

Supporting Parentally Bereaved Students: The School Counselor's Role

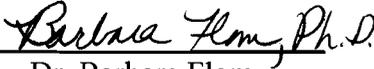
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ABSTRACT

A child or adolescent is profoundly impacted by the death of a parent. The grief process can affect students socially, physically, and academically, no matter their relationship with the parent who died. School counselors should understand the impact of such a loss and plan interventions to address grieving students' needs. Interventions by the school counselor with parentally grieving students can help support students. In addition, noncrisis death education is a way of reaching all students.

There is much information in the literature regarding the grief process for children and adolescents. There is also much information regarding school-based interventions that can be done to help students who have lost a parent to death. It is not known how school counselors in this upper Midwest urban public school district intervene. The purpose of this study was to explore school counselors' perceptions of school-based bereavement assistance provided to parentally bereaved students (K-12 students who had a parent die). Data were collected via a

survey distributed to school counselors employed at K-12 schools in a public school district in the upper Midwest during the spring of 2006.

Participants were asked to answer questions related to noncrisis death education, interventions and effectiveness of interventions by school counselors with parentally bereaved students. Results of this study showed half of school counselor respondents supported noncrisis death education as part of the developmental guidance curriculum. When assisting parentally bereaved students, school counselors reported using a variety of interventions. Themes presented included importance of family interaction as well as need for individualizing intervention plans. Finally, respondents indicated a variation of effectiveness. Recommendations for future research complete this thesis.

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## Chapter I: Introduction

The death of a parent profoundly impacts a child or adolescent's life. It touches every aspect of their lives, including their time at school. It is important for school counselors to understand the impact of such a loss and plan interventions to address grieving students' needs. Parental death is not uncommon. Van Dexter (1986) reported parental death occurs in one out of six children before they reach eighteen. The resulting grief process can affect students socially, physically, and academically, no matter their relationship with the parent who died. Grieving students may suffer academically (Lawhon, 2004; Matthews, 1999; Naierman, 1997). Interventions by the school counselor with parentally grieving students can help support students.

The literature tends to describe grief of children and adolescents as a process, rather than a series of finite stages. Indeed, a child or adolescent may continue to have periods in which grief wells up again when going through new developmental stages or through new life stages, such as going on a first date. A child tends to grieve in short bursts of intense emotions, and then may return to play (Matthews, 1999). One aspect of grief described with adolescents is the "recursive aspect to bereavement" (Balk, 2000, p. 37) that accompanies adolescents passing through developmental milestones. This means as adolescents continue to mature, develop, and pass through different stages into adulthood, grief related to the incident of death can resurface again with each new stage. Adolescents may reexamine the concept of death with each new stage. Important life milestones, such as senior prom, high school graduation, going away to college, and marriage can trigger new bouts of grief and, perhaps, the need to retell the story of the death.

According to Buxbaum and Brant (2001) and Worden (1996), surviving family members may be overwhelmed and unavailable to comfort and support the child or adolescent. Because of

this and because students are affected in so many ways, the role of the school counselor is particularly important in assisting such students with their grief process.

Glass (1991) explained that the death of a parent affects the child's school performance and behavior. School counselors need to determine appropriate interventions. Individual counseling is one of the school counselor interventions to be used after a student's parent has died. The most important aspect with individual counseling is establishing rapport with the student through being genuine and compassionate. It is essential the school counselor be a good listener (Kandt, 1994).

After rapport has been established, the school counselor should acknowledge the loss and provide reassurance regarding the myriad emotions the student may be experiencing (Lenhardt & McCourt, 2000). Providing a safe, supportive environment for the student to talk about the loss is crucial.

For the younger student, play therapy may be an approach used when meeting individually with a student who has had a parent die. Younger children may be cognitively unable to communicate with words their feelings surrounding the death of a parent, but may be able to communicate via play (Webb, 2000). Some of the goals of play therapy may be to allow children to express themselves and also to help them understand the reality of the loss.

Individual counseling or play therapy with a parentally bereaved student may not be sufficient. For one thing, the student may be reluctant to open up to an individual counselor. One must consider the development stage of adolescents to better understand why this may be the case. Developing a sense of autonomy is one of the important developmental tasks of adolescence (Kandt, 1994). Part of this involves distancing oneself from adults and trying to cope independently. This may result in students denying some strong feelings surrounding the

loss. In addition, time constraints may prevent the school counselor having enough time for individual counseling for children or adolescent students (Moore & Herlihy, 1993).

The student's reluctance for expression regarding the loss may be exacerbated because of reluctance to be different from peers (Garber as cited in Lenhardt & McCourt, 2000). One school counselor intervention to address this is beginning small group counseling involving students having suffered a similar loss. This can help "normalize" their feelings, because it helps students feel less alone and less different. Groups can provide reassurance to students that their reactions to grief, which may feel extreme, are normal (Schuurman, 2000). Peers can also provide an additional support network that is crucial during this time. A result of a small grief group is the comfort that others really understand what they are experiencing.

Finally, the school counselor can intervene by integrating death education into classroom guidance lessons. If possible, the school counselor should meet with the student's classmates before he/she returns (Haggard, 2005). The classmates can then be informed about what happened and ways of helping their classmate can be discussed and taught. This can result in increased support for the child having suffered the loss.

Ultimately, incorporating death education proactively in the curriculum can promote healthier ways of dealing with death (Edgar & Howard-Hamilton, 1994; Lawhon, 2004). In all of the school counselor's interventions with a parentally bereaved student, knowledge about children and adolescents' grief process, as well as knowledge of developmental stages, and cultural sensitivity is a must. The literature concurred that the school counselor can assist parentally bereaved students during their grieving process (Costa & Holliday, 1994; Glass, 1991; Moore & Herlihy, 1993). School counselor interventions with bereaved students fall under the Responsive Services realm that American School Counselor Association (ASCA) described

(ASCA, 2003). ASCA delineates standards that include what students should know and be able to do and the school counselor is responsible for making this process occur. There is a range of services, therefore, that school counselors tend to provide to bereaved students. It is not known how school counselors in this urban school district intervene with such students, and there is a gap in the literature of this local input.

### *Statement of the Problem*

The grief processes of children and adolescents have been studied extensively. According to the abundant literature, having a parent die can have a profound impact on students physically, socially, and academically. There is also much exploration in the literature regarding school-based interventions that can be done to help students who have lost a parent to death. Many interventions involving school counselors are discussed in the literature as well. However, it was not known how school counselors in this midwestern urban public school district intervene with parentally bereaved students.

### *Purpose of the study*

The purpose of this study was to explore school counselors' perceptions of school-based bereavement assistance provided to students who have suffered parental death. In addition, views on whether noncrisis death education should be part of developmental guidance curriculum were sought. Data were collected via a survey distributed to school counselors employed at K-12 schools in a public school district in an urban Midwestern school district during spring of 2006.

### *Research Objectives*

Three research objectives were intended in this research. They include:

1. Through school counselor surveys, determine whether school counselors support incorporation of noncrisis death education into their developmental guidance curriculum.

2. Through the surveys, determine which interventions are employed when helping students who are parentally bereaved.

3. Through the surveys, determine which interventions the school counselors feel are most effective when working with parentally bereaved students.

### *Definition of Terms*

For clarity of understanding the study, the following terms are defined:

*Bereavement.* Corr described bereavement as, “The objective state of having suffered a significant loss” (2000a, p 21).

*Bibliotherapy.* Berns explained bibliotherapy is, “The use of reading materials to bring about some kind of change in affect or behavior” (2004, p. 324).

*Grief.* Grief is the reaction to the loss that includes dimensions such as cognitive, physical, behavioral, and social (Corr, 2000a).

*Noncrisis death education.* Noncrisis death education includes the teaching of death and dying as a natural part of life that may be taught in K-12 schools to students when not in crisis due to a recent trauma (Edgar & Howard-Hamilton, 1994).

*Parentally Bereaved Students.* Parentally bereaved students are children or adolescents who are attending K-12 schools and have had a parent die.

### *Assumptions/Limitations*

Assumptions and limitations of the research will be discussed. One assumption was that the school counselors were answering the survey questions honestly as far as interventions they have used. Another assumption was that the school counselors have worked with students who have had a parent die.

Now, limitations will be discussed. One limitation was that the literature reviewed revealed much information about assisting parentally bereaved students but did not cover all aspects of the subject and did not include information specific to this urban Midwestern school district. One limitation of the instrument was that it had no measures of validity or reliability documented. In addition, no pilot study was done. As this was a self-report instrument, another limitation is that participants may not have responded openly or honestly. Finally, only one school district participated in this study, therefore any results should not be generalized to other districts or practitioners.

## Chapter II: Literature Review

This chapter will include a discussion of the grief process of children and adolescents, followed by aspects of grief specific to children who have lost a parent to death. In addition, ways parentally bereaved children are affected at school will be discussed showing necessity of intervention. The chapter will conclude with interventions specific to school counselors in working with parentally bereaved students.

### *Grief of Children and Adolescents*

The literature tends to describe grief of children as a process, rather than a series of finite stages. Silverman (2000a) explained that grief is not resolved at a certain time. Wolfelt (1996) cautioned adults that they should not expect an end point to the grief of children. He described the grief process as a journey. Integrating significant losses could continue throughout a lifetime (McGlaufflin, 1998). Buxbaum and Brant (2001) concurred when discussing that one might continue to be affected by significant losses as an adult. The process of grief is different for every child or adolescent, but similarities tend to exist (Costa & Holliday, 1994).

Children tend to grieve in short bursts. One of the reasons for this, according to Matthews (1999) is due to their short attention span. They tend to have strong emotions that do not last and will quickly begin playing or interacting with peers. This does not mean that they are “over” it; they just are not dealing with it at the time. In this way, Baker and Sedney (1996) explained that children tend to grieve in gradual increments. Short periods of grief are not necessarily due just to short attention spans. It may be that children cannot handle the intense emotions except for short periods of time (Buxbaum & Brant, 2001). Denial might occur as a way of numbing grief reactions until the child or adolescent is again ready to psychologically cope with the loss (Glass, 1991).

### *Emotional/Physical Reactions to Loss*

Next, common emotional and physical reactions to loss will be discussed. Corr (2000a) described grief as a “holistic reaction to loss” (p. 23). The literature tends to concur, with description of a variety of emotional and physical reactions that are often seen in children or adolescents in response to a loss. Worden (1996) explained that sadness is a predictable reaction to loss and that crying is frequently the way sadness is manifested. The amount of crying varies. Some of the sadness is due to children or adolescents’ feelings of missed chances for continued interaction with the loved one. Glass (1991) also described sadness as part of the grief reaction. He explained that sadness might be accompanied by regret about what they have lost.

Fear and/or anxiety, along with sadness, is another common emotional reaction of children or adolescents to grief. Matthews (1999) explained that children worry about who will care for them. Worden (1996) stated children or adolescents are concerned with what will happen to them. They may also fear losing another loved one. Another fear may include worry that they themselves will die (Glass, 1991). Abdelnoor and Hollins’ (2004) study of bereaved students found a significant increase in anxiety scores in parentally bereaved children compared to their controls.

Guilt in association with regret and anger may also manifest during the grief process. Glass (1991) explained feelings of guilt are not uncommon. These feelings may revolve around regret about times the child or adolescent felt anger toward a loved one, or may feel guilt because he/she did not tell the loved one “I love you” more often. Worden (1996) concurred and explained children or adolescents may feel guilty about not apologizing to their loved one. Anger may occur as a result of feeling abandoned by the death of the loved one. Glass (1991) reported adolescents in particular might feel anger leading to acting-out behavior. This may enable the

adolescent to feel less powerless. Wolfelt (1996) explained anger is a natural response to bereavement and may be directed toward anyone in the child or adolescent's life.

In addition to various emotional reactions, bereaved children or adolescents commonly experience physical reactions to loss. Matthews (1999) described appetite and sleep disturbances, gastrointestinal symptoms, and headaches as common. Worden (1996), in his study of parentally bereaved children and adolescents, found in the early stages of the loss, frequent headaches occurred in one-fifth of the subjects, more so in the girls. Balk (2000) explained that common symptoms in adolescents include "chills, diarrhea, and fatigue" (p. 39).

### *Developmental Considerations*

The age and developmental maturity of a child or adolescent will affect his or her grief process. As he/she progress developmentally, grief reactions may be triggered. Part of this is that the child or adolescent may be more developmentally able to understand the significance of the loss. Children under the age of eleven tend to be more concrete thinkers and this means they are not as cognitively able to understand the significance of the loss (Matthews, 1999). This does not mean they do not grieve, however. As they grow and mature, they may revisit the loss as capacity for abstract thinking increases. In addition, certain life events such as prom or graduation may trigger grief reactions and they may grieve the loss again (Silverman, 2000a; Ward-Wimmer & Napoli, 2000). Wolfelt (1996) referred to this as "catch-up grieving" (p. 67), and described it as brief periods of expression of grief that reoccur, often during developmental milestones in the growing child or adolescent.

Grief of adolescents should be addressed with consideration to developmental issues as well. Peers are of huge importance in adolescents' lives. Bereaved adolescents may fear that having suffered a loss makes them different from peers (Matthews, 1999). This can be

challenging, as striving for conformity is common during adolescence (Baker & Sedney, 1996). The subjects of Worden's Child Bereavement Study explained that they indeed did feel different from peers as a result of having had a parent die (1996). Worden also found adolescents had lower levels of self-esteem compared to preadolescents. This may be related to pressure from adults in their lives to "be strong." Similar to Worden, Balk (2000) reported adolescents tended to have decreased confidence as they struggle with grief. Furman (as cited in Costa & Holliday, 1994) does not specify decreased self-esteem to adolescents alone, instead, explained that when a parent dies, a common result is diminished self-esteem of a child. Conversely, Abdelnoor and Hollins (2004) did not find a significant difference between bereaved students and controls on their self-esteem scores in their study.

So, grief as a life-long process for children and adolescents has been discussed, as well as the tendency of children to grieve in small bursts, the recursive aspects of grief for children and adolescents, as well as developmental considerations. Finally, physical and emotional reactions common to bereaved children and adolescents were discussed.

### *Parental Death*

Having a parent die is a profound event for a child or an adolescent. Not only is the person gone, but daily life is also changed forever (Silverman, 2000a). Daily routines that tend to provide comfort to children may be changed. Wolfelt (1996) concurred when explaining that the loss of parent is one of the most difficult life experiences. Accompanying losses that may occur as a result of the loss of a parent may include financial impacts, as well as the possibility of a move. Ward-Wimmer and Napoli (2000) explained that one challenge for parentally bereaved children or adolescents is that they may not receive adequate support from the surviving parent, who may be preoccupied. Costa and Holliday (1994) and Baker and Sedney (1996) agreed the

surviving parent or other relatives might not have the emotional reserves needed to help the bereaved children in the family. Silverman (2000a), who was the co-principal investigator with Worden on the previously mentioned Child Bereavement Study, explained that if the surviving parent is a mother, she tends to be more concerned about the emotional needs of her children than surviving fathers tend to be. However, she still might not have the adequate reserves to support them. Lenhardt and McCourt (2000) and Baker and Sedney (1996) went on to explain that the surviving parent may actually inadvertently burden the adolescent further by leaning on the adolescent for support, rather than the parent helping the adolescent during the grieving process.

Worden (1996) explained that whether the child feels adequately supported depends not only on the emotional availability of the surviving parent, but also on their physical availability. In his Child Bereavement Study, he found more mothers than fathers were likely to decrease work hours to be able to be present for their children.

One result of not feeling adequately supported in their grief process is that parentally bereaved adolescents and children may not feel safe and secure (Ward-Wimmer & Napoli, 2000). The investigators found that the surviving parent tends to exhibit frequently changing emotions and to demonstrate inconsistencies in discipline. This can result in decreased feelings of security. Baker and Sedney (1996) concurred that changes in discipline tend to occur. They explained that the surviving parent often has more difficulty being firm in limit setting. Part of this may be due to emotional exhaustion discussed above. Worden (1996) went into more detail regarding limit-setting changes that occur in the families who have experienced parental death. His study concurred with findings that the surviving adult does not limit-set as often as before. When the surviving parent was the mother, these disciplinary changes tended to result in

decreased feelings of safety for the children. Conversely, if the surviving parent was the father, more leniencies in discipline tended to result in an increased chance of acting-out behavior. In conclusion, there are unique aspects of children and adolescent grief processes that occur when the experienced loss is that of a parent.

#### *Academic Performance of Parentally Bereaved Students*

Previously, common physical and emotional reactions to bereavement were discussed. How is academic performance affected as a result of having suffered parental death? Details of academic performance affects will be discussed. Stevenson (2000) and Goldman (1996) agreed that grades of bereaved students can drop as a manifestation of grieving. This may occur even years after the death. Abdelnoor and Hollins (2004) obtained similar results in their study. They found parentally bereaved children's standardized test scores averaged a half-grade below their controls. In addition, these results were more pronounced with boys. In the literature, two main academic areas are typically discussed: learning problems and difficulty in concentration.

Worden's results from the Child Bereavement Study (1996) explained that in the first months after parental death, twenty-one percent of students reported learning problems in school. Boys more commonly reported such difficulties. In addition, children having lost mothers were more likely to report such learning difficulties compared to those having lost fathers. Conversely, Worden explained that about twenty percent of students reported an improvement in their schoolwork in the first months of having lost a parent. Later on in the bereavement process, in the second year after the death, adolescents were having the most learning problems when compared to younger children. However, when compared to the control group, the frequency of learning problems later on in the process was not greater in the bereaved group.

Another result of coping with grief that may result in changes in academic performance is difficulty concentrating and increased distractibility. Matthews (1999) explained that students might be distracted as a result of dealing with all the emotions as a result of the loss. This makes it difficult for such students to concentrate and be able to learn new things in school. Worden (1996) concurred when explaining that twenty percent of the subjects in his study reported concentration troubles, especially in the first months after the death. After the first year of bereavement, sixteen percent of students having suffered a loss were still having problems concentrating, which is a noteworthy difference from the six percent of students in the nonbereaved control group. Lawhon (2004) agreed that decreased concentration can occur and can result in negative changes in school performance.

Goldman (1996) contended that normal reactions to grief might include inattentiveness and distractibility that may manifest in the school setting. She cautioned that care must be observed to differentiate these signs of normal grief from those of Attention Deficit Disorder (ADD) and cautioned against possibly misdiagnosing a student with ADD. Wolfelt (1996) concurred and described distractibility, impulsivity, and hyperactivity as common to bereaved children and adolescents as part of the grieving process. He reported acting-out behaviors are also common during bereavement. This, combined with the inattention and distractibility described above, may lead to misdiagnosis of ADD. Professionals need to understand; instead, these behaviors may be normal aspects to the grieving process. In conclusion, academic performance of parentally bereaved students may be affected as demonstrated by decreased grades, learning problems, difficulty concentrating, and distractibility.

### *Intervention in the Schools*

As discussed above, grief can affect children and adolescents emotionally, developmentally, physically, and academically. Therefore, school-based interventions may be necessary with such students. It is acknowledged in the literature that schools should offer support to bereaved students (Glass, 1991; McGlaflin, 1998; Naerman, 1997). Discussion here will focus on school counselor interventions.

*Death education.* Noncrisis death education will be discussed before concentrating on interventions for parentally bereaved students. It is preferable to discuss issues of death and dying with students during noncrisis times. Edgar and Howard-Hamilton (1994) advocated such noncrisis death education. They explained that when issues are discussed during noncrisis times, this information is more likely to be effectively processed by the students. What does such noncrisis death education look like? There are two main ways of providing such education. The first is ongoing use of teachable moments and not waiting for such crises (Adams et al., 1999). Here, school professionals can incorporate the place of death as part of the natural cycle of life (Charkow, 1998). Edgar and Howard-Hamilton referred to this as “little deaths,” (1994, Program Description, para. 9) meaning small losses that get us ready for the big deaths in our lives. Metzgar and Zick (1996) explained that giving children and adolescents a context to explore their “emotional, as well as their physical and cognitive responses, to their everyday experiences” (p. 248) can be accomplished by addressing loss and grief with everyday occurrences such as described above.

Another approach for noncrisis death education is through a formal, structured death education program for all students. Lawhon (2004) advocated school professionals present developmentally appropriate, formal units on death and dying for pre-kindergarten through high

school. Adams et al. (1999) concurred, explaining such formal death education provided a structured framework that can help children and adolescents better cope with future losses.

One of the desired results from noncrisis death education in schools includes increased knowledge of issues surrounding death. Edgar and Howard-Hamilton's study (1994) of such a formal noncrisis death education program post-test revealed a 74% increase in students' factual knowledge about the death process and grieving behaviors. Other results from formalized noncrisis death education are students becoming more sensitive and compassionate when interfacing with bereaved peers in the future, as well as students gaining increased coping skills for use in situations in which they themselves may face loss (Charkow, 1998). Stevenson (2000) concurred that such death education can help prepare students for coping with future losses. He, too, felt it provides them better understanding of the possible emotions and physical reactions that may occur with bereavement. Glass (1991) explained death education helps decrease fears about death. Stevenson (2000) found that students might temporarily have an increase in fears surrounding the topic of death, and a decrease in fears after giving students time to process such information.

ASCA (2003) explained an important aspect of how school guidance curriculum should be delivered is via deliberate, continuing units that build on one another and are presented to individual classrooms with the intent of reaching all students. The goal here is to meet standards for students proposed by ASCA. Certainly, school counselors could deliver death education programming in this manner. Charkow (1998), indeed, advocated that school counselors could implement such programs of noncrisis death education. It would possibly have the added benefit of helping identify students recently having suffered a loss and in need of extra support. Glass (1991) also suggested school counselors could implement such a course. The noncrisis death

education program described by Edgar and Howard-Hamilton (1994) uses a teacher, paired with a school counselor or a community counselor to deliver the material.

*Multicultural considerations.* While noncrisis death education is one way to address death and loss before students are facing it, now interventions by school counselors with students who are bereaved will be discussed. Any interventions by school counselors with students should be approached with sensitivity to ethnic, cultural, and religious issues. This is clearly denoted in ASCA's Ethical Standards for School Counselors, where the expectation is that the professional school counselor, "Understands the diverse cultural backgrounds of the counselees with whom he/she works. This includes, but is not limited to, learning how the school counselor's own cultural/ethnic/racial identify affects her or his values and beliefs about the counseling process" (ASCA, 2003, p. 125).

This applies to all work with bereaved students as well. Adams et al. (1999) have a similar expectation for professionals. They cautioned against imposing one's own values and beliefs when working with bereaved children and adolescents. Ward-Wimmer and Napoli (2000) explained how professionals must be aware of how culture and ethnic identity affect how the child or adolescent face the loss. Their approach included talking to adults in the family to learn more about their family's ways of thinking about death and expressing grief as a way to help understand and respect the student.

Harper, Lartigue, and Doka (2001) proposed three broad principles useful for being culturally sensitive. First, know and understand one's own cultural background and how it influences one's life. Second, learn about the culture of others. Such learning may include formal professional continuing education, but also observation. Third, practice cultural sensitivity from what you learn and know.

The next sections will discuss ways the school counselor should intervene with bereaved students. Supporting bereaved students fits into the ASCA National Model within the personal/social domain. One of the main competencies addressed by work with bereaved students and thus, justification for helping, is that of PS: C1.11: “Learn coping skills for managing life events” (ASCA, 2003, p. 86). This can fit when providing noncrisis death education to all students, as well as working specifically with bereaved students.

*Individual counseling.* As discussed above, cultural sensitivity is important for interventions with parentally bereaved students, including individual counseling, which will now be discussed. ASCA (2003) explained individual counseling would fit into the realm called “Responsive Services” (p. 42) in which the school counselor strives to meet students’ immediate “needs and concerns” (p. 42). Muro and Kottman (1995) and Charkow (1998) contended that individual counseling is an appropriate way for the school counselor to intervene with the bereaved student. The school counselor is an objective adult, willing to listen to the variety of emotions and reactions the student may express. Muro and Kottman (1995) explained it is important for the school counselor to provide encouragement and hope. In addition, the school counselor can encourage the student to reminisce about good memories of the loved one, as well as consider bad memories and help the student work through the emotions that may occur as a result of these bad memories. Masur (1996) felt the child’s first inclination is to idealize the loved one, concentrating only on the positive memories. She, too, promoted one of the counselor’s roles is to address some of the other feelings and memories about the deceased. It is vital for the child or adolescent to feel they are in a safe place, with a safe person, to convey a full array of such emotions and thoughts and individual counseling can help provide this safe place.

An affirming, nonjudgmental relationship with the bereaved student is necessary to make a difference in individual counseling (Hatter, 1996; Masur, 1996; Worden, 1996). Worden (1996) explained this strong relationship with a trusted adult is particularly important because, as discussed in the above section entitled Parental Death, the surviving parent may not be able to be physically and/or emotionally supportive to their children or adults due to his/her own burdens. Silverman (2000a) concurred explaining parentally bereaved children and adolescents need social support and reassurance, and a chance to tell their own story, including all their thoughts and emotions. Costa and Holliday (1994) reported such a relationship with a trusted adult is necessary to help repair decreased self-esteem that can occur after the loss of a parent.

How can students express emotions and thoughts discussed above during individual counseling? Worden (1996) explained that nondirective play gives them the opportunity to process complicated issues in a non-threatening way. Masur (1996) concurred when saying play therapy is a way for children to be able to express themselves. She explained the play therapy approach could be used for children. Some adolescents will prefer talking. Play therapy will be addressed in more detail below.

How often should the school counselor meet with the student individually? Masur (1996) contended at least a weekly meeting in the beginning is needed to establish the relationship necessary for a child to feel trust. ASCA (2003) cautioned that individual counseling within the school system by the school counselor is not therapy, and is short-term in nature. Lenhardt and McCourt (2000) also discussed the idea of short-term assistance to the bereaved student as important. Worden (1996) explained a limitation of individual counseling with bereaved children and is that it is not cost and time effective. Therefore, one way the school counselor can

intervene with parentally bereaved students is via individual counseling, but this should be short-term in nature.

*Referrals.* During individual counseling, or in any of the interventions described below, the school counselor should be aware of the possibility of needing to refer to outside mental health agencies. ASCA (2003) organized appropriate referrals into the category entitled Responsive Services that is mentioned above. Included as possibilities for such referrals are students with suicidal ideation and or depression. ASCA's Ethical Standards also delineate the expectation that school counselors make referrals when appropriate. Lenhardt and McCourt (2000) explained that school counselors could work with bereaved adolescents on a short-term basis while making referrals as necessary. Muro and Kottman (1995) noted that if a student is suffering from major depression or exhibiting suicidal ideation, the school counselor will need to make such a referral.

From the Child Bereavement Study Worden (1996) found that while many bereaved children and adolescents do not need specialized counseling interventions, a third of them do have emotional or behavioral problems serious enough to necessitate a referral to a mental health professional. He explained those working with bereaved children need to be aware which behaviors are particular indicators of more serious problems such as depression.

*Play therapy.* Even though at times, referrals to outside mental health facilities may be necessary, many parentally bereaved students can be helped with school-based interventions. Play therapy was mentioned during above discussion of individual counseling but will be delved into with more detail here. Play therapy can help school counselors implement ASCA's National Standards. Play therapy is a developmentally appropriate way of intervening with children as part of ASCA's "Responsive Services" (ASCA, 2003, p. 42) in which students' immediate

concerns are addressed. Ray, Armstrong, Warren and Balkin (2005) studied 381 elementary school counselors. Results indicated more than 73% of those studied felt play therapy is an “effective or highly effective tool” for working with students (p. 363). Webb (2000) contended play therapy is the “method of choice” (p. 140) when working with bereaved children. She explained it allows bereaved children opportunity for expression of feelings in the natural outlet of play. In addition, play therapy allows children opportunity to clear up thoughts they may have regarding the death. Similarly, Adams et al. (1999) advocated use of play techniques, including art and writing, can help bereaved children and adolescents express emotions. They explained these methods provide clues as to their cognitive understandings of death and their loss as well.

Muro and Kottman (1995) indicated that before using play therapy (the term play counseling may be used instead), the school counselor should introduce the idea and explain some of its principles to administrators and teachers in order to gain support. Muro and Kottman proposed it as a developmentally appropriate way of intervening with students having academic, emotional or behavioral problems. VanFleet (1998) advocated use of short-term play therapy in schools as it is effective and can fit into the structure of a school setting. He presented the idea of using a combination of directive and nondirective play therapy techniques when working with students. Beginning with nondirective play therapy enables the child to relax and present what is on their mind toward the beginning of the session. Ray et al. (2005) indicated school counselors felt barriers to use of play therapy in schools might include lack of time to spend counseling students, as well as inadequate training in the area.

*Small group counseling/grief groups.* In addition to individual and play counseling, the school counselor can support parentally bereaved students through small group counseling. As above, ASCA (2003) suggested organizing such small group counseling into the realm of

Responsive Services by professional school counselors. ASCA's Ethical Standards for School Counselors delineates the expectation that the school counselor has an understanding of both individuals' and group goals and needs, and protects all group members from potential harm.

Adams et al. (1999) contended peer group participation encourages bereaved children and adolescence to express feelings, to gain a better understanding of the grief process, and to obtain peer support. Although much of the literature discusses adolescence, in particular, as a good age to intervene with small groups, Muro and Kottman (1995) described how even children as young as five and six can benefit from group participation. They can practice communicating their hopes and fears both verbally and nonverbally. Group also gives them the opportunity to understand how they interface with others and a chance to practice new behaviors with the facilitation of the leader.

Worden (1996) found interaction with peers in a group gives bereaved children and adolescents the comfort of not feeling alone in having experienced such a profound loss. Schuurman agreed and explained results include the bereaved child feeling less "weird and different" (2000, p. 168). Muro and Kottman (1995) described this concept as "universalization" (p. 136). Groups provide a safe environment to express myriad emotions without fear of hurting grieving family members (Worden, 1996). Bacon (1996) and Schuurman (2000) concurred, explaining that this helps children or adolescents realize their feelings are not abnormal, and instead, are part of the normal, complex grief process. Peer grief groups also allow children and adolescents to receive support from peers, as well as give support to similarly grieving peers (Matthews, 1999; Schuurman, 2000; Worden, 1996). This peer support may be particularly important with parentally bereaved children and adolescents when, as discussed above, the overwhelmed surviving parent may not be able to be as supportive as possible. A positive aspect

of group counseling is that art, music, and play techniques can be incorporated in group interactions (Bacon, 1996; Schuurman, 2000). These approaches can be less intimidating than talking alone and the goal is for children and adolescents to feel more comfortable in communicating.

Why should grief groups be utilized in schools when intervening with parentally bereaved students? As discussed above, students can be affected physically, emotionally, and academically after experiencing parental death. Worden (1996) explained small groups can be cost-effective and can reach a larger number than individual counseling. In addition, he contended groups could be easily modified to school settings. Lenhardt and McCourt (2000) contended that school is an ideal location for a grief group because school faculty can locate students who have recently had a death in the family. Fitzgerald (1992) reported adolescents are more apt to attend groups at school because of the familiarity of the setting.

Are grief groups effective? In addition to allowing processing of feelings, decreasing feelings of isolation, and increasing peer support, Matthews (1999) contended students report participation in groups “renews their energy to study and their desire to go on with life” (p. 111). Moore and Herlihy (1993) described a six-session school- based grief group for parentally bereaved students. Sessions included talking about the death event, grief as a process, memorials or funerals, how families change after a death, rituals and holidays, and evaluation. They did not include a control group in their study and did not do much discussion about the sample. Nevertheless, they concluded that such a school grief group for parentally bereaved students was helpful for the students.

Kandt (1994) described a fourteen-session school- based grief group that can be used with bereaved adolescents. Many of the sessions were similar to those Moore and Herlihy (1993)

described above but with additional sessions to discuss memories and to plan a celebration at the conclusion of the small group. Kandt explained peer support contributed to improved outcomes but does not go into detail about results. Worden (1996) contended peer support groups are particularly beneficial for bereaved adolescents, who are often undergoing complicated developmental issues. In the Child Bereavement Study, it became evident that peers are very important to bereaved adolescents and such adolescents may be more likely to discuss hard issues if they are involved in such a peer group. Balk (cited in Worden, 1996) discovered that bereaved adolescents who reported more social support had decreased depression scores than those who received less support.

Huss and Ritchie (1999) had different results when they studied the effectiveness of a six-session group for parentally bereaved middle school students led by a school counselor. The study included nine students that participated in the group, as well as eight control students. Results showed no statistically significant changes in self-esteem, depression, behavior, or ability to handle loss when measured with standardized instruments. Despite the findings, the authors asserted participant's self-reports and group leader's observations suggest the bereaved students did benefit from participating in the group. Overall, the literature tends to agree that small group counseling is a beneficial way school counselors can intervene with parentally bereaved students.

*Classroom guidance lessons.* In addition to small group counseling, school counselors can intervene with students in the classroom setting through classroom guidance. Such intervention on a noncrisis basis is discussed above. How should the school counselor approach students after a peer has suffered parental death? ASCA (2003) addressed the issue of confidentiality as an important ethical consideration for professional school counselors.

Therefore, the school counselor or school administration should be in contact with the family both to support the family, as well as obtain permission to explain the situation to other students.

With parental permission, the teacher should meet with the classmate's peers and briefly explain what happened and allow time for questions and discussion (Fitzgerald, 1992; Silverman, 2000a). Goldman (1996) explained classmates should be given the opportunity to express sadness and to ask questions. Haggard (2005) cautioned against use of euphemisms when talking about death and encouraged school professionals to answer questions honestly.

School counselors can be involved in working directly with students in this capacity, or can present a brief inservice for teachers so they can feel more comfortable presenting to their class (Sheras, 2000). Muro and Kottman (1995) advocated that school counselors integrate lessons on the issues involved with crises such as death into their developmental guidance program. Moore and Herlihy (1993) and Bacon (1996) contended peers may want to help the bereaved student but may not know how to respond and end up inadvertently hurting the bereaved student instead. Fitzgerald (1992) reported children are not necessarily "born with the knowledge of how to be supportive of one another, especially in such unusual circumstances as a death situation" (p. 147). Fitzgerald (1992) and Naierman (1997) explained classmates could be taught what they can do to help the bereaved classmate. For instance, if the bereaved student is crying, peers can be taught to simply offer their sympathies and give them a tissue. Sheras (2000) advocated teaching good communication skills including good listening. Goldman (1996) and Fitzgerald (1992) proposed that peers could make cards as a way of supporting the bereaved student. Therefore, classroom lessons can result in support for the parentally bereaved student.

*Bibliotherapy.* In addition to classroom intervention to help bereaved students, the school counselor can use bibliotherapy to do so. Why is bibliotherapy an appropriate intervention?

Fitzgerald (1992) explained that reading is a natural and comfortable activity for children and that books can help broach the difficult subject of death. Wolfelt (1996) concurred when explaining books are less “intrusive and demanding” (p. 177) than speaking. Similarly, Berns (2004) reported children are more likely to talk about death-related issues through a character in a story rather than about themselves directly. Berns also advocated use of bibliotherapy in individual or group counseling. Nicholson and Pearson (2003) promoted use of bibliotherapy by school counselors with students in elementary grades because it encourages sharing of feelings and teaches coping skills. Berns (2004) and Silverman (2000b) advocated use of bibliotherapy as an adjunct to other types of interventions with bereaved children. Haggard (2005) stated books could be read to the class, followed by a discussion before the bereaved student returns to school after a death. ASCA (2003) does not specifically address use of bibliotherapy in their guidelines. However, as suggested by the above literature, it could be used as an adjunct during individual or group counseling or with classroom guidance.

Bibliotherapy is beneficial to bereaved children in several ways (Berns, 2004). Through identification, the child relates to the book’s characters. Through catharsis, the child gets drawn into the story and is able to express feelings within a secure place. Through insight, with the help of the school counselor or other professional, the child realizes his/her problems are approachable he/she sees the book character’s are addressed. In addition to benefits described above, Muro and Kottman (1995) reported universalization as a fourth benefit to use of bibliotherapy that helps the child realize his/her problems are not unique and he/she is not alone.

How effective is bibliotherapy? Schrank (as cited in Borders & Paisley, 1992) reported bibliotherapy is effective for “attitude changes, mental health, self-concept development, and fear reduction” (para. 2). Borders and Paisley studied use of bibliotherapy-based classroom

guidance curriculum and found it promoted developmental growth to a greater extent than use of traditional guidance lessons with the control group.

Use of bibliotherapy involves the careful choice of which books to use. Corr (2000b) developed guidelines for this. He suggested careful evaluation of the book before use, assessing the child or adolescent's individual needs and capacities, and recognition and adaptation of the book's limitations. He also advocated the adult discuss the book with the child or adolescent. Corr compiled a bibliography of books associated with dying, death, and bereavement. Berns (2004) and Silverman (2000b) concurred, explaining careful selection of books is important and cautioned against use of books that talk about letting go of or getting over grief because this does not help the child or adolescent in the grieving process. Borders and Paisley (1992) explained books that meet guidance goals and are quality literature should be selected for classroom guidance use. Use of bibliotherapy for students was discussed, as well as benefits, effectiveness, and need for careful selection of books. Therefore, school counselors can use bibliotherapy as an adjunct in intervening with parentally bereaved students.

*Interaction with family.* In addition to bibliotherapy, interaction with the parentally bereaved student's family can be an important intervention by school counselors. Under both Responsive Services and System Support, ASCA (2003) recommended school counselors regularly consult with parents or guardians to provide information, to receive feedback on student needs, and to help students and families. Similarly, Mullis and Edwards (2001) reported school counselors could teach families regarding children's developmental needs and how families can assist in facilitation of these needs being met. They also contended school counselors can more effectively intervene with students when the family system is considered.

More specific to bereaved students, why is family contact important? Van Dexter (1986) explained it facilitates bonding between the school and family and allows school personnel opportunity to help family better know how to help their child. Muro and Kottman (1995) concurred when they explained when school counselors teach families about the grief process of children it helps dispel myths. Crase and Crase (1995) and Lawhon (2004) reported communication with families is important to glean facts surrounding the loss so school personnel can be accurately informed. Naierman (1997) advocated talking with parent or guardian prior to student returning to school to determine how the child or adolescent is doing and keeping in contact with the family after the return to keep parent aware of progress. Lenhardt and McCourt (2000) and Matthews (1999) explained school personnel could assist the situation by providing referrals to community resources to help the surviving family members receive needed support. Communication with family can allow the school counselor to increase awareness of cultural aspects of the bereaved student (Lawhon, 2004; Mullis & Edwards, 2001). All of the above reasons serve to allow the school counselor better assist with the parentally bereaved student.

How can this family interaction occur? Family meetings and regular communication are methods of insuring all involved adults, including school counselors, are working together to better assist the bereaved student (Costa & Holliday, 1994). Worden (1996) concurred when explaining family meetings can allow affected family members to openly discuss the death and its implications. Haggard (2005) and Goldman (1996) contended a home visit is a viable way to let the bereaved student and family know that the school is concerned about them. Haggard explained this allows the family to know the school is open to further communication. Cassini and Rogers (n.d.) advocated the main reason for a home visit in which a parent has died is to be with the student, providing support, and allowing the student a chance to tell his/her version of

what has occurred. Matthews (1999) explained educators can help bereaved students and families by showing support by attending the funeral or memorial service, and Haggard (2005) concurred but mentioned visiting the funeral home. Therefore, the literature reveals many reasons communication with families can result in help for the bereaved student and such communication and interaction with families should be a goal for school counselors.

*Combination of methods.* In conclusion, methods of intervening by school counselors with parentally bereaved students were discussed. These included death education, individual counseling, referrals, play therapy, group counseling, classroom guidance lessons, bibliotherapy, and communication with families were discussed. Attention to multicultural aspects of students is important in the course of such interventions. Although the literature review revealed much information regarding these interventions in isolation, a gap in the literature existed as far as integrating a combination of these measures into a plan when working with parentally bereaved students in the schools. In addition, no information was found in the literature regarding implementing an integrated plan at the local level.

### Chapter III: Methodology

This chapter will include discussion of how the sample was selected, a description of the subjects, followed by a description of the instrument used. In addition, data collection and data analysis procedures will be given. The chapter will conclude with the methodological limitations.

#### *Subject Selection and Description*

All professional school counselors within a public school district in central Wisconsin were asked to participate in this study. School counselors in the district numbered 23. Of the 23, 22 completed the survey. Elementary, middle, and high school levels were represented in the survey.

This school district contains thirteen elementary schools, two middle schools, and two high schools, and two charter schools (Wisconsin Department of Public Instruction, 2006). Total enrollment for the 2004 through 2005 school year was 8759. As of September 2004, student demographics were 23.2% Asian; 1.5% Black; 1.6% Hispanic; 1.1% American Indian; and 72.5% White. During the 2004-2005 school year, 35.7% of students were eligible for subsidized lunch.

#### *Instrumentation*

This researcher assessed a variety of surveys by reading various unpublished theses at University of Wisconsin-Stout. As none of the instruments met the specific needs of this study, an original survey was designed. The survey was constructed using the information gathered in the literature review. It was designed to be one page and to be easily understood. The questions were varied and included those demographic in nature, a Likert item, and an open-ended question designed to identify themes. Because the survey was constructed specifically for this

study, there were no measures of validity or reliability documented. A copy of the finalized survey is located in Appendix B.

### *Data Collection*

This researcher began by designing the instrument to be used. Permission from the Coordinator of School Counselors in this urban, Midwest school district was obtained prior to approaching the school counselors. Then, with the approval of the thesis advisor, the proposal was sent to the Institutional Review Board and approval was received. With permission, the researcher attended a district-wide school counselor meeting where a brief presentation about the survey was made and then distribution of the consent forms and surveys was done, asking the school counselors to fill them out if they agreed. A copy of the consent form can be found in Appendix A. Self-addressed stamped envelopes were left for them to send the completed surveys to the researcher at a later time if they chose. Consent forms and surveys were sent via interschool mail to school counselors who were absent, accompanied by self-addressed stamped envelopes. To protect confidentiality, no coding systems were used to identify participants. There were 23 school counselors in the district. All were invited to participate. Of the 23, 22 completed the survey. Elementary, middle, and high school levels were represented in the survey.

### *Data Analysis*

All appropriate descriptive statistics were run on the data. Instead of describing the range of years that school counselors had worked, the median was determined to avoid personal identifiers. Frequency counts were compiled for interventions. Means, percentages, and low-level frequencies were compiled as to view of effectiveness of interventions. Frequencies of yes

or no were compiled regarding the question of noncrisis death education. For the open-ended qualitative responses, the researcher concentrated on general themes.

#### *Assumptions/Limitations*

Assumptions and limitations of the research will be discussed. One assumption was that the school counselors were answering the survey questions honestly as far as interventions they have used. Another assumption was that the school counselors had worked with students who have had a parent die.

The study had several limitations. One limitation of the instrument was that it had no measures of validity or reliability documented. In addition, no pilot study was done. As this was a self-report instrument, another limitation is that participants may not have responded openly or honestly. Finally, only one school district participated in this study, therefore any results should not be generalized to districts of similar size.

## Chapter IV: Results

This chapter will include the results of this study. Demographic information and item analysis will be discussed. The chapter will conclude with the research objectives under investigation.

### *Demographic Information*

Nineteen school counselors were at the staff meeting during which the researcher initially distributed the survey. In addition, the survey was distributed via inter-office mail to the four school counselors who were not attendance at the staff meeting. Of the total of 23 school counselors in the district who were given the survey, 22 ( $N = 22$ ) actually completed the survey, representing 95.7% of the total possible participants.

Items 1 and 2 of the survey asked for specifics regarding school counselor years of experience and background. Of the 22 participants, school counselors with elementary, middle, and high school experience were represented. Years of experience ranged from 1 to 25 years. Mean number of years experience was 10.3 years overall. Eight out of twenty-two counselors have had experience at more than one level.

### *Item Analysis*

In the upper portion of the survey, item 3 asked, "Should noncrisis death education for all students be incorporated into the developmental guidance curriculum of your school? Please mark yes or no." The results were as follows: 50% ( $n = 10$ ) of the participants indicated yes to this question, while 50% ( $n = 10$ ) indicated no to this question. Two participants did not respond to this question.

Item 1 in the intervention section asked, "Which intervention(s) have you used to assist such students?" The participants were to check all that applied, meaning those interventions they

had used as a school counselor at some time when assisting students having lost a parent to death. Beginning with the intervention the largest number of respondents listed as having used, the results were as follows: 100% ( $N = 22$ ) of respondents indicated they used individual counseling as an intervention. For the intervention of referral to outside counseling, 95.5% ( $n = 21$ ) respondents indicated their use. The same percentage, 95.5% ( $n = 21$ ) of school counselors indicated having used the intervention of attending funeral/memorial. For the intervention of small group counseling/grief groups, 68.2% ( $n = 15$ ) of respondents marked this item. For the intervention of a combination of methods, 59.1% ( $n = 13$ ) indicated use. The percentage of participants reporting use of bibliotherapy as an intervention was 45.5% ( $n = 10$ ). For the intervention of making a home visit, 40.9% ( $n = 9$ ) indicated use. For the intervention of play therapy, 27.3% ( $n = 6$ ) of respondents indicated use. Finally, participants marked use of classroom guidance lessons as an intervention at 18.2% ( $n = 4$ ).

Item 2 in the intervention section refers to the perceived effectiveness of interventions. School counselors were asked to rank each intervention somewhere in the continuum of “not effective” (1) to “highly effective” (4). For home visit as an intervention, 6 considered it highly effective, while 23 considered it effective. The resulting mean is 3.67. For those who used a combination of methods as intervention, 7 considered it highly effective, 4 considered it effective. The mean is 3.64. For referral to outside counseling, 10 considered it highly effective, 9 considered it effective. The mean is 3.53. For individual counseling, 10 respondents considered it highly effective, 10 considered it effective, and 2 considered it minimally effective. This resulted in a mean of 3.36. For the attending of funeral/memorial, 9 considered it highly effective, 10 considered it effective, while 2 considered it minimally effective. This resulted in a mean of 3.33. For small group counseling/grief group, 5 considered it highly effective, 9

considered it effective, and 1 considered it minimally effective. The mean is 3.27. For bibliotherapy, 2 considered it highly effective, 7 considered it effective, 1 considered it minimally effective. The mean is 3.10. For classroom guidance lessons, 3 considered it effective, while 1 considered it minimally effective. The resulting mean is 2.75. Finally, for play therapy, 4 considered it as effective, 2 considered it minimally effective. The mean is 2.67. Not all the school counselors used all the interventions, and means were derived from those participants who did use the interventions.

Complete results of the open-ended question are included in Appendix C. A total of twelve participants responded to the open-ended question. Regarding the intervention portion of the open-ended question, two themes emerged. The themes were family involvement, and need for tailoring interventions to the individual. Five of the participants wrote about the importance of family involvement. One wrote, “Be sure to keep the family involved-take your lead from them and based on their needs and family dynamics.” Another wrote, “I check with the parent or caregiver who is in charge to see how they (as a family) are dealing with the situation. I want to make sure I am following the family rituals\desires/needs.” Two of the participants remarked that each student faced with parental death reacts differently and the school counselor needs to assess this and intervene appropriately. One wrote, “In my experience, all students react very differently in these situations and my role as a school counselor is first and foremost to identify each student’s needs and then respond accordingly.” Another explained, “I have found that each student responds differently to each intervention.”

The four responses to the open-ended question regarding noncrisis death education varied. One participant said, “I don’t think it would be appropriate for elementary, especially with K-2 children; maybe at the 5<sup>th</sup> grade level.” Another gave an opposing view writing, “I feel

the most effective grade level for noncrisis death education is at the elementary level and should include general discussion about ‘loss’ including family, friends, and pets.” Finally, another remarked on the use of caution when discussing noncrisis death education, “Has to be done in a manner which will not frighten the children or cause too much anxiety afterwards.”

### *Research Objectives*

*Research objective #1:* Through school counselor surveys, determine whether school counselors support incorporation of noncrisis death education into their developmental guidance curriculum. The open-ended question in the last portion of the survey and item 3 in the upper section dealt with this objective. Counselors were evenly divided here. This was reflected in the yes/no question and in the open-ended question regarding noncrisis death intervention.

*Research objective #2:* Through the surveys, determine which interventions are employed when helping students who are parentally bereaved. The open-ended question and item 1 in the intervention section dealt with this objective. Results showed counselors used a variety of methods when intervening with students who have had a parent die. The intervention that the largest number of counselors listed was individual counseling. Referral to outside counseling and attending funeral/memorial were the next most commonly indicated.

*Research objective #3:* Through the surveys, determine which interventions the school counselors feel are most effective when working with parentally bereaved students. The open-ended question and item 2 in the intervention section dealt with this objective. The intervention of a home visit had the highest mean in the effectiveness continuum. Family involvement, which is necessary when doing a home visit, was most commonly discussed in the open-ended question. A combination of methods and referral to outside counseling had the next highest means.

In conclusion, about half of school counselor respondents supported noncrisis death education as part of the developmental guidance curriculum. When assisting parentally bereaved students, school counselors reported using a variety of interventions, listed most often were individual counseling, referral to outside counseling, and attending funeral/memorial. Themes presented included importance of family interaction as well as need for individualizing intervention plans. Finally, respondents indicated a variation of effectiveness with home visits and a combination of methods with the highest means.

## Chapter V: Discussion

This chapter will provide a discussion about the results presented in Chapter Four. In addition, this chapter will present conclusions based on the results of this study. Finally the chapter will conclude with recommendations for future research and practice in this area.

### *Limitations*

The study had several limitations. One limitation of the instrument was that it had no measures of validity or reliability documented. In addition, no pilot study was done. As this was a self-report instrument, another limitation is that participants may not have responded openly or honestly. Finally, only one school district participated in this study, therefore any results should not be generalized to districts of similar size.

### *Conclusions*

This research indicated that school counselors have varied opinions about whether noncrisis death education for all students should be incorporated into the developmental guidance curriculum. One-half of the school counselors in this study indicated that noncrisis death education should be incorporated into the developmental guidance curriculum. There are some consistencies with this in the previous research by Mahon, Goldberg, and Washington (1999) in which 52.7 % of teachers felt death education should be part of the school's curriculum. That only about half of educators consider noncrisis death intervention as something that should be addressed with students would not come as a surprise to Wolfelt who described our culture as "mourning-avoiding" (1996, p. 8). One of the respondents in this study contended that such education would not be appropriate for early elementary students. But, Adams et al (1999), Charkow (1998), Lawhon (2004), and Edgar and Howard-Hamilton (1994) concurred with the 50% of respondents in this study in advocating for noncrisis death education for

students. Edgar and Howard-Hamilton described a noncrisis death education program for implementation jointly by a teacher/school counselor team.

Next, interventions used by school counselors working with parentally bereaved students are discussed. Participants were asked to check off which of the interventions used at one time during their work with such students. An important finding of this research indicated that individual counseling was the intervention the largest number ( $n = 22$ ) of respondents reported as having used. Muro and Kottman (1995) and Charkow (1998) agreed that individual counseling is an important way for the school counselor to intervene with the bereaved student. Worden (1996) cautioned that individual counseling with bereaved children is not cost and time effective.

The next most commonly checked interventions included referral to outside counseling, as well as attending funeral/memorial (both with  $n = 21$ ). ASCA described the expectation that school counselors make referrals when appropriate (2003). Lenhardt and McCourt (2000) concurred that school counselors intervene with bereaved adolescents on a short-term basis while making referrals as necessary. Worden (1996) found that while many parentally bereaved children and adolescents do not need specialized counseling interventions, a third of them do have emotional or behavioral problems serious enough to necessitate a referral to a mental health professional. Not much guidance was found in the literature related to the intervention of school counselors attending the parent's funeral or memorial. Matthews (1999) briefly mentioned that educators could assist bereaved students and families and show support by attending the funeral or memorial service.

Family involvement was a theme that emerged in responses in the intervention portion of the open -ended question. Five of the participants wrote about the importance of family involvement. Family contact when intervening with a student can aid connection between the

school and family, which gives school personnel clues on how to help the bereaved student (Van Dexter, 1986). Muro and Kottman (1995) agreed with the importance of family contact, specifically as a means for school counselors to teach families about the grief process. Crase and Crase (1995) and Lawhon (2004) found communication with families as important to obtain accurate information regarding details of the loss. Communication with family increases awareness of cultural aspects of the bereaved student, important when the school counselor is working with students (Lawhon, 2004; Mullis & Edwards, 2001).

School counselors were asked to rank each intervention somewhere in the continuum of “not effective” (1) to “highly effective” (4). For home visit as an intervention, 6 considered it highly effective, while 23 considered it effective, with a resulting mean of 3.67. Despite these results, home visits were only briefly mentioned during a review of the literature. Haggard (2005) and Goldman (1996) mentioned that a home visit shows the bereaved student and family that the school is concerned about them. Cassini and Rogers (n.d.) believed the primary reason for a home visit in which a parent has died is to be with the student, providing support, and giving the student a chance to tell his/her version of what has occurred.

For those who used a combination of methods as intervention, 7 considered it highly effective, 4 considered it effective, for a mean of 3.64. Methods of intervening by school counselors with parentally bereaved students discussed in the literature review included death education, individual counseling, referrals, play therapy, group counseling, classroom guidance lessons, bibliotherapy, and communication with families. Attention to multicultural aspects of students is necessary during such interventions. Although the literature review revealed much information regarding these interventions in isolation, a gap in the literature existed as far as

integrating a combination of these measures into a plan when working with parentally bereaved students in the schools.

### *Recommendations*

In the future, it would be beneficial to use a larger sample size, perhaps looking at more than one school district. Focusing on more than one district could result in results that could be more valid. To make results more representative and valid, accessing a larger sample would be advantageous.

Another approach would be to survey parentally bereaved students themselves retroactively. Of course, great care would need to be paid to protect such students, especially considering the loss they have already sustained.

One thing that came out of this study was the perceived importance of contact with families, sometimes involving home visits. Studying the legalities and views of such interaction would be interesting.

Students face many losses, including moves, divorce, illness, and the death of pets. Death of parents will profoundly impact students and it is necessary for school counselors to intervene and help them during this grief process. An awareness of issues surrounding the grief process of children and adolescents is necessary when intervening. The school counselor may need to seek continuing education to meet the needs of grieving students. In addition, school counselors are called to serve all students. One way of doing this is to advocate for, plan, and present noncrisis death education to all students.

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## Appendix A: The Consent Form

**UW-Stout Implied Consent Statement For Research Involving Human Subjects**  
*Consent to Participate in UW-Stout Approved Research*

**Title:** Supporting Parentally Bereaved Students: The School Counselor's Role

**Investigator:** Jane Beckel  
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**Research Advisor:** Dr. Barbara Flom  
 403 McCalmont Hall  
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**Description:** The purpose of this study is to explore professional school counselors' perceptions of school-based bereavement assistance provided to students who have had a parent die. In addition, views on noncrisis death education as part of the developmental guidance curriculum will be assessed.

**Risks and Benefits:** The risks associated with this study are minimal. It is possible that you may experience an emotional or psychological response when answering these questions. If your amount of discomfort becomes extreme please consider contacting the Employee Assistance Program. Benefits may include the opportunity to comment on your feelings regarding your experiences working with such students. Benefits may also include contributing to the profession by increasing the understanding of intervening with students having lost a parent to death.

**Time Commitment:** This survey should take five to ten minutes of your time.

**Confidentiality:** Your name and school district will not be included on any documents. The investigator does not believe that you can be identified from any of this information.

**Right to Withdraw:** Your participation in this study is entirely voluntary. You may choose not to participate without any adverse consequences to you. You may also choose to withdraw during completion of the survey and not submit it. However, should you choose to participate, submit the survey, and later wish to withdraw from the study, there is no way to identify your document after it has been turned into the investigator.

**IRB Approval:** This study has been reviewed and approved by The University of Wisconsin-Stout's Institutional Review Board (IRB). The IRB has determined that this study meets the ethical obligations required by federal law and University policies. If you have questions or concerns regarding this study please contact the Investigator or Advisor. If you have any questions, concerns, or reports regarding your rights as a research subject, please contact the IRB Administrator.

**Investigator:** \_\_\_\_\_

**IRB Administrator**

Jane Beckel

Sue Foxwell, Director, Research Services  
 152 Vocational Rehabilitation Bldg.

**Advisor:**

Dr. Barbara Flom

UW-Stout Menomonie, WI 54751  
 715-232-2477

**Statement of Consent:** By completing the following survey you agree to participate in the project entitled, *Supporting Parentally Bereaved Students: The School Counselor's Role*.

Appendix B: The Survey

**This research has been approved by the UW-Stout IRB as required by the Code of Federal Regulations Title 45 Part 46.**

**Supporting Parentally Bereaved Students: The School Counselor’s Role**

1. Please mark school level at which you are **currently employed** as a school counselor.  
 Elementary                       Middle                       High School
2. Please write in the **number of year(s)** as a school counselor at each level:  
 Elementary                       Middle                       High School
3. Should noncrisis death education for all students be incorporated into the developmental guidance curriculum of your school? Please mark yes or no.  
 Yes                       No

The following questions refer to working as a school counselor with students who have had a parent die:

1. **Which intervention(s) have you used to assist such students? Check all that apply.**  
 Individual counseling                       Referral to outside counseling  
 Play therapy                       Attending funeral/memorial  
 Small group counseling/grief group                       Home visit  
 Classroom guidance lessons                       A combination of methods  
 Bibliotherapy                       Other \_\_\_\_\_
2. **How effective for the student have you found these intervention(s)? Please check a rating (if applicable).**

	Not effective	Minimally effective	Effective	Highly effective
Individual counseling				
Play therapy				
Small group counseling/grief group				
Classroom guidance lessons				

Bibliotherapy				
Referral to outside counseling				
Attending funeral/memorial				
Home visit				
A combination of methods				
Other _____				

- 3. Any comments/suggestions about interventions that you have used or about noncrisis death education would be appreciated. (Please write on the back).**

### Appendix C: Comments from School Counselor Participants

This part of the survey asked: “Any comments/suggestions about interventions that you have used or about noncrisis death intervention would be appreciated.”

#### *Noncrisis education:*

- I would be interested in reviewing the noncrisis death curriculum as materials to use in small groups or individual sessions. (Participant’s name)-(Participating school district). I’m alright with the confidentiality of you knowing who I am.
- I think it would depend on the age of the student or students we are referring to. I think it would be beneficial to incorporate classroom lessons for individuals who would like to learn more, lets say at the high school level. A grief component could be incorporated at the middle school level, in some classes. I don’t think it would be appropriate for elementary, especially with K-2 children; maybe at the 5<sup>th</sup> grade level.
- I feel the most effective grade level for noncrisis death education is at the elementary level and should include general discussion about “loss” including family, friends, and pets.
- Has to be done in a manner which will not frighten the children or cause too much anxiety afterwards.

#### *Interventions: Family Interaction:*

- Be sure to keep the family involved-take your lead from them and based on their needs and family dynamics.
- Having on-going contact with surviving parent to assess his/her needs.
- I check with the parent or caregiver who is in charge to see how they (as a family) are dealing with the situation. I want to make sure I am following the family rituals/desires/needs. I also share with the student’s parent any student/child concerns or community assistance that may help the parent help with the grieving process.
- There needs to be a lot of individual attention as well as family contacts.
- One respondent wrote in “Family only small group” in the [Other] section of interventions used to assist parentally bereaved students.

#### *Interventions: Tailoring the plan to individuals*

- I have found that each student responds differently to each intervention. At times one on one seems to work best, other times my presence at the funeral was quite powerful and other times outside counseling referral seemed to be the best route to take.
- In my experience, all student react very differently in these situation and my role as a school counselor is first and foremost to identify each student’s needs and then respond accordingly.

*Other*

- It is difficult to answer effectiveness questions because I don't know how to define effectiveness. The student usually struggles for a long time and a variety of interventions are helpful. I think it is always helpful for them to know who they can come to in the academic setting.
- The school counselor plays a key role in the student's adjustment to school after a parent's death.
- Gathering a close group of friend to assist the student when returning to school.
- Good luck to you in your future job!