

Small Group Counseling Title/Theme: Grief and Loss

Grade Level(s): 6-8

NOTE: 6-8 Grief/Loss Unit and the 6-8 Life Changes/Divorce Unit are very similar. This is an example of how units may be adapted to meet other topics.

Small Group Counseling Description: This group is for middle school students who have experienced a significant life change/loss. Examples might include: death of a loved one, parent/guardian divorce, changing schools. This group will be more effective if group members have similar issues, such as bereavement groups, divorce groups, new student groups, etc.

Number of Sessions in Group: 4 Sessions plus an Optional Follow Up Session

Session Titles/Materials:

Session #1: Understanding Life Changes

Materials needed:

[Small Group Counseling Guidelines](#)

[Commonality Tic-Tac-Toe](#) poster

[Stages of Grief](#)

[Taking Care of You!](#)

Tissue

[Teacher/Parent/Guardian Small Group Follow-Up](#)

Session #2: You Are Not Alone

Materials needed:

[Stages of Grief](#)

[Taking Care of You!](#)

Tissue

[Teacher/Parent/Guardian Small Group Follow-Up](#)

Session #3: Healing Through Memories

Materials needed:

[Taking Care of You!](#)

Poster board and/or boxes (shoe box size with lid)

Markers

Glue and/or tape

Magazines

Foam shapes or other art supplies for memory board collage

Tissue

[Teacher/Parent/Guardian Small Group Follow-Up](#)

Unit Assessments

[Teacher Pre-Post-Group Perceptions Individual Student Behavior Rating Form](#)

[Teacher Feedback Form: Overall Effectiveness of Group](#)

[Parent/Guardian Cover Letter](#)

[Parent/Guardian Feedback Form: Overall Effectiveness of Group](#)

Session #4: Letting Go

Materials needed:

Helium-filled balloons for each student, tied with ribbon and tag

Pens/pencils

Tissue

[Stages in Recovery](#) handout

[Change/Loss Assessment Form](#)

[Certificate of Completion](#)

[Teacher/Parent/Guardian Small Group Follow-Up](#)

[Student Feedback Form: Overall Effectiveness of Group](#)

Post Small Group Follow-Up Session (Optional)

8 ½ x 11 paper for each participant; crayons/markers/pencils

Alternative Procedure: [Follow-Up Feedback Form for Students](#)

Missouri Comprehensive Guidance Standard (s):

Personal Social Development: PS.3 Applying personal safety skills and coping strategies

Missouri Comprehensive Guidance Concept(s):

PS.3.C. Coping skills

American School Counselor Association (ASCA) National Standard:

Personal/Social Development

A. Students will acquire the knowledge, attitudes and interpersonal skills to help them understand and respect self and others.

NOTE: The overall purpose of the MCGP small group counseling units and sessions is to give extra support to students who need help meeting specific Comprehensive Guidance Program Grade Level Expectations (GLEs). This small group counseling unit provides a "shell" that allows you to personalize sessions to meet the unique needs of your students. Your knowledge of the developmental levels, background knowledge and experiences of your students determines the depth and level of personal exploration required to make the sessions beneficial for your students.

Show-Me Standards: Performance Goals (check one or more that apply)

X	Goal 1: gather, analyze and apply information and ideas
X	Goal 2: communicate effectively within and beyond the classroom
X	Goal 3: recognize and solve problems
X	Goal 4: make decisions and act as responsible members of society

Outcome Assessment (acceptable evidence):

UNIT SUMMATIVE SECTION:

Summative assessment relates to the performance outcome for goals, objectives and (GLE) concepts. Assessment can be survey, whip around, etc.

[Change/Loss Assessment Form](#)

Perceptual Data Collection:

The following end-of-group perceptual data collection forms will be used as a part of sessions three and four; the forms are attached to the Unit Plan:

Classroom Teacher Assessment:

- The classroom teacher will complete the *Teacher [Pre-Post-Group Perceptions Individual Student Behavior Rating Form](#)* for each student before the starts and after the group has been completed. Counselor may consider making two copies of this form, one for the pre-assessment and one for the post-assessment, then entering all data on a final form for comparison.
- [Teacher Feedback Form: Overall Effectiveness of Group](#) will be given to teacher to complete at the end of the group unit.

Parent/Guardian Assessment:

- [Parent/Guardian Feedback Form: Overall Effectiveness of Group](#) will be given to parents/guardians to complete at the end of the group unit.

Student Assessment:

- [Student Feedback Form: Overall Effectiveness of Group](#) will be given to students to complete at the end of the group unit.

Results Based Data Collection:

The counselor will demonstrate the effectiveness of the unit via pre and post comparisons of such factors as attendance, grades, discipline reports and other information, utilizing the PRoBE Model (Partnerships in Results Based Evaluation). For more information about PRoBE, contact the [Guidance and Placement](#) section of the Department of Elementary and Secondary Education website

Follow Up Ideas & Activities**Implemented by School Counselor, administrators, teachers, parents/guardians, community partnerships**

Meet individually with each group member two or three weeks after group ends to assess student adjustment and offer support.

Note to Professional School Counselor: The classroom teacher will complete Part 1 of this form before students begin their small group sessions. The teacher will complete Part 2 of this form after the group has been completed. This process will provide the school counselor with follow up feedback about individual students who participated in the group.

SMALL GROUP COUNSELING
TEACHER PRE-POST-GROUP PERCEPTIONS
Individual Student Behavior Rating Form
 (Adapted from Columbia Public Schools' Student Behavior Rating Form)

STUDENT _____ GRADE _____ TEACHER _____

DATE: Pre-Group Assessment _____ Date: Post-Group Assessment _____

Part 1 - Please indicate rating of pre-group areas of concern in the left hand column.

Part 2 - Please indicate rating of post-group areas of concern in the right hand column.

Pre-Group Concerns	Student Work Habits/Personal Goals Observed	Post-Group Concerns	
Rank on a scale of 5→1	<i>Colleagues, please help us evaluate the counseling group in which this student participated. Your opinion is extremely important as we strive to continuously improve our effectiveness with ALL students!</i>	Rank on a scale of 5→1	
(5 = HIGH→1 = LOW)		(5 = HIGH→1 = LOW)	
	Academic Development		
	Follows directions		
	Listens attentively		
	Stays on task		
	Compliance with teacher requests		
	Follows rules		
	Manages personal & school property (e.g., organized)		
	Works neatly and carefully		
	Participates in discussion and activities		
	Completes and returns homework		
	Personal and Social Development		
	Cooperates with others		
	Shows respect for others		
	Allows others to work undisturbed		
	Accepts responsibility for own mis-behavior (e.g., provoking fights, bullying, fighting, defiant, anger, stealing)		
	Emotional Issues (e.g., perfectionism, anxiety, anger, depression, suicide, aggression, withdrawn, low self-esteem)		
	Career Development		
	Awareness of the World of Work		
	Self-Appraisal		
	Decision Making		
	Goal Setting		
	Add Other Concerns:		

Note to Professional School Counselor: This form measures the teacher's perceptions of the overall effectiveness of the group. Teachers complete after the last session.

**SMALL GROUP COUNSELING
 TEACHER POST-GROUP PERCEPTIONS:**

TEACHER FEEDBACK FORM: OVERALL EFFECTIVENESS OF GROUP

One or more of your students participated in a small counseling group about _____. We are seeking your opinion about the effectiveness of the group e.g., students' relationship with the professional school counselor and other participants in the group and your observations of students' behavioral/skill changes (positive OR negative). We appreciate your willingness to help us meet the needs of ALL students effectively. The survey is anonymous unless you want us to contact you.

Teacher's Name (optional): _____ Date: _____

Professional School Counselor's Name: _____

Small Group Title: _____

Before the group started, I hoped students would learn:

While students were participating in the group I noticed these changes in their behavior/attitude

Using a scale of 5 to 1 (5 being the highest and 1 the lowest), please circle your opinion about the following

What do you think?	5=High				1=Low
	5	4	3	2	1
Overall, I would rate my students' experience in the counseling group as:	5	4	3	2	1
Students enjoyed working with other students in the group.	5	4	3	2	1
Students enjoyed working with the counselor in the group.	5	4	3	2	1
Students learned new skills and are using the skills in school	5	4	3	2	1
I would recommend the group experience for other students.	5	4	3	2	1

Additional Comments for Counselor:

Note to Professional School Counselor: Send this COVER LETTER and parent feedback form home with students after session three.

SCHOOL LETTERHEAD
Comprehensive Guidance Program

Request for Feedback from Parents /Guardians.

Small Group Counseling topic/title: _____

Student's Name _____ Teacher's Name _____

Date: _____

Dear Parent/Guardian,

I have enjoyed getting to know your student in our small group counseling sessions. Next week will be the last session for our group. During the group sessions we shared information related to a variety of topics. Below is a list of topics discussed during the group sessions.

Session 1: _____

Session 2: _____

Session 3: _____

Session 4: _____

Comments about your student's progress:

Attached is a feedback form. I would appreciate input from you about your student's experience in the small group. Please complete the attached *Parent/Guardian Feedback Form* and send the completed form back to school with your student by _____.

Thank you for your support and feedback. Please contact me if you have questions or concerns.

Sincerely,

Professional School Counselor

Note to Professional School Counselor: Send cover letter and parent feedback form home with students after session three.

SMALL GROUP COUNSELING PARENT/GUARDIAN POST-GROUP PERCEPTIONS

Parent/Guardian Feedback Form

Your student participated in a small counseling group about _____. Was this group experience helpful for your student? Following is a survey about changes (positive OR negative) your student made at home while participating in the group at school and since the group ended. The survey will help us meet the needs of ALL students more effectively. The survey is anonymous unless you want the school counselor to contact you. We appreciate your willingness to help us

Professional School Counselor: _____

Date: _____

Small Group Title: _____

Before the group started, I hoped my student would learn

I've noticed these changes in my student's behavior and/or attitude as a result of participating in the group:

Using a scale of 5 to 1 (5 being the highest and 1 the lowest), please circle your opinion about the following

What do you think?	5=High	4	3	2	1=Low
Overall, I would rate my student's experience in the counseling group as:	5	4	3	2	1
My student enjoyed working with the other students in the group	5	4	3	2	1
My student enjoyed working with the counselor in the group.	5	4	3	2	1
My student learned new skills and is using the skills in and out of school	5	4	3	2	1
I would recommend the group experience to other parents/guardians whose student might benefit from the small group.	5	4	3	2	1

Additional Comments:

Note to Professional School Counselor: This form measures the student's perceptions of the overall effectiveness of the group using the same questions as teachers' and parents answer on their feedback forms. Students complete during the last session (or the follow-up session if you have one). This form may be adapted and used at the upper elementary, middle school or high school level.

**SMALL GROUP COUNSELING
 STUDENT POST-GROUP PERCEPTIONS:**

STUDENT FEEDBACK FORM: OVERALL EFFECTIVENESS OF GROUP

We want your opinion about the effectiveness of your group. We appreciate your willingness to help us make our work helpful to all students. The survey is anonymous unless you want us to contact you.

My Name (optional): _____ Date: _____

Professional School Counselor's Name: _____

Small Group Title: _____

Before the group started, I wanted to learn _____

Because of the group, I have noticed these changes in my thoughts, feelings, and actions:

Using a scale of 5 to 1 (5 being the highest and 1 the lowest), please circle your opinion about the following

What do you think?	5=High					1=Low
	5	4	3	2	1	
Overall, I would rate my experience in the counseling group as:	5	4	3	2	1	
I enjoyed working with other students in the group	5	4	3	2	1	
I enjoyed working with the counselor in the group.	5	4	3	2	1	
I learned new skills and am using the skills in school	5	4	3	2	1	
If other students ask me if they should participate in a similar group, I would recommend that they "give-it-a-try"	5	4	3	2	1	

Additional Comments for the Counselor:

This form is completed by the student at the follow up session (optional).

**SMALL GROUP COUNSELING POST-GROUP
FOLLOW UP WITH STUDENTS (Optional)**

**Level: Elementary/Middle School/High School
(Adapt to appropriate grade level)
Follow-up Session Feedback Form for Students**

Name: _____ (optional) Date: _____

Directions: Please complete the follow-up session feedback form after the unit has been completed.

Questions:

1. What specific skills are you practicing now that the group is over?
2. What was the most useful thing you learned from the group?
3. What could you use more practice on?
4. How are things different for you now?
5. What Progress have you made toward the goals you set for yourself at the end of our group meetings?
6. How are you keeping yourself accountable?
7. What suggestions do you have for future groups?
8. Circle your overall experience in the group on a scale from 1 → 5: _____
1=Most positive activity in which I have participated for a long time
2=Gave me a lot of direction with my needs
3=I learned a lot about myself and am ready to make definite changes
4=I did not get as much as I had hoped out of the group
5=The group was a waste of my time
9. What specific “things” contributed to the ranking you gave your experience in the group?
10. What would have made it better?

Additional comments you would like to share with the counselor:

SESSION #1

Group Title: Grief/Loss

Session Title: Understanding Life Changes

Session: 1 of 4

Grade Level: 6-8

Estimated time: 30 minutes

Small Group Session Purpose: Students will learn group guidelines and get to know others in the group. Student will be introduced to the *Stages of Grief*.

Missouri Comprehensive Guidance Strand/Big Idea:
 PS.3 Applying personal safety skills and coping strategies

Missouri Comprehensive Guidance Concept(s):
 PS.3.C Coping Skills

American School Counselor Association (ASCA) National Standard:
 Personal/Social Development
 C. Students will understand safety and survival skills.

SESSION #1 Materials (include activity sheets and/ or supporting resources)

- [*Small Group Counseling Guidelines*](#)
- [*Commonality Tic-Tac-Toe*](#) poster
- [*Stages of Grief*](#)
- [*Taking Care of You!*](#)
- Tissue
- [*Teacher/Parent/Guardian Small Group Follow-Up*](#)

SESSION #1 Assessment

The session will be informally evaluated by observation of group interaction, responses to open-ended questions and group level of comfort and trust.

SESSION #1 Preparation

Essential Questions: How does life change/loss feel? How can working in a group setting help us to learn about ourselves and how to cope with life change/loss?

Engagement (Hook): [*Commonality Tic-Tac-Toe*](#) poster activity

SESSION #1 Procedures

<i>Session #1: Professional School Counselor Procedures:</i>	<i>Session #1: Student Involvement</i>
1. Introduce yourself and explain the purpose of the group. A sample prompt: “This is a loss group, and I know that you have experienced a loss in your life. We will be meeting each week at (day and time) to share with each other how things have changed, how things are going, and how you are feeling. This group will be a place where you can talk	1. Students will learn the purpose and format of the group. Students will introduce themselves.

<i>Session #1: Professional School Counselor Procedures:</i>	<i>Session #1: Student Involvement</i>
<p>openly about how you are feeling.” Group members are instructed to introduce themselves at this time.</p> <p>2. Share Small Group Counseling Guidelines:</p> <p>3. Introduce Commonality Tic-Tac-Toe poster on wall and instruct students to put their names in each square that applies to them.</p> <p>4. Discuss commonalities with group.</p> <p>5. “Sometimes your friends may not understand what you are going through, and you may not have anyone to talk with. It seems students feel more comfortable talking about issues like loss when they realize others have had similar experiences.” Invite students to share what loss/losses they have experienced, i.e. death of pet, moving away from friends and/or family, separation/divorce of parents/guardians, death of a friend or family member, loss of health, foster care placement, incarceration. “Loss is the absence of something important to us. Unlike grief, loss is often permanent.”</p> <p>6. Introduce the stages of grief/loss and give each student a copy of the Stages of Grief handout.</p> <p>7. Give each group member a copy of the Taking Care of You! handout. Explain that while each person has his/her own way of dealing with a loss, these are some healthy suggestions. Ask students to commit to at least one way of dealing with their loss by writing their plans on the handout.</p> <p>8. Closure/Summary: Encourage students to respond to the open-ended statements below: Today I learned I... I remembered that I... I was surprised that ...</p> <p>9. Group assignment: Group members are asked to review the Stages of Grief handout and be ready to share what stage they are in for</p>	<p>2. Students will discuss the guidelines and whether any other guidelines need to be added.</p> <p>3. Students put their names in each square on the Commonality Tic-Tac-Toe poster that applies to them.</p> <p>4. Group members discuss commonalities.</p> <p>5. Group members share what loss/losses they have experienced, i.e. death of pet, moving away from friends and/or family, separation/divorce of parents/guardians, death of a friend or family member, loss of health, foster care placement, incarceration.</p> <p>6. Group members listen to introduction of stages of grief/loss.</p> <p>7. Students will review the handout and commit to at least one way of dealing with their loss by writing their plans.</p> <p>8. Closure/Summary: Group members complete one of the open-ended statements of their choosing.</p> <p>9. Group Assignment: Group members take the Stages of Grief and Taking Care of You! handouts for review before Session 2.</p>

<i>Session #1: Professional School Counselor Procedures:</i>	<i>Session #1: Student Involvement</i>
Session 2. Ask students to carry out their plans for taking care of themselves as noted on their <i>Taking Care of You!</i> handout.	

SESSION #1 Follow-Up Activities (Optional)

--

SESSION #1 Counselor reflection notes (completed after the session)

<p><i>STUDENT LEARNING: How will students' lives improve as a result of what happened during this session?</i></p> <p><i>SELF EVALUATION: How did I do?</i></p> <p><i>IMPLEMENTATION PROCEDURES: How did the session work?</i></p>
--

Small Group Counseling Guidelines

1. All participants observe confidentiality
 - a. Counselor
 - b. Student
2. One person speaks at a time.
3. Everyone has an opportunity to participate and share.
4. No “Put-Downs” are allowed.
5. All participants will treat each other with respect.
6. Group members will have the opportunity to develop other guidelines.

Commonality Tic-Tac-Toe

Put your name in 3 or 4 squares that represent you.
(PSC will tailor the chart according to group members)

Dog	Cat	Death
Pizza	Red	Basketball
Blue	X-Box	Swimming

STAGES OF GRIEF

(PSC will distribute this handout in Session 1 for group members to bring back for Session 2)

SHOCK	"I'm numb, I do not feel anything"
PANIC	"I cannot stand this", crying all the time
DENIAL	"I will be alright, I am okay"
GUILT	"If I had done something else, It is my fault" "I wish I had not said that"
ANGER	"I am so mad" "This isn't fair"
DEPRESSION	"I am so alone," "I just cannot go on"
HOPE	"I am getting through this" "I am feeling better"
ACCEPTANCE	"I still have some bad days but I can make it" "It has been rough but I have learned a lot about myself."

*I must accept that which
I find unacceptable.
I must rebuild that which
I didn't destroy
I must restructure my life-
my dreams-my hopes-my future.
I must-even though it is not of my choosing.*

Wayne Hall

TAKING CARE OF YOU!

1. Eat a balanced diet, exercise and get enough sleep.
2. Surround yourself with people you know who will be kind and nurturing to you.
3. Stay away from harmful substances.
4. Let others know how you feel.
5. Get involved in a fun activity with others.
6. Give yourself some time to relax.
7. Allow time each day to be alone, to be quiet, and to reflect.
8. Take time to nurture yourself.
9. Keep a journal.
10. Listen to great music.

My plans for taking care of myself include:

**TEACHER/PARENT/GUARDIAN
SMALL GROUP FOLLOW-UP**

The Professional School Counselor has the option of sending this form to teachers/parents/guardians after each group session to keep these individuals informed of student's progress in the group.

GROUP TOPIC: _____ **Session #** _____

Student's Name: _____ **Date:** _____

Today I met with my school counselor and other group members.

Session Goal: _____

**Today we talked about the following information during our group:
Circle one or more items.**

Friendship	Study Skills	Attendance
Feelings	Behavior	School Performance
Family	Peer Relationships	Other _____

Group Assignment:

I will complete or practice the following at school and/home before our next session.

Our next group meeting will be:

Date: _____ **Time:** _____

Additional Comments:

Please contact _____, Professional School Counselor at
_____ if you have further questions or concerns.

SESSION #2

Group Title: Grief/Loss	
Session Title: You Are Not Alone	Session: 2 of 4
Grade Level: 6-8	Estimated time: 30 minutes
Small Group Session Purpose: Students will identify which stage of grief they are experiencing today.	
Missouri Comprehensive Guidance Strand/Big Idea: PS.3 Applying personal safety skills and coping strategies	
Missouri Comprehensive Guidance Concept(s): PS.3.C Coping Skills	
American School Counselor Association (ASCA) National Standard: Personal/Social Development C. Students will understand safety and survival skills.	

SESSION #2 Materials (include activity sheets and/ or supporting resources)

<p>Stages of Grief Taking Care of You! Tissue Teacher/Parent/Guardian Small Group Follow-Up</p>
--

SESSION #2 Assessment

The session will be informally evaluated by observation of group interaction, responses to open-ended questions and group level of comfort and trust.

SESSION #2 Preparation

<p>Essential Questions: “Have you ever lost something very precious to you? Something you couldn’t replace and didn’t know how you would live without?”</p> <p>Engagement (Hook): Professional School Counselor (PSC) will share his/her own “story” regarding a life change/loss.</p>
--

SESSION #2 Procedures

<i>Session #2: Professional School Counselor Procedures:</i>	<i>Session #2: Student Involvement</i>
1. Review Small Group Counseling Guidelines .	1. Students will participate in review.
2. Share your own account of a life change/loss. Ask group members to identify which stage they believe you are in.	2. Students listen to PSC’s story and identify PSC’s stage of grief.
3. Ask group members to take turns sharing their stories of change/loss.	3. Group members take turns sharing their life change/loss stories.

<i>Session #2: Professional School Counselor Procedures:</i>	<i>Session #2: Student Involvement</i>
<p>4. After group members tell their stories, ask them to share which stage of grief they believe they are presently in. Ask other group members if they agree.</p> <p>5. Ask students how they are doing on their plans for taking care of themselves (<i>Taking Care of You!</i> from Session 1). Encourage students to modify their plans if needed.</p> <p>6. Closure/Summary: Encourage students to respond to the open-ended statements below: Today I learned that I... I remembered that I... I was surprised that ...</p> <p>7. Group assignment: Group members are instructed to bring mementos (photos, letters, and/or other small items) to be used in Session 3. Ask the students to get permission from parents/guardians before bringing items to school.</p> <p>NOTE: Be aware that some students may not have photographs of themselves or their families. They may bring in magazine pictures or similar objects that remind them of themselves, families, or friends.</p>	<p>4. Group members provide feedback to each member after his/her story has been shared.</p> <p>5. Students report on their progress and their plans for possible changes.</p> <p>6. Closure/Summary: Group members complete one of the open-ended statements of their choosing.</p> <p>7. Group assignment: In the interim, students will collect items for the next session.</p>

SESSION #2 Follow-Up Activities (Optional)

SESSION #2 Counselor reflection notes (completed after the session)

STUDENT LEARNING: How will students' lives improve as a result of what happened during this session?

SELF EVALUATION: How did I do?

IMPLEMENTATION PROCEDURES: How did the session work?

STAGES OF GRIEF

(PSC will distribute this handout in Session 1 for group members to bring back for Session 2)

SHOCK	"I'm numb, I do not feel anything"
PANIC	"I cannot stand this", crying all the time
DENIAL	"I will be alright, I am okay"
GUILT	"If I had done something else, It is my fault" "I wish I had not said that"
ANGER	"I am so mad" "This isn't fair"
DEPRESSION	"I am so alone," "I just cannot go on"
HOPE	"I am getting through this" "I am feeling better"
ACCEPTANCE	"I still have some bad days but I can make it" "It has been rough but I have learned a lot about myself."

*I must accept that which I
find unacceptable.
I must rebuild that which
I didn't destroy
I must restructure my life-
my dreams-my hopes-my future.
I must-even though it is not of my choosing.*

Wayne Hall

TAKING CARE OF YOU!

1. Eat a balanced diet, exercise and get enough sleep.
2. Surround yourself with people you know who will be kind and nurturing to you.
3. Stay away from harmful substances.
4. Let others know how you feel.
5. Get involved in a fun activity with others.
6. Give yourself some time to relax.
7. Allow time each day to be alone, to be quiet, and to reflect.
8. Take time to nurture yourself.
9. Keep a journal.
10. Listen to great music.

My plans for taking care of myself include:

**TEACHER/PARENT/GUARDIAN
SMALL GROUP FOLLOW-UP**

The Professional School Counselor has the option of sending this form to teachers/parents/guardians after each group session to keep these individuals informed of student's progress in the group.

GROUP TOPIC: _____ **Session #** _____

Student's Name: _____ **Date:** _____

Today I met with my school counselor and other group members.

Session Goal: _____

**Today we talked about the following information during our group:
Circle one or more items.**

Friendship	Study Skills	Attendance
Feelings	Behavior	School Performance
Family	Peer Relationships	Other _____

Group Assignment:

I will complete or practice the following at school and/home before our next session.

Our next group meeting will be:

Date: _____ **Time:** _____

Additional Comments:

Please contact _____, Professional School Counselor at
_____ if you have further questions or concerns.

SESSION #3

Group Title: Grief/Loss

Session Title: Healing Through Memories

Session: 3 of 4

Grade Level: 6-8

Estimated time: 30 minutes

Small Group Session Purpose: The purpose of this session is to help group members in the healing process by designing memory board collages or memory boxes.

Missouri Comprehensive Guidance Strand/Big Idea:
 PS.3 Applying personal safety skills and coping strategies

Missouri Comprehensive Guidance Concept(s):
 PS.3.C Coping Skills

American School Counselor Association (ASCA) National Standard:
 Personal/Social Development
 C. Students will understand safety and survival skills.

SESSION #3 Materials (include activity sheets and/ or supporting resources)

[Taking Care of You!](#)

- Poster board and/or boxes (shoe box size with lid)
- Markers
- Glue and/or tape
- Magazines
- Foam shapes or other art supplies for memory board collage
- Tissue

[Teacher/Parent/Guardian Small Group Follow-Up](#)

- Unit Assessments (attached to the Unit Plan)
- [Teacher Pre-Post-Group Individual Student Behavior Rating Form](#)
- [Teacher Feedback Form: Overall Effectiveness of Group](#)
- [Parent/Guardian Cover Letter](#)
- [Parent/Guardian Feedback Form: Overall Effectiveness of Group](#)

SESSION #3 Assessment

The session will be informally evaluated by observation of group interaction, responses to open-ended questions and group level of comfort and trust.

SESSION #3 Preparation

Essential Questions: Why are memories so important to the healing process?

Engagement (Hook): Professional School Counselor (PSC) will share his/her memento.

SESSION #3 Procedures

<i>Session #3: Professional School Counselor Procedures:</i>	<i>Session #3: Student Involvement</i>
1. Review <u>Small Group Counseling Guidelines</u> . Ask students how they are doing on their plans for taking care of themselves (<u>Taking Care of You!</u>).	1. Students will participate in review and report on their progress.

<i>Session #3: Professional School Counselor Procedures:</i>	<i>Session #3: Student Involvement</i>
<p>2. Share your own memento and its significance.</p> <p>3. Invite group members to share <u>one</u> memento if they choose.</p> <p>4. “Often pictures or other items help us remember special people or special events with those who have been close to us. That is probably why each of you chose to bring in your special items today. Now, we are going to design memory board collages <u>or</u> decorate memory boxes to represent the special person (or persons) that you have lost.”</p> <p>5. Closure/Summary: Encourage students to respond to the open-ended statements below: Today I learned that I... I remembered that I... I was surprised that ...</p>	<p>2. Students listen to PSC’s story regarding his/her memento.</p> <p>3. Group members take turns sharing their mementos and their significance.</p> <p>4. Using the poster board or the boxes, the group members will design a personal memory board collage or decorate a memory box that represents a special person (or persons) that they have lost.</p> <p>5. Closure/Summary: Group members complete one of the open-ended statements of their choosing.</p>

SESSION #3 Follow-Up Activities (Optional)

SESSION #3 Counselor reflection notes (completed after the session)

STUDENT LEARNING: How will students’ lives improve as a result of what happened during this session?

SELF EVALUATION: How did I do?

IMPLEMENTATION PROCEDURES: How did the session work?

TAKING CARE OF YOU!

1. Eat a balanced diet, exercise and get enough sleep.
2. Surround yourself with people you know who will be kind and nurturing to you.
3. Stay away from harmful substances.
4. Let others know how you feel.
5. Get involved in a fun activity with others.
6. Give yourself some time to relax.
7. Allow time each day to be alone, to be quiet, and to reflect.
8. Take time to nurture yourself.
9. Keep a journal.
10. Listen to great music.

My plans for taking care of myself include:

**TEACHER/PARENT/GUARDIAN
SMALL GROUP FOLLOW-UP**

The Professional School Counselor has the option of sending this form to teachers/parents/guardians after each group session to keep these individuals informed of student's progress in the group.

GROUP TOPIC: _____ **Session #** _____

Student's Name: _____ **Date:** _____

Today I met with my school counselor and other group members.

Session Goal: _____

**Today we talked about the following information during our group:
Circle one or more items.**

Friendship	Study Skills	Attendance
Feelings	Behavior	School Performance
Family	Peer Relationships	Other _____

Group Assignment:

I will complete or practice the following at school and/home before our next session.

Our next group meeting will be:

Date: _____ **Time:** _____

Additional Comments:

Please contact _____, Professional School Counselor at
_____ if you have further questions or concerns.

SESSION #4

Group Title: Grief/Loss

Session Title: Letting Go

Session: 4 of 4

Grade Level: 6-8

Estimated time: 30 minutes

Small Group Session Purpose: The purpose of Session 4 is to help group members attain closure.

Missouri Comprehensive Guidance Strand/Big Idea:
 PS.3 Applying personal safety skills and coping strategies

Missouri Comprehensive Guidance Concept(s):
 PS.3.C Coping Skills

American School Counselor Association (ASCA) National Standard:
 Personal/Social Development
 C. Students will understand safety and survival skills.

SESSION #4 Materials (include activity sheets and/ or supporting resources)

- Helium-filled balloons for each student, tied with ribbon and tag
- Pens/pencils
- Tissue
- [*Stages in Recovery*](#) handout
- [*Change/Loss Assessment Form*](#)
- [*Certificate of Completion*](#)
- [*Teacher/Parent/Guardian Small Group Follow-Up*](#)
- [*Student Feedback Form: Overall Effectiveness of Group*](#)

SESSION #4 Assessment

The session will be informally evaluated by observation of group interaction, responses to open-ended questions and group level of comfort and trust.

SESSION #4 Preparation

Essential Questions: Why is it important to “let go”?

Engagement (Hook): Professional School Counselor (PSC) leaves the room and returns with balloon bouquet and says “Today is the day we ‘let go’ ”.

SESSION #4 Procedures

<i>Session #4: Professional School Counselor Procedures:</i>	<i>Session #4: Student Involvement</i>
1. Review <i>Small Group Counseling Guidelines</i> . 2. Discuss the <i>Steps in Recovery</i> handout, giving each student a copy. Link previous session activities with the information on the handout. “Session 1, we discussed the nature of loss. Session 2, we discussed the grieving process. Session 3, we decorated posters/boxes to	1. Students participate in review. 2. Students will participate in discussion.

<p>commemorate the loss. Session 4, we are going focus on letting go and saying goodbye in order to go on.”</p> <ol style="list-style-type: none"> 3. Give each student a balloon and instruct them to write a personal phrase on their balloon tags, which express their feelings regarding their loss. (PSC should also participate in this activity, writing on his/her balloon tag.) 4. Share the message that you have written on your balloon tag. Allow students to share their personal phrases with the group. Thank each group member for sharing their personal statements as they are given. Allow time for members to express support or words of encouragement to each other. 5. After the group members have all shared their personal statements, explain, “Now that each of us has had time to share our feelings about our losses, it is time to say goodbye and let go of those feelings.” 6. “We are going to let go of those feelings by releasing them with our balloons.” Take students outside to release their balloons and encourage them to say “goodbye”—either silently or out loud—as the balloons take flight. 7. Closure/Summary: Encourage students to respond to the open-ended statements below. “As a result of my group experience, I ...: Learned that I... Remembered that I... Was surprised that I ... 8. Group assignment: Allow time for group members to complete “Change/Loss Assessment Form.” 	<ol style="list-style-type: none"> 3. Students write personal phrases on their balloon tags. 4. Students take turns sharing their personal phrases with the group or offer support to each other. 5. Group members listen to the counselor’s explanation and attach their tags to the balloons. 6. Students release their balloons, saying goodbye to themselves or aloud. <p>Closure/Summary: Group members complete one of the open-ended statements of their choosing.</p> <p>Group assignment: Group members complete “Change/Loss Assessment Form.”</p>
---	--

SESSION #4 Follow-Up Activities (Optional)

--

SESSION #4 Counselor reflection notes (completed after the session)

STUDENT LEARNING: How will students’ lives improve as a result of what happened during this session?

SELF EVALUATION: How did I do?

IMPLEMENTATION PROCEDURES: How did the session work?

STEPS IN RECOVERY

- 1. Understanding and recognizing the loss-**We have a need to make sense out of loss. We lose more than just one thing when we experience death, trauma, or change.
- 2. Grieving-**It is okay to feel and deal with symptoms of grief. These feelings can return many times and happen to many people. Allow yourself to feel whatever it is you are feeling and the process of growth will happen. Let others support and comfort you through the hard times
- 3. Commemoration-**Acknowledge the loss and find positive ways to remember.
- 4. Going on-** Learn to live with loss and reinvest in life again. Believe in yourself-you can do it.

Change/Loss Assessment Form

1 = Not at all	2 = Sometimes	3 = Unsure	4 = Frequently	5 = Very often
----------------	---------------	------------	----------------	----------------

Using the scale above, rate the following statements:

1. Prior to the group experience I was aware of my stage of grief._____
2. I know the stages of change/loss._____
3. I know how to heal from loss._____
4. I know how to help someone else heal from a loss._____
5. This group helped me understand that everyone experiences loss at one time or another._____
6. This group helped me recover from my loss._____

**TEACHER/PARENT/GUARDIAN
SMALL GROUP FOLLOW-UP**

The Professional School Counselor has the option of sending this form to teachers/ parents/ guardians after each group session to keep these individuals informed of student's progress in the group.

GROUP TOPIC: _____ **Session #** _____

Student's Name: _____ **Date:** _____

Today I met with my school counselor and other group members.

Session Goal: _____

**Today we talked about the following information during our group:
Circle one or more items.**

Friendship	Study Skills	Attendance
Feelings	Behavior	School Performance
Family	Peer Relationships	Other _____

Group Assignment:

I will complete or practice the following at school and/home before our next session.

Our next group meeting will be:

Date: _____ **Time:** _____

Additional Comments:

Please contact _____, Professional School Counselor at
_____ if you have further questions or concerns.

Note to Professional School Counselor: This form measures the student's perceptions of the overall effectiveness of the group using the same questions as teachers' and parents answer on their feedback forms. Students complete during the last session (or the follow-up session if you have one). This form may be adapted and used at the upper elementary, middle school or high school level.

**SMALL GROUP COUNSELING
 STUDENT POST-GROUP PERCEPTIONS:**

STUDENT FEEDBACK FORM: OVERALL EFFECTIVENESS OF GROUP

We want your opinion about the effectiveness of your group. We appreciate your willingness to help us make our work helpful to all students. The survey is anonymous unless you want us to contact you.

My Name (optional): _____ Date: _____

Professional School Counselor's Name: _____

Small Group Title: _____

Before the group started, I wanted to learn _____

Because of the group, I have noticed these changes in my thoughts, feelings, and actions:

Using a scale of 5 to 1 (5 being the highest and 1 the lowest), please circle your opinion about the following

What do you think?	5=High					1=Low
Overall, I would rate my experience in the counseling group as:	5	4	3	2	1	
I enjoyed working with other students in the group	5	4	3	2	1	
I enjoyed working with the counselor in the group.	5	4	3	2	1	
I learned new skills and am using the skills in school	5	4	3	2	1	
If other students ask me if they should participate in a similar group, I would recommend that they "give-it-a-try"	5	4	3	2	1	

Additional Comments for the Counselor:



Group Certificate of Completion



Student's Name

successfully completed the

“ _____ ” group

One awesome skill used by _____

was _____



WAY TO GO!

Professional School Counselor

OPTIONAL FOLLOW-UP SESSION

Group Title: Grief/Loss

Session Title: How Are You Doing?

Session: Follow-up (4-6 weeks after last session)

Grade Level:

Estimated time: 30-45 minutes

Small Group Counseling Follow-up Session Purpose: The Professional School Counselor (PSC) may facilitate at least one more group session 4-6 weeks after the group has ended. This session helps the PSC track students' persistence and success in applying new skills and making changes in their lives. Students who participate in follow-up sessions after a group ends are more likely to maintain the gains made during the group sessions.

Missouri Comprehensive Guidance Strand/Big Idea:

Personal and Social Development: PS.3.Applying Personal Safety Skills and Coping Strategies

Missouri Comprehensive Guidance Concept(s):

- PS.3.A. Safe and Healthy Choices
- PS.3.B. Personal Safety of Self and Others
- PS.3.C. Coping Skills

American School Counselor Association (ASCA) National Standard:

Personal/Social Development

- A. Students will acquire the knowledge, attitudes and interpersonal skills to help them understand and respect self and others.

OPTIONAL FOLLOW-UP SESSION

Materials (activity sheets and/ or supporting resources are attached)

8 ½ x 11 paper for each participant; crayons/markers/pencils

Alternative Procedure: Complete the [Follow-Up Feedback Form for Students](#).

OPTIONAL FOLLOW-UP SESSION Formative Assessment

This session does not require a formative assessment. It is a way for the PSC to measure students' perceptions of the group's effectiveness over time.

Alternative Procedure: Use the [Follow-Up Feedback Form for Students](#) as the procedure and the assessment for the Follow-up Session. The developmental level of your students will determine the usefulness of this alternative with younger students.

OPTIONAL FOLLOW-UP SESSION Preparation

Essential Questions: What does everyone have in common in this group?

Engagement (Hook): What has changed for you as a result of this group?

OPTIONAL FOLLOW-UP SESSION PROCEDURES

Professional School Counselor Procedures: Optional Follow-up Session

Note for PSC: The group follow-up session will give participants a chance to celebrate each other’s successes over time.

1. Welcome students back to the group. Remind them again about the [Small Group Counseling Guidelines](#).
2. Invite each student to tell one thing he or she remembers from the group meetings. “I remember _____.”
3. Give each student an 8 ½ x 11 piece of paper. Instruct students to follow you as you fold your paper into fourths; unfold the paper and number the sections 1-4. Give the directions for the quadrants one at a time. Complete all quadrants. Invite students to share one quadrant at a time; discuss responses before going to the next quadrant.

1. With a picture or words, demonstrate what you learned from group.	2. With a picture or a word, describe the most useful thing you learned from the group.
3. With a picture or words, describe a skill you need to practice.	4. With a picture or words, explain how you have changed.

Alternative Procedure: An option for gathering student feedback during the follow-up session is to use the [Follow-Up Feedback Form for Students](#). Discuss with students after they have completed the form.

Student Involvement: Optional Follow-up Session

1. Students participate in the review of the guidelines by telling what they remember and by reminding each other of what the guidelines mean
2. Students contribute a concrete example of something they remember about the group.
3. Students follow directions of school counselor, asking clarifying questions as needed. They share their words/drawings. School counselor will acknowledge on-topic sharing

Alternative Procedure: Students complete the form and discuss their responses.

OPTIONAL FOLLOW-UP SESSION Follow-Up Activities

If students completed the (optional) [Follow Up Session Feedback Form](#), use the responses to prepare a data summary and report of group’s effectiveness.

OPTIONAL FOLLOW-UP SESSION Counselor reflection notes (completed after the session)

STUDENT LEARNING: How will students’ lives improve as a result of what happened during this session?

SELF EVALUATION: How did I do?

IMPLEMENTATION PROCEDURES: How did the session work?

POST-SMALL GROUP FOLLOW-UP WITH STUDENTS

(OPTIONAL SESSION scheduled 4-6 weeks after group ends)

Level: Elementary/Middle School/High School

Note to Professional School Counselor: *The Follow-up Session Feedback Form for Students may be used in several ways, e.g., as an alternative "Procedure" for the post-group follow-up session, as a discussion guide, or (if post-group follow-up session is NOT scheduled) as a guide for interviewing individual students 4-6 weeks after the group ends. Adapt as appropriate for developmental level of students.*

FOLLOW-UP SESSION FEEDBACK FORM FOR STUDENTS

Name: _____ (optional) Date: _____

Questions:

1. What specific skills are you practicing now that the group is over?
2. What was the most useful thing you learned from the group?
3. What could you use more practice on?
4. How are things different for you now?
5. What Progress have you made toward the goals you set for yourself at the end of our group meetings?
6. How are you keeping yourself accountable?
7. What suggestions do you have for future groups?
8. Circle your overall experience in the group on a scale from 1 → 5 _____
 1=Most positive activity in which I have participated for a long time
 2=Gave me a lot of direction with my needs
 3=I learned a lot about myself and am ready to make definite changes
 4=I did not get as much as I had hoped out of the group
 5=The group was a waste of my time
9. What specific "things" contributed to the ranking you gave your experience in the group?
10. What would have made it better?

Additional comments you would like to share with the school counselor: _____