Sample PROS Group Schedule NAME:

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00-9:45	Boundaries (CRS PSR) w/	*Finding Joy (CRS PSR) w/	*Daily Self-Care (CRS PSR) w/	**Doc Time (CT)** w/ Dr. Marella **RM** Wellness Self-Management (CRS PSR) w/ RM	*Life Skills (CRS PSR) w/
10:00-10:45	**Metabolic Syndrome: (IR) Creating Change** w/	Psychosis Recovery (CRS PSR) w/	Taming your Inner Critic (CRS PSR) w/	Psych. Ed (CRS PSR) w/	Mindfulness (CRS PSR) w/
	The Empath Within (CRS PSR) w/	**Coping with Suicidal Injury (IR)** w/	Be Assertive w/	Healthy Romantic Relationships (CRS PSR) w/	Building Compassion II (CRS PSR) w/
	Seeking Change in Recovery (CRS PSR w/	What Gets in the Way (CRS PSR) w/	Finding Joy (CRS PSR) w/	Building Compassion I (CRS PSR) W/	Recovering Joy: mindful life after addiction (CRS/IR)
11:00-11:45	Cigarettes and Vaping I: Making Healthy Choices (CRS PSR) **w/**	Coping at Work (CRS PSR) w/	Managing Change (CRS PSR) w/	Imperfections Embraced (CRS PSR) w/	**Grief and Loss (IR)** w/
	*Coping Skills (CRS PSR) w/	**Forgiveness II (IR)** w/	Substance Use and Your Mood (CRS PSR) w/	Alternatives to Anxiety (CRS PSR) w/	**Job Academy (IR)** w/
	Organization and Time Management (CRS PSR) w/	Managing Difficult Conversations (CRS PSR) w/ / Fife	Money Management (CRS PSR) w/	Managing PTSD (CRS PSR) w/	Managing Depression (CRS PSR) W/

Flip Over

Sample PROS Group Schedule

NAME:

	Monday	Tuesday	Wednesday	Thursday	Friday
12:00-12:45	**Group TX (CT)** w/	Reconnections: Family Friends (CRS PSR) w/	Stress Management (CRS PSR) w/	Interpersonal Effectiveness (CRS PSR) w/	Women's Health (CRS PSR) w/
	A New Confident You (CRS PSR) w/	**LGBTQ Resilience (CT/IR)** w/	Developing Emotional Health (CRS PSR) w/	Calming the Storm (CRS PSR) w/	Men's Health (CRS PSR) **w/**
	CBT Basics (CRS PSR) w/	Living in Balance (CRS PSR) w/	**Women's Group (CT)** w/	Executive Functioning (CRS PSR) w/	Mindful Meditation (CRS PSR) **w/**
12:45-1:30	LUNCH				
1:45-2:30			Expressing Emotions Through Writing (CRS PSR) w/		

GOAL: _____

_____

STRENGTHS: _____

_____

BARRIERS: _____

_____

INDIVIDUAL SESSION: ☐ **WEEKLY** ☐ **BI-WKLY**

MEETING DATE: _____ **TIME:** _____

MODE OF TRANSPORTATION: _____

STAYS FOR LUNCH ☐ **YES** ☐ **NO**

SIGNATURE: _____