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Anxiety Group for Teens Group Manual

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Abstract

Early intervention has been shown to be effective in reducing symptoms of anxiety and improving overall function and life satisfaction. Anxiety disorders are one of the most common disorders among youth (Watson et al., 2014). Through early intervention, adolescents can grow with more confidence and feel less anxious by improving their social skills and overall life satisfaction. This manual examines the impact of anxiety in adolescents and the various practices that have been shown to be effective in treating anxiety disorders. This group manual provides interventions based on evidenced based practices have been found to be effective in treating symptoms of anxiety disorders. These practices include assertive communication, setting boundaries, personal values, and addressing core beliefs. This group was created to provide adolescents with an anxiety disorder diagnosis a safe place to learn skills as well as process the effects of anxiety.

Keywords: anxiety, group therapy, adolescents

Table of Contents

Appendices

Introduction

Adolescence is a time of exploration and finding our own identity. During this time many changes are happening from puberty to learning to be independent of parents or caregivers. Adolescence is also a time when most mental health disorders present themselves, especially anxiety disorders. Anxiety disorders are considered one of the most prevalent mental disorders with a current world prevalence of about 7.3% (Thibaut et al., 2017). Anxiety is one of the most common mental disorders among youth (Watson et al., 2014). Adolescents that are diagnosed with anxiety also report having less control over their bodily and emotional responses to outside stressors (Watson et al., 2014). Families with anxious children also identify issues when relating to their child such as less warmth and behavioral control and lowered problem solving ability. Social Anxiety Disorder (SAD) is a common form of anxiety affecting youth accounting for about 9% of the adolescent population (Asbrand et al., 2020).

Early intervention has been shown to be effective in reducing symptoms of anxiety and improving overall function and life satisfaction. Cognitive Behavioral Therapy (CBT) is considered the first line of defense when treating adolescents with anxiety disorders. Group therapy has been shown to be just as effective as individualized therapies and is more time and cost effective by reaching more individuals in a given amount of time. Group therapy creates a sense of community for individuals further reducing anxiety symptoms and providing a safe space for exploration and the practicing of skills. This group manual utilizes CBT, mindfulness, and relaxation exercises to reduce anxiety symptoms and promote growth within adolescents.

Literature Review

Defining Anxiety Disorders

According to the *Diagnostic and Statistical Manual of Mental Disorders* anxiety disorders are classified as excessive worry, occurring most days for a period of at least 6 months about various events such as school, work, or home life (American Psychiatric Association [APA], 2022) . The individual must also find controlling the worry difficult and the worry must be associated with three or more symptoms. These symptoms include feeling on edge or restless, difficulty concentrating, irritability, easily fatigued, having muscle tension, and sleep disturbances (APA, 2022). There are various kinds of anxiety disorders that are marked by specific worries or symptoms. These include panic disorders that occur with the presence of a panic attack. Rumination about surroundings such as social phobia, that occurs due to embarrassment in public, and separation anxiety disorder, from being away from family or loved ones. Internal worries include obsessive compulsive disorder, that presents itself as feeling contaminated, anorexia nervosa from fear of gaining weight, and hypochondriasis from fear of a serious illness (APA, 2022). In order to be considered an anxiety disorder these symptoms of worry must not occur solely during posttraumatic stress disorder and be better explained by the presence of another disorder such as delusional beliefs or schizophrenia. The anxiety must also impair functioning or cause significant distress in occupational, social, or other important areas (APA, 2022). Lastly, in order to be considered an anxiety disorder, the worry, panic, or fear must also not be due to the physiological effects of any substances, such as drug abuse, prescription medications, or any other medical condition such as hypothyroidism (APA, 2022). All anxiety disorders are diagnosed by excluding identifying symptoms of the

others such as the public embarrassment of social anxiety disorder or the panic attacks of a panic disorder.

Prevalence of Anxiety Disorders

Anxiety disorders are considered one of the most prevalent mental disorders with a current world prevalence of about 7.3% (Thibaut et al., 2017). The most prevalent anxiety disorder is phobias, making up about 10.3% followed by panic disorder at around 6%. Social phobia and generalized anxiety disorder follow at 2.7% and 2.2% respectively (Thibaut et al., 2017). The etiology of anxiety disorders culminates from a combination of psychological factors. These factors include childhood adversity, stressful events, and having a genetic vulnerability to anxiety (Thibaut et al., 2022). Heritability of anxiety vulnerability is about 30% according to specific biomarkers in a person's DNA (Thibaut et al., 2017). Women are twice as likely to develop an anxiety disorder as men, though it is not yet determined if this is heritable vulnerability or a result of environmental factors. The average onset of an anxiety disorder is around the age of 11 while separation anxiety and specific phobias occur earlier around age 7 (Bandelow et al., 2015). This puts the average age of onset during adolescence.

Adolescence is a time of discovery. It is a time of finding one's identity as one transitions from childhood to adulthood. Adolescence is marked as a time to become skillful at emotional, cognitive, and social tasks while also developing new talents and interests. This is often a difficult time in many people's lives, but even more difficult with the presence of a mental disorder. According to Shafi et. al (2023), one in five adolescents have a mental health disorder. This makes mental health disorders the second leading cause of death in adolescent aged children, 10-19 (Shafi et al., 2023). Anxiety is one of the most common mental disorders among youth (Watson et al., 2014). Anxiety affects multiple areas of the adolescent's life

including their emotional, social, and family functioning roles (Watson et al., 2014). Adolescents that are diagnosed with anxiety also report having less control over their bodily and emotional responses to outside stressors (Watson et al., 2014). Families with anxious children also identify issues when relating to their child, such as less warmth, behavioral control issues, and lowered problem solving ability. The prevalence of anxiety is also on the rise. A twin study conducted in Sweden showed that internalizing issues, such as depression and anxiety, are increasing (Choque Olsson et al., 2021). One form of anxiety disorder, social anxiety disorder (SAD), affects about 9% of adolescents and can cause impairment in areas associated with everyday life (Asbrand et al., 2020). The increasing number of adolescents with anxiety reinforces the need for effective services.

Risk Factors for Anxiety

There are certain factors that increase the likelihood of adolescents developing an anxiety disorder. Avoidance is one factor that is negatively reinforcing for children or adolescents by escaping the anxiety provoking stimuli. When coupled with intolerance of uncertainty, avoidance is further reinforced as there is a fear of extinction of the avoided stimuli. This is encouraged by the fear of what will happen when encountering the stimuli itself. This creates a learned threat, and safety cues, that are further reinforced in the adolescent (Strawn et al., 2020). Recent studies, such as those performed by Strawn et al. (2020), have shown that anxious adolescents develop decreased fear extinction when compared to healthy peers. Inappropriate safety learning can create threat-related appraisal biases early on in life, which in turn create anxiety disorders (Strawn et al., 2020).

Another factor, behavior inhibition, or the propensity to avoid unfamiliar individuals, settings, or situations due to feeling overwhelmed, is another factor that can increase the risk of

developing an anxiety disorder. The Early Development Stages of Psychopathology (EDSP) study found that behavioral reticence predicted development of separation and social anxiety disorders, panic disorder, and generalized anxiety disorder (Strawn et al., 2020). This indicates the need for early intervention to inhibit the development of anxiety disorders through behavioral changes. The EDSP study also found that having a parent with Generalized Anxiety Disorder (GAD), separation anxiety growing up, or a dysfunctional family greatly increased the risk of the development of GAD in the adolescent (Strawn et al., 2020).

Early attachment relationships are vitally important in creating secure attachment as adults. Longitudinal studies of disruptions in early attachment relationships have shown that individuals that have been separated at a young age are at a higher risk of developing an anxiety disorder. This only grows the longer they are separated (Strawn et al., 2020). Studies have shown that having a parent with an anxiety or depressive disorder, especially GAD, greatly increased the risk of the child developing an anxiety disorder, but not depressive symptoms (Strawn et al., 2020). This may be due to modeled behavior from the parents, decreasing the chance their child will explore novel environments and situations. This however is unclear. With anxiety disorders being one of the most prevalent mental health disorders, this phenomenon only compounds when raising children, creating even more prevalence of anxiety disorders.

Measurement Tools of Anxiety

There are many tools to measure the intensity of anxiety. One tool shown to be valid and reliable is the Anxiety Symptoms Questionnaire (ASQ). This tool is a 17 item questionnaire that uses a Likert scale to measure the frequency and intensity of various anxiety symptoms such as nervousness, worry, irritability, and trouble relaxing. Individuals will rate each on a scale from

0-10 with 0 being none and 10 being extreme distress. Baker et al. (2019) conducted an experiment with 240 outpatient individuals diagnosed with general anxiety disorder. The study found the ASQ to be internally consistent and the test-retest reliability to be strong. The authors conclude that the ASQ is a reliable tool to use on college campuses as well as psychiatric settings.

The Generalized Anxiety Disorder 7-item (GAD-7) is a brief questionnaire consisting of 7 items for individuals to report on the prevalence for the past two weeks from 0 (not at all), to 3 (nearly every day). This tool is scored by adding together the reported numbers for all 7 items on the assessment. A study of 1272 university students in Malaysia confirmed that the GAD-7 was a psychologically sound tool for clinicians and researchers to use to examine overall severity levels of anxiety. The authors found the reliability of the GAD-7 to be greater than .760 and the validity to be over .50 (Pheh et al., 2023).

The State-Trait Anxiety Inventory (STAI) is a 40 item assessment that measures two subscales within it. The two subscales are the State Anxiety Scale (S-Anxiety), measuring how the individual currently feels, and the Trait Anxiety Scale (T-Anxiety), measuring the comparatively stable aspects of anxiety such as security, confidence, and calmness. Of the 40 items 20 are allocated to each of the subscale measures. Each item is measured on a Likert scale from 1, not at all/almost never, to 4, very much so/ almost always (Julian et al., 2011). This test has been one of the most studied since its publication in 1970 and has been proven as a valid and reliable assessment (Julian et al., 2011).

The Beck Anxiety Inventory (BAI) is another brief measure of anxiety symptoms that focuses on somatic symptoms that are associated with anxiety such as dizziness and inability to relax. This scale is a 21 item assessment that uses a Likert scale ranging from 0, not at all, to 3,

severely. The validity of the BAI is high with r = .61 and Cronbach's alpha ranging from 0.90 to 0.94 for reliability (Julian et al., 2011). The test-retest coefficients, for a one week interval, are 0.93.

The Hospital Anxiety and Depression Scale-Anxiety (HADS-A) is a 7 item inventory that examines general symptoms of fear. This tool, like many others, uses a 4 point Likert scale from 0, definitely, to 3, not at all. Looking at the validity, the HADS-A has a moderate sensitivity, 0.66, but is high in specificity, 0.93. The internal consistency is also high with Cronbach's alphas ranging 0.84 to 0.90 (Julian et al., 2011).

These tools are all important in examining the anxiety levels in individuals. The tools listed have been shown to be valid and reliable tests to explore an individual's levels of anxiety. Effective screening is needed to ensure that those using the test are ethically treating their clients and provide proper diagnosis.

Theoretical Approaches to Anxiety

Cognitive Behavioral Therapy (CBT) is considered one of the best approaches to treating anxiety in adolescents. CBT is recommended by the National Institute for Health and Care Excellence (NICE) as the first approach when treating anxiety in adolescents (Smart et al., 2021). CBT is also the only treatment identified as having strong empirical support by the American Psychological Association (APA) division 12 (Stefan et al., 2019).

Borkovec's Cognitive Avoidance Model is one of the most researched forms of CBT (Stefan et al. , 2019). The approach suggests worry is a verbal attempt to solve the problems of future negative events. The goal is to reduce or inhibit negative mental imagery, bodily sensations, and emotions or thoughts (Stefan et al. , 2019). This makes worry self-reinforcing.

The therapeutic approach of this model includes relaxation and cognitive restructuring by replacing negative thoughts with more likely, rational thoughts.

Rational Emotive Behavioral Therapy (REBT) is another common form of CBT that is effectively used to treat anxiety. The way REBT differs from traditional CBT is that REBT focuses on the emotions that evaluate our beliefs (Oltean et al., 2017). REBT looks at negative, irrational beliefs and changes the thought into a more positive, rational ones in order to change the outcome or belief. Practice helps those diagnosed with anxiety disorders change the anxious thought into a more rational one to reduce the person's anxiety symptoms. REBT suggests that irrational thoughts lead to dysfunctional behaviors while rational thoughts lead to adaptive behaviors. High irrational beliefs have been linked to anxiety and depressive symptoms in many studies throughout various populations (Oltean et al., 2017). Thus changing irrational thoughts to rational, adaptive thoughts reduces the symptoms of anxiety and depression. Clinicians are encouraged, when using REBT, to instruct clients to practice outside of sessions in order to understand and feel the effects of REBT.

Acceptance and Commitment Therapy (ACT) differs from the CBT and REBT approach in that it does not work to change or modify the thought, but to change the relationship with the negative thought (Stefan et al., 2019). ACT neutralizes the negative thoughts by changing how an individual sees the thought itself; accepting the thought as just a thought. This reduces the anxiety tied to the thought and decreases any anxiety symptoms associated with it. The function of the thought is changed and accepted rather than accepting the thought itself (Stefan et al., 2019).

Mindfulness and relaxation techniques, such as progressive muscle relaxation, are also common modalities of treatment for individuals with anxiety. Mindfulness is about acceptance

and examining thoughts, sensations, and emotions without judgment in the present moment. A recent study, examining the effects of mindfulness on anxiety, for adolescents in an inpatient setting showed that mindfulness practices were effective in reducing symptoms of anxiety in this population (Blum et al., 2019). Kemak et al. (2023) conducted a study of 30 teenagers in Zahedan Prison rehabilitation centers to see if mindfulness training would reduce the anxiety experienced by the adolescents. Half of the group (n=15) was subjected to mindfulness training while the other half did not. After 8 weeks the results showed significant differences in anxiety levels between the two groups (P=0.001). The results indicate that mindfulness is a very effective way to reduce anxiety in adolescents (Kemak et al., 2023).

Group Applications

When conducting therapy in a group setting there are three major areas to consider for the clients (Proudlock et al., 2011). The first is whether the individual feels supported within the group. This is an area where the facilitator will enforce rules of respect within the group and remind the group that they are all there for similar reasons, in this case anxiety (Proudlock et al., 2011). The second is whether the individual feels they can participate within the group. This is an important part of facilitating the group as well making sure each person has input within the group dynamics and encouraging conversation within the group. Facilitators must look at the process of the group and encourage connection between group members as well as encourage members participation so they feel like they can make meaningful contributions to the group itself (Proudlock et al., 2011). Third is whether the individual feels the group content and goals are applicable to them. This can be done by making sure the content applies to anxiety disorders as a whole and focuses on the symptoms of the disorder (Proudlock et al., 2011). Participants are encouraged to apply the content to their own lives and seek input from other group

members. These are expectations that should be established at the beginning of the group and reflected on during the group process by creating goals with the participants and looking back on them throughout the group sessions.

Group therapy is a way to treat more patients at once. There currently is a large disparity of individuals with anxiety that actually receive treatment (Barkowski et al., 2020). Should this be due to cost or lack of clinicians or resources, evidence based group therapy is a good option. Group therapy also encourages a person to be connected and receive feedback from others, increasing the likelihood of success (Barkowski et al., 2020). Group therapy options also offer a sense of belongingness, relatedness, and community. Barkowski et al. (2020) conducted a group to examine the efficacy of group therapy in treating anxiety. Their results showed that group therapy was significantly better than not receiving any treatment but had a small effect size when compared to individual treatment (Barkowski et al., 2020). If group therapy is just as effective as individualized therapy, group therapy should be encouraged as the group reaches more people at once making this more efficient than individualized therapy.

Cognitive Behavioral Therapy

Multiple studies conducted over the years in school, university, and clinical settings, have shown that CBT groups are effective at reducing anxiety symptoms as well as the prevention of new onset anxiety disorders (Watson et al., 2013). In two studies performed, outside of school, university and clinical settings, researchers found that 12 week, 90 minute group sessions were effective in reducing symptoms of anxiety. The focus of these groups were psychoeducation, cognitive restructuring, relaxation techniques, and exposure (Watson et al., 2013). Even after a four month follow up, results showed significant decreases in anxiety symptoms.

Another study conducted to examine the effects of CBT on adolescents with Social Anxiety Disorder (SAD) showed that this approach was effective. According to O'Shannessy et al. (2021), 42.9% of participants no longer met criteria for SAD six months after completing five, three hour sessions of intensive CBT group therapy. The adolescents that participated showed improvement in their social anxiety symptoms, global functioning, and overall internalizing of symptoms after the treatment (O'Shannessy et al., 2021). Comorbid diagnosis, such as depression, improved as well after treatment.

Mindfulness

To explore how mindfulness-based cognitive therapy (MBCT) compared to cognitive behavioral therapy (CBT), in a group setting, Jiang et al. (2022) conducted an eight week study in order to explore its effectiveness. The authors were curious to explore this comparison as CBT is typically the first treatment used when working with individuals with GAD. Participants were randomly assigned to either the MBCT group therapy or CBT group therapy, (n=138). Participants' anxiety levels were measured before starting group therapy, after the eight week intervention, and lastly three months after (Jiang et al., 2022). The tool used to measure the participants' anxiety levels was the Hamilton Anxiety Rating Scale (HAMA). Results showed that the MBCT group was noninferior to the CBT group with 86.2% of patients in the MBCT group showed a response compared to 80.4% in the CBT group (Jiang et al., 2022). Further, at the three month mark, 48.2% of the MBCT group and 48.1% of the CBT group remained in remission from their symptoms of GAD. This research suggests that mindfulness-based interventions are just as effective as the golden standard of treatment suggested to treat those with GAD. This also suggests that mindfulness based interventions are effective in treating individuals with GAD and should be included within groups for those with GAD.

Communication and Assertiveness

Low assertiveness is linked with higher levels of anxiety. According to a study conducted by Mohebi et al. (2012), assertiveness training can decrease levels of anxiety in pre-university students. The authors examined the effects of students taking five sessions of an assertiveness course in one month's time. The study consisted of 89 students who were assigned randomly to either the assertiveness training group or the control group. Results showed that those in that received the assertiveness training had markedly lower anxiety and rated higher in assertiveness (Mohebi et al., 2012). The research promotes the idea that education in communication styles, namely assertiveness, is effective in reducing anxiety in high school aged students. This suggests that education on assertive communication should be encouraged within a group treatment setting for adolescents with anxiety disorders.

Values

Values are the important aspects of life that guide our actions in the world. Living by our values encourages people to live authentically which is an aspect of overall wellbeing. Due to the significance values play in life and in choices we make, Michelson et al. (2011) conducted an experiment to examine the relationship between living according to one's values and GAD. The study consisted of 60 individuals, half with a diagnosis of GAD and the other without. Participants completed self-report questionnaires prior and post treatment to measure their anxiety as well as their quality of life. Individuals attended 16 sessions of acceptance-based behavioral therapy, with a major focus of valued action. Results showed that those diagnosed with GAD reported lower levels of living consistently with their values than those without the diagnosis (Michelson et al., 2011). The researchers suggest that due to the internal experiences being seen as distressing, those with GAD are more likely to avoid pursuing

activities in line with their own personal values (Michelson et al., 2011). After completing the 16 session therapy course, 40% of those in the experimental group showed clinically significant change in quality of life. This research suggests that living in accordance with our values is an important aspect when treating anxiety disorders. Their research suggests that exploring values and teaching individuals to live by their values, is another important aspect of treatment for anxiety disorders. By living congruently to one's values, we see reductions in symptoms of anxiety as well as an increase in quality of life further providing evidence of the importance of value identification and learning to live by them. Living by one's values happens more consistently if an individual is able to communicate those values and boundaries assertively, as previously discussed. Understanding our values also helps us to understand our automatic thoughts and the underlying core beliefs we have.

Core Beliefs

Core beliefs are the lens through which we view the world. They guide our beliefs about how we view the world and others' intentions. Maladaptive core beliefs lead to worry about irrational thoughts or can lead a person to view themselves as less than resulting in worry of being judged or feeling unsafe. Worrying about the unknown and having negative thoughts about the unknown (intolerance of uncertainty) can lead to maladaptive coping strategies to relieve the negative worry thoughts. This is especially true for those diagnosed with GAD. Having negative beliefs about uncertain events increases the symptoms of GAD (Koerner et al., 2015). Examining the beliefs of 138 individuals, Koerner et al. (2015) found that negative beliefs about uncertainty and worry beliefs could independently predict GAD. Their research suggests a need for core beliefs to be examined and treated within a treatment setting to address any negative beliefs. Their research also showed strong correlation between GAD and the belief

that individuals should sacrifice their own needs (Koerner et al., 2015). The authors note that individuals with GAD place others' needs ahead of their own in hopes of a reward of acceptance and love. The authors continue writing that those with GAD are more likely to be passive in situations when assertiveness is needed (Koerner et al., 2015). This information strengthens the need for psychoeducation about assertive communication and makes an argument that a discussion about boundaries is warranted when working with individuals with anxiety disorders. Teaching individuals to value their own boundaries and assert their needs is an important part of treating anxiety disorders in relation to interpersonal skills and interacting with others. By teaching individuals with anxiety to assertively communicate their boundaries, wants, and needs, there will be a reduction in symptoms such the need to self-sacrifice and worry about their own self-worth. As previously mentioned, lower assertive behaviors are correlated with higher levels of anxiety. Teaching individuals about boundary setting and assertive communication is an important part of treating anxiety disorders.

Conclusion

Adolescence is a time of exploration and discovery. It is often a difficult time in a person's life as they strive for independence and an understanding of themselves. This is only made more difficult with the presence of an anxiety disorder. Anxiety disorders are one of the most prevalent mental health disorders to develop during adolescence. Due to the prevalence and the effects on development, social interactions, and overall life satisfaction, this group is needed to ease the symptoms of anxiety disorders in adolescents. The research presented suggests that group therapy is effective for individuals diagnosed with anxiety disorders. The research suggests that the focus of the group should include elements of CBT, REBT, and mindfulness as well as a focus on setting boundaries, assertive communication, and examining

values and core beliefs. The following group manual uses all of these elements to treat adolescents with anxiety disorders.

Group Overview

Type of Group

This group is a closed group created to help adolescents manage and recover from anxiety symptoms. This group with take a cognitive behavioral therapy (CBT) approach to modify cognitions to ease anxiety symptoms. This group will also utilize mindfulness and relaxation exercises to further ease symptoms of anxiety.

Purpose of Group

The purpose of this group is to ease overall symptoms of anxiety in adolescents to improve global functioning, social functioning, and emotional regulation. CBT will be utilized to explore and modify unhelpful and unwanted cognitions to ease symptoms of rumination and anxiety. Mindfulness and relaxation techniques will be used to ease the anxiety symptoms in the moment and teach coping through activities such as breathing exercises and meditation.

Facilitator Qualifications

This group will be led by one facilitator with a master's degree or higher in counseling, psychology, or an equivalent field (LAPC, LACC, FMLT, etc.) The facilitator must hold licensure applicable to the state the group is being held or currently be working toward licensure under supervision.

Group Format

Each group will last 2 hours and, aside from the first session, will begin with a mindfulness exercise to focus the group on the session. Members will then reflect on the past week and report on any homework assigned from the previous session. Psychoeducation of the session's topic will follow along with practice of the topic presented.

Group Membership

Participants in the group will be adolescents aged 13-17 years old. Members can be referred from counselors or school counselors, but this is not a requirement to participate within the group. Parents and adolescents can voluntarily sign up for the group without a formal referral.

Pre/Post Screening Evaluation

Once members have been referred or voluntarily signed up for the group the members will meet with the group facilitators to answer a series of questions about their anxiety symptoms before moving to the next steps of assessment.

Members will need to score a 7 or higher on the GAD-7 scale in order to meet criteria for the group. The GAD-7 will be administered again following the completion of the group to examine reductions in anxiety and whether the adolescent still meets criteria for an anxiety disorder. Members will also need to score within the moderate range of anxiety on the Beck's Anxiety Inventory (BAI) with a score of 22 or higher. Members will also complete the BAI at the end of the group to measure progress.

Length and Frequency of the Group

The group will follow a 9 week course of meeting for two hours each session. Sessions will meet at the same time, in the same location, on the same day of the week for the duration of the group sessions.

Size of Group

The group will consist of 8 participants and 1 facilitator for each session (Corey, 2016). The size of the group is intended to allow all members to participate and share within the time allotted for each session.

Closed Group

The group will follow this format to encourage group cohesion and ease anxiety related symptoms of participation by group members. The closed group format also encourages that goals will be met and that no material will be missed by any participant that may join the group during any session.

Group Norms and Goals

Group members will be expected to follow a set of group norms presented on the first day of group. These include being present (no phone use, side conversations, etc.), confidentiality, respect for other members and the facilitator, and participation during each session. Members will be encouraged, collaboratively, during the first session to set goals and other norms for the group as they see fit. This is to ensure the comfortability of each member as group is a vulnerable experience.

Date	Goals	Activity	Facilitator Roles
Week 1: Introduction to Group, Setting Group Norms, Introduction to Anxiety	Acquaint members with group leaders and build rapport with them.	Group leader introductions	Group leaders will introduce themselves to the members of the group.
	Explain the roles of confidentiality to group members.	Description of the group and explanation of the group manual and group contracts (Appendix A).	Group leaders will discuss the format of the group, group contracts, and confidentiality and its limitations.
	Offering time for questions and setting group norms (Proudlock et al., 2011) .	Members will have time to ask questions and decide on the group norms for the duration of group (Proudlock et al., 2011).	Group leaders will encourage questions and encourage discussion about creating group norms with the members.
	Introduce the group to anxiety.	Provide a handout about anxiety and what it is to introduce the topic (Appendix D).	Group leaders will introduce the topic of anxiety and symptomatology of the disorder.
Week 2: Introduction to Mindfulness	Practice breathing exercise.	Group members will be instructed in a breathing exercise focusing on diaphragmatic breathing and extending their exhale.	Group leaders will introduce deep breathing to the group and provide prompts to encourage diaphragmatic breathing, extending the exhale, and explaining the importance of deep breathing.

	Provide time to process.	Process group for members to discuss anxious situations from the last week.	Group leaders will facilitate a process group for members to open up about their anxiety through the past week and their experiences.
	Introduce mindfulness	Members will be introduced to mindfulness activities and practice. Handouts will be provided (Appendix E and Appendix F). (Jiang et al., 2022)	Group leaders will introduce the topic of mindfulness to the group and will walk through the practice of examining thoughts in a nonjudgmental way.

Week 3: Introduction to CBT	Center the group through a mindfulness exercise.	Group members will engage in two minutes of deep breathing.	Group leaders will instruct members to engage in two minutes of deep breathing before starting the group.
	Allow the group to process their last week and about using and mindfulness.	Process group for the members to discuss any anxiety from the past week and about using any mindfulness activities provided from the previous week.	Group leaders will facilitate a process group to allow the members to report on any progress using mindfulness skills from last week.
	Introduction and understanding of Cognitive Behavioral Therapy. (O'Shannessy et al., 2021)	Group members will be educated about changing their thoughts to affect their feelings and behaviors. Members will practice different	Group leaders will provide psychoeducation about CBT and will go over examples with the group to practice using the

		ways to view common scenarios. Handout will be provided (Appendix G). (O'Shannessy et al., 2021)	skill.

Week 4: Introduction to REBT	Center the group through a mindfulness exercise.	Group members will practice blocked breathing to focus before beginning group.	Group leaders will explain blocked breathing and count for the group to practice.
	Allow the group members to process the last week.	Group members will process any anxious feelings for the week and discuss if they used any CBT skills.	Group leaders will lead a process group and allow members to process the past week and report on use of skills.
	Introduction to REBT and how to use the skill. (Oltean et al., 2017)	Group members will be educated on the ABC REBT skill and will practice using the skill to modify thoughts (Appendix H). (Oltean et al., 2017)	Group leaders will provide psychoeducation on REBT and practice the ABC skill with members using examples from members.

Week 5: Introduction to Values	Center the group through mindfulness activity.	Leaves on a stream exercise from Youtube video (Appendix I).	Group leaders will lead the members through the leaves on a stream exercise.
	Allow the group members to process the last week.	Group members will process any anxious feelings for the week	Group leaders will lead a process group and allow members

		and discuss if they used the REBT skills.	to process the past week and report on use of any skills.
	Discussion of values for members to contemplate their values and how to live by and honor their values. (Michelson et al., 2011)	Members will go over a handout of various values to clarify what values are and identify their own values (Appendix J and Appendix K). (Michelson et al., 2011)	Group leaders will lead a discussion about what values are and the importance of living by our own values.

Week 6: Introduction to Communication	Center the group using Progressive Muscle Relaxation.	Group members will practice Progressive Muscle Relaxation from Youtube video (Appendix L).	Group leaders will introduce Progressive Muscle Relaxation and practice with group members.
	Allow the members to process the last week.	Group members will process any anxious feelings for the past week and discuss the use of any skills taught prior.	Group leaders will lead a process group and allow members to process the past week and report on use of any skills.
	Members will be taught the different forms of communication and how to communicate assertively. (Mohebi et al., 2012)	Members will go over handout of communication styles and discuss the other handout about assertive communication (Appendix M and Appendix N). (Mohebi et al., 2012)	Group leaders will provide psychoeducation about the different forms of communication and how to communicate assertively. Leaders will then provide examples and practice assertive communication with members.

Week 7: Introduction to Boundaries	Center group using RAIN skill.	Group members will practice RAIN (Appendix O).	Group leaders will lead members through the RAIN exercise.
	Allow the members to process the last week.	Group members will process any anxious feelings for the past week and discuss the use of any skills taught prior.	Group leaders will lead a process group and allow members to process the past week and report on use of any skills.
	Members will go over the different kinds of boundaries and how to use assertive communication to communicate their boundaries. (Koerner et al., 2015)	Members will go over a handout on the different kinds of boundaries and tips for creating healthy boundaries (Appendix P and Appendix Q). (Koerner et al., 2015)	Group leaders will build on the last weeks discussion of assertive communication by talking about boundaries and how to use assertive communication to set and maintain boundaries.

Week 8: Introduction to Core Beliefs	Center the group using deep breathing.	Members will use deep breathing to center themselves.	Group leaders will instruct clients to participate in five minutes of deep breathing before beginning the group.
	Allow the members to process the last week.	Group members will process any anxious feelings for the past week and discuss the use of any skills taught prior.	Group leaders will lead a process group and allow members to process the past week and report on use of any skills.

	Discuss what core beliefs are and how they affect our perception of the world. (Koerner et al., 2015)	Group members will go over hand out about core beliefs and look at a list of possible core beliefs (Appendix R and Appendix S). (Koerner et al., 2015)	Group leaders will provide psychoeducation about core beliefs and how to change them to ease anxiety.

Week 9: Review and Closing	Center the group using body scan.	Members will use body scan to center themselves.	Group leaders will read body scan script and lead members through the exercise.
	Allow the members to process the last week.	Group members will process any anxious feelings for the past week and discuss the use of any skills taught prior.	Group leaders will lead a process group and allow members to process the past week and report on use of any skills.
	Discuss improvements or changes noticed by group members after attending the group.	Group discussion of the group process and skills learned.	Group leaders will lead a discussion about improvements members have noticed in their anxiety after completion of the group.

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Appendix A

Informed Consent and Professional Disclosure

This is a group designed for adolescents aged 13-17 years old with a diagnosis of an anxiety disorder. The group's purpose is to ease overall symptoms of anxiety and improve global functioning, social functioning, and emotional regulation. The group will be lead by one facilitator with a master's degree or higher in the counseling, psychology, or equivalent field. The facilitator for this group will have experience working with adolescents and have received training on treating anxiety disorders. This document covers the group overview, confidentiality, group member, parent/guardian, and counselor rights and responsibilities, as well as other information. This document represents an agreement between the group member, parent/guardian, and the group leader. Signing this document means you agree to your child's participation as well as anything else covered in this document.

Group Process:

Anxiety can be a difficult topic to discuss, especially for those diagnosed with it. This group is made to be a safe place for adolescents with anxiety to share their stories and progress as well as support and learn from each other. This group will consist of 8 members and once facilitator and will last 9 weeks.

Throughout the 9 weeks we will cover topics such as values, assertive communication, boundary setting, and core beliefs. Members will learn mindfulness exercises each week to help self-soothe and focus the group prior to the start. Each group session will contain a process group where members can share how their last week was and any experiences with anxiety they

may have had. Each week will also cover one of the topics previously listed as well. Members will also learn the intersection of their thoughts, feelings, and behaviors through cognitive behavioral therapy (CBT) and how to change unhelpful, irrational beliefs through rational emotive behavioral therapy (REBT). It is important to note that group counseling requires participation on the part of the members and, in order to be successful, requires members to work on skills in group and outside of group.

Confidentiality:

Counselors have the duty to protect their client's information in both verbal and written, documented, form. Group members have the right to feel safe and that their information will not be shared. Any information discussed in group will not be discussed outside of the group with a few exceptions:

1. The member is a danger to themselves through expressing suicidal ideation, self harm including cutting, engaging in risky behaviors, or anything else that could be of reasonable concern that should be disclosed to the parent/guardian
2. The member is a danger to someone else in the community
3. The member is being abused or neglected
4. Another child or vulnerable adult is being neglected or abused
5. If ordered by a court of law to break confidentiality (should the group leader receive a subpoena)

Should any of these situations present themselves, leaders will first speak with the group member and come to a decision on how to discuss the issue with their parent/guardian. The

group leader will not report any information to the parent/guardian without first discussing it with the group member, unless doing so could cause harm to the group member.

Confidentiality between group members is considered necessary in order to keep all information private. All group members agree to uphold confidentiality of other group members by joining the group. It should be understood that due to the group setting and member participation, ultimate confidentiality is **not guaranteed** by the group leader.

Member Rights and Responsibilities:

As a group member, there are certain rights and responsibilities that need to be upheld.

Member rights include:

1. Members have the right to confidentiality within the limits previously described
2. Members have the right to ask questions at any point in the group
3. Members have the right to refuse to participate in discussions or activities provided in the group
4. Members have the right to feel safe and respected within the group
5. Members have the right to refuse service and stop attending group at any time

Member responsibilities:

1. Members have the responsibility to keep other members' information confidential
2. Members have the responsibility to be respectful towards the group leader and other members

3. Members have the responsibility to fully participate in the group to receive the full benefits of attending the group

Group Leader Rights and Responsibilities:

As a group leader, there are rights and responsibilities that must be withheld in the therapeutic setting.

Group Leader Rights:

1. The group leader has the right to dismiss any group member that may be causing harm to any other members (emotional, physical, verbal)
2. The group leader has the legal right to disclose any information exempt from confidentiality, as described previously
3. The group leader has the right to cancel or reschedule sessions if absolutely necessary
4. The group leader has the right to close the group at any time if absolutely necessary

Group Leader Responsibilities:

1. The group leader has the responsibility to ensure confidentiality of each group member, except in situations previously described
2. The group leader has the responsibility to respect all group members at all times
3. The group leader has the responsibility to provide therapeutic interventions that are evidenced based practices
4. The group leaders have the responsibility to ensure the safety of all group members within the group setting

By providing your signature, you agree to the terms and conditions stated in this document. For parents/guardians, by providing your signature, you agree to allow your child to participate in the group and will do your best to help them uphold their responsibilities outside of group. If you have any questions or any concerns, please ask so they can be addressed

Group Member Signature Date

Parent/Guardian Signature Date

Appendix B: GAD-7

https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf

The GAD-7 is a 7 item questionnaire on a Likert scale examining the symptoms of anxiety from feeling on edge, restless, not being able to control worrying, etc. (Spitzer et al., 2006)

Appendix C: Beck's Anxiety Inventory (BAI)

https://wavetherapist.com/wp-content/uploads/2018/12/Anxiety-Symptoms-Questionnaire-BAI.pdf

The BAI is a 21 item tool that uses a four point Likert scale from not at all to severely. Individuals report their answers that are then added up to look at their levels of anxiety (Beck et al., 1988).

Appendix D: Introduction To Anxiety Handout

https://www.cci.health.wa.gov.au/-/media/CCI/Mental-Health-Professionals/Anxiety/Anxiety---Information-Sheets/Anxiety-Information-Sheet---01---What-is-Anxiety.pdf

The introduction to anxiety handout covers what anxiety is, how flight or flight affects us physically, behaviorally, and cognitively, as well as factors that can cause anxiety (Center for Clinical Interventions). This handout is used to provide a foundational understanding of anxiety and the effects it has. The intention is to provide information the group members can relate to and identify within their own symptomatology.

Appendix E: Mindfulness Introduction Handout

https://www.therapistaid.com/worksheets/what-is-mindfulness

The What Is Mindfulness handout covers the basics of mindfulness. This handout covers the importance of awareness and acceptance and discusses the benefits of using mindfulness (Therapist Aid, 2017). This handout also provides four different mindfulness activities for group members to practice. This handout is given to provide group members a basic understanding of the importance of mindfulness and why each group session will begin with a mindfulness practice.

Appendix F: Mindfulness Meditation Handout

https://www.therapistaid.com/worksheets/how-to-practice-mindfulness-meditation

The Mindfulness Meditation handout provides a general framework for practicing mindfulness in a meditative state. This handout provides instructions such as time and place, posture, breathing awareness and what to do if the mind starts to wander (Therapist Aid, 2016). Group members will learn how to focus their attention on their breath to be able to practice this outside of sessions.

Appendix G: CBT Handout

https://www.therapistaid.com/worksheets/cbt-triangle

This worksheet provides the basic framework of the CBT Triangle. It examines how our thoughts, feelings, and behaviors are connected and how, by changing one, we can effectively change the others (Therapist Aid, 2021). Group members will use this to practice changing their thoughts, feelings, and behaviors to see how it can affect their reaction to varying situations.

Appendix H: REBT ABC Skill Handout:

https://www.therapistaid.com/worksheets/abc-model-for-rebt

The REBT ABC Skill handout shows the process of using the skill. The diagram provides a framework for individuals to follow in changing their irrational, negative thoughts into more rational, positive or neutral ones (Therapist Aid, 2016). Group members will practice changing their thought process using this diagram.

Appendix I: Leaves on a Stream Video

https://www.youtube.com/watch?v=1yQX1y7zMAg

Leaves on a stream is a guided imagery, mindfulness activity in which an individual imagines themselves by a stream (Eating Recovery Center, 2020).

Appendix J: Values Clarification Handout

https://www.therapistaid.com/worksheets/values-clarification

The Values Clarification worksheet lists examples of common values for group members to look at to help identify what values are and to name their own (Therapist Aid, 2016). Often individuals are confused with identifying their own values, so this worksheet clarifies what values are. This list provides a foundation for the next worksheet of exploring values.

Appendix K: Exploring Values Handout

https://www.therapistaid.com/worksheets/exploring-values

The Exploring Values handout offers prompts to help group members identify their values. The prompts include parent's values, values of someone they respect, the values they would like to have, and the values that they actually live by (Therapist Aid, 2016). Group members will explore and share these with the group.

Appendix L: Progressive Muscle Relaxation Video

https://www.youtube.com/watch?v=86HUcX8ZtAk&t=3s

This video provides a progressive muscle relaxation script for group members to follow along with to practice this skill (Relax for a While, 2014). This will be provided as the mindfulness activity before the group begins.

Appendix M: Types of Communication Handout

https://www.therapistaid.com/worksheets/passive-aggressive-and-assertive-communication

The Types of Communication handout provides an overview of the three types of communication, passive, aggressive and assertive (Therapist Aid, 2016). Examples of each are provided for group members to identify which is their most common communication style. Since aggressive and assertive communication are often confused for the other, it is important to explain the differences between the styles. The handout also provides examples for group members to practice the different forms of communication.

Appendix N: Assertive Communication Handout

https://www.therapistaid.com/worksheets/assertive-communication

The assertive communication handout offers a more in depth look at how to communicate assertively and offers tips (Therapist Aid, 2017). This handout also provides examples for group members to practice their assertive communication skills.

Appendix O: RAIN Mindfulness Skill

https://www.therapistaid.com/worksheets/rain-mindfulness-technique

The RAIN mindfulness skill is another skill that will be utilized before group to practice mindfulness. This skill goes through the acronym RAIN to guide group members into the practice. They will Recognize their surroundings, Allow their thoughts to come and go freely, Investigate what their thoughts are telling them they need, and Nurture themselves giving themselves what it is they need (Therapist Aid, 2023).

Appendix P: Introduction to Boundaries Handout

https://www.therapistaid.com/worksheets/boundaries-psychoeducation-printout

The Introduction to Boundaries handout describes the three kinds of boundaries, porous, rigid, and healthy (Therapist Aid, 2016). This is provided to help group members identify their own boundaries and how they can change for different people or situations. This handout also offers a list of the different kinds of boundaries such as physical, emotional, intellectual, time, etc. (Therapist Aid, 2016).

Appendix Q: Healthy Boundaries Handout

https://www.therapistaid.com/worksheets/healthy-boundaries-tips

The Healthy Boundaries handout offers seven tips for how to have healthy boundaries and assert them when they are being set (Therapist Aid, 2017). This builds off of the values, communication, and the introduction to boundaries handouts to help group members to understand how to set healthy boundaries.

Appendix R: Core Beliefs Handout

https://www.therapistaid.com/worksheets/core-beliefs-info-sheet

The Core Beliefs handout provides a basic overview of how core beliefs affect our automatic thoughts. The handout also covers facts about core beliefs, some common harmful core beliefs, and the consequences of them (Therapist Aid, 2020). Group members will use this worksheet to help identify their own core beliefs and identify those that are not helpful.

Appendix S: Core Beliefs List

https://emdrtherapyvolusia.com/wp-content/uploads/2016/12/Beliefs_Negative_Positive.pdf

This handout offers a list of various core beliefs to help group members identify further what core beliefs are as well as identify possible core beliefs they have (EMDR Therapy Volusia, 2016).