

When Group Gets Stuck

Free Sample: 3 Quick-Reference Cards

The Safety first page and three of the 39 cards from the book, for facilitators of adult IOP and PHP skills groups.

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Inside: Safety first · Nobody answers the opening question · A member repeatedly interrupts · “We've done this already”

You may print this free sample and share its link: thoughtkindpress.com/free-resources. Please do not edit it, remove the attribution, or sell it. Each card condenses a full four-page scenario in the book; read the full scenario before relying on a card. The cards do not replace clinical training, supervision, or your program's procedures.

Safety first

Use this page before any card when safety may be in question. It does not replace your program's crisis, emergency, or medical procedures; it helps you recognize when to use them. Scenarios 33 to 36 walk through four of these situations in detail.

Stop routine teaching when you notice

- **Statements of possible danger:** for example, "I don't know whether I can get through tonight," talk of wanting to die or of not being safe, or a threat toward someone else.
- **A change in awareness:** new confusion, difficulty staying awake or being roused, slurred speech, unsteadiness, or signs of possible intoxication or overdose.
- **A possible physical emergency:** chest pain, trouble breathing, unusually slow breathing, fainting, or a seizure.
- **A report of current danger:** someone describes being unsafe now or having nowhere safe to go tonight.

Then, in every scenario

- **Stay with the group.** Never leave it unattended, and never send a member to escort, find, monitor, or interpret for anyone.
- **Request help now** through your program's route. If nobody answers, use the backup route; an unanswered call or message is not a handoff.
- **Keep private details private.** Do not ask about plans, history, or symptoms in front of the group.
- **Do not finish the lesson first,** and do not let the end of the session close the response. Ask the person to stay with you until staff connect, unless your program's procedure directs otherwise.
- **For a medical emergency,** follow your program's emergency procedure, including calling emergency services when that is the local instruction.
- **In a video group,** stay in the meeting with your camera on and use the member's confirmed location and backup phone number.
- **If anyone is in immediate physical danger,** use your program's emergency procedure at once. Your role is to get help, not to restrain anyone.

In the United States, the 988 Suicide & Crisis Lifeline (call or text 988) is available 24/7. It supports, but does not replace, your program's response.

When you request help, say

Who you are and where you are; what you observed and what was said; where the person is now; what you need; and that you are staying with the group.

My program's routes

Help during group: _____

Backup if no answer: _____

Emergency procedure: _____

Medication questions: _____

Language services: _____

Standalone quick reference

Nobody answers the opening question

Scenario 2 | Adult IOP | DBT Describe

Notice

Nobody answers a broad question about the previous session. Two members are new. Thinking, an unclear prompt, access needs, or a participation choice are possibilities; the cause is unknown.

First response

"I asked two things and referred to a previous session without giving the context. Let's use a small example. Nobody needs a personal story, and I won't call around the room."

Choose the next step

- **Someone responds:** Acknowledge the specific contribution; do not ask them to explain everyone's silence.
- **Still quiet:** Contrast A, "The cup is beside the notebook," with B, "Someone left it there because they don't care." Invite an A or B response, an indicated choice, or private consideration. Responding and writing remain optional.
- **Access barrier:** Adapt the example or mode and check whether it helps. Do not assume everyone can see the cup.
- **Interpersonal concern:** Address reported harm before using practice to move on.
- **Changed awareness or responsiveness:** Use local assessment and response procedures. Ordinary quiet alone is different.

Return to Describe

Model putting words to a noticed feature without adding motives. Invite another description, private practice, or observation. A thought can be labeled as a thought without disproving it. Do not keep repeating the prompt to pressure an answer.

Support and record

Coordinate any individual support and group coverage with a co-facilitator. Alone, stay with the group and request staff help as needed; never leave it unattended. Arrange feasible follow-up. Record observed responses; private practice and its effects remain unconfirmed without further information.

Skill source: Linehan (2015), DBT Skills Training Manual, second edition. [Guilford teaching notes](#)

Standalone quick reference

A member repeatedly interrupts

Scenario 7 | Adult IOP | DBT One Mindfully

Notice

Taylor starts speaking before several members finish. Restore access to turns without guessing intent or asking peers to manage Taylor.

First response

"Taylor, you have something to add. Let me hear the end of this turn, then I'll come to you."

Ask the interrupted speaker whether they want to finish or pass. Keep the place in the sequence you promised Taylor.

Choose the next step

- **Uses the cue:** Invite the contribution when promised. A note is optional, not required.
- **Overlaps again:** Restate the current turn once, clarify a usable cue, and change the format if needed. Do not debate whose idea came first.
- **A peer criticizes:** Manage turns yourself; stop personal labels and restore the affected speaker's choice.
- **Discussion remains unworkable:** Pause the open exchange. Use available support and local participation procedures, not automatic removal.
- **Possible harm or clinical change:** Pause teaching for local assessment or emergency procedures. Do not finish the exercise first.

Return to One Mindfully

Confirm an understandable order and an opportunity to finish or pass. Use a separate folder-assembly example: notice switching to an unrelated shopping list and return attention to the current step. Offer an accessible task or observation; silence is not mastery.

Support and record

With a co-facilitator, coordinate private support and coverage. Alone, remain with the group and request staff help. Do not leave the group unattended. Record actual interruptions, cues, responses, and confirmed or pending follow-up without naming peers.

Skill source: Linehan (2015), DBT Skills Training Manual, second edition. [Guilford teaching notes](#)

Standalone quick reference

“We've done this already”

Scenario 20 | Adult IOP | DBT Effectively

Notice

Returning members question repetition; a newcomer withdraws. Check the concern without ranking members by experience.

First response

“You've heard this before, and you want the time to be useful. I'll explain what is repeated and what can be different.”

Choose the next step

- **Wants more challenge:** Offer a manageable fictional application with competing goals, not extra busywork.
- **Questions the schedule:** Explain what you know, correct an actual error, and confirm any promised review.
- **Starts instructing peers:** Restore one speaker. No compulsory teaching, comparisons, or debate about expertise.
- **Needs the basics:** Keep the explanation available without requiring attendance or private-history disclosures.
- **Urgent harm or clinical change:** Pause for local assessment or emergency procedures. Do not finish the task first.

Return to Effectively

Resume with one shared aim and two supervised entry points. Use the borrowed-chair examples to compare actions with a chosen goal. Effectiveness is not obedience or a guaranteed outcome. Observation remains available.

Support and record

With a co-facilitator, coordinate task support and coverage. Alone, keep both options within the group you can supervise; never leave members or a subgroup unattended. Request assistance for individual support. Record actual task responses and confirmed or pending review without peer identities. Familiarity is not mastery.

Skill source: Linehan (2015), mindfulness teaching notes. [Guilford teaching notes](#)

Want the full set?

When Group Gets Stuck

All 39 scenarios, each with three first responses, next steps for what happens next, a way back to the planned DBT skill, documentation excerpts, and its one-page card. Including acute moments and video groups.

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