

**Small Group Counseling Title/Theme:** Grief/Loss

**Grade Level(s):** 9-12

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 high school students who have had a significant loss in their lives.

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

**Session Titles/Materials:**

Session # 1: Understanding Grief and Loss

Materials needed:

*Understanding Loss*

Notebooks for reflection journal

*Small Group Counseling Guidelines*

*Teacher/Parent/Guardian Small Group Follow-Up*

Session # 2: Stages of Grief

Materials needed:

*Stages of Grief*

*Teacher/Parent/Guardian Small Group Follow-Up*

Reflection journals

Session# 3: Coping with the Stress

Materials needed:

*Taking Care of You!*

Reflection journals

*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 # 4: Steps to Recovery

Materials needed:

Crystal ball

*Taking Care of You!*

*Steps in Recovery*

Blank paper

Colored pencils

Reflection journals

*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:**  
 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.
- B: Students will make decisions, set goals and take necessary action to achieve goals.

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)**

<b>X</b>	Goal 1: gather, analyze and apply information and ideas
	Goal 2: communicate effectively within and beyond the classroom
<b>X</b>	Goal 3: recognize and solve problems
<b>X</b>	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.**

Students will apply and demonstrate coping and self-management skills to life activities.

**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 Individual Perceptions Student Behavior Rating Form* for each student before the group 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 counselor, administrators, teachers, parents, community partnerships**  
Check with students periodically in regard to their coping skills in everyday life activities.

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 Rank on a scale of 5→1 (5 = HIGH→1 = LOW)	Student Work Habits/Personal Goals Observed <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>	Post-Group Concerns Rank on a scale of 5→1 (5 = HIGH→1 = LOW)	
	<b>Academic Development</b>		
	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		
	<b>Personal and Social Development</b>		
	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)		
	<b>Career Development</b>		
	Awareness of the World of Work		
	Self-Appraisal		
	Decision Making		
	Goal Setting		
	<b>Add Other Concerns:</b>		

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
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: \_\_\_\_\_

Session 5: \_\_\_\_\_

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/guardian feedback form home with students after session three.*

## SMALL GROUP COUNSELING PARENT/GUARDIAN POST-GROUP PERCEPTIONS

### Parent/Guardian Feedback Form

Your child participated in a small counseling group about \_\_\_\_\_. Was this group experience helpful for your child? Following is a survey about changes (positive OR negative) your child 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 child would learn \_\_\_\_\_  
 \_\_\_\_\_

I've noticed these changes in my child'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 child's experience in the counseling group as:	5	4	3	2	1
My child enjoyed working with the other students in the group	5	4	3	2	1
My child enjoyed working with the counselor in the group.	5	4	3	2	1
My child 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 whose children 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/guardians 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, 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**

<b>Group Title:</b> Grief/Loss	
<b>Session Title:</b> Understanding Grief and Loss	<b>Session</b> 1 of 4
<b>Grade Level:</b> 9-12	<b>Estimated time:</b> 30 Minutes
<b>Small Group Counseling Session Purpose:</b> Students will understand loss and be introduced to journaling as a coping skill.	
<b>Missouri Comprehensive Guidance Standard:</b> PS.3 Applying Personal Safety Skills and Coping Strategies	
<b>Missouri Comprehensive Guidance Concept(s):</b> PS.3.C. Coping Skills	
<b>American School Counselor Association (ASCA) National Standard:</b> Personal/Social Development A: Acquire Self-Knowledge B: Self Knowledge Application	

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

<p><a href="#"><u>Understanding Loss</u></a>                  Notebooks for reflection journal  <a href="#"><u>Small Group Counseling Guidelines</u></a>  <a href="#"><u>Teacher/Parent/Guardian Small Group Follow-Up</u></a></p>
--

**SESSION #1 Assessment**

Students will be able to discuss personal losses in their lives.
--

**SESSION #1 Preparation**

<p><b>Essential Questions:</b> What is a loss?</p> <p><b>Engagement (Hook):</b> What losses make you grieve?</p>
--

**SESSION #1 Procedures**

<i>Session #1-Professional School Counselor Procedures:</i>	<i>Session #1-Student Involvement:</i>
1. Welcome students, go over <a href="#"><u>Small Group Counseling Guidelines</u></a> , and introduce a get-acquainted activity in which students introduce themselves and share information about their favorite places.	1. Students give feedback regarding the group guidelines. Students introduce themselves and tell about their favorite places.
2. Pass out <a href="#"><u>Understanding Loss</u></a> worksheet.	2. Students follow directions on the worksheet.

<i>Session #1-Professional School Counselor Procedures:</i>	<i>Session #1-Student Involvement:</i>
<p>3. Begin discussion by asking students to share information from the <i>Understanding Loss</i> worksheet. Have them explain their choices. Allow other students to offer feedback.</p> <p>4. Ask students to discuss what makes some losses harder to deal with than others.</p> <p>5. “Everyone has losses, but we may deal with them in different ways. Some are harder to accept than others. Briefly, describe a loss that has occurred in your life that you are dealing with right now.” (Professional School Counselor-PSC may choose to lead this exercise by offering information about a personal loss.)</p> <p>6. Closure/Summary: Introduce the reflection journal as a way to process grief and loss. “One way to deal with grief or loss is to write about it and the feelings associated with it. You do not have to share your entries with the group unless you wish. I will be checking your journals from time to time to see how you are progressing.” Allow students time to write in their reflection journals, letting them know they might not finish during this session. (NOTE: Some students may be more comfortable drawing pictures that represent their feelings versus writing about them.) If students have difficulty coming up with ideas for entries, some sample topics might be: losses in my life, losses others have experienced, places or people that help me feel better.</p> <p>7. Group assignment: Ask students to complete entry before next session.</p>	<p>3. Students share the information from their worksheets and offer explanations regarding their choices. Students may also offer feedback to each other.</p> <p>4. Students discuss the topic.</p> <p>5. Students briefly share their personal losses.</p> <p>6. Closure/Summary: Students will begin their journal entry for the day. Students take their journals home to complete or leave them in the PSC’s office to complete before next session.</p> <p>7. Group assignment: Students complete journal entry.</p>

**Session #1 Follow-Up Activities**

Ask someone you know if he/she has experienced a loss and the coping skills used?

**Session #1 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?*

*SESSION #1*

**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.

SESSION #1

## Understanding Loss

*Check the following situations you would consider a loss.*

- \_\_\_\_\_ death of a love one
- \_\_\_\_\_ losing your favorite socks
- \_\_\_\_\_ getting a failing grade
- \_\_\_\_\_ breaking up with a boy/girl friend
- \_\_\_\_\_ parents/guardians get a divorce
- \_\_\_\_\_ death of a pet
- \_\_\_\_\_ remarriage of parent/guardian
- \_\_\_\_\_ a broken bone
- \_\_\_\_\_ a friend moving
- \_\_\_\_\_ a parent/guardian being diagnosed with a life-threatening illness
- \_\_\_\_\_ moving to a new home
- \_\_\_\_\_ being caught cheating
- \_\_\_\_\_ being convicted of a crime
- \_\_\_\_\_ a car crash
- \_\_\_\_\_ being assaulted
- \_\_\_\_\_ having money stolen
- \_\_\_\_\_ changing schools

**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:** Stages of Grief

**Session:** 2 of 4

**Grade Level:** 9-12

**Estimated time:** 30 minutes

**Small Group Session Purpose:** Students will understand and discuss the stages of grief.

**Missouri Comprehensive Guidance Standard:**  
 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: Acquire Self-Knowledge  
 B: Self Knowledge Application

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

*Stages of Grief*  
*Teacher/Parent/Guardian Small Group Follow-Up*  
 Reflection journals

**SESSION #2 Session Assessment**

Students will verbalize their current stage of grief.

**SESSION #2 Preparation**

**Essential Questions:** What are the stages of grief?

**Engagement (Hook):** How does loss affect my feelings?

**SESSION #2 Procedures**

<i>Session#2 Professional School Counselor Procedures</i>	<i>Session#2 Student Involvement</i>
1. Review <i>Small Group Counseling Guidelines</i> . Check with students to verify their completion of journal entries from session 1. Ask “Would someone like to share his/her journal entry from last week?”  2. Present the information from the handout on <i>Stages of Grief</i> . Ask students for their understanding about the information. Discuss examples of each stage.  3. “Last week, all of you were asked to talk to someone who has experienced a loss in his/her life and find out how he/she dealt with it.” Ask	1. Students will participate in review. Students may volunteer to share their journal entries.  2. Students review the <i>Stages of Grief</i> and participate in discussion.  3. Each student will volunteer his/her story as directed by the PSC.

<i>Session#2 Professional School Counselor Procedures</i>	<i>Session#2 Student Involvement</i>
<p>students to share what they learned from their conversations. Ground rules for this activity include: protecting the privacy of the person they talked to and discussing the loss in general terms. For example, “When I spoke with my person, I found out his/her dad had died when he/she was my age.” Then ask each student to explain how the person dealt with the loss, once again speaking in general terms. “He/she decided to focus more on his/her homework to get good grades because his/her dad had not graduated from high school.” Then ask the student to identify which stage of grief they think the person is currently experiencing.</p> <p>4. Closure/Summary: Allow students time to write in their reflection journals, letting them know they might not finish during this session. (NOTE: Some students may be more comfortable drawing pictures representing their feelings versus writing about them at this point.) Ask students to add <i>Stages of Grief</i> handouts to reflection journals. This week’s topic might be to write about their personal loss and which stage of grief they are presently experiencing or what they learned from their interview.</p> <p>5. Group assignment: Ask students to think about and observe healthy ways to deal with grief and loss.</p>	<p>4. Closure/Summary: Students will begin their journal entry for the day. If they have not finished, students may be given the option of either taking their journals home with them to complete or leaving them in the PSC’s office to complete before next session. Students will add handouts to reflection journals.</p> <p>5. Group assignment: Students will complete task.</p>

**SESSION #2 Follow-Up Activities**

Talk with others about healthy ways to deal with grief and loss.

**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?*



**SESSION #2**

**STAGES OF GRIEF**

<b>SHOCK</b>	“I’m numb, I do not feel anything”
<b>PANIC</b>	“I cannot stand this”, crying all the time
<b>DENIAL</b>	“I will be alright, I am okay”
<b>GUILT</b>	“If I had done something else, it is my fault” “I wish I had not said that”
<b>ANGER</b>	“I am so mad” “This isn’t fair”
<b>DEPRESSION</b>	“I am so alone,” “I just cannot go on”
<b>HOPE</b>	“I am getting through this” “I am feeling better”
<b>ACCEPTANCE</b>	“I still have some bad days but I can make it” “It has been rough, and 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*

**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:** Coping with the Stress of Loss

**Session:** 3 of 4

**Grade Level:** 9-12

**Estimated time:** 30 minutes

**Small Group Session Purpose:** Students will become aware of the stressors in their lives that impact the grieving process and how to cope.

**Missouri Comprehensive Guidance Standard:**

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: Acquire Self-Knowledge

B: Self Knowledge Application

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

*Taking Care of You!*

Reflection journals

*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

Students will identify ways to take care of themselves.

### SESSION #3 Preparation

**Essential Questions:** How well are you coping?

**Engagement (Hook):** “In the first two sessions, we talked about ways people deal with loss. Stress in everyday life, along with loss, is extremely difficult. What are some ways that people deal with loss and stress?” On a board or butcher paper, the PSC draws two columns with no titles. As students call out various ways that people deal with loss or stress, the PSC will write the student responses, categorizing their answers according to positive (healthy) or negative (harmful) coping mechanisms. When the students have finished, the PSC will ask the students what responses have in common in each column. For example:

Doing drugs	Hanging out with friends
Being a loner	Journaling
Cutting school	Exercising

The responses on the left are harmful, or negative, coping mechanisms, while the responses on the right are healthy, or positive, coping mechanisms.

**SESSION #3 Procedures**

<i>Session #3 – Professional School Counselor Procedures</i>	<i>Session #3 - Student Involvement</i>
<ol style="list-style-type: none"> <li>1. Review the <i>Small Group Counseling Guidelines</i>.</li> <li>2. “What is something you do for yourself?”</li> <li>3. Give out worksheet <i>Taking Care of You!</i>. Discuss the list of ways to take care of oneself during a stressful time of loss. “Are there other ways to take care of yourself that are not harmful?”</li> <li>4. Ask students to make a plan to stay healthy, using the <i>Taking Care of You!</i> worksheet. (This is the journal activity for this session. Once students have finished, they may put their plans in their journals.)</li> <li>5. Additionally, remind students of final session.</li> <li>6. Closure/Summary: Lead the discussion on individual plans.</li> <li>7. Group assignment: Encourage students to put their plans into action.</li> </ol>	<ol style="list-style-type: none"> <li>1. Students will participate in review.</li> <li>2. Students respond.</li> <li>3. Respond to <i>Taking Care of You!</i> list and offer further suggestions.</li> <li>4. Make the plan and place <i>Taking Care of You!</i> worksheet in journals.</li> <li>5. Closure/Summary: Discuss the plan.</li> <li>6. Group assignment: Students will try to follow their personal plans.</li> </ol>

**SESSION #3 Follow-Up Activities**

Send *Cover Letter* and *Parent/Guardian Feedback Form* home to parents/guardians.

**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?*

**SESSIONS #3 & 4**

**TAKING CARE OF ME!**

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

**PLAN TO TAKE CARE OF MYSELF**

How has my loss affected how I take care of myself?

What I will do differently to help me deal with the stress from my loss? What are some coping strategies that will assist me with the stressors?

What is my plan to deal with your loss and the stress in a healthy way?

**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:** Steps to Recovery

**Session:** 4 of 4

**Grade Level:** 9-12

**Estimated time:** 30 minutes

**Small Group Counseling Session Purpose:** Students will recognize the process of grieving and develop coping skills to assist in their path to recovery.

**Missouri Comprehensive Guidance Standard:**  
 PS.3 Applying Personal Safety Skills and Coping Strategies

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

**American School Counselor Association National Standard (ASCA):**  
 Personal/Social Development  
 A: Acquire Self-Knowledge  
 B: Self Knowledge Application

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

- Crystal ball
- Taking Care of You!*
- Steps in Recovery*
- Blank paper
- Colored pencils
- Reflection journals
- Teacher/Parent/Guardian Small Group Follow-Up*
- Student Feedback Form: Overall Effectiveness of Group*

**SESSION #4 Assessment**

Student can personally assess his/her state of recovery and determine if more time is needed in a group or individually.

**SESSION #4 Preparation**

**Essential Questions:** Where am I on my path to recovery?

**Engagement (Hook):** Bring in a crystal ball and ask students to project where they see themselves in five years.

**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> .	1. Students will participate in review.
2. “Last week, we developed coping plans, how is that going for everyone?” ( <i>Taking Care of You!</i> activity)	2. Students share.

<i>Session #4 – Professional School Counselor Procedures</i>	<i>Session #4 - Student Involvement</i>
<p>3. Distribute and discuss the <i>Steps in Recovery</i>. Ask students to explain what each step means to them.</p> <p>4. Talk about commemorations and going on with life. “One of the ways to commemorate and move on is to design a life path with special events that have happened to you from your birth until the present and projecting into your future.” Direct students to draw a line/path, adding points commemorating special times in their lives and where they see themselves in the future.</p> <p>5. Closure/Summary: Have the students share the highlights of their life path projects and ask them to star the experience which has had the most impact on their lives so far. After discussion, have the students add their life path projects to their reflection journals.</p> <p>6. Group assignment: Have students write in their reflection journals. Topics may be: “What I have learned about myself during this group. Ways I can help myself adjust to my stresses and loss. Where I see myself in the next five years.”</p>	<p>3. Students participate in discussion.</p> <p>4. Using blank paper, students draw a line/path, adding points commemorating special times in their lives and where they see themselves in the future.</p> <p>5. Closure/Summary: Students discuss their life path projects. Add activities to reflection journal.</p> <p>6. Group assignment: Students will respond to the prompt(s).</p>

#### **SESSION #4 Follow-Up Activities (Optional)**

Periodically check on students and their progress.

#### **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?*



**SESSION #3 & 4**

**TAKING CARE OF YOU!**

11. Eat a balanced diet, exercise and get enough sleep.
12. Surround yourself with people you know who will be kind and nurturing to you.
13. Stay away from harmful substances.
14. Let others know how you feel.
15. Get involved in a fun activity with others.
16. Give yourself some time to relax.
17. Allow time each day to be alone, to be quiet, and to reflect.
18. Take time to nurture yourself.
19. Keep a journal
20. Listen to great music

**PLAN TO TAKE CARE OF MYSELF**

How has your loss affected how you take care of yourself?

What can you do differently that will help you deal with the stress from your loss? What are some coping strategies that may assist with those stressors?

What is your plan to deal with your loss and the stress in a healthy way?

SESSION #4

## 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 deal with symptoms of grief. Those feelings can return many times. These feelings are proof you are a person. Be with you feeling whatever it is and the growing process 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-** Learning to live with loss and reinvesting in life again.

**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, 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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# *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:** 9-12

**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: *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. The professional 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 *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:**