

AN ABSTRACT OF THE
DISSERTATION OF

Lori L. Low for the degree of
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Title: Pre-Service Grief and Loss Preparation in CACREP Accredited School Counseling Programs.

Abstract approved:

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Michael A. Ingram

Youth today experience high degrees of loss and change, resulting in grief (Goldman, 2001). Little evidence exists of school counselors' academic preparation in grief counseling. The purpose of this research study was to determine how CACREP school counseling programs prepare school counselors in the areas of grief and loss, including course delivery methods, included curriculum areas, and reasons for exclusion.

A quantitative, descriptive design was utilized. The "School Counselors Preparation in Grief/Loss and Substance Abuse Counseling" survey was designed for data collection and sent to the 150 United States CACREP accredited school counseling programs. A total of 79 programs responded, resulting in a 53% response rate.

Research results found that 40% of responding CACREP programs did not offer any grief and loss preparation to their pre-service school counselors. Sixty percent indicated providing some training. Data show that 11% of programs required a course and 50% offered an elective course. Additionally, 48% of respondents taught a module on grief and loss within a required course, and 13% through a module in an elective course. Results found 6 respondents included all 17 suggested curriculum areas, while the mean for curricula inclusion was 11 areas.

Research indicated 78% of programs not offering grief and loss cited a lack of room to add more credits as their exclusion rationale. Furthermore 35% of respondents did not offer curriculum because it was not a CACREP requirement. Lacking trained staff and financial reasons were both reported by 25% of programs as reasons for non-inclusion.

Facing grief and loss are realities of life. Helping students to acknowledge and cope with these realities is a necessary task, as loss is a normal, universal experience, encountered repeatedly (Lenhardt, 1997). CACREP standards position that counselor education programs will prepare students to meet the real life counseling situations they will face while working in schools (CACREP, 2001).

Research results indicated an inconsistent delivery of appropriate training in grief and loss among responding CACREP school counseling programs. Counselor education programs may wish to examine if they are ethically and effectively preparing their 21st century graduates. Recommendations and limitations are included.

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Pre-Service Grief and Loss Preparation in CACREP Accredited School Counseling

Programs

By

Lori L. Low

A DISERTATION

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I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

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Lori L. Low, Author

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I wish to thank so many people, because everyone I know has touched my life, made me who I am, and thereby had an impact on this work. Here, however, to name a few, are some of the most amazing people on the planet, who have helped me through this process. They edited me, fed me, patched me up, loved me, danced me, and encouraged me.

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DEDICATION

This dissertation is dedicated:

To my late mother Agnes H. Low. Who taught me what grieving was all about. I love you and are ever a part of me. Let me not forget that I am the daughter of a woman who never ceased to bloom.

To my father Harvey L. Low, who has stood by me, through all the storms, to watch me bloom. I love you.

To my children Meghan and Molly McArt, whom I cherish watching bloom.

Pre-Service Grief and Loss Preparation in CACREP Accredited School
Counseling Programs.

CHAPTER 1: INTRODUCTION

“We like to think of childhood as the kingdom where nobody dies.

We attempt then to protect children from death.

In fact, we are only protecting ourselves,”

(Nancy Webb 2002, p. xii).

The grieving child is the norm in today’s schools (Doka, 2000; Goldman, 2001). “Childhood and adolescence are literally filled with turning points that mark endings and with changes as children develop into mature adults” (Stevenson 2002). These changes all carry potential losses with them, and with loss comes grief. Children who are coping with losses need to find ways to cope with their grief.

It is important to bear in mind that grief does not ensue solely from a loss by death. Death, divorce, relocation, separation, abuse and violence are the daily realities for a vast number of school aged youth. With loss comes grief, and while the grieving process is usually a healing one, it does not happen reflexively (Stevenson, 2002). Many of these children are forgotten mourners, suffering alone and unnoticed, their feelings

hidden and their behavior misinterpreted as acting out or withdrawal by unknowing school personnel.

School counselors are the leaders of prevention and intervention activities with our nation's youth, serving as their advocates on a daily basis (Klicker, 2000). School counselors can be a strong support to help children grow through their grief experiences (Lenhardt, 1997). These trained professionals are often assumed to have the knowledge and skills to work effectively with students suffering from loss, grief and trauma. Is this assumption a reality, or an erroneous belief that bears examination?

There is no research evidence determining if primary training on grief and loss issues is currently taking place in Masters level school counseling programs. Given the world and issues the children of the 21st century face and embrace, establishing what training is provided to pre-service school counselors on working with grief and loss issues seems an area ripe for research.

Rationale For Study

Prevalence

Losses and the grief resulting from them are a universal reality students' encounter in their lives. In a recent study, Glass (1991) found that 41% of middle school students surveyed had been personally affected by a death within the past year. One in every 750 students will die each year (Stevenson, 1995).

Fifty percent of all children will experience the divorce of their parents and one third will lose contact with one parent. One in five families will move each year and on average a child will have moved four times by the end of high school (Goldman, 2001, 1994; Kids Count Data Book, 2003). Family relocations can be highly disruptive—generating feelings of fear, inadequacy and resentment.

Suicide is the third leading cause of death among adolescents 15-24 and murder and suicide now alternate between second and third as the leading causes of death among high school students (House, 2003; Oates, 1993).

Addressing Grief And Loss With Youth

The prevalence rates of significant losses in children's lives are startling, yet instructive. It is important to address grief and loss issues directly with children. Many grief therapists and educators have reported that early intervention is vital to ensure healthy grieving (Crenshaw, 1990; Goldman, 2001; Wolfelt, 1983; Zinner, 1987). Children and adolescents are helped when adults around them recognize they are grieving and support them throughout that process (Doka, 2000). Webb (2002) notes "death touches children's lives in many ways and we must do everything we can to help them before, during, and after their inevitable death experiences" (p. xix). Grieving youth need our time, attention and understanding if they are to heal and grow. It is commonly assumed that friends and family members will support children and adolescents in their grief journeys. In reality for many youth, this may not be the case (Grollman, 1995).

School counselors are in the position to be a tremendous resource for these grieving students.

School Counselor Awareness And Intervention

Grief expert Earl Grollman (1995) states that schools are an important source of support and affirmation for grieving students. Mourning students experience varying degrees of distress, which can impair their ability to cope with normal school tasks (Oates, 1993). The American School Counselor Association (ASCA) states that the purpose of school counseling programs is to ensure all students achieve success (ASCA, 2004). Therefore, it stands to reason that school counselors need to be prepared to work with students on grief and loss issues. Stevenson (1995) supports this stance when advocating that school counselors must help children come to terms with their grief. In too many instances children are still the forgotten mourners. Grollman (1995) provides the following example:

Recently while conducting a class, a math teacher had a heart attack, fell over, and died. The next day there was a new teacher. The horrendous experience was never once discussed with the students. It was as if the death had never occurred.

(p.xi)

Cases of psychological neglect such as the preceding example are widespread, and when compounded with the compelling prevalence rates of loss addressed earlier attests to a serious void. School counselors need to be aware of, trained in and comfortable with actively addressing grief, loss and at times trauma issues with students.

Information On School Counselor Preparation

Oates (1993) states that school counselors who are not prepared to respond to grief reactions should be trained before a crisis occurs. Given the prevalence rate of grieving youth, the likelihood of a school counselor encountering grief within the first week on the job is high, accentuating the importance of pre-service counselor training in grief and loss. Freeman and Ward (1998) support this, stating that the odds of a counselor seeing people in various stages of the grieving process are great. Unfortunately however, there is no documentation that training in grief counseling and death education are typically included in school counselors' coursework. An exhaustive review of the literature revealed that the last published research found on assessing counselor's skills and desires and training to work with death related issues was by Rosenthal in 1981. Prior to this, searches yielded only one other study completed by Rosenthal and Terkelson in 1978. No studies were found to date researching how, or even if, these topics were delivered in counselor education programs.

Wolfelt (1996) states that an empathic relationship between counselor and child is the foundation upon which helping a bereaved child rests. When working with grieving children and adolescents, the very building of such a relationship can be hampered or negated when a counselor feels uncomfortable or incompetent to discuss death, grief and loss. Counselors uncomfortable with given topic areas may project that discomfort onto their clients (Corey, Corey & Callanan, 1993). This is especially true when working in grief and loss (Irwin and Melbin-Helberg, 1992). Furthermore, a counselor must be able to respond in accepting, compassionate ways; otherwise, children generally do not feel

free to explore these topics in their normally expressive and questioning manner (Seibert, Drolet & Fetro, 2003). Are school counselors adequately prepared to appropriately support these children's needs?

This absence of information and research on counselor preparation in conjunction with the sheer numbers of grieving students should serve to raise the consciousness of counselor educators as to the clear-cut need for specific, relevant training in the areas of grief and loss.

Scope of Study

Previous Research

It ought not be difficult to deduce that adequate training for school counselors in the area of grief and loss is essential. Support for counselor proficiency in knowledge, skills and understanding of the grief process abound (Goldman, 1994; Kandt, 1994; Worden, 1991). In 1979, Cheikin urged that counselor education institutions must incorporate the rapidly growing body of knowledge about the emotional dynamics of death, grieving and mourning into courses and training models. Rosenthal (1981) found that 94% of counselor education chairpersons believed counselor education programs should help trainees deal with the concepts of death and dying; only 39% of the same respondents offered such courses. This was the last documented study assessing counselor training on grief and loss issues in counselor education programs.

This alarming lack of research describing what grief and loss preparation pre-service school counselors are receiving in counselor education programs is the backdrop for my current research study. Are 21st century school counselors being adequately and ethically trained to meet the needs of the population they serve?

Current Research

The current study will assess how pre-service training in grief and loss is delivered in school counselor education programs certified by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP).

CACREP was established in 1981 to establish a set of standards by which graduate programs could be evaluated and improved. Within the profession of counselor education, many educators view CACREP as the 'gold standard' against which other programs are measured. As such, only school counseling programs with CACREP certification were chosen as the research population. All United States CACREP school counseling accredited programs were asked to participate in the study.

Results from this study are specifically generalizable only to CACREP school counseling programs. However as the gold standard, one might extrapolate that what is delivered in programs which are regarded as the best, will be best practice, and other programs may have a less comprehensive curriculum. While further research would be needed to accurately establish the veracity of this statement, the scope of the current study is purposely limited, and designed to establish baseline data on which further research can be built.

Statement Of Problem And Need For Study

School counselors are routinely called upon to work with students on grief and loss issues. School counselors are assumed to possess the skills and awareness needed to work effectively with students in the areas of grief, loss and death. Furthermore, school systems often believe the school counselor's role should include not only counseling grieving students, but also providing education about death and loss to parents and other staff as well (Stevenson, 1995).

The question arises whether counselors can actually accomplish these tasks (Rosenthal, 1981). Rosenthal and Terkelson (1978) revealed that most counselors did not feel adequately trained to work in the areas of grief and loss, even though they were doing so. The need for primary training in the area of grief and loss is evident. The degree to which counselor education programs are currently providing that training is not evident. This discrepancy must be addressed in order to ascertain if counselor educators are meeting the needs of a new era of school counselors, and the students they serve.

Purpose And Methodology

The purpose of this study is to determine if and how CACREP school counseling programs are preparing school counselors to work with students specifically in the areas of grief and loss. It will also describe what content areas are covered if grief and loss

curriculum is offered, as well as the mode of delivery. If grief and loss training is not offered, the results will attempt to establish what the primary reasons are for exclusion.

This research will provide a foundation to determine how counselor education programs are teaching about grief and loss to their pre-service school counselors. I believe it is important to first establish what current, operationalized practice entails before attempting more in-depth research. After ascertaining if and how grief and loss counseling is being delivered in CACREP programs, further studies such as the efficacy of these programs, or comparisons to other non- CACREP programs could easily follow.

This research study will utilize a quantitative, descriptive design. A descriptive methodology was chosen for two reasons. The primary reason is the nature of the study. Descriptive studies attempt to describe current practice (Gall, Gall & Borg, 1999). Secondly, since little prior research exists, a baseline of information needed to be established. Results of the study will be analyzed with SPSS 11.5 using descriptive statistics including frequencies and measures of central tendency when appropriate. Results will describe current pre-service delivery of grief and loss counseling in CACREP school counseling programs.

Research Questions

This study examines the following research questions.

Research Question 1:

How does your program specifically train school counselors in grief and loss counseling?

Research Question 2:

What specific content is covered in the area of grief/loss counseling in your course/s?

Research Question 3:

If grief/loss counseling is not currently included in your curriculum, what are the primary reasons?

Glossary Of Terms

ASCA : The American School Counseling Association. A national organization that supports school counselors' efforts to help students focus on academic, personal/social and career development so they not only achieve success in school but are prepared to lead fulfilling lives as responsible members of society.

Bereavement: The loss of someone or something important to us.

CACREP: The Council for the Accreditation of Counseling and Related Educational Programs. This commission began in 1981 to establish a set of standards by which graduate programs could be evaluated and improved.

Complicated Mourning: Mourning characterized by absent, distorted, converted or chronic responses to death.

Crisis Response Intervention: A predetermined strategy to access and intervene in a crisis situation.

Death: The end of life, a biological fact that is universal to all living things.

Death Education: The formal instruction that deals with dying, death, loss or grief and their effect on individuals, families and schools.

Grief: The thoughts and feelings that are experienced within when we undergo a loss. The internal meaning given to the experience of bereavement or loss.

Grieving: Going through the process of experiencing and integrating a loss.

Intervention: Also called secondary prevention, is the immediate response offered to those who have entered into the crisis state.

Loss: A natural part of existence, a universal process. Loss can be tangible or intangible.

Loss always results in a deprivation of some kind.

Mourning: The outward expression of the internal experience of grief or 'grief gone public'.

Postvention: Also known as tertiary prevention, these activities are designed to mitigate crisis related issues long after the crisis event has occurred.

Prevention: Also termed primary prevention, these activities are designed to help prevent a crisis and or entry into the crisis state.

Secondary Loss: Other losses experienced as a result of a primary loss. For example; the loss of security that accompanies the death of a parent.

Trauma: When a sudden, extraordinary external event overwhelms an individual's capacity to cope and master the feelings aroused by the event.

Thanatology: The study of death and dying.

Universality: The comprehensiveness in range of a phenomenon, implying inclusiveness, inevitability and unpredictability. Universality of loss suggests that loss includes a broad range of events such as divorce, moving, or losing a limb, not just death

Overview Of Upcoming Chapters

The remaining chapters of this dissertation will progress as follows. Chapter Two will provide a thorough review of the research as it relates to grief and loss issues with youth and school counseling. Given the dearth of research on the pedagogy of grief preparation for school counselors; more emphasis is given to issues and strategies field experts suggest be included in grief and loss curriculum. Chapter Three will outline and review the study's methodology and Chapter Four examines the results from the study. Chapter Five presents a discussion of the research findings including limitations and recommendations for counselor education programs and future research.

CHAPTER 2: LITERATURE REVIEW

Introduction

This review examines the available literature in the following topic areas:

1. Understanding youth, grief and loss.
2. Need for school counselor preparation
3. Current practice in grief and loss training.
4. School counseling.
5. School counselors' role with grief and loss.
6. Self care.

These areas provide the background and rationale for the examination of how grief and loss counseling is being delivered in CACREP school counseling programs.

The term *child* will be utilized throughout this literature review. I intend for all ages of children (k-12) that a school counselor could work with be included in this scope. However, at times specific age delineations such as adolescent will be made. When this is done, the broad application of child does not apply.

The terms he and she, him and her and his and hers will be used throughout the literature review. These are to be viewed as interchangeable terms, not denoting a specific gender. Unless specified, any gender term is implied to mean both or either male and female.

Death Comes

I

Molly McArt please report to the counseling office immediately. "What... what is it?" she panted as she ran up the hall to me. Come in babe, "its Grandma B isn't it, tell me.. What." The fear in her eyes could be no greater than the pain in my chest from the news I was delivering. "Your dad is coming to get you honey, you're going to Seattle, Grandma's not doing well." She locked into my eyes, this five foot eight, 120 pounds of beautiful, vital 13 year old I am lucky enough to call my daughter, and shook her head, a sound escaping her that I recognize well. The sound of knowing death comes. She sank to her knees, curling into me as a baby does when the world is too much to handle, rocking against the protection called mother. Wanting me to deny that which she already knew she choked out "she's going to be ok, she's going to be okay, right mom? Right?" I took her face gently into mine, and with tears streaming replied, "Baby, she might not be ok. You need to know that. I'm so sorry. Oh honey, I am so, so sorry." Shaking with grief, weeping, she headed to her locker, "I need my books." I nodded. A friend walked her back, also crying, "He knows how I feel, his grandma died last year." She smiled as best she could and hugged him on his way. My oldest daughter Meghan came to the office door, her face streaked with tears and pain, she grabbed me, sobbing, ... no words. The three of us held each other, and I walked them to their father's car. I put my hands to their hearts, and told them I was there, call, anytime. I watched them leave, waving, blowing kisses, aching. I just sent the two people I love most in this world on their way to be with their last grandma as she dies. She will die within the week. They will mourn. I will help.

This vignette illustrates two children who are often the exception, not the rule. They have a parent who *understands* grief, and is a school counselor. They also have private therapists who *understand* grief. How would it be if they did not? They would join the ranks of thousands of children suffering silently from losses large and small, dealing with classes, homework and the immense confusion of growing up; with hearts that need healing and an adult to *understand*.

Understanding Youth, Grief And Loss

Prevalence

In today's world "the norm is the grieving child" (Goldman, 2001, no p.). School aged children are currently experiencing tremendous loss and change. A recent study reported that 41% of middle school students surveyed had been personally affected by a death within the past year (Glass, 1991). Twenty percent of children will experience the death of a parent by age 18 (Stevenson, 1995) and one in 750 students will die each year (Goldman, 1994, 2001; Stevenson, 1995). Other research acknowledges the vast number, with rates among junior and senior high school students as high as 90%, of children who experience the death of, or separation from siblings, grandparents, pets and friends (Glass, 1991; Goldman, 2001; Naierman, 1997; Rando, 1988; Wolfelt 1996).

It is estimated that one quarter of American children will spend the first 18 years with only one parent, 50% experience the divorce of their parents and one third will lose contact with one parent (Goldman, 1994, 2001; Kids Count Data Book, 2003). One in

five families will move each year and on average a child will have moved four times by the end of high school.

Suicide is the third leading cause of death among adolescents and young adults 15-24. Studies show that loss or threatened loss is a major factor in the lives of children who complete suicide (House, 2003; Stefanowski-Harding, 1990).

One out of three girls and one of seven boys are sexually abused by the age of 18. The average child of 14 will have witnessed 18,000 deaths (mostly violent murders) on television and a recent study done in Washington DC reported that one in six children age 10-17 had seen or known someone who had been shot (Goldman, 2001). These statistics clearly illustrate the degree of loss that children and adolescents face in their day-to-day lives.

Ironically, this data does not even begin to account for what Berson and Berson, (2002) and Webb (2002) declare as the immeasurable impact and implied loss world events such as September 11, 2001 have on the developing minds and hearts of today's youth. Turner (2003) further highlights this by stating, "students not only react to their own life events, but also reflect the crises in the world around them" (p.1).

Areas Of Childhood Loss

Often when we think of loss, and the grief incurred from it, the automatic thought that leaps to mind is that a death has occurred. This is an inaccurate assessment of the breadth of losses people experience. The extent of childhood loss becomes increasingly evident when we examine areas of loss in the following context.

I have come to see that all hurt and pain is based on tangible and intangible losses.

From the loss of a child's tooth to the death of a parent, we grieve what we miss and want back—whether it be a mom, a pet, a toy or our dignity and respect.

(O'Toole, 1989, p. 25).

Tangible losses are those that are visibly evident, such as a death, a divorce, a move, and the loss of a job. Intangible losses involve more intra-psychic functions such as the loss of self-esteem, the loss of security, the loss of potential or the loss of a dream (Goldman, 2001).

Childhood losses generally fall into one or more of the following categories: (1) relationships, (2) the environment, (3) external objects, and (4) self-awareness/ self esteem, skills/ abilities, habits/ routines, the future and protection of the adult world (Goldman, 2001, 1994; O'Toole, 1989).

The loss of relationships can take several forms. Death of a parent, grandparent, classmate, or pet can all be significant losses. Relationship loss is also incurred when a teacher, sibling, parent or friend is absent, be it long or short term. Furthermore, a parent or guardians unavailability due to substance abuse, divorce or imprisonment, while not tangible, are noteworthy relational losses to consider (Kuebler-Ross, 1983; Goldman, 2001, 1994).

Environmental losses can result from natural disasters, such as floods, fires, and hurricanes. Losses such as these can also produce trauma in children; a reaction similar but distinct from grief reactions. In addition to disaster related events, environmental loss

is implied when a child moves, changes schools, or there are changes in the family structure including separations from important persons (Goldman, 2001, 1994).

Losing an external objects such as a toy or blanket can be quite traumatizing, especially for a young child. If the event is a robbery, the child's losses may be extensive and very personal (Goldman, 2001, 1994).

Losses of self can be both literal and figurative. A child may lose a finger in an accident, or experience an injury that permanently impacts their physical ability to play soccer. If the self is defined by being a soccer player, the impact can be tremendous. Loss of self-esteem is prevalent in children who have been physically, sexually or emotionally abused or neglected. Traditionally we believe these events to happen at the hands of adults; however, children may experience loss of self-esteem at the hands of their peers, through harassment and maltreatment (Goldman, 2001, 1994).

Similarly, losses related to a child's skills and abilities are closely linked to loss of self-esteem. The child who is held back in school, not chosen for team sports, is overweight, chronically ill, or has a physical disability or emotional impairment (dyslexia, ADHD, tourettes syndrome) can suffer tremendously (Goldman, 1994, 2001).

The loss of habits and routines, while often developmentally necessary can be painful changes for children. Giving up sucking their thumb or biting their nails, while seemingly innocuous, is a loss. Changes in daily routines such as a parent returning to work, or a new babysitter can significantly impact a child. Everyone remembers how difficult the change of routine from summer to school can be, even if it is eagerly anticipated (Goldman, 1994, 2001).

A final loss to review is loss of the future and protection of the adult world. Goldman (2001) denotes that a loss of motivation to do well in school, loss of role models, and fears that school and the world is a dangerous place to be are all examples of this intangible loss.

An important consideration to remember in the discussion of the areas of childhood loss is that not all loss is negative. A move away from destructive friends, or an abusive father may be a very positive event, and the perceptions of the child may reflect this. The fact is however, it is still a loss, and losses need to be grieved.

Hidden Grievors

Many grief experts have referred to children as the hidden grievors, unacknowledged in their pain (Smith & Pennells, 1995; Wolfelt, 1996). As a society we often do not encourage children to mourn and frequently attempt to shield them from the realities of death and other losses. However, any child who has the capacity to feel emotions can experience grief related pain, and although their grief experiences, understanding and coping may be different than an adults, it is no less present, or intense (Kuebler-Ross, 1983).

In the not too distant past, death, loss and grief were not thought of and treated as problems that children and adolescents faced, and moreover, it was assumed their grief was less acute than the grief of adults (Kandt, 1994; Turner, 1996). Contrary to this outdated belief, the current data describes a plethora of losses children do indeed experience through death and other life events. Research furthermore informs us that

children experience similar yet distinct grief reactions that deserve our attention (Berson and Berson, 2002; Goldman, 1999; Seibert et al., 2003).

Grief is the normal and natural response to loss, a universal human experience.

Millions of children and adolescents are directly affected by death every year.

Young people also grieve other important losses as they experience the break up of families, the loss of friends and relationships or the sudden absence of security and control in their lives. (Turner, 2003, p. 1)

Whether it results from a death or other loss grief is a universal process, a part of life that must be faced by all people, including children (Grollman 1995).

Evidence suggests that when people do not talk to children about death, grief and other losses, children become confused and distressed (Charkow, 1998; Goldman, 2001). Additionally if children are kept uninformed about a loss or death, it can be humiliating and isolating. When adults adopt the attitude that a child is too young to understand, or not entitled to know what's going on, it puts the child into the position of being a solitary mourner (Smith & Pennells, 1995). While no one wants to let a person grieve alone, that is exactly what happens to many children (Schaefer & Lyons, 1993).

When grieving children are encouraged to express their feelings, it validates them and helps them grow emotionally, and improves their self-esteem (Seibert et al., 2003). Furthermore, children may shut down emotionally or question their own feelings if losses go unacknowledged. Anytime we are helping or educating children, we should deal with truths, not half-truths or lies (Goldman, 1994). Children are perceptive and will lose trust in us if we do not do so (Slater, 1985). Why is there such avoidance in addressing these

topics with children and adolescents? The literature suggests reasons for this phenomenon include adults' personal death anxieties, a lack of understanding how to help a grieving child, the belief that children do not feel grief, and numerous false beliefs (myths) about children and grieving (Grollman, 1995; Wolfelt, 1996).

Unfortunately, myths do not meet needs. School counselors must be aware of inaccuracy of these myths in order to address and debunk them (Wolfelt, 1996). Denying something exists does not make it a reality. Children do experience grief and need support to move through the process (Glass, 1991; Goldman, 2001; Rando, 1988; Wolfelt, 1983, 1996).

Differences In Youth, Adolescent And Adult Grief

The literature reveals there are distinct differences, as well as similarities between child, adolescent and adult grief. Perhaps the most significant analogous factor amongst all ages is the need to be understood and listened to when grieving (Kuebler-Ross, 1983; Lovre, 2001). Furthermore, complete, compassionate honesty is the best way to approach a grieving person. This is especially true for children, as amorphisms can lead to confusion and further long-term distress (Goldman, 1994).

Feelings of denial, anger, guilt, sadness and longing are frequently felt emotions regardless of the griever's chronological age. Other commonalities include sudden unexplained grief reactions, and heightened grief reactions on anniversaries and important dates (Wolfelt, 1996; Worden, 1991).

On the other hand, to fully understand how children and adolescents grieve, a number of fundamental differences must be addressed. Webb (2002) notes an essential distinction to consider is the child's cognitive development level. Very young children are in the preoperational stage of reasoning, and this can limit their ability to comprehend, much less accept the irreversibility of death (Webb, 2002). As the child matures and enters the concrete operational stage of cognition, she can more clearly comprehend reversibility, and is much more logical. Understanding of the finality of death is present (Webb, 2002). Adolescents have primarily entered the concrete operational stage of development, and process similarly to an adult. True logic is present, as is the ability to comprehend abstractions (Webb, 2002).

A noteworthy difference that is crucial for those working with children to recognize is that children "have limited ability to verbalize their feelings, as well as very limited capacity to tolerate the pain generated by open recognition of their loss" (Webb, 2002, p. 13.). This is often observed in children's attempts to avoid talking about their losses. Rando (1988) adds that a child may manifest grief intermittently for years in an approach avoidance cycle of painful feelings that continue to emerge. This is not abnormal, and is also seen in adolescents who are still developing cognitively, emotionally and physically.

Another fundamental difference seen in grief enactment is that children will often play (Carey, 1999; Landreth, 1991). Play is a natural outlet for children (and adolescents in some cases) and is used not only as an escape from their pain, but also to attempt mastery over their complex and confused feelings about their loss (Webb, 2002). This

propensity becomes an excellent strategy for counselors to utilize in grief work with children, and an extensive examination of play therapy as a therapeutic intervention can be found later in this review (Goldman, 2001; Webb, 2002; Worden, 1996).

Unlike many adults, who find comfort in sharing their story with comforting friends, children often dread the process of talking with their peers' regarding their loss. This diffidence stems from children's core fear of being different, or seen as unusual or strange (Webb, 2002). This is particularly true for the adolescent griever, who Wrenn (1962) likens to a set of mirrors, simultaneously reflecting herself, her peers and sometimes her parents and other adults.

Webb (2002) makes an important point when stating that the methods and approaches to helping grieving children need to be different from conventional counseling techniques. She further states that expressive methods are a far better approach than traditional adult talk therapy. Furthermore, research bears out that utilizing action-based techniques with adolescents is useful in building relationships and encouraging change (Hanna, Hanna & Keys, 1999). Something as effortless as walking around the track with a grieving student can engender opportunities for healing that simply may not happen in a traditional counseling setting.

Developmental Responses To Loss

Children will experience grief in varying ways, depending upon their developmental stage (Worden, 1996). Children are constantly developing and thus, their understandings and reactions to loss are constantly undergoing change (Doka, 1995).

Children will also revisit grief as they enter and move through new stages in their development (Goldman, 2001). Additionally, it must be remembered that even same age children may have very different reactions; the grieving process will be unique to each child (Costa & Holliday 1994; Goldman 2001). Counselors working with grieving children need to be aware of the developmental and individual differences among children.

Grief reactions in the very young (under 2-3) often are reactions to being deprived of a love object (Slater, 1985). Grief reactions in early childhood (ages 3-7) may include the child feeling responsible for the loss or death, believing the death or loss is only temporary and awaiting the return of the loved one. At times separation anxiety, temper tantrums, and eating or sleeping problems may be present (Charkow, 1998; Glass, 1991; Lovre, 2001; Naierman 1997). This age group often presents questions and concerns about the biological impact of death (Slater, 1985).

In middle and later childhood (7-12 year olds) death and loss are often seen as punishment for their personal misdeeds. Feelings of guilt, helplessness and fright may surface and prevail. Furthermore a sense of isolation and a desire to retreat to an earlier phase of childhood may occur (Charkow, 1998; Costa & Holliday, 1994; Glass, 1991; Goldberg & Leyden, 1998; Lovre, 2001). Children at this age are often very curious about the details and circumstances surrounding the loss event, as well as the sociological concepts of death. Questions relevant to these issues may abound (Slater, 1985).

Adolescent grief reactions are unique, and are compounded by the very nature of adolescence itself. By definition, it is a time marked by rapid change and multiple losses

(Wolfelt, 1996). Many teens relate a feeling of craziness to their grieving—content one moment, in tears the next (Perschy, 1997). Adolescents frequently express intense anger in response to a loss, and some experts hypothesize that this is an effort to give them a sense of power to counteract their feelings of helplessness and fright (Grollman, 1995; Wolfelt, 1996). Denial of an event's emotional impact may be prevalent, stemming from a strong peer pressure to conform. This age group also considers it crucial not to be seen as different, so diminishing the importance of a loss is not unusual.

Consistent with this is Wolfelt's (1996) assessment that the tasks of adolescent development are complicated by grief. Teens may think if they mourn it means they need adult help, which is in direct opposition to their developing autonomy. Subsequently, adolescents may either consciously or subconsciously decide not to mourn. Regardless of their consciousness regarding their process, adolescents do grieve, and may experience intense sadness, loneliness, and guilt (Charkow, 1998; Glass, 1991; Kandt, 1994; Naierman, 1997; Rando, 1988). Adolescents often pose questions in regard to the theological or philosophical concept of death (Slater, 1985). Despite the growing body of research on adolescents and grief, Wolfelt (1996) suggests that teen grief is still an area in need of further research.

Factors Influencing Grief Responses

In addition to the child's developmental stage, additional factors may influence how an individual responds to a loss. Rando (1988) suggests there are three sets of psychological factors that influence a person's response to a loss: (a) the characteristics

and meaning of the lost relationship, (b) the personal characteristics of the griever, and (c) the specific circumstances of the death or loss.

When considering the characteristics and meaning of the loss, Klicker (2000) agrees that the qualities of the deceased or absent person, place or thing, and thereby the importance of the relationship is a critical determinant in how the griever will respond to any given loss. A person's age at time of death, or the length of time spent in a school can bring about distinctly different grief responses (Rando, 1988). Additionally, the child's perceived closeness to the loss will help direct the counselor in how to respond appropriately (Charkow, 1998; Kandt, 1994). The death of an abusive parent may well bring up feelings of relief and in turn guilt, whereas the two-week vacation of the protective parent may traumatize the child immensely.

A second factor to consider when assessing a child's reaction to a loss situation is the griever himself (Klicker, 2000). How a person normally copes with stress, coupled with the number of previous losses and deaths in their life can significantly impact current coping ability. Furthermore, concurrent stressors and the presence or absence of a strong and established support network are aspects to be considered (Charkow 1998; Kandt, 1994). The matters of unfinished business with the deceased and secondary losses incurred are also dynamics to be considered. In conclusion, it is critical for counselors to remember that each child will react to a loss differently, in different circumstances, and there is no right or wrong way, only different ways (Wolfelt, 1996; Rando, 1988).

A final factor to consider is the actual death, or loss event and the circumstances surrounding it (Charkow 1998; Kandt, 1994; Klicker, 2000; Rando, 1988). Grief is often

intensified if there is trauma present, as in the case of a homicide, suicide or natural disaster. For adolescents most of the deaths they experience are sudden or untimely, and the very nature of the death may cause the teen to feel an intense sense of unreality (Wolfelt, 1996). If the survivors feel they have some personal sense of responsibility, as in the case of an accident, feelings of guilt may be exaggerated (Klicker, 2000). A prolonged illness often gives the griever the opportunity to complete unfinished business with the dying, but can also result in anticipatory grieving before the actual loss (Klicker, 2000; Rando, 1988). All these situations call for unique intervention strategies and assistance from those in the position for support.

Signs And Manifestations Of Grief

Often symptoms of children's' grief are unobserved, misunderstood, or denied by those around them. Research indicates that in many instances the root cause of students deepening isolation, acting out behavior, dropping grades, peer problems, suicidal ideation, and a myriad of other at risk behaviors can all be linked back to grief (Cooper, 1999; Berson & Berson, 2002; Naierman, 1997). Stevenson (1995) adds that a grieving child experiences a broad range of emotions, which present themselves in a multitude of behaviors. These feelings and behaviors will vary from day to day as well as child-to-child. It is crucial for school counselors to be aware of potential indicators of grief, both for purposes of assessment and intervention and to help educate staff and parents about these signs (Goldman, 1994).

Psychological Tasks Of Grief work

Grief experts have suggested that in order for growth and healing to occur in the grief process, several psychological tasks need to be worked through. These tasks are present regardless of age or developmental level, and manifest themselves with every type of loss (Goldman, 1994).

The task of understanding is first be addressed (Corr, Nabe and Corr 1994; Goldman, 2001). Before a child can move on their grief journey they must be assisted in acknowledging that the loss is real. This may be an explanation that someone has died and will not return, or helping a child with dyslexia come to terms that they are not stupid—just different and have a special learning style (Wolfelt, 1996).

The developmental understanding of death changes with age, and needs to be taken under consideration when working on this task with a particular child. For example, it is especially important for very young children to be reassured that their magical thinking (thinking they have power to make something happen- or cause someone to die), did not cause the loss or death (Goldman, 2001; Lovre, 2001). Clichés ought to be avoided since children often take what is said literally. Thus, saying dad went on a long trip when dad has really died is not only untrue, but can create unrealistic fears (like when you go on a trip you never come back) as well as impair the grief process. Simple direct, and honest answers are always best, helping to ensure understanding and create an atmosphere of trust (Goldman, 2001).

The second psychological task of grief work is grieving or responding to the loss. Grief is work. Allow and encourage the child to move toward and experience the pain of

grief (Bacon, 1996). Children need permission to mourn, and proceed through the phases of grief; shock and disbelief, searching and yearning, disorganization and despair and rebuilding and healing. It is important to note that the work of grieving and moving through these phases is not rigid, but rather an interchangeable and continual process. There is no right or wrong way to grieve, and the phases of grief may resurface at any time, over and over again (Bacon, 1996; Goldman, 2001; Wolfelt, 1996).

A third task of grief work is commemorating. Children need to be allowed ways to remember what has been lost, or who has died (Goldman, 2001). A child should not be expected to give up all ties to that which is gone but rather, she needs help to transform the relationship from one of presence to one of memory (Wolfelt, 1996). “Children’s futures become open to new experiences and relationships to the extent that past memories have been embraced” (Wolfelt, 1996, p. 109). A skilled counselor can help facilitate this process by actively involving the child in this process (Goldman, 2001).

The final phase of going on includes the child commencing to form a new identity in the absence of the loss. Eventually, the child begins to experience a restoration of life’s meaning. There is really no getting over a loss, there is only getting through it, and learning to live in a different way (Bacon, 1996; Lovre, 2001; Wolfelt, 1996). Going on with the activities of life is an indicator that the previous tasks of grief have been actualized—at least for the moment.

These psychological tasks may reoccur and need attention as children move through developmental stages in their lives. This is not abnormal and counselors need to

recognize and normalize it, both for the child, and others in the child's life (Wolfelt, 1996)

Trauma And Grief Compared

Trauma and grief are distinct reactions. "Extraordinary, unpredictable, sudden, overwhelming, shattering and transforming: these are the key words that define trauma" (Monahan, 1993 p xvi). Trauma is the normal reaction to an abnormal event. Grief is the normal reaction to a loss event. Loss is by definition normal. All living things die; death is universal, it is part of the cycle of life (Stevenson, 1995). Children grow up and move away from home, it is the nature of life. It is not the nature of life to have your best friend shot in front of you. Trauma is by definition abnormal.

Unlike normal grief reactions trauma occurs when a sudden, extraordinary external event overwhelms an individual's capacity to cope and master the feelings aroused by the event (Monahan, 1993). Trauma interrupts a 'normal day' existence. The trauma response registers in all a persons senses often making the memory of the trauma extremely difficult to overcome (Young, 2001).

The DSM IV (American Psychiatric Association, 1994) states the traumatic loss occurs when the circumstances around the loss include experiencing, witnessing or being confronted with actual or threatened death, serious injury, or threat. The people's responses involve intense fear, helplessness, horror or disorganization. Examples of traumatic incidences include war, disaster, abuse, severe accident and rape. Young (2001) astutely notes that in these circumstances:

The helper [counselor] *is* a crisis intervener—perhaps a gifted one, perhaps one whose talents have been forged by experience, or far more likely, a conscientious professional with no training or skills in how to interact with people in crisis, to the detriment of both the victim and the professional. (¶ 6)

Specific interventions are needed to address trauma, and counselors working with traumatized children need specific training; as it is different than working with non-traumatic grief and loss (Lovre; 2001). Nader (1996) reinforces the importance of understanding the distinctive features of traumatic death and loss as well as knowing the appropriate interventions to utilize when working with either.

Grief reactions occur independently of traumatic exposure. However there is often interplay of the two, and the traumatic aspects of grief responses must be attended to (Nadar, 1996). Klicker (2000) supports that you can have grief without trauma, but you cannot have trauma without grief. When children encounter a traumatic loss, they experience traumatic reactions, grief, and the interplay of the two (Klicker; 2000; Monahan, 1993). Rando (1988) suggests that trauma is like an overlay that covers a person's ability to grieve normally. Webb (2002) adds that the trauma must first be addressed to reach the underlying feelings of grief.

Grief and trauma experiences often bring about similar reactions, however important distinctions exist as well. While emotions such as anger are prevalent in both instances, trauma often incurs a vast intensification of these feelings. For example, the experience of anger turns to experiencing rage (Klicker, 2000). Similarly, while disbelief

and denial are usual to the grief process, in the case of a traumatic loss, these often present as an inability to comprehend reality; yet another type of intensification.

Loss of trust and security, excessive fear and even panic occur far more in traumatized children than in those dealing with routine grief. Additionally, reliving the helplessness and terror of the event are not uncommon responses to trauma. Retaliatory desires, and intrusive re-experiencing of distressing thoughts, images, and nightmares may surface in traumatized individuals. Understanding and normalizing these events for children is a critical part of the healing process (Klicker, 2000; Webb, 2002).

Monahan (1993) states that trauma is a psychological wound to a child; one that is invisible, but needs tending to. Children need to remember the event over and over, detail by detail as part of the healing process. Monahan further informs practice by noting trauma responses often surface rapidly, but at times, a child may appear unfazed by an event. This does not mean they have not been traumatized. Sometimes a child will not be able to relate the traumatizing incident at all, making parental consultation essential.

Seibert et al. (2003) state that with "the mass media reporting of school violence, and terrorism close to home, all children are potentially at risk for feeling a major loss in their sense of safety and security" (p. ix). This experience of loss of security is a hallmark of trauma and it can in reality, erode a child's sense of safety and trust in the world (Monahan, 1993). Thusly, it could be extrapolated that by the very nature of the exposure our children have to information, they are at risk for traumatization.

Furthermore, Seibert et al note that the new reality of 'it happens here' affects the very way children are learning to view the world.

Given the realities of the experiences our students face, counselors may need to seriously examine their knowledge and skills to competently and effectively work with this special population. Furthermore, counselor educators may want to evaluate if they have altered their practice to meet the ever-changing needs of today's school counselors.

Myths about Grievors and Grief

Merriam -Webster (2004) defines a myth as a popular belief or tradition that has grown around something or someone, particularly one embodying the ideals and institutions of a society or segment of society; an unfounded or false notion. Myths about grief, grievors, loss and death abound. Why is it important for school counselors to know and recognize these myths? Grief experts uphold that furthering these myths can be damaging to the children we are attempting to help (Goldman, 2001; Wolfelt, 1996). This practice is antithetical to the goals and ethics of the counseling profession (Corey et al., 1993). A thorough knowledge and awareness of grief myths should be gained in order to avoid the danger of promoting false beliefs. Education about the realities behind these myths is also essential to understand (Wolfelt, 1996). Furthermore, school counselors can work to educate others such as parents, teachers and community members about the inaccuracy of these beliefs, thereby becoming an active advocate for children (Goldman, 2001).

While the following selections do not encompass every myth present in our society, it does address some extremely relevant and persistent falsehoods related to working with grieving children.

Parents do not have to grieve for their children to mourn. Wolfelt (1996) refutes this by highlighting children instinctively try to emulate their parents, therefore, when parents deny their own grief and sadness, so will their children.

Children are too young to understand death and religious beliefs about death. Wolfelt (1996) suggests that while it is certainly critical to observe developmental limitations in children's ability to completely understand death, it is equally imperative to help the child understand that the person has died and cannot come back. Caring adults need not feel guilt or shame at not giving specific religious details, however, pseudo-explanations of what happened should be avoided, as these can frighten or confuse children (Goldman, 2001).

We should help children get over their grief. Children, like adults, never get over grief. They must work through it, learn to live with it, and reconcile themselves to it. Those who think the goal is to eliminate grief are not only uninformed, but can become destructive to the healing process (Wolfelt, 1996).

Children who cry too much are being weak and harming themselves in the long run. Tears are not a sign of weakness in adults or children. Crying is the body's natural response to sadness. It helps release tension and communicates a need to be comforted. Additionally, it is an indicator of a child's willingness to mourn (Goldman, 2001; Wolfelt, 1996).

Children are better off if they don't attend funerals. Funerals provide a structure that encourages both adults and children to mourn, comfort each other and honor the person

who has died. Children should be granted the same opportunity and encouraged to attend funerals, but never forced (Wolfelt, 1996).

Bereaved children grow up to be maladjusted adults. Bereaved children can heal and grow with compassionate, early intervention. If we created conditions that facilitate children's healthy mourning, they will go on to live well. If we do not, they are at higher risk for emotional problems (Wolfelt, 1996).

Infants and toddlers are too young to grieve and mourn. Any child who is old enough to love is old enough to mourn. Supporting and nurturing the very young who have lost a primary relationship can help them re-develop trust in the world around them (Wolfelt, 1996).

A child's grief proceeds in predictable, orderly stages. Children, like adults do not move in a linear way through grief. Each human is unique, and no two will grieve in the same way. It is not helpful to prescribe how or what anyone's mourning experience should be like (Wolfelt, 1996).

Children only grieve for a short time. Grief and mourning are processes, not events and this is true for persons of any age. Children will encounter intermittent mourning as they develop (Goldman, 2001; Wolfelt, 1996).

Grief and mourning are the same experience. Although used interchangeably, grief is the internal meaning given to the experience of bereavement or loss. Mourning is the outside expression of grief or "grief gone public" (Wolfelt, 1996, p. 15).

Knowledgeable counselors working with students, teachers and parents can be highly effective advocates to erode these inaccuracies about grief and loss.

Cultural Considerations

School counselors are called upon to deliver a comprehensive school counseling services to a diverse population of learners (Gysbers & Henderson, 2001; Lee, 1995).

Lee (1995) states:

Cultural differences must be effectively addressed in the provision of school counseling services. It is evident that counseling professionals need a framework from which to operate if they are going to ensure that students from culturally diverse backgrounds have access to services that promote optimal development.

(p. 5)

This is applicable regardless of the topic counselors are addressing with students. Corr et al., (2003) notes that since people live within particular cultural frameworks, and different groups and the individuals within that group have their own experiences with life and death, their traditions of grief and grieving will vary.

Corr et al. (2003), share three primary cautions concerning cultural differences in relationship to death, dying and bereavement.

1. When you open the door to the many cultural groups, you immediately confront a plethora of population clusters. In addition of the variety of groups, is the difference within the groups, as none is a single undifferentiated entity.
2. Relatively little is known or researched on death, dying and bereavement in general, and there is an even greater limitation on what has been done on cross cultural themes.

3. A last caution is the need to avoid stereotypes. Given this Corr et al. still state that part of a comprehensive death education course should be an attempt made to illustrate the differences one is likely to encounter among various subcultures in America.

Corr et al. (2003) recommend that a comprehensive university level course on death education and grief awareness should include an attempt to illustrate the differences one is likely to encounter among various subcultures in America. Support for this approach is added by Seibert et al. (2003) who state that understanding the language, traditions, rituals, religious beliefs and feelings associated with death is more important than an understanding of biological death.

Those who wish to help bereaved children should know and understand the teachings about death of the child's religious tradition, as well as the individual child's views on life and death (Rubenstein & Tivnan, 1996). It is important for counselors of young children to ascertain why they are reacting to death in a way that seems too religiously knowledgeable; they may be using it as a cover for their deeper grief. It is important that counselors have many interventions in order to deal with the variation of responses that arise for difference in individual and cultural heritage (Smith & Pennells, 1995).

Seibert et al. (2003) believes that an exploration of your own loss experiences, spirituality and feelings and culture is critical to the counselor working with grief, as it facilitates a more objective reflection of others' experiences. Seibert et al. also note that in doing so you can become aware of how these beliefs may differ from others, and

influence how you respond to those with diverse perspectives and traditions. It is important that counselors have many interventions in order to deal with the variation of responses that arise for difference in individual and cultural heritage (Smith & Pennells, 1995).

The following vignette illustrates the usefulness of having some cultural and spiritual background knowledge as a backdrop to counseling students on grief and loss. If you do not have the knowledge, it is appropriate and suggested that you simply ask. Let the grievers teach you (Wolfelt, 1996).

Death Comes
II

“Mom?” a small voice squeaks over the phone. “Hi baby its mom! How are you?” I said. “ Mom, grandma is on her 8th sacrament, do you know what that means? Lying, or trying to remember the catechisms I have tried to forget, I whispered back, ‘ yeah.” Choking back tears, unable to do so, mirroring my unseen daughter’s anguish across the miles,” I love you Molly” I say. “I love you too mom, I miss you so much, so does grandma, she said so.” I weep unabashedly. Meghan now on the phone, “ I’m not okay mom. She told me not to smoke, and to find someone to love me as much as she and grandpa love each other.” Their pain envelops me; I close my eyes and hold them in my heart, breathing, sending my strength and energy to my beloved girls, as they watch death come.

School Counselor Preparation To Work With Grief And Loss

In my decade of experience as a professional school counselor, the need for knowledge of grief and loss became evident in the first month on the job. A train killed a student, and suicide was thought to be the cause, but never proven. In my masters program, I had received no training in crisis response, and next to none on working with students in grief. I was not adequately prepared to work with the grieving students. Had I been the sole counselor in the building, (which is more and more often the norm) the students would not have received the care they needed after this event. I immediately sought out extensive training on these issues, and wondered why it was not stressed more in my CACREP counselor education program.

In the years since that event, I have encountered thousands of grieving children, some with losses very small, some with traumas they will never outgrow and I am thankful to feel competent in helping them. I have hope that in the years since my graduation, grief, loss and crisis intervention has become an integral part of school counseling training, and counselor education programs are sending out professionals more proficient, and confident that I was.

School Counselor Preparation Rationale

Why is it important for school counselors to know about grief and grief responses in children and adolescents? "School is where we equip children for life, and loss is part of life" (Turner, 2003, p. 1). School counselors must be aware of the widespread nature of grief in their students, and feel competent to assist them in their grieving process.

Glass (1991) reinforces that the bereaved turn to school counselors for help, and it is crucial for counselors to be sensitive to individuals who have experienced death and other significant losses in their lives. Corr et al. (2003) supported this assertion when they stated the very least children deserve is assistance from their elders in dealing with challenges presented by death and grief. The reality is, challenges will arise and children will attempt to deal with them. The responsible option is to avail our knowledge, experience and resources to them. School counselors play a vital role in helping students understand and survive the grief experience and it is imperative they understand grief and its manifestations in children (Naierman, 1997).

Shaeffer and Lyons (1993) support the need for counselors to be comfortable with these topics; explaining that often we don't talk to children about death and grief because we just don't know what to say. Preparing to talk about death and loss means being comfortable with your feelings having the knowledge to discuss the topics (Seibert et al, 2003). Counselors are often frustrated, overwhelmed and mired in accountability. Too often school counselors lack the immediate resources to help pull a child through a period of crisis (Goldman, 1994). It appears this lack of resources is often a lack of skill and knowledge surrounding grief related topics. There seems to be a training issue present, as the acquisition of skills and knowledge is one primary reason why counselors go through graduate level counselor education programs (Gladding, 2004; Neufeldt, 1999).

Wolfelt (1996) highlights the importance of training and makes an outstanding point when noting that the fundamental counseling skills of attending, listening, following the child's lead, empathic responsiveness, clarification, perception checking,

questioning and confronting are all essential skills for counselors to have working with children on grief issues. While it is true these are skills that most counselor preparation programs emphasize heavily (Gladding, 2004; Neufeldt, 1999), and expect their graduates to master, Wolfelt urges the need for additional training specific to grief and loss. These include knowledge and skill in: (a) the developmental issues in children and teens as related to grief, (b) utilizing play as a primary communication tool, (c) responses to grief and appropriate helping responses, (d) red flag behaviors indicative of referral, (e) exploring the influences that may help or hinder the child's grief process, (f) family systems influences, and (g) the central needs of grief work.

This need for grief specific training is applicable not only when working individually with grieving students, but also for group work. Bacon (1996) states that a group for grieving children should be facilitated by one who is comfortable with and knowledgeable about the grief process. The facilitator needs to be able to tolerate the pain of grieving children, and encourage participants to express these difficult feelings. Many school counseling programs include a group facilitation requirement of their graduates (CACREP 2001).

Kandt (1994) purported that, "grief counseling for students requires a well-trained counselor, educated and skilled in grief counseling" (p. 4). McGlaughlin (1998) and Turner (2003) substantiate this need and add that allowing a child to grieve means accepting the child's grief, validating the process by listening, and offering nonjudgmental compassion. Unfortunately, according to Corr et al. (2003) it is difficult for many people to speak or listen to others as they communicate honestly concerning

their feelings when it involves death, loss or grief. It takes remarkable courage to stay present with a person in tremendous grief and pain. As tools in the helping process, school counselors need to learn about their own reactions to grief and loss (Worden, 1991). It is unfair, and unethical to load personal, unresolved issues onto the griever (Corey et al., 1993; Couldrick, 1995). "To help bereaved children, we as adults must embrace our personal losses" (Wolfelt, 1996, p. 129).

It is imperative that counselors look at their personal history and attitudes about death, loss and grief and the way those experiences have affected them, as these will impact their responses to children (Seibert et al., 2003). Worden (1991) recommends that counselors in training explore their own loss histories. In doing so, the counselor can better understand the process of mourning, coping methods and resources as well as confront any grief irresolution they may have. This process furthermore assists the counselor in identifying personal limitations on death and grief issues, and develops an awareness of when to refer (Wolfelt, 1996). An exploration of religious or spiritual beliefs and finding death in daily life are additional activities recommended by Seibert et al. (2003) to develop a deeper understanding of personal issues related to grief, death and loss.

Counselors unresolved issues can contaminate their interactions with clients, and can be counterproductive; this is especially true in the context of grief counseling (Irwin & Melbin-Helberg, 1992). Worden (1991) warns that conducting grief counseling with students is not the place to work though active grief or recent bereavement, there are too many blind spots that hinder effective counseling. Costa and Holliday, (1994) concur

with this recommendation when adding that understanding personal grief reactions is the first step in helping children cope with their own grief reactions.

A concluding statement regarding why school counselors need proficiency to work with their students on grief and loss issues comes from Goldman (1994) who simply states that school counselors can make a difference. Identifying children dealing with losses, recognizing the grief and loss issues they is working through, understanding their behaviors as a cry for help, and educating others to this fact can make all the difference in the life and healing of a grieving child.

See the child differently. Expand time. Wait ten extra seconds to talk. Talk less; be with him or her more. Let children tell you where they are, why they are there and what they need. Have faith in them. Trust their perception. They are the only ones that really understand what they are going through. Let them explore and express in freedom. (Goldman, 1994 p.103)

School Counselor Preparation Research

A review of the literature revealed little research on assessing counselor's skills, desires and training to work with death and grief related issues. Rosenthal conducted the most recent research published in 1981. The 1981 study was the follow up to a similar study that was completed by Rosenthal and Terkelson (1978). Prior to this no research was found on addressing preparation of school, nor any other counselors to work with grief and loss issues.

Counselors are often assumed to possess the skills and awareness needed to work in the area of death and grief. School systems frequently believe the counselor's role should include not only counseling grieving students, but providing education about death and loss to parents and other staff as well (Stevenson, 1995). The question arises whether counselors have the necessary training and can actually accomplish these tasks (Rosenthal, 1981).

In a related case study conducted by Alexander and Harman (1998) it was noted that there was little professional literature preparing counselors to deal with the suicide of a student and the aftermath of its effects on other students, including grief, loss, shock and denial. Additionally the authors discussed that the only therapy training designed to prepare them for this event was from a Gestalt training program they had undertaken on their own, not as part of their formal counselor training program. Furthermore when describing the interventions used, Alexander and Harman (1998) explicitly stated the approaches should not be used "by counselors without the support of comparable theory, knowledge and skill" (Alexander & Harman, 1998, p. 283).

Extensive searches of current and past literature yielded extremely limited results when attempting to discern what training was currently being offered in grief and loss counseling in school counseling preparation programs. Previously, Cheikin (1979) stated "there is a large and rapidly growing body of knowledge concerned with the emotional dynamics of illness, death, grieving and mourning. Counselor education institutions must incorporate this knowledge into courses and training models." Unfortunately, Freeman and Ward (1998) note that this recommendation does not appear to have taken place

when stating the odds of a counselor seeing people in various stages of the grieving process is great, however, training in death education and grief counseling is not typically a part of a counselors curriculum. Mille (1997) further collaborated on this regrettable status when she noted that many counselors had experienced the need to handle student grief concerns, but they were unsure of what to do.

When Dunlop (1980) corresponded with nearly one hundred counselor education program chairpersons, proposing that "we find ways that mental health students and practitioners might learn about helping the bereaved" (p. 176), the response rate (which was all negative) was a startling nine percent. Of equal concern as the lack of response in 1980, is the apparent deficit of continued exploration on the part of academy into this need. Rosenthal and Terkelson (1978) revealed that most counselors did not feel adequately trained to work in the areas of grief and loss, even though they were doing so. In a follow up study, Rosenthal (1981) found only slightly over half of the counselors surveyed felt adequately prepared to counsel on death and loss issues. No further studies were found on this topic.

The literature indicates an apparent discrepancy between the need for training in grief and loss and documentation of training delivery in these areas by school counselor programs. Rosenthal (1981) found that 94% of counselor education chairpersons responded affirmatively to the question 'should counselor education programs help trainees deal with the concepts of death and dying'. However, a scant 39% of the same respondents offered such courses. Rosenthal recommended counselor educators and supervisors could and should continue to enhance counselor trainees ability to help their

clients with grief and loss issues. No follow up studies were found relating to this recommendation.

Evidence suggests long term, systemic education about dying, death and bereavement was recommended for counselors more than 20 years ago (Rosenthal 1981; Rosenthal and Terkelson, 1978). As we know, the purpose of schools is to educate young people in all aspects of life in order to prepare them for future productivity, well-being and socially responsible behavior (Wass, 1991). Additionally, we know each child is unique, and comes to school with special needs. A bereaved child or adolescent has special needs, and school counselors need to know how these needs can best be addressed (Stevenson, 1995). Counselor education programs are responsible for training their graduates to be ethical, competent practitioners. It is my belief that this is current practice. Unfortunately, the research literature does not appear to substantiate this practice is occurring in the area of grief and loss counseling preparation. It is from this lack of current, informed data, my current research will proceed.

Current Practice In Grief And Loss Training

As evidenced by the exhaustive literature reviews completed on the needs relating to understanding youth and loss, and the need for school counselors to be prepared to work with these concerns, I will now to examine what is currently in place to this end.

CACREP Standards

The American Counseling Association (ACA) created the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) in 1981. CACREP was established to provide a set of standards by which graduate programs preparing professional counselors, counselor educators and student affairs professionals could be evaluated and improved. The standards are a minimum set of criteria detailing curricular experiences and demonstrated knowledge in eight core areas. These areas are: 1) Professional Identity, 2) Social and Cultural Diversity, 3) Human Growth and Development, 4) Career Development, 5) Helping Relationships, 6) Group Work 7) Assessment and 8) Research and Program Evaluation.

In addition to the general standards, CACREP delineates a set of standards specific to school counselors. These standards outline a succession of curricular and clinical experiences that extend beyond the CACREP core criteria (CACREP, 2001). All school counseling students are expected to demonstrate knowledge and skill in each of four additional categories: A) Foundations of School Counseling, B) Contextual Dimensions of School Counseling, C) Knowledge and Skills Requirements for School Counselors, and D) Clinical Instruction. See Appendix A for a complete description of the CACREP standards for school counseling programs.

The CACREP (2001) standards include no specific recommendation for counselor competency in grief, loss or trauma. Knowledge of prevention and crisis intervention strategies is stated in section B.7, however, the nature of the crisis to which they are referring is not clearly defined (CACREP, 2001). Within the framework provided, there

are sections that suggest competencies in which grief and loss and trauma knowledge, understanding, and counseling skills could (and potentially argued should) be included in counselor education curricula. Following are a few examples.

The foundations of school counseling section A.1 covers the knowledge of the current trends in school counseling and educational systems. A study completed by Alexander, Kruczek, Zigelbaum and Chase (2003), found that scholarly journals focused on mental health issues such as suicide, grief and depression at a 2:1 ratio over other issues. They point out that these results are one objective measure of mapping scholarly trends within the school counseling profession (Alexander et al., 2003). Another trend that has occurred in the past decade is for school districts to develop and utilize highly functioning crisis response teams. Counselors often lead these teams, and nearly always called upon to be primary interveners (Jimerson & Huff, 2002; Klicker, 2000). If a program were to interpret section B.7 to mean this type of crisis response, training on how to effectively serve in these roles will be occurring. If that is not the intent of Section B.7, based on current trends, crisis intervention training as well as training on grief and loss counseling seems appropriate.

The foundations of school counseling Section A .9 delineates that knowledge of community, and environmental barriers to student academic, career and personal/social success and development is required (CACREP, 2001). Unresolved grief, whether initiated from witnessing a shooting on the street corner (community), to being sexually abused in the home on a regular basis (environmental) can substantially impact students success or potential development in all the aforementioned areas (Goldman, 2001).

CACREP standards section B.2.d, which outlines knowledge and skill requirements for school counselors does state school counselors will possess knowledge and skill pertaining to issues affecting the development and functioning of students (CACREP, 2001). Included are examples such as abuse, eating disorders, attention deficit, and suicide (CACREP, 2001). With research statistics citing that the majority of school age children will experience a loss (Naierman, 1997; Rando, 1988; Wolfelt 1996) and grief does impact the development and functioning of children (Goldman, 2001; Rando, 1988), one could anticipate these areas are addressed within counselor education curriculum.

The CACREP standards section D defines the number of internship hours required in a school counseling setting, under the supervision of a site supervisor. The requirement includes a minimum of 240 direct service hours (CACREP 2001). Given the high likelihood that a neophyte counselor will encounter grieving students—inclusion of crisis response, death education, grief group, or individual counseling sessions might be suggested at the internship site.

The purpose of CACREP standards is to establish guidelines for the appropriate and ethical training of school and other counselors to be professionals. “The counseling profession evolves in anticipation of and response to societal and other changes in the United States and throughout the world. Counselor Education programs prepare students to be effective in a dynamic world and profession” (CACREP, 2001). Since addressing grief and loss is not specifically stipulated within CACREP standards, its inclusion is left to the discretion of individual counselor education programs. The study I am currently

undertaking hopes to evaluate to what degree there is consistency in its delivery within CACREP school counseling programs.

Current University Teaching Practices

There is a dearth of research to be found on what is currently being taught in counselor education programs on grief and loss issues. This lack of relevant research does not negate the apparent need, nor does it define true practice. It is pertinent to consider however, since the research being currently conducted is an attempt to establish existing practice.

C. Dykeman (personal communication January, 2004) stated that in a recent survey of alumni from the Oregon State University Counselor Education Program asking what classes should be offered as part of the CACREP counseling program, the addition of a grief and loss class was sole category with over a 50% positive response rate.

Corr et al. (2003) make a clear statement to the value of a class dealing with death and grief issues in their example of Ellen, a student who was teased for reading her death class textbooks: children's literature on death. The teasing ceased and little more was to be said when she replied 'Exactly how would you explain death to a 7 year old? And how would you help a child cope with a family death or a death among his or her friends?' (p.3). They further assert that classes on death education should be taught because professionals such as counselors work with people who are coping with death, dying and bereavement. Such people might choose to prepare themselves to respond more effectively to the people who turn to them for assistance.

Little research or literature exists as to teaching methodology specific to grief and loss. Worden (1991) purported that presenting only didactic material in a grief and loss class is not adequate. Rather, he suggested instructors help students increase their practical skills when working with bereaved individual by practicing them. Worden further suggests that role-playing various grief related situations is a valuable class experience. Webb (2002) supported such practice by adding she appreciates that students want specifics about what to say and what not to say, but in reality there are no formulas to plug in to address the needs of students. Not unlike any skill practice utilized in a counseling course, a hands on approach builds the skill and confidence level of the counselors in training (Neufeldt, 1999).

Death education provides a cognitive component, providing factual information, as well as an affective dimension, which has to do with feelings, emotions, and attitudes. These courses should also contain behavioral and valuation components (Corr et al., 2003). Recent research bears out that participants in a dying and bereavement class whose central theme was developing a personal understanding and acceptance of death had a significant increase in death acceptance; the cognitive and emotional recognition and understanding of universal mortality (Irwin & Melbin-Helberg, 1992).

Since so little evidence is available as to current practice in counselor education programs delivery of grief and loss counseling, this review was expanded to consider what is being taught in other related fields. Sociology, Human services, Religious studies and social work all reveal a more clear-cut training agenda on grief and loss issues.

Following is a synthesis of course descriptions and learning objectives found in syllabi relating to, death, grief and bereavement counseling.

Course descriptions

Several themes emerged from an examination of the course descriptions. The first is an overview of the grief process and the common beliefs and myths about death and dying (Bogash, 2001; Bradford, 2003). Increasing awareness about the issues surrounding the death process and how grief impacts loved ones is prevalent as well (Bogash, 2001; Bradford, 2003; Chico, 1997; Straub, 2002). A third theme lies in recognizing situational grief reactions and secondary losses and exploring effective helping interventions (Bogash, 2001; G. Thornton, personal communication December 8, 2003; Straub, 2002). Additionally, the phenomenon of death and dying and its affects on people including working with terminally ill persons is included (Bradford, 2003; Moorash, 2000; Straub, 2002). Self Care is prevalent in the syllabi, A final theme I will mention is exploring death denial in our society (Chico, 1997; Moorash, 2000).

Course objectives

The objectives of a course are stated behaviorally in terms of learning outcomes (Royce, 2001). Following is an incomplete list of the objectives found. Thus, upon the completion of these courses the student should be able to:

1. Explain and demonstrate self-awareness about various attitudes, beliefs, and feelings concerning dying and death (Bogash, 2001; Bradford, 2003).
2. Discuss individual grief in a systemic context (Bradford, 2003; Straub, 2002).

3. Identify normal and abnormal human responses to grief (Bradford, 2003; Straub, 2002).
4. Explore the various grief reactions by adults and children; including how to support and encourage effective grieving in the family unit (Moorash, 2000; Straub, 2002)
5. Describe the various stages persons experience when they are terminally ill (Bradford, 2003; Moorash, 2000; Straub, 2002).
6. Discuss the processes of counseling terminally ill persons and their family members/close friends in their cultural and religious context (Bradford, 2003; Straub, 2002).
7. Articulate therapeutic strategies for counseling the bereaved as part of family development (Bradford, 2003).
8. Prepare oneself and others to face bereavement and death (Bradford, 2003; G. Thornton, personal communication December 8, 2003).
9. Summarize the various theories about death and dying (Bogash, 2001).
10. Explore the differences in cultural, social, racial, ethnic, and religious groupings related to dying, death, and bereavement, including ceremonial rites of passage (G. Thornton, personal communication December 8, 2003; Moorash, 2000; Straub, 2002).
11. Examine their own personal thoughts and feeling toward assisted suicide, euthanasia and organ donation so that, as citizens, they may make informed

individual choices (G. Thornton, personal communication December 8, 2003; Moorash, 2000; Straub, 2002).

12. Demonstrate the differences between bereavement intervention and other counseling skills in role-playing exercises (Bogash, 2001).
13. Examine ways in which American society has organized itself through the legal system to deal with issues relating to dying, death, and bereavement (G. Thornton, personal communication December 8, 2003; Straub, 2002).
14. Engage in a reflection on the purpose and place of death in human life (Straub, 2002).

While not scientifically founded, the information presented in the syllabi was far more instructive as to current practice in grief and loss delivery at the University level than the research available.

It should be noted that there are also a large number of excellent books written with the purpose of educating counselors and others working with grief and loss issues. While these books are a tremendous and invaluable resource, I believe that primary training for grief and loss needs to occur within the spectrum of a professional training program. Utilizing any of the excellent books available, as texts or resources within the scope of such a class would be advisable.

School Counseling

The role of the school counselor and their professional responsibilities are central to this study. Following is a review of the history of school counseling, professional standards, general role of school counselors. Also included is a comprehensive review of areas related to grief and loss that school counselors should be familiar with and trained in. These areas were generated from field experts and academic research.

History

School counseling as a profession is relatively young. Its beginnings are found in the early twentieth century when the 'father of guidance', Frank Parsons, recognized students needed to receive guidance in the area of vocational counseling. Parsons (1909) following quote illustrates the strength of his beliefs in developing human potential.

Society is very short-sighted as yet in its attitude towards the development of its human resources. It trains its horses, as a rule, better than its men. It spends unlimited money to perfect the inanimate machinery of production, but pays very little attention to perfecting the human machinery, though it is by far the most important in production. (p. 161)

This quote seems virtually as apt today as it did when written virtually a century ago. The message bears relevance both on the students school counselors serve, and to the training school counselors receive. This is not to say it is inadequate, but perhaps too much attention is paid to the external structures, and not enough to the fundamental

tool—the counselor. Parsons pioneered the movement to developing the person as a whole in the school setting, and this foundation continues to evolve.

The movement toward incorporating school counseling into the system continued throughout the first half of the century. In 1962, Gilbert Wrenn notes that no other country in the world pays as much attention to assisting children in making decisions as they grow up. The emphasis on the individual and his needs and desires expresses a tradition that was uniquely (in 1962) American. Wrenn states that school counseling is one response to that tradition.

Wrenn (1962) suggests that the counselor plays an important role in contributing to the students' self-understanding and growth. Moreover, he recommended the counselor's role is not to change the student but to facilitate the students' own efforts to become better experts on themselves.

Comprehensive guidance programs began to be the norm in the 1970's when Dinkmeyer (1970) supported that school counseling programs should be concerned with helping the child as a learner. He furthermore suggested that for such a guidance program to be effective it should permeate the entire structure of the school system.

The true founder of the comprehensive counseling and guidance programs, however, was Norman C. Gysbers, who in 1974 assisted each state in developing models or guides for implementing career guidance, counseling and placement programs in their local schools. From this work the first complete manual was published specifically describing an organizational framework for the comprehensive guidance model. Gysbers

continues to advocate for, research, hone and develop the comprehensive guidance model even today (Gysbers, 1997).

Currently, the 2003 American School Counselor Association (ASCA) national model has incorporated a great deal of Gysber's framework and multiple state models have utilized his structure as the basis for developing their own comprehensive guidance programs (Alaska School Counseling Program, 1994; Gysbers, 1997; Oregon Department of Education, 2003).

The latest movement toward reforming school counseling programs has come from The Education Trust, with support from the DeWitt Wallace-Reader's Digest Fund. In 1996 a panel of leaders identified what school counselors needed to know to be able to help all students succeed academically. The Education trust's primary focus is for school counselors to serve as advocates for all students, especially low-income students and students of color, in a standards-based system (Martin & House, 2002).

ASCA Standards

The American School Counseling Association (ASCA) was founded in 1952 and is currently the largest professional association of school counselors, currently providing professional development, publications, research and advocacy to more than 14,000 members (ASCA 2004). ASCA's purpose is to support "school counselors' efforts to help students focus on academic, personal/social and career development so they not only achieve success in school but are prepared to lead fulfilling lives as responsible members of society" (§, 1).

ASCA has created its own model for designing and implementing school counseling programs. The ASCA national model is comprehensive in scope, preventative in design and developmental in nature. Its purpose is to ensure all students achieve success (ASCA, 2003). The model delineates three domains in which student success is measured: (1) academic, (2) career, and (3) personal /social. Counselors employ the program components of guidance curriculum, individual planning, responsive services and systems support to help students develop in each domain (ASCA, 2004; Gysbers & Henderson, 2000). While the model serves as a framework for the development of a school counseling program, it is not to be replicated exactly. Effective programs reflect on local demographic needs when integrating and adapting the national model (ASCA, 2004). Myrick (2003) concurs that even though comprehensive guidance and counseling programs are detailed enough to be a template, the model is meant to be a guide rather than an exact prototype or mold for a program.

Substantial support has been garnered for the efficacy of comprehensive school counseling and guidance programs (Gysbers & Henderson, 2000; Gysbers & Henderson, 2001; Johnson & Johnson 2003; Lapan, Gysbers & Petroski, 2003; Martin & House, 2002; ODE, 2003). The implementation of a comprehensive guidance and counseling model such as ASCA's national model has consistently been associated with important indicators of student safety and success (Lapan et al., 2003). Research also identifies that school counselors who were more engaged in providing students with a unique network of emotional and instrumental support services were more likely to have a positive impact on students than counselors who did not. Such activities included assisting

students with personal problems as well as educational and career plans (Lapan et al., 2003).

School Counselor Roles

The question has often surfaced as to exactly what does a school counselor do? While there are numerous potential answers to this question, ASCA (2004) states that school counselors are masters level professionals who provide education, prevention, early identification and intervention to students at a developmentally appropriate level. School counselors can help all children achieve academic and personal success by working as a team with school staff, parents and the community to create a caring climate and atmosphere.

I believe a counselor's primary role in a school is to create a safe environment where students are encouraged and helped to become healthy, productive humans. Meeting their needs, at their level of development is essential. Wrenn (1962) suggested that the school counselors task can be seen only as the needs of the students are understood, for apart from those needs, and the needs of society of which they are apart, the counselor has no reason to exist.

Given that a counselor's role is to meet the needs of the student, and based on the current trend toward accountability and implementation of comprehensive guidance programs (Gysbers & Henderson, 2000; Myrick, 2003), how can the school counselor effectively synthesize grief and loss into the roles they hold in the school system?

CACREP (2001) states in school counselor knowledge and skill section C.1.a that the use of data from school-based information (i.e. needs assessments, surveys) be utilized to improve student outcomes. Herr (1990) supports that the needs of children and youth should be fundamental to any model of guidance services. Utilizing needs assessments to determine group memberships and establish a baseline of needs in the school is an effective tool (Cobia & Henderson, 2003). Dykeman (1994) cautions however, that the assessment be written from the student perspective, not the adult.

If a school counselor completed such a needs assessment, and determined there was a high need for grief work, they could implement many interventions to address the needs. Within the comprehensive guidance and transforming school counseling models, R. House (personal communication, January 2004) notes that grief counseling is one personal/social issue that can to be dealt within the whole picture of academic, career, and personal/social development. See Appendix B for a list of school counselor roles in grief and loss delivery within a comprehensive counseling program framework.

School Counselors Role With Grief And Loss

As indicated in the previous section, school counselors find themselves situated to be of great value to students who are working through the grief process. The following section will review literature pertinent to possible roles the school counselors may find themselves serving in when working with grief and loss in the school context.

Individual Interventions

School counselors have an endless array of interventions available to work with grief and loss issues. An exhaustive description of all the grief resolution techniques available in the literature would be impossible. In lieu of attempting such, I will focus on what grief experts view as the most important and useful interventions.

Wolfelt (1996) cautions that any grief resolution techniques must be used selectively based on the needs of the individual child. Furthermore, and most importantly he notes that a counselor should master excellent basic counseling skills (attending, empathy) before embarking into specific technique usage. Schreder (1995) builds on this when stating it is foundational that counselors create an environment in which children feel safe and secure to process their losses. She adds that acknowledging and validating feelings, and facilitating healing through age appropriate activities is also fundamental to the helping process.

Webb (2002) makes an important point when stating that the methods and approaches to helping grieving children need to be different. She goes on to say that

expressive methods are far better approaches than traditional adult talk therapy. C. Lovre (personal communication 1996) eloquently stated "grief needs a witness." However counselors are able to witness and facilitate grieving students is a gift.

Goldman (2001) advises the following grief work techniques; identifying feelings, story telling, puppetry, art, music, clay, sand table work, drama, role-playing, journaling and memory books. It could be argued that the identification of feeling in grief resolution is the cornerstone for healing. Helping children be in the here and now and communicating the feelings they are experiencing in relationship to the loss they have experienced could be seen as a therapeutic goal, rather than intervention (Landreth, 1991).

Play therapy

The recent growth of counselors utilizing play therapy as a therapeutic intervention with grieving children has been documented (Carey, 1996; Carter, 1996; Landreth, 1991; Webb, 1999).

Play therapy...a dynamic approach to counseling with children which allows the therapist to fully experience the child's world as the therapist ventures forth in the process of presenting the person he or she is and opening self to receive the delicate and subtle messages communicated by the child which declare the uniqueness of the personality of the child. The process of play is viewed as the child's effort to gain control in the environment. The problems children experience do not exist apart from the persons they are. Therefore, play therapy

matches the dynamic inner structure of the child with an equally dynamic approach. (Landreth, 1991, p. vii)

Wolfelt (1996) suggests that play is “the grieving child’s natural method of self expression and communication” (p. 149) and feels play therapy is invaluable in helping children do the work of mourning. Play is a necessary activity regardless of the presence of loss in a child’s life or not, thus, playing in response to a death or loss is a natural response. Landreth (1991) supports this assertion when noting play is an activity central to childhood and it is in actuality the concrete expression of the child, and her way of coping with her world.

Play permits and encourages the child to express emotions in a way she can’t verbalize, and is an essential ingredient in establishing a therapeutic relationship with a grieving child (Webb, 2003). Landreth (1991) substantiates that children’s feelings are at times inaccessible in a verbal sense. Furthermore, play assists the therapist in understanding the inner world of the child and allows him to teach the counselor what his needs are (Goldman, 2001). Additionally, play increases the child’s participation in the helping process, is energizing and refreshing, and allows for the use of fantasy. Finally, and conceivably most importantly is that play is a caring and valuable way to help grieving children heal (Wolfelt, 1996).

Wolfelt (1996) goes on to advise however, that counselors should know why they are doing what they do—in other words, have a theory for how and why play therapy works in helping grieving children. Landreth (1996) asserts that play therapy is not based on guess, trial or error. Therapists who lack supervised training in play therapy should

proceed with great caution when utilizing this intervention with children (Landreth, 1991; Webb, 1999). Helping children make the connection between their inner feelings and outer actions is a primary therapeutic goal regardless of the intervention applied (Goldman, 2001; Wolfelt, 1996).

Various forms of play therapy interventions include physical self-expression, using telephones and tape recorders, stuffed animals, puppets and dollhouses.

Art therapy

Art is another expressive medium that allows children to communicate their thoughts and feelings (Goldman, 2001; Webb, 1999; Wolfelt, 1996). Simple drawing with colored markers, crayons or colored pencils can be very instructive in learning about a child's grief (Schreder, 1995; Wolfelt, 1996). Painting, clay, collages and photography can also aid the therapist working with the bereaved child (Goldman, 2001; Wolfelt, 1996).

Music therapy

Music is particularly appealing to teenagers, and can be an excellent avenue for communication (Schreder, 1995). Using music for creative expression, identifying death themes in songs, or having the child bring in songs that remind them of the person they lost are all possible uses of music in therapy.

Word therapy

"Word therapy" is a term found in grief expert Alan Wolfelt's stellar work *Healing the bereaved child. Grief gardening, growth through grief and other touchstones for caregivers* (1996, p.171). Word therapy includes writing, reading,

storytelling and talking. While these interventions are often helpful with all ages of children, they are especially appealing to adolescents (Wolfelt, 1996).

Journals, letters, poetry, and essays are all examples of using written expression to help in processing grief (Goldman, 2001). An added bonus with writing, is its double usage as both a means of expressing current feelings, and as a tool for memory work. Schreder, (1995) notes that writing interventions often appeal to adolescents since this group tends to keep their feelings private. Utilizing a journal allows a confidential outlet for their thoughts.

Carefully selected books can be helpful to children in many ways. Reading offers the opportunity for the child to identify with another who has had similar experiences and help them realize they are not alone. Additionally, reading can lead to personal insight and facilitate the sharing of problems and feelings (Wolfelt, 1996). Furthermore, there is a broad selection of books available on grief and loss spanning all topics and appropriate to all ages (Goldman, 2001; Wass, 1982). Many authors listed in the reference section have excellent annotated bibliographies.

Storytelling is an age-old intervention used with children, not just in counseling context, but also in life. Inviting the grieving child to create a story with you or telling them a story about a fictitious person with a similar experience can be extremely helpful in helping children identify and normalize their feelings (Goldman, 2001; Wolfelt, 1996). Additionally having the child complete sentences that the counselor begins, such as 'sometimes I wish that...' is also a valuable technique (Wolfelt, 1996).

Other individual interventions

The literature includes a plethora of other therapeutic tools to work with grieving children. The following are two that I have found frequently suggested, or particularly innovative.

Making memory books or boxes is a natural activity for a mourning child (Goldman, 2001; Wolfelt, 1996). Collecting photos and memorabilia, adding drawings and writings—the possibilities are endless and can be individually tailored for the particular child (Goldman, 2001; Wolfelt, 1996). Sharing the memory box with peers, family or teachers can also be a worthwhile endeavor in its own right. An innovative intervention Schreder, (1995) suggests is the use of worry rocks. Allowing the child to find a special rock to decorate or leave plain. Explain the rock is their special rock, to be carried with them, placed in their pocket or notebook, and held when needed. It can comfort, and reassure as well as absorb pain while giving back courage and strength. It is important to make sure the child understands the rock does not really have power (magical thinking).

Group Intervention

For the school counselor, running groups is not only effective, but efficient as well (Worden, 1996). Groups can provide a safe supportive environment where children may express feelings and share thoughts without worrying about the presence of other family members. Furthermore, members can potentially gain the invaluable understanding they are not alone in how they feel, or in their grieving process. This

normalizing effect can substantially decrease their feelings of isolation (Goldberg & Leyden, 1998; Worden, 1996).

Grief groups provide a place to help children move toward grief rather than away from it (Bacon, 1996). In addition, groups offer the opportunity for the child to learn about grief and death as well as confront faulty beliefs about loss. Bacon also suggests groups' function to impart important information relevant to the grieving process, and help children validate their sense of self.

Support groups for grieving children are based on two basic principals: (1) parents or other caregivers may not be able to function effectively to help the child cope with loss and grief and (2) there is great value in peer support (Bacon, 1996).

While appropriate to all ages, groups are particularly helpful for adolescents whose sense of identity becomes increasingly peer oriented (Bacon, 1996). Gray (1988) as quoted in Quarmby (1993) found that 40% of bereaved adolescents reported the most helpful person at the time of their loss was a peer. Moreover, Quarmby's study cited grief groups as valuable interventions to help build this interaction and normalize grief reactions in children.

Research results promote the efficacy of group counseling which addresses grief and loss issues (Doka, 1995; Glass, 1991; Goldberg & Leyden, 1998). Running a grief support group is a very effective intervention, but one that requires a great deal of energy, dedication and planning (Wolfelt, 1996). Co-facilitation of grief groups is recommended both because it is generally seen as best practice, and because such groups can be emotionally challenging for the facilitator. Having another leader to rely on and process

with after each groups conclusion is very useful (Bacon, 1996; Wolfelt, 1996).

Furthermore, this consultive function of co-facilitation cuts down on the probability of the leader suffering from burn out or being overly affected by the groups dynamics.

While the expression of feelings remains a primary therapeutic goal in groups, Bacon (1996) supports using activity based groups to provide alternative ways of coping with grief and loss that go beyond talking. Worden (1996) also advocates using games in the group setting. He suggests since it is a 'game', children often have an easier time openly expressing themselves, especially concerning feelings and beliefs that may be otherwise viewed as 'taboo'. These strategies may provide a less threatening means to deal with the powerful feelings aroused in grieving children (Bacon, 1996).

Group activities aligned with helping children process through the psychological tasks of grief are a provident suggestion (Bacon, 1996). Possible activities for helping group members understand the loss are telling a story about how the person died, or a favorite picture of the person (or pet or...) and tell what you miss most about them. Expressing feelings through art, movement or music can help students to responding to the loss. A means to commemorate the loss would be to make and share memory boxes. An option for helping process the moving might be to lift off ceremonial balloons signifying rising hopes for the future (Goldman, 2001).

Death Education

"The school is a center for sharing ideas, testing new concepts, and learning new phenomena. It should be a safe place to confront and deal with death related issues and

provide appropriate learning and curricular experiences” (Klicker, 2000, p. 58). Death education is formal instruction that deals with dying, death, loss or grief and their effect on individuals, families and schools (Stevenson, 1995).

As early as 1985, Gullo & Plimpton noted that there was increased pressure for schools to be more responsible in helping children learn to accept death as an integral part of the cycle of life. Their research study of teachers, administrators and students found that more than 50 percent felt teaching about various religious views, philosophies, and the sociology of death was needed. Inclusion of curriculum on suicide and the medical definition of death were also areas of high response. Wass (1991) found that 11% schools of surveyed offered a course or unit on death education and only 17% had grief support programs. Bartalos (1996) argues it is unrealistic and irresponsible not to provide some death education in our schools because a persons understanding of life, includes the understanding and acknowledgement of death.

The reluctance to discuss death is unfortunate because the prevalence of death in the lives of school age children is increasing (Oates, 1993). Bereavement specialist Nancy Boyd Webb (2002) makes the following proposal for the inclusion such an educational program.

I would be very happy if this book lead to the routine inclusion of death education units at the elementary school level. This would serve in a primary prevention model to educate and prepare children before they have to deal with the pain of a loss. Death touches children’s lives in many ways and we must do everything we

can to help them before during and after their inevitable death experiences. (p. xix)

Oates, (1993) supports that focused, well-planned classroom guidance units teaching about loss, death and grief taught over a period of weeks or months is useful to prepare students to cope with crises. Seibert et al. (2003) believe children can learn to understand death, and it is respectful to trust their capacity for resilience. They add, “because we know that children can experience the benefits of personal growth, we believe that death education should be shared with children” (p. ix).

When given the opportunity and an open environment, children ask many questions about death. They develop significant life skills through reacting and questioning. Furthermore without an adult to listen to them, explain and comfort a child, life lessons may not be just lost, they may be harmful. If adults don't talk about death, children easily find this absence confusing, and make up reasons for the silence that may have nothing to do with reality or facts (Seibert et al., 2003). This is a monumental disservice to children. With the help of trained professionals, “children can learn to express and share their grief... and understand that death and loss are natural parts of life, thus mastering an important life skill” (Seibert et al., p. 4). Slater (1985) supports this view when stating that education on death concepts will assist the childrens' the process of maturation and development.

Stevenson (1995) supports that the delivery of death education needs to take into consideration the child's understandings of grief and death. The content and methodology of the class should be determined not by age alone, but by developmental

level. Moreover, as planning occurs, children's level of developmental readiness and comprehension must be assessed and taken into consideration and presented accordingly (Slater, 1985).

Offering death education to children when they are not currently experiencing and are not in crisis is sound prevention practice. Providing information and skills, and resources to draw upon when a crisis or loss occurs is recommended (Bartalos, 1996; Edgar & Howard-Hamilton, 1994; Oates, 1993; Stevenson, 1995)

Edgar & Howard-Hamilton (1994) suggest that a death education class ought to offer students information about death and provide them with an appropriate vocabulary to express their feelings. They also suggest clarifying life and death values', including dead is dead, and to allow children to grieve losses they have experienced but not mourned.

Seibert et al. (2003) recommended that when presenting death education to children it is important to present a positive view of death and loss. This entails giving factual accurate information that is appropriate for the developmental level of the child and creates a healthy understanding of death as a natural part of life, not something to be feared or misunderstood (Kubler-Ross, 1983). In order for death education to be most beneficial Seibert et al. additionally recommend facts, feelings, beliefs and coping skills be integrated into the overall curriculum.

Bartalos (1996), suggests the following age appropriate curriculum components, delivered in age appropriate terms.

1. Life has a beginning and an end.
2. Death means the entire cessation of life. It is the opposite of life.
3. Death can happen instantly or be prolonged.
4. Death happens in three ways. As a result of an external event like a car accident, from something that happens inside the body, like an illness, or inflicted on a person by another person or themselves, (murder or suicide).
Suicide must be addressed carefully especially with adolescents.
5. Every living thing eventually dies.
6. The real value of life, and to fill it with positive activities.
7. Life is a cycle.
8. Stevenson (1995) suggests the following content for younger children:
9. Death is universal, all living things eventually die. Death does not single people out, you do not die because you are bad, nor do the good die young.
10. Death is permanent and irreversible; you cannot bring a dead person back by praying, wishing or doing something to yourself.
11. Dead people can no longer feel anything.

Stevenson (1995) suggests adolescent death education include such broad topics as death, dying, grief and loss as well as more specific topics such as support systems, suicide prevention, HIV/AIDS, cross cultural studies of and death-related themes in music and media. Stevenson makes an important observation that adolescents report feeling more control over their lives after a death education course as well as describing improved communication skills, and an enhanced meaning to their lives.

According to Stevenson (1995) anyone teaching death education “must first have addressed the death related issues in their own lives. They must then learn the effects of grief and the special ways in which young people react to a death. This knowledge is not automatic” (p. 187). Akin to earlier recommendations for professionals dealing with grief and loss in the counseling setting, other research provides great support for those delivering death education to have spent a good deal of time examining their own grief issues and personal feelings involving death and mourning (Cruse & Cruse, 1985; Edgar & Howard-Hamilton, 1994; Slater, 1985).

Lipman, Sussman and Shneur (1996) note that parents believe schools cannot assume the entire responsibility for a child’s death education nor can they entirely ignore it. They note that parents want guidance, strategies and suggestions on how to discuss grief and death with their children, how to deal with media presentations of death. Parents see the value of death education as it counteracts fantasies, and helps children face the reality of death and grief through accurate information in a safe and structured environment (Lipman et al. 1996).

While parents must be fully informed about the course’s content (Edgar & Howard-Hamilton, 1994), research bears out they do want death education included in school curriculum now. Parent’s involvement is important, and parents want to be involved. Ongoing communication and homework to be shared with parents can increase this connection, are provide valuable components of a program (Lipman et al., 1996).

Edgar and Howard-Hamilton (1994) report that an elementary school which used to offer an elective course on death and dying to a few of its fifth grade students has

become so popular it is now offered to all. Furthermore, pre and posttests at the site demonstrate a 74 % increase in factual knowledge about death and mourning behaviors in students taking the course (Edgar & Howard-Hamilton, 1994).

Death education is a process that should be slow, deliberate and ongoing: it is not something to be learned in two easy lessons (Lipman et al., 1996). Teachable moments involving loss and grief occur regularly in all settings, these are opportune moments for everyone involved in the child's life to utilize as continuing life lessons, even after the curriculum unit is 'over' (Webb, 2003; Wolfelt, 1996). "When we educate children about death, we are only teaching them about reality. Death is not just a possibility; it is a certainty for all of us" (Morgan, 1995, p.166).

Crisis Response

A crisis is defined as a serious, unstable or decisive state of affairs in which change is impending and the outcome is likely to be undesirable (Merriam-Webster, 2004). Stevenson (2002) adds that a crisis exists if we believe it does. A crisis response is a predetermined strategy to access and intervene in a crisis situation. Brock (2002) emphasizes that "an understanding crisis theory is a prerequisite for filling the numerous crisis prevention and intervention roles expected of today's school professionals" (p. 5). The focus of crisis response in schools is returning the school to normalcy as quickly as possible (Lovre, 2001). While many crisis responses results from a student death, other circumstances warrant a crisis intervention as well (Lovre, 2001; Webb, 2003).
Examples of events or conditions needing a crisis response include:

1. Death by violent act (murder, car accident, completed suicide)
2. Natural disaster
3. Witnessing a serious accident
4. Violent act at school
5. Missing child
6. Suicide
7. Death by natural occurrence (heart attack, stroke, terminal illness)
8. Attempted suicide
9. Terminal illness upon first diagnosis
10. Serious injury
11. High impact occurrences such as explosions, bombings hostage or kidnapping

According to Oates (1993), it is not a matter of *if* there will be a death that affects a school, but when. A sudden unexpected death is estimated to occur nearly every week in United States schools (Stevenson, 1996). When death occurs in the school community, everyone is affected to some degree. Depending on how the school responds, the wide range of emotions and behaviors students exhibit can cause campus-wide disruptions (Oates, 1993). When a school system experiences the loss of a classmate, the school counselor may be effective not only in counseling individual students, but also by initiating a more extensive approach by treating the whole school as a system (Swihart & Silliman 1992). An effective plan for responding to a crisis includes prevention, intervention and postvention activities (LBL, 2003; Lovre, 2001; Oates, 1993).

Brock (2002) states that crisis prevention or primary prevention includes activities to prevent crisis and or entry into the crisis state. Realistically, school programs are unlikely to prevent all crises, lessen the pain caused by loss, or even prevent trauma in crisis situations. However, when students and staff are prepared for potential crisis situations, the effects may be lessened (Stevenson, 2002). This is known as crisis prevention and preparedness. Crisis prevention activities include creating safe and nurturing school environments, promoting social skills, addressing bullying and identifying youth at risk for self and other directed violence (Brock, 2002). Prevention also entails preparing a school for crisis by developing system wide plans and procedures to be implemented in the event of a crisis event (Brock, 2002). Prevention measures should additionally include a trained and functioning crisis team ready to be activated and staff training on how to recognize students in crisis and assist grieving students (Jimerson & Huff, 2002; Stevenson, 2002; Lovre, 2001).

Secondary prevention, also referred to as intervention, is “the immediate response offered to those who have entered into the crisis state” (Brock, 2002, p. 14). Some discrepancy exists even among experts in terms of this nomenclature. Jimerson and Huff (2002) state that crisis intervention as defined above is actually postvention, which includes “all the activities and support that help survivors cope with a sudden loss” (p. 456). For the sake of this paper, I will refer to these activities as intervention.

Research shows that timely school based interventions during and following a crisis have been shown to foster children’s psychological healing and their overall functioning. Without adequate support and help, the disruption to children’s lives can be

considerable (Shen & Sink, 2002). Intervention activities include notification of teachers and students, before and after school staff meetings, rumor control, setting up and staffing a support room for students to come who are unable to return to normal classroom activities, preparing and distributing a letters to parents, contacting the family of the deceased to get relevant information and keeping students and staff abreast of what is occurring (Lovre, 2001, Brock, 2002).

Tertiary prevention or what Brock (2002) terms postvention activities, are designed to mitigate crisis related issues long after the crisis event has occurred. Postvention activities might include a debriefing of the response, reminders to staff to be alert for students who may continue to need special attention, especially at anniversary dates, birthdays and holidays (Lovre, 2001). Further postvention activities might include referral to long-term therapy for those particularly affected including those with posttraumatic stress symptoms (Brock, 2002).

As a school counselor and the leader for my district crisis response team, I can unequivocally state that school counselors will find themselves in the capacity of helping and supporting students before, during and after a crisis. Young people in crisis need supportive, normalizing and affirming contact (Lovre, 2001), and often school counselors are the ones looked to for guidance in assisting both students and staff.

Klicker (2000) states that the recovery and healing of a school after the death of a student, requires that the personnel involved with the psychological first aid, intervention and postvention include those who have knowledge of grief and traumatology. Because counselors are believed to possess this knowledge, and since they work directly with

students, Oates (1993) recommends their involvement in the implementation and delivery of crisis implementation and delivery services.

Self Care

Counselor heal thyself. "Implementing preventive self care strategies is vital to maintaining an effective practice" (O'Halloran & Linton, 2000, p. 356). This wisdom applies to any counseling professional, but has additional serious implications worth considering when discussing counselors working with grief, loss and trauma. Caring for children after a crisis is draining, especially when the need for care continues over an extended period. The emotional toll can pose a very real risk (Feinberg, 2002). Burnout, compassion fatigue and secondary traumatization are all potential risks. Counselors are well known for their inability to negotiate their own help and support systems. Those doing grief counseling must know their limitations as well as where and how to get emotional support when needed (Worden, 1991).

Burnout

Burnout is a universal construct applicable to any profession (Maslach & Jackson, 1986). Burnout is a pattern of symptoms that can have effects in all areas of functioning; physical, cognitive, emotional and behavioral (Savicki & Cooley, 1982). Savicki and Cooley define burnout as "a syndrome that may affect people in any of the service

professions, especially those people who have continuing contact with others who are in trouble or have problems” (p. 415).

Burnout develops gradually, but does send out warning signs. Emotional exhaustion or fatigue is often one of the first signals of distress (Wolfelt, 1996). Depersonalization of clients, lack of feelings of personal accomplishment, inability to express oneself clearly or make decisions, sleep disturbances, irritability and depression all are heralding symptoms of burnout (Feinberg, 2002; Maslach & Jackson, 1986; Savicki & Cooley, 1982; Wolfelt, 1996).

If helping professionals are to avoid or deal constructively with burnout, they must recognize its symptoms and understand the organizational and individual factors that can produce it. Savicki and Cooley (1982) advocate for establishing this awareness during training experiences in graduate programs. They furthermore suggest the ongoing use of social supports and supervision to counteract the effect of burnout.

Organizational factors that contribute to burnout involve the qualities of the work setting that affects the counselor’s interactions with clients and or coworkers. Examples include ratio of clients to counselor, size of caseload, perceived control of work environment, degree of administrative support or recognition, and client characteristics (Savicki & Cooley, 1982).

Individual contributors/ characteristics contributing to burnout involve personal qualities of the counselor themselves that impact their coping. A counselors overall coping style and ability to resist stress is one such factor. Other examples are becoming over involved or over identified with clients, or on the other end of the spectrum,

depersonalization of clients. Savicki & Cooley (1982) suggest counselors strive for the middle ground of connection or 'detached concern'. Attributional processes of explaining success and failures can also impact coping ability. If counselors believe they have control over their clients' outcomes, it is a recipe for burnout (Savicki & Cooley, 1982).

Compassion Fatigue

"Trauma work can be the most rewarding—bringing transformation from sadness and depression to hope, joy and a renewed sense of purpose in life" (Figley, 1995, p. 17). Unfortunately such work also comes with some potentially debilitating side effects. Those most vulnerable to compassion fatigue are those who are in constant exposure to traumatized people (Figley, 1995).

Much of the literature on compassion fatigue focuses on what are defined as frontline crisis workers: firefighters, emergency medical responders and police. Kees and Lashwood (1996) make a strong case that counselors in schools are frontline trauma workers. School counselors work with a great number of students who are experiencing the gamut of stressors; from everyday pressures to violence, death and loss. This puts them equally at risk for compassion fatigue as any other professional working with trauma. Kees and Lashwood (1996) add that the process of empathizing (a fundamental counseling skill) may produce traumatization, as many counselors have experienced some traumatic event themselves, and potentially unresolved trauma. Figley (1995)

further substantiates this high risk since children's trauma is especially provocative for therapists, and this is the population that school counselors serve

Compassion fatigue or secondary traumatization stress syndrome (STS) is a normal manifestation which occurs when counselors help traumatized clients manage their post traumatic stress (PTSD) symptoms, hear stories of traumatic events and provide a safe place for feelings of helplessness, anger, and fear to be expressed (O'Halloran & Linton, 2000). Compassion fatigue is essentially the therapists parallel experiencing of their clients' feelings. While not experiencing the trauma firsthand, similar reactions are likely to be generated in the counselors helping them (Figley, 1995; Gamble, 2002; Kees & Lashwood, 1996).

Burnout and STS have similar symptoms: depression, insomnia, loss of intimacy with friends and family. However, STS is the direct result of hearing expressively shocking accounts from clients while burnout can result from working with any client group (Ilfie & Steede as cited in O'Halloran & Linton, 2000). Kees and Lashwood (1996) note that the most important preventive measures for compassion fatigue (STS) are an operational knowledge of primary and secondary stress reactions and on ongoing program for self-care.

Vicarious Traumatization

Vicarious traumatization refers to the harmful effects of trauma work on the self of the counselor, an inner process that takes place over time as helpers sustain their connections with clients grappling through loss or other trauma (Gamble, 2002). Gamble

advises that those who work in the arena of trauma need to be informed about this phenomenon, because it is an unavoidable, inescapable occupational hazard. Vicarious traumatization is grounded in how people subjectively interpret and make meaning of their experiences. Gamble (2002) elaborates that what impacts one counselor will be different than what is disturbing for another.

A person's frame of reference is their typical way of making meaning out of personal experiences. It is like a filter through which all things flow, and allows the person to organize and interpret incoming data. The psychological frame of reference includes one's worldview, sense of identity, and spirituality. Therapists who work with trauma can experience subtle to dramatic shifts in their frames of reference (Gamble, 2002).

Wellness

Wellness, or true self-care is a concept that counselors often stress a great deal in their work with clients, but routinely do not practice themselves. Counselors often overlook or neglect self-care. However, they should not, as they have a professional responsibility to maintain their personal well-being (O'Halloran & Linton, 2000). Gamble (2002) states, "the work of grief therapy places a great strain on professional's emotional and spiritual resources. Understanding the real emotional costs of one's work is a healthier strategy than numbly insisting that such costs don't exist" (p. 347).

Wolfelt (1996) supports this stance, adding counselors are their own most important counseling instruments and what they know about themselves makes a tremendous difference in their capacity to assist mourners. The process of minimizing or

ignoring what we experience within ourselves is not helpful. Remaining open to the affective needs of students is a difficult task and requires self- understanding, awareness and self-care (Kees & Lashwood,1996).

Self-care strategies should be integrated into all domains of functioning: cognitive, emotional, spiritual, and physical. Feinberg (2002) suggests avoiding work overload, maintaining a healthy diet and sleep pattern, talking to professionals and being aware of and resolving your own loss and trauma history are useful approaches to help reduce burnout, compassion fatigue and STS. Feinberg also recommends processing and debriefing particularly stressing events or clients with a supervisor or other colleague as a highly effective self-care tactic.

Wolfelt (1996) advises creating periods of rest and renewal, being compassionate with yourself, practicing limit setting, and identifying the unique ways in which your body signals you are stressed. He further counsels that listening and following your inner voice about self-care needs is imperative, even if it means canceling appointments or taking time off. A small degree of preventive rest can abate much longer term and potentially career threatening difficulties. O'Halloran and Linton (2000) suggested the therapeutic use of music, dance, imagery, writing, play and humor might be well used as content in counselors self-care plans. Gamble (2002) adds that awareness, balance, and connection are essential components in both prevention efforts and in healing burnout and similar symptoms.

Helping grieving children is exhausting, and respite is needed from such draining work. "Poor self care results in distraction from the helping relationship" (Wolfelt, 1996, p.291). Unless we look after ourselves, we will be unable to sustain care for others.

Figley (1995), Gamble (2002), Maslach (1986) and Wolfelt (1996) all present screening tools for burnout, compassion fatigue and vicarious traumatization. The use of these is certainly a start, and counselor training programs might be wise to include them in a course on grief and loss. Unfortunately, the real issues will present themselves in the field. Given this, a solid grounding in self care and awareness of its myriad of pitfalls should take place in an ongoing fashion throughout a counselor preparation program, and continue throughout field supervision of therapists.

*"Listen carefully to your inner voice and heeds its whispers-
before they become screams"*

(Wolfelt, 1996, p. P).

Summary

Based on the review of this literature the following conclusions may be drawn regarding school counselors and their pre-service preparation in the areas of grief and loss counseling.

School counselors will in all probability come into contact with students who have experienced loss in their lives. School counselors need to have an understanding of the differing types of losses these youth may have experienced, as well as the signs and manifestations of grief they may exhibit. School counselors should possess a working awareness of developmental, cultural and psychological factors influencing children's grieving as well as a clear understanding of the many myths surrounding grief and how to effectively debunk them.

In order to fulfill the needs presented above, training on how to accomplish these tasks seems essential. There is no research available on how this training is currently being provided in counselor education programs. Evidence exists that when pre-service preparation in grief and loss is provided, it increases counselors' feelings of efficacy in working with clients.

School counselors have a unique opportunity to reach students, both on an individual, group and systemic level. School counselors can assist grieving students if they have the understanding, which includes having a through understanding of their own issues regarding loss. Furthermore, school counselors provide consultation to staff and parents alike.

School counselors' also serve as models to their clients, and other school staff. Practicing self-care strategies may potentially avert damaging work related difficulties such as burn out.

Death Comes
III

I have jumped every time the phone rings for six days. This time is no different, I look at the number on the screen, recognizing it, I pick up, holding my breath. "Hello?" "Mom?" Meghan's stifled voice asks. I know. I knew when I saw the number. I knew in the middle of the night, as I lay awake, imagining the once strong, vital woman fighting to breathe, fighting to live, knowing surrender was near. "She just passed mom....." I can see my daughters tears, green eyes unable to contain the anguish as the last grandmother she had leaves the physical world behind. "I'm sorry honey", I manage to say. "I'm here." "I know mom, I love you." Now Molly, sobbing, "ohhhhh mommmmm... I miss her, I miss you, I love you.. oh mom she's...she's....gone." She is gone. Leaving a hole in the lives of many, including my children. A hole that will never be filled. A hole that cannot be filled. And while they will move through their grief, and their hearts will heal their lives are different now. Changed forever by death. Let us not forget that the lives of millions of children are changed each year by loss. Let us prepare ourselves, and others to help them.

CHAPTER 3: METHODOLOGY

This chapter will outline the methodology this research study utilized. The following areas will be addressed: an overview of the study, population/participants, research design, research procedures, variables, measurement procedures, data analyses and methodological limitations.

Overview

This study assessed how pre-service school counselors in CACREP School counseling programs received training on grief and loss. A quantitative research design was employed, and a survey instrument was designed specifically for this study. A modified version of The Dillman method (2000) was utilized to administer the instrument. Survey results were analyzed using descriptive statistics.

Population/ Participants

The original population for this study consisted of 151 CACREP school counseling programs. This is an inclusive and comprehensive list of all CACREP School counseling programs in the United States as listed on the American Counseling

Association (2003) Council for Accreditation of Counseling and Related Programs website, last updated in May 2003. The total usable population for the survey was 150, as one survey was returned stating they no longer offered a school counseling program. The participants in this study were CACREP liaisons as listed in the directory of CACREP Accredited Programs (American Counseling Association, 2003).

A total of 79 CACREP representatives returned surveys, constituting the final 53% response rate. Fifty three percent ($n=42$) of these respondents were female, 47% ($n=37$) were male. The vast majority of the respondents, (92%, $n=74$), identified their ethnicity as White, Euro, non-Hispanic/Latino. Approximately one percent ($n=1$), of respondents identified as Hispanic/Latino, 1% ($n=1$), Asian or Pacific Islander, non Hispanic/ Latino, 1% ($n=1$) as Multiracial and 3% ($n=2$), declined to respond. Of the 79 respondents, 40% ($n=32$), indicated they were full professors, 33% ($n=26$) were associate professors and 24% ($n=19$) assistant professors. The remaining 3% ($n=2$) was comprised of full time instructor/ lecturer or other non-specified faculty. The mean length of time in counselor education was 33 years.

Research Design

A descriptive research design was utilized in this study. In conjunction with a fellow doctoral researcher, I designed a survey instrument entitled the "Pre-Service Training in Grief / Loss and Substance Abuse Counseling Survey". I was solely

responsible for writing the grief and loss section of the instrument, while the other researcher was solely responsible for writing the substance abuse section. We collaborated on the demographic and information sections.

The rationale for utilizing a single survey instrument for researching the programmatic delivery of two separate content areas was practical—we planned on simultaneously researching the same population. We both utilized the demographic and program information data, however, only those survey questions pertaining to grief and loss will be included in this study.

Face and content validity were established for the survey instrument by sending a pilot version requesting recommendations and feedback to six school counseling programs in a Western State. Four of the programs responded and useful suggestions were integrated into a revised form of the questionnaire. To further ensure face and content validity for the grief and loss section the first revision was distributed to six professors with expertise in grief and loss and three professors current in CACREP school counseling programs. Recommendations from these professors were received, and incorporated into a second modification of the survey. Finally, this modified survey was resubmitted to three grief experts for final suggestions, which were then integrated into the final survey instrument.

The survey questionnaire contained three sections. The first section asked seven demographic questions concerning the program and respondent. The second section covered pre-service substance abuse training and responses that were not be utilized in this study. The third section addressed pre-service grief and loss training and three

questions were asked with a checklist of possible responses provided for each. Respondents were requested to check all answers that applied. The first question assessed if and how training in grief and loss counseling was delivered within the program, the class title and the number of credits for the class. The second question inquired about specific content areas covered in the grief and loss curriculum, and the third question asked what the reasons or circumstances were if training in grief and loss was not included in the program curriculum. The final page of the instrument provided a space for comments and texts utilized in curriculum. See Appendix C for the complete final survey instrument.

Research Procedures

The “Pre-Service Training in Grief / Loss and Substance Abuse Counseling Survey” was submitted to the Oregon State University Institutional Review Board and approved for dissemination to human subjects on January 26, 2004.

The survey was distributed to all CACREP school counseling program liaisons using an adapted version of *The Tailored Design Method* by Dillman (2000). All mailings were initiated from Corvallis Oregon. All return envelopes were addressed to the author at her Oregon State University mailbox. In February 2004, each CACREP school counseling programs was mailed a packet including the following:

1. A signed cover letter explaining the purpose of the study, ensuring confidentiality, outlining voluntary participation, and stating informed consent is implied by the return of the enclosed survey (see Appendix D).
2. A copy of the Grief / Loss and Substance Abuse Counseling Survey (see Appendix C).
3. A self-addressed stamped envelope. The envelope was addressed to the author at her Oregon State University mailbox.
4. A self addressed stamped postcard for participants to voluntarily return if they are willing to be contacted for follow up questions or future studies related to grief and loss and/or addictions counseling (see Appendix E).

Exactly one week after the first mailing of the survey, a follow up postcard was sent to all programs (see Appendix F). The postcard served both as a thank you to those who had already completed and returned the survey, and as a reminder to do so for those who had not.

Three weeks after the first mailing, a follow-up letter (see Appendix G), survey and self-addressed stamped return envelope were sent to all non-respondents. A final appeal letter, including the survey and self-addressed stamped return envelope was to be sent to all non-respondents five weeks after the original mailing (see Appendix H). This mailing was not completed due to extenuating circumstances.

Upon receiving the returned surveys, the sender number on the envelope was cross-referenced with the master list of CACREP programs and checked as returned. If

the sender had indicated they would like a copy of the results, it was noted on the master list. Return envelopes were then discarded

Survey data was entered by code into an excel spreadsheet; any anecdotal or written answers were recorded verbatim. Data was entered as soon as possible after the surveys were received and the surveys were stored confidentially. Upon completion of the study, results will be sent to those respondents who requested them, and all surveys will be destroyed. The final date for survey return was March 17, 2004. When all results were entered into excel, the files were uploaded into SPSS 11.5 for data analysis.

Variables

The instrument includes both demographic and programmatic variables. Each variable will be described below, followed by its coding utilized in SPSS. While the final return demographics have been previously described, in light of the homogeneity of the respondents demographics, I feel it is important to delineate all the potential descriptors as I describe the coding in this section.

Respondent Demographic Variables

Gender: Respondent was asked to specify their gender.

Gender Coding:

Category	Code
Female	1
Male	2
Other	3
Missing	999

Racial/ ethnic identity: Respondent was asked to best describe their Racial/ethnic identity

Racial/ Ethnic Identity Coding:

Category	Code
African American/ Black, non Hispanic/Latino	1
American Indian/ Native/ Alaskan Native, non Hispanic/Latino	2
Asian or Pacific Islander, non Hispanic/Latino	3
Hispanic/Latino	4
White, Euro, non Hispanic/Latino	5
Multiracial	6
If none of the above choices apply to you, please use your own description:	7
Decline to respond	8
Missing	999

Employment status with this CACREP University: Respondent was asked what their current level of employment is.

Employment Status Coding:

Category	Code
Full professor	1
Associate professor	2
Assistant professor	3
Full time instructor/ lecturer	4
Part time adjunct professor/ lecturer	5
Other	6
Missing	999

Program Demographic Variables

Length of Term: Respondent was asked to specify the term system their University uses.

Term Coding:

Category	Code
Semester	1
Quarter	2
Missing	999

Length of school counseling degree program in credits: Respondent was asked to write number of credits in their school counseling degree program.

Number of Credits Coding:

Category	Code
Number of credits	Whole number

Number of school counseling masters' students annually accepted into your program: Respondent was asked to state whole number of students accepted yearly into their school counseling program.

Number of Students Coding:

Category	Code
Number of students	Whole number

Number of faculty in your department trained and experience in substance abuse and grief/ loss counseling. Respondent was asked to state whole number of staff members trained in grief and loss and/or substance abuse

Number of Faculty Coding:

Category	Code
Substance abuse	Whole number
Grief/loss	Whole number
Missing	999

Additional Comments: Any additional comments the respondent chose to add

Coding: verbatim

Grief and Loss Preparation Variables:

How does your program specifically prepare school counselors in grief and loss counseling: Respondent was asked to specify the type of course or module in which grief and loss counseling training is delivered, the title of the course, and the number of credits or hours in the course.

Training Coding:

Category	Code	Title	Credits
Required course in program	Yes =1 No=2	Verbatim	Whole Number
Elective course in program	Yes =1 No=2	Verbatim	Whole Number
Specific module in required course	Yes =1 No=2	Verbatim	Whole Number
Specific module in elective course	Yes =1 No=2	Verbatim	Whole Number
Not specifically included in program at this time.	Yes =1 No=2		
Missing	999		

What specific content is covered in the area of grief/loss counseling in your course/s: Respondents were asked to specify what content areas are covered in the area of grief and loss counseling if it is offered in their program.

Content Coding:

Category	Code
Grief and loss theory	Yes =1 No=2
Areas of childhood loss and grief including death and secondary losses	Yes =1 No=2
Myths about grief and loss	Yes =1 No=2
Signs and indicators of grief	Yes =1 No=2
Psychological tasks of grief	Yes =1 No=2
Developmental responses to loss	Yes =1 No=2

Grief resolution techniques <i>Individual</i>	Yes =1 No=2
Grief resolution techniques <i>Group</i>	Yes =1 No=2
Complicated bereavement and referral	Yes =1 No=2
Memory work and its importance in grief work	Yes =1 No=2
Cultural differences in grief and mourning	Yes =1 No=2
Grieving special losses such as suicide, murder, and terrorism	Yes =1 No=2
Trauma vs. Grief	Yes =1 No=2
Crisis intervention in the school	Yes =1 No=2
Death education in the schools	Yes =1 No=2
Personal issues involving loss, grief and death	Yes =1 No=2
Counselor Self Care, Burnout and Compassion Fatigue	Yes =1 No=2
Other(s):	Verbatim
Does not apply (delineates that question # 1 was marked as not included in program)	777
Missing	999

If grief/loss counseling is not currently included in your curriculum, what are the primary reasons: Respondents were asked to indicate reasons why grief and loss counseling is not offered in their program.

Non-inclusion Coding:

Category	Code
No room to add more credits	Yes =1 No=2
Not a CACREP requirement	Yes =1 No=2
Lack of staff willing/ able to teach	Yes =1 No=2
Financial limitations	Yes =1 No=2
Not a relevant topic area to include for school counselors	Yes =1 No=2
It is offered in another department.	Yes =1 No=2 What department= Verbatim
Other	Verbatim
Missing	999

Data Analyses

A statistic is a number describing the scores on a measure (Gall et al., 1999). Descriptive statistics serve to organize and summarize all data into simple numerical expressions and describe the properties of samples or populations (Courtney, 2002). Descriptive statistics were appropriate and utilized for this study because the goal is to establish how many CACREP programs are currently offering grief and loss curriculum and what is being offered in those courses. Measures of central tendency were calculated and variability was measured when appropriate. All data was be entered into and analyzed by the statistical program SPSS 11.5.

The statistical procedures employed in this study have limitations. Descriptive statistics by their nature are limited in the scope of information they provide regarding a variable. Clearly there is more to be known about the inclusion of grief and loss curriculum in CACREP school counseling programs than can be revealed by a set of numbers. Furthermore, while minimal basic inferences can be made from the information collected, there is undoubtedly more to be known. Given the scope of the study however, the measurements utilized were appropriate.

Methodological Limitations

This study had several methodological limitations that need to be addressed. The first limitation is that non-CACREP school counseling programs were not included. Including all programs would have provided the basis for assessing the complete spectrum of grief and loss pre-service training for school counselors. Furthermore, such inclusion could have provided the basis for comparisons to be made between CACREP and non-CACREP programs.

A second limitation involves the survey respondents. While the surveys are all addressed and mailed to the CACREP program liaisons, there is no guarantee that this is the person who will complete the survey. The liaison may choose to pass the survey on to another faculty member. Furthermore, the person completing the questionnaire may or may not be the professor who teaches the grief and loss class, and may or may not have accurate knowledge as to the course content.

There are no previous studies found to date on the topic of assessing the delivery of grief and loss counseling in CACREP or any other school counseling programs. As such, this study becomes a seminal piece research, but is potentially limited by the lack of the relevant information and insight gained from previously completed studies.

A last limitation is found in the methodological research approach I selected to complete this study. A quantitative methodology was chosen, primarily based on the previously mentioned dearth of prior research. I believed it necessary to first establish current practice in training school counselors in grief and loss, after which more in depth

studies could be completed. The logical choice for such an assessment is quantitative methodology. Quantitative methodology however, does not allow for a full exploration of the reasons behind the numbers. A qualitative or mixed design could provide a richer understanding of specific programs by utilizing interviews or case studies. However, such research might better be undertaken subsequent to the establishment of what now exists, which is the purpose of this research. My goal is to complete future research utilizing these methods to assess both counselor-educator and practicing school counselors views on the need for training in thanatology, grief and loss counseling and related areas, as well as the constraints on providing or obtaining such training. The information gained from this study will provide a strong foundation on which to build such investigations.

CHAPTER 4: RESULTS

The primary purpose of this dissertation was to determine how CACREP accredited school counseling programs were preparing pre-service school counselors in the area of grief and loss counseling. A total of 150 surveys were distributed to United States CACREP institutions, utilizing a revised Dillman Design method (2000). A total of 79 programs responded for a response rate of 53%. All returned surveys were utilized in the data analysis. This chapter will first present the program demographics described by respondents, and then review data pertaining to the research questions as outlined in Chapter One.

It should be noted before proceeding with the results from the data analysis that total percentages throughout this chapter may exceed 100%. This is not an analysis error. Since the respondents were asked to indicate *all* areas that apply to their program, if more than one area is designated, it may skew the percentage to above 100. This same phenomenon will occur in Chapter Five when results are further discussed.

Program Demographics

Fifty three percent ($n=79$) of the programs asked to participate responded. Ninety one percent ($n=72$) of respondents cited their programs were based on the semester system. Eight percent ($n=6$) stated their programs were on quarters, and one percent ($n=1$) reported having trimesters.

All program hours were converted into semester hours and then analyzed to establish the mean. The respondents programs averaged 52 ± 5 s credit hours in their school counseling degree programs.

Twenty five percent ($n=20$) of the programs reported having no faculty trained in grief and loss or they left the question blank. Twenty two percent ($n=17$) stated they had one faculty member with grief and loss training, 27% ($n=22$) had two faculty trained and 15% ($n=12$) had three faculty with training. The remaining 10% ($n=8$) reported having either four or five faculty members with experience in grief and loss.

Grief and Loss Preparation

Research Question 1: How does your program specifically prepare school counselors in grief and loss counseling?

The first survey question asked what types of courses the program offered pre-service school counselors to prepare them for working with grief and loss issues.

Respondents were asked to select all of the following options that applied:

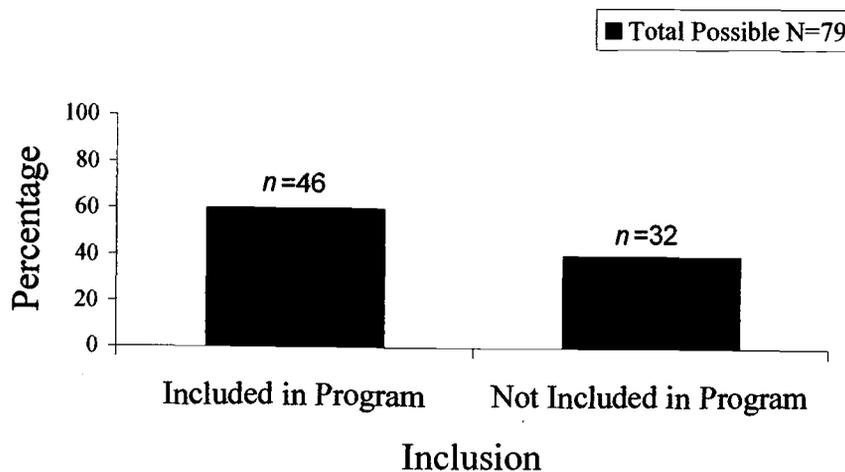
1. A required course specific to grief and loss (one which must be taken to complete ones degree).
2. An elective course specific to grief and loss (one which students may choose to take or not, dependent on interest and/ or area of specialization).

3. A required module specific to grief and loss within a required class (modules typically have a limited scope, and are not lengthy).
4. An elective module specific to grief and loss taught within an elective class.
5. No courses offered.

Inclusion of Grief and Loss Courses

Sixty percent ($n=46$) of the 79 survey respondents indicated they offered coursework with curriculum covering grief and loss preparation for school counselors. Forty percent ($n=32$) reported they did not offer any courses or curriculum related to grief and loss. Graph One illustrates inclusion responses.

Graph One
INCLUSION OF GRIEF and LOSS

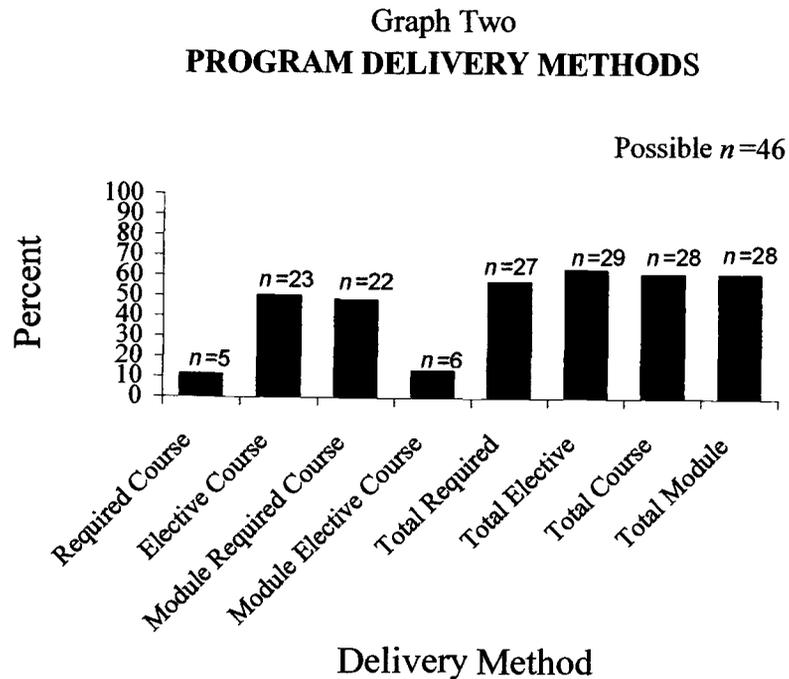


Courses and Modules Providing Preparation

Eleven percent ($n=5$) of respondents required a course specific to grief and loss. Fifty percent ($n=23$) indicated offering an elective course. Forty eight percent of respondents ($n=22$) reported a module including grief and loss curriculum was taught in a required course while 13% ($n=6$) cited a module in an elective course as a delivery method.

Of the 46 respondents providing course work in grief and loss, 59% ($n=27$) indicated they required either a class or module on grief and loss while 63% ($n=29$) offered an elective course or module. Further analysis revealed that 61% ($n=28$) of

responding programs taught courses specific to grief and loss curriculum. An equal 61% ($n=28$) offered curriculum in a module format. Graph Two illustrates the programmatic delivery methods cited by respondents.



Course Titles

Survey respondents were asked to indicate the titles of any courses or modules offered on grief and loss preparation for school counselors. Additionally, respondents were requested to specify the credits of the class. Table one lists all the courses cited in the research results, as well as what type of class or module it was.

Table One
SUMMARY OF COURSES OFFERED

Required Course Titles	Credits if Known
Assisting Grieving Children	2
Counseling the student with disabilities*	3
Counseling theories*	3
Crisis Intervention	3
Crisis Intervention & Trauma	4
Developmental Counseling in Schools	3
Developmental counseling in schools * See Limitations for explanation	3

Elective Course Titles	Credits if Known
Childhood bereavement	3
Grief/ Loss Counseling	3
Grief/ Loss Counseling	1
Bereavement	1
Bereavement & Loss workshop	1
Counseling for grief & loss	3
Death & Dying	3
Death, Loss & Grief Counseling	3

Table One (Continued)
SUMMARY OF COURSES OFFERED

Elective Course Titles	Credits if Known
Dying	1
Grief & Loss	1
Grief & Loss Counseling	3
Grief Counseling	3

Required Modules Course Titles	Credits if Known
Adolescents in Schools	
Applied knowledge & skills in school counseling	3
Case studies in Counseling	3
Crisis Intervention	4
Contemporary issues in school counseling	
Counseling children	
Elementary and Secondary School counseling Practicum	3, 2
Human Development	2-3
Internship	3
School counseling special courses	
Techniques in Counseling	3, 2
Theories of Counseling	3

Table One (Continued)
SUMMARY OF COURSES OFFERED

Course Titles with Elective Modules Included	Credits if Known
Counseling children	3
Crisis Intervention	2, 3
Advanced Techniques	

It should be noted this table reflects all the course titles respondents offered. However, more than one respondent reported some course titles. Therefore, even though several programs may offer a module in human development, the title appears only once in the table. If various credits were offered by different programs, it was noted in the credits column.

Curriculum Content In Grief And Loss Training

Research Question 2: What specific content is covered in the area of grief/loss counseling in your course/s?

The second survey question asked what specific content areas were covered in the courses offering pre-service school counselors training in grief and loss counseling. The respondents were given 17 curriculum areas and asked to indicate all areas covered in their courses. These areas were previously discussed in the literature review as suggested curriculum for inclusion in pre-service training for school counselors. The included areas were gleaned from suggestions made by field experts and through research. Table two provides a complete list of all curriculum content areas included.

Sixty percent ($n=46$) of respondents indicated offering required or elective grief and loss coursework delivered in either full course or module format. Thirteen percent ($n=6$) of these programs cited they offered all curriculum areas. One program reported offering all but one area (death education). Table two on the following page summarizes the content areas, total percentage and number of programs offering each curriculum area. Also included are the number of programs offering elective coursework and required coursework in each area.

Table Two
CURRICULUM INCLUSION

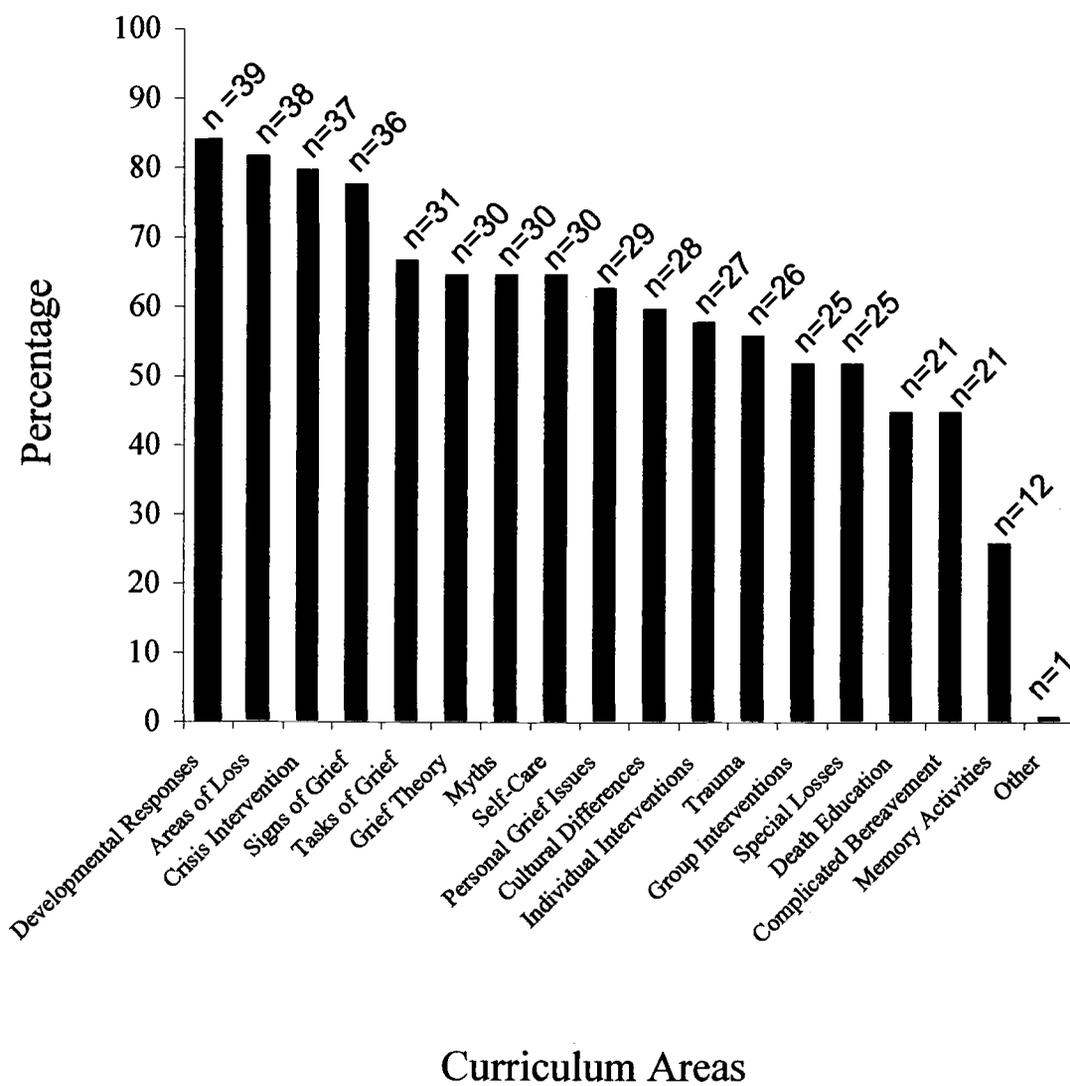
Curriculum Content Area	Percentage Programs Including Curriculum	Total <i>N</i> Programs Including Curriculum	<i>N</i> Required Course/Module Including Curriculum	<i>N</i> Elective Course/Module Including Curriculum
Developmental Responses	84	39	17	18
Areas of Loss	82	38	18	18
Crisis Intervention	80	37	17	16
Signs of Grief	78	36	18	19
Tasks of Grief	67	31	14	18
Grief Theory	65	30	10	19
Myths	65	30	12	17
Self-Care	65	30	15	13
Personal Grief Issues	63	29	12	17
Cultural Differences	60	28	12	15
Individual Interventions	58	27	11	15
Trauma	56	26	11	13
Group Interventions	52	25	11	14
Special Losses	52	25	10	12
Death Education	45	21	9	12
Complicated Bereavement	45	21	6	14
Memory Activities	26	12	2	8

A total of 46 programs (60% of respondents) reported they provided pre-service preparation in grief and loss through at least one method of delivery. Within the programs offering grief and loss curriculum ($n=46$), developmental responses to loss was the most prevalent curriculum area reported, being offered by 84% ($n=38$) of respondents. Eighty two percent ($n=38$) included areas of childhood loss, while crisis intervention in schools was offered by 80% ($n=37$) of respondents. A total of 78% ($n=36$) taught about the signs of grief. Curriculum covering the tasks of grief was included in 67% ($n=31$) of programs, theory was included in 65% ($n=30$) and uncovering myths surrounding grief and loss was reported by 65% ($n=30$) of respondents.

Respondents cited offering self-care as related to grief and loss in 65% ($n=30$) of the programs, personal loss issues were included in 63% ($n=30$) of the programs and 60% ($n=28$) offered information on cultural differences in grief. Preparation for individual intervention with grievers was reported by 57% ($n=27$) while 52% ($n=25$) covered group interventions. Distinguishing the differences between grief and trauma was reported by 56% ($n=26$) of respondents and working with special losses such as suicide was covered by 52% ($n=25$). Training pre-service counselors on how to teach death education was offered in 45% ($n=21$) programs. The curriculum area reported most infrequently was the use and importance of memory activities (26%, $n=12$). Graph three on the following page summarizes data pertaining to course content inclusion.

Graph Three
COURSE CONTENT

Total Possible N=46



Reasons for Non Inclusion in Program

Research Question 3: If grief/loss counseling is not currently included in your curriculum, what are the primary reasons?

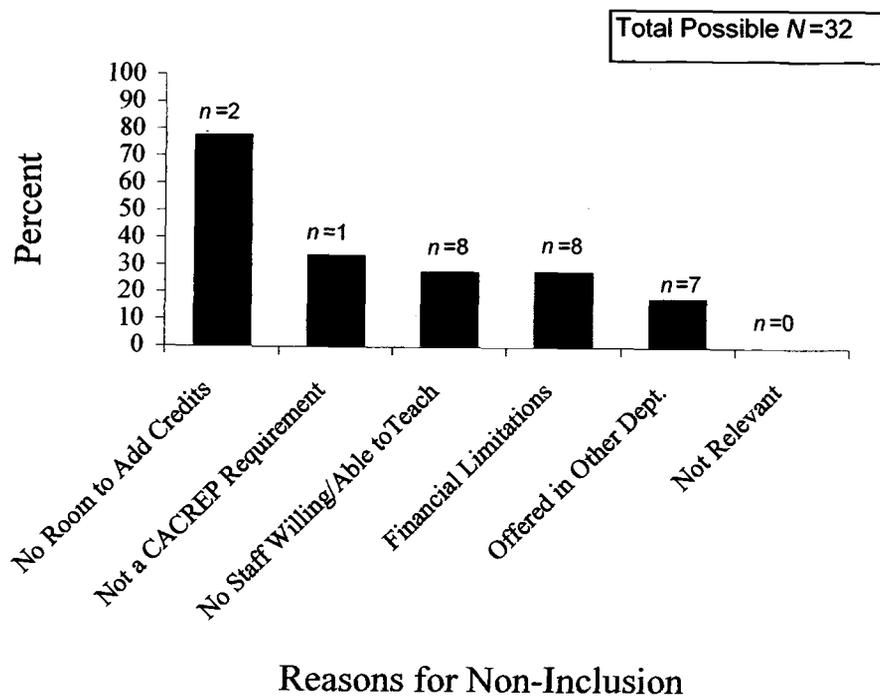
Question three asked respondents who did not offer grief and loss courses to delineate what the primary reasons or circumstances were for this exclusion. While this question was designed to gather information specifically from programs who did not offer grief and loss courses, several respondents offering courses also responded.

Current research evidenced that 40% ($n=32$) of responding programs did not offer any type of preparation in grief and loss counseling. Of these respondents, 78% ($n=24$) cited no room to add more credits as a reason for exclusion. This was also the most common response (11%, $n=5$) given by programs already offering some curriculum for not including more. Thirty eight percent ($n=12$) of respondents indicated an absence of grief and loss curriculum because the topic is not a CACREP requirement. Nine percent ($n=4$) of respondents offering curriculum indicated this reason as a reason for non-inclusion. Twenty five percent ($n=8$) of respondents listed financial limitations as circumstantial to their deficiency.

The data also revealed that 25% ($n=8$) of respondents indicated lacking trained staff as a reason for non-inclusion of curriculum. Twenty one percent of programs ($n=7$) stated they did not offer grief and loss curriculum because it was available in another department. No programs cited grief and loss as irrelevant topics in the preparation of

school counselors. Graph four summarizes the rationale programs offered for not including grief and loss in their school counseling program curriculum.

Graph Four
NOT INCLUDED IN PROGRAM



Summary

This chapter clearly presented the data generated from this research study. The results of this descriptive study revealed that while 60% of all CACREP school counseling programs delivered grief and loss curriculum in their program via a class or module, a full 40% did not include any preparation whatsoever. These statistics appear to indicate a significantly inconsistent inclusion of grief and loss preparation in school counselor education programs.

CHAPTER 5: DISCUSSION

Discussion Of Results

Youth today are increasingly subjected to high degrees of loss and change. A thorough review of the academic literature on counselor education programs reveals little evidence of the preparation of school counselors receive in the areas of grief and loss. Given this lack of information, it could be posited that pre-service school counselors are not being prepared to effectively work with students on grief and loss issues. Without providing appropriate training for graduates to possess knowledge and skill in these areas, counselor education programs run a high risk of graduating students unprepared to meet the real life counseling situations they will face while working in schools. This is a CACREP standard (IV.C. 2.d) and the responsibility of CACREP school counseling program faculty to carry out (CACREP, 2001).

The purpose of this study was to ascertain how preparation in grief and loss was being delivered to pre-service school counselors in CACREP accredited school counseling programs. A total of 150 questionnaires were mailed to all United States CACREP accredited school counseling programs. A modified version of the Dillman Tailored Design Method (2000) was utilized. A total of 79 respondents completed and returned the questionnaire, resulting in a 53 % response rate. All returned questionnaires were included in the study.

The first question asked how each program trained school counselors in grief and loss counseling. Possible responses were given in checklist form and respondents were asked to check all that apply. Question two detailed a checklist of what specific content information the class curriculum covered.

Question three asked what the circumstances were if grief and loss was not a topic area covered in their school counseling program

This chapter will provide a discussion of the research results. Limitations of the study will follow the discussion. Concluding the chapter will be implications and recommendations for Counselor Educators, specifically CACREP school counseling programs, as well as for future research.

Training School Counselors In Grief And Loss

Respondents were asked how their program specifically prepared school counselors in grief and loss counseling. Respondents were to mark as many of the following options as applied:

1. Required course
2. Elective course
3. Specific module in a required course
4. Specific module in an elective course
5. Not specifically included at this time.

Sixty percent ($n=46$) of respondents indicated their school counseling programs offered training in grief and loss counseling in at least one course. On the surface this seems like a reasonable percentage, given that grief and loss is not a required content area in the CACREP standards. There is however, more to be learned from this study's results. It should be noted in the discussion to follow that since respondents were asked to check off all course-offering options that applied in their programs, results totaling more than 100% may be seen. For example, three programs offering grief and loss counseling curriculum offered two or more classes on the topic.

Required Course

A total of 46 programs (60%) responded they did offer grief and loss counseling curriculum, however of these, only five programs (11%) required a specific course on the topic. This lack of prevalence as a required class may be in part explained by other survey results. "No room to add more credits" prevailed as the number one response presented by those programs not offering a grief and loss class. No room to add credits implies the school counseling degree already requires as many credits as can be accomplished in the graduate's program tenure. This may be especially relevant if school counseling programs run on a cohort model, wherein scheduling is very restrictive. I propose the same rationale exists in not making grief and loss a requirement.

Furthermore, "not a CACREP requirement" was specified as the second most frequent response by programs not including grief and loss. It could be suggested that

programs choose not to require a distinct class, which would extend the length of their programs, because grief and loss issues are not a compulsory CACREP standard.

Elective Course

Of the 46 respondents including some curriculum, 50% ($n=23$) reported offering a full elective course on grief and loss. Elective courses averaged 2.6 semester credits and included an average of 11 suggested curriculum areas. Six programs covered all 17 suggested content areas. Considering the limitations counselor education programs can be under, 23 courses specific to grief and loss is a fairly sizable number. While the research is scant in making recommendations for including grief and loss training in counselor education programs, it is difficult to ignore the impact that events such as terrorism, the Columbine school shootings, and sexual abuse have on today's youth (Webb, 2002). The percentage of programs offering elective courses in grief and loss may reflect counselor educators having taken these issues into consideration and added optional classes to prepare their graduates to serve the needs of today's students. This would support Dunlop's (1980) and Rosenthal's (1981) thesis that grief and loss curriculum was necessary in counselor education programs. The fact that 23 of the 46 programs offering grief and loss did so through an elective course could also replicate space limitations previously discussed, as well as the lack of an accreditation requirement for inclusion. An elective course could ease the pressure to offer such curriculum, without making it a requirement.

However, since these are elective courses, it is not established if school counselors are entering the field with a comprehensive understanding of grief and loss counseling and its importance. This is counter to suggestions such as Lenhardt's (1997) that helping students to acknowledge and cope with loss and grieving is part of the school counselors' professional responsibility. Results reveal little uniformity in how these important professional skills are gained.

By definition, an elective class implies the knowledge included is just that— optional or not necessary. Pre-service school counselors are not always aware of what they will need once they are in the field. It is the responsibility of counselors education programs to provide their graduates with training to ethically and effectively perform their job duties (Corey et al., 1993). Given the prevalence rates of loss in children's lives (Glass, 1991; Goldman, 1994, 2001; Stevenson, 1995) I disagree that training on how to advocate for and help with students on grief and loss issues is optional.

Required Module

In contrast, 48% ($n=22$) of respondents with curriculum stated their programs offered grief and loss training through a module in a required course. Of the programs requiring a module on grief and loss counseling, results reveal that an average of nine content areas were included in the curriculum. A required module does make the statement that these skills and knowledge are important enough to be provided in a requisite format. While the course credits were presented by the respondents, unfortunately the actual amount of time spent on grief and loss within the modules was

unable to be extrapolated from the data gathered. This design deficiency will be discussed in more detail in the limitations section.

While it is indeed encouraging that nearly 50% ($n=22$) of the responding programs have a module requirement for grief and loss training, the amount of time spent on the topics is not in alignment with recommendations made by field experts. How much important information is missed when delivering crucial information in a modular format? One grief and loss expert, D. Balk (2003, personal communication) suggests that school counselors ideally would have two full courses covering grief and loss counseling, in which would be included all the topic areas covered in question two as well as a myriad of others. Furthermore, Worden (1991) states that the best way to acquire skills to work with grieving students is through active practice, and that a strictly didactic approach is ineffective. Given these recommendations, is it realistic to think that 16 significant content areas can be effectively taught and practical application gained in a module format? This is especially called into question if the module is brief, as is the norm, and only included in one course, as this research has borne out.

An additional issue to consider is that the respondents listed over 15 different courses in which grief and loss modules were covered. These included classes ranging from Counseling Children, to Developmental Issues In Counseling to Crisis Intervention to Practicum. Given this diversity, consistent delivery of critical curriculum areas seems unlikely. For example, if the module were offered in the Developmental Issues In Counseling course, it seems credible to propose that developmental issues would be the primary focus in order to align with course objectives. While an important area to

understand, it is not the only area pertaining to grief and loss that is important for school counselors to have competence in (Corr et al., 2003; Goldman, 2001; Stevenson, 1995; Webb, 2002; Worden, 1991).

In reflecting on the number of programs offering a module format for content inclusion it could be posited that this format was chosen to best accomplish two fundamentally conflicting needs. The first need being to graduate school counselors in a reasonable amount of time and provide them with the mandatory CACREP requirements, and the second to include important, but not required content. By inserting a module dedicated to grief and loss into an existing required course, these two needs are potentially met, albeit potentially not to the preferred degree.

Elective Module

Thirteen percent ($n=6$) of respondents revealed they offered grief and loss training through a module in an elective course. In two of these six programs offering this elective module was the only method of grief and loss training. It might be posited that this is perhaps one of the lower reported categories because there is not a large selection of elective courses offered in counselor education programs where covering these topics would be viable.

Delivery Format Comparison

Overall, 63% of respondents indicated offering an elective course or module and 59% reported offering a required course or module. A possible reason for the higher number of elective options may be the lack of staff willing or able to teach the curricula. Research data informs us that in 28% ($n=8$) of programs not offering any grief and loss curriculum, lack of staff is a reason. The staffing dilemma may be further instructive if one postulates that if a course is elective, the class is always an option to remove, whereas a required class is not. If adequately trained staff is not available in an ongoing fashion, it is risky to require a course in that topic area.

Furthermore the lack of trained staff inhibiting curriculum delivery may shed light on why if grief and loss was required, it was offered in a module format 4:1 over a full specific required course. While 61% ($n=28$) of respondents equally utilized the module and course formats for curriculum delivery, if a professor does not have the expertise to teach a full class, it is much less difficult to add an element pertaining to loss into a subject area one is familiar with. I find it interesting to ponder a practical solution to the lack of faculty prepared to teach grief and loss courses. It stands to reason that if grief and loss preparation were required in counseling masters programs, most counselor educators would have a framework from which to build their own curriculum, since they themselves would have graduated with the training.

Not Included

The most disconcerting results obtained from this research study were those indicating a full 40% ($n=32$) of all responding CACREP school counseling programs do not offer any form of pre-service training in grief and loss counseling. Research results revealed the primary reason for exclusion in 78% ($n=24$) of these cases was not having room to add more credits. A “lack of room” to cover grief and loss issues in a program does not diminish the potentially negative impact on both entry-level counselors and the clients they serve. While perhaps a challenge to “make room” for additional credits, it might meet counselor education program goals such as training school counselors to meet student needs (ASCA, 2003; CACREP, 2001; Martin & House, 2002; ODE, 2003). In light of research citing up to 90% of students will experience a loss by the time they receive their high school diploma (Glass, 1991; Goldman, 200; Naierman, 1997; Rando, 1988; Wolfelt 1996) the need for grief and loss training in school counselor education programs clearly exists.

When only slightly over half the programs setting the standard for excellence (i.e. CACREP accredited school counseling programs) are actually providing *any* training in grief and loss, it begs the question of whether or not we truly preparing school counselor graduates for the reality of their jobs (Lenhardt, 1997). Research results do not indicate counselor education program adherence or even strong concern for recommendations such as Meaghers (2002):

A school counselor... needs to receive training as a grief counselor especially in grief crisis counseling. This training should include 1. An examination of one's own death related concerns and issues; 2. Understanding the grief process, especially with a focus on the initial phases of grief and the long-term manifestation of unresolved grief; and 3. Becoming familiar with the research in disenfranchised grief, complicated grief, and pathological grief. (p. 52)

This research does not find CACREP counselor education programs consistently offer pre-service preparation for school counselors in grief and loss.

Course Curriculum Content

Respondents were asked to indicate which of the following content areas were covered if they offered grief and loss preparation in their school counseling program.

Respondents were asked to mark all that applied:

1. Grief and loss theory
2. Areas of childhood loss and grief including death and secondary losses
3. Myths about grief and loss
4. Signs and indicators of grief
5. Psychological tasks of grief
6. Developmental responses to loss
7. Individual grief resolution techniques

8. Group grief resolution techniques
9. Complicated bereavement and unresolved grief
10. Memory work and its importance
11. Cultural differences in grief and mourning
12. Grieving special losses such as suicide, murder, and terrorism
13. Trauma vs. Grief
14. Crisis intervention in the schools
15. Death education in the schools
16. Personal issues involving loss, grief and death
17. Counselor Self Care, Burnout and Compassion Fatigue
18. Other(s):

The following discussion will demarcate curriculum areas by rate of inclusion in responding programs. A high inclusion rate indicates the curriculum area was included in 75% or more of the responding programs. A medium rate denotes curriculum was offered in 50-75% of the programs, and a low inclusion rate connotes less than 50% of programs offer the curriculum. A total of 46 programs (60%) responded they offered grief and loss curriculum. Unless otherwise stated, the percentage rates discussed in the following sections are calculated based on those respondents (n= 46).

High Inclusion~ 75% and Above

Four curriculum areas were most consistently covered by those offering training in grief and loss regardless of delivery format. Developmental responses to loss, areas of childhood loss and grief including death and secondary losses, signs and indicators of

grief and crisis intervention in the schools were all offered at a 78% or higher overall rate. Disaggregating this data reveals negligible differences in the response rate between those offering curriculum in an elective class format or in a required module.

Developmental response to loss is the most prevalent curriculum area, being offered by 84%(*n*=38) of respondents. A possible explanation for such a sizable inclusion rate may be linked to the high prevalence of respondents citing their modules were offered within developmental issues classes. Covering the developmental aspects of grieving could be consistent with the overall course content. Additionally, the frequency of modules within developmental classes may account for the 82% (*n*=38) inclusion rate of areas of childhood loss. The areas of childhood loss shift as development occurs; thereby a correlation in discussing areas of loss in tandem with developmental stages of grief seems plausible. Inclusion of these areas is in accordance with recommendations from Goldman (2001), Webb, (2002), and Wolfelt (1996) who strongly advocate that counselors working with children be well versed on the distinct developmental issues pertaining to grief and loss.

Research results found that crisis intervention in schools was included by 80% (*n*=37) of respondents offering grief and loss training. High rates for its inclusion could be similarly attributed to that of developmental issues, in that many courses were entitled or included crisis intervention. An additional possibility that bears attention is that crisis intervention is listed as a CACREP requirement (ACA, 2003). While the exact nature of what is to be covered in 'crisis intervention' curriculum is not clear, its presence as a CACREP requirement may impact its frequent inclusion in grief and loss curriculum. Or

perhaps reversed, it is how grief and loss curriculum makes its way into mainstream school counseling course content. Ideally, school counselor training programs are following suggestions such as Stevenson's (2002), who advocates for the development of well-trained, prepared individuals who do not fear responding to crisis events.

Curriculum covering the signs and indicators of grief was reported in 78% ($n=36$) of programs offering pre-service grief and loss training. Studies have cited students suffering from grief and loss often exhibit symptoms such as emotional outbursts, depression, and suicidal ideation (Charkow, 1998; Costa and Holliday, 1994). Hypothetically, this high prevalence rate may be related to the fact that these issues are listed in the CACREP standards C.2.d. indicated. CACREP school counseling standards does state graduates of their programs will be trained on issues potentially affecting the development and functioning of students (CACREP, 2001). Consequently, inclusion of grief and loss indicators within the context of this standard is not out of the question. Consistent training in identifying the indicators of grief is critical for school counselors (Goldman, 2001). Hence programs offering curriculum in alignment with such suggestions are indicative of appropriate preparation paradigms.

Mid Inclusion~50-75 %

Ten curriculum areas were included at a rate of 50-67% in those programs offering grief and loss training. Research results indicate a less than consistent delivery of many highly important curriculum areas. Covering the psychological tasks of grief was

included in 67% ($n=31$) of programs while grief and loss theory was included in 65 % ($n=30$) of those offering pre-service grief and loss training.

It is important to debunk the myths surrounding grief and loss (Wolfelt, 1996). Unfortunately, only 65% ($n=30$) of respondents report covering this in their curriculum. Furthermore, delving deeper into the data revealed that only slightly over half those programs delivering required modules include myths, a critical element in grief and loss training.

Equally concerning is that respondents delivering training through a required module indicated that a mere 50% were educating school counselors on individual and group intervention techniques. An overall prevalence rate of 52% ($n=25$) is shown for group interventions and a slightly higher rate of 57% ($n=27$) is seen for individual interventions. The data conflicts with recommendations from numerous field experts who believe counselors should be well trained in both individual and group interventions to assist grieving children (Goldman, 1999; Webb, 2002; Worden 1991). Support for this recommendation is especially true for the practice of grief group counseling, whose efficacy has been borne out in many research studies (Goldberg & Leyden, 1998; Quarmby, 1993).

It could be posited that only 65% ($n=30$) of programs offering grief curriculum covered self care, burnout and compassion fatigue because it is taught in other areas of the school counseling program.

Of greatest personal concern to me is that a mere 63%($n=29$) of all courses offered, and 50% ($n=23$) of required modules report covering personal issues involving

loss, grief and death. Irwin and Melbin-Helberg (1992) caution that unresolved grief issues may negatively impact counselors' interactions with their clients. Furthermore, addressing and understanding our own grief history and how we respond to others in grief is often stated as the first and primary step to working with others on these issues (Goldman, 2001; Webb, 2002; Wolfelt, 1996; Worden, 1991).

This lack of consistent inclusion might be attributed to the very nature of the topic. Death and loss are not easy to discuss. It could be postulated that those teaching the curriculum have not addressed these very issues, which could in turn make it less likely they would include them in the class. Seibert et al. (2003) suggests that those preparing to talk about death and loss should not only have knowledge, but be comfortable with their feelings as well. Exploring your own experiences, spirituality and feelings is critical and provides more objective reflection on the experiences of others.

Low Inclusion~ Below 50%

Forty five percent ($n=21$) of the 46 programs offering grief and loss curriculum reported covering the topics of areas of complicated bereavement and death education. The inclusion of memory activities and their importance was evidenced in only 26% ($n=12$) of respondents, making it the most infrequently delivered curriculum area.

It is possible these areas are not covered as thoroughly because counselor educators are unaware of their significance. There may be significant truth to this supposition, especially in the case of complicated bereavement. This may in part be attributed to a hesitancy on the part of counselor educators to train pre-service counselors

in areas they may feel are too in depth for school counselors to be practicing. School counselors are not long-term therapists. Their role is to support the students and staff in a school and knowing when to refer or consult is imperative (Worden, 1991). While this is indeed the case, it is still most fitting for school counselors to have conceptual insight and understand about complicated bereavement, in order to make appropriate referrals.

On the other hand school counselors are increasingly expected to provide systematic guidance curriculum. These instructional activities span K-12 and are developmental, preventative, and proactive in design (ASCA, 2003; Gysbers & Henderson, 2000; ODE, 2003). Grief expert Nancy Webb (2002) urges that death education be part of guidance curriculum for all students. Given these trends and suggestions, in contrast to the meager number of programs supplying this training to their graduates, it might be concluded that adequate training on death education is not being provided.

Thorough Inclusion

Field experts in grief and loss (Goldman, 2001; Rando, 1988; Webb, 2002; Wolfelt, 1996; Worden, 1991) advocate for both pedagogical and practical training in grief and loss. The curriculum areas included in the survey are curriculum school counselors should have exposure to in order to efficaciously work with students grief and loss issues. Unfortunately, only 13% ($n=6$) of programs offering preparation ($n=46$) cited they offer all suggested curriculum areas. One program reported offering all but one area. I believe in all likelihood the rationale in this can be found by looking at the reasons

for exclusion in programs not offering curriculum at all. Lack of funding, program space and staff make including non-required curriculum difficult at best.

Reasons For Non-Inclusion

Respondents were asked to indicate all of the following reasons why grief and loss counseling was not currently included in their school counseling program curriculum.

1. No room to add more credits
2. Not a CACREP requirement
3. Lack of staff willing/ able to teach
4. Financial limitations
5. Not a relevant topic area to include for school counselors
6. It is offered in another department.
7. Other

Data analysis indicates that a full 40% respondents ($n=32$) indicated they offered no grief and loss curriculum in their school counselor training program. Fifty percent ($n=16$) of these respondents listed two or more reasons for exclusion. Additionally, 17% ($n=8$) of respondents citing inclusion of grief and loss curriculum also offered reasons for

its non-inclusion. This may signify these respondents would have chosen to provide more grief and loss curriculum, but were unable to because of the reasons indicated.

Before proceeding to an in depth discussion of each area respondents listed for leaving grief and loss curriculum out of their pre-service preparation, I propose all the reasons are valid. Nevertheless, I also propose that no reason can nullify the fact that a full 40% of 'gold standard' CACREP programs offer no training in a subject that in all likelihood 90% of students will encounter (Glass, 1991).

No Room To Add More Credits

Of the 32 programs reporting no grief and loss curriculum, the vast majority (78% $n=24$) cited lack of space to add credits as a reason. Thirty seven percent ($n=12$) of respondents state "no room" as the sole reason for non-inclusion. This was also the most common response (11%, $n=5$) given by programs already offering some type of curriculum for not including more. Comments from respondents such as the following may describe viable rationale for this phenomenon. *"There are logical arguments to continue adding expectations; however, it becomes very challenging to develop curriculums within certain credit hour restraints"* ("Study results", 2004). Another comment *"we feel these areas are important, but adding separate courses for each topic is unrealistic. Students are encouraged to seek out elective courses and to attend workshops or trainings when available"* ("Study results", 2004) also informs us about programmatic limitations. Offering elective courses and encouraging students participation concurs with strategies such as Oates' (1993) suggests when formal

educational opportunities are limited. On the other hand it does not ensure that entry-level school counselors are prepared to meet job expectations involving assisting students on grief related issues such as those Swihart and Silliman (1992) aptly state.

School counselors will likely be expected to respond therapeutically or educationally on at least three levels: (a) help to individuals, (b) support of peer groups (among teachers and students), and (c) guidance of the student body as a whole. In addition counselors may be asked, formally or informally, to help grieving and healing in community groups (churches, parent groups) and the community as a whole. (p. 55)

Not A CACREP Requirement

Thirty five percent ($n=12$) of respondents indicated they did not offer curriculum in grief and loss preparation because it was not a CACREP requirement. Furthermore nine percent ($n=4$) of respondents currently offering curriculum stated that it not being a CACREP requirement was a reason for what could be posited to be limited inclusion. It seems evident that if these topics were a CACREP requirement, the chance of inclusion would increase. However, CACREP does include crisis intervention in its standards and as mentioned earlier in this discussion, states that school counselors will be aware of the issues affecting students in the schools (CACREP, 2001). Once again, I reiterate that with statistics estimating that each year the United States will see approximately 20,000 deaths of young people between the ages of 10 and 19 (Dyregrov, Bye Weekender, &

Vigorous, 1999), knowledge of how to counsel students on grief and loss issues in the school setting is imperative.

Lack Of Staff Willing/ Able To Teach

A survey respondent deftly sums up the need for personnel with adequate training in grief and loss as follows. “*Faculty is aware of the lack of this topic. With every hire, we look for someone with appropriate training*” (“Study results”, 2004). Twenty five percent ($n=8$) of respondents indicated a lack of trained staff as a reason for non-inclusion of curriculum. It is also instructive to note that many respondents who did offer curriculum noted that they utilized adjunct professors to teach these courses.

It could be proposed that a vicious cycle is perpetuating itself regarding the inclusion or non-inclusion of preparation to work with grief and loss issues. Because it is not required, school counselors do not receive training. School counselors may then return to graduate programs to become counselor educators who have not received adequate (or any) training. Therefore, counselor educators may not possess the skills or the confidence to teach grief and loss curriculum, are not required to teach the topic, and as such, remain unprepared to do so.

Financial Limitations

Twenty five percent ($n=8$) of respondents listed financial limitations as a circumstance for not including grief and loss curriculum. Little discussion of this seems

necessary, given the dismal state of affairs in financing higher education (Richard, 2004). It is the rare department that is adding new faculty. One example to note is that the state of California currently has a hiring freeze on all university personnel (L. Downs, personal communication Feb. 2004).

Offered In Another Department

Seven programs (21%) state that grief and loss curriculum is offered in another department. Social work, educational leadership and psychology were all mentioned as locations. My suggestion would be just the opposite: create courses that attract students from other departments to enroll. By offering coursework on grief and loss, crisis intervention or death education, counselor education programs might increase their visibility and positive impact within the university environment. This could potentially increase department revenue as well. Counselor educators are asked to teach their graduates to serve as advocates for their students and profession (Martin & House, 2002). It seems appropriate to encourage these same educators to advocate for their expertise within their profession as well.

Not A Relevant Topic To Include

Not a single program of the 79 respondents indicated that grief and loss counseling was irrelevant to school counselors. In fact, several comments from respondents supported leading child therapist and writer L. Goldmans (2001, personal communication) advocating that training school counselors in grief and loss was

extremely important. The essential nature of this curriculum is well evidenced in survey comments such as "*a grief course is essential in the training of school counselors*" ("Study results", 2004).

I teach a course in grief/ loss that is an elective and have found it essential counselor training for both community and school- It is not required because CACREP does not require it and other courses in the school track are also important ("Study results", 2004).

Clearly many factors impact the decision-making process counselor education programs undergo when offering courses. I maintain, however, like survey respondents noted and field experts, that the inclusion of grief and loss in a school counseling program is essential.

While it is encouraging to see all respondents believe preparation in grief and loss is relevant in school counselor education, there remains a concern. The fact that 40% of responding CACREP programs do not include grief and loss preparation in their curriculum runs counter to the thesis of its importance. Prior research (Corr et al., 2003; Dunlop, 1980; Goldman, 2001; Rosenthal & Terkelson, 1979; Stevenson, 2002; Webb, 2002; Wolfelt, 1996, Worden, 1996) has given implied and overt support for value of such training. In light of these recommendations, combined with comments from respondents and general CACREP standards relating to competence, (CACREP, 2001), a more thorough systematic inclusion of grief and loss counseling in counselor education curriculum would be suggested.

Limitations

The results of this study must be interpreted cautiously given a number of limiting factors. This section will discuss these limitations in the following areas: population sample, respondents, and survey instrument.

Population Sample

Only CACREP accredited school counseling programs were surveyed for this research. Given this limitation, the results are systemically generalizable solely to CACREP school counseling programs. To broaden the scope of applicability, all institutions offering school counseling programs could have been surveyed. This would have provided not only a more inclusive picture of training programs, but also provided the basis for a comparison between CACREP and non-CACREP training programs. This research was purposely limited however, and the choice to utilize only descriptive statistics was appropriate, given the sample.

Respondents

Several limitations concerning survey respondents need to be addressed. The first is that the survey was sent to the person designated as the program's CACREP liaison. The liaison may or may not have had accurate knowledge about where or if grief and loss curriculum was delivered or what curriculum content specific to grief and loss was taught. Reporting accuracy is potentially compromised given this fact. Indeed, this was

quite clearly stated by one respondent's comment that "*as usual, survey assumes coordinator knows specific content of every course, dumb ass assumption*" (Study results, 2004). While it was certainly not my intent to appear ignorant of this possibility, it is a limiting factor of the research. Had this been a single subject survey and sent to the attention of crisis intervention or grief and loss specialist, it is possible such a limitation could be averted.

A second limitation is that the CACREP liaison may have passed the survey on to someone else to complete. While this may have provided more accurate information overall, it could confound results based on a different respondents knowledge and bias.

Thirdly, the response rate for this survey was 53%. Rubin and Babbie (2000) state a 60% response rate is suggested to adequately reduce response bias. Given this, the results of this research are possibly biased in favor of programs whose respondents were willing to (a) take the time and effort to respond to a survey on this topic and (b) reveal their strengths and weaknesses in the areas of grief and loss training.

Survey

A significant limitation of the survey instrument is found in the question asking for class credit versus class hours in the delivery section. While the survey question specifically asked how many hours were spent in the module, based on responses, it was unclear if respondents answered accurately or not. Another limitation was respondents who offered more than one class were not instructed to specify what topic areas were covered in each course. This information would have added usable data to the research

base. It may have been helpful to revise the survey to more clearly delineate what information was sought. Following is a possible survey revision.

1. Does your program specifically train school counselors in grief and loss counseling?

- Yes *If √ here, please skip to question 2.*
- No *If √ here, please skip to question 5.*

2. Does your program offer a full course specifically covering grief and loss?

- Yes
 - If you answered Yes, is the course*
 - Required
 - Course Title:* :
 - Course Credits* :
 - Elective
 - Course Title:* :
 - Course Credits* :
- No

3. Does your program offer modules on specifically grief and loss within other courses?

- Yes
 - If you answered Yes, is the course*
 - Required
 - Course Title:* :
 - Course Credits:* :
 - Number of hours spent on Grief and loss module:*
 - Elective
 - Course Title:* :
 - Course Credits:* :
 - Number of hours spent on Grief and loss module:*
- No

4. What specific content is covered in the area of grief/loss counseling in your course/s?

**** If your program offers multiple courses or modules on grief and loss, please indicate which content areas are covered in each course listed above by utilizing color-coding. Thank you.*

Redesigning the survey as noted above could also have addressed another limitation. Judging from the courses listed in the comments section, respondents seemed unclear that we were looking for courses *specifically* providing grief and loss counseling. For example one respondent answered yes it was a required class, but wrote down Counseling theories, Developmental counseling in schools and Counseling the student with disabilities as the course title. Clearly, these courses are not specific to grief and loss, thus the data is possibly corrupted.

A third limitation in the survey was a lack of established nomenclature for describing content areas such as crisis intervention, death education, etc. Providing explicit definitions of these areas may have provided respondents with a clearer understanding and aided them in determining if such content was indeed offered.

The last limitation of the survey instrument is found in the survey design. The instrument was designed by myself and my co-researcher for this study. As explicated in the methodology section, we took great care to establish as much content validity as possible. Regardless, with no prototype on which to build, and no established instrument to utilize, there could be bias in the survey due to the wording of questions or confusion about how to answer questions.

Implications And Recommendations

This research study has provided a foundation for understanding how grief and loss training is delivered to for pre-service school counselors in CACREP accredited school counseling programs. Based on the research findings, as well as limitations and extrapolations of the study, the following sections will outline a number of implications and recommendations for practice. Implications for researchers, counselor educators and CACREP will be included.

Recommendations For Future Research

Following are recommendations for future research as related to this dissertation project. The suggestions will be listed in what I consider to be the priority order for completion.

1. Design a research study for current school counselors to describe their preparation for counseling students on grief and loss issues. Examples of areas I consider relevant to include are:
 - i. What practicing school counselors see as current student needs related to grief and loss.
 - ii. What grief and loss counseling training school counselors received in their school counseling program.
 - iii. What other training school counselors have supplemented this with and where they have received it.

- iv. Did school counselors feel adequately trained in their program to work with students on grief and loss issues?
- v. A checklist of the same curriculum areas provided in this research to training programs for school counselors to delineate which areas they received training in, where the training was obtained, do they utilize it in their practice as a school counselor, and would they if they had adequate training on it.

I believe this research is critical to ascertain what field practitioners' actual experience, need and training is pertaining to grief and loss. A study of this kind in combination with the foundational data gathered in the current study would provide an excellent representation of current practice both pedagogically, and practically. From this researchers and counselor educators alike might define and suggest corrections for existing gaps in pre-service training programs.

2. Replicate the current study to include all CACREP and non-CACREP school counseling programs in the United States. In doing so, a revision of the current survey would be helpful to overcome some of the limitations listed previously. Furthermore, sending the survey specifically to a grief and loss contact would be advisable. A possibility for gathering this contact information might be to do a pre-survey e-mail information-gathering venture. This could serve dual purposes, to get the name of the person in each department who has the most information on the topic (if there is one), as well as alert them they will be receiving a survey.

This is in alignment with the Total Design Method (Dillman, 2000), which recommends a preparation letter be sent before the actual survey. In doing so, response rates might be increased as well.

I believe it is important to replicate the current study because of the following reasons: (a) it would give a more complete picture and perhaps more accurate account of school counselor training and (b) it would provide a basis to complete comparative evaluation of CACREP and non-CACREP programs.

3. Action research with graduate students. Designing action research projects whereby graduate students receive preparation and training in such areas as death education, crisis intervention and/or other grief and loss interventions (leading groups) and performing both qualitative and quantitative research on their practice of those skills. For example, train a duo of pre-service school counselors to deliver classroom units on death education with elementary students. The first layer of research could be evaluating the pre-service school counselors' feelings of efficacy in delivering such a program by utilizing pre and posttests. Research could then extend to the schools, where pre and post tests could be administered to determine the effects of the intervention on students, and perceptions on faculty. Another possibility would be to utilize a mixed qualitative and quantitative research design and compile case notes from the counselors and pupils regarding their experiences. I believe this research has particular merit

based on the growing stress on school counselors developing comprehensive, accountable data driven school counseling programs (Johnson & Johnson, 2003).

4. Complete quantitative case studies with both school counseling professionals and counselor educators who have and have not received grief and loss training.

Looking at the lived experiences of professionals working with students on grief and loss issues, how they received their training, and general commentary could truly edify counselor educators as to what needs are being met, and what deficiencies may exist. I feel that quantitative research methodology augments qualitative research by providing a richer context on which to base recommendations. This may be especially useful in the area of grief and loss counseling as it is not just a purely pedagogical concept. Both the affective and cognitive spheres are needed to effectively work in grief and loss counseling. The genesis of this research began with the current study, where respondents were requested to return a separate postcard with contact information if they were willing to be interviewed in more depth.

5. Research surveying members of the Association for Death Education and Counseling (ADEC) to derive what their views on appropriate training for school counselors should include. An additional benefit to such research might be to build or strengthen an alliance between professional organizations like ADEC, and the American Counseling Association.

6. Extend research to include assessing how counselor education trains other counseling specialties. For instance, are pre-service agency, marriage and family or community college counselors receiving grief and loss training? This could potentially provide information on how to help school counseling programs deliver needed content.

As a caveat, I want to state that as my professional career as a counselor educator and researcher advances, I would not ignore the opportunity to complete any of the above research options when the opportunity presented itself, regardless of prioritization rank. My intent is to find other counselor educators to collaborate and complete research with. When their research agendas align closely with any of mine I will endeavor to establish a mutually satisfactory path of inquiry.

Recommendations For Counselor Educators

Research has shown that students suffering from grief and loss do turn to school counselors for help, and it is crucial for counselors to be sensitive to individuals who have experienced death and other significant losses in their lives (Glass, 1991; Goldman, 2001; Swihart and Silliman, 1992). School counselors are important advocates in addressing students immediate and long-term emotional needs such as providing critical opportunities to help students explore their grief and build bridges to a healthier future (Lenhardt & McCourt, 2000; Metzgar, 2002).

While it is hopeful to believe that school counselors are provided training and preparation to perform these intensely important professional responsibilities, current study results do not confirm this optimism is a reality. The following sections describe ways in which counselor educators could advance the delivery of appropriate training in grief and loss to pre-service school counselors.

Pre-service grief and loss training

Survey results established an inconsistent pattern in the delivery of grief and loss training within CACREP school counseling programs. Additionally, this study found that 40% of responding CACREP school counseling programs, whose standards “are a minimum criteria for the preparation of professional counselors” (CACREP, 2001 ¶3), report they offer no preparation whatsoever for school counselors to work with students on grief and loss issues.

Counselor education programs not offering any training, appear to be in direct conflict with the realities of school counseling such as Naierman, (1997) submits: “school counselors...play a vital role in helping students understand and survive the grieving experience. As a first step, these professionals need to understand grief and its manifestations in children” (p. 62). Counselor educators might take such advice under consideration and begin to provide training opportunities for pre-service school counselors regarding grief and loss.

Professional counselor educators have a responsibility to ensure their graduates are prepared to meet the ever-changing social as well as mental health needs of their

students. One way for counselor education programs to respond to the issue of grief among youth is to make it a priority to adequately train their school counselors. While grief and loss curriculum is not currently a requirement, and there are certainly limitations on course loads, I do believe that an intelligent, dedicated group of professional educators can design a comprehensive program for including grief and loss curriculum in school counseling degree programs. The purpose of a graduate program in counselor education is to train capable, ethical practitioners, and thus, the effort seems well worthwhile.

A possible strategy for counselor educators to begin offering more training is to prepare themselves for the challenge. CACREP (2001) advocates that its professional counselor educators remain up to date with educational trends and involved with their professional organizations such as ACA and ASCA. Participating in workshops offering training in grief and loss would be a way to improve professors' skills and knowledge. Furthermore, those counselor educators who have a solid grounding in grief and loss might offer workshops and share their expertise with their colleagues.

Counselor education programs may also want to explore community opportunities for providing their students with grief and loss training. Many areas have local hospices that may provide classes, or be willing to conduct one for interested students. Additionally, some cities have centers for grief and loss that are excellent resources. Contacting and collaborating with outside agencies for either information or possibly adjunct professors might be options. Forging such connections could strengthen

counselor education programs potential to adequately prepare pre service school counselors for working with grief and loss.

Strategies For Inclusion

The curriculum areas outlined in the research survey are an excellent starting point for counselor educators to evaluate where they stand on including grief and loss in their program's curriculum. As mentioned previously, each area is important and valid to include. Clearly, the most efficacious delivery method would be to require a class covering all these topic areas. I have included a possible syllabus for such a class in Appendix I. This syllabus is for a three-credit course. Additionally, a syllabus for a one-credit course may be found in Appendix J.

Acknowledging that requiring one or more classes in grief and loss may be unrealistic; offering elective classes utilizing either syllabus referenced above would constitute next best practice. However, if programs chose to offer a full elective course, some components of grief and loss curriculum need to be integrated into required curriculum as well. Critical areas for inclusion would include (a) signs and indicators of grief, (b) personal issues involving loss, grief and death, (c) areas of childhood loss and grief including death and secondary losses (d) developmental responses to loss, (e) myths about grief and loss and (f) individual grief resolution techniques. Table three on the following page outlines possible courses into which counselor educators might integrate grief and loss modules.

Table Three
POTENTIAL INCLUSION OF GRIEF AND LOSS CONTENT

Content Area	Possible Inclusion In:
Grief and loss theory	<ul style="list-style-type: none"> ➤ Child and Adolescent counseling ➤ Theories of Counseling
Areas of childhood loss and grief including death and secondary losses	<ul style="list-style-type: none"> ➤ Child and Adolescent counseling ➤ Crisis intervention
Myths about grief and loss	<ul style="list-style-type: none"> ➤ Child and Adolescent counseling ➤ Crisis intervention
Signs and indicators of grief	<ul style="list-style-type: none"> ➤ Child and Adolescent counseling ➤ Crisis intervention
Psychological tasks of grief	<ul style="list-style-type: none"> ➤ Child and Adolescent counseling ➤ Crisis intervention
Developmental responses to loss	<ul style="list-style-type: none"> ➤ Theories of Development ➤ Child and Adolescent counseling
Grief resolution techniques <i>Individual</i>	<ul style="list-style-type: none"> ➤ Practicum ➤ Counseling Techniques
Grief resolution techniques <i>Group</i>	<ul style="list-style-type: none"> ➤ Group Counseling ➤ Practicum ➤ Counseling techniques
Complicated bereavement and referral	<ul style="list-style-type: none"> ➤ Child and Adolescent counseling
Memory work and its importance in grief work	<ul style="list-style-type: none"> ➤ Crisis intervention ➤ Child and Adolescent counseling
Cultural differences in grief and mourning	<ul style="list-style-type: none"> ➤ Cross cultural counseling ➤ Child and Adolescent counseling
Grieving special losses such as suicide, murder, and terrorism	<ul style="list-style-type: none"> ➤ Crisis intervention ➤ Child and Adolescent counseling
Trauma vs. Grief	<ul style="list-style-type: none"> ➤ Current issues in school counseling ➤ Crisis intervention
Crisis intervention in the school	<ul style="list-style-type: none"> ➤ Crisis intervention ➤ Current issues in school counseling
Death education in the schools	<ul style="list-style-type: none"> ➤ Comprehensive school guidance design
Personal issues involving loss, grief and death	<ul style="list-style-type: none"> ➤ Practicum ➤ Ethics
Counselor Self Care, Burnout and Compassion Fatigue	<ul style="list-style-type: none"> ➤ Everywhere! ** I believe self-care should be infused in every counselor education course taught.

The table describes possible courses in which a unit on each recommended content area could be required. It is recognized that each program will have unique course titles. The preceding were simply examples. Table three could also be used as a reference for module inclusion in the unfortunate event counselor education programs still cannot find room to offer full classes on grief and loss.

A further consideration for counselor educators' inclusion of grief and loss is thoughtful, careful planning of how to include recommended topic areas into curriculum. Counselor educators should design course work that provides both didactic and experiential learning opportunities. This approach to teaching grief and loss aligns with suggestions by Worden (1991) to ensure that students are synthesizing presented information both on cognitive and affective levels.

An additional recommendation is to ensure practical application of grief and loss counseling skills is included in the program. Clinical training is imperative to developing competent counselors (Gladding, 2004; Neufeldt, 1999). Graduate faculty should provide opportunities for their trainees to gain exposure to grieving students. Perhaps developing internships at crisis centers or local hospice, running school based grief groups or parent trainings might be useful steps toward widening students' potential experiences.

A final proposal is to offer workshops in lieu of or in addition to formal classes. While I do not believe this is the most ethical, or efficacious way to prepare pre-service counselors to work with grief and loss, in the absence of other venues, it is an option. Additionally, such offerings could provide opportunities suggested by Oates' (1993) for

professionals in the field who want to understand how grief affects students to participate in courses, workshops or grief sessions at conferences.

Recommendations for CACREP

While I do not feel adequately informed to make broad recommendations as to what the accrediting body of my profession ought to do, I do feel compelled to point out a few general implications this research has generated.

The first is that a clearer definition of crisis intervention might be useful to include when the new set of standards are printed. Crisis intervention is a broad term, and since it is a CACREP program requirement to teach it, counselor educators may well be able to fulfill their responsibilities to graduates more easily if some explanation were given as to expectations.

Given the state of today's world and the tremendous grief and loss its youth have undergone and will undoubtedly continue to experience (Webb, 2002) the inclusion of grief and loss as examples of counseling issues CACREP graduates must be proficient in seems appropriate. Certainly, my preference would be to promote its mandatory inclusion in school counseling programs. However, in utilizing the words grief and loss in example, attention is drawn to these ever-present issues in children's lives.

CACREP (2001) states that "advocacy for all students and for effective school counseling programs" is part of a school counselor's professional responsibility. As a counselor educator, I feel it is my responsibility to advocate for those students I train and

in turn theirs. I advocate that grief and loss are important topics to be included in the pre-service training of school counselors.

Death Comes

IV

It has been six months now since Grandma B died. We talk about her off and on, and my girls cry, grieving her absence in their lives. Gradually, this loss will become a part of the tapestry, the weft and weave of their lives. Much like the death of my mother has, the first grandma they lost, eight years ago now. My girls will never be the same. One never is when one loses something precious, something of meaning, something irreplaceable. They will however, continue to heal and move through this losses, thanks to the help and support of knowledgeable, compassionate people in their lives. I am thankful. And I am saddened. For as I end this journey called my dissertation, I fear other grieving youth are not as fortunate. I am also concerned, because it is so preventable.

Conclusion

I unreservedly believe that the knowledge and skills to help children with their grief should be taught as a part of the counseling program curricula. The students that our Masters level graduates serve, like my daughters, and her friends, need and deserve it.

School counselors will encounter students who have experienced loss. Counselors can help youth through their grief, if they know how to help. This study has revealed 40% of the 'gold standard' CACREP counselor education programs who responded—the best preparation programs available, do not prepare their pre-service school counselors to help youth with grief and loss issues. School counselors have an ethical, legal and human commitment to the students they counsel. Counselor educators in turn, have an ethical, legal and human commitment to the students they train to counsel. Lenhardt (1997) advises:

Facing loss and grieving are realities of life. Helping students to acknowledge and cope with these realities is a necessary and difficult task. School counselors can become a powerful force in helping students to deal positively with their multiple losses...where there is loss there is grief, a normal and universal experience, repeatedly encountered. (¶ 31)

Study results indicate counselor education programs may not be providing a powerful enough force themselves; when graduating school counselors without these essential skills.

It is the responsibility of CACREP school counseling programs and their faculty to prepare their graduate students for the real life situation they will encounter in practice (CACREP standard IV,C,2,d, 2001). Death comes. Loss will come, and with it grief. Perhaps the time is upon counselor education programs to face this reality, as countless children do every day. Perhaps it is time for a change in how counselor educators prepare their graduates to help the children they serve to heal and grow from the grief they experience in their lives.

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Appendix A

Standards For School Counseling Programs

In addition to the common core curricular experiences outlined in Section II.K, the following curricular experiences and demonstrated knowledge and skills are required of all students in the program.

A. FOUNDATIONS OF SCHOOL COUNSELING

1. history, philosophy, and current trends in school counseling and educational systems;
2. relationship of the school counseling program to the academic and student services program in the school;
3. role, function, and professional identity of the school counselor in relation to the roles of other professional and support personnel in the school;
4. strategies of leadership designed to enhance the learning environment of schools;
6. knowledge of the school setting, environment, and pre-K—12 curriculum;
7. current issues, policies, laws, and legislation relevant to school counseling;
8. the role of racial, ethnic, and cultural heritage, nationality, socioeconomic status, family structure, age, gender, sexual orientation, religious and spiritual beliefs, occupation, physical and mental status, and equity issues in school counseling;
9. knowledge and understanding of community, environmental, and institutional opportunities that enhance, as well as barriers that impede student academic, career, and personal/social success and overall development;
10. knowledge and application of current and emerging technology in education and school counseling to assist students, families, and educators in using resources that promote informed academic, career, and personal/social choices; and
11. ethical and legal considerations related specifically to the practice of school counseling (e.g., the *ACA Code of Ethics* and the *ASCA Ethical Standards for School Counselors*).

B. CONTEXTUAL DIMENSIONS OF SCHOOL COUNSELING

Studies that provide an understanding of the coordination of counseling program components as they relate to the total school community, including all of the following:

1. advocacy for all students and for effective school counseling programs;
2. coordination, collaboration, referral, and team-building efforts with teachers, parents, support personnel, and community resources to promote program objectives and facilitate successful student development and achievement of all students;

- 3.integration of the school counseling program into the total school curriculum by systematically providing information and skills training to assist pre-K—12 students in maximizing their academic, career, and personal/social development;
- 4.promotion of the use of counseling and guidance activities and programs by the total school community to enhance a positive school climate;
- 5.methods of planning for and presenting school counseling-related educational programs to administrators, teachers, parents, and the community;
- 6.methods of planning, developing, implementing, monitoring, and evaluating comprehensive developmental counseling programs; and
- 7.knowledge of prevention and crisis intervention strategies.

C.KNOWLEDGE AND SKILL REQUIREMENTS FOR SCHOOL COUNSELORS

1.Program Development, Implementation, and Evaluation

- a.use, management, analysis, and presentation of data from school- based information (e.g., standardized testing, grades, enrollment, attendance, retention, placement), surveys, interviews, focus groups, and needs assessments to improve student outcomes;
- b.design, implementation, monitoring, and evaluation of comprehensive developmental school counseling programs (e.g., the *ASCA National Standards for School Counseling Programs*) including an awareness of various systems that affect students, school, and home;
- c.implementation and evaluation of specific strategies that meet program goals and objectives;
- d.identification of student academic, career, and personal/social competencies and the implementation of processes and activities to assist students in achieving these competencies;
- e.preparation of an action plan and school counseling calendar that reflect appropriate time commitments and priorities in a comprehensive developmental school counseling program;
- f.strategies for seeking and securing alternative funding for program expansion; and
- g.use of technology in the design, implementation, monitoring and evaluation of a comprehensive school counseling program.

2.Counseling and Guidance

- a.individual and small-group counseling approaches that promote school success, through academic, career, and personal/social development for all;
- b.individual, group, and classroom guidance approaches systematically designed to assist all students with academic, career and personal/social development;
- c.approaches to peer facilitation, including peer helper, peer tutor, and peer mediation programs;
- d.issues that may affect the development and functioning of students (e.g., abuse, violence, eating disorders, attention deficit hyperactivity disorder, childhood depression and suicide)

- e. developmental approaches to assist all students and parents at points of educational transition (e.g., home to elementary school, elementary to middle to high school, high school to postsecondary education and career options);
- f. constructive partnerships with parents, guardians, families, and communities in order to promote each student's academic, career, and personal/social success;
- g. systems theories and relationships among and between community systems, family systems, and school systems, and how they interact to influence the students and affect each system; and
- h. approaches to recognizing and assisting children and adolescents who may use alcohol or other drugs or who may reside in a home where substance abuse occurs.

3. Consultation

- a. strategies to promote, develop, and enhance effective teamwork within the school and larger community;
- b. theories, models, and processes of consultation and change with teachers, administrators, other school personnel, parents, community groups, agencies, and students as appropriate;
- c. strategies and methods of working with parents, guardians, families, and communities to empower them to act on behalf of their children; and
- d. knowledge and skills in conducting programs that are designed to enhance students' academic, social, emotional, career, and other developmental needs.

D. CLINICAL INSTRUCTION

For the School Counseling Program, the 600 clock hour internship (Standard III.H) occurs in a school counseling setting, under the supervision of a site supervisor as defined by Section III, Standard C.1-2. The requirement includes a minimum of 240 direct service clock hours.

The program must clearly define and measure the outcomes expected of interns, using appropriate professional resources that address Standards A, B, and C (School Counseling Programs).

Appendix B

School counselor roles in grief and loss delivery within a comprehensive counseling program framework

Guidance Curriculum

- Death education
- Suicide awareness and prevention
- Child abuse
- Divorce
- Trauma- including terrorism

Individual Planning

- Assess with each student if grief and loss issues are prevailing over or impacting academic performance.

Responsive Services

- Consult with parents on supporting their grieving children
- 1-1 counseling on grief issues
- Small groups focusing on grief and loss, divorce, abuse
- Crisis counseling for students experiencing acute grief or suicide ideation

- Know the referral resources that are trained to available for working with student on complicated grief issues
- Train peer mediators to know the signs of grief, and how to help
- Train peer mediators to know the signs of suicidal thinking and how to help

System Support

1. Provide in-service or community training to school staff, parents, administrators on grief and loss, suicide, crisis response, trauma, effects of violence in the media
2. Maintain membership in and present at professional associations on grief and loss issues
3. Continue pursuing education related to grief and loss, trauma etc
4. Consult regularly with teachers, staff members, and parents on pertinent issues
5. Write a column on grief for the school newsletter, the community paper, local media.
6. Serve on district crisis response team, join or lead a committee to implement suicide intervention programs.
7. Analyze data regularly to keep abreast of changes locally, and nationally.

Appendix C

- Know the referral resources that are trained to available for working with student on complicated grief issues
- Train peer mediators to know the signs of grief, and how to help
- Train peer mediators to know the signs of suicidal thinking and how to help

System Support

1. Provide in-service or community training to school staff, parents, administrators on grief and loss, suicide, crisis response, trauma, effects of violence in the media
2. Maintain membership in and present at professional associations on grief and loss issues
3. Continue pursuing education related to grief and loss, trauma etc
4. Consult regularly with teachers, staff members, and parents on pertinent issues
5. Write a column on grief for the school newsletter, the community paper, local media.
6. Serve on district crisis response team, join or lead a committee to implement suicide intervention programs.
7. Analyze data regularly to keep abreast of changes locally, and nationally.

Appendix C

School Counselor Pre-Service Preparation in Grief / Loss and Substance Abuse Counseling Survey

Gender

- Female
- Male
- Other

Which best describes your racial/ethnic identity?

Check all that apply

- African American/ Black, non Hispanic/Latino
- American Indian/ Native/ Alaskan Native, non Hispanic/Latino
- Asian or Pacific Islander, non Hispanic/Latino
- Hispanic/Latino
- White, Euro, non Hispanic/Latino
- Multiracial
 - If none of the above choices apply to you, please use your own description:
 - Decline to respond

Employment Status with this CACREP University

- Full professor
- Associate professor
- Assistant professor
- Full time instructor/ lecturer
- Part time adjunct professor/ lecturer
- Other:

Length of time in Counselor Education

_____ Years

Length of Term

- Semester
- Quarter

Length of School Counseling degree program in credits _____

Number of school counseling masters students annually accepted into your program _____

Number of faculty in your department with training and experience in:

Substance abuse counseling _____
Grief/loss counseling _____

Additional Comments: Please use back page for any comments you wish to add.

Please Turn to Inside Pages

This section covers grief and loss preparation designed to increase counselors' knowledge and skills working with students on grief and loss issues.

1. How does your program specifically train school counselors in grief and loss counseling?

Check all that apply.

- Required course in program
Course Title: _____ *Number of Credits:* _____
- Elective course in program
Course Title: _____ *Number of Credits:* _____
- Specific module in required course
Course Title: _____ *Number of Hours:* _____
- Specific module in elective course
Course Title: _____ *Number of Hours:* _____
- Not specifically included in program at this time. *If √ here, please skip to question 3.*

2. What specific content is covered in the area of grief/loss counseling in your course/s?

Check all that apply.

- Grief and loss theory
- Areas of childhood loss and grief including death and secondary losses
- Myths about grief and loss
- Signs and indicators of grief
- Psychological tasks of grief
- Developmental responses to loss
- Grief resolution techniques _____ *Individual* _____ *Group*
- Complicated bereavement and unresolved grief
- Memory work and its importance
- Cultural differences in grief and mourning
- Grieving special losses such as suicide, murder, and terrorism
- Trauma vs. Grief
- Crisis intervention in the schools
- Death education in the schools
- Personal issues involving loss, grief and death
- Counselor Self Care, Burnout and Compassion Fatigue
- Other(s): _____

3. If grief/loss counseling is not currently included in your curriculum, what are the primary reasons or circumstances?

Check all that apply.

- No room to add more credits
- Not a CACREP requirement
- Lack of staff willing/ able to teach
- Financial limitations
- Not a relevant topic area to include for school counselors
- It is offered in another department. *Please specify what department:* _____
- Other: _____

Please Go to Next Page

Additional Comments

Texts or Readings utilized in courses
Grief/ Loss

Substance Abuse

If you would like a copy of the results of this study, we will be happy to provide them for you. Please indicate this by writing RESULTS on the back of your return envelope. Again, thank you for participating in this study. If you are willing to be contacted in the future regarding future research in these areas, please return the enclosed post card with your contact information.

Appendix D Survey Cover Letter

February 5, 2004

Dear Faculty:

We are writing to ask your help in a study of CACREP school counseling program curriculum. Each day school counselors encounter students facing issues involving substance abuse and grief and loss. According to the National Institute on Drug Abuse 2002 National Survey, some drug use has declined but alcohol use remains widespread. More than half (62%) of the 12th graders and a fifth (21%) of the 8th graders report having been drunk at least once in their life. Loss is universally prevalent in the lives of our children. Fifty percent will experience the divorce of their parents, and 20 percent will experience the death of a parent before they finish high school. As counselor educators, we have a responsibility to ensure the professionals we train are adequately prepared to effectively work with these current counseling issues.

We are currently doctoral students researching the training of school counselors in the areas of grief/ loss and addictions. Our interests in these areas are threefold. In our collective work as school counselors, grief counselors and addictions counselors, and have experienced first hand the ramifications of these issues on youth. Secondly, as graduate students in Counselor Education and Supervision at Oregon State University, we have supervised interns grappling with effectively helping their students with these issues. Lastly, we have both served as trainers in these areas, and know the value, and rewards of assisting professionals becoming proficient service providers.

We need your help. As a CACREP Counseling program that provides a graduate program in school counseling, your participation in this study is needed. Your participation will provide vital data on the delivery of grief/loss and addiction training across the nation.

The results of this descriptive study are intended to ascertain how training in these areas is being delivered in school counseling programs and may well have broad implications for all counselor education programs. The results of this survey will be utilized in two separate doctoral dissertations, one utilizing the grief/loss and demographic data, the other utilizing the drug/ alcohol and demographic data.

The answers you provide will be kept confidential to the extent permitted by law. Special precautions have been established to protect the confidentiality of your responses. The number on your return envelope is the only identifying information you return. Your questionnaire will be destroyed once your responses have been recorded. There are no foreseeable risks to you as a participant in this project; nor are there any direct benefits. However, your participation is extremely valued. Your participation in this study is voluntary, and the return of the questionnaire will indicate your informed consent.

If you have any questions about the survey, please contact: Lori Low: (541) 760-1105, lori.low@corvallis.k12.or.us, Kathy Biles: kbiles@earthlink.net or Dr. Michael A. Ingram: ingramm@orst.edu. If you have questions about your rights as a participant in this research project, please contact the Oregon State University Institutional Review Board (IRB) Human Protections Administrator at IRB@oregonstate.edu or (541) 737-3437.

Thank you for your help. We appreciate your cooperation and prompt return of the enclosed survey. If you would like a copy of the results, please indicate by writing Results across the back of the envelope.

Sincerely,

Lori L. Low, MS, PhD Candidate

Kathy Biles, MS, PhD Candidate

Appendix E

Contact Postcard

Dear Faculty,

This postcard is in no way associated with the enclosed research study and you are requested to mail it separately, so as to protect your confidentiality when competing the School

Counseling Pre-service Training in Grief/Loss and Substance Abuse Survey.

We are collecting the names of individuals who would be willing to be contacted in the future for more in depth interviews or questionnaires on these topics. If you, or a colleague is willing or interested, please provide your contact information below. Thank you in advance for your help.

Sincerely,

Lori L. Low, PhD Candidate

Kathy Biles, PhD Candidate

Grief and Loss Contact:

Name

Email

Phone

University

Substance Abuse Contact:

Name

Email

Phone

University

Appendix F

Follow up Postcard

February 13, 2004

Last week you received a questionnaire entitled the School Counseling Pre-service Training in Grief/Loss and Substance Abuse Survey. You were selected as a CACREP school counseling program, all of who are being asked for their input on these important topics. Your participation is voluntary and completion of the survey indicates your informed consent.

If you have already completed and returned it to us, please accept our sincere thanks. Your input is invaluable. If you have not, please do so today. The survey is short, and your input is needed to accurately represent gold standard CACREP school counseling program content.

We know you are very busy. If you did not receive a questionnaire, or it has been misplaced please e-mail us at lori.low@corvallis.k12.or.us and we will promptly send another. Again, thank you for your participation.

Sincerely,

Lori L. Low, PhD Candidate

Kathy Biles, PhD Candidate

Oregon State University, Counselor Education Department

Appendix G Follow-up Letter

February 27, 2004

Dear CACREP Liaison:

About three weeks ago we sent you a questionnaire assessing the pre-service training of school counselors in grief and loss and substance abuse. To the best of our knowledge, it has not yet been returned.

The results we have received are helping to determine what current practice in these curriculum areas looks like. We are excited at the results, and think they will be a useful contribution to the field of counselor education. The results will be used in our doctoral dissertations, and for possible future research articles.

We are writing again because your participation in this study is vital. As a CACREP University that provides a graduate program in school counseling, you represent the gold standard in counselor training. In order to accurately assess what training is being delivered in substance abuse and grief and loss counseling, we need your input.

The answers you provide will be kept confidential to the extent permitted by law. Special precautions have been established to protect the confidentiality of your responses. The number on your return envelope is used to contact those who have not returned their questionnaire, so we do not burden those who have responded. Your questionnaire will be destroyed once your responses have been tallied. There are no foreseeable risks to you as a participant in this project; nor are there any direct benefits. However, your participation is extremely valued. Your participation in this study is voluntary, and the return of the questionnaire will indicate your informed consent.

If you have any questions about the survey, please contact:

Lori Low (541) 760-1105, lori.low@corvallis.k12.or.us,

Kathy Biles (503)-606-2694, kbiles@earthlink.net or

Dr. Michael A. Ingram (541) 737-3550.

If you have questions about your rights as a participant in this research project, please contact the Oregon State University Institutional Review Board (IRB) Human Protections Administrator at IRB@oregonstate.edu or (541) 737-3437.

We hope that you will fill out and return the questionnaire soon, but if for any reason you choose not to do so, please let us know by returning the blank questionnaire in the enclosed stamped envelope. If you would like a copy of the results, please indicate by writing Results across the back of the envelope.

Thank you for your time.

Sincerely,

Lori L. Low, MS, PhD Candidate

Kathy Biles, MS, PhD Candidate

Appendix H Final Appeal Letter

March 4, 2004

Dear NAME:

During the last two months, we have sent you several mailings about the research we are conducting on the training school counselors receive in the areas of substance abuse and grief and loss counseling. To date, we have not yet received your completed questionnaire.

The high number of questionnaires returned is encouraging, however, we are concerned that those like yourself who have not responded have different and critical information to contribute. Whether or not we will be able to accurately describe how CACREP programs deliver preservice training in substance abuse and grief and loss counseling depends on you and the others who have not yet responded.

If you have already completed the enclosed survey, and it has not reached us yet, please accept our sincere thanks and we apologize for any inconvenience. If you have not had the opportunity to complete the survey or have inadvertently misplaced it, we have enclosed one for your convenience. It is very short, and we urge you to take a few minutes to complete and return it now.

The answers you provide will be kept confidential to the extent permitted by law. Special precautions have been established to protect the confidentiality of your responses. The number on your return envelope is used to contact those who have not returned their questionnaire, so we do not burden those who have responded. Your questionnaire will be destroyed once your responses have been tallied. There are no foreseeable risks to you as a participant in this project; nor are there any direct benefits. However, your participation is extremely valued. Your participation in this study is voluntary, and the return of the questionnaire will indicate your informed consent.

If you have any questions about the survey, please contact:

Lori Low (541) 760-1105, lori.low@corvallis.k12.or.us,

Kathy Biles (503)-606-2694, kbiles@earthlink.net or

Dr. Michael A. Ingram (541) 737-3550.

If you have questions about your rights as a participant in this research project, please contact the Oregon State University Institutional Review Board (IRB) Human Protections Administrator at IRB@oregonstate.edu or (541) 737-3437.

We appreciate your willingness to participate, and look forward to receiving your completed survey promptly. If you would like a copy of the results, please indicate by writing Results across the back of the envelope. If you decide to decline this opportunity, please inform us by returning the blank questionnaire in the enclosed envelope.

Thank you for your time.

Sincerely,

Lori L. Low, MS, PhD Candidate

Kathy Biles, MS, PhD Candidate

Appendix I
Syllabus (Three Credit Course)

COUN 000
Grief and Loss Counseling for School Counselors
Counselor Education Program Area
***new* School of Education**

Instructor:

Credits: 3

Schedule:

Time:

Locations:

Course Description:

The practice of grief and loss counseling with children and adolescents is founded on a thorough understanding of the grieving process. Developmentally appropriate assessment and intervention skills are requisite for school counselors to assist sts with grief reactions. A strong practical application component will be utilized, including 1-1 and group counseling for grief resolution. The myths of grief will be debunked, and the broad spectrum of loss will be presented. Cultural differences have a major impact on the process and the outcome of grief work; these differences will be explored so that students may work with bereaved clients from different backgrounds. Exploration of the counselor's own responses and reactions to grief work will be examined by the student in depth.

Course Objectives

- Upon completion of this course, the student will be able to:
- Articulate and understand the areas of loss including death and secondary losses and the implications for children and adolescents.
 - Identify and assess the physical and psychosocial responses to loss and implications for school personnel.
 - Describe the psychological tasks of grief as experienced by children and adolescents.
 - Discuss the developmental losses common to childhood.
 - Describe and demonstrate grief resolution techniques and counseling strategies for children and adolescents.
 - Examine the myths of grief and loss.
 - Develop awn of children's memory work and an understanding of its importance.
 - Develop an awareness of grieving special losses such as suicide, of the effects of terrorism, violence and traumatic loss.
 - Explore various cultural aspects of grief and mourning.
 - Discuss the status of and significance of death education in elementary and secondary schools

- Develop curricular approaches of school counselors role in death education for students, parents and staff.
- Discuss crisis intervention in the schools.
- Define the differences between traumatic loss and normal grief.
- Develop a comprehensive referral resource list.
- Identify and evaluate personal grief and loss experiences and their possible impact on counseling clients in this area.
- Develop a functioning plan for self care.

CACREP Standards:

Standards for School Counseling

C.KNOWLEDGE AND SKILL REQUIREMENTS FOR SCHOOL COUNSELORS

2.Counseling and Guidance

d. Issues that may affect the development and functioning of students (e.g grief., abuse, violence, eating disorders, attention deficit hyperactivity disorder, childhood depression and suicide)

Required Texts

Rando, T. A. (1984). *Grief, dying and death. Clinical interventions for caregivers.* Research Press.

Stevenson, R. G. (Ed.), *What will we do? Preparing a school community to cope with crisis* (2nded.). Amityville, NY; Baywood.

Wolfelt, A. D. (1996). *Healing the bereaved child. Grief gardening, growth through grief and other touchstones for caregivers.* Fort Collins, CO: Companion Press

Supplemental required readings available online.

Teaching Methods

A variety of teaching methods will be utilized, including: lectures, class discussions, case examples, video presentations, guest speakers, films, music, art and potentially a field trip.

Course Requirements

Attendance and Participation

50 pts

Students are expected to attend all of class. Classes will be an interactive format including group discussions and skill practice. Points are earned by attending, and participation in class exercises, in-class discussions, and involvement with guests or field trips.

1. Journal

50 pts

Students are required to keep a weekly journal reflecting on your reactions to class and how you will integrate the information provided in your practice as a counselor. A regurgitation of the material covered will result in no points.

2. Loss Timeline

20 pts

Format will be given in class the first meeting.

3. Facilitate a class discussion

20 pts

Each student will act as group facilitator for a ½ hour class group discussions. You will be in charge of getting things started, collecting papers at the end, encouraging dialogue among students (with your contributions, too), soliciting comments from all students (shy ones, also), and handling any problems in the group or alerting me to problems.

4. Personal Loss Exploration Paper

30 points

Students will write a reflective paper addressing their personal issues in the areas of grief, loss and death. Paper should include an in depth evaluation of how personal issues relating to loss and death could impact interactions with clients in these areas, and any strategies the student can identify to address this. Paper should be no more than five pages and no less than three.

5. Application Project

30 pts

Students will work in small groups (3/4) to devise a project related to grief and loss and the age group of client the student will be working with. A brief description of individual projects must be submitted to the instructor at the end of week 2. Projects will be presented to the class the last two weeks of the term. Examples of possible projects

- A power point presentation for school staff on identifying signs of grief in middle school students.

- A paper identifying developmentally appropriate interventions for high school students who have had a friend commit suicide.
- A collage of the meaning of loss to post in your elementary school counseling office
- Designing a website for parents on how to support their student on grief and loss issues.
- Develop a curriculum for implementing death education in the classroom. Students are encouraged to discuss project ideas with instructor prior to submission.

6. Readings/Questions/Quizzes

Questions: 60 points

Quizzes: 100 points

You will be expected to submit two multiple choice and one short answer question complete with answers, to me via email, on the reading material for each week. These should arrive in my inbox no later than 5 pm the Monday before class. You will receive 2 points per question. There will be a short weekly quiz covering the reading material.

Class Policies

Students respect others. Therefore, differences in values, opinions, and feelings of class members and guest speakers will be respected.

Information shared in class is considered to be covered by the Counseling Code of Ethics regarding the sharing of information. Complete confidentiality is expected.

Self care is critical. Please see the instructor if you are experiencing extreme emotions based on class content.

Grading Scale:

A	94%-100%
A-	90%-93%
B+	87%-89%
B	84%-86%
B-	80%-83%
C+	77%-79%
C	74%-76%
C-	70%-73%
D+	67%-69%
D	64%-66%
D-	60%-63%
F	59% and below

Students with Disabilities Notice

Students with documented disabilities who may need accommodations, who have any medical emergency information the instructor should know of, or who need special arrangements in the event of an evacuation, should make an appointment with the instructor as soon as possible, no later than the first week of the term.

Appendix J
Syllabus (One Credit Course)

COUN

Grief and Loss Counseling
Counselor Education Program Area
new School of Education

Instructor:

Credits: 1

Schedule:

Time:

Locations:

Course Description:

The practice of grief and loss counseling is based on an in depth understanding of the process of grieving and its manifestations while utilizing skills in assessment and intervention. Childhood, adolescence, adulthood and old age, as distinct life stages, require different approaches to assessment and treatment of grief reactions. Cultural differences have a major impact on the process and the outcome of grief work; these differences will be explored so that students may work with bereaved clients from different backgrounds in a wide range of settings. Exploration of the counselor's own responses and reactions to grief work will be examined by the student in depth.

Course Objectives

Upon completion of this course, the student will be able to:

1. Describe the concept of loss and its implications for individuals during the life span;
2. Identify and assess the physical and psychosocial responses to loss
3. Describe adaptive mechanisms and counseling strategies for children, adolescents, adults and elders as they relate to the grief process;
4. Identify and evaluate personal grief and loss experiences and their possible impact on counseling clients in this area.

CACREP Standards:

Standards for School Counseling

C.KNOWLEDGE AND SKILL REQUIREMENTS FOR SCHOOL COUNSELORS

2.Counseling and Guidance

d. Issues that may affect the development and functioning of students (e.g., abuse, violence, eating disorders, attention deficit hyperactivity disorder, childhood depression and suicide)

Required Text

Wolfelt, A. D. (1996). *Healing the bereaved child. Grief gardening, growth through grief and other touchstones for caregivers*. Fort Collins, CO: Companion Press.

Teaching Methods

A variety of teaching methods will be utilized, including: lectures, class discussions, case examples, video presentations.

Course Requirements

➤ Attendance and Participation

- 20 pts
- Students are required to attend all of class. Class will be an interactive format including group discussions and skill practice.

➤ Loss Timeline

- 20 pts Due Day 2
- Format will be given in class the first meeting.

➤ Personal Loss Exploration Paper

- 30 points Due via Email July 25, 2004
- Students will write a reflective paper addressing their personal issues in the areas of grief, loss and death. Paper should include an in depth evaluation of how personal issues relating to loss and death could impact interactions with clients in these areas, and any strategies the student can identify to address this. Paper should be no more than five pages and no less than three.

➤ Application Project

30 pts Day 2, July 25, 2004

Students will devise a final project related to grief and loss and the age group of client the student will be working with. A brief description of individual projects must be submitted to the instructor at the end of class, with the actual projects being due no later than July 25.

Examples of possible projects

- A power point presentation for school staff on identifying signs of grief in middle school students.

- A paper identifying developmentally appropriate interventions for high school students who have had a friend commit suicide.
- A collage of the meaning of loss to post in your elementary school counseling office
- Design a website
- Make a CD of songs that evoke grief reactions and explain how you would utilize each as teaching tool with students.

Students are encouraged to discuss project ideas with instructor prior to submission.

Class Policies

Students respect others. Therefore, differences in values, opinions, and Feelings of class members and guest speakers will be respected.

Information shared in class is considered to be covered by the Counseling Code of Ethics regarding the sharing of information. Complete confidentiality is expected.

Grading Scale:

A	95-100
A-	92-94
B+	89-91
B	86-88
B-	83-85
C+	80-82
C	77-79
C-	74-76
D+	71-73
D	68-70
D-	65-67
F	Below 65

Course Schedule:

Day 1

Introductions

Discuss syllabus and

Assignments

Broad framework of loss

Loss timeline

Day 2

Loss timeline due

Phases of Grief

Developmental issues in grief counseling

Cultural differences in grieving

Self care

Advocacy

Students with Disabilities Notice

Students with documented disabilities who may need accommodations, who have any medical emergency information the instructor should know of, or who need special arrangements in the event of an evacuation, should make an appointment with the instructor as soon as possible, no later than the first week of the term.