Build Your Own Scenario: The Coping Challenge

Facilitator Guide | Professional Resource Library

A flexible, collaborative activity for developing hypothetical challenges, selecting coping resources, evaluating practical responses, and reflecting on group decision-making.

At a glance

Audience	Counselors, peer-support specialists, and trained group facilitators
Format	Teams of approximately 3–5; adaptable to group size
Duration	75 minutes recommended; 60–90 minutes adaptable
Materials	Participant activity packet, writing utensils, timer, optional scoring sheet
Topics	Substance use, emotional regulation, depression, anxiety, BPD-related interpersonal challenges, anger, stress, grief, and relationships

Learning objectives

• Describe a realistic challenge without requiring personal disclosure.

• Identify immediate concerns, contributing factors, and potential risks.

• Select and justify ten context-appropriate coping resources.

• Collaborate on a practical action plan and a backup plan.

• Evaluate alternative responses respectfully and without assuming a single correct solution.

Preparation

Read the completed participant example (“The Unexpected Change”). Prepare blank scenario, toolbox, exchange, and reflection worksheets. Decide whether to assign a topic or let teams select one. Establish whether the session is discussion-only or uses optional friendly competition.

Suggested 75-minute sequence

Stage	Time	Facilitator action
Introduction and example	10 min	Explain purpose and group agreements; review Jordan example.
Scenario development	20 min	Teams write a hypothetical 15–20-sentence challenge with two complications.

Stage	Time	Facilitator action
Coping Toolbox	15 min	Teams select and rank ten resources, explaining their top three.
Scenario exchange	20 min	Teams trade scenarios, create action and backup plans, then compare.
Debrief	10 min	Discuss differences, safety, adaptability, and takeaways.

Facilitation instructions

1. Introduce the activity. Explain that the goal is sound reasoning, not guessing a single clinical answer. Read the completed example together and point out its structure: background, obstacles, central challenge, ranked resources, and action plan.

2. Form teams. Assign or approve topics based on group needs. Encourage fictional characters and scenarios rather than detailed accounts of real people. Each team writes approximately 15–20 sentences and ends at a decision point.

3. Build a coping toolbox. Each team selects ten practical coping resources, ranks them uniquely from 1 to 10, and explains how the top three could help. Emphasize that rankings depend on context.

4. Exchange scenarios. Teams swap their scenarios, identify central concerns, and develop three recommended actions plus an alternative if their first approach fails. Allow teams to ask neutral clarifying questions.

5. Compare and reflect. Original teams share their intended response. Ask what differed and why; explore safety, feasibility, access to support, and how different circumstances could change a plan.

Topic adaptations

Topic	Facilitator emphasis
Substance use	Triggers, refusal skills, safe exit, support contacts, relapse-prevention planning.
Anxiety	Uncertainty tolerance, grounding, paced problem-solving, realistic options.
Depression	Small achievable steps, connection, practical support, self-compassion.
Emotional regulation	Noticing escalation, pausing, distress tolerance, communication.
BPD-related challenges	Interpersonal sensitivity, boundaries, balanced interpretations, distress tolerance; avoid stereotypes.
Anger and conflict	De-escalation, respectful communication, personal boundaries.
Grief or stress	Flexible coping, support, manageable next steps.

Group safeguards

Invite participation without requiring disclosure of personal histories, diagnoses, or trauma. Avoid asking participants to role-play dangerous behavior. Do not frame coping rankings as measures of treatment success. If a scenario raises an immediate safety concern, pause the activity and follow applicable organizational protocols. Adapt examples to participant literacy, accessibility, and cultural context.

Debrief prompts

- What was the central problem versus the strongest emotional reaction?
- Which coping resource was most useful immediately, and which might help later?
- How did teams weigh personal safety against emotional relief?
- What assumptions changed after hearing another team’s response?
- How could the plan change if a resource were unavailable?

Optional competitive mode

Competition is optional. Score each team's completed work with the rubric below. The score reflects performance on this exercise only—not diagnosis, recovery status, or clinical outcomes. A discussion-only mode can use the same criteria as feedback prompts without awarding points.

Criterion	Maximum
Scenario realism and clarity	20
Identification of the central problem	20
Relevance of coping strategies	20
Safety and practicality of the action plan	20
Collaboration and explanation	20
TOTAL	100

Scoring guidance

For each criterion, consider 0–5 = limited, 6–10 = developing, 11–15 = effective, and 16–20 = strong. Use facilitator judgment, explain scores constructively, and acknowledge that multiple safe, reasonable solutions may exist. If teams tie, invite a brief explanation of their backup plans rather than treating one coping choice as objectively correct.

Reusable team score sheet

Team	Scenario /20	Problem /20	Coping /20	Plan /20	Teamwork /20	Total /100
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Follow-up activity

Invite participants to vote on a fictional scenario to revisit in a later session. The facilitator can introduce one new complication, change resource availability, or invite teams to consider another perspective. Voting is

optional and should not reward disclosure of personal experiences.

Publication and use note

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