

Small Group Counseling Title/Theme: Handling Family Changes/Divorce**Grade Level(s):** 3-5

Small Group Counseling Description: Family Changes small group counseling sessions are to provide students an opportunity to develop strategies to handle the changes that occur due to divorce or separation. The group will develop and share strategies to help them with the logistics and emotions attached to such changes.

Number of Sessions in Group: 4 + Optional Follow-Up Session**Session Titles/Materials:**

Session # 1: Introductions

Materials needed:

Pipe Cleaners or Aluminum Foil

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

Session # 2: Technicolor Feelings

Materials needed:

[Small Group Counseling Guidelines](#)

Markers or Crayons

[Color Chart](#)

Feelings Journal

[Colorful Feelings Person](#)[Teacher/Parent/Guardian Small Group Session Follow-Up](#)

Session# 3: Hand-ling Feelings

Materials needed:

[Small Group Counseling Guidelines](#)

Chart Paper

Markers

[Hand-ling Changes](#) or Hand Cut-outs

Popsicle Sticks or Wooden Dowels

[Coping Strategies](#) (if necessary)[Teacher/Parent/Guardian Small Group Session Follow-Up](#)[Teacher Pre-Post-Group Perception: Individual Student Behavior Rating Form](#)[Teacher Feedback Form: Overall Effectiveness of Group](#)[Request for Feedback from Parents/Guardians \(Cover Letter\)](#)[Parent/Guardian Feedback Form: Overall Effectiveness of Group](#)

Session # 4: Life Changes

Materials needed:

[Change In My Life](#)

Pens/Pencils

[Small Group Counseling Guidelines](#)[Teacher/Parent/Guardian Small Group Session Follow-Up](#)[Student Feedback Form: Overall Effectiveness of Group](#)

Optional Follow-up Session (to be held 4-6 weeks after last group session)

Materials Needed:

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

Alternative Procedure: Complete the *Follow-Up Session Feedback Form for Students* (attached to Optional Follow-up Session Plan). Discuss after completing.

Missouri Comprehensive Guidance Strand/Big Idea:

Personal and Social Development:

PS.1. Understanding Self as an Individual and as a Member of Diverse Local and Global Communities

PS.2. Interaction With Others in Ways that Respect Individual and Group Differences

Missouri Comprehensive Guidance Concept(s):

PS.1.A. Self-Concept

PS.1.B. Balancing Life Roles

PS.2.A. Quality Relationships

PS.2.B. Respect for Self and Others

American School Counselor Association National Standard (ASCA):

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 Summative Assessment: acceptable evidence of student achievement

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

Summative Assessment of Student Achievement:

The students will identify how family changes/divorce affects each of them physically and emotionally. The students will generate group and individual lists of positive coping strategies and illustrate a strategy that works best for them individually.

Perceptual Data Collection:

The following end-of-group perceptual data collection forms will be used as a part of Sessions 3 & 4; the forms are attached to the Unit Plan:

Classroom Teacher Assessment:

- The classroom teacher will complete the [*Teacher Pre-Post-Group Perception: Individual Student Behavior Rating Form*](#) for each student before the group starts and after the group ends. 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*](#) (teacher completes at the end of the group).

Parent/Guardian Assessment:

- [*Parent/Guardian Feedback Form: Overall Effectiveness of Group*](#) (sent home with students in Session 3; parents/guardians complete and return form with students the following week.)

Student Assessment:

- [*Student Feedback Form: Overall Effectiveness of Group*](#) (students complete during Session 4)

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 at the Missouri Department of Elementary and Secondary Education.

Follow Up Ideas & Activities

The PSC may choose to host parent workshops, hold follow-up group meetings, or write newsletter articles for Counselor's Corner.

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 ends. 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, will you 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)
	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 Session 5.

**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 the Parent/Guardian Feedback Form home with students after Session 4.

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 child 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 child's progress:

Attached is a feedback form. I would appreciate input from you about your child's experience in the small group. Please complete the attached **Parent/Guardian Feedback Form** and send the completed form back to school with your child 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 this Parent/Guardian Feedback Form home with students after Session 4.

SMALL GROUP COUNSELING PARENT/GUARDIAN POST-GROUP PERCEPTIONS

Parent/Guardian Feedback Form: Overall Effectiveness of Group

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/guardians whose children might benefit from the small group.	5	4	3	2	1

Additional Comments:

Note to Professional School Counselor: *The Student Feedback 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. This form may be adapted and used at the upper elementary, middle school or high school levels.*

**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
Overall, I would rate my experience in the counseling group as:	5	4	3	2	1	1
I enjoyed working with other students in the group	5	4	3	2	1	1
I enjoyed working with the counselor in the group.	5	4	3	2	1	1
I learned new skills and am using the skills in school	5	4	3	2	1	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	1
Additional Comments for the Counselor:						

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. This form is most appropriate for use at the K-2 and 3-5 levels.

SMALL GROUP COUNSELING POST-GROUP FOLLOW UP WITH STUDENTS

Level: Elementary

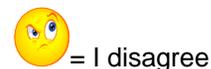
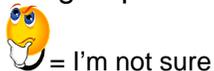
Student Feedback Form: Overall Effectiveness of Group

Directions: Please complete the Student Feedback Form after completion of the unit.

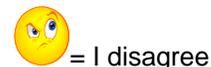
Name: _____ (optional) Date: _____

When I started the group, I wanted to learn _____ about
(the topic of the group).

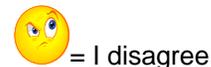
Instructions: Read each sentence. Put a circle around the face that shows how you think and feel right now about what you learned in the group.



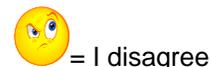
1. Overall, I enjoyed working in the group:



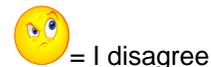
2. I enjoyed working with other students in the group



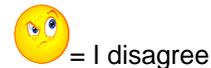
3. I enjoyed working with the counselor in the group.



4. I learned new skills and am using the skills in school.



5. If other students ask me if they should participate in a similar group, I would recommend that they "give-it-a-try"



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

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:

Handout to be used in each session

Teacher/Parent/Guardian Small Group Session 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. Students may complete this form during the session.

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.

Small Group Counseling Title: Handling Family Changes/Divorce

Session Title: Introductions

Session # 1 of 4

Grade Level: 3-5

Estimated Time: 20-30 minutes

Small Group Counseling Session Purpose: The purpose of this session is to introduce group members and provide an opportunity to explain their family situation. The other main purpose of this session is to reinforce the small group counseling group guidelines.

Missouri Comprehensive Guidance Strand/Big Idea:

Personal and Social Development:

PS.1. Understanding Self as an Individual and as a Member of Diverse Local and Global Communities

PS.2. Interaction With Others in Ways that Respect Individual and Group Differences

Missouri Comprehensive Guidance Concept(s):

PS.1.A. Self-Concept

PS.1.B. Balancing Life Roles

PS.2.A. Quality Relationships

PS.2.B. Respect for Self and Others

American School Counselor Association National Standard (ASCA):

Personal/Social Development

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

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

Pipe cleaners or aluminum foil

[*Small Group Counseling Group Guidelines*](#)

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

SESSION #1 Assessment

Students will be able to depict their families using pipe cleaners or aluminum foil.

SESSION #1 Preparation

Essential Questions: How can I handle my family changes?

Engagement (Hook): Hold up the pre-made family members out of pipe cleaners or aluminum foil. The Professional School Counselors can describe his/her own family or use a Fairy Tale like the family in “Goldilocks and the Three Bears”.

SESSION #1 Procedures

Session 1 Professional School Counselor Procedures:	Session 1 Student Involvement:
<ol style="list-style-type: none"> 1. Welcome members to the group. Let the students know why they were selected for this group. “This is a group for students with families that are going through changes”. Explain that, in this group, people may be sharing sensitive information about themselves and their families. 2. Discuss the <i>Small Group Counseling Guidelines</i> with the group. Emphasize confidentiality and when YOU (as the counselor) might have to break confidentiality. Add any guidelines the students want to add. See poster example of <i>Small Group Counseling Guidelines</i>. Display the poster to reference during each group session. 3. Introduce the purpose and expected outcomes of the session. 4. Have aluminum foil or pipe cleaners in the middle of the table for students to use to make figures that represent the members of their families. 5. Give each student an opportunity to explain who the different family members are. As they explain, ask who the student lives with most of the time, whether they visit parents on weekends, etc. 6. Closure/Summary: Review the purpose of the group. Have the group members name the group. 7. Group Assignment: Ask students to bring pictures of their family members. 8. Distribute & Explain <i>Teacher/Parent/Guardian Small Group Session Follow-Up</i> handout. Send a copy home with each student and provide a copy to classroom teacher(s) of students in group. 	<ol style="list-style-type: none"> 1. Students will listen. 2. Students will add additional rules that they find necessary. 3. Students respond to session purpose/outcome by asking questions and/or identifying personal goals for the session. 4. Students will create their families. 5. Students will describe their families. 6. Closure/Summary: Students will name their group and make a poster to put up on the wall. 7. Group Assignment: Students will find pictures of their family members and bring them. 8. Students commit to giving their parents/guardians the <i>Teacher/Parent/Guardian Small Group Session Follow-Up</i> handout.

SESSION #1 Follow-Up Activities (Optional)

Check in with classroom teachers, and with students who might be having a tough time with the changes in their families. After each session, the PSC will provide classroom teacher(s) and parents/guardians a written summary of the skills learned during the session. The summary will include suggestions for classroom and/or home reinforcement of the skills.

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

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

SELF EVALUATION: How did I do?

IMPLEMENTATION PROCEDURES: How did the session work?

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.**

Handout to be used in each session

Teacher/Parent/Guardian Small Group Session 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. Students may complete this form during the session.

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.

Small Group Counseling Title: Handling Family Changes/Divorce

Session Title: Technicolor Feelings

Session # 2 of 4

Grade Level: 3-5

Estimated Time: 20-30 min.

Small Group Counseling Session Purpose: The purpose of this session is to identify the feelings associated with the family change.

Missouri Comprehensive Guidance Strand/Big Idea:

Personal and Social Development:

PS.1. Understanding Self as an Individual and as a Member of Diverse Local and Global Communities

PS.2. Interaction With Others in Ways that Respect Individual and Group Differences

Missouri Comprehensive Guidance Concept(s):

PS.1.A. Self-Concept

PS.1.B. Balancing Life Roles

PS.2.A. Quality Relationships

PS.2.B. Respect for Self and Others

American School Counselor Association National Standard (ASCA):

Personal/Social Development

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

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

[Small Group Counseling Guidelines](#)

Markers or Crayons

[Colorful Feelings Person](#)

[Color Chart](#)

Feelings Journal

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

SESSION #2 Assessment

Students will explain the colors they used on their person that represents the feelings they have about family changes.

SESSION #2 Preparation

Essential Questions: What are the different feelings I have about the changes in my family?

Engagement (Hook): Show the students the [Color Chart](#) and discuss how the colors represent feelings.

SESSION #2 Procedures

Session 2 Professional School Counselor Procedures:	Session 2 Student Involvement:
<ol style="list-style-type: none"> 1. Welcome members to the group. Review the Small Group Counseling Guidelines, emphasizing confidentiality. Introduce the purpose and expected outcomes of the session. 2. Ask students to share the pictures of their family members. 3. Talk to the students about how different colors relate to different feelings. Use red for anger, blue for sadness, yellow for happiness, brown for loneliness, purple for confused, orange for excitement and green for hopeful. Hand out the Colorful Feelings Person. “Using the different colors, color in the person how you are feeling right now.” 4. Ask students to share their pictures and explain the colors they used. 5. “We have talked about how we feel today and how the colors relate to our feelings. As our families have gone through changes we have probably experienced different feelings. What are some of the changes you have experienced and what colors would you use to describe those feelings?” 6. Closure/Summary: Explain that life families go through lots of changes, and lots of feelings. Those feelings are normal and ok. “It’s important for us to know how to handle our feelings in a healthy way. That’s what we will concentrate on at the next session.” 7. Group assignment: Ask student to continue to chart their feelings in their feelings journal. 8. Distribute & Explain Teacher/Parent/ Guardian Small Group Session Follow-Up handout. Send a copy home with each student and provide a copy to classroom teacher(s) of students in group. 	<ol style="list-style-type: none"> 1. Students ask clarifying questions, if necessary. Students respond to session purpose/outcome by asking questions and/or identifying personal goals for the session. 2. Students will show the pictures of their family members and tell about them to the group. 3. Students will use the different colors to color his/her person. 4. Students will share their pictures. 5. Students share their changes and the feelings associated with them. 6. Closure/Summary: Students will listen. 7. Group Assignment: Students will chart their feelings in a feelings journal. 8. Students commit to giving their parents/guardians the Teacher/Parent/Guardian Small Group Session Follow-Up handout.

SESSION #2 Follow-Up Activities (Optional)

During the week when the counselor sees students in the hallway he/she can ask how they are feeling by color—red, blue, green etc. After each session, the PSC will provide classroom teacher(s) and parents/guardians a written summary of the skills learned during the session. The summary will include suggestions for classroom and/or home reinforcement of the skills.

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

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

SELF EVALUATION: How did I do?

IMPLEMENTATION PROCEDURES: How did the session work?

SESSION #2

COLOR CHART

Red = Anger

Orange = Excitement

Yellow = Happiness

Brown = Loneliness

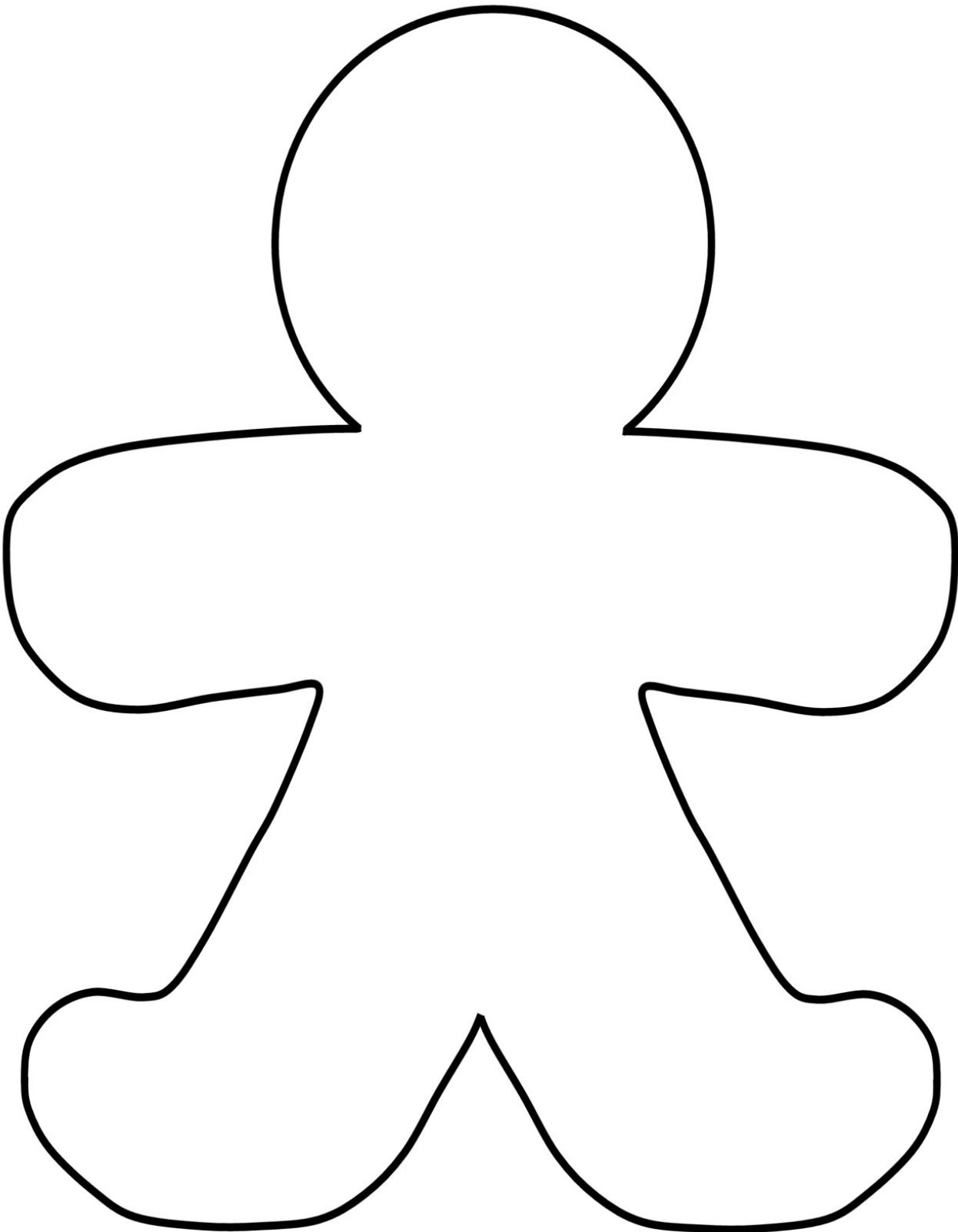
Blue = Sadness

Green = Hopeful

Purple = Confused

SESSION #2

Colorful Feelings Person



Handout to be used in each session

Teacher/Parent/Guardian Small Group Session 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. Students may complete this form during the session.

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.

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.**

Small Group Counseling Title: Handling Family Changes/Divorce

Session Title: "Hand-ling" Feelings

Session # 3 of 4

Grade Level: 3-5

Estimated Time: 20-30 min.

Purpose: The purpose of this session is to discuss a variety of coping strategies for the students to use in dealing with their feelings.

Missouri Comprehensive Guidance Strand/Big Idea:

Personal and Social Development:

PS.1. Understanding Self as an Individual and as a Member of Diverse Local and Global Communities

PS.2. Interaction With Others in Ways that Respect Individual and Group Differences

Missouri Comprehensive Guidance Concept(s):

PS.1.A. Self-Concept

PS.1.B. Balancing Life Roles

PS.2.A. Quality Relationships

PS.2.B. Respect for Self and Others

American School Counselor Association National Standard (ASCA):

Personal/Social Development

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

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

[Small Group Counseling Guidelines](#)

Chart paper

Markers

[Hand-ling Changes](#) or Hand Cut-outs

Popsicle Sticks or Wooden Dowels

[Coping Strategies](#) (if necessary)

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

SESSION #3 Assessment

Students will explain the coping strategies they currently use, and the new ones they will try. Students will also evaluate their level of satisfaction with their group experience.

SESSION #3 Preparation

Essential Questions: Why are healthy coping strategies important skills to have?

Engagement (Hook): Show students the hand cut-outs. "Today, we are going to do a hands-on experience."

SESSION #3 Procedures

Session 3 Professional School Counselor Procedures:	Session 3 Student Involvement:
<ol style="list-style-type: none"> 1. Welcome members to the group. Review Small Group Counseling Guidelines and group assignment from previous session. Introduce the purpose and expected outcomes of the session. 2. Remind students that they experience many different feelings when it comes to their families. Those feelings are normal. But, it's how we handle those feelings that are important. Ask students about their feeling journals. 3. “What are some healthy/good ways that you handle feelings such as anger, sadness, loneliness, and confusion?” Write these down on chart paper. If students are having difficulty coming up with strategies, refer to the Coping Strategies list. 4. Give each student a hand cut out. Have each student write on one side, putting a good coping strategy that they currently use on each finger. On the other side, ask the students to put a new strategy that they want to try on each finger. Students can then mount the hands on the popsicle sticks or dowels. 5. Closure/Summary: Students will share the new coping strategies that they are going to try. 6. Group Assignment: Students should try at least two of the new strategies to discuss at the next session. 7. Distribute & Explain Teacher/Parent/ Guardian Small Group Session Follow-Up handout. Send a copy home with each student and provide a copy to classroom teacher(s) of students in group. 8. Explain that the following week is the last regular meeting of the group and that the session will include a celebration of their successes. Ask group members to help you decide how they would like to celebrate the completion of their group. Remind them to tell you if they want to 	<ol style="list-style-type: none"> 1. Students listen while school counselor reads the Small Group Guidelines and ask questions/make comments about guidelines. Students respond to session purpose/outcome by asking questions and/or identifying personal goals for the session. 2. Students will share some of the feelings they wrote in their journal this past week. Share individual successes and challenges while completing group assignment throughout the past week. Students will share the coping strategies they saw. 3. Students will share some positive ways to handle these feelings. 4. Students will complete hands. 5. Closure/Summary: Students will explain their choices. 6. Group Assignment: Students will try two of the new strategies that they put on their hand. 7. Students commit to giving their parents/guardians the Teacher/Parent/Guardian Small Group Session Follow-Up handout. 8. Students acknowledge understanding that there will be one more session and decide how to complete their group (a small celebration, sharing information with their teacher, etc.). They let you & the group know if there is “something”

Session 3 Professional School Counselor Procedures:	Session 3 Student Involvement:
<p>discuss “something” before the group ends.</p> <p>9. Explain the importance of getting feedback from their parents/guardians about the group. Give the students an envelope containing a <u>cover letter explaining that the group will be ending after the next session and a form requesting feedback about the group.</u> (Students will complete the <u><i>Student Feedback: Overall Effectiveness of Group Form</i></u> during their last session).</p>	<p>they want to discuss.</p> <p>9. Students commit to taking forms home to their parents/guardians.</p>

SESSION #3 Follow-Up Activities (Optional)

Check in with classroom teachers, parents and group members as needed. After each session, the PSC will provide classroom teacher(s) and parents/guardians a written summary of the skills learned during the session. The summary will include suggestions for classroom and/or home reinforcement of the skills.

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

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

SELF EVALUATION: How did I do?

IMPLEMENTATION PROCEDURES: How did the session work?

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.**

Handout to be used in each session

Teacher/Parent/Guardian Small Group Session 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. Students may complete this form during the session.

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

Hand-ling Changes

SESSION #3

Coping Strategies

Exercise

Pound your pillow

Write in a journal

Draw

Talk with a friend

Bike

Play with clay

Do a craft

Write a letter and then discard

Tear up old newspaper

Color

Paint

Play outdoors

Watch a funny movie

Read

Play a game

Eat healthy foods

Get extra sleep

Small Group Counseling Title: Handling Family Changes/Divorce

Session Title: Life Changes

Session # 4 of 4

Grade Level: 3-5

Estimated Time: 20-30 min.

Small Group Counseling Session Purpose: The purpose of this session is for students to recognize their ability to handle change.

Missouri Comprehensive Guidance Strand/Big Idea:

Personal and Social Development:

PS.1. Understanding Self as an Individual and as a Member of Diverse Local and Global Communities

PS.2. Interaction With Others in Ways that Respect Individual and Group Differences

Missouri Comprehensive Guidance Concept(s):

PS.1.A. Self-Concept

PS.1.B. Balancing Life Roles

PS.2.A. Quality Relationships

PS.2.B. Respect for Self and Others

American School Counselor Association National Standard (ASCA):

Personal/Social Development

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

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

[Changes In My Life](#)

Pens/Pencils

[Small Group Counseling Guidelines](#)

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

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

SESSION #4 Assessment

Counselor will be conducting follow-up individual sessions with the group members to assess student progress.

SESSION #4 Preparation

Essential Questions: Is change good or bad?

Engagement (Hook): Ask students stand up and change chairs. “How did it feel to change chairs? Some changes are easy to deal with, but others are more difficult.”

SESSION #4 Procedures

Session 4 Professional School Counselor Procedures:	Session 4 Student Involvement:
<ol style="list-style-type: none"> 1. Welcome members to the group. Review Small Group Guidelines with an emphasis on post-group confidentiality. Remind participants that even though the group is over, other group members will trust them not to tell other people about what another person said or did in the group. Remind students about your responsibility to protect their confidentiality, too. Ask students to give an update on how their new coping strategies have been working. If students talk about strategies that haven't worked, ask the group to make suggestions. 2. “Collect Parent Feedback Forms; make arrangements to get the form from participants who did not bring them to the group. 3. We have discussed our family changes, how we feel about those changes, and ways to help cope with those feelings. You've tried some new strategies. Today we're going to look at the changes you've had in the past year, how you've dealt with those changes, and some ideas for doing even better.” 4. Give each student a Changes In My Life worksheet. Review the directions and instruct students to complete it. 5. Ask students to share one idea that would help them handle change in a more positive way. 6. Closure/Summary: “Change can be both positive and negative. It all depends on how we react to it.” Students complete the Student Feedback Form: Overall Effectiveness of Group. Hand out a Certificate of Completion to each member. 7. If a follow-up session is planned, remind students that it will be held in 4-6 weeks. 8. Group assignment: Keep working on trying the new coping strategies for "hand-ling" 	<ol style="list-style-type: none"> 1. Students participate in review by telling what post-group confidentiality means for them. Students will share how the new coping strategies are working for them. 2. Students give you the form; if they do not have it, they commit to the day they will bring it to you. 3. Students will listen. 4. Students will complete the Changes In My Life worksheet. 5. Students share with the group. 6. Closure/Summary: Students complete the Student Feedback Form: Overall Effectiveness of Group. The students celebrate the closure of their group and accept their certificates. 7. Students confirm that they have written the date for the follow-up session in their assignment books/planners. 8. Group assignment: Students will continue to work on their coping

Session 4 Professional School Counselor Procedures: changes.	Session 4 Student Involvement: strategies.
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SESSION #4 Follow-Up Activities (Optional)

Counselor will review each group members' *Changes in My Life* worksheet. Schedule individual appointments to review the sheet with each student. During the meeting, address any issues that the student seems to be struggling with. After this session, the PSC will provide classroom teacher(s) and parent(s)/guardian(s) a written summary of the skills learned during the session. The summary will include suggestions for classroom and/or home reinforcement of the skills.

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

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

SELF EVALUATION: How did I do?

IMPLEMENTATION PROCEDURES: How did the session work?

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.**

Handout to be used in each session

Teacher/Parent/Guardian Small Group Session 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. Students may complete this form during the session.

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

CHANGES IN MY LIFE

By _____

On this sheet, list the changes that have happened in your life over the past year. Think about changes in your family, friends, school, and activities. List as many as you can think of. How well you have handled those changes? If you circled "No" or "Maybe", write an idea on how you would handle it differently next time.

<u>What's Changed</u>	<u>I Handled the Change Well</u>			<u>Idea</u>
1. _____	Yes	No	Maybe	_____
2. _____	Yes	No	Maybe	_____
3. _____	Yes	No	Maybe	_____
4. _____	Yes	No	Maybe	_____
5. _____	Yes	No	Maybe	_____

You do not have to put something on all of the lines.



Group Certificate of Completion

Student's Name

successfully completed the

“_____” group on _____.

_____ practices self-management by



WAY TO GO!

Professional School Counselor

OPTIONAL FOLLOW-UP SESSION

Small Group Counseling Title: Handling Family Changes/Divorce

Session Title: How Are You Doing?

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

Grade Level: 3-5

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 National Standard (ASCA):

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 [Post-Small Group Follow-Up With Students](#). Discuss after completing.

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 [Post-Small Group Follow-Up With 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): How are you different 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](#) - they still hold true!
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.

4. **Alternative Procedure:** An option for gathering student feedback during the follow-up session is to use the [Post-Small Group Follow-Up With 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.
4. **Alternative Procedure:** Students complete the form and discuss their responses.

OPTIONAL FOLLOW-UP SESSION Follow-Up Activities

If students completed the (optional) [Post-Small Group Follow-Up With Students](#), 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 all students’ lives be better 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:

Missouri Comprehensive Guidance Programs: Linking School Success With Life Success