

# YOUTH GRIEF GROUP

## Ages 8-12

Grief is caused by temporary or permanent changes in relationships that are beyond someone's control. These losses have many effects on children and they often need support to help them through their individual grief process. These losses can be due to death, incarceration, military deployment, or moving. This group is to support children in their process of grief and give them tools to cope with the changes they are experiencing.

**Where:** Murray, Wilson & Rose  
1811 Boyson Rd. Suite A  
Hiawatha, IA 52233

**When:** Tuesdays at 5:00 pm  
January 22- February 19 (5 weeks)

**Cost:** \$130 Payment due in full at time of registration. Please mail in form with payment method.

### Week 1: Individual and Group Introductions

The goal for week one is to set group expectations, explain the group process and different parts of each session, and get to know each other.

### Week 2: Feelings

The goal for week two is to learn about emotions related to grief and discuss their own emotions.

### Week 3: Memories

The goal for week three is to share memories about the individual the child is grieving and process those together.

### Week 4: Support System

The goal for week four is to identify children's support system and coping skills to help with their grief.

### Week 5: Goal Setting

The goal for week five is to come up with goals that will help the children going forward and a plan to accomplish those goals. They will also process the end of the group and share encouragement with each other.

For questions call 319-693-5694  
or email [aliciameans@mwrccounseling.com](mailto:aliciameans@mwrccounseling.com)



Parent Name: \_\_\_\_\_  
Parent Email: \_\_\_\_\_  
Parent Phone: \_\_\_\_\_

Participant Name: \_\_\_\_\_  
Participant Age: \_\_\_\_\_ Participant Gender: M F  
Type of Loss: \_\_\_\_\_

There will be skittles handed out for one activity on the first night of the group. Signing below gives your child permission to have skittles for that activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Children will be able to bring in an object that reminds them of the person they lost. If your child has permission to participate in this activity, sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deadline for sign-up is January 1, 2019. Group is \$130 for the 5 weeks.

If paying by credit card, please make a note and we will call you for payment.

Allergies/Health Issues: \_\_\_\_\_



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