Summer 2021

The Effects of Holistic Grief Counseling Training On Master's Level Counseling Students' Grief and Loss Counseling Competency

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THE EFFECTS OF HOLISTIC GRIEF COUNSELING TRAINING ON MASTER'S LEVEL COUNSELING STUDENTS' GRIEF AND LOSS COUNSELING COMPETENCY

by

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Submitted in Partial Fulfillment of the Requirements

For the Degree of Doctor of Philosophy in

Counselor Education

College of Education

University of South Carolina

2021

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Abstract

Grief is a universal event, yet many counselors are not prepared to used evidence-based practices when recognizing and working with grieving clients. Researchers have explored ways to improve grief counseling education, but none of these recommendations have been put into practice. The aim of this dissertation study, which consists of two full studies, was to develop a holistic grief counseling training for master's level counseling students that incorporates recommendations for curricular inclusion from the research. The training was designed to be incorporated into one full class period in any master's level counseling course. The first study is a pilot study where students received the training and gave feedback through focus groups, which was then analyzed using a qualitative method. The second study involved deploying the training on a larger scale, and analyzing scores on pre-and-posttest assessments of grief counseling experience and conceptual knowledge using hierarchical linear modeling. The results indicated that students who received the training felt more confident in their grief counseling skills and conceptual knowledge, but did not feel as though one training was enough.

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Chapter 1: Introduction

Introduction to the Study

Grief is a universal event. Each person experiences some form of grief in their lifetime, and many of those people will seek out counseling to cope with their grief. There are multiple types of loss and grief, and when it comes to defining "loss," many people think of death (Humphrey, 2009). While this is a loss, there are also many other losses that can cause grief; in this study, a loss could be defined not only as a death, but also as the end of a friendship or romantic relationship, losing a job, and/or receiving a medical diagnosis or acquiring a disability (Breen & O'Conner, 2011; Cicchetti et al., 2016). More explicit examples of these different losses are discussed in the literature review.

In terms of different types of grief, for the purposes of this study there are two categories: either complicated or uncomplicated/normal. There are differences between normal grief and complicated grief. A person experiencing normal grief is likely to display some depressive symptoms related to the loss (crying about the loss, feeling sad when thinking of the loss), but usually this is not to a level that disrupts the person's functioning, and the person is able to cope with the grief (American Psychiatric Association, 2014). Normal grief typically occurs when a loss is more expected or less severe; for example, a romantic relationship ending after only a couple of months, or the loss of a loved one who has been battling an illness for several years.

There is no inclusive diagnosis for grief in the DSM 5. There is a z-code for uncomplicated bereavement, but it is specified as being a result of death-related loss. When grief symptoms persist past the six-month timeline, the client's condition would be classified as Major Depressive Disorder with a z-code for uncomplicated bereavement. The DSM 5 includes Persistent Complex Bereavement Disorder (PCBD) in its section of conditions for further study, which describes a condition where complicated grief symptoms are chronic and last six months or more. Some symptoms of complicated grief include but are not limited to excessive tearfulness when thinking of the loss, avoidance of people or places who remind them of the loss, social isolation, preoccupation with the loss, inability to accept the loss, difficulty having positive memories related to the loss, and (in the case of a death) a desire to die so they can be with the deceased (American Psychiatric Association, 2014). This can look different for different losses and tends to accompany sudden/unexpected traumatic losses. The literature review will include in-depth explanations of these concepts.

There are many theoretical frameworks which counselors can use to work with grieving clients. Grief counseling theory began when Bowlby (1969) approached the idea of grief from the perspective of attachment theory, where people who have suffered a loss are struggling with a sense of separation anxiety and abandonment but cannot find resolution due to the source of their abandonment being lost. Kübler-Ross (1969) followed with the stage model of grief, which posits that people move through a series of stages (denial, anger, depression, bargaining, acceptance) to come to terms with grief. While well-known and helpful for conceptualizing grief, these models are not commonly used as a sole basis for treating grief due to the concept of clients passively moving

through grief and the specific populations on which they were developed (Doughty-Horn et al., 2013; Hill et al., 2018). Task models posit that coping with grief consists of a set of processes, which people use depending on what they need in the moment (Stroebe & Schut, 1999). Some moments call for sadness and expressing grief, others call for pushing through and redefining ourselves and our relationships. The theory of meaning making in grief suggests helping clients to adjust to loss by making meaning out of the experience in a way that resonates personally (Niemeyer, 2009). Currently, the most empirically supported grief theory is adaptive grieving styles, where clients are encouraged to explore how they want to grieve (using process and continuing bonds theories, as well as unique cultural and individual conceptualizations in whatever way works for the client) versus how they feel they have to grieve (Martin & Doka, 2000). The main goal of using adaptive grieving styles is to help grieving clients become unstuck; stuckness is a result of internal grieving needs not matching up to what is expected externally/culturally (Doughty-Horn et al., 2013).

There are different types of grief and loss, but each type within each category maintains some parallels. Counseling students receive exposure to many different conditions and diagnoses in preparation for their careers, as well as many different theories for working with clients. However, many students are entering the professional world with no exposure to grief therapy (Cicchetti et al., 2016; Ober et al., 2012).

Statement of the Problem

Despite the universality of grief, many students are not getting the training necessary to help these clients; they receive education on different diagnoses in the DSM, but there is rarely any mention of grief. Previous research indicates that more than half of

students are not taking any classes or receiving any grief education; even those counselors who have completed courses in grief are still left feeling incompetent in skills and concepts related to grief (Charkow, 2002; Cicchetti et al., 2016; Imhoff, 2015; Ober et al., 2012). Students and professionals rate themselves as having personal competency in working with grieving clients, where they feel confident in their ability to empathize with grieving clients, have experienced loss themselves, and are open to the process of helping clients move through grief (Charkow, 2002; Imhoff, 2015; Ober et al., 2012). However, they consistently rate themselves low in skills and concepts of grief; they do not know grief models or best practices, feel comfortable working with individuals/groups/families experiencing grief, differentiate between normal and complicated grief, recognize grief symptoms, or view grief through a multicultural lens, and they express a desire to learn more about grief counseling (Charkow, 2002; Cicchetti et al., 2016; Dodd et al., 2017). As will be explored in depth in the literature review, there are multiple studies over the course of the last 20 years that highlight the lack of preparation of counseling students for grief counseling, yet there is a dearth of research that attempts to address this problem in counseling programs. CACREP already has many courses and competencies required; creating an entirely separate course may not be feasible, so finding how grief can be incorporated into other topics (human growth and development, trauma and crisis, etc.) could help instructors infuse the content into the courses they are currently teaching (CACREP, 2016).

Nature of the Studies

The two studies act as a means of answering the research questions developed for this dissertation. Study One is a pilot study testing the feasibility of a grief counseling

training developed to provide an introduction to grief and loss counseling. The training consists of a 3-hour introductory presentation on types of grief and loss, case study examples, descriptions of grief counseling theory, introductions to wellness and the Indivisible Self model, wellness interventions, and lists of resources. It also includes opportunities for discussion and group collaboration to understand grief and loss, as well as integrating wellness practices to help grieving clients. Participants in advanced skills and internship classes in a counselor education Ed.S program received the training in an online format, taught through video conferencing software. Prior to taking the class, they completed a pre-test assessment, consisting of demographic questions, the Death Counseling Survey (DCS) (Charkow, 2002) and the Grief Counseling Experience and Training Survey (GCETS) (Deffenbaugh, 2008). After the students completed the training, they participated in a posttest with the same two assessments.

After the pre-test assessments were complete, each class of participants took part in either a video conference focus group or completed an open-ended survey of the same focus group questions. The goal of completing the pilot study was to assess the feasibility of the process, resources, and management aspects of the study, as well as using the focus group data to see the different views and perspectives of the individuals and groups who have taken the class to help inform revisions to be made to the lesson and materials (Rabiee, 2004; Thebane et al., 2010). Following Rabiee's (2004) protocol that elaborates on Krueger's (1994) guidelines for analyzing focus group data, participant answers are analyzed by a team of coders looking at words, context, internal consistency, frequency of comments, specificity of comments, intensity of comments, extensiveness, and big

ideas to not just look at answers to individual questions but to gain meaning and understand the potential impact of the study on students as a whole.

Study Two consisted of an experimental pre-and-posttest design. The method for data analysis was hierarchical linear modeling (HLM), which nests groups in the data in order to account for variance on multiple levels (Raudenbush & Bryk, 2002). Using an experimental pre-posttest design has been helpful for assessing course and material effectiveness (Lambie et al., 2010; Kramer, 1998; Niehaus et al., 2013; Thyer, 2012). The population of this study consists of graduate students in CACREP-accredited counseling programs that do not offer a course on grief and loss counseling. I identified accredited counseling programs through the CACREP website and I contacted the liasions via email with recruitment materials describing the study and requesting theirs or any other qualified instructors in their program's participation. The researchers offered participating instructors compensation in the form of being entered into a random drawing for one of three $100 Amazon gift cards. The instructors were then randomly assigned to either the waitlist control group or the experimental group. The instructors in the experimental group received links to the pre-and-posttest assessments for the students as well as a demographic survey for themselves. They also received the PowerPoint for the training and a manual with supplemental instructions and information in addition to a fidelity checklist. The control group instructors received the links to the assessments, and received the training materials after they and their students had completed the designated assessments. The outcome measures for the student pre-and-posttests were the DCS (Charkow, 2002) and the GCTES (Deffenbaugh, 2008).

Only testing the students' competency before and after the lesson could show significant results, but that method does not account for the different factors that could impact those results, such as differences in instructor styles and methods. Being able to see what variables affect competence on all levels can aid in further course refinement and development, and provide a quantitative measure of growth. HLM provides a comprehensive way to assess for impacts on the student and program level when it comes to graduate training, and is becoming more and more popular in counselor education and counseling psychology (Kahn, 2011).

Assumptions, Limitations, Scope and Delimitations

Researching changes within students, within instructors, can show the different contributing factors to student success, and can give researchers focus for further studies. However, this can create a limitation, because sample size for effect depends on which level the researcher is trying to assess for change. If the researchers are trying to assess for change on the student level, they will need to have more students. If they are trying to assess for change on the program level, they will need more programs. In HLM, researchers are looking for change on multiple levels, which would indicate a need for more students and more programs, which demands a larger sample size all around (Kahn, 2011). However, the debate about what sample size is appropriate is ongoing. This is discussed further in chapter 5.

An assumption of HLM is the lack of independence. When using an experimental pre-and-posttest design, one assumes independence, whereas HLM allows researchers to acknowledge that the participants may not be independent and therefore nest them in groups to account for factors that may be impacting outcomes. This helps to prevent Type

I and Type II errors by looking at predictor variables outside of the intervention or variable of interest, and accounting for the variance caused by those specific variables, in order for researchers to be sure that the effects they are seeing are due to the intervention (Raudenbush & Bryk, 2002).

Specific Research Questions

My research question for Study One is:

Is the developed 3-hour grief counseling training, infused into a master's level counseling course, feasible and acceptable or answering the research question posed?

My research question for Study Two is:

Can a 3-hour grief counseling training, infused into a master's level counseling course, have a significant effect on grief counseling skills and concepts competency as indicated by the Death Counseling Survey (Charkow, 2002) and the Grief Counseling Experience and Training Survey (Deffenbaugh, 2008)?

Hypothesis

My hypothesis for Study Two is:

The training will have a significant positive effect on grief counseling skills and concepts competency scores in masters level students as indicated as indicated by the Death Counseling Survey (Charkow, 2002), Grief Counseling Experience and Training Survey (Deffenbaugh, 2008).

Purpose of the Studies

The purpose of these studies is to increase competency in skills and concepts of grief counseling among counseling students prior to entering the field as professionals, by providing a grief training that can be integrated into pre-existing counseling courses. The

training incorporated a wellness lens as a way to provide students with an encompassing view of client health as well as more tools to recognize and help with grief outside of mental health symptoms. An important part of this grief training would be the Indivisible Self (Myers & Sweeney, 2004), an evidence-based wellness model that may be useful in helping counselors treat clients struggling with grief. Rather than focusing on depressive symptoms that may be centered around emotional responses to loss, encouraging counseling students to account for all areas of wellness may help facilitate more effective conceptualization of client experiences with grief, as well as assessment of growth. Infusing the Indivisible Self model provides a way for counselors to automatically account for all of these areas at one time (Myers & Sweeney, 2004). Hill et al. (2018) highlighted the importance of including wellness in a grief curriculum, not just for the clients but for the counselors as well. Overall, the goal is to increase competence as indicated by the outcome measures, in order to prepare counseling students to better assist in the growth of a large population of clients that the research shows is being neglected. This will reduce ethical concerns of counselors practicing outside their scope, provide more effective treatment, and lead to an increase in resources; if a counselor has a grieving client that they do not feel competent to treat, who are they supposed to refer them to if the majority of counselors feel similarly incompetent? This is discussed more in-depth in Chapter 4.

The design of the grief training is based on a combination of the pedagogical theories of Bloom (2001) and Lave & Wenger (1991). Bloom's taxonomy provides a conceptual framework for how people learn, analyze, and then use new information (Anderson et al., 2001). Lave & Wenger's (1991) concept of communities of learning

treats graduate students more like apprentice professionals; they are a part of the field and deserve to be treated as such. Treating them like they are in the community already, rather than outside waiting to be let in once they demonstrate a certain skill, could help them feel effective, confident, and open (Lave & Wenger, 1991; Wenger, 1998). Please refer to Chapters 2 and 3 for more in-depth analysis of this lesson development.

Significance of the Study

Knowledge Generation

There are several implications for the future of counselor education research. If Study Two finds that there is a significant effect on competency scores as a result of the intervention, CACREP and educators could have a clear rationale for including grief content in their courses. It could show that helping students feel more competent is achievable by exposing them to specialized information that they may not otherwise receive. Furthermore, the results could support what previous research has suggested as a rationale for including grief content in counseling programs; more competent counselors will be entering the field better prepared to work with grieving clients than they may have been otherwise.

If the results indicate that there are no significant changes, it may be an indicator that one 3-hour class period of material is not enough, and therefore provide a rationale for considering full grief course construction to help students become more competent. The research indicates an existing need for more grief content, and suggestions for curricular inclusion to address this need (Breen & O'Connor, 2007; Charkow, 2002; Cicchetti et al., 2016; Dodd et al., 2017; Hannon & Hunt, 2015; Imhoff, 2015; Ober et al., 2012). It is also possible that the results may indicate an effect without a significant p-

value. Although this removes the statistical significance of the results, the effects could have clinical significance for students and educators. This will be discussed further in Chapter 5.

Professional Application

The professional application of these studies has many layers. On the student level, the goal is to provide some grief education that prepares the counselors-in-training to be more ready to work with grieving clients. On the educator level, the goal is to address the concern amongst counseling instructors that they are not competent to teach grief counseling theory and skills because they don't have the time or experience (Hannon & Hunt, 2015). If students are able to show significant improvement, this lesson could be integrated into multiple counseling courses without the need for a stand-alone class. Since the instructors are receiving a pre-designed lesson, they do not have to worry about their ability to develop comprehensive introductory material.

Social Change

These studies could provide social change on the client level. By educating students about multiple different types of grief and loss, they may be more prepared to recognize and treat concerns in grieving clients. Since many practitioners report feeling ill-prepared to fully treat grieving clients, it is possible that those clients are not getting the help they need. By increasing the availability of grief treatment, counselors and counselor educators can work to normalize the many different types of grief and loss, reduce the stigma around seeking treatment, and increase the competency of counselors in general. This, in turn, could lead to a societal shift toward more open expression of and

conversations around the experiences of grief and wellness, which could help clients who may be grieving and not realize it become more self-aware and seek help.

Conclusion

In summary, the aim of these studies is to increase student competency in grief counseling skills and concepts, in which they consistently rate themselves as being low competence, by providing an innovative wellness-based lesson that can be incorporated into pre-existing counseling courses. The research supports the need for more focus on grief concepts and skills in CACREP accredited programs.

Chapter 2: Literature Review

Introduction

In this literature review, I review the relevant research on the constructs of interest, the outcomes of interest, previous attempts at addressing the problem presented in this study. First, I will review literature on different types of loss that can lead to grief, and different types of grief that can result. Then, I review different theories of grief counseling. I will cover a variety of studies that researchers have conducted to assess counselor competency in grief, and I will go over several conceptual articles that provide recommendations for curricular inclusion of grief counseling in counselor education programs. I will review studies that have attempted to address the problem in the fields of counseling, social work, and nursing. I will also give a brief review of literature supporting my research methods, which will be expanded upon further in Article One.

I located articles through the University of South Carolina library database. I used the search terms "grief," "loss," and "counselor education" to search Education Source, ERIC, Health Source – Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE with full text, APA PsychArticles, APA PsychInfo, Psychology and Behavioral Sciences Collection, Social Sciences Full Text, and Social Work Abstracts. This resulted in 115 articles. I also used references found in Humphrey's (2009) textbook, "Counseling Strategies for Loss and Grief," to find initial articles written about grief counseling theories and different types of losses.

The purpose of this literature review is to provide a solid foundation for the rationale of these studies and thoroughly explain the sources for operational definitions of constructs. The problem statement in this study is that, while there is plenty of research supporting the need for grief counseling education, describing the necessary inclusions for grief counseling coursework, and reporting a lack of competency in grief counseling as well as suggestions for addressing this lack of competency, there is little evidence in the research that anyone is attempting to actually address it. I am hoping to take a step toward doing so with my study, and provide something to the field that can move toward taking a greater overall step in rectifying a well-documented problem.

Definitions of Loss

Humphrey (2009) outlines a variety of losses that can be placed into two categories; primary and secondary losses. Humphrey includes the following list of presenting problems in therapy that could be considered a loss:

Divorce, separation, breakups, and estrangement

Disappearance, abandonment

Death and dying (e.g., human or animal companion)

Acquired disability, functional limitations, and chronic illness

Mental disorders (e.g., depression, anxiety, schizophrenia)

Addictions (e.g., gambling, drug abuse and dependence)

Loss of capacity (e.g., sexual dysfunction, infertility)

Natural and human-caused or human aggravated disasters (e.g., Hurricane

Katrina, tsunamis, earthquakes, fires)

Job or career changes, unemployment, financial loss

Loss of possessions or home

Relocation, immigration, migration

Incarceration

Foster care, adoption, child welfare removed

Miscarriage, stillbirth, abortion

Individual and family developmental transitions

Oppression (e.g., racism, homophobia)

Violent loss (e.g., murder, genocide, rape, suicide, abuse, war)

Cultural and historical trauma (e.g., loss of native lands, language, self-rule,

support structures)

Status and role-changes

Loss of fantasy and illusion (e.g., divorced parents will get back together, mental

illness will disappear, parent will nurture and protect, nothing bad will happen)

Loss of assumptive world

Loss of identity or sense of self. (P.19-20)

Primary losses are the initial, significant loss. Secondary losses are losses that occur as a

result of a primary loss. For example, a couple losing a child would be considered a

primary loss. The dissolution of their marriage could be a secondary loss. Secondary

losses can also be mental and emotional. If someone loses a job, it can result in a

secondary loss of security, self-esteem, and sense of purpose. Secondary losses can be

overlooked and sometimes don't emerge until much time has passed after the primary

loss.

Primary and secondary losses can occur in different categories. People can experience multiple losses, or a number of primary losses occurring in a short time-span (Humphrey, 2009). Another common type of loss is ambiguous loss, where the person lost is either physically absent but psychologically present (a loss as a result of kidnapping or going missing, for example) or physically present but psychologically absent (a loved one with a severe substance use problem). Stigmatized losses are those that cannot be openly mourned, due to the loss exposing participation in some practice that society deems unacceptable (suicide, abortion, infidelity, etc.). Obscured loss describes experiences of loss that are suppressed or avoided out of necessity to address another more pressing need. For example, a survivor of genocide may not be able to fully address the loss of their friends/family/community until they are safe. This and other types of losses can be sudden, expected, or gradual. Cultural losses, like immigration and relocation, can also result in feelings of grief not just at the moment but also over years and generations, in individuals, families, and communities.

Definitions of Grief

Lindemann (1944) was the first person to present ideas of different types of grief with research on normal and complicated grief. These definitions have evolved over time and have been a source of debate for researchers, but have maintained the same basic ideas. Grief researchers normalize grief as a part of the human experience. Where Lindemann (1944) and grief researchers after delineate is on the severity and duration of that grief. Normal grief may result in depressive symptoms and intense feelings of sorrow, but usually these become manageable in time and are viewed by the person experiencing them as a normal and expected response to the loss (American Psychiatric

Association, 2013). Complicated grief is more intense, longer lasting, and has significant impairments on the daily life of people suffering it (American Psychiatric Association, 2013).

Along with these types of grief, there can be unique subtypes of anticipatory grief and disenfranchised grief (Humphrey, 2009). Fulton (2003) and Rando (2005) define anticipatory grief as the unique experience of grieving someone or something that hasn't been lost yet. It can be seen in people who are caregivers or have relatives or pets that are terminally ill. It can also be seen in individuals and families anticipating a big move, or someone who knows there is a significant chance they will be laid off from their job. This gradual loss can cause the person to experience the symptoms of grief over a period of time, so when the actual loss event occurs, they don't display grief symptoms as expected. However, especially with gradual medical losses, there can be ups and downs of hope where the condition seems to improve, only to decline again. This can lead to multiple experiences of loss, and more displays of normal or complicated grief once the loss event actually occurs.

These events can bridge into disenfranchised grief, additionally described by Doka (1999) and Humphrey (2009) as the experience of not being able to express grief or seek support due the grief event revealing participation in something that violates societal norms. People can experience disenfranchised grief over the loss of a partner who is not accepted by their family/society for various reasons (religious reasons, infidelity, etc.). These people make have their grief invalidated by society and/or the people close to them, causing them to feel isolated and struggle with coping. Stigmatized and cultural losses often lead to disenfranchised grief.

Overview of Grief Counseling Theory

Initial grief counseling theories were based on Bowlby's (1969) attachment theory. Part of this theory is the concept of separation, and how separation from an attachment figure can be incredibly stressful. This led Kübler-Ross (1969) to develop a stage theory of grief. As people come to terms with the permanent separation from the person they've been attached to in some way, they go through a series of stages. The first stage is denial, where people may act as though the loss never occurred, or express that they're "fine" and not display any symptoms of grief. The next stage is anger, where the grieving person may lash out at others, become defensive, express anger with the world or a higher power, or even express anger toward the person who has died. This is followed by bargaining, where the grieving person tries to avoid a cause of grief; for example, telling oneself, "If I just go visit their gravesite every day, I won't miss them or feel sad." Then they may enter the stage of depression, where start to display more expected symptoms of grief such as intense sorrow, tearfulness, hopelessness, and purposelessness. However, after this is the final stage of acceptance, where the grieving client faces the loss head-on and resolves to go through it and get past it. Kübler-Ross developed this theory based on studying a population of middle aged, middle-to-upper class Caucasian women in the United States who had lost a spouse to terminal illness. However, for this and other reasons, this theory has been heavily criticized.

Two such critics were Stroebe and Schut (1999), who believed that these stages were too restrictive, and could find no evidence to support that anyone really goes through all five stages or in any particular order. This led them to develop their dual process theory of grief, inspired by Worden's (1991) four tasks of grief, where clients

have to accept the reality of the loss, work through the pain of the loss, adjust to a new life and environment without the person in it, and find a new lasting connection with the lost and move forward. They posited that, rather than going through stages of grief, people oscillate between a series of processes in order to resolve their grief (Stroebe et al., 2003). These processes are called loss processes and restoration processes. A loss process involves experiencing grief symptoms and focusing on the loss. A restoration process involves completing necessary tasks, learning new roles, and redefining relationships as a result of the loss. In order to properly resolve their grief, clients must oscillate between these two processes as needed, sometimes multiple times a day. Therapists can work with their clients to facilitate this oscillation.

While the idea that therapists can work with their clients to facilitate growth isn't new, the main criticisms of these task models is that they, along with stage models, make the assumption that grief can be resolved. Niemeyer (2000) developed the grief counseling theory of meaning making, where therapists work with clients to construct a new reality without the lost person or thing in it; however, it allows for clients to find a way to constructively grieve the loss rather than having to get over it somehow. They can construct the narrative of how they want to find meaning and purpose in grief and loss, and the process can be tailored to each individual client.

Martin and Doka (2000) also wanted to develop a theory of grief counseling that allowed more freedom for the person experiencing grief to express those feelings and find coping skills that worked for them. They developed the theory of adaptive grieving styles, where they posit that there are two main styles of grieving. Instrumental grievers are more cognitive and grieve by doing and accomplishing things, such as finishing a

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project their loved one started or finding ways to get back to some kind of routine after a major disruption. Intuitive grievers are more emotional and may have less energy to do tasks, preferring to express their inner feelings and talk about the loss. Martin and Doka developed these theories when looking at the differences between how men and women grieve, and found that gender isn't the only thing that can impact grieving styles. They also found that while most people are some combination of the two grieving styles, most have one dominant style, and feeling stuck in grief can result from feeling like one is expected to express their grief in a way that doesn't match their grieving style.

Grief Counseling Training in Counselor Education Programs

There is debate in the literature over grief definitions, theories, and the overall pathologizing of grief. Breen and O'Connor (2007) point out the paradox that exists simply in the fact that many theorists posit that the grief experience is unique to each person who goes through it, but then there are classifications of "normal" and "complicated" grief that seem to suggest grief can be categorized. They also made note of the scarcity of true knowledge of best practices, because there is a lack of any grief education. The lack of grief counseling training is consistently well documented over the last 20 years. Charkow (2002) developed the Grief Competency Scale to see how competent counselors perceived themselves to be in grief counseling. While counselors consistently rated themselves high in personal competency (able to use general counseling skills to help grieving clients, self-aware of their own grief experiences), they consistently rated themselves low in skills and conceptual knowledge of best practices and grief theories. Deffenbaugh (2008) followed this by developing the Grief Counseling Training and Experience Survey, which assessed counselors' academic and professional

trainings and experiences with grief counseling. Ober et al. (2012) used the survey on a

sample of professional counselors, of whom the majority indicated that they had not had

any school training in grief counseling, and had instead had to seek it out as professional

development. Imhoff (2015) conducted a study using both of these assessments, and

found that the results had not changed. Wood (2016) found that students who had taken

grief counseling courses felt more competent in both skills and concepts as well as

personal competency and treatment skills. However, Cicchetti et al. (2017) expanded this

to rehabilitation counselors and found that the lack of education as well as a lack of skills

and concepts competency was present in those programs as well, reinforcing previous

studies.

Recommendations For Curricular Inclusion

When developing the training for this study, I looked into previous research on

what should be included in grief counseling curricula. While CACREP doesn't require

grief training, they do require counseling programs to provide adequate education in

trauma and crisis as it relates to the various tracks, as well as normal occurrences in

human growth and development (CACREP, 2016). Grief can often present in these

situations. When Breen and O'Connor (2007) made recommendations for curricular

inclusion, they emphasized the importance of including multiple cultural perspectives on

grief and best practices for treating grief, and being wary of overly-pathologizing grief.

This aligns with Fox and Jones's (2013) study where they discussed the development of

the DSM 5 and the debate around the inclusion of grief. There are arguments for both

sides; some say that grief should be included because, though it mirrors depression, it

results from a specific type of situation and can become concerning when it impacts

normal functioning for an extended period of time. Others say that pathologizing a normal form of adjustment can make grieving people feel like something is wrong with them if they are mourning, which may impede what would be a normal process. Either way, these would be important to consider when teaching students about grief.

Horn and Hoskins (2011) echo the need to consider the uniqueness of each person's grief experience. They recommended the overall inclusion of grief counseling education in counselor education programs in general. They also recommended considerations for multi- and transcultural approaches to grief, through the use of guest lectures, webinars, and infusing perspectives throughout the course material. They focused more on the adaptive-grieving styles (Martin & Doka, 2000) when discussing evidence-based theory that should be provided for students, rather than recommending a comprehensive inclusion of all grief counseling theories.

Later, Doughty-Horn et al. (2013) expanded on previous research and talked further about curricular inclusions for grief counseling. First, they discussed the stage models, task models, meaning-making, and adaptive grieving styles as theories that should be included in curricula. They also addressed the different areas of counselor education and how grief can be integrated as a part of those pre-existing courses. For social and cultural diversity, they suggested talking about cultural attitudes towards and rituals for grief. For human growth and development, they suggest working with students to understand the various types of losses and grief a person can experience in a lifetime, and having students go over their own life experiences and identify grief and loss they've encountered. After this, students can journal and reflect on these experiences. For career counseling, they discuss how the loss of a job or any change in job status can lead to

grief, and maybe it would be helpful to present students with case studies demonstrating this to help them understand the grief process in this context. In a crisis counseling course, they recommended talking about the impacts of trauma on resilience, and how that can impact grief responses in clients experiencing crises and trauma. They also talked practicum and internship classes, and encouraging students to view their clients' presenting concerns through a lens of grief and loss in order to help students be on the lookout for the various different types of loss and be keeping them in mind when working to intentional treat clients. For group counseling classes, talking with students about the process for grief support groups and encouraging integration of group counseling theory for grief in the lesson. In assessment classes, it can be helpful to go over different peer-reviewed and psychometrically sound grief instruments so students feel like they have options for assessing for grief. In terms of ethics, at the time of publication there was a section of the American Counseling Association (2005) code of ethics that dictated that counselors should be versed in issues surrounding death and loss. However, the most current version of the ACA (2014) code of ethics makes no mention of this. There are still ethical concerns of students working with grieving clients when they are not prepared to do so.

Hannon and Hunt (2015) echoed many of the recommendations of Doughty-Horn et al. (2013). They also provide a list of certain activities that can be used in class to help students learn about grief and loss counseling. One activity involves writing a short paper about grief and loss, where student write about a specific grief and loss topic and provide counseling strategies and interventions supported by research. Another writing option for students involves a grief interview paper. Students write about their own grief and then

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interview someone else about their grief experiences, and draw back to what they have learned in class or through reading. Students can also engage in a media activity where they all watch the movie or tv show where loss is a major theme, and then come together as a class for a lengthy discussion where they answer a series of prompts that are facilitated by the instructor. Finally, they suggested online discussions where students find resources, engage in posts, and search the internet to find out about ways that grief is portrayed in society and the media. One major recommendation is that students are informed of the gaps in the research, and counselor educators continue to work to fill in those gaps. Hill et al. (2018) also echoed many of these same recommendations, while including a consideration for wellness. The authors talked about the impact that grief can have on clients, as well as the impact that it can have on the counselors treating them. They suggested that counselors be educated on the different ways that working with grieving clients can impact counselor well-being, in order for counselors not only to be effective but also be able to recognize and promote wellness in their clients. Similar recommendations for experiential activities can be found in Jeon's (2018) work, while additionally suggesting that students participate in some form of activity that comes with grief and loss, like attending ceremonies or memorials. Jeon also emphasized the importance of accounting for counselor self-care and checking in with students, as grief can be a difficult topic to discuss.

There is a strong rationale in the research for including wellness when discussing best practices for helping clients with grief and loss. Hill et al. (2018) specifically recommended including wellness applications in grief counseling education, as grief can not only impact overall wellness, but strategies to improve wellness can help clients cope

with grief. When looking at Myers & Sweeney's (2004) wellness model of the Indivisible Self, there are studies to back the multiple ways that grief can impact multiple aspects of client wellness, and how addressing client needs with a wellness mindset can promote healthy coping and adjustment. Along with the emotional and physical toll of terminal illness, terminally ill patients and loved ones experiencing grief may start to question the meaning of life and have intense discord surrounding spirituality (Holt et al. 1999; Yalom, 1980). Clarke et al. (2016) found that using the Indivisible Self model helped caretakers who were grieving as a result of having to witness loved ones succumb to dementia. A focus on wellness can not only help clients who are grieving and traumatized, but can also help to avoid vicarious traumatization of the helping professionals working to navigate the process with their clients (Foreman, 2018). Barden et al. (2016) even suggested that wellness be integrated as a necessary competency for counseling students when working with clients who are presenting with all types of concerns as a means of aiding with integrated health care. In counselor education, the research supports the notion that wellness is an important part of client care and should be incorporated into current curricula, especially grief and loss education.

Implementation of Recommended Curricula

There are not many studies working to implement the recommendations of researchers over the past several years. Irwin and Melbin-Helberg (1992) found that students who took a death counseling course were better able to cognitively confront the ideas of death and dying. There was no objective measure of grief knowledge, and students were assessed on their personal comfort rather than skills and concepts knowledge. Sertgoz (2013) set out to create a grief counseling curriculum that would

increase the grief counseling comfort level among counseling students who were taking classes in person and online. The curriculum was nine hours total over the course of three class periods. Students then completed assessments to see whether or not their comfort level with grief counseling had increased. The students participated in a PowerPoint presentation, handouts, and discussion. Sertgoz found that students' comfort level increased regardless of whether they took the curriculum online or in person. However, there was no objective measure to test the students on whether they had gained or retained any grief counseling skills or concepts. It was all self-report. It was also delivered over the course of three class periods, which may not be feasible for some pre-existing counseling courses. This study was the only one I could locate that explicitly looked at measuring counseling students' grief counseling competency and didn't just provide recommendations for inclusions.

New Methods for Increasing Competency

When Sertgoz (2013) worked to develop a grief counseling curriculum that could be integrated into pre-existing courses, they used a quasi-experimental pre-and-posttest design with a PowerPoint and discussion prompts which is similar to what I have proposed for this study. The addition of an objective measure of competency through case studies has been recommended as a best practice for curricular inclusion (Doughty-Horn et al., 2013; Hill et al., 2018). The further bolstering of the case studies through the use of a simulation is supported by Schwitzer et al. (2001), who found that students reported simulations being a particularly helpful and enriching learning experience. Hannon and Hunt (2015) also cited the lack of time or preparation for counseling

instructors as a barrier to including grief education. By providing a pre-made lesson that only lasts one class period, this barrier is greatly reduced.

I also aim to bolster the results of my study by implementing hierarchical linear modeling (HLM), which will help to account for confounding variables. Sertgoz (2013) cited confounding variables like maturation and history as limitation to their study. By using HLM, I can account for those variables and make sure that the effect is a result of the lesson (Raudenbush & Bryk, 2002). HLM is a form of data analysis that utilizes multiple linear regression to account for variance and covariance among variables (Raudenbush & Bryk, 2002). This will hopefully ensure that my results are valid and decrease the chance of Type-I error.

Summary

Unfortunately, while there is an abundance of research supporting the need for curricular inclusion of grief counseling in counselor education programs, there are not many studies implementing those recommendations. Researchers have consistently found that students' self-perceived competency in grief counseling skills and concepts is low (Breen & O'Connor, 2007; Charkow, 2002; Cichetti et al., 2017; Deffenbaugh, 2008; Imhoff, 2015; Ober et al., 2012). Several conceptual studies provide recommendations for incorporating grief counseling material into pre-existing counseling courses in order to circumvent addition of more courses or avoidance of grief material by instructors who don't feel competent (Doughty-Horn et al., 2013; Hannon & Hunt, 2015; Hill et al., 2018; Horn & Hoskins, 2011; Jeon, 2018). Studies that have attempted to integrate grief counseling material into courses had to do it over several class periods and had no objective measure of competence (Sertgoz, 2013). I conducted two studies to address this

gap in the research through integrating recommended grief material in one class period, and incorporated objective measures to test skills and concepts knowledge in students who received the material. The first study is a feasibility study for using a grief lesson in a pre-existing counseling course. The second study is the full scale deployment of a lesson to measure competency, using HLM data analysis.

Chapter 3: The Feasibility of a Wellness-Focused Grief Counseling Training for Counseling Students: A Pilot Study

Grief is a universal event that all people experience at one or multiple points in their lives. Grief is defined as the experience of intense sorrow and negative emotion as the result of a loss (Humphey, 2009). There are multiple types of grief that a person can experience. The earliest differentiations of grief split them into two categories: complicated grief and normal grief (Lindemann, 1944). The DSM 5 (American Psychiatric Association, 2013) contains descriptions of Persistent Complex Bereavement Disorder (PCBD) and uncomplicated (sometimes referred to as normal) grief. PCBD symptoms include many of those found in descriptions of complicated grief, where grieving people experience intense, lasting sorrow, anger, and hopelessness that has an impact on their daily life (Horn & Hoskins, 2011; Humphrey, 2009). Normal grief can be intense but is often viewed by the person experiencing it as an expected and necessary part of the grieving process, and the intensity decreases over time (APA, 2013). However, people can experience normal and complicated forms gradual/anticipatory and disenfranchised grief.

Loss is defined as the experience of losing not just a person or a pet, but also a job, relationship, way of life, goal, and/or sense of self, among others (Humphrey, 2009). These losses can be put into primary and secondary categories, where the primary loss (e.g. death of a spouse) leads to secondary losses (e.g. loss of way of life, loss of goals,

loss of sense of self). Losses can be stigmatized, where expressing the experience of the loss leads to exposure of participation in some sort of activity deemed unacceptable by society (e.g. infidelity, drug use, suicide). Losses can also be obscured, where the person experiencing the loss does not allow themselves to express the grief experienced by it because there is something else that is taking precedent (e.g. a refugee cannot mourn the loss of a family member lost in war due to focusing on reaching safety). Cultural loss is experienced by minority populations all over the world who have lost autonomy, languages, and traditions due to forced acculturation.

The various types of grief and loss can be treated through the use of theories developed over the last 50 years. These theories stemmed from Bowlby's (1969) attachment theories, where he posited that grief was a result of the nature of one's attachment style and relationship with the person or thing lost. Robertson and Bowlby (1952) suggested that reactions occur when attachment behaviors are activated, but source of attachment isn't available; this can result in separation anxiety, grief, mourning, and repression (Bretherton, 1992). Theorists used Bowlby's attachment theories as the foundation upon which they would build and further explore theories of grief and loss. Stage theories dictate that people go through a series of stages of grief before reaching acceptance of loss (Kübler-Ross, 1969). Task theorists posit that people participate in multiple tasks to help move through grief in a constructive way and reach some resolution (Rando, 2005; Stroebe & Schut, 1999; Stroebe et al., 2003; Worden, 2004). Niemeyer (2000) developed the theory of meaning-making in grief to allow for people to define how their life will have meaning with the loss in it, rather than resolving loss and "moving on" from it. Finally, adaptive grieving styles describe the process of grieving as

being cognitive and affective, and encourages the expression of grief in a way that resonates most with the person experiencing it (Martin & Doka, 2000).

Despite the wide varieties of grief, loss, and grief/loss-specific theories, counseling students are consistently demonstrating that they are not being prepared to work with grieving clients. Over 50% of licensed marriage and family therapists reported that they received no grief counseling education in their graduate programs (Cicchetti et al., 2017). Over the years, counseling students have continued to rate themselves low in grief counseling competency, saying they think they could work with grieving clients using basic counseling skills but that they have little to no knowledges of evidence-based skills and concepts for grief counseling specifically (Breen & O'Connor, 2007; Charkow, 2002; Cicchetti et al., 2017; Deffenbaugh, 2008; Hannon & Hunt, 2015; Hill et al., 2018; Imhoff, 2015; Ober et al., 2012). Despite CACREP (2016) requirements of competencies in treating trauma and crises as well as issues that occur in human growth and development (during all of which grief is known to occur), I looked into the course offerings of all the CACREP-accredited programs in three southeastern US states. Only three of those programs offered a grief counseling course, and only one offered it consistently as well as requiring it for all counseling students. Researchers have noted this disparity and have made many recommendations for integrating grief counseling material into pre-existing counseling courses through discussion of various theories and experiential activities to learn about grief and loss (Doughty-Horn et al., 2013; Hannon & Hunt, 2015; Hill et al., 2018; Horn & Hoskins, 2011; Jeon, 2018). However, there are very few studies that indicate these inclusions have been attempted (Sertgoz, 2013). With this study, I aim to address that gap in the research by developing a training that can be

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incorporated into current counseling courses using recommended topics and practices and testing the feasibility through a pilot study. The results of this pilot study will help me to refine and develop an effective training that can be deployed on a larger scale for Study Two.

Method

Participants

Pilot studies can be used to test the feasibility of an intervention prior to deployment of a study on a larger scale in order to ensure high quality research (Thabane et al., 2010). The participants in this study consisted of 30 counselor education students in an educational specialist program at a CACREP-accredited university in the southeastern United States. They were recruited through their instructors, who were contacted directly by the researchers. Out of the 30 students, 18 were first year students in advanced skills classes, and 12 were in their internship course. In terms of track, 22 students were on the school counseling track, and the other 8 were on the clinical mental health counseling track. They were all female, with 22 Caucasian students and 8 African American students. The students acted as their own control groups. All students received an informed consent form prior to agreeing to participate in the study.

The purpose of using this population was to control for extraneous variables that may impact counselor-in-training preparedness. Using students who are in their internship implies that the students have all received their core coursework according to CACREP standards, which creates a level of homogeneity despite differences in internship and practicum experiences. This factor will be accounted for in the full study through data analysis using hierarchical linear modeling, where internship and practicum

experience are variables that can be accounted for (Raudenbush & Bryk, 2002).

However, in the pilot, over half of the students were first year students who had not yet

participated in practicum or internship. By comparing feedback and preliminary results

from the training, it could provide a rationale that this training could be deployed with

first year students, either in the full study or in a separate study.

Training Development

The training itself was structured based on the theories of higher levels of learning

and communities of learning (Bloom, 2001; Lave & Wenger, 1991; Wenger, 1998). The

researchers developed a presentation to provide a visual for people who learn best in that

way, and as a method for organizing the information. The content was based on

recommendations and best practices in grief counseling as indicated in various research

performed within the last 10 years (Doughty-Horn et al., 2013; Hannon & Hunt, 2015;

Hill et al., 2018). The research suggested that discussion of foundational grief counseling

theories, introduction to interventions, and experiential activities to aid in application of

learning with opportunities for discussion throughout. As such, the content of this

presentation, and the corresponding level of Bloom's (1984) taxonomy can be found in

Table 3.1. This table also describes the experiential activities that aimed to help students

synthesize the knowledge they'd gained and work together as a community. Students

participated in case study discussions, compare and contrast activities, and a small group

activity that involved conceptualizing a case using grief counseling theories and

recommending wellness-based interventions.

Wellness interventions are not just important for counselors to be able to use on

their clients, but they're also important to help counselors who work with grieving clients

recognize the impact that this topic can have on their wellness too. Hill et al. (2018) specifically recommended incorporating wellness into grief counseling education. Wellness in this study is defined by Myers and Sweeney's (2004) Indivisible Self model, where they posit that a person's wellness can be split into categories, but all come together to help a person fell connected with mind, body, spirit, and nature. Utilizing interventions such as yoga, ecotherapy, Tai Chi, emotion-focused therapy, and meaning-making can help grieving clients move toward achieving greater overall wellness (Humphrey, 2009; Niemeyer, 2016; Ohrt et al., 2016). For this reason, the interventions provided in the training were varied to focus on different areas of wellness and the Indivisible Self, such as ecotherapy, yoga, exception questions, objects of connection, and grief rituals.

Before providing the training, the instructor gave the students three case studies that were each presenting with a different concern (one grief, one depression, one PTSD). They were not given options of which presenting concern to choose, and were instructed to identify the main concern with which they thought the client was presenting. The instructor also gave them the Personal Competencies and Conceptual Skills and Knowledge subscales of the Death Counseling Survey (Charkow, 2002) and the Grief Counseling Experience and Training Survey (Deffenbaugh, 2008) (see Appendix B), in addition to demographic forms. As a method of assessment at the end of the semester, the students encountered a simulation of a client presenting with non-death related grief. Through interacting with the simulation, students "asked" questions to gather information and then asserted what they believe is the main presenting concern. They were not asked to diagnose but rather to pick an overall concern, such as adjustment or grief. The goal is

to see if they can differentiate grief from other common presenting concerns. After this, the students participated in a focus group where they were asked a series of questions about their experience with the training. The questions can be found in Appendix A.

The development of the training was fairly straightforward. Deploying the training, however, involved increased flexibility due to the onset of COVID-19 and the cancellation of in-person class meetings. This training was originally designed to be delivered in on-campus classroom settings so the instructor had to adjust the training to be used online. However, Sertgoz (2013) found that teaching a grief counseling curriculum online didn't have any more or less effectiveness than teaching it in person. For the purposes of this training, the instructor met with students over Zoom, shared the presentation with them via screen sharing, and used breakout rooms to put them into groups for the jigsaw and case study activities.

Focus Group Analysis

The research team used a qualitative method for focus group data developed by Rabiee (2004) as a means to capture the feedback and insights of participants in a comprehensive way. The research team consisted of four doctoral students, including the author. All were Caucasian cisgender women who identify as heterosexual. While three of the researchers could not identify any bias or positionality that would prevent them from objectively interpreting the data, the main author recognized that, as the developer and implementer of the materials, there may be some confirmation bias. Therefore, one of the purposes of the research team rather than a solo analysis was to address this bias and see perspectives that may not be caught by the main author. The main author taught the

team about the analysis process, sent them the focus group data to analyze independently using this method, and then met together to discuss results.

Rabiee's (2004) method involves analyzing focus group data according to eight categories: words, context, internal consistency, frequency, intensity of comments, specificity, extensiveness, and big picture. First, researchers are to use Kruger and Casey's (2004) method of sorting through participant responses by looking to see if the response answers the question asked. If not, researchers should look to see if it answers another question in the interview, and/or if it mentions something important about the topic. Then, they should check to see if it echoes or matches up with any other responses. After this, researchers can begin looking at the qualitative data in the scope of each of the categories.

Results

When performing a pilot study, researchers aim to focus on multiple facets separate of the outcome of the data collected; process, resources, and management are three of those facets (Thabane et al., 2010). Process refers to the main elements that are key to the success of the study, such as retention rates, eligibility criteria, and understanding of study tools for data collection. Resources refers to time or resource problems that could occur during the main study, such as time spent filling out forms and questionnaires, time commitments for instructors and students, and equipment issues. Management refers to the management of problems that may arise with the participants and the data, such as data entry, missing data, and variability. In addition to these aspects, responses included participant opinions on their experience with the training, what they liked and did not like about the format of the study as a whole, and how useful they

thought a study like this may be. Looking at these issues and correcting any problems that arise can increase the integrity of the study and avoid preventable errors. These facets were assessed by instructor notes throughout the process, as well as focus group and survey questions post-training. While the intention was to have all participants present in an online focus group, some were not able to attend and answered the same focus group questions in an open-ended survey question format if they chose to do so. A group of three researchers analyzed their anonymous answers for common themes. An auditor checked the themes for consistency with the answers given by the participants.

Process

The researchers recruited the participants in this study through their professors, who encouraged them to attend the training. All students who were encouraged attended the training. However, students may opt out in the full study as it would be unethical to force them to participate. A prospective solution could be to encourage instructors to offer extra credit if they complete all parts of the training. However, as evidenced by the focus group data and discussed later, the students unanimously expressed wanting to participate in the training regardless as they saw it as an important part of their professional development.

With the use of technology and meeting online, the training still lasted the intended duration of 2.5 to 3 hours, depending on the amount of participation in discussions from students. This turned out to be a feasible option for implementing the training, as students were able to follow along with the presentation and engage in discussion with the instructor and each other. There is also a feature on Zoom that allows for students to be put into groups and go into breakout rooms, so they could still

participate in the jigsaw activity. This also allowed the instructor to jump between rooms to check in on the different groups and answer any questions. The instructor created a discussion post through Blackboard where the students could go to access the case studies and engaged the class in a discussion where each group talked about their case with the whole class.

Resources

Students participated in the pre-and-post test questionnaires, and filled them out completely as they were alerted to missed responses and required to address them before continued. In the focus groups, a couple of students expressed that the assessments were long and that they had a difficult time remaining focused on all of the questions. However, the main theme regarding the assessments was that they were helpful in showing the students where they were deficient in grief counseling education. Another theme that emerged indicated that confidence affected views of the assessments; students who disliked the pre-test for its length had less of a problem with this in the post-test because they were excited to see how much they had learned. In addition to this, the post-test indicated to them that they had learned more about grief counseling from the training. One issue that needs to be addressed involves refining the simulation and ensuring it is accessible, as several students had issues accessing it.

Participant Feedback

In order to assess participant feedback with rigor, the method used was Rabiee's (2004) aforementioned model for analyzing focus group data.

Words

The participants mentioned on multiple occasions that they had not considered the full range of the meanings of the words "grief and loss." Many expressed not realizing that grief and loss could be used to describe non-death related experiences prior to receiving the training. In particular, when answering the question, "What stood out to you about the material," one participant stated, "What stood out the most was how so many things are considered grieving and once you think about it, it does make sense that grief isn't just death." Another shared, "I liked that [the training] didn't just focus on grief due to the loss of a loved one, but also grief due to other losses." It became clear that many of the participants had a narrow definition of the terms "grief" and "loss," and this training broadened their definition.

Another pattern of words was in relation to what the participants found ineffective about the training. The purpose of the question was to give participants a chance to talk about the layout and logistics of the training, however many participants interpreted this as an opportunity to discuss the content. One trending word was "more," in particular more training, more information, and more activities. However, this may be due to a misunderstanding on the instructor's part; the training is only meant to be introductory and lay a foundation for continued learning. Students are not meant to leave the training feeling fully confident and competent in grief and loss counseling. This may need to be clarified in future studies.

In response to the question, "Do you think grief counseling education is important? Why," many of the participants used the same words. They unanimously said yes, and recurring words included "universal," "inevitable," and "everyone" in relation to

the experience of grief and loss. The participants justified their affirmative responses with some form of explanation that it is certain that they will need these skills for work with their populations in the future. One participant stated, "Yes, absolutely. Because all human beings will experience grief in their lifetime. As counselors, it's our job to be able to help and process that grief in a healthy way with individuals. I believe that grief counseling education is vital to being a well-rounded counselor." Another echoed a similar sentiment, "Absolutely. We will all encounter grief in our practice, no matter which track we are on or what age group we plan to work with. Grief is also something that every person will deal with in their own lives. So it is of upmost importance that we can work with clients who are experiencing grief and learn to handle our own grief as well." The use of similar language and wording could suggest that students recognize the importance of competency in an area of counseling that is experienced by all clients and professionals at some point in their lives and careers, and they are ready and willing to receive that training.

Context

The context of the participant responses is important to take into consideration. For example, like mentioned above, many students expressed wanting more training, activities, and information during the training. However, within context, it is not necessarily that there were not ample opportunities for training, activities, and information. The participants may have had an unrealistic expectation for how extensive the training would be, when it was meant to be introductory. This may be due to sentiments echoed in responses to the question, "What are your thoughts about the grief counseling education you receive in your counseling program," where almost all of the

participants stated that they did not receive any, or that the education they received was not sufficient. It is possible that these participants were concerned that this would be the only education they got throughout their graduate programs, and wanted to feel more prepared to help grieving clients.

Another important area for context was in relation to participant thoughts about the pre-and-posttest assessments. Many students said that it was long, and that "some of the questions seemed too repetitive." The majority of the participants stated that they understood the need for the assessments despite them being too long. However, those that stated the questions were repetitive may not understand testing validity measures that are built into assessments. Even though some of the repetitiveness of the questions cannot be helped, it may be important to find ways to reduce the length of the assessments in order to ensure completion. However, it may be worth noting that some of the participants who found the assessments to be long did remark that they noticed a change in their knowledge when taking the posttest, and that they felt more confident and competent than when they took the pretest due to having received the content.

Several participants discussed that they felt they could relate to the content, even though they were not asked about their experiences with grief in the focus group. One participant mentioned that she did not realize an experience she had would be considered a loss. Another stated that she appreciated the list of different examples of losses, and how she could understand that a person may not consider those examples to be losses because no one died. This ties in to the participants' aforementioned redefining of the words "grief" and "loss," as well as potentially indicating that there was some personal growth as a result of receiving the training, not just professional growth.

Internal Consistency

Internal consistency is important to consider when interpreting focus group data, as there could be indicators of process and growth if participants change their opinions, thoughts, and experiences throughout the course of the group (Rabiee, 2004). However, the participants in this focus group were consistent with their responses, and no one said anything that was contradictory to a previous statement or indicated a change in perspective during the focus group.

Frequency and Extensiveness

Across the focus group questions, there were a few things that were mentioned with high frequency. "Theories" was one of those terms. Participants reported that they were grateful to learn about grief counseling theory 21 times across all the questions. This was especially concentrated in the first question, "What aspects of the curriculum were effective?" Of the 28 responses, 11 participants stated that the information about grief counseling theories was the most effective part of the training.

Another high frequency sentiment was the aforementioned experiences with grief counseling education. Fifteen participants stated that they had not received any education/training at all. Eight of them expressed needing more/more thorough training. This aligns with previous research, where the authors found that many students and professional counselors were not getting any training in grief counseling during their graduate programs (Cichetti et al., 2017; Ober et al., 2012). It also aligns in that the participants expressed a desire for more training, with one participant who received the training in an internship class saying, "I wish we got more of it, and maybe sooner, because… a lot of people may be going through things and decide, 'oh, I'm depressed,'

but it's not that. There's a difference between grieving and depression, which I learned."
Learning about grief and loss earlier in counseling programs could help students to
distinguish the unique qualities of grief from other, more commonly discussed presenting
concerns.

The most frequently echoed sentiment presented in the question, "Do you think
grief counseling education is important? Why or why not?" The participants unanimously
answered that they thought grief counseling education was important, due to the universal
nature of grief and the likelihood that a counselor will encounter a grieving person in the
course of their career. One participant echoed others who mentioned the unique
presentations of guilt, stating, "Everyone handles grief throughout their life and it looks
different to everyone, so it would be important to study how to help others throughout
grief." Several of the participants who were on the school counseling track noted that it
was helpful to learn about the differences in grief presentation when it comes to children
and adolescents, with one participant noting, "So many of the behavior issues that occur
in school age children are related to grief and loss in some way." Overall, the participants
recognized the importance of the information in helping them best serve their populations
in their future careers because they anticipated being faced with a grieving person at
some point. This ties extensiveness with frequency, as the participants consistently and
frequently stated that they learned important information from the training and
recognized why that information is important.

Intensity

When it comes to intensity, Rabiee (2004) suggests looking at the specific phrases
and words used to indicate how a participant's response can resonate with overall themes.

The depth of feeling expressed can add richness to a response. One indicator of intensity was seen in how participants discussed the layout and format of the training. Many said that they "really liked it" or it was "really well laid out," rather than just saying they liked it. A couple of the participants talked about the layout and flow specifically, talking about how the progression of the material and the layout of the slides made it easier for them to grasp and digest the content. This was promising as the training was designed intentionally using Bloom's taxonomy in order to follow an evidence-based practice for helping students learn (Anderson et al., 2001).

Participants also expressed intensity about the lack of grief education, and the importance of grief education in general. Making statements such as, "It's SO important," "grief counseling is vital," "absolutely, grief counseling is important," and "it is of the utmost importance that we can work with clients who are experiencing grief and learn to handle our own grief as well," rather than saying more neutral expressions such as, "Yes, I could see it being important for some," or "I guess I can see the value in it," the participants enthusiastically, unanimously, and passionately expressed their views on the importance of grief counseling education.

Specificity of Responses

Rabiee (2004) suggests studying participant responses and highlighting specificity over hypothetical. Participants who can make ties to real experiences rather than imagined or potential ones can offer a rich insight. For example, in this focus group, many of the participants talked about hypothetical situations where they can see grief and loss education being useful. Those insights are important to the big picture painted by the data. However, some of the participants harkened back to real world experiences that

highlighted their need for grief and loss education. One participant talked about working in a university counseling center with a student who lost a sibling to suicide: "… I had no idea. I was so unprepared and had no idea what to do… I went to supervision and they just kind of told me the same thing, just sit there and be a sounding board but… I don't remember there ever being any sort of specifics; if X happens grief-wise, do Y. I don't remember anything like that." She could discuss how knowing specific information about grief and loss counseling could have made her a more effective practitioner with a particular client. She used her basic general counseling skills to be a good listener, but would have liked some more guidance on how to work with this specific concern.

Other participants made brief mentions to specific ways they related to the content. One participant suggested more grief and loss interventions specifically for group counseling, as she recognized she was dealing with some grief in the groups she was currently leading at her internship. Another talked about how the content resonated specifically with her because she saw a type of loss listed that she had experienced but did not recognize as something that could lead to grief. Though there were only a few instances of specific responses to the content, this could be due to the fact that many of the students did not have counseling experience yet and had to work mostly in hypotheticals. But these specific responses can be helpful in making a training with content that truly resonates with the students receiving it and prepares them for situations they may face as professionals.

Big Picture

To wrap up the analysis of the focus group data, Rabiee (2004) suggests looking at the big picture. Looking at trends and ideas that branch across the discussion can allow

researchers to walk away with an overall perception of what the participants are trying to convey. Several themes emerged as a result of looking at the big ideas and picture of the data.

First, the participant feedback indicated overall that students recognize the importance of grief and loss education and are eager to receive that education. They want information on theories and best practices, and opportunities to do activities that will help them implement the new knowledge. When presented with a well-designed training or curriculum, students could be very interested in this type of information because they can see the practicality and importance of it. Recognizing the various types of grief and loss, as well as the universality of the experience overall, helped to highlight why this type of education was important to the participants. It may also be important to note that the participants were feeling more competent and secure in their skills with grief clients after just receiving one training, and they felt like they were more prepared to help these clients overcome challenges related to grief and loss.

Students are also looking for specific information. They appreciated learning about theories, terms, and interventions, and even asked for more specific resources and interventions. Expecting students to continue relying on general counseling knowledge and skills is not effective (Breen, 2010; Cicchetti et al., 2017). They are recognizing this and wanting to seek out that knowledge during their time as students, rather than having to deal with it when they are professionals. This could provide a strong support for integrating more grief content into counseling programs. The participants were all from the same university so it makes sense that they would all report that they were not getting any/enough grief and loss education, but this supports the previous research. If it is not

possible for programs to create entire courses, it is possible that just incorporating the content into current classes could give students the boost that they say they need.

Discussion

The experience of piloting this study indicates that, with some minor adjustments, the study is feasible for deployment on a larger scale. Overall themes that permeated the participant answers in the focus groups seem to indicate that this is a necessary and desired area for research. Students acknowledged that grief counseling is necessary, and that they are ready and eager to receive this knowledge. Students are not getting a comprehensive counseling education that teaches them about how diverse grief and loss can be. Learning about grief counseling increased their confidence and while it was a lot of information for them, they appreciated it and wanted more.

These results align with the research that reports gaps in counselor education when it comes to grief and loss. Students are not receiving grief counseling education and the use of evidence-based practices for teaching students about grief is lacking in CACREP-accredited programs (Breen & O'Connor, 2007; Charkow, 2002; Cicchetti et al., 2017; Deffenbaugh, 2008; Hannon & Hunt, 2015; Hill et al., 2018; Imhoff, 2015; Ober et al., 2012). However, students are ready for this information and can recognize the importance of it. They are aware that they aren't getting the full scope of the education they need but they struggle with understanding how to get the information that they see as helpful to them as professionals. Providing students with grief counseling education could be an important part of ensuring students are receiving comprehensive training before entering the work force.

Implications

Based on the results of the pilot study, it is feasible to integrate grief counseling training into pre-existing counseling courses when it is not possible to provide a stand-alone course on the topic. Using techniques already present in the research can take the pressure off of faculty who may not feel competent or confident in developing their own trainings and activities, which can stop the cycle of lacking grief counseling due to professor inexperience with the topic ((Doughty-Horn et al., 2013; Hannon & Hunt, 2015; Hill et al., 2018; Horn & Hoskins, 2011; Jeon, 2018). Working with students to give them basic tools could make them feel more prepared for a wider variety of presenting concerns. It may not be necessary to give students an entire course or training right away; if students feel grief counseling is important, the training they received is not enough for them, faculty can provide resources or point them towards other external trainings and workshops. Giving students a preliminary knowledge of grief and loss could help them in understanding what knowledge they need to seek out.

The results of the pilot study provide favorable indicators for the success of a large-scale deployment of a grief counseling training. The results and feedback were overwhelmingly positive, meaning that other students in CACREP accredited programs could also benefit from receiving it. The training ran in the time allotted and it was fairly straightforward to adapt to an online format. This could be useful as educators move into a time where hybrid and online learning is more common and could make the content more accessible to students and faculty with varying needs.

Limitations

The purpose of a pilot study is to highlight the feasibility of a study for larger scale deployment. Some adjustments were necessary before full deployment. One limitation is testing fatigue. Even with 30 participants, not everyone completed both the pre-and-posttests. The main feedback there was that it was too long and boring. It may be helpful to look at limiting the questions used and paring down the assessments to make them easier for participants to complete without getting bored.

Another limitation is that the training is meant to be introductory, which some of the participants did not realize. While it was helpful to know that participants were interested in grief counseling education, they expressed wanting more, especially when it comes to interventions. It may be possible to rearrange some of the information in the training in order to include more about interventions that can be used with grieving clients.

The participants in this study were all in internship or pre-practicum classes. They expressed wishing that they had the information prior to going into practicum or internship, but making the training available to students in different classes would decrease the homogeneity of the sample. Using multilevel modeling or hierarchical linear modeling would make it easier to give the training to many different types of students by nesting them in their classes to account for lack of independence in the sample.

Conclusion

Overall, students are not receiving the grief counseling education they think they need, despite the fact that grief is something they are likely to encounter in practice. The results of the pilot study indicate that an introductory training for grief counseling which

can be integrated into pre-existing counseling courses may be helpful for students at various levels and on various tracks. Students are ready and eager to receive this education and find it to be an important part of their preparation for professional counseling. After making adjustments, it is feasible to deploy this study on a larger scale in order to see if students and instructors at other universities across the country find the training to be helpful in preparing counseling students for working with grieving clients.

Table 3.1: Training Development and Layout

Training Material Progression	Applicable Stage of Bloom's Taxonomy
Definition of grief, gauge student knowledge and experience of grief and loss -Talking with students about their comfort addressing grief.	Affective- Receiving and responding Cognitive- Knowledge
Define different types of grief and loss -Death vs Non-Death Related Loss. - Complicated vs Normal Grief.	Affective- Receiving Cognitive- Knowledge and Comprehension
Differentiate between MDD, PTSD, and Grief	Affective- Organizing Cognitive- Comprehension, Analysis
Case Studies -Students look at case studies and determine if the client is dealing with grief or another type of presenting concern (adjustment, depression, anxiety, ADHD).	Affective- Valuing, Organizing Cognitive- Comprehension, Application, Analysis
Theories -Stage theories -Working theories -Continuing Bonds and Adaptive Grieving Styles	Affective- Receiving Cognitive- Knowledge
Interventions -Talking about wellness, Indivisible Self, how grief impacts areas and interventions for those impacts.	Affective- Receiving, Responding, Valuing Cognitive- Knowledge, Comprehension, Application

Chapter 4: Grief Counseling and the Indivisible Self: A Training for Students in Counselor Education to Increase Holistic Grief Counseling Competency

Grief is defined as the experience of intense sorrow and negative emotion as the result of a loss (Humphrey, 2009). Grief can present in many forms, and these forms have become more diverse and intricate over time. Initially, Lindemann (1944) differentiated two types of grief: complicated and uncomplicated/normal grief. Complicated grief is defined as intense, lasting sorrow, anger, and hopelessness that has an impact on the daily life of the person experiencing it (American Psychiatric Association, 2013; Horn & Hoskins, 2011; Humphrey, 2009). Uncomplicated/normal grief can be an intense experience of sorrow and anger but is often viewed by the person experiencing it as an expected and necessary part of the grieving process, and the intensity decreases over time (American Psychiatric Association, 2013). These terms have persisted but have become more nuanced. While a person experiences these two types of grief, they may also experience gradual, anticipatory, and disenfranchised/cultural subtypes of complicated and uncomplicated/normal grief (Humphrey, 2009).

Loss can also be nuanced and fall into several different categories. While many people think of grief as it relates to death, there are many types of non-death related loss, such as loss of ability, sense of self, way of life, goals, and others (Humphrey, 2009). These losses can also be categorized as primary and secondary losses, where the primary loss is the main grief event and the secondary losses occur as a result of the primary loss. For example, the loss of a physical ability due to an illness or accident may be a primary

loss, which can result in secondary losses of way of life, goals/dreams, jobs, and/or sense of self. Oftentimes, these losses are treated as adjustments with depressive symptoms and are not recognized as grief events (American Psychiatric Association, 2013; Cicchetti et al., 2017; Humphrey, 2009). Currently, there is no formal, inclusive diagnosis for grief in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM 5); according to the American Psychiatric Association (APA), Uncomplicated Bereavement is a differentiation from Major Depressive Disorder and is included as a Z-code in the 10th edition of the International Classification of Diseases (ICD-10). Further, the DSM 5 suggests Persistent Complex Bereavement Disorder (PCBD) as a condition for further study. PCBD symptoms include many of those found in descriptions of complicated grief, where grieving people experience intense, lasting sorrow, anger, and hopelessness that has an impact on their daily life (Horn & Hoskins, 2011; Humphrey, 2009). The ICD-11 includes Prolonged Grief Disorder as a new diagnosis, but still defines grief as a response to death (ICD, 2020).

Despite the lack of clinical diagnoses available for grieving clients, there are many different theoretical frameworks for treating grief. Bowlby (1969) developed the earliest models through his work with attachment theory, where he conceptualized grief as a result of the person's attachment and relationship to the loss. He posited that grief is a form of separation anxiety, where those suffering are unable to find comfort in the source of their attachment and have to cope with feelings of abandonment. This can lead to the feelings of sorrow, anger, and hopelessness associated with grief, and can cause people who are grieving to repress these emotions due to a perceived lack of ability to resolve it (Bretherton, 1992; Robertson & Bowlby, 1952). Attachment theorists posit that

those who are experiencing grief can be helped through confronting their feelings of abandonment and processing through them in order to form a new, healthier attachment to the loss.

Around the same time that Bowlby was doing his work with attachment theory, Kübler-Ross (1969) was developing her stage theory of grief counseling. She suggests that grieving persons go through five stages of grief: denial (about the loss and/or the effect it is having on them), anger (towards self, others, the world, and/or the loved one lost), bargaining (asking a higher power for a second chance, asking "what if" or "if only"), depression (experiencing and expressing sadness about the loss), and acceptance (recognizing that life goes on). People can go through these stages in different orders and go back and forth between stages multiple times. This model is one of the more well-known models of grief counseling; however, it was developed and normed for a specific population consisting of Caucasian middle-aged women who had lost their husbands to death. This may cause concern that the model isn't appropriate to generalize for all grievers. Another limitation of this model lies in its insinuation that people passively move through stages of grief. As a result, Stroebe and Schut (1999) and Worden (2004) worked to develop task models to conceptualize the experience of grief. The use of task models allows clients to make their grieving concrete rather than abstract and see their grief as a series of tasks they are completing to move toward acceptance. For example, Stroebe and Schut's (1999) dual process model suggests that grieving persons alternate between loss processes and restoration processes. Loss processes involve what one may expect of someone experiencing grief, such as feeling intense sadness, emoting, feeling withdrawn, and expressing anger or unfairness. Restoration processes involve the person

actively taking steps to redefine their roles and relationships as a result of the loss. A person alternates between these two processes as needed, eventually coming to a place of acceptance (Stroebe et al., 2003; Stroebe & Schut, 1999). A main criticism of these task models is the idea of acceptance. Other models of grief counseling developed around the same time suggest that it is not helpful to encourage clients to accept or move on from their guilt, but rather teach them to accept their grief as something they will feel in some way for the rest of their lives (Humphrey, 2009).

Some of these other theorists include Niemeyer (2000) and Martin and Doka (2000). Niemeyer developed a theory of grief counseling that integrates attachment theory with meaning making. He suggested that helping clients make meaning out of their loss could help them develop healthier attachments and learn to carry grief with them in a way that honors their experience (Niemeyer, 2000). Martin and Doka (2000) developed the concept of adaptive grieving styles. Rather than seeing grief as an experience to move past, they sought to help clients understand how they are grieving in order to have less distress in the process. They suggest two different styles of grieving: intuitive grieving and instrumental grieving. While these two styles exist on a spectrum, most people fall more into one category than the other. Intuitive grievers experience the grief process in an emotional way. They tend to display more tearfulness, want to talk about their loss with people close to them, and display more of the stereotypical depressive symptoms. Instrumental grievers grieve by doing, such as taking care of tasks or engaging in activities that remind them of their loss. Martin and Doka (2000) found that gender seems to play a role in grieving style, with women tending to be intuitive grievers and men tending to be more instrumental. The researchers found that more

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distress occurs when a person is grieving in a way that is being rejected in some way by their community. For example, a woman who is an instrumental griever and does not show much emotion may be seen as cold and uncaring. A man who grieves intuitively may be perceived as weak. A person who grieves intensely in their own style may be judged as being too upset for too long (intuitive) or being in denial (instrumental). However, Martin and Doka (2000) found that grieving people experience less "stuckness" when they understand and embrace a grieving style that works best for them. While more modern theories are more inclusive, the many different theories throughout the last 60 years could provide valuable insights to counselors when helping grieving clients.

Holistic wellness is emerging as an evidence-based practice for treating grief. Addressing the overall wellness of clients has been shown to improve not just mental health, but spiritual, social, emotional, and physical health as well (Humphrey, 2009; Myers & Sweeney, 2004; Niemeyer, 2016; Ohrt et al., 2016). Hill et al. (2008) developed a set of recommendations for curricular inclusion while teaching grief counseling and suggested that wellness be incorporated when teaching counseling students about helping grieving clients. This aligns with research that discusses how grief can be tied to multiple areas of wellness. APA (2013) descriptions of grief include social isolation, anger, hopelessness, avoidance, and sadness. In addition to mental, social, and emotional impacts, Pini et al. (2015) found that patients suffering from complicated grief were at higher risk for acute coronary syndrome. Reed (2003) suggested that nurses should use a holistic wellness model with their grieving patients in order to more accurately assess and treat them. Park & Halifax (2011) discussed how grief and bereavement can impact

spirituality, causing more spiritual/religious clients to cling to or question their faith and practices. Goodrum (2020) also found that grief counselors who practiced wellness and self-care were able to better mitigate burnout. The inclusion of wellness practices in grief counseling could be helpful for clinicians and clients alike.

Despite the development of these different modes for addressing grief and loss in clients, counseling students and professional counselors are not readily receiving training on treating grieving clients. Many counseling students report that they have never taken a course on grief counseling or been exposed to material in a way that has given them a sense of professional competency in skills and concepts of grief counseling (Breen & O'Connor, 2007; Charkow, 2002; Cicchetti et al., 2017; Deffenbaugh, 2008; Hannon & Hunt, 2015; Hill et al., 2018; Imhoff, 2015; Ober et al., 2012). Counselors may rate themselves high in personal competency, meaning that they believe their own experiences with grief as well as their general counseling skills can make them competent grief counselors; however, they rate themselves lower when it comes to knowing skills and concepts related to evidence-based practices for grief counseling (Ober et al., 2012). Hannon & Hunt (2015) discussed how this creates a perpetual cycle preventing students from receiving grief counseling education. Students are not receiving any grief counseling education, leaving them to seek out professional development in the area via workshops and trainings. However, if they do not do this, those that go into academia don't teach their students about grief counseling because they don't feel competent to do so. This continues the aforementioned cycle of producing professional counselors who do not know how to use evidence-based theories and practices to recognize and treat grief.

This lack of education could also present an ethical dilemma for the counseling profession. The American Counseling Association Code of Ethics (2014) lists strict standards for treating clients. Section C.2.a. dictates that "counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience" (ACA, 2014). Section C.7.a. dictates that "when providing services, counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation" (ACA, 2014). When it comes to ethical practices, personal competence may not be sufficient for treating clients when other areas of competence are lacking, especially when the counselor has not received any formal education or training on the topic in which they are professing competence (Hill et al., 2018; Imhoff, 2015; Ober et al., 2012). Grief is a prevalent condition; with all people experiencing grief and loss at some point in their lives, it's inevitable that counseling students will come into contact with a grieving client in the span of their professional careers. Providing grief and loss counseling education to students in a variety of courses can help prepare them formally for working with grieving clients and avoid the ethical dilemma of potentially harming a client by failing to recognize their condition or use evidence-based techniques to assist in their healing.

One barrier to grief counseling education is a result of limitations on course offerings due to requirements for The Council for Accreditation of Counseling and Related Educational Programs (CACREP), which makes it difficult for some programs to create a course to focus on grief counseling. However, many CACREP (2016) standards for courses in each track discuss necessary competencies in addressing areas such as

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trauma and crisis and major life changes. It is possible to address these competencies and give students more grief counseling training at the same time by integrating grief content into pre-existing counseling courses (Doughty-Horn et al., 2013; Hill et al., 2018; Horn & Hoskins, 2011; Jeon, 2018). Despite the vast amounts of research on grief counseling, as well as recommendations and suggestions for including this material in counseling programs, there is a dearth of research where these recommendations are put into practice (Sertgoz, 2013). With this study, the researchers aimed to put these recommendations into practice by implementing an introductory grief counseling training in pre-existing counseling courses and testing nested groups of students to see if the training has any significant effect on skills and concepts competency in grief counseling. If so, there could be a rationale for including more grief content in counseling courses.

Method

The purpose of this study was to explore the effects of an introductory grief and loss counseling training on the skills and conceptual knowledge competency of master's level counseling students. This study is a pre-and-posttest experimental design using hierarchical linear modeling (HLM) to analyze the results (Raudenbusch & Bryk, 1992). Therefore, the research question is:

Can a 3-hour grief counseling training, infused into a master's level counseling course, have a significant effect on grief counseling skills and concepts competency as indicated by the Death Counseling Survey (Charkow, 2002) and the Grief Counseling Experience and Training Survey (Deffenbaugh, 2008)?

Grief and Loss Counseling Training

In order to attempt to address the gaps in the research and increase counselor competency in grief, the researchers developed a 3-hour grief counseling training that could be incorporated into a variety of counseling courses. The training was intended to be administered in one class period as an introductory lesson and could be administered in-person or over virtual learning platforms. The training uses the pedagogical theories of Bloom's taxonomy (Anderson et al., 2001) and Lave and Wenger's communities of learning (Wenger, 2008). Bloom's taxonomy provided a structure to the delivery of the material in a way that makes retention more likely, while communities of learning provided a framework for developing the material in such a way that students would see it in a practical way that honored them as budding professionals. The training included PowerPoint presentation which included information, discussion prompts, and activities. This was a means of incorporating traditional and constructivist teaching methodologies; the lecture/PowerPoint aspect of the training provides a level of comfort and familiarity for adult learners while the discussions and activities allow them to put the information into practice (Aubrey & Riley, 2016).

The first part of the training deals with assessing student knowledge, which can help instructors to know how much or little their students may know about grief as well as their perceptions and experiences regarding grief and loss (Borders, 2019). Students then learn about different terms, definitions, and criteria for grief and loss; they then compare and contrast how they may present in different situations, different people, and in ways that differentiate grief from other diagnoses. This leads into discussion about a set of case studies where the students work together as a class to decide if they think grief

counseling would be appropriate for that particular client or student. After this, the training moves into a section about different theoretical frameworks for working with grieving clients. Then there is a shift to interventions with a focus on wellness, where Myers and Sweeney's (2004) Indivisible Self model provides a framework for addressing holistic wellness in grieving clients. The students are asked what they know about wellness and then learn about the five domains of wellness in the Indivisible Self. They discuss different ways grief can manifest in those five domains, and then move into evidence-based interventions like the wellness pie, grief rituals, group counseling, referral to medical professionals, Cognitive-Behavioral Therapy, ecotherapy, and mindfulness (Humphrey, 2009; Ohrt et al., 2016; Niemeyer, 2009). Finally, they participate in a jigsaw activity that helps them to integrate the knowledge and practice conceptualizing a case study using their new knowledge.

Population and Recruitment

The population for this study consisted of master's level students in CACREP-accredited counseling programs across the United States. After receiving Institutional Review Board approval, the researchers obtained our sample through finding the email addresses of faculty members via the CACREP directory for accredited counseling programs in clinical mental health counseling, school counseling, marriage and family counseling, rehabilitation counseling, and addiction counseling. In total, 347 universities were contacted with recruitment materials. Faculty were invited to participate if they were part of a CACREP program, willing to use the provided materials and fidelity checklist, had students complete the pre-and-posttest, and provided their students with the informed consent. Instructors were also given informed consent and encouraged that they

or their students could quit the study at any time with no penalty. Instructors were excluded from the study if their program of study included a course on grief and loss. Those who were able to participate were offered compensation in the form of entry into a random drawing for one of three $100 Amazon gift cards. This resulted in a final number of 12 instructors and 106 students across nine different universities. The researchers randomly assigned six instructors and their 56 students to the experimental group, and 6 instructors and their 32 students to the waitlist control group. Due to concerns about the difference in sample sizes of the groups, the researchers contacted a faculty member at another university directly rather than via the CACREP liaison, and this resulted in one more instructor and 18 more students for the wait list control group. It is not possible to calculate the response rate because many of the recruitment emails went unanswered, so we cannot ascertain if all of the contacted instructors read the emails. Instructor and student demographics are located in Tables 4.1 and 4.2.

Outcome Measures

For the purposes of this study, competency is defined using Deffenbaugh's (2008) Grief Counseling Experiences and Training Survey (GCETS) and the Conceptual Skills and Knowledge subscale of Charkow's (2002) Death Counseling Survey (DCS) (Appendix B).

The GCETS measures student and professional perceptions of experiences with grief counseling and grief counseling training. It consists of a 12 item Likert-style survey with a high internal consistency and reliability when tested ($\alpha = 0.93$). The internal consistency score on this study's population was lower ($\alpha = 0.81$). A high score on this assessment indicates that the person assessed believes they have a high level of

competence and training in grief counseling. This assessment can be found in Appendix D.

The DCS measures student and professional perceptions of competency in grief and loss counseling over a set of 58 Likert-style items split into five subscales: Personal Competencies, Conceptual Skills and Knowledge, Assessment Skills, Treatment Skills, and Professional Skills (Charkow, 2002). For the purposes of this study, the Conceptual Skills and Knowledge subscale of the DCS (Appendix E) measured competency in skills and knowledge, which also has a high internal consistency and reliability ($\alpha = 0.88$). The internal consistency and reliability were higher on this study's population ($\alpha = 0.97$). The purpose for doing so lies in past research showing that students and professionals consistently rate themselves highly in personal competency, but lower in other areas (Imhoff, 2015; Ober et al., 2012). Since the training is meant to be introductory, we did not think it would be appropriate to include the other three scales, as assessment, treatment, and professional skills are not addressed in depth. Also, when the training was pilot tested, participant feedback indicated that the addition of other scales created a barrier to completing both the pre-and-posttests due to testing fatigue.

The researchers compiled pre-and-posttest surveys consisting of demographic data, questions about previous grief counseling training/education/experience, the GCETS, and the DCS using SurveyMonkey. The instructors also received a demographic survey via SurveyMonkey. Instructors in the waitlist control group received a link to their demographic form and the pre-and-posttest survey for the students, as well as instructions to give their students the posttest link one week after the pre-test link. After doing so, the instructors received the grief and loss counseling training so they could use it with their

students if they wished to do so. The experimental group instructors received the same surveys as well as the PowerPoint of the lesson and a manual with supplemental information for each slide in order to provide guidance and ensure that each instructor was able to teach the content as homogenously as possible. The instructors also completed a fidelity checklist to help with homogeneity. All of the instructors in the experimental group completed the fidelity checklist and indicated that they fully used the materials and encouraged their students to complete the pre-and-posttests at the appropriate times. The instructors to gave their students the posttest one week after they received the training. Instructing the students to wait a week between tests was a means of trying to mitigate testing effects while also accounting for the risk of mortality. After the students and instructors completed the surveys, the researchers coded the data and computed total scores on the outcome measures as well as differences between scores from pre-to-posttest.

Baseline Equivalency

The researchers ran several baseline equivalencies tests to ensure that the groups were as equal as possible prior to running the analysis. The first was to check for a significant difference in average pre-test scores on the outcome measures between students who completed the pre-and-posttest ($n=105$) and students who only completed the pre-test ($n=52$). The researchers ran two sample t-tests for each outcome measure. For both the DCS (Charkow, 2002) and the GCETS (Deffenbaugh, 2008), there were no significant differences between the means (Table 4.3). Additionally, the researchers performed Chi-squared tests of baseline equivalency and calculated effect sizes (Cohen's *d* for categories with two subsets and *f* statistics for between and within groups variance

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for categories with three subsets) for demographic data of students who participated in both the pre-and-posttest, which can be found in Table 4.4. The demographic variables tested included race, gender identity, year in program, and track. All of the Chi-squared tests returned a $p= >0.05$ with the exception of one: there was a relationship between being on the marriage, couples, and family counseling (MCFC) track and pre-test score on the GCETS ($n= 10$, $p= 0.543$). It is also of note that there were only three students in their third year of the program, therefore despite their Chi-squared p-value being insignificant, the small size of this particular subset of the sample may indicate that this statistic is not reliable. The effect sizes are also notable; year in program seemed to have a moderate effect on results. In future studies, it may be important to run analyses of other variables like year in program to see the significance of this effect when accounting for other variables.

Hierarchical Linear Modeling (HLM)

HLM is a form of multilevel modeling that nests data in order to allow between groups comparison by accounting for variables on multiple levels when there is no assumption of independence (Raudenbusch & Bryk, 2002). This form of analysis allows researchers to look for fixed effects when taking other non-independent variables into account. The students in this study are not independent because they are in different classes, and it cannot be guaranteed that every instructor provides each student with the exact same experience despite all programs adhering to CACREP requirements. This is further supported by an ANOVA between the two groups which indicates there is a significant difference in the means of the control and experimental groups when it comes to their differences in pre-and-posttest DCS scores. Using HLM allows researchers to

ascertain how much of this difference can be contributed to the effects of the intervention when accounting for other variables. In this study, there is a two-level model, with the students on level one being nested within instructors at level two. The outcome variables are the differences in scores on the DCS and GCETS pre-and-posttest. The predictor variable, or the variable that effects the outcome variable, is being in the control group versus the experimental group.

Raudenbusch and Bryk (1999) recommend creating null models for outcome variables in order to test if HLM is an appropriate tool for analysis. The null models allow researchers to see how much variance can be accounted for within groups versus between groups. The equations for the null model for the difference in DCS scores are:

$$DCSDIFF = \beta_0 + r$$

$$\beta_0 = \gamma_{00} + u_0$$

$DCSDIFF$ = difference in DCS scores between pre-and-posttest;

β_0 = mean difference in DCS scores;

γ_{00} = grand mean difference in DCS scores;

$r = \sigma^2$ = within group variance in difference in DCS scores;

$U_0 = \tau_{00}$ = between group variance in difference in DCS scores.

The null model for the GCETS is as follows:

$$GCETSDIFF = \beta_0 + r$$

$$\beta_0 = \gamma_{00} + u_0$$

$GCETSDIFF$ = difference in GCETS scores between pre-and-posttest;

β_0 = mean difference in GCETS scores;

γ_{00} = grand mean difference in GCETS scores;

$r = \sigma^2$ = within group variance in difference in GCETS scores;

$U_0 = \tau_{00}$ = between group variance in difference in GCETS scores.

The use of these two models allows researchers to calculate the intra-class correlation (ICC), which indicates what percent of the variance is between nested groups. The ICC for the difference in DCS scores was 0.343, meaning 34.3% of the variance is at the group level, and 65.7% of the variance is at the student level. Also, the Chi-squared test was significant ($p = >0.001$), indicating that there are significant effects that can't be accounted for on level 1. These results indicate that HLM is appropriate for this outcome measure (Woltman et al., 2012). With the GCETS, the ICC was 0.134, meaning 13.4% of the variance is at the group level, and the Chi-squared test yielded a p-value of 0.006. This indicates that HLM is appropriate for this outcome measure as well. There are some significant effects at the group level, and the use of HLM can help researchers to determine if those effects are due to the intervention rather than other variables. It is worth noting that there were significant fixed effects within the null model for both the DCS and GCETS; this indicates that there were one or more variables on level 1 that contributed significantly to changes in DCS and GCETS scores pre-to-posttest (Table 4.6). This could be a basis for further study.

As a next step, the researchers developed random effects models for the outcome measures. The two-level model for the DCS is:

$$DCSDIFF_{ij} = \gamma_{00} + \gamma_{01}CONVEXP + u_{0j} + r_{ij}$$

$DCSDIFF_{ij}$ = difference in DCS scores between pre-and-posttest for instructor j;

γ_{00} = mean of intercepts across instructors;

γ_{01} = Level-2 slope;

CONVEXP = control (0) versus experimental (1) group;

$r_{ij} = \sigma^2$ = Level-1 residual variance;

$U_{0j} = \tau_{00}$ = residual intercept variance.

The two-level model for the GCETS is:

$$GCTESDIFF_{ij} = \gamma_{00} + \gamma_{01}CONVEXP + u_{0j} + r_{ij}$$

$GCETSDIFF_{ij}$ = difference in GCETS scores between pre-and-posttest for instructor j;

γ_{00} = mean of intercepts across instructors;

γ_{01} = Level-2 slope;

CONVEXP = control (0) versus experimental (1) group;

$r_{ij} = \sigma^2$ = Level-1 residual variance;

$U_{0j} = \tau_{00}$ = residual intercept variance.

In terms of variables, the level-1 variables consist of race, gender, previous professional grief counseling experience, previously attending grief counseling workshops, experience with grief counseling training at practicum/internship site, and previous personal grief counseling experience (Table 4.7). The level-2 variables were group assignment, track, year, and course in which the pre-and-posttests were taken (Table 4.7).

Results

The use of the two-level models for the outcome measures led to a significant outcome for the DCS and an insignificant outcome for the GCETS (Table 4.8). According to the analysis, the fixed effect coefficient for the DCS was 35.060, with a p-value of 0.004. This indicates that students who were in the experimental group scored 35 points higher on the DCS posttest than students in the control group when accounting for

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other variables. Calculating the effect size revealed that 75.5% of this variance in DCS scores was due to which group the students were assigned to. This indicates that students who received the training rated themselves as more competent in skills and conceptual knowledge of grief counseling.

The results on the GCETS were not significant. The fixed effect coefficient was 1.841, with a standard error of 2.797 and a p-value of 0.529. This indicates that the students who were in the experimental group scored an average of 1.841 points higher on the GCETS posttest, but that it is not a significant effect. It's possible that significant changes in this outcome measure may be found in the level-1 variables, as the Chi-squared test resulted in a p-value of 0.007, indicating that more significant changes could be found as a result of level-1 variables. It is also possible that other level-2 variables accounted for the significant changes. However, couple these results with the results of the ANOVA (Table 4.5) and it may be more appropriate to say that there is no significant change in GCETS scores pre-to-posttest, regardless of the variables. This indicates that students did not feel as though they had a change in their experience with and preparedness for grief counseling, regardless of whether they received the intervention.

Discussion

Implications

The results of this study indicate that the training was effective in increasing students' perceptions of competency in their skills and conceptual knowledge of grief counseling, but was not effective in increasing students' perceptions of being well-trained and prepared for grief counseling. In terms of the research question, the 3-hour training did have a significant effect on grief counseling skills and concepts competency in

master's level students, but it did not have a significant effect on their overall grief counseling competency. These results are supported by the previous research, where students feel as though they aren't getting grief counseling education, and those who have received it still feel like it isn't enough (Cicchetti et al., 2017; Ober et al., 2012). It's possible that students, who are frequently nervous about their overall competency as counselors, found the training to be helpful in preparing them for working with grieving clients but felt like it still wasn't enough. One potential remedy could be to incorporate grief content into multiple courses as a means of helping students see how grief counseling can be used in a variety of populations and scenarios (Hill et al., 2018). However, the success of the training when it comes to DCS scores may indicate that integrating grief content into pre-existing courses is an effective way of exposing students to grief and loss counseling skills and concepts without the pressure of creating a stand-alone course.

It's also worth noting that there was a large variety of courses, taught by a variety of instructors who had different amounts of experience and didn't all have experience with teaching grief content. Yet across groups, the students in the experimental group showed more improvement than the students in the control group. Not only is it possible to incorporate grief content into most courses but providing instructors with content may help them to feel more confident in doing so. Interviewing instructors about their experiences with the training could provide considerations for further study. It may also be worth examining how scores were affected depending on in which class they received the content; this could be one of the level-2 variables that impacted scores on the GCETS. If students received the material in a course that was less likely to have grief-related

content or continue to build on the content (for example, career counseling), this may have contributed to their feelings of being ill-prepared.

Limitations

There were several limitations with this study. First, the sample size was smaller than intended. HLM is designed for use with large samples and depends on which level researchers are measuring change (Raudenbusch & Bryk, 2002). In this study, the researchers looked for change on level-1 to see changes in students' scores on the outcome measures. With a larger sample size or students, it's possible that there could be increased significance and decreased standard error. The small sample size has a significant impact on the power of the study, and there is a risk for Type I error due to the low power (Snijders, 2005). Mortality was one reason for the sample size. Out of the 18 instructors who agreed to participate in the study, only 10 had students who completed the pre-and-posttest. Of the eight instructors lost, five were in the control group. About 33% of the students who took the pre-test did not take the posttest, and the majority of these students were in the control group. Increased follow-up with control group participants may be important for future studies in order to increase retention.

Another limitation lies in the outcome measures. Originally, in addition to the two assessments used, there was a set of case studies for the pre-test and a simulation for the posttest. The case studies were designed based on DSM 5 and research criteria for conditions like MDD, PTSD, and grief. The simulation was designed based on grief criteria and information discussed in the training. In theory, students would complete the pre-test case studies by assigning what they thought would be a proper diagnosis. Then, in the posttest, they would complete the simulation where they were interviewing a

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"client" and gathering information to make a preliminary diagnosis. These were intended to be more objective measures of competence; however, despite detailed instructions, the majority of the sample could not access the simulation. The lack of user-friendliness of the simulation software necessitated the removal of the case studies and the simulation as outcome measures and only use the two assessments. This limits the measure of "competence" to being truly subjective and being more about "confidence," as the students were able to rank themselves on their skills and conceptual knowledge and preparedness without any summative assessment where they had to use the skills they learned. Future studies that incorporate some form of a more objective assessment could strengthen results. However, the use of identical pre-and-posttest measures eliminates the risk of instrumentation effects.

There is also a risk of testing effects. The students who received the grief training likely understood that it was the reason for the pre-and-posttest, and therefore may have been more likely to rate themselves higher on the assessments simply because they received the training. However, it is worth noting that students did not rate themselves significantly higher on the GCETS, meaning they did not feel the training was sufficient to prepare them for working with grieving clients, though the change in DCS scores indicates they did find it helpful in increasing their skills and conceptual knowledge of grief counseling. The lack of testing effects on the GCETS is promising for the results of the DCS.

Conclusion

Grief is an experience that is very prevalent in society, but counseling students are not receiving training that makes them feel confident or competent in the ability to treat

grieving clients. This can create an ethical dilemma where students are going into the

workforce ill-prepared to work with a population that they are highly likely to come into

contact with at some point in their careers. Counseling programs can struggle to

incorporate grief classes into their courses of study, due to CACREP requirements for

those programs. With this study, the results indicate that it is possible to significantly

increase students' senses of self-efficacy and competence in skills and conceptual

knowledge of grief counseling by integrating training into pre-existing counseling

courses. However, with this study the results have indicated that one 3-hour training in

one class period is not perceived as enough training and experience for students to feel

competent in treating grieving clients. It appears that students see the value in this

information and found the training highly effective but are still left wanting more.

Incorporating grief content into multiple courses could provide a way to increase student

competency in grief counseling without the complications of developing a standalone

course, therefore providing grieving clients with more options for counselors who are

knowledgeable about evidence-based theories and best practices for helping them in their

grieving process.

Table 4.1: Instructor Demographics

Baseline Characteristic	*n*	%
Race		
White	10	100
Gender Identity		
Cisgender Female	9	90
Cisgender Male	1	10

History of Teaching Grief Content		
Yes	5	50
No	5	50
Years of Experience		
1-3 years	3	30
4-6 years	3	30
7-10 years	1	10
10+ years	3	30
University Location		
Midwest USA	2	20
Southeastern USA	7	70

Table 4.2: Student Demographics

Baseline Characteristic	*n*	%
Race		
White	84	80
Black/African American	15	14
Other	2	2
Afro-Dominican	1	1
Mixed Race	1	1
Gender Identity		
Female	93	88
Male	12	11
Gender fluid/non-binary	1	1
Track		
Clinical Mental Health Counseling	57	54
Marriage, Couples, and Family Counseling	10	11
School Counseling	39	35
Year in School		
Year 1	65	61
Year 2	38	36
Year 3	3	3

Course Enrolled		
Couples and Family Counseling	19	18
Pre-Practicum	6	6
Internship	5	5
Trauma and Crisis Counseling	17	16
Career Counseling	9	8
Research/Assessment	17	16
Group Counseling	9	9
Issues in Elementary and Middle School	8	8
Counseling	7	7
Special Topics in School Counseling	6	6
Multicultural Counseling		

Table 4.3: Pre-test Score t-tests

	Mean Score	Critical T	T-score	P-value
GCETS Pre-Test Only	19.288			
GCETS Pre-and-Posttest	19.830	1.655	-0.556	0.289
DCS Pre-Test Only	116.519			
DCS Pre-and-Posttest	112.075	1.655	0.715	0.238

Table 4.4: Chi-squared Tests for Baseline Equivalency

Demographic Variable	n	Chi-squared p-value (DCS)	Chi-squared p-value (GCETS)	Effect Size GCETS	DCS
Race				$d= 0.355$	$d= 0.053$
White	84	>0.001	>0.001		
Minority	22	>0.001	0.003		
Gender Identity				$d= 0.231$	$d= 0.287$
Female	92	>0.001	>0.001		
Non-Female	14	0	>0.001		
Year in School				$f= 0.461$	$f= 0.432$
Year 1	65	>0.001	0.023		
Year 2	38	>0.001	>0.001		
Year 3	3	>0.001	>0.001		

Track				$f= 0.118$	$f= 0.172$
CMHC	57	>0.001	>0.001		
MCFC	10	>0.001	0.543		
School Counseling	39	>0.001	>0.001		

Table 4.5: Descriptive Statistics and ANOVA for Posttest Scores

	Mean Score	Mean Difference (Pre-to-Posttest)	F-critical value	F-value	P-value
DCS Control ($n= 50$)	114.64	9.6			
DCS Experimental ($n= 56$)	109.745	45.875	3.932	37.510	<0.001
GCETS Control ($n= 50$)	19.48	4.14			
GCETS Experimental ($n= 56$)	19.661	6.75	3.932	2.214	0.139

Table 4.6: Final Estimation of Fixed Effects: Null Models

Fixed Effect	Coefficient	Standard Error	Approx. df	P-value	Variance (σ)	χ^2 p-value
DCSDIFF$_{null}$ For INTRCPT1, β_0 INTRCPT2, γ_{00}	27.976	7.286	9	0.004	843.519	<0.001
GCETSDIFF$_{null}$ For INTRCPT, β_0 INTRCPT2, γ_{00}	5.785	1.367	9	0.002	72.359	0.006

Table 4.7: Variables by Level

Level-1 Variables (Code)	n
Gender	
Not Female (0)	13
Female (1)	93

Race
  White (0)   84
  Minority (1)   17

Previous Grief Counseling Education
  Yes (0)   4
  No (1)   102

Previous Attendance at Grief Workshops
  Yes (0)   9
  No (1)   97

Previous Grief Counseling Training in
Practicum/Internship   9
  Yes (0)   97
  No (1)
Previous Personal Grief Counseling Experience
  Yes (0)   12
  No (1)   94

Level-2 Variables (Code)	n
Group Assignment	
Control (0)	50
Experimental (1)	56
Track	
CMHC (1)	57
MCFC (2)	10
School Counseling (4)	39
Year	
Year 1 (1)	65
Year 2 (2)	38
Year 3 (3)	3
Course	
Research/Assessment (0)	18
Career Counseling (1)	8
Special Topics in School Counseling (2)	7
Issues in Elementary and Middle School Counseling (3)	8
Multicultural Counseling (4)	6
Group Counseling (5)	9
Couples and Family Counseling (6)	19
Pre-Practicum (7)	6
Internship (8)	5
Trauma and Crisis Counseling (9)	17

Table 4.8: Final Estimation of Fixed Effects: Random Variable Models

Fixed Effect	Coefficient	Standard Error	P-Value	Effect Size (γ^2)	Effect Size (d)
DCSDIFF$_{\text{random}}$					
For INTRCPT1, β_0					
INTRCPT2, γ_{00}	10.480	6.316	0.136		
CONVEXP, γ_{01}	35.060	8.824	0.004	0.757	1.199
GCETSDIFF$_{\text{random}}$					
For INTRCPT1, β_0					
INTRCPT2, γ_{00}	4.853	1.998	0.041		
CONVEXP, γ_{01}	1.841	2.797	0.529	- 0.074	0.288

Chapter 5 : Discussion

Results

Study One Results

The results of the focus group indicated that students appreciated the knowledge, were open to receiving it. They were eager to learn more about grief and loss counseling, and recognized the universal nature of grief. Their experiences also supported previous research that students are not receiving grief counseling training (Breen & O'Connor, 2007; Cicchetti et al., 2017; Hannon & Hunt, 2015; Hill et al., 2018; Imhoff, 2015; Ober et al., 2012). The students expressed specifically wanting to learn more about interventions for working with grieving clients. They also noticed and appreciated the intentional design of the training and found the combination of lecture and activities to be helpful. The feasibility of the training overall was confirmed by the pilot study. We successfully adapted to online learning and established processes for completing the training as intended. The pilot provided some guidance for making adjustments to the training that would meet student needs without creating extra work for instructors.

Study Two Results

The results of the HLM analysis were promising. The training was significantly effective in increasing skills and conceptual knowledge competency in grief counseling, but students did not feel as though it was enough training to significantly impact their perceptions of their training and experience. The training was helpful, but it was not enough training overall. The results of the analysis also indicated that there were

variables on the student level that impacted their scores on the outcome measures. However, the impacts on the group level as a direct result of the training were significant. These results support the research, which has shown that it could be possible to give students more comprehensive education in grief and loss counseling by integrating grief training into pre-existing courses (Hannon & Hunt, 2015; Hill et al., 2018; Jeon, 2019). These results also address concerns about instructors teaching grief and loss counseling when they do not have any professional or academic experience with the subject; providing instructors with content and guidance may be sufficient enough to help them train students on the topic (Hannon & Hunt, 2015; Hill et al., 2018).

Implications

For Counseling

There are implications at the client level as a result of these studies. Grief is a prevalent condition because it is universal. If counselors are more knowledgeable about grief and loss, they are more likely to be able to recognize and effectively treat these clients. Working to integrate wellness into grief and loss counseling can be helpful in ensuring that clients are able to take care of themselves holistically and have multiple outcomes for concrete progress (Hill et al., 2018).

Giving students training on multiple types of grief, loss, and best practices for treatment can help them to work with a variety of clients from different backgrounds. Creating an integrative toolbox gives counseling students the abilities to better help clients conceptualize their experience of loss and how they would like to move through that process. Many clients don't recognize non-death related losses as grief events

(Humphrey, 2009). Having a counselor who has at least an introductory knowledge on these topics can ensure that clients are receiving the best possible care.

For Counselor Education

Ensuring that clients receive the best possible care is at the core of the ACA (2014) Code of Ethics. However, counselors cannot provide the best possible care if they are not receiving the education and training to work with prevalent populations. They may also face the dilemma of not having adequate referral options due to the lack of training across the profession (Cicchetti et al., 2017; Ober et al., 2012). Integrating grief counseling training into pre-existing courses has an impact on students' perceptions of skills and conceptual knowledge of grief counseling, while also reminding them of the importance of receiving adequate training and experience in the topic. Students are ready and willing to receive this education (Cicchetti et al., 2017; Imhoff, 2015; Ober et al., 2012). This is a tangible way to address an ethical concern for a population that is prevalent but neglected (Breen & O'Connor, 2007; Cicchetti et al., 2017; Hannon & Hunt, 2015; Hill et al., 2018; Imhoff, 2015; Ober et al., 2012).

Social Justice and Advocacy

The experience of grief and loss is diverse, and many minority populations experience unique forms of grief and loss (Humphrey, 2009). By creating a training that focuses on many different types of loss rather than specifically death-related loss, populations such as immigrants, indigenous people, people with disabilities, those who suffer from chronic illness, and minorities facing oppression due to race, gender, or sexuality can be acknowledged for the losses they experience and given the tools to properly grieve and process. Addressing these losses from a holistic wellness perspective

can also encourage advocacy for clients in an integrated behavioral health setting. Increasing counselor knowledge of grief and loss, as well as the many ways it can manifest, could lead to an increase in collaboration with other professionals in healthcare and social services to support clients in their growth across the domains of wellness.

Limitations

Study One Limitations

The participants in Study One reported that they would prefer to have a training of this nature in-person, but recognized the health and safety needs for converting the training to an online format. They felt that the activities would have been even more effective if done in person. The participants also reported testing fatigue. The pre-and-posttest included two subscales of the DCS (Charkow, 2002) in addition to the GCETS (Deffenbaugh, 2008), demographic information, and case studies. The participants reported that it was difficult to complete the pre-and-posttest because it was hard to stay interested and focused. We addressed this by removing one of the subscales in Study Two.

Study Two Limitations

The sample size of Study Two presents a limit to the power of the results. HLM is typically used for large sample sizes nested in groups, and when looking at effects, Raudenbusch and Bryk (2002) suggest having a larger sample of whichever level researchers are analyzing for effects. In this study, the effects were on the student level, and we had 106 students. While this was sufficient to obtain a significant effect, the power may be significantly reduced due to the small sample size. Therefore, the results may not be fully generalizable to the population.

Response bias is also a concern for Study Two. Students in the experimental group may rate themselves as more competent in skills and conceptual knowledge because they know they received the intervention. However, they did not rate themselves higher on the GCETS, which indicates that they think the training was helpful but not enough. This could mitigate some concerns about response bias because we expected students to rate their competency significantly higher on both outcome measures.

Suggestions for Future Research

This study has implications for future research in grief and loss counseling education. Replicating this study with a larger sample size could reinforce results and/or provide deeper insight to variables that impact competency. Looking at the current data and analyzing other variables and their impacts on the outcome measures could help to see what differences at the student and group levels contribute to the scores.

Creating grief and loss content that is course specific could be helpful in integrating grief and loss counseling education into multiple areas of the program of study, which could increase student competence in training and experience. Looking at CACREP course requirements for different core courses and developing content that addresses competencies through a grief lens may help increase overall competency more significantly than general introductory training implemented in one course.

Another avenue for research involves integrating grief counseling training with other professions to create an integrated care network which can better address the needs of clients who are dealing with grief and loss. For example, working with hospitals to increase the recognition and treatment of grief and loss in conjunction with medical treatment can create a holistic treatment modality where clients are being supported in

every area as they move through a difficult time. Integrating grief treatment into social services settings can help clients gain access to community supports and resources that counselors may not be aware of. Overall, increasing grief and loss counseling availability in environments where non-death related losses occur could help these clients to get help they, and their helpers, are not aware they may need.

Conclusion

With the results of these studies, we have shown that students are not receiving grief and loss counseling, but that they are feeling more competent in their skills and concepts competency when they receive an introductory training that is incorporated into their preexisting counseling courses. They recognize that this training is important and are eager for more. Giving instructors content to help them teach about a topic where they may not have experience breaks a cycle that sends counselors into the field unprepared to recognize and treat a prevalent population. Addressing this ethical issue and preparing students to work with a population that has been neglected may be possible without having to create stand-alone courses that may not be feasible for counseling programs, or count on professionals to seek out continuing education for their only grief counseling exposure. Overall, the suggestions in the research for addressing gaps in grief counseling education are feasible and effective on a clinical level.

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Appendix A: Focus Group Questions

What aspects of this curriculum were effective?

What aspects were ineffective?

What would you change about the prompts or process of the curriculum?

What in particular made the material in the curriculum easy to understand?

What stood out to you about the material?

What are your thoughts about the pre-test assessment? Post-test assessment?

What are your thoughts about the grief counseling education you receive in your

counseling program?

Do you think grief counseling education is important? Why?

Appendix B: Death Counseling Survey (Charkow, 2002) and Grief Counseling Experiences and Training Scale (Deffenbaugh, 2008)

Death Counseling Survey Subscales (Charkow, 2002)
Part I: Personal Grief Counseling Competencies

1	2	3	4	5
This does not describe me.	This barely describes me.	This somewhat describes me.	This describes me.	This describes me very well.

Using the scale above, please rate how well the following items describe you.

1. I practice personal wellness and self-care.   1   2   3   4   5

2. I have experienced the death(s) of a
family member and can verbalize my   1   2   3   4   5
own grief process.

3. I have self-awareness related to   1   2   3   4   5
my own grief issues and history.

4. I view death as a natural part of   1   2   3   4   5
the experience of living.

5. I believe that grief is a result of a
variety of loss experiences,   1   2   3   4   5
to include but not limited to death.

6. I display therapeutic attributes of
empathy, unconditional positive   1   2   3   4   5
regard, and genuineness in interactions
with others.

7. I view grief as a systemic as well as an   1   2   3   4   5
individual experience.

8. I have a strong sense of spirituality
defined as separate from religious   1   2   3   4   5
beliefs and practices.

9. I believe that there is no one right   1   2   3   4   5
way to deal with grief.

10. I have a sense of humor.   1   2   3   4   5

11. I can articulate my own philosophy
and attitudes regarding death.   1   2   3   4   5

<div align="center">Part II: Skills and Knowledge Grief Counseling Competencies</div>

1	2	3	4	5
This does not describe me.	This barely describes me.	This somewhat describes me.	This describes me.	This describes me very well.

10. I can assess for unresolved losses
that may not be stated as a   1   2   3   4   5
presenting problem.

2. I can provide psycho-education to
clients related to the grief experience   1   2   3   4   5
for themselves and others.

3. I can facilitate family grief counseling   1   2   3   4   5
sessions.

4. I can provide educational workshops
and activities to community members   1   2   3   4   5
about grief.

5. I can define and articulate the nature
of "normal" bereavement and grief   1   2   3   4   5
as detailed by theoretical models.

6. I can articulate the diagnostic criteria
for Bereavement, according to the   1   2   3   4   5
DSM-IV and how to distinguish this
Diagnosis from related diagnoses.

7. I can facilitate individual grief   1   2   3   4   5
counseling sessions.

8. I can use concrete terms regarding
death to address the reality of death   1   2   3   4   5
and convey the ability to discuss
death-related issues.

9. I can provide developmentally
appropriate programs about grief   1   2   3   4   5
and loss issues in schools.

1 This does not describe me.	2 This barely describes me.	3 This somewhat describes me.	4 This describes me.	5 This describes me very well.

10. I can facilitate group grief
counseling sessions.   1   2   3   4   5

11. I can describe general differences
in the grief experience as determined
by different status and process variables   1   2   3   4   5
(i.e. personality, relationship to the
deceased).

12. I can conduct suicide assessments.   1   2   3   4   5

13. I can facilitate multi-family group
grief counseling sessions.   1   2   3   4   5

14. I can articulate a grief consultation
model for parents, teachers, and other
adults about how to talk to children   1   2   3   4   5
about death, grief, and loss.

15. I can provide crisis intervention services
to schools and/or community settings.   1   2   3   4   5

16. I can define and articulate the nature and
symptoms of complicated/unresolved   1   2   3   4   5
grief situations.

17. I can teach clients how to obtain support
and resources in the community.   1   2   3   4   5

18. I can assess a client's sense of spirituality. 1   2   3   4   5

19. I can establish rapport with clients of all
ages.   1   2   3   4   5

20. I can work on an interdisciplinary team
by interacting with staff from different   1   2   3   4   5
professions.

21. I can identify cultural differences that
affect treatment.   1   2   3   4   5

1	2	3	4	5
This does not describe me.	This barely describes me.	This somewhat describes me.	This describes me.	This describes me very well.

22. I can describe common functional coping styles of bereaved persons.　　1　2　3　4　5

23. I can utilize family assessment techniques to examine interaction patterns and roles.　　1　2　3　4　5

24. I can provide appropriate crisis debriefing services.　　1　2　3　4　5

25. I can exhibit effective active listening skills.　　1　2　3　4　5

26. I can read and apply current research and literature related to grief and effective treatment interventions.　　1　2　3　4　5

27. I can facilitate a reframe of loss experience and grief reactions for client empowerment.　　1　2　3　4　5

28. I can describe common dysfunctional coping styles of bereaved persons.　　1　2　3　4　5

29. I can assess individuals' progress on theoretically defined grief tasks.　　1　2　3　4　5

30. I can facilitate reconnection between a dying client and distant/estranged family members.　　1　2　3　4　5

31. I can use the creative arts in counseling to facilitate grief expression.　　1　2　3　4　5

32. I can appropriately self-disclose related to own grief and loss experiences.　　1　2　3　4　5

33. I maintain an updated library of grief and loss resources for clients.　　1　2　3　4　5

34. I can articulate appropriate developmental levels of death understanding for children.　　1　2　3　4　5

1	2	3	4	5
This does not describe me.	This barely describes me.	This somewhat describes me.	This describes me.	This describes me very well.

35. I can identify cultural differences that affect assessment.   1   2   3   4   5

36. I can recognize and work with grief-related client resistance and denial.   1   2   3   4   5

37. I can participate in informal or formal support groups for professionals who work with issues of grief and loss to prevent burnout and vicarious traumatization.   1   2   3   4   5

38. I can describe how various individual counseling theories can be applied to grief counseling with individuals and families.   1   2   3   4   5

39. I can recommend helpful articles and books for grieving individuals and families.   1   2   3   4   5

40. I can identify symptoms that warrant medical evaluation and refer to a physician.   1   2   3   4   5

41. I can describe how various family counseling theories can be applied to grief counseling with individuals and/or families.   1   2   3   4   5

42. I can advocate for the needs of the dying client and the family.   1   2   3   4   5

43. I can define and differentiate between the terms of grief, bereavement, and mourning.   1   2   3   4   5

44. I can determine appropriate treatment modality (i.e. individual or group) for a grieving client as a result of assessment.   1   2   3   4   5

45. I can co-create and participate in mourning rituals for individuals and/or families.　　1　　2　　3　　4　　5

46. I can provide a supportive presence for client(s) in difficult times.　　1　　2　　3　　4　　5

47. I can provide hope without giving false reassurance.　　1　　2　　3　　4　　5

Grief Counseling Experiences and Training Survey (Deffenbaugh, 2008)

1	2	3	4	5
Not at all true		Somewhat true		Definitely true

Using the scale, rate the truth of each item as it applies to you by circling the appropriate number.

1. I have received adequate clinical training and supervision to counsel clients who present with grief.　　1　　2　　3　　4　　5

2. I consistently check my grief counseling counseling skills by monitoring my functioning and competency via consultation, supervision, and continuing education.　　1　　2　　3　　4　　5

3. I have a great deal of experience counseling clients who present with grief.　　1　　2　　3　　4　　5

4. At this point in my professional development, I feel competent, skilled and qualified to counsel clients who present with grief.　　1　　2　　3　　4　　5

5. I have a great deal of experience counseling persons who experienced loss of a loved one to suicide.　　1　　2　　3　　4　　5

6. I have a great deal of experience counseling children who present with grief.　　1　　2　　3　　4　　5

7. I regularly attend in-services, conference sessions, or workshops that focus on grief issues in counseling.　　1　　2　　3　　4　　5

1	2	3	4	5
Not at all true		Somewhat true		Definitely true

8. I feel competent to assess the mental
health needs of a person who presents
with grief in a therapeutic setting.   1   2   3   4   5

9. I have a great deal of experience with
 facilitating group counseling focused
on grief concerns.   1   2   3   4   5

10. Currently, I do not have sufficient
skills or training to work with a client   1   2   3   4   5
who presents with grief.

11. I have done many counseling role-plays
(as either the client or counselor) involving   1   2   3   4   5
grief concerns.

12. I have sufficient knowledge of grief   1   2   3   4   5
counseling theories and models.

Appendix C: CONSORT Diagram- Level One

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┌──────────────────┐     ┌─────────────────────────────────────┐
│    Enrollment    │     │  Students assessed for eligibility   │
└──────────────────┘     │                                      │
                         │            (n= 189)                  │
                         └─────────────────────────────────────┘
```

Excluded (*n*= 30)

- Participated in pilot (*n*= 30)

Randomized (*n*= 159)

Allocation

Allocated to intervention (*n*= 89)
- Received allocated intervention (*n*= 89)

Allocated to control (*n*= 70)

Follow-Up

Lost to follow-up (*n*= 33)
- Completed pre-test but did not complete posttest (*n*= 33)

Lost to follow-up (*n*= 46)
- Completed pre-test but did not complete posttest (*n*= 46)

Recruited through direct contact with instructor (*n*= 26)
- Lost to follow-up (*n*= 8)
  - Completed pre-test but did not complete posttest (*n*= 8)

Analysis

Analyzed (*n*= 56)

Analyzed (*n*= 50)

Appendix D: CONSORT Diagram- Level Two

Enrollment

Programs assessed for eligibility
(*n*= 367)

Excluded (*n*= 349)
- Did not reply to recruitment material (*n*= 343)
- Declined to participate (*n*= 6)

Randomized (*n*= 18)

Allocation

Allocated to intervention (*n*= 9)
    Received allocated intervention (*n*= 6)
    Did not receive intervention (*n*= 3)
- Failed to follow up with investigator (*n*= 1)
- Dropped due to scheduling conflicts (*n*= 2)

Allocated to control (*n*= 8)

Follow-Up

Lost to follow-up (*n*= 0)

Lost to follow-up (*n*= 5)
- No demographic survey completion/student participation in pre/posttest (*n*= 5)
Recruited through direct contact (*n*= 1)

Analysis

Analyzed (*n*= 6)

Analyzed (*n*= 4)