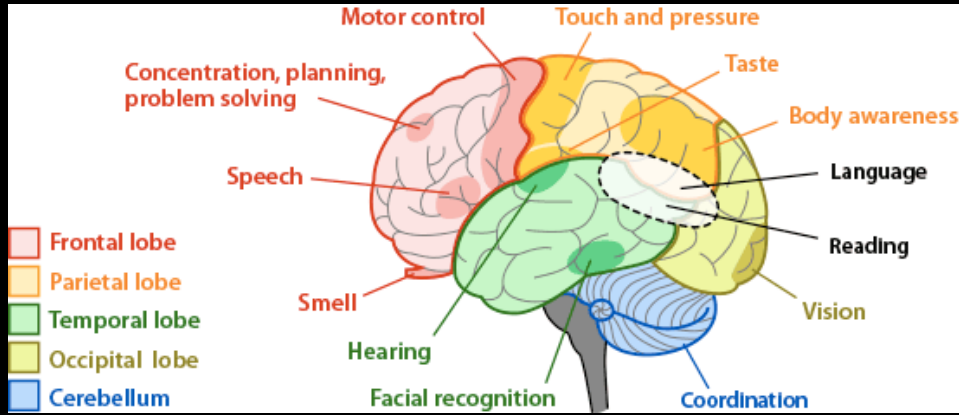
- 8:30am to 3:30pm
- The adolescent brain
- How stress affects teens
- Brain basics
- Polyvagal theory
- Dysregulation
- Physiology
- Teen stressors
- Warning signs
- Disorders in secondary
- How children are diagnosed
- Common treatments
- Group basics
- Group benefits
- Group dynamics
- Irvin Yalom
- Successful groups
- Group methods
- Topics & curriculum
- Ethical considerations
- Activities
- Conclusions
- AI in Counseling

5

The Adolescent Brain

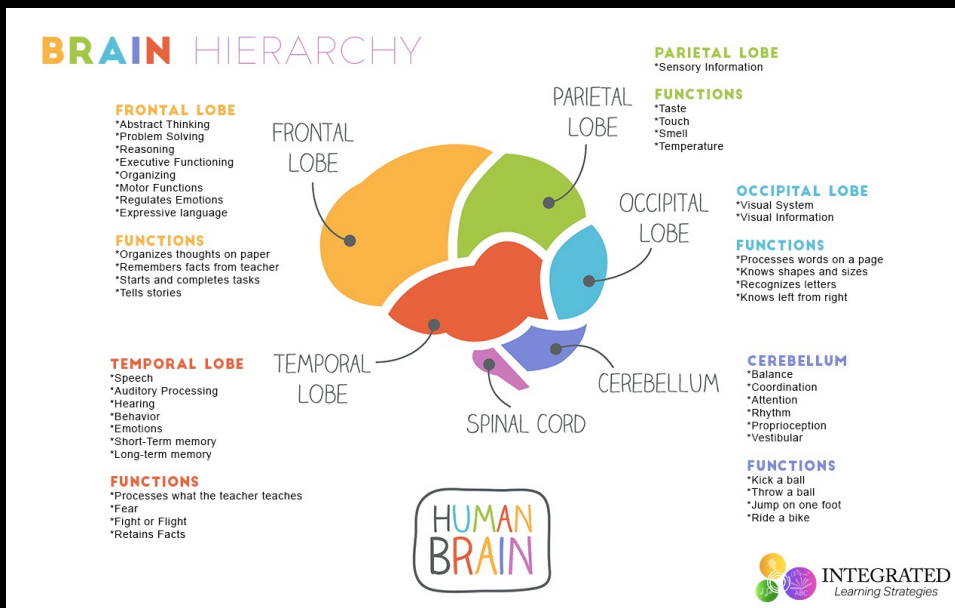
6

Adolescent Brain vs. Adult Brain

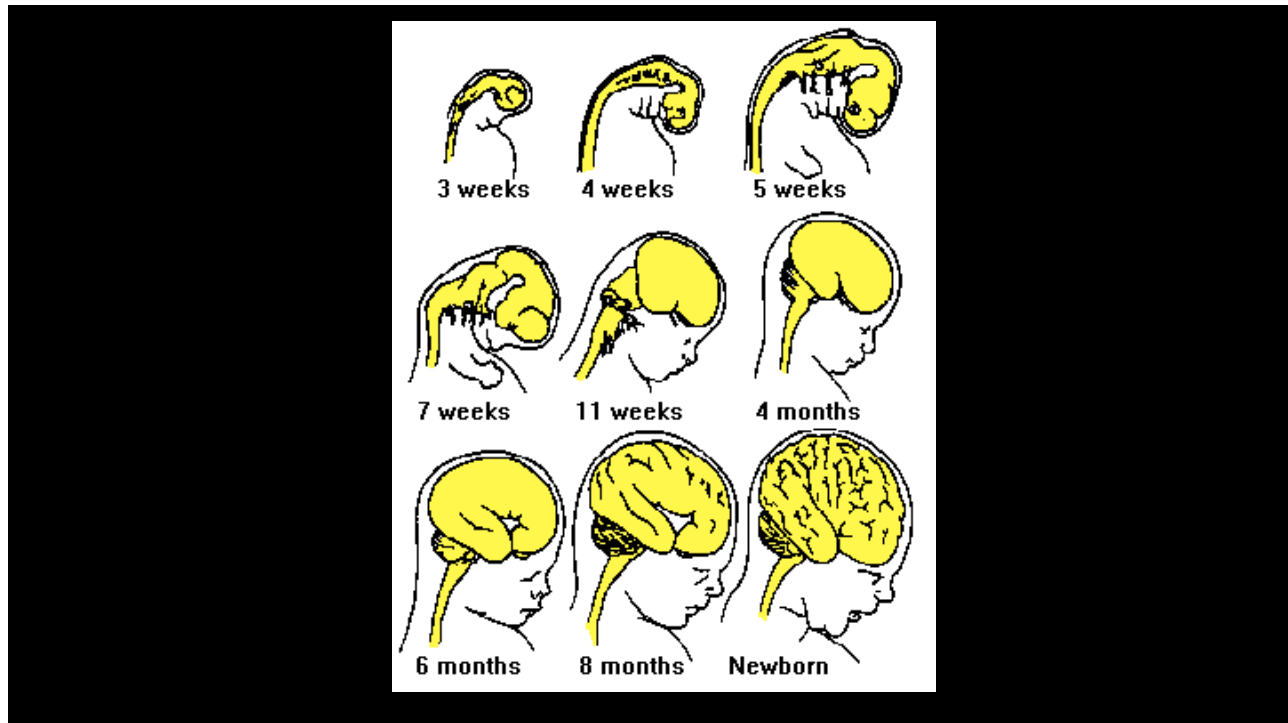


www.askabiologist.asu.edu

7



8



9

THE HUMAN BRAIN

Better with Age

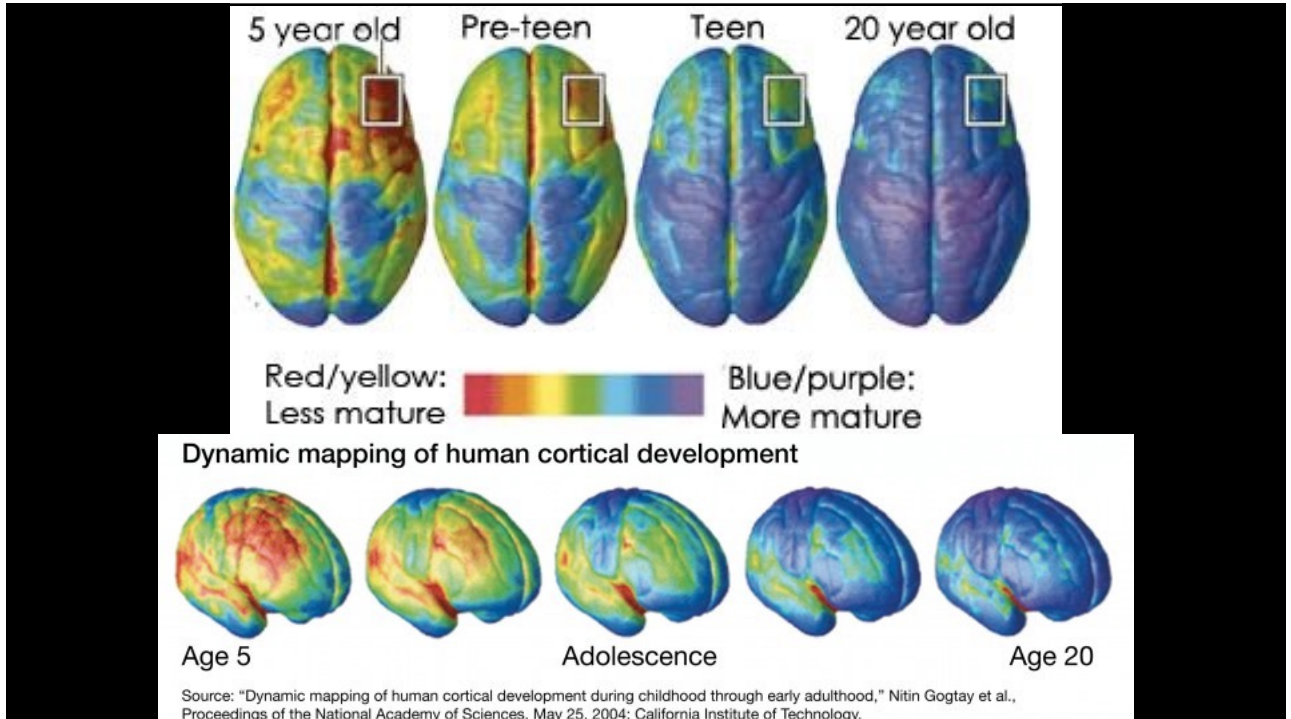
16-20 YEARS OLD
It handles more complex reasoning

10-15 YEARS OLD
It's better equipped to plan, retain, solve, control emotions

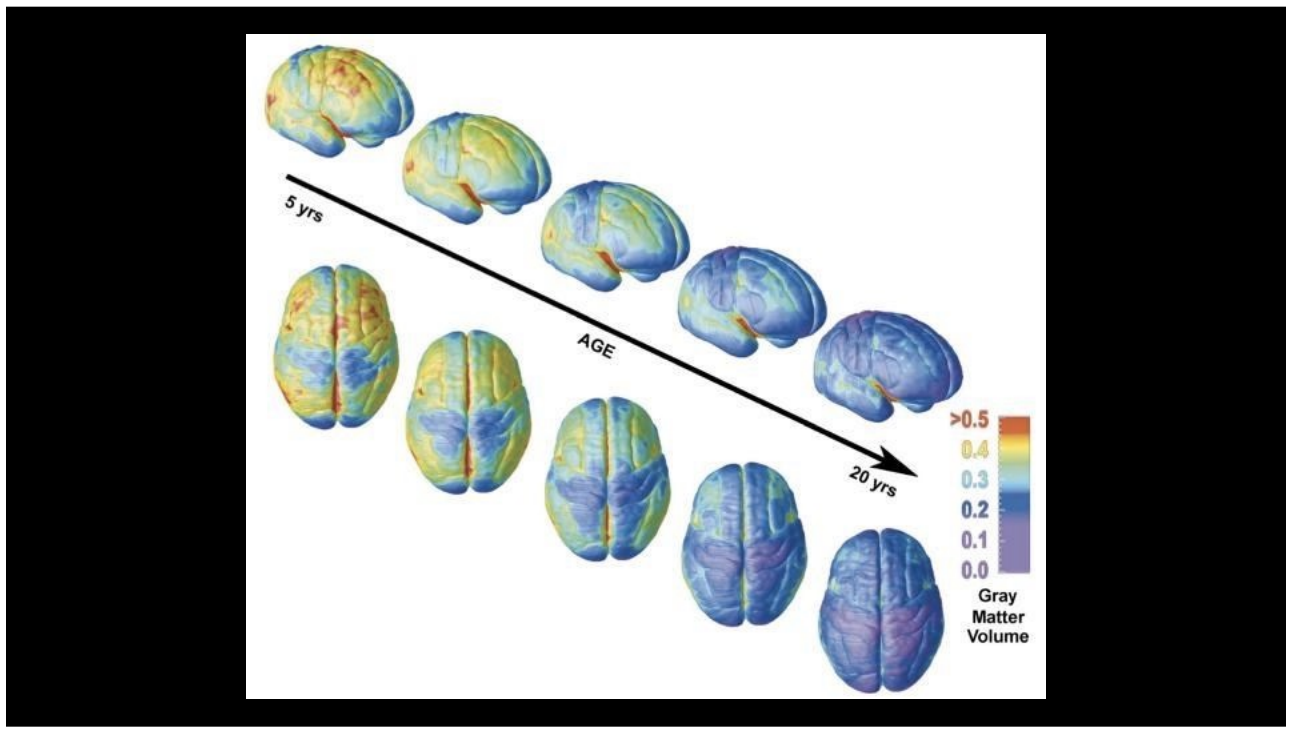
9 YEARS OLD
Its circuitry is fine-tuning

An infographic titled "THE HUMAN BRAIN" showing a brain divided into three horizontal sections: purple (top), orange (middle), and blue (bottom). To the right of the brain, there are three text boxes describing the cognitive abilities of different age groups. The top box is purple and describes the 16-20 age group. The middle box is orange and describes the 10-15 age group. The bottom box is blue and describes the 9-year-old age group.

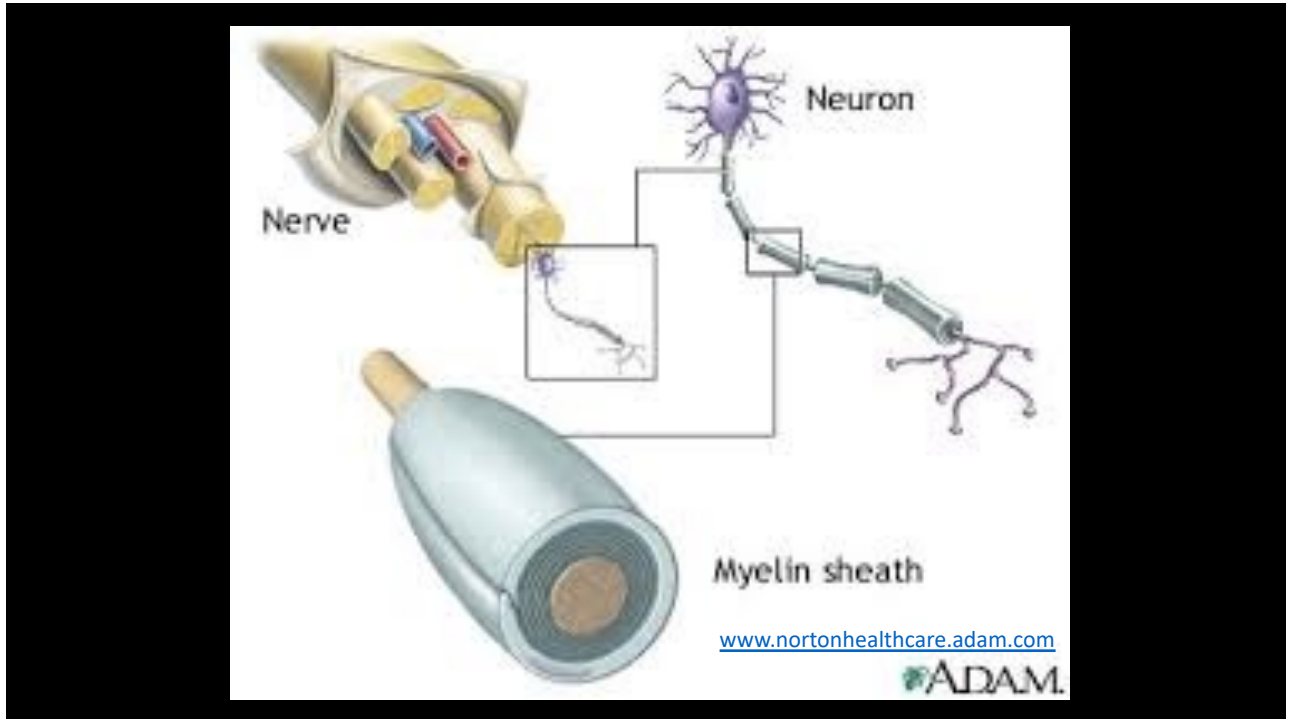
10



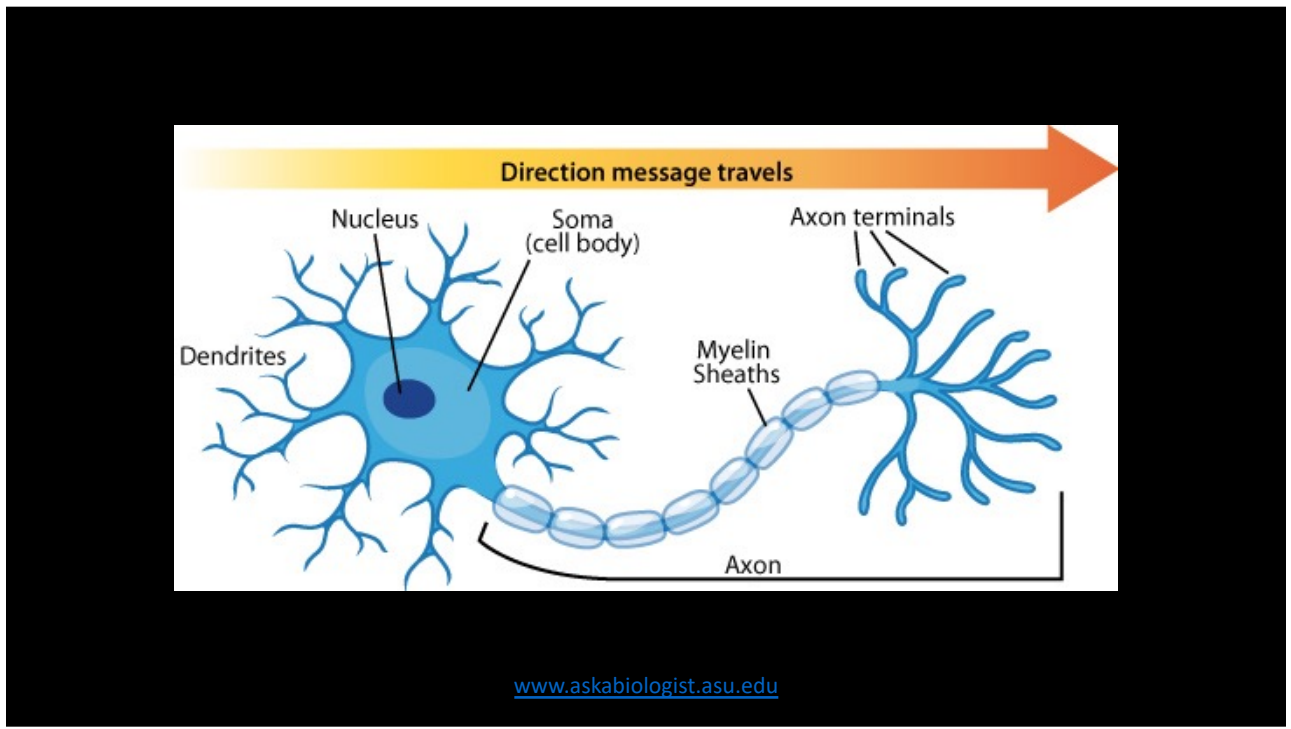
11



12



13



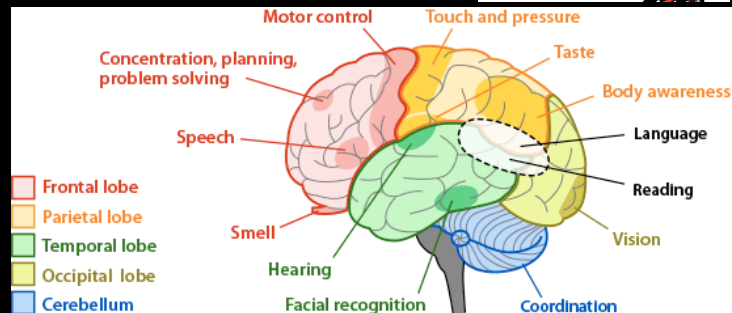
14

Why these differences matter

- Executive function
- Cognitive control
- Social cognition



Hyperbole and a Half by Allie Brosh



www.askabiologist.asu.edu

15

Factors Affecting Development

- Nutrition
- Technology
- Sleep

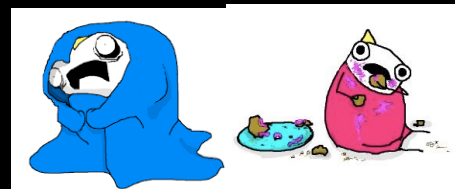
Which effects do they have in common?

- Emotional and behavioral changes
- Cognitive and memory impairments
- Suppressed immune system



www.diettechcoach.com.au

Hyperbole and a Half by Allie Brosh



16

Implications

- Adolescent Brain
- Adolescent Learning
- Adolescent Physical & Emotional Health



17

How Stress Affects Teens

18

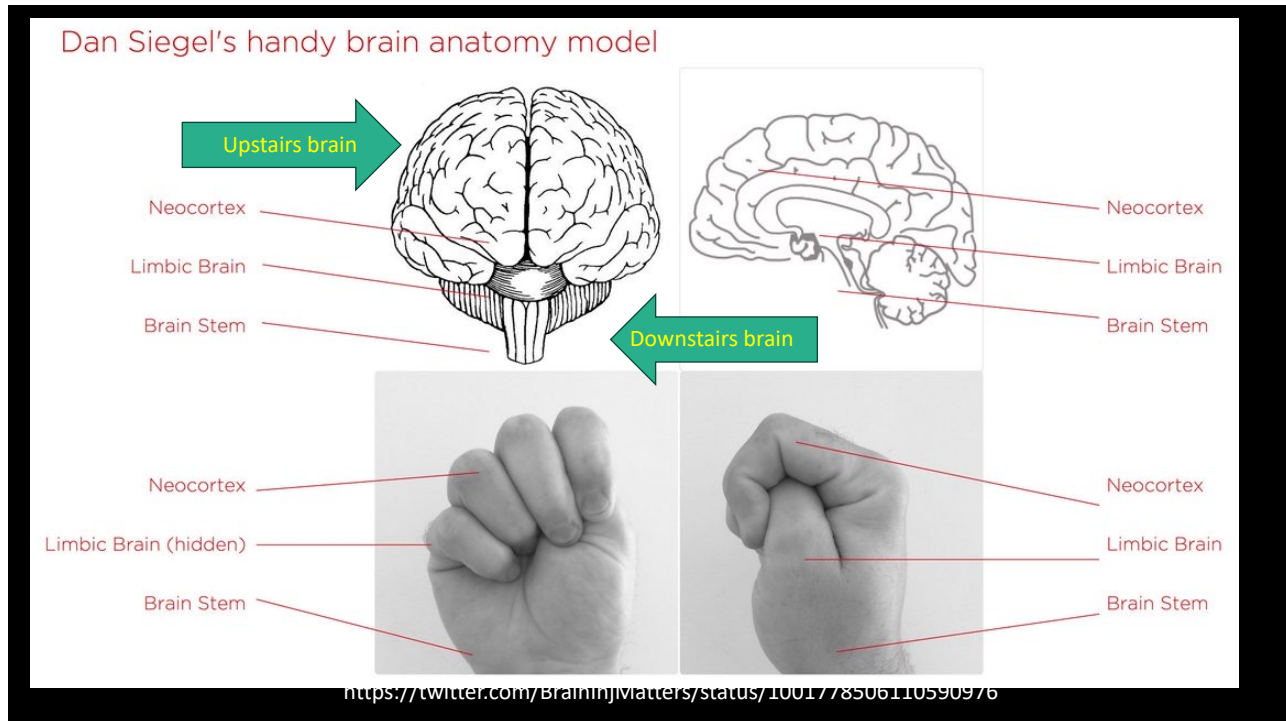
How Stress Affects Teens

- Brain Basics
- Polyvagal Theory Crash Course
- Types of Dysregulation
- Physiology of Stress

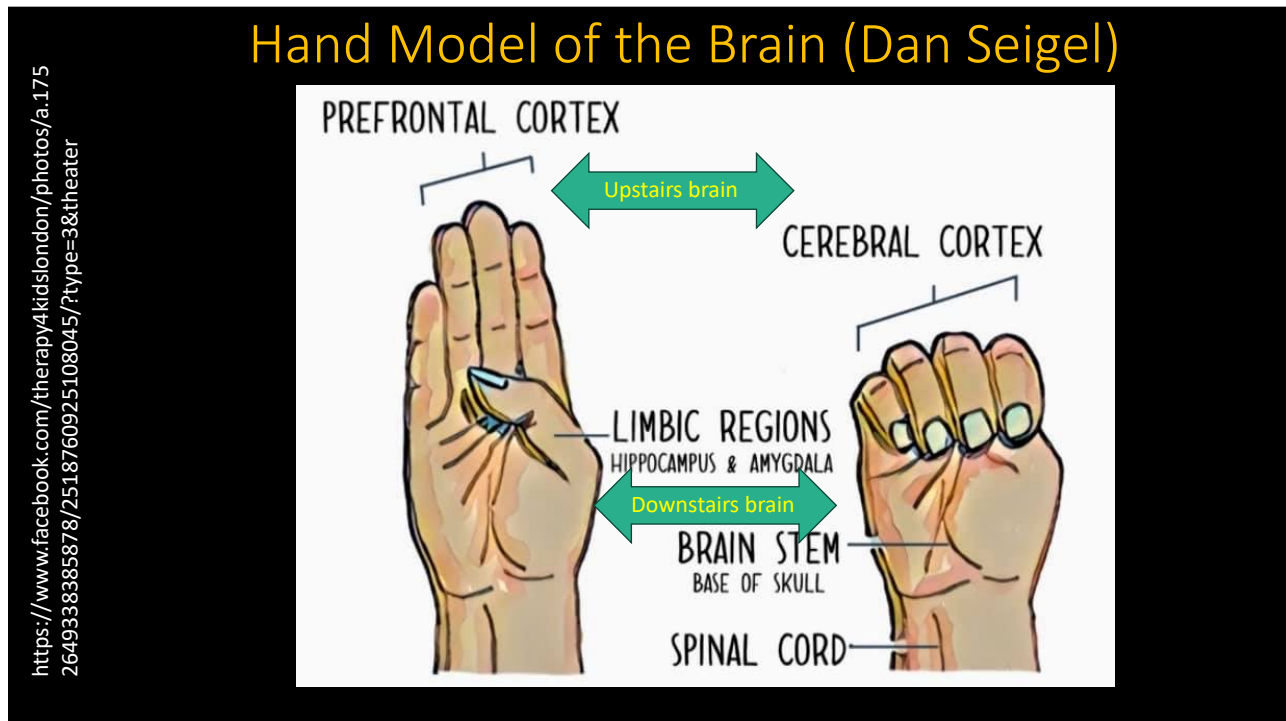
19

Brain Basics

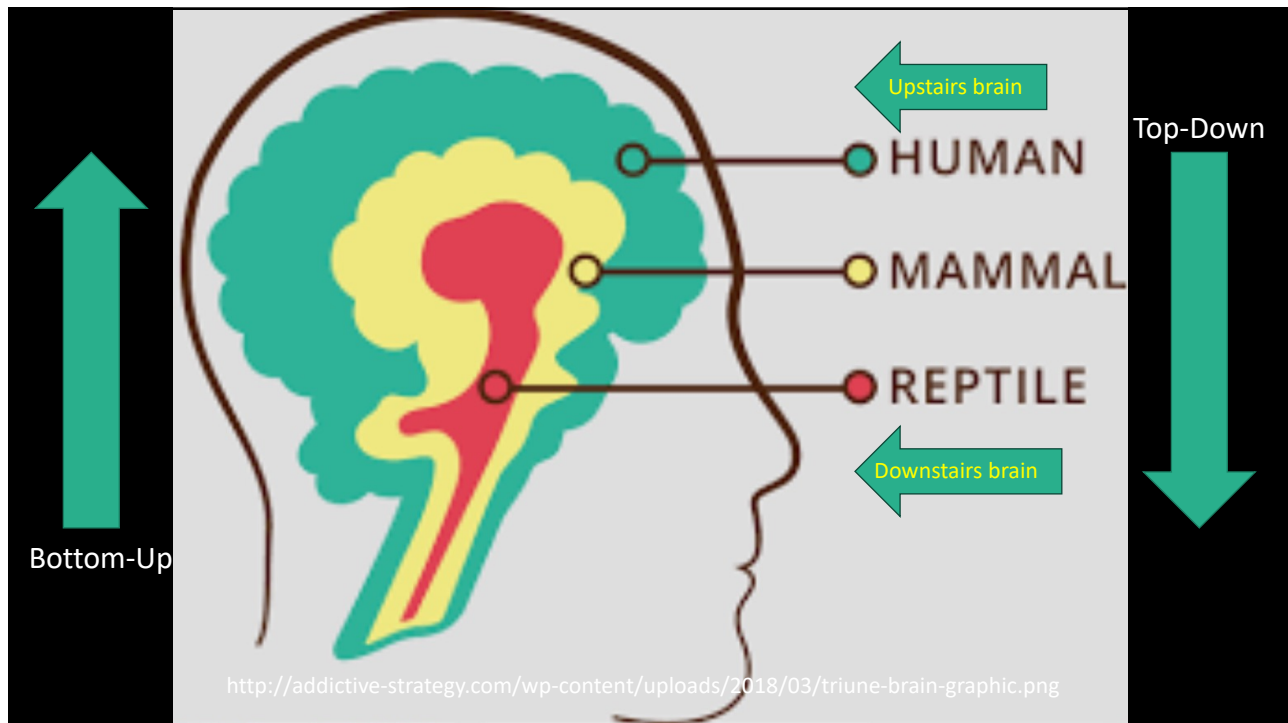
20



21



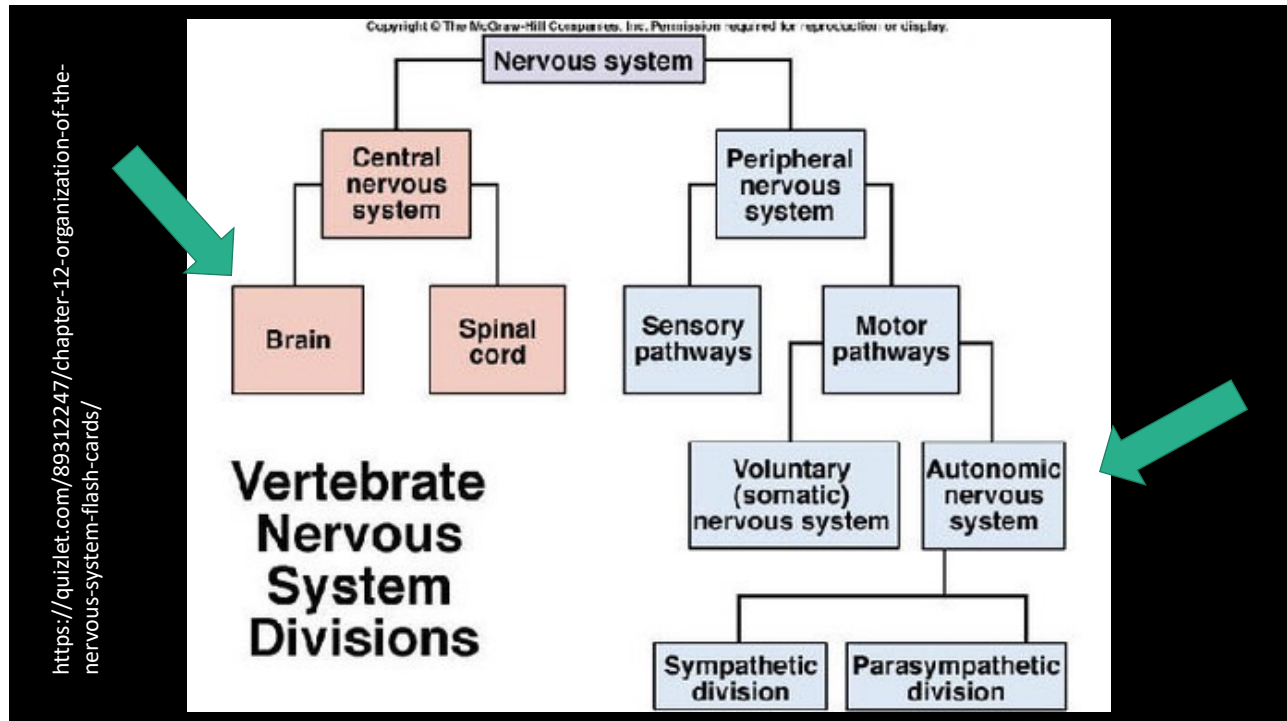
22



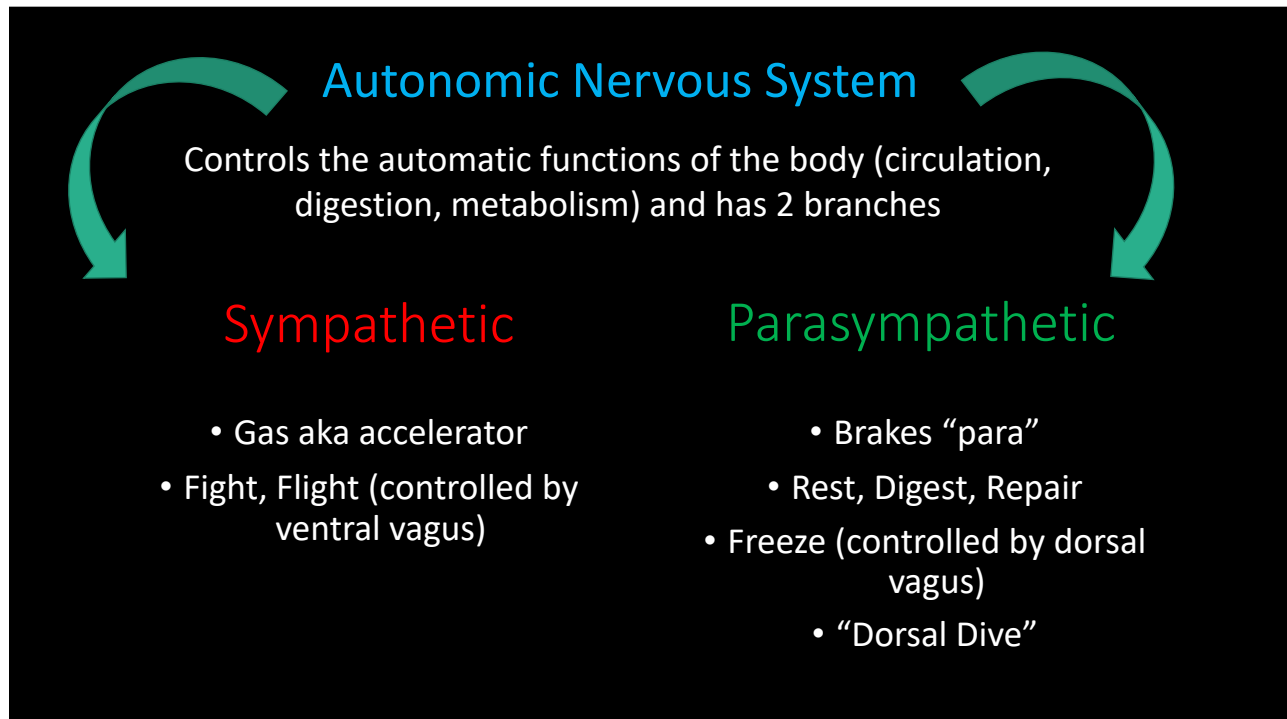
23

Polyvagal Theory Crash Course

24



25



26

Porges, S. (2007; 2017).

https://www.researchgate.net/figure/Polyvagal-Theory-Credit-Illustration-sourced-by-EMDR-trained-Psychotherapist-Ayan_fig5_352523056

Polyvagal Theory - An Intro

Ventral Vagal

- Social Engagement Network
- Location: Face, throat, chest
- Ability to talk, engage, co-regulate, self-soothe and remain calm
- Top of the regulatory and evolutionary ladder

Sympathetic

- Fight & Flight (Mobilization)
- Location: Along the spinal cord
- Mobilize the body to fight, or run away from danger
- Increased heart rate, tense muscles, fast shallow breathing
- Middle of the regulatory and evolutionary ladder

Dorsal Vagal

- Freeze, Collapse, Dissociate (Immobilization)
- Location: Diaphragm, heart, gut
- Shut off from the throat, when can't fight or flight
- Decreased heart rate, low energy, depressed, numb, shut down
- Bottom of the regulatory and evolutionary ladder

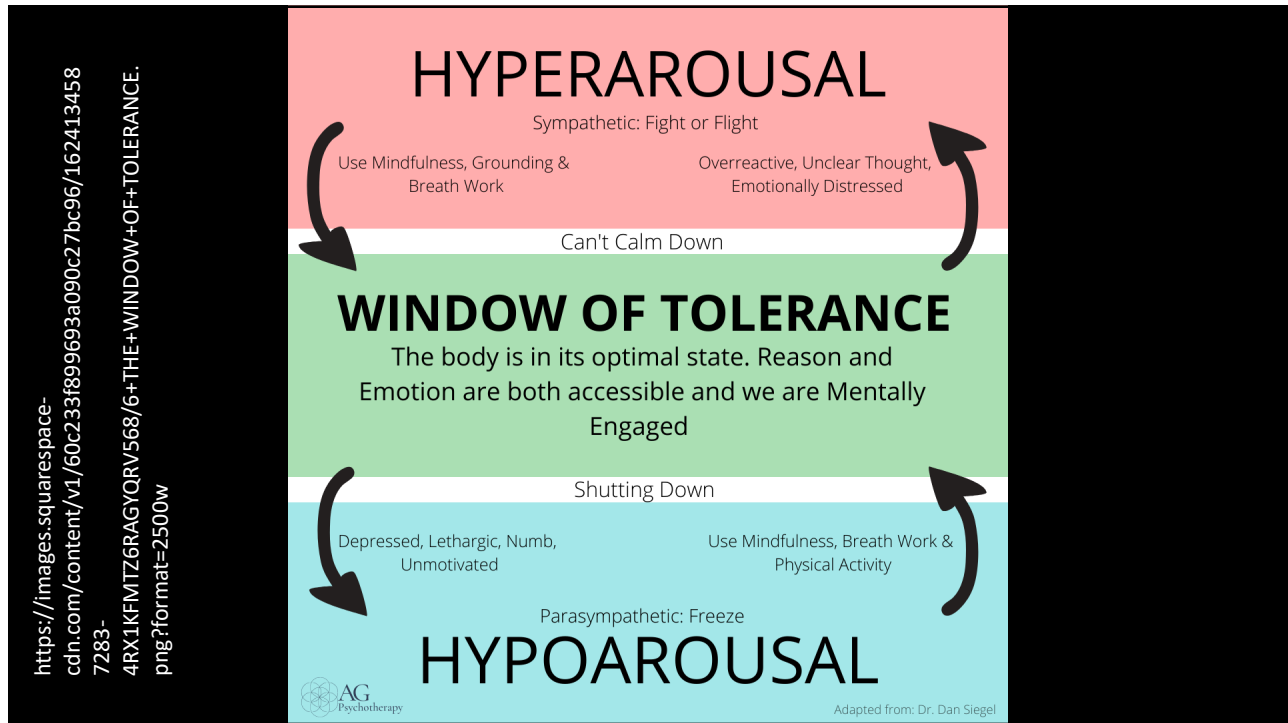
Afferent Information from body to brain 80%

@Ayan.Mukherjee

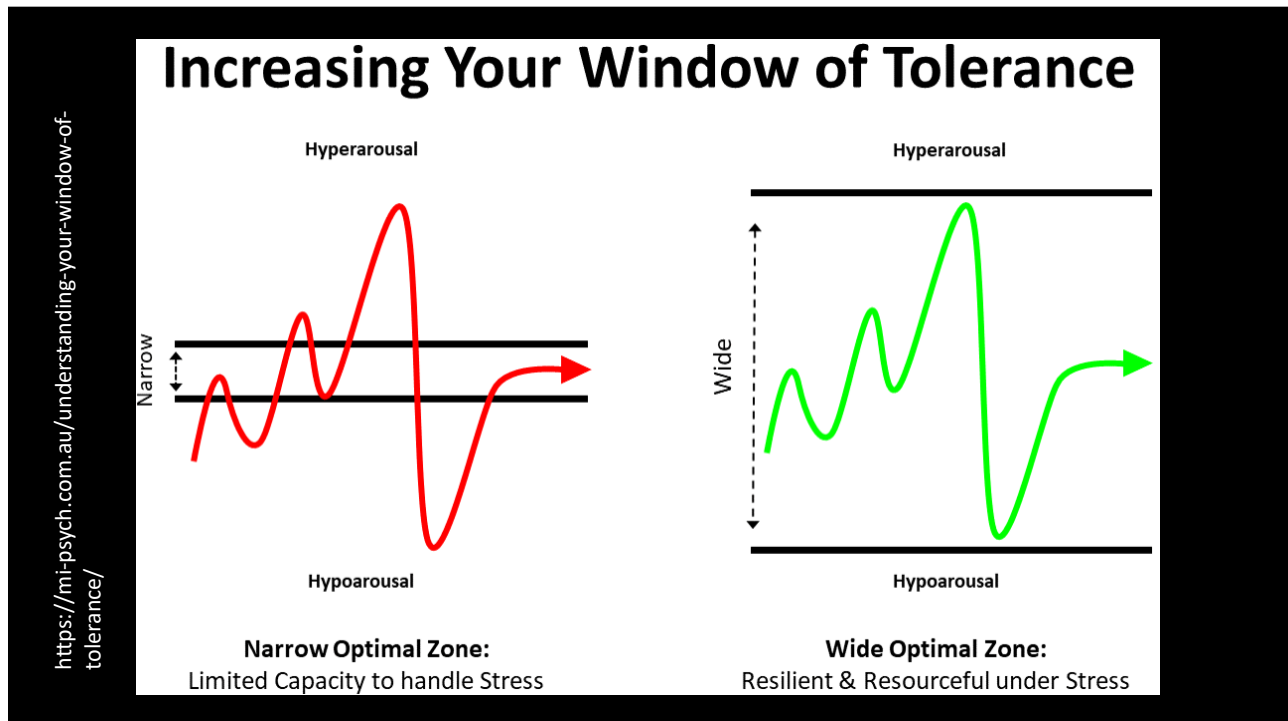
27

Types of Dysregulation

28



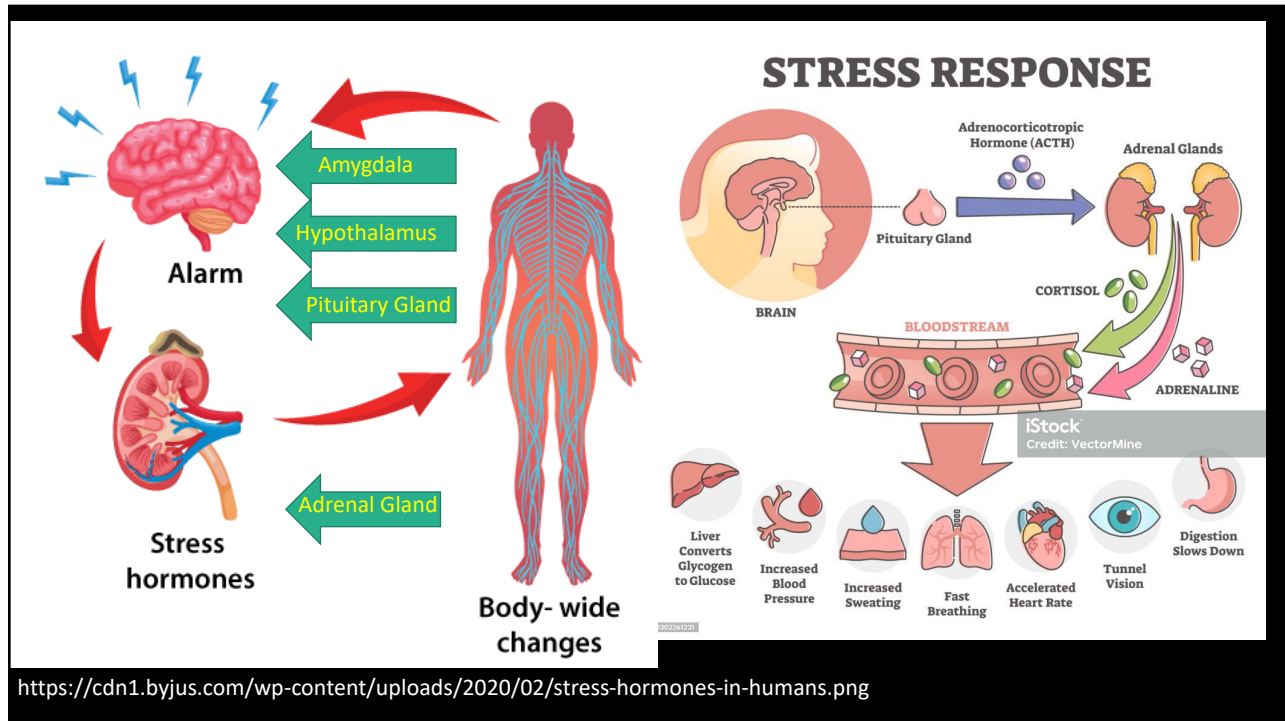
29



30

Physiology of Stress

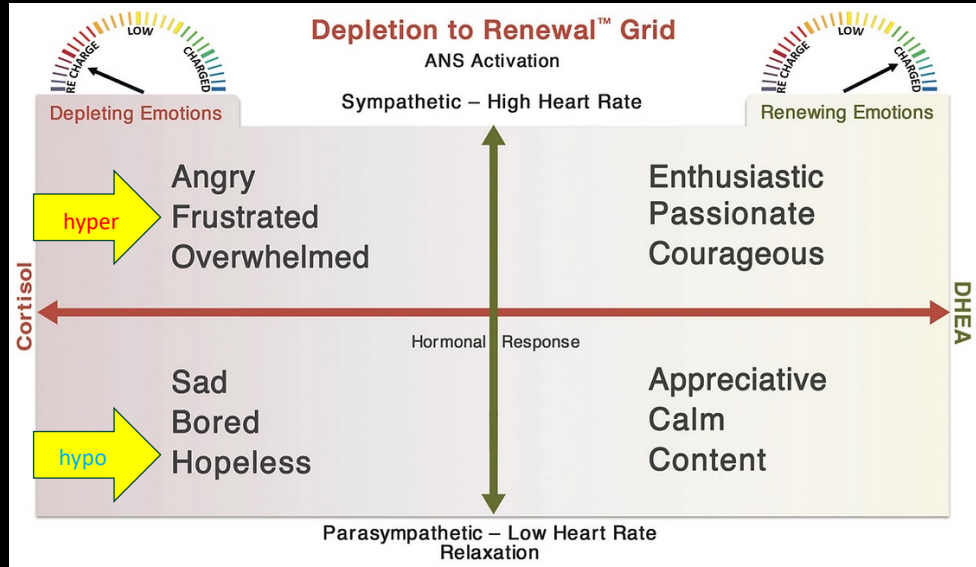
31



32

https://static.wixstatic.com/media/6d5fbb_095495feb1774b05bafcc32fb733d344~mv2.png/v1/fill/w_1200,h_712,a_l_c,q_90,usm_0.66_1.00_0.01,enc_auto/Screen%20Shot%202021-12-05%20at%205_10_10%20PM.png

Physiology of Emotions



33

Teenage Stressors

34

Common Teenage Stressors

- Social media
- Adverse Childhood Experiences
- Dating violence
- Bullying
- Academics
- Family dysfunction

35

Warning Signs

36

Common Warning Signs

Emotional/Behavioral

- Lacking enjoyment
- Repeated tantrums
- Sadness, crying
- Afraid, worried
- Regressing
- Restless, unfocused
- Suicidal ideation

Social/School

- Not doing work
- Not fitting in
- Refusal to attend school or social activities/functions
- Defiance
- Social withdrawal

Physical

- Sleeps too much
- Sleeps too little
- Trouble eating
- Weight loss or gain
- Aches, pains, nausea
- Injuries

37

Disorders in Secondary

38

Children's Mental Health Statistics in the U.S.

Most commonly diagnosed disorders in children aged 3-17 years old from 2016-2019 (Bitsko et al, 2022):

- **ADHD** 9.8% (approximately 6.0 million)
- **Anxiety** 9.4% (approximately 5.8 million)
- **Behavior problems** 8.9% (approximately 5.5 million)
- **Depression** 4.4% (approximately 2.7 million)

39

Children's Mental Health Statistics in the U.S.

Commonly co-occurring conditions in children aged 3-17 years old in 2016 (Ghandour et al, 2018):

- Having another mental disorder was most common in children with depression: about 3 in 4 children with depression also had anxiety (73.8%) and almost 1 in 2 had behavior problems (47.2%)
- For children with anxiety, more than 1 in 3 also had behavior problems (37.9%) and about 1 in 3 also had depression (32.3%)
- For children with behavior problems, more than 1 in 3 also had anxiety (36.6%) and about 1 in 5 also had depression (20.3%)

40

Children's Mental Health Statistics in the U.S.

The percentage of children being diagnoses with anxiety or depression among ages 6-17 years old has increased (Bitsko et al, 2018):

- 5.4% in 2003
- 8% in 2007
- 8.4% in 2011-2012

The percentage of children being diagnoses with anxiety among ages 6-17 years old has increased:

- 5.5% in 2007
- 6.4% in 2011-2012

The percentage of children being diagnoses with depression among ages 6-17 years old has increased:

- 4.7% in 2007
- 4.9% in 2011-2012

41

Children's Mental Health Statistics in the U.S.

Adolescents ages 12-17 years old reporting depression from 2018-2019 (Bitsko et al, 2022):

- 15.1% had a major depressive episode
- 36.7% had persistent feelings of sadness or hopelessness

Adolescents ages 12-17 years old reporting suicidality from 2018-2019 (Bitsko et al, 2022):

- 18.8% seriously considered attempting suicide
- 15.7% made a suicide plan
- 8.9% attempted suicide
- 2.5% made a suicide attempt requiring medical treatment

42

Children's Mental Health Statistics in the U.S.

Adolescents ages 12-17 years old reporting substance use from 2018-2019 (Bitsko et al, 2022):

- 4.1% had a substance use disorder
- 1.6% had an alcohol use disorder
- 3.2% had an illicit drug use disorder

43

Children's Mental Health Statistics in the U.S.

Disorders in early childhood (Cree et al, 2016):

- 1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder

Prevalence of disorders by age (Ghandour et al, 2018):

- Diagnoses of ADHD, anxiety, and depression become more common with increased age
- Behavior problems are more common among children aged 6–11 years than younger or older children

44

Children's Mental Health Statistics in the U.S.

Treatment rates among children aged 3-17 years old in 2016 (Ghandour et al, 2018):

- 8 in 10 children (78.1%) with depression received treatment
- 6 in 10 children (59.3%) with anxiety received treatment
- 5 in 10 children (53.5%) with behavior disorders received treatment

45

Children's Mental Health Statistics in the U.S.

- Among children aged 2-8 years, boys were more likely than girls to have a mental, behavioral, or developmental disorder (Cree et al, 2016)
- Among children living below 100% of the federal poverty level, more than 1 in 5 (22%) had a mental, behavioral, or developmental disorder (Cree et al, 2016)
- Age and poverty level affected the likelihood of children receiving treatment for anxiety, depression, or behavior problems (Ghandour et al, 2018)

46

Children's Mental Health Statistics in the U.S.

Adverse Childhood Experiences (ACEs) and physical and mental health in children ages 6-17 years old from 2016-2019 (Hutchins et al, 2022):

- Children who were discriminated against based on race or ethnicity had higher percentages of one or more physical health conditions (37.8% versus 27.1%), and one or more mental health conditions (28.9% versus 17.8%)
- Racial/ethnic discrimination was almost seven times as common among children with three other ACEs compared to those with no other ACEs

47

Common Disorders/Issues

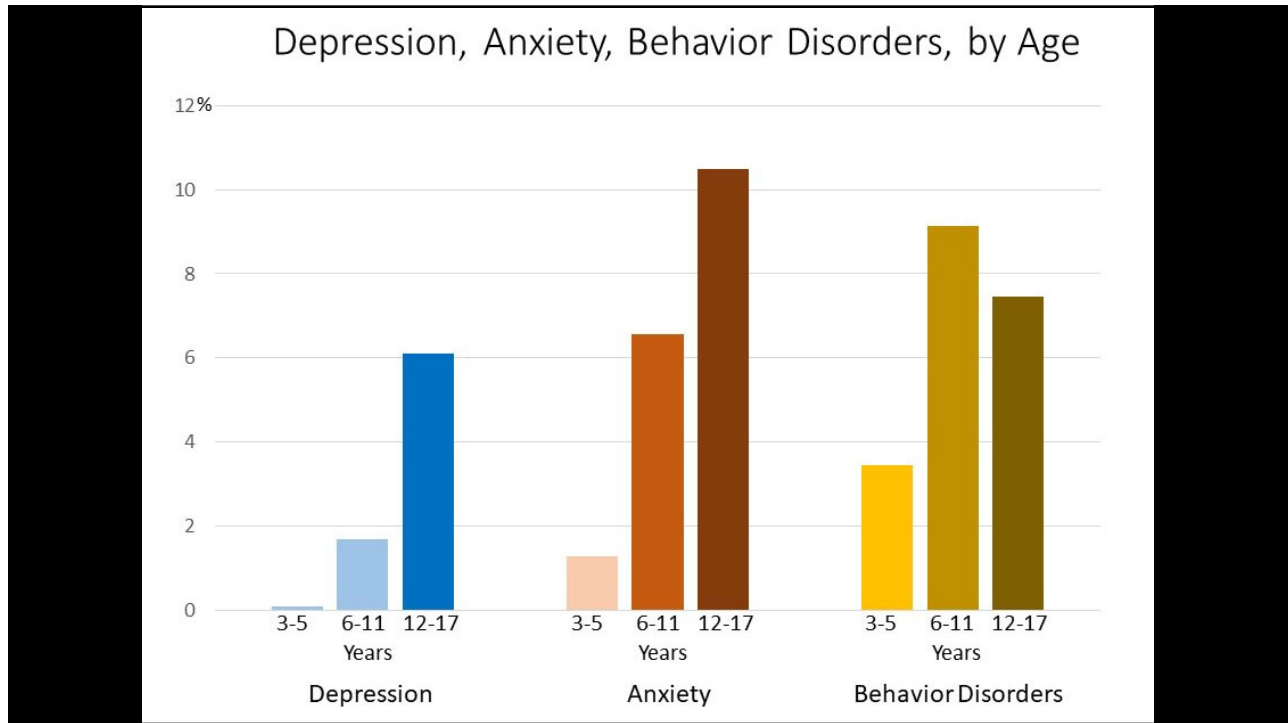
Middle School

- Social Anxiety
- Generalized Anxiety
- Depression
- Oppositional Defiant Disorder (ODD)
- Conduct Disorder (CD)
- Disruptive Mood Dysregulation Disorder (DMDD)
- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Posttraumatic Stress Disorder (PTSD)
- Eating Disorders
- Self-harm
- Gender identity and sexuality concerns

High School

- Social Anxiety
- Generalized Anxiety
- Depression
- Psychosis
- Schizophrenia
- Substance abuse
- Emerging personality disorders
- Posttraumatic Stress Disorder (PTSD)
- Eating disorders
- Self-harm
- Gender identity and sexuality concerns

48



49

Diagnosis

50

How Children Are Diagnosed

- According to the ASCA Code of Ethics:
 1. Short-term treatment only
 2. Must refer out to the nearest counseling center
- Who can diagnose and treat:
 1. Licensed mental health provider (LPC, LCSW, LMFT, psychologist, neuropsychologist)
 2. Licensed medical professional (neurologist, psychiatrist, pediatrician)

51

Treatments

52

Common Treatments for Children & Teens

Externalizing Disorders

- Play Therapy
- Cognitive Behavioral Therapy (CBT)
- Mindfulness Based Cognitive Therapy (MBCT)
- Psychopharmaceuticals
- Behavior management skills for parents
- Behavior management skills for teachers

Internalizing Disorders

- Play Therapy
- Cognitive Behavioral Therapy (CBT)
- Mindfulness Based Cognitive Therapy (MBCT)
- Psychopharmaceuticals
- Dialectical Behavior Therapy (DBT)
- Eye Movement Desensitization & Reprocessing (EMDR)

53

Important Facts About Group Therapy

54

Important Info About Group Counseling

- **Before the 1960s**, most counseling happened in a dyadic relationship, involving an interaction between two individuals.
- A **group** has a defined membership, unity and interaction, and a common purpose.
- **Raymon Corsini**, a psychotherapy author, called the 1940s the modern era for group work. During this time, two organizations came up for group therapy. These were the **American Society for Group Psychotherapy and Psychodrama** (associated with **Jacob Moreno**, 1942) and the **American Group Psychotherapy Association** (associated with **Samuel Richard Slavson**, 1943).

55

Important Info About Group Counseling

- **Alfred Adler** and **Jesse B. Davis** contributed to developing group work and prefaced group movement.
- **Primary groups** serve as a preventive measure, aiming to proactively mitigate and prevent potential problems from arising.
- **Secondary groups** have disturbances and difficulties.
- **Tertiary groups** deal with more severe pathology in comparison to secondary groups.
- **Group norms** govern group roles and acceptable behaviors.

56

Important Info About Group Counseling

- During **WWII**, the shortage of individual therapists made group therapy flourish in the U.S.
- **Group content** is how discussions and transactions happen
- **Group cohesiveness** indicates forces that bind group members as a whole
- Experts agree that group therapy is of **longer** duration
- One **advantage** of group work is that a counselor can see more clients in a given period.
- One **disadvantage** is that a counselor can become preoccupied with group processes and leave individual issues unexamined

57

Important Info About Group Counseling

- The **risk shift phenomenon** states group decisions are less conservative than the average group member's decision before the group discussion
- The "T" in **T-groups** stands for "training"
- Most **assertive training** groups are behavioristic and highly structured
- **Weight Watchers** is a support or self-help group.
- **Private screening** can be superior in terms of counselor-client interaction
- An essential trait for group members is **trust**.

58

Important Info About Group Counseling

- A **closed** group promotes cohesiveness.
- A **disadvantage of an open group** is a member who begins after the first meeting has missed information or experiences.
- When a group member speaks, the counselor should try to face the group member
- A **group setting** has a seating arrangement where clients can sit where they wish. In this setting, an Asian American leader and an Asian American client would likely sit close by
- Groups encourage the concept of **universality**

59

Important Info About Group Counseling

In the late 1930s, researchers identified three basic leadership styles; **autocratic**, **democratic**, and **laissez-faire**.

- The **autocratic** leader controls a group
- The **laissez-faire** leader prefers little involvement.
- The **democratic** style is most preferable. Sam Gladdig called this a facilitator style

60

Important Info About Group Counseling

- **Co-leadership** is desirable because the group can go on even if one leader is absent. Two leaders can focus on group dynamics better than one leader since two individuals will have better observational skills, and leaders can process their feelings between sessions.
- **Co-leadership** counters burnout and promotes safety
- **Gerald Corey**, a writer on group therapy, believes participation in a therapeutic and in a leader's group is necessary for an effective group leader
- Most experts agree that an effective adult counseling group has **five or six to eight members**
- Most experts agree that **two hours** is plenty of time, even when critical issues are being examined

61

Important Info About Group Counseling

- An **ethical** leader will discuss group risks during the initial session with a client.
- An **adept** group leader will attempt to safeguard clients against risks and work to reduce them
- During the initial group session, the leader explained no smoking and cursing would be permitted. This is known as **setting ground rules**
- **Group norms** refer to acceptable behaviors in a group
- A **dynamic** group is always changing.

62

Important Info About Group Counseling

- A common group **weakness** is a lack of goal-setting
- A group member who insists on asking other members inappropriate questions is known as an **interrogator**
- A **non-assertive** follower will go with what everyone else decides
- A **gatekeeper** may covertly wish they were running the group

63

Group Basics

64

Types of Group Counseling

There are several types of group counseling, each with a specific focus:

- **Psychoeducational groups** focus on providing information and teaching skills about a particular issue, such as stress management or anger control.
- **Counseling groups** facilitate personal growth and development.
- **Psychotherapy groups** help members resolve recurrent psychological problems.
- **Support groups** offer mutual aid and comfort to individuals dealing with similar life situations or issues, such as grief or addiction.

65

Groups: What's the difference?

Group Counseling

- Led by a counselor
- Small groups
- Closed membership
- Focus on **short-term** problems
- Provide tools to change
- Has curriculum
- Has end point

Group Therapy

- Led by a counselor
- Small groups
- Closed membership
- Focus on **long-term** problems
- Behavioral concerns
- Psychological disorders
- Has curriculum
- Has end point

Support Group

- Led by peers
- Larger groups
- Open membership
- Focus on **maintenance** of behavior change
- Focus on coping with ongoing issue
- **May not have curriculum**
- No end point

66

Roles and Responsibilities of the Group Counselor

The group counselor plays several crucial roles in group counseling:

- As a **facilitator**, they guide the group's process and interactions, ensuring a safe, respectful, and productive environment.
- As an **educator**, they impart knowledge and teach skills
- As a **mediator**, they manage conflicts that may rise within the group
- As a **model**, they demonstrate appropriate behavior and communication

67

Roles and Responsibilities of the Group Counselor

Ethical & professional responsibilities are paramount in group counseling:

- Group counselors must adhere to confidentiality rules, respect individual difference, promote inclusivity, and maintain professional boundaries
- Group counselors are also responsible to for screening potential members to ensure they are suitable for the group and can benefit from it

68

Stages of Group Development

Group counseling unfolds in stages, much like individual counseling:

- Initially, group members often feel apprehensive and uncertain in the "forming" stage.
- The "storming" stage follows, where conflicts may arise as members negotiate roles and norms within the group.
- As the group progresses to the "norming" stage, members develop trust and cohesion and establish group norms.
- The group then enters the "performing" stage, where members feel safe to express feelings, provide feedback, and work towards their goals
- The final "adjourning" stage involves ending the group, reflecting on the journey, and planning for the future.

69

Benefits of Groups

70

The Power of Group Counseling

Group counseling leverages the power of social interaction and collective healing:

- It is a form of therapy where a small number of individuals, usually 6 to 10, meet regularly with a trained counselor to discuss and explore shared issues or concerns.
- The counselor guides the group to develop better coping skills, analyze behavior patterns, and support one another in a safe, confidential setting.
- The diverse dynamics in a group setting create a rich experience of opinions and emotions, fostering an environment of respect and empathy.
- Participants can offer support, provide feedback, and challenge one another, promoting insight, growth, and change that extends beyond individual counseling.

71

Benefits and Challenges of Group Counseling

Group counseling provides several **benefits**:

- It reduces feelings of isolation,
- Offers immediate feedback,
- Creates a supportive community.
- It allows members to learn from others' experiences
- Allows members to experiment with new behaviors, and
- Members can gain multiple perspectives

72

Benefits and Challenges of Group Counseling

Group counseling also presents **challenges**:

- Group dynamics can be complex, and conflicts may arise.
- Members may also feel anxious about sharing personal issues in a group, and
- The progress can be slower due to the need to address multiple members' concerns.

73

Group Dynamics

74

Group Dynamics: Key to Successful Counseling

- Group counseling is a potent therapeutic approach that harnesses the power of group dynamics to foster personal growth, development, and healing.
- Group counseling is not just about the collective journey towards healing; it's about how group members interact, influence each other, and evolve together
- This complex interplay of behaviors, attitudes, and perceptions is known as **group dynamics**.
- Understanding group dynamics is critical to facilitating practical group counseling sessions.

75

Group Dynamics: Key to Successful Counseling

Understanding **Group Dynamics**:

- This refers to the influential interpersonal processes that occur within the group
- This can include group cohesions, communication patters, decision-making, leadership roles, group conflict, and the development of group norms.
- A key aspect of group dynamics is understanding that the group is more than just the sum of its members; it is a unique entity with its characteristics and behaviors

76

Group Dynamics: Key to Successful Counseling

Cohesion and Group Norms:

- **Cohesion** is a crucial aspect of group dynamics. It refers to the degree of camaraderie within the group. Cohesive groups tend to be more expressive and supportive, fostering a safe environment for members to share their thoughts and feelings.
- **Group norms**, another essential factor, are the shared expectations and rules that guide behavior within the group. They develop organically over time and can significantly influence the group's overall function. Understanding and monitoring these norms is crucial for a group counselor, as norms can either enhance or hinder group progress.

77

Group Dynamics: Key to Successful Counseling

Communication Patterns and Decision Making:

- **Communication** patterns within a group also play a significant role in group dynamics. Open, honest, and respectful communication can foster trust and build stronger relationships within the group. However, good communication can lead to understanding, conflict, and reduced group cohesion.
- **Decision-making** within the group is also significant. It can be influenced by multiple factors, including groupthink, where the desire for harmony within the group can lead to irrational or dysfunctional decision-making. The counselor must monitor this to ensure that all voices are heard and that no single individual dominates the group's decisions.

78

Group Dynamics: Key to Successful Counseling

Leadership Roles and Conflict Management:

- **Leadership roles** within a group can shift and change depending on the group's needs and individual members' skills. Some leaders may emerge naturally due to their abilities or personalities, while others might be chosen or rotate over time. A good group leader promotes positive group dynamics, encourages participation, and helps constructively manage conflicts.
- **Conflict** within a group is not necessarily detrimental. Managed constructively, it can promote deeper understanding, better solutions, and stronger relationships. However, it can create tension, reduce group cohesion, and hinder progress if not handled effectively.

79

Group Dynamics: Key to Successful Counseling

Influence of Group Size and Diversity:

- Group size can also affect group dynamics. **Smaller groups** may allow for more intimate connections, but they may also intensify conflicts. **Larger groups**, on the other hand, may provide more diversity of perspectives, but individual members may feel they need to be more engaged.
- The **diversity** within the group, including cultural, gender, age, and experiential differences, can significantly affect group dynamics. It can enrich the group experience by providing a broader range of perspectives but also present challenges due to differing values, beliefs, and communication styles.

80

Irvin Yalom's Therapeutic Factors of Group Therapy

81

Irvin Yalom's 11 Therapeutic Factors of Group Therapy

1. **Instillation of Hope:** Group members can inspire hope in each other by sharing their progress and challenges, showing that change and improvement are possible.
2. **Universality:** This refers to the realization that others in the group share similar feelings, thoughts, and struggles. It helps reduce feelings of isolation and makes members feel understood and less alone in their issues.
3. **Imparting Information:** Members and the therapist provide relevant knowledge, advice, and insights that help individuals understand their problems and find solutions.
4. **Altruism:** Group members benefit from helping others. Offering support and assistance to others in the group can create a sense of purpose and improve self-esteem.
5. **The Corrective Recapitulation of the Primary Family Group:** Group therapy allows individuals to re-experience and work through unresolved issues related to their family dynamics (e.g., how they were treated by parents or siblings) within the safety of the group.
6. **Development of Socializing Techniques:** Group members can practice social behaviors and interpersonal skills in a supportive environment, which can improve their relationships outside of therapy.

82

Irvin Yalom's 11 Therapeutic Factors of Group Therapy

7. Imitative Behavior: Members can learn by observing others. They may model adaptive behaviors, coping strategies, or emotional responses they see in their peers or the therapist.

8. Interpersonal Learning: The group provides a space for members to receive feedback from others, learn how their behavior impacts others, and adjust their interpersonal skills.

9. Group Cohesiveness: A sense of belonging and acceptance in the group is crucial for therapeutic change. When members feel connected and supported, they are more likely to engage and make meaningful progress.

10. Catharsis: Expressing emotions and discussing difficult experiences in the group can lead to a powerful emotional release, helping members process trauma and emotional pain.

11. Existential Factors: Group therapy can help individuals confront deeper existential concerns, such as the inevitability of death, freedom, isolation, and the meaning of life. By sharing these universal concerns with others, group members may find ways to navigate these issues with greater acceptance and understanding.

83

Elements of a Successful Group

84

Elements of a Successful Group

Knowledge & Group Facilitation

- Facilitator/co-facilitator are prepared for the group
- Facilitator/co-facilitator conduct an opening activity with the group
- Facilitator/co-facilitator discuss and review the homework
- Facilitator/co-facilitator introduce the topic/skill
- Facilitator/co-facilitator give participants handouts
- Facilitator/co-facilitator actively engage the group and encourage participation
- Facilitator/co-facilitator check for understanding from the group
- Most participants actively participate in the group

85

Elements of a Successful Group

Group Management

- Facilitator/co-facilitator are both present
- Facilitator/co-facilitator provide transitions before starting and ending group (10, 5, 2 minutes)
- Facilitator/co-facilitator start and end group on time (if not, a reason is documented)
- Facilitator/co-facilitator warmly greet the participants
- Facilitator/co-facilitator check in with members and their window of tolerance (check engine/window of tolerance/level of arousal/mood/energy)
- Facilitator/co-facilitator review group rules
- Facilitator/co-facilitator set group expectations
- Facilitator/co-facilitator manage disruptions appropriately

86

Group Methods

87

Group Counseling Methods: Strategies for Successful Outcomes

- Group counseling methods are a variety of techniques and strategies that counselors use to help individuals within a group setting. These methods are designed to facilitate healing, personal growth, and the development of social skills.
- By understanding and effectively choosing and applying these methods, a group counselor can significantly enhance the effectiveness of group therapy sessions.
- Methods include: psychoeducational, cognitive-behavioral, support group, process-oriented, interpersonal learning, psychodynamic, expressive, and solution-focused,

88

Group Counseling Methods: Strategies for Successful Outcomes

Psychoeducational Method

- Psychoeducational groups are structured around imparting information and teaching new skills.
- The emphasis here is on learning, with the group acting as a classroom.
- Group members learn about specific topics such as anger management, stress management, or substance abuse.
- They also learn coping strategies and skills for managing their issues.

89

Group Counseling Methods: Strategies for Successful Outcomes

Cognitive-Behavioral Method

- Cognitive-behavioral groups focus on identifying and changing maladaptive thought patterns that lead to dysfunctional behaviors.
- Members learn to recognize their cognitive distortions, understand how they influence their behavior, and develop strategies to change these patterns.
- This approach can benefit groups dealing with anxiety, depression, or addiction.

90

Group Counseling Methods: Strategies for Successful Outcomes

Support Group Method

- Support groups offer members a safe environment to share experiences, feelings, and challenges with others facing similar situations.
- These groups emphasize mutual support and shared understanding. They can be especially beneficial for individuals dealing with significant life changes, such as bereavement, divorce, or chronic illness.

91

Group Counseling Methods: Strategies for Successful Outcomes

Process-Oriented Method

- Process-oriented groups emphasize the here-and-now experience of group members.
- The focus is on the interpersonal processes occurring within the group. The group counselor facilitates the discussions and reflections on these processes, helping members to understand and learn from their interpersonal interactions.
- This approach can enhance self-awareness and improve social skills.

92

Group Counseling Methods: Strategies for Successful Outcomes

Interpersonal Learning Method

- Interpersonal learning groups center on the belief that the group offers a microcosm of the wider social world.
- Members are encouraged to explore their relationships within the group, learning about themselves and their patterns of interaction.
- This method can be particularly useful in addressing interpersonal difficulties and enhancing social competence.

93

Group Counseling Methods: Strategies for Successful Outcomes

Psychodynamic Method

- Psychodynamic groups focus on the unconscious thoughts and feelings that influence behavior.
- The group counselor helps members explore their past experiences and unresolved conflicts to understand how these affect their present behavior.
- This method can help address deep-seated issues and promote significant personal growth.

94

Group Counseling Methods: Strategies for Successful Outcomes

Expressive Therapies Method

- Expressive therapies, such as art therapy, music therapy, and drama therapy use creative arts as a medium for expression and exploration.
- These methods allow members to express feelings and experiences that may be difficult to articulate in words.
- This method can be particularly beneficial for individuals dealing with trauma or those who struggle with verbal expression.

95

Group Counseling Methods: Strategies for Successful Outcomes

Solution-Focused Method

- Solution-focused groups concentrate on finding solutions rather than exploring problems.
- The emphasis is on identifying strengths, resources, and previous successes and building on these to create positive change.
- This approach is action-oriented and can be very empowering for group members.

96

Topics & Curriculum

97

Potential Topics

- Building self-esteem
- Coping with grief
- Self-regulation
- Increase social skills
- Coping with divorce
- Self-care for teens
- Coping with academic stress
- Eating disorders
- Substance use
- Relationship issues
- Anger management
- ADHD

98

Key Considerations for Choosing a Curriculum

Client Needs and Goals:

- The counselor should assess the **specific needs** and **goals** of the group members. For example, are the group members struggling with emotional regulation, interpersonal issues, trauma, or addiction? Tailor the curriculum to address the most relevant issues.
- Consider whether the group is **therapeutic** (e.g., focusing on healing and emotional growth) or **skills-based** (e.g., teaching specific techniques to cope with anxiety or depression).

Group Dynamics:

- The counselor should evaluate the **group's composition** and dynamics, such as group size, cohesion, and the level of trust among members. This will help determine the type of curriculum that best facilitates interaction and engagement (e.g., more structured or more open-ended approaches).

Cultural Sensitivity:

- Choose a curriculum that is culturally sensitive and adaptable to the **diversity** of the group. Consider members' backgrounds, belief systems, and values to ensure that the interventions are respectful and appropriate.

99

Key Considerations for Choosing a Curriculum

Evidence-Based Practices:

- Evidence-based curricula have demonstrated effectiveness in achieving desired outcomes. Look for established interventions that are backed by research and data showing positive results in similar populations.
- **Research** and **outcomes** from scientific studies should be considered to ensure that the interventions are supported by evidence for the specific conditions being addressed (e.g., DBT, CBT, or trauma-informed interventions).

Theoretical Orientation:

- Consider the **theoretical framework** that aligns with the counselor's own therapeutic approach. For example, if the counselor works from a cognitive-behavioral therapy (CBT) approach, they may choose a curriculum that focuses on modifying thought patterns and behaviors.

100

Key Considerations for Choosing a Curriculum

Group Structure and Format:

- Assess the **structure** of the group sessions. Some curriculums are highly structured, while others may be more flexible and experiential. The counselor should choose a curriculum that matches the level of structure needed for the group.
- **Duration** and **frequency** of group sessions (e.g., weekly, bi-weekly) should also align with the curriculum's design and the group's availability and needs.

Skill Level of Group Members:

- The curriculum should be appropriate for the **skill level** and cognitive capacity of the group members. For example, a group of individuals with severe mental health issues may require a more structured, supportive curriculum, while a group of individuals working on interpersonal skills may benefit from more interactive exercises.

101

Key Considerations for Choosing a Curriculum

Ethical Considerations:

- Ensure that the curriculum is **ethically sound** and promotes a safe, non-judgmental, and supportive environment. It should help group members engage in a process of self-discovery and change in ways that are beneficial for their mental and emotional well-being.

Resource Availability:

- Consider the **resources** needed for the curriculum, such as materials, tools, and training. The counselor should be able to provide necessary resources or know where to access them.

102

Resources for Evidence-Based Group Counseling Interventions

American Psychological Association (APA):

- APA provides a variety of resources related to evidence-based practices in counseling, including intervention guides and treatment protocols.
- **Website:** <https://www.apa.org>

National Institute for Health and Care Excellence (NICE):

- NICE offers evidence-based guidelines for psychological interventions, including for group therapy. It provides resources for specific disorders, such as depression, anxiety, and PTSD.
- **Website:** <https://www.nice.org.uk>

103

Resources for Evidence-Based Group Counseling Interventions

SAMHSA (Substance Abuse and Mental Health Services Administration):

- SAMHSA offers **evidence-based practices** and treatment approaches for substance use disorders, mental health disorders, and trauma. They provide guides for implementing group counseling interventions for a range of issues.
- **Website:** <https://www.samhsa.gov>

Society of Clinical Child and Adolescent Psychology (SCCAP):

- This site provides resources, including evidence-based treatments for group therapy, especially for children and adolescents.
- **Website:** <https://www.sccap56.org>

104

Resources for Evidence-Based Group Counseling Interventions

Psychology Tools:

- Psychology Tools offers evidence-based **CBT** and **DBT** resources, worksheets, and curriculums that can be used in group settings. They have structured interventions that focus on skill-building and cognitive restructuring.
- **Website:** <https://www.psychologytools.com>

The Cochrane Collaboration:

- Cochrane reviews provide comprehensive evidence on the effectiveness of various psychological interventions, including group therapy treatments. Their reviews are a great source for evidence-based practices.
- **Website:** <https://www.cochranelibrary.com>

105

Resources for Evidence-Based Group Counseling Interventions

Therapist Aid:

- Therapist Aid provides free worksheets, interventions, and resources for therapists. It includes a section for **group therapy tools** that are designed to be evidence-based and easy to use.
- **Website:** <https://www.therapistaid.com>

The National Registry of Evidence-Based Programs and Practices (NREPP):

- NREPP offers a catalog of evidence-based practices for behavioral health, including group therapy interventions for various populations and issues.
- **Website:** <https://www.samhsa.gov/ebp-resource-database>

106

Ethical Considerations

107

Ethical Issues & Collaboration With Other Professionals

- Limits of confidentiality and duty to report
- Suicide prevention
- Who is your client and when
- Psychoeducation for parents (meds, disorders, other professionals)
- Court orders
- Code of ethics (scope of practice, boundaries)
- Local policy vs laws vs ethics
- Recordkeeping

108

Limits of Confidentiality Example Statement:

- Usually when you talk to a counselor, everything you say is confidential.
- Except under three conditions:
 - One, is if you tell me you're going to hurt yourself or someone else, I have to report that.
 - Two, is if you tell me that there is abuse, neglect, or exploitation of a child, an elderly person, a disabled person, or another vulnerable individual, I have to report that.
 - Three, is if by court order.
- If there is something that needs to be reported, I will let you know and we can do it together if you like.
- Do you understand this information? What questions can I answer?

109

Suicide Prevention

If you know someone at immediate risk of self-harm, suicide, or hurting another person:

- Ask the tough question: "Are you considering suicide?"
- Listen to the person without judgment.
- Call 911 or the local emergency number, or text TALK to 741741 to communicate with a trained crisis counselor.
- Stay with the person until professional help arrives.
- Try to remove any weapons, medications, or other potentially harmful objects.
- If you or someone you know is having thoughts of suicide, a prevention hotline can help. The 988 Suicide and Crisis Lifeline is available 24 hours a day at 988. During a crisis, people who are hard of hearing can use their preferred relay service or dial 711 then 988.

110

Activities

111

5 SFT Questions to Ask Clients

Miracle Question

- Here is a clear example of how to administer the miracle question. It should be delivered deliberately. When done so, it allows the client to imagine the miracle occurring.
- *“Now, I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem which brought you here is solved. However, because you are sleeping, you don’t know that the miracle has happened. So, when you wake up tomorrow morning, what will be different that will tell you that a miracle has happened and the problem which brought you here is solved?” (de Shazer, 1988)*

112

5 SFT Questions to Ask Clients

Presupposing change questions

- A practitioner of solution-focused therapy asks questions in an approach derived way.
- Here are a few examples of presupposing change questions:
 - “What stopped complete disaster from occurring?”
 - “How did you avoid falling apart.”
 - “What kept you from unraveling?”

113

5 SFT Questions to Ask Clients

Exception Questions

Examples of exception questions include:

1. Tell me about times when you don't get angry.
2. Tell me about times you felt the happiest.
3. When was the last time that you feel you had a better day?
4. Was there ever a time when you felt happy in your relationship?
5. What was it about that day that made it a better day?
6. Can you think of a time when the problem was not present in your life?

114

5 SFT Questions to Ask Clients

Scaling Questions

- These are questions that allow a client to rate their experience. They also allow for a client to evaluate their motivation to change their experience. Scaling questions allow for a practitioner to add a follow-up question that is in the positive as well.
- An example of a scaling question:
“On a scale of 1-10, with 10 representing the best it can be and one the worst, where would you say you are today?”
- A follow-up question:
“ Why a four and not a five?”
- Questions like these allow the client to explore the positive, as well as their commitment to the changes that need to occur.

115

5 SFT Questions to Ask Clients

Coping Questions

- These types of questions open clients up to their resiliency. Clients are experts in their life experience. Helping them see what works, allows them to grow from a place of strength.
- “How have you managed so far?”
“What have you done to stay afloat?”
“What is working?”

116

4 SFT Activities & Exercises

Solution-focused art therapy/ letter writing

- Ask a client to draw or write about one of the following, as part of art therapy:
- a picture of their miracle
- something the client does well
- a day when everything went well. What was different about that day?
- a special person in their life

117

4 SFT Activities & Exercises

Strengths Finders Activity:

- Ask the client to reflect on a time when they felt their strongest.
- Have them identify the strengths they used during that time.
- This activity helps clients focus on their inherent strengths.

Variation:

- Encourage the client to ask important people in their life to share their perceptions of the client's strengths.
- Collecting external perspectives can enhance the client's awareness and reinforce a strength-based mindset.

118

4 SFT Activities & Exercises

Mind Mapping for Solution Brainstorming:

- Place the "miracle" at the center of the mind map.
- Have the client create branches with potential solutions to make the miracle happen.
- This process encourages self-generated solutions, fostering a stronger connection to the desired outcome.

119

4 SFT Activities & Exercises

Experiment Journals:

- Encourage clients to conduct real-life experiments related to their presenting problem.
- Have clients track what approaches work best.
- Reassure clients that trying various experiments is a helpful strategy.

120

Mindfulness Exercises

- The clapping game
- Catch the sound
- Feelings charades
- Mindful stretching/yoga
- Loving kindness meditation
- Guided visualization/meditation
- Group hum sequence
- Deep breathing exercise
- Create a comfort kit

121

Conclusions

122

Conclusions

- Many behaviors and symptoms can overlap across disorders
- Differential diagnosis is often needed with more complex cases
- Personal, family, and community risk factors impact the mental health of school age children
- School counselors are the first line of defense in addressing crises and mental health concerns
- School counselors are in a unique position to work with the child, the parents, and the direct environment where children spend most of their time

123

Conclusions

- Many therapeutic activities can be used or changed to accommodate students of various ages
- Almost any common item can be used as a therapeutic tool
- Open communication with a treatment team is imperative
- Ongoing training in different modalities is crucial

124

References

125

References

- Agliari, E., Aquaro, M., Barra, A., Fachechi, A., & Marullo, C. (2023). From Pavlov Conditioning to Hebb Learning. *Neural Computation*, 35(5), 930-957.
- Blakemore, S.J. and Choudhury, S. (2006). Development of the adolescent brain: implications for executive function and social cognition. *Journal of Child Psychology and Psychiatry*, 47: 296–312.
- Brown, R. E. (2020). Donald O. Hebb and the Organization of Behavior: 17 years in the writing. *Molecular Brain*, 13(1), 1-28.
- Burrell, T. (2015). Let's Eat: How Diet Influences the Brain. Society for Neuroscience. Available at <http://www.brainfacts.org/across-the-lifespan/diet-and-exercise/articles/2015/lets-eat-how-diet-influences-the-brain/>

126

References

- Bitsko RH, Holbrook JR, Ghandour RM, Blumberg SJ, Visser SN, Perou R, Walkup J. Epidemiology and impact of healthcare provider diagnosed anxiety and depression among US children. *Journal of Developmental and Behavioral Pediatrics*. Published online before print April 24, 2018
- Bitsko RH, Claussen AH, Lichtstein J, Black LJ, Everett Jones S, Danielson MD, Hoenig JM, Davis Jack SP, Brody DJ, Gyawali S, Maenner MM, Warner M, Holland KM, Perou R, Crosby AE, Blumberg SJ, Avenevoli S, Kaminski JW, Ghandour RM. Surveillance of Children’s Mental Health – United States, 2013 – 2019 *MMWR*, , 2022 / 71(Suppl-2);1–42.
- Cree RA, Bitsko RH, Robinson LR, Holbrook JR, Danielson ML, Smith DS, Kaminski JW, Kenney MK, Peacock G. Health care, family, and community factors associated with mental, behavioral, and developmental disorders and poverty among children aged 2–8 years — United States, 2016. *MMWR*, 2018;67(5):1377-1383

127

References

- Carskadon, M.A. (2011). Sleep in adolescents: The perfect storm. *Pediatric Clinics of North America*, 58(3): 637-647.
- Chen, M-Y., Wang, E-K, Jeng, Y-J. (2006). Adequate sleep among adolescents is positively associated with health status and health-related behaviors. *BMC Public Health*, 6: 59.
- Christiansen, H., Hirsch, O., Albrecht, B., & Chavanon, M. L. (2019). Attention-deficit/hyperactivity disorder (ADHD) and emotion regulation over the life span. *Current psychiatry reports*, 21, 1-11.
- Chu, B., Marwaha, K., Sanvictores, T., & Ayers, D. (2021). Physiology, stress reaction. In *StatPearls [Internet]*. StatPearls Publishing.
- Crowell, S. E., Vlisides-Henry, R. D., Kaliush, P. R., & Beauchaine, T. P. (2020). Emotion generation, regulation, and dysregulation as multilevel transdiagnostic constructs. *The Oxford handbook of emotion dysregulation*, 85-98.

128

References

- Dahl, R. E. (2004). Adolescent brain development: A period of vulnerabilities and opportunities. Keynote Address. *Annals of the New York Academy of Sciences, 1021*: 1–22.
- De Shazer, S. (1988). Clues: Investigating solutions in brief therapy.
- Ghandour RM, Sherman LJ, Vladutiu CJ, Ali MM, Lynch SE, Bitsko RH, Blumberg SJ. Prevalence and treatment of depression, anxiety, and conduct problems in U.S. children. *The Journal of Pediatrics, 2018*. Published online before print October 12, 2018
- Grabbe, L., & Miller-Karas, E. (2018). The trauma resiliency model: a “bottom-up” intervention for trauma psychotherapy. *Journal of the American Psychiatric Nurses Association, 24*(1), 76-84.

129

References

- Linehan, M.M. (2014). DBT Skills Training Manual, 2nd Edition. Guilford.
- Owens, J., Au, R., Carskadon, M., Millman, R., Wolfson, A., Braverman, P. K., O'Brien, R. F. (2014). Insufficient sleep in adolescents and young adults: An update on causes and consequences. *American Academy of Pediatrics, 134*(3), e921-e932.
- Porges SW. (2007). The Polyvagal Perspective. *Biological Psychology, 74*(2):116-143
- Porges, S. (2017). *The pocket guide to polyvagal theory: The transformative power of feeling safe*. W.W. Norton & Company

130

References

- Peckham, M. (2021). Self-Care and Grounding. *Looking at Trauma: A Tool Kit for Clinicians*, 23, 13.
- Russell, G., & Lightman, S. (2019). The human stress response. *Nature reviews endocrinology*, 15(9), 525-534
- Siegel, D.J. (2014). *Brainstorm: The power and purpose of the teenage brain*. New York: Tarcher/Penguin.
- Siegel, D. J. (2020). *The developing mind: How relationships and the brain interact to shape who we are*. Guilford Publications.
- Tosini, G., Ferguson, I., & Tsubota, K. (2016). Effects of blue light on the circadian system and eye physiology. *Molecular Vision*, 22, 61–72.

131

References

- Vandewalle, G., Archer, S.N., Wuillaume, C., Balteau, E., Degueldre, C., Luxen, A., Dijk, D.J., Maquet, P. (2011). Effects of Light on Cognitive Brain Responses Depend on Circadian Phase and Sleep Homeostasis. *Journal of Biological Rhythms*, 26(3): 249-259.
- Van der Kolk, B. (2015). *The body keeps score: Brain, mind, and body in the healing of trauma*. New York: Penguin.
- Yalom, I. D. & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). Basic Books/Hachette Book Group

132

Available Workshops by CCST:

- Biopsychosocial Needs of Adolescents
- Trauma Informed Care in Schools
- Mindfulness for Kids
- The Neuroscience of Self-Regulation & Coping Skills
- Self-Harm Risk Assessment & Risk Management
- LGBTQIA+ Youth & Families & How to Support Them
- ADHD Etiology & Treatments
- The Comorbidity of ADHD, ODD, and Conduct Disorder: Issues and Behavior Management Techniques
- Counseling Theories & Techniques
- Self-Care for Clinicians
- Special Topics in School Counseling
- Clinicians in Court 10/27/25

133

AI in Counseling

KC Quilantan-Garza
Doctoral Candidate

134