MENTAL HEALTH NURSING

NCLEX 2026 READY

Group & Milieu Therapy

THERAPEUTIC ENVIRONMENTS • GROUP DYNAMICS • SAFETY FIRST

1 Definition & Overview

Group Therapy

- A therapist-led meeting of **2+ clients** working together on shared issues
- Promotes **insight, socialization, and peer support**
- More **cost-effective** than 1:1 therapy; reaches more clients

Milieu Therapy

- Uses the **entire therapeutic environment** as treatment
- A **safe, structured, predictable** unit where every interaction is therapeutic
- Goal: help the client **learn coping skills** to transfer home

2 How It Works (Mechanism)

Group Development — Tuckman's Stages:

Forming	Storming	Norming	Performing	Adjourning
Orientation, introductions, anxiety high	Conflict, power struggles, testing limits	Cohesion forms, rules accepted, trust grows	Working phase — real therapeutic change	Termination, reflection, goodbyes

Milieu — 5 Core Components (Gunderson):

1. **Containment** → physical safety; prevents harm to self/others (locked unit, no sharps, supervision)
2. **Structure** → predictable daily schedule reduces anxiety and promotes reality orientation
3. **Support** → empathic staff reinforce self-esteem and reduce isolation
4. **Involvement** → client participates in the community (meetings, activities)
5. **Validation** → client's individuality and feelings are acknowledged → growth

Yalom's Therapeutic Factors (high-yield!):

Universality "I'm not alone"	**Instillation of Hope** Seeing others improve	**Altruism** Helping others heals self
Catharsis Expressing emotion	**Cohesion** Sense of belonging	**Imparting Info** Learning from group

3 Assessment Cues — Group Dynamics

✅ Healthy Group Signs

- Members **share airtime equally**
- Conflict is **addressed openly** & respectfully
- **Confidentiality** is maintained
- Members give/receive feedback
- Progress toward goals is visible

⚠️ Dysfunctional Roles

- **Monopolizer** — dominates discussion
- **Silent member** — withdrawn, not engaging
- **Scapegoat** — blamed by others
- **Rescuer** — deflects with humor/advice
- **Recognition seeker** — needs constant attention

RED FLAGS

IMMEDIATE INTERVENTION NEEDED: threats of violence, suicidal/homicidal statements, breach of confidentiality, physical aggression, escalating anger, psychotic decompensation, or a member in acute emotional crisis. **Safety ALWAYS trumps group process.**

4 Priority Nursing Interventions

Safety & Structure (ALWAYS FIRST)

- **Assess** the milieu for safety hazards each shift
- **Maintain** visible, predictable routines
- **Set limits** clearly, consistently, non-punitively
- **Remove** client from group if escalating
- **Document** precipitants & de-escalation

Group Facilitation

- **Establish** ground rules at first session (confidentiality, respect, one speaker)
- **Redirect** monopolizer: "Let's hear from others"
- **Invite** silent member: "What are your thoughts, John?"
- **Protect** the scapegoat; reframe group focus
- **Model** therapeutic communication

Milieu-Specific Duties

- **Conduct** daily community meetings
- **Encourage** participation in unit activities
- **Role-model** appropriate behavior
- **Orient** to reality (time/place/person)
- **Collaborate** with the interdisciplinary team

ABCs in Mental Health

- **A**irway — after seizure, overdose, restraint
- **B**ehavior safety — harm to self/others is the psych "breathing"
- **C**ommunication/Coping — therapeutic rapport
- Use **Maslow** → physiological & safety before self-esteem

5 Pharmacology in the Milieu

Group/milieu therapy has no "drug of its own," but the milieu is where these PRN meds are most commonly given for acute agitation. Know the B-52!

🅱 The B-52 (acute agitation cocktail)

DRUGS:	**B**enadryl 50 mg + **5** mg Haldol + **2** mg Ativan, IM
MOA:	Sedation + antipsychotic + anxiolytic synergy
SIDE FX:	Oversedation, hypotension, EPS, respiratory depression, *QT prolongation*
NURSING:	Monitor VS & LOC q15 min × 1 hr → least restrictive measures first → document trigger, behavior, response

Haloperidol (Haldol) — typical antipsychotic

MOA:	Dopamine D2 blockade → ↓ agitation & psychosis
SIDE FX:	EPS, tardive dyskinesia, **NMS** (fever, rigidity, ↑CK), QT prolongation
NURSING:	Assess AIMS scale; hold & call provider for fever + rigidity

Lorazepam (Ativan) — benzodiazepine

MOA:	↑ GABA → sedation, anxiolysis
SIDE FX:	Respiratory depression, dependence, paradoxical agitation in elderly
NURSING:	Monitor RR; keep **flumazenil** available; avoid alcohol

Diphenhydramine (Benadryl)

MOA:	H1 antagonist → sedation; also treats acute EPS (dystonia)
SIDE FX:	Anticholinergic — dry mouth, urinary retention, confusion in elderly
NURSING:	Fall precautions; avoid in narrow-angle glaucoma & BPH

6 NCLEX Test Traps ⚠️

~~✗ "Tell the monopolizer to stop talking"~~
✓ Redirect: "Let's hear from someone who hasn't shared yet"

~~✗ "Move the violent client to a quiet room alone"~~
✓ Safety first — staff stays within sight; least restrictive & team approach

~~✗ "New admit goes straight to group therapy"~~
✓ Orient to unit & build trust first; group follows stabilization

~~✗ "Give PRN Haldol first for mild anxiety"~~
✓ Least restrictive — verbal de-escalation → PRN meds → restraints last

~~✗ "Share what another client said in group"~~
✓ Confidentiality is a **group rule** — reinforce it

~~✗ "Let the scapegoat absorb the group's anger"~~
✓ Nurse **protects** the scapegoat & reframes underlying group issue

🎯 **Priority rule:** If a group member becomes *suicidal, violent, or psychotic* — **remove from group and address 1:1 immediately**. Group therapy is never the priority over an acute safety event.

7 Patient Education

Before First Group

- **Explain purpose:** "Group is a safe place to share & learn from others"
- Review **ground rules:** confidentiality, respect, one speaker at a time, start/end times
- "You may **pass** if you're not ready to share"
- Reassure that **anxiety is normal** at first

During Group

- Use **"I" statements** — speak for yourself
- **Listen actively**, avoid giving unsolicited advice
- Feedback should be **specific, kind, and honest**
- It's okay to **feel emotions** — the milieu is supportive

Discharge & Home Carryover

- Continue **outpatient groups** (AA, NAMI, DBSA, CBT groups)
- Identify **2+ support people** & a crisis line (**988**)
- Maintain **routine** — sleep, meals, meds, activity
- Use coping skills practiced in milieu at home

Family Teaching

- Group therapy is **not "just talking"** — it is evidence-based
- Respect client's **confidentiality**
- Watch for **warning signs** of relapse & know when to call 988
- Medication adherence + therapy = best outcomes

8 Memory Boosters

🔑 MILIEU = "C-S-S-I-V"

- **C** **Containment** → safety first
- **S** **Structure** → predictable schedule
- **S** **Support** → empathy & esteem
- **I** **Involvement** → active participation
- **V** **Validation** → individuality honored

👥 GROUP PHASES = "FSNPA"

- **F** **Forming** — "Who is everyone?"
- **S** **Storming** — "I don't agree!"
- **N** **Norming** — "We get along now"
- **P** **Performing** — "We do the work"
- **A** **Adjourning** — "Time to say goodbye"

🔪 B-52 FOR AGITATION

Benadryl 50 + **5** Haldol + **2** Ativan → "Like a B-52 bomber, it puts agitation to sleep." Always go least restrictive first.

⭐ PRIORITY MANTRAS

- **Safety > Process** — if safety fails, group stops
- **Least restrictive → Most restrictive** — verbal → PRN → seclusion → restraint
- **Acute > Chronic** — the actively suicidal client beats the talkative one
- **Group is the "medicine"** — the milieu itself heals