This workshop is for children of divorce, ages 6 through 12. The workshop consists of activities and games designed to help children deal with the divorce in a safe, supportive, neutral therapeutic environment. It is designed to be honest and frank about appropriate behaviors of family members and to enable children to develop empowering communication skills. It is therapeutic in nature for children to feel supported by their peers going through divorce as well.

Each child will receive a “Feel Better Bag” at the first session. The bag is used as a tool to facilitate self-care and to teach healthy coping strategies. Each week they will receive additional items to add to the bag. This is for them to use in the future when they might feel they need extra comfort. In addition, your child will be given a scrapbook in which to place activities completed during sessions. The scrapbook has several benefits: it allows the child to see the progression of sessions; it provides immediate, tangible reinforcement of each therapeutic success; and it gives your child a lasting record once the workshop is finished.

An initial visit with the family is needed in order to get information that will help your child adjust and feel comfortable throughout the eight sessions. I will bill your insurance company for the sessions, so information regarding the insurance company and deductibles is required. If you do not have insurance, please let me know as I include those without when I can.

All activities will be conducted at my office at 64 Van Sickle Dr. Suite B in Charlotte. You may fill this out and return to me, or call me at the above number.

Names and date of birth:____________________________________________________

Parent!name:_________________________________________Phone:________________

Parent name:_________________________________________Phone:________________

Insurance Company and ID number__________________________________________
The How of Happiness Program (for teens)

Based on the book by Dr. Sonya Lyubomirsky

Facilitated by: Lorna (Lori) Poyer, LMSW, ACSW, CFLE

Peaceful Balance Counseling * 64 Van Sickle Dr. Suite B * Charlotte, MI 48813 * 517-543-1150

What is it?

The How of Happiness Program is for teenagers, ages 13-17 that are presently (or in the past) going through a traumatic family conflict or loss, personal issues, or have been through a parental divorce or separation. Just being a teenager brings on hardships and stressors to each individual. However, those teens that experience a serious family issue or trauma face more hardships and often face more troubles than their peers. These troubles can include depression, anxiety, social exclusion, self-blame, and acting out. Many of these teens become much more at risk for behavioral problems, trouble at school, substance abuse, or problems with the legal system.

How long is it and how does someone register for the program?

There will be six (6) ninety minute sessions held weekly Weds. afternoons. Up to eight (8) teenagers will be included in each workshop. Typically, the time is from 4:30-6:00 pm. Teens can be referred a number of ways: self-referred; through the SMILE program; from DHS or any other agency; court-referred.

What does the program cover?

This program will address the hardships and unhappiness that come with trauma and will assist the teens in dealing with their emotions and experiences in a positive way. The program will consist of group discussion, individual journaling and group activities that are designed around the positive psychology findings of Dr. Sonya Lyubomirsky, a research scientist and professor of psychology. Backed by research with thousands of participants, Dr. Lyubomirsky and her colleagues developed the “40 Percent Solution” outlined in her book The How of Happiness. It is with her permission that I am utilizing her book and the title.

While the program was funded in the past by the Juvenile Justice mileage, it did not receive funding this year. However, insurances can be billed and there is availability for teens with no insurance.

Please fill out the information below, or call Lori at the number above.

Teen’s Name________________________________________ Age:

Parent(s) Name:________________________________________ Phone #________