

Workshop Agenda and Speaker Information

Friday, April 16, 2010

7:45—8:15 a.m.	Registration
8:15—8:30	Workshop Welcome
8:30—9:30	Overview of Grief and Mourning
9:30—10:30	How Children Learn and Grow
10:30—10:45	Break
10:45—12:00	About Grieving Children
12:00—12:45 p.m.	Lunch (Provided)
12:45—2:15	Using Art, Play and Books with Grieving Children
2:15—3:15	Adolescent Development and Grief
3:15—3:30	Break
3:30—4:00	What We Can Learn from Grieving Children and Adolescents
4:00—4:45	Benefits of Support Groups for Those Who Grieve
4:45	Question & Answer Evaluations



Beth Kean

Licensed Professional Counselor
Licensed Marriage & Family Therapist
Board Certified Art Therapist
Co-Founder of The Hope & Healing Place



Danny Mize, MA, MRE

Coordinator of Bereavement
and Spiritual Care
Hospice Care of the Southwest



Tricia Trimble

Licensed Professional Counselor
Certified Trauma Specialist
Co-Founder of The Hope & Healing Place

Understanding Grieving Children and Teens Workshop—April 16, 2010

Panhandle AHEC
West Texas A&M University
WTAMU Box 61003
Canyon, TX 79016-0001

RETURN SERVICE REQUESTED



Hospice Care
of the Southwest

Presents a Spring 2010
Continuing Education Event

Understanding Grieving Children and Teens Workshop

Friday, April 16, 2010

8:00 a.m. – 4:45 p.m.

Amarillo College
Business & Industry Center
Amarillo, Texas

Understanding Grieving Children and Teens Workshop

Friday, April 16, 2010

Understanding Grieving Children and Teens Workshop
REGISTRATION FORM — ID 088583 SCWK 2002-3901

Overview:

This workshop will help attendees recognize characteristics of grief and mourning in children and teens and be better equipped to support them through their grief.

Target Audience:

Nurses, chaplains, social workers, LPCs, LMFTs, educators/administrators, clergy, health care professionals, nursing home staff, funeral directors and counselors.

Location:

Amarillo College Business & Industry Center
1314 South Polk Street
Amarillo, Texas
For directions contact AC at 806-354-6085.

Conference Length:

8:00 a.m. — 4:45 p.m.

Registration will begin at 7:45 a.m.

Continuing Nursing Education:

Amarillo College Center for Continuing Healthcare Education is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Please bring a sweater or jacket as temperatures in the meeting/conference rooms may vary from your comfort level.

Continuing Education Credit:

Continuing Professional Education: 7.0
Nursing Contact Hours: 7.0
Social Workers, LPCs/LMFTs CEUS: 0.7

Registration Fee (lunch included):

For those wanting Continuing Professional
Education or Continuing Education Credit: \$30.00
All others: \$20.00

Registration Deadline: April 12th

Registration Contact:

Karen Russell
Panhandle Area Health Education Center (AHEC)
WTAMU Box 61003
Canyon, TX 79016
Office: 806-651-3482, Fax: 806-651-3489
Email: krussell@mail.wtamu.edu

For additional workshop information contact:

Danny Mize
Hospice Care of the Southwest
806-356-0026 or dannymize@fmclp.com

Last Name: _____

First Name: _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____

City: _____ County: _____ State: _____

Zip Code: _____ Primary Phone Number: _____

Employer: _____

Work Address: _____

City: _____ County: _____ State: _____

Zip Code: _____ Work Phone: _____

Job Title/Credentials: _____

Email: _____ Gender: Male Female

Age: < 20 20-29 30-39 40-49 50-59 > 60

Ethnicity: (check one) African American/Black White

American Indian/Alaskan Native Hispanic Latino

Native Hawaiian/Other Pacific Islander Other: _____

Method of Payment: (check one) Cash Check

Make checks payable to: Panhandle AHEC (Please include driver's license number)

Credit Card: Discover Visa Master Card American Express

Card Holder's Name: _____

Card Number: _____ Expiration Date: _____

Amount Charged: _____ Daytime Phone: _____

Billing Address: _____ CSZ: _____

I authorize that the charges for the above person be paid by credit card as indicated and I accept full responsibility for these charges.

Card Holder's Signature: _____

Date: _____

See "Registration Contact" for mailing and fax number information

Hosting Organizations:

