Shame/Guilt

Facilitator Guide | 60–75 minutes

Purpose

Help participants distinguish behavior-focused guilt from identity-focused shame and practice accountability, self-compassion, and support-seeking without forced disclosure.

Learning objectives

Participants will (1) describe guilt and shame in their own words; (2) identify emotional and behavioral responses; (3) practice a realistic, compassionate response to mistakes; and (4) identify a safe support or next step.

Trauma-informed facilitation

Invite fictional examples or private reflection. Do not require disclosures of trauma, criminal acts, or past harms. Avoid labeling people as “bad.” Responsibility for one’s actions does not mean responsibility for abuse inflicted by others. Amends or contact should be safe, appropriate, and voluntary; some situations require boundaries rather than reconciliation.

Suggested agenda

• 0–10 min | Welcome, confidentiality limits, and check-in: “What helps people recover from mistakes?”

• 10–22 min | Teach guilt versus shame with a neutral example.

• 22–35 min | Discuss four coping approaches and the difference between emotion and action.

• 35–55 min | Responsibility Without Self-Condemnation worksheet; private writing or fictional pairs.

• 55–68 min | Optional sharing, support planning, and realistic repair steps.

• 68–75 min | Closing reflection and grounding.

Teaching notes

Guilt: “I did something that conflicts with my values.” It may prompt repair, but can also be excessive or based on inaccurate responsibility. Shame: “This means I am fundamentally inadequate or unworthy.” Shame may be influenced by stigma, relationships, or past experiences. These are useful distinctions, not diagnostic rules.

Four intervention approaches

Emotional awareness: Name the feeling, bodily signals, thoughts, and urge; pause before acting.

Self-compassion: Use a respectful inner voice while acknowledging consequences.

Resilience: Practice tolerating discomfort, learning, and returning to values-based action.

Professional or trusted support: Discuss persistent shame with a qualified clinician or a safe trusted person.

Worked example

Situation: A participant missed an important appointment. Guilt: “I missed a commitment; I can call and reschedule.” Shame: “I always ruin everything; I am hopeless.” Balanced response: “Missing it matters. I

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can take responsibility and make a plan without defining myself by one event.”

Discussion prompts

What makes guilt useful or unhelpful? What is the difference between accepting responsibility and attacking yourself? When is an apology helpful, and when might a boundary be safer? What supports can reduce secrecy and isolation?

Safety and follow-up

If someone describes persistent severe distress, self-harm thoughts, or abuse, respond according to organizational safeguarding and crisis protocols; do not process emergencies in the group. Offer private follow-up and appropriate professional support.

Source and editorial note

Original topic supplied by the author. This is newly written educational material informed by common CBT and self-compassion concepts; it does not reproduce the source website’s copyrighted prose. Suggested background reading for verification: Calmerry (2022), “Guilt vs. shame: The difference you need to know.” This handout is not a substitute for individual clinical assessment.

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