

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00-9:45	*Finding Joy (CRS PSR) CONF RM	Be Assertive RM 3	*Coping Skills (CRS PSR) CONF RM	Doc Time (CT) CONF RM	A New Confident You (CRS PSR) RM 3
10:00-10:45	Metabolic Syndrome: (IR) Creating Change RM 2	*Daily Self-Care (CRS PSR) RM 2	Grief and Loss (IR) RM 2	Building Compassion II (CRS PSR) RM 2	Mindfulness Meditation (CRS PSR) RM 2
	Seeking Change in Recovery (CRS PSR) RM 3	Managing Difficult Conversations (CRS PSR) RM 3	CBT Basics (CRS PSR) RM 3	What Gets in the Way (CRS PSR) RM 3	Imperfections Embraced (CRS PSR) CONF RM
	Stress Management (CRS PSR) CONF RM	Developing Emotional Health (CRS PSR) CONF RM	Taming Your Inner Critic (CRS PSR) CONF RM	Mindfulness (CRS PSR) CONF RM	
11:00-11:45	Job Academy (IR) RM 2	Managing PTSD (CRS PSR) RM 2	Psych Ed (CRS PSR) RM 2	Forgiveness II (IR) RM 2	Living in Balance (CRS PSR) RM 3
	Cigarettes and Vaping I: Making Healthy Choices (CRS PSR) RM 3	Coping with Self-Injury (IR) RM 3	Healthy Romantic Relationships (CRS PSR) RM 3	Men's Health (CRS PSR) RM 3	*Life Skills (CRS PSR) CONF RM
	Building Compassion I (CRS PSR) CONF RM	Alternatives to Anxiety (CRS PSR) CONF RM	Interpersonal Effectiveness (CRS PS) CONF RM	Money Management (CRS PSR) CONF RM	

Samaritan PROS Group Schedule

Group Cycle December 1 2025- February 20th, 2026

NAME: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
12:00-12:45	Group TX (CT)	The Empath Within (CRS PSR)	Calming the Storm (CRS PSR)	Substance Use and Your Mood (CRS PSR)	Organization and Time Management (CRS PSR)
	RM 2	RM 2	RM 2	RM 2	RM 3
	Psychosis Recovery (CRS PSR)	LGBTQ Resilience (IR)	Executive Functioning (CRS PSR)	Finding Joy (CRS PSR)	Managing Depression (CRS PSR)
	RM 3	RM 3	RM 3	RM 3	CONF RM
		Boundaries (CRS PSR)	Women's Group (CT)	Women's Health (CRS PSR)	
		CONF RM	CONF RM	CONF RM	
12:45-1:30	LUNCH				
1:45-2:30		Coping at Work (CRS PSR)	Expressing Emotions Through Writing (CRS PSR)		
		RM 2	CONF RM		

GOAL: _____

STRENGTHS: _____

BARRIERS: _____

INDIVIDUAL SESSION: ☐

WEEKLY



BI-WKLY

MEETING DATE: _____ TIME: _____

MODE OF TRANSPORTATION: _____

STAYS FOR LUNCH ☐

YES



NO

SIGNATURE: _____