

# TEEN GRIEF GROUP

## Ages 13-18

Teens experience grief differently, but understanding their reactions and learning to cope with them can be beneficial for their development. This group works to give bereaved teens a place to share their experiences and gain insight and tools to help them work through their grief.

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

**When:** Mondays at 5:00 pm  
January 21- March 11 (8 weeks)

**Cost:** \$175 Payment due in full at time of registration.

### Week 1: Introductions & Grief Reactions

The goal of week 1 is to start to feel comfortable in the group and gain an understanding of common grief reactions that teens may be experiencing.

### Week 2: What Do You Need?

The goal of week 2 is to help teens process what they need when they are experiencing grief reactions and how to ask for what they need. We will also discuss common myths about grief.

### Week 3: Changes after Loss

The goal for week 3 is to discuss how families and individuals may change after loss.

### Week 4: Emotions

The goal for week 4 is recognizing and expressing emotions related to the deceased loved one.

### Week 5: Emotions & Coping

The goal for week 5 is recognizing current coping skills and common reactions to bereaved individuals.

### Week 6: Tools & Future Fears

The goal for week 6 is to find other ways to cope with emotions and practice problem solving common situations related to grief.

### Week 7: Forgiveness & Establishing Realistic Expectations

The goal for week 7 is express any regrets or remorse related to the deceased individual and learn to forgive themselves. Teens will learn about what to expect going forward with their grief process.

### Week 8: Good-byes

Teens will share in a memorial activity honoring their loved one. Teens will conclude group experience and express what they learned in the group and about each other.

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



Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

Participant Name: \_\_\_\_\_

Participant Age: \_\_\_\_\_ Participant Gender: M F

Type of Loss: \_\_\_\_\_

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

Deadline for sign-up is January 1, 2019.

Please mail this form in with payment method. Group is \$175 for the 8 weeks.

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



MURRAY, WILSON & ROSE  
COUNSELING AND BEHAVIORAL SERVICES  
[www.mwrccounseling.com](http://www.mwrccounseling.com)