Experiencing Kentucky Teachers’ Encounters with Grieving Students: 
A Mixed Methods Study

Ashley M. Candelaria
University of Kentucky, amca224@uky.edu

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Ashley M. Candelaria, Student

Dr. H. Thompson Prout, Major Professor

Dr. Kenneth Tyler, Director of Graduate Studies
EXAMINING KENTUCKY TEACHERS’ ENCOUNTERS WITH GRIEVING STUDENTS: A MIXED METHODS STUDY

____________________________________

DISSERTATION

____________________________________

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the College of Education at the University of Kentucky

By
Ashley Michelle Candelaria

Lexington, Kentucky

Co-Directors: Dr. H. Thompson Prout, Professor of School Psychology and Dr. Alicia Fedewa, Professor of School Psychology

Lexington, Kentucky

2013

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ABSTRACT OF DISSERTATION

EXAMINING KENTUCKY TEACHERS’ ENCOUNTERS WITH GRIEVING STUDENTS: A MIXED METHODS STUDY

The research on bereaved children’s outcomes is mixed, with the course of grief in young people prone to variation. Each child’s reaction following a loss is unique and should be considered in relation to psychological, academic, familial, social, environmental, and a number of additional factors. However, what is known is the important role that a supportive environment, stable adult figures, and early intervention may have for grieving youth. Teachers could be considered the first line of defense in identifying youth who are struggling with a loss, as they are significant adults with whom students have consistent contact on a daily basis. However, very little is known about the teacher’s role in the identification and support of grieving students. Therefore, the purpose of this project was to explore the teacher’s role in the grief support process at school, as well as teacher perceptions of childhood grief and the ways in which a teacher’s own early experiences with death may affect the provision of services. These factors were explored through the administration of an online mixed-methods survey to a random sample of 225 Kindergarten through 12th grade teachers in the state of Kentucky.

The findings of this study were supportive of the hypothesis that having a bereaved student in class is nearly universal. The majority of teachers in this study reported receiving no training related to death and grief issues pre-service, with minimal training offered at the school level. Teacher perceptions about grief were not found to differ significantly overall between teachers of various school levels, counties, or early-bereaved status. Additional findings, limitations, implications, as well as directions for future research are discussed.
KEYWORDS: Childhood grief; School-based support for grief; Teacher perceptions of childhood grief; Grief consultation; Early-bereaved students

Ashley M. Candelaria
Student’s Signature

10-30-2013
Date
EXAMINING KENTUCKY TEACHERS’ ENCOUNTERS WITH GRIEVING STUDENTS: A MIXED METHODS STUDY

By

Ashley Michelle Candelaria

Dr. H. Thompson Prout
Co-Director of Dissertation

Dr. Alicia Fedewa
Co-Director of Dissertation

Dr. Kenneth Tyler
Director of Graduate Studies

10-30-2013
This work is dedicated in memory of my father, Thomas Candelaria, who continues to inspire me to do meaningful things.

For my brother, Chris, with whom I shared the life-changing experience of losing a father too soon.

For my husband-to-be, Ryan, for his unconditional support of all of my endeavors—no matter how big or small.
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I wish to express gratitude to my family, especially my mom and my brother, for continuously supporting me through what has seemed like a lifetime of academic preparation. Thanks also go to my grandmother, Jean Rice, whom as a life-long educator has inspired within me a desire to carry forth positivity within the education system. Finally, no one deserves greater recognition for his support of this project than my husband-to-be, Ryan Alumbaugh. For the past five years, he has served as my number one supporter, troubleshooter, therapist, caretaker, and motivator throughout this process. I could never fully express to him what he has done for me.
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Chapter One

Introduction

While the concept of grief in adults has been given much attention in the literature, this phenomenon as experienced by young people has not been extensively studied. The available findings from the literature are mixed and seem to indicate a potential vulnerability for social, emotional, and behavioral difficulty following the death of a loved one, suggesting some potential for impairment in children’s functioning. Yet as Kaffman and Elizur (1979) observed, there is no single way in which to classify childhood grief reactions. The course of grief in young people varies, with many returning to everyday activities with seemingly little impairment and others experiencing a great deal of difficulty. Each child’s reaction following a loss is unique and should be considered in relation to psychological, academic, familial, social, and a number of additional factors both pre- and post-loss. While the importance of supportive and stable adult figures and environments post-loss has been supported (Sandler et al., 2003; Schoenfelder, Sandler, Wolchik, & MacKinnon, 2011), as have the benefits of early system-wide interventions for youth struggling emotionally (Pavri, 2010), little is known about teachers’ experiences when providing grief support at school, the factors affecting a decision to make a referral for counseling or other support, and the grief consultation process that may or may not occur with mental health professionals at school. Additionally, it is not known what factors may influence a teacher’s likelihood of seeking or providing grief support at school, or the extent to which a teacher initiates this support.
Therefore, the purpose of this mixed-methods study broadly is to explore teacher roles in the grief support process at school as well as teacher perceptions of childhood grief, and the ways in which a teacher’s own early experiences with death may affect the provision of services and interactions with grieving students.

Terms

The term *bereavement* refers to the general sense of being without something or someone; thus, a *bereaved* person is one who has experienced a loss (Corr, Nabe, & Corr, 2006). The term *grief* refers to the subsequent individual responses to that feeling of being without. Freud (1917) and Bowlby (1963), among others, provided early evidence of the presence of a unique mental process of demonstrating grief following loss, a concept known as *mourning*, which is thought to be highly influenced by one’s culture. Mourning could be thought of as an outward expression of the ways in which one experiences grief. Throughout this project, the terms *children, adolescents, youth* and *students* may be used interchangeably. In general, this study focused on the grief experiences of school-aged youth under the age of 18.

Review of the Literature

Childhood grief has been studied for decades, but only more recently has it begun to be better understood from a clinical perspective. The literature, which provides insight into the psychological sequelae of experiencing the death of a family member or other known individual as a child, continues to gradually expand with increased access to and services for this special population. To understand the present state of research related to childhood grief experiences, one must first explore past inquiry into the topic, beginning with a review of major theories of child development. Bowlby (1973) speculated that a
child’s level of development at the time of separation from an important figure may be a significant factor related to outcomes. Being aware of the ways in which young people conceptualize relationships, absence, separation, and the finality of a death is important when considering grief outcomes, with many of these grief concepts potentially related to early interpretations of cognitive and psychological child development.

**Theories of Development**

**Piaget’s theory of cognitive development.** Jean Piaget (1948) described a series of four phases of development through which children advance cognitively before ultimately progressing toward adulthood. Children from birth to age two can be said to be in the *sensorimotor* stage of development, one which is characterized by exploration of the surrounding environment. During this phase, Piaget observed what he called *object permanence*, or the ability to understand that objects or people still exist when they are not immediately in view (Piaget, 1954). This phenomenon can be observed when removing objects from a young child’s view and observing if the child attempts to search for the item. The second stage described by Piaget is known as the *preoperational* stage of development which occurs during the preschool years. The key concept of development during this stage is that of *egocentrism* in which a child assumes that all others perceive things the way he or she does. That is, children at this stage of development are not able to consider perspective taking or that each person has a unique point of view. School aged children are thought to be in the *concrete operational* stage of development, a period in which an understanding of *conservation* is achieved. At this time, Piaget observed that children begin to understand that the amount of something (e.g., liquid in a glass) does not change simply because the container in which it is placed
is changed in some way (Orpet, Yoshida, & Meyers, 1976). The final stage of cognitive development as described by Piaget is the *formal operations* phase, which occurs during late childhood to early adolescence. During this final stage of cognitive development, young people have the ability to engage in abstract thinking in ways that were not previously possible. It is also at this stage that young people reach the threshold of adulthood, and are generally thought to possess a developmentally mature cognitive capacity.

Piaget’s (1948) theory of cognitive development provided the foundation on which subsequent theories of children’s experiences with grief were built. Arguably, it helped to frame the progression of children’s developmental capacities to extend beyond cognitive development in general to further explore how a child may give meaning to a loss while he or she is thought to be within each stage of development. That is, these proposed stages of development provide a framework in which a young person’s cognitive maturity comes to be related to his or her understanding of what it means to experience loss. For instance, the concept that Piaget observed as an awareness that people and objects continue to exist when not in sight, object permanence, has informed the ways in which theorists explain how children comprehend a loss and the ability to experience grief in childhood. It has been argued that very young, or cognitively immature, individuals may not yet have achieved object permanence, resulting in what some have argued is an inability to experience grief at all, as the child may not have even been aware that the loved one continued to exist when he or she was not immediately in contact with the child while alive (Maccoby & Masters, 1970). In other words, the child may not realize a person is dead given an immature capacity to consider people who are
not immediately in view otherwise. Similarly, Piaget’s principles supported that cognitively mature individuals have a greater ability to consider concepts and events more abstractly and in greater contexts, and therefore may have a stronger capacity to understand loss. This finding in particular is one that subsequent theorists have also recognized not only within the cognitive development domain, but also within the development of psychosocial maturity and its relationship to understanding loss.

**Erikson’s theory of psychosocial development.** Erik Erikson (1950) provided insight into a series of eight “ages” through which an individual progresses from the period of infancy to adulthood (p. 247). Throughout this progression, an individual is met with a number of challenges to identity and psychosocial development that he or she must confront. Of particular interest in the realm of childhood and adolescence are the first five phases, to include (a) basic trust vs. basic mistrust, (b) autonomy vs. shame and doubt, (c) initiative vs. guilt, (d) industry vs. inferiority, and (e) identity vs. role confusion. In the first phase, *basic trust vs. mistrust*, the infant initially develops relationships which can be thought to be trusting or mistrusting depending upon the ways in which the infant is cared for. Erikson asserted that those not developing a sense of trust with a caregiver early on may experience “withdrawal into themselves” (1968, p. 97). The second phase, *autonomy vs. shame and doubt* occurs during the toddler period and involves developing early independence skills. If these skills are not developed properly at this time, Erikson argued that the toddler is likely to experience feelings of shame about his or her own potential for independence. *Initiative vs. guilt* occurs in the early elementary years and is indicative of further independence and a desire to explore the environment, while a failure to do so may result in feelings of guilt. It is during this
time that the conscience is thought to be an influential presence in a child’s development, working to guide a child toward various activities. Erikson described the industry vs. inferiority phase as a turning point for school-aged children, one that requires the child “becomes ready to apply himself to given skills and tasks” (1950, p. 259). It is during this phase that the school environment begins to be one of high importance in a child’s life, one in which a child can fully display his or her own potential. The final phase relevant to childhood and adolescence is identity vs. role confusion. During this time, young people experience physiological changes associated with maturing, as well as discover a new identity as an adolescent.

Both Piaget’s (1954) and Erikson’s (1950) theories of development have implications in the outcomes of young people who have experienced the death of a loved one in childhood or adolescence, as this loss can be thought to cause disruption in many of the periods of development. As previously discussed, findings have similar implications for understanding death and its correlates with respect to a shared emphasis on a child’s progression toward maturity, whether cognitively or psychosocially. Conversely, findings differ in that Piaget’s theory focuses on a child’s individual cognitive development, while Erikson’s theory places additional emphasis on the social relationships of the child and the role of the environment. As will be discussed, both components, the individual and the environment, are of importance when considering the ways in which young people experience grief. In addition to these basic developmental models that inform the findings related to children’s conceptualization of loss, additional theories specific to grief and loss have been identified.
Theories of Grief and Loss

Freud’s theory of grief. It was Sigmund Freud who gave among the first broad definitions of the experience of losing a loved one in his 1917 manuscript *Mourning and Melancholia*. Freud provided a comparison of the experience of mourning versus the experience of melancholia, which provided a foundation for understanding the mental work, or *cathexis*, he argued a person was required to complete when faced with a loss. This early contrast compared the experiences of what might be considered typical grief (mourning) versus what might be considered to be more of a complicated course of grief (melancholia). A key concept in grief, described by Freud as yearning for a *lost object*, is thought to be signaled by the ending of a relationship in the physical sense with a living person with whom a close relationship existed (1917). In response to this major life loss, Freud believed that people either experienced a typical or atypical course of grief. He argued that those experiencing melancholia had a tendency to continue to intensely emphasize the relationship with the lost person in a way that hindered the development of relationships with others. Individuals experiencing this melancholia were thought to become fixated on the relationship with the deceased, making progression through the grief process difficult. Specifically, he argued that those who experienced melancholia internalized the loss to such a degree that feelings of negativity and hostility toward the deceased developed, resulting in adverse mental health outcomes for the bereaved individual. Thus, the bereaved was thought to develop feelings of anger and resentment toward the deceased for dying, and for being unavailable.

In contrast, Freud (1917) argued that those experiencing what he described as typical mourning displayed behaviors consistent with developing new relationships apart
from the relationship with the deceased, a sign of a “healthy response” to a death (Bradbury, 2001, p. 216). In this way, the bereaved was not likely to develop negative feelings associated with the lost person, and thus, was more likely to experience what can be considered a typical process of grief. Freud argued that the typical course of mourning comes about when the bereaved person progresses through a state of acceptance of the loss, while acknowledging that a continued relationship is possible through such processes as recalling memories of the deceased. While Freud’s initial work in identifying the complexities of mourning provided insight into understanding the adult grief and mourning processes, little was yet known about the ways in which children conceptualized death, experienced the grieving process, and if such a process was even possible among children.

**Bowlby’s theory of attachment and loss.** John Bowlby was among the first to study the attachment bond between a mother and child and its relationship to later child adjustment. In his *Attachment and Loss* trilogy, Bowlby explored the consequences of early separation of a child from his or her mother or mother figure. In the second book of the trilogy, *Separation, Anxiety, and Anger* (1973), Bowlby synthesized early research on differences between children raised by a steady mother or mother figure and those raised without such a figure, as well as ways in which separation from a primary caregiver affects a child’s outcome. These initial studies contributed to the early belief that children not raised by a stable figure and children experiencing separation from a primary caregiver were “more anxious and clinging” (Bowlby, 1973, p. 220).

In drawing from Freud’s (1917) literature on adult mourning, Bowlby (1973) aimed to explore the process of childhood grief. Through analyzing his own encounters
with children separated from a caregiver, as well as the experiences of others in his field, Bowlby hypothesized that children experiencing permanent separation from a parental figure develop anger and feelings of aggression focused toward the missing person. He found this to be especially so among children who lost a parent to death. Bowlby attributed these feelings of anger to a child’s belief that the parent purposely left (i.e., abandoned). These findings are similar to the anger as indicative of melancholia as hypothesized by Freud in bereaved adults. In addition to the anger felt toward the missing person, Bowlby asserted that children experience an intense period of searching for the one who has gone. This searching may have implications rooted in Piaget’s (1948) early theory of cognitive development, as youth seem to advance in conceptualization of object permanence, or awareness of lost figures, as development evolves. Thus, a young child searching for a deceased person may signify cognitive immaturity in the understanding that a deceased person is not simply missing or temporarily out of sight, but is in fact permanently physically gone.

The experience of loss is thought to threaten what Bowlby (1973) described as a child’s secure base, or a state of being that provides emotional and physical safety from harm. According to Bowlby, a child’s ability to openly embrace this anger and longing to find the missing person is indicative of a typical grieving process. Unlike Freud (1917) who asserted that anger expressed toward the missing person was a sign of complicated or pathological grief, Bowlby considered these feelings of aggression to be clinically “healthy” in the grieving process (Bowlby, 1963, p. 509). He believed that to withhold these natural feelings would mean almost certain negative effects in later life.
Bowlby was also cognizant of the importance of the relationship between the child and the surviving parent following the death, and argued that this relationship could just as evenly influence future pathologies, a hypothesis that has been shown to be accurate in modern studies of childhood bereavement (Sandler et al., 2003; Schoenfelder et al., 2011). In Bowlby’s (1963) writings about the child’s secure base, these surviving caregiver and child relationships are emphasized as a priority in the grieving process, further underlining the importance of developing early trusting relationships. This emphasis on secure and trusting adult figures and environments has been considered in the realm of child development as supported by each of the previously discussed theories of development. This is evidenced in Piaget’s (1948) observations of a child’s exploration of the immediate environment and the important role this environment may play on cognitive development, Erikson’s (1950) focus on the early attainment of either a trusting or mistrusting relationship with significant adult figures, Freud’s (1917) theory of the role that stable relationships and the development of relationships play in the course of grief, and Bowlby’s emphasis on the secure base in fostering child attachment and trust. While each of these influential figures provided further insight into the grief experiences of young people, theorists have further built upon this work to attempt to classify the ways in which children conceptualize death and dying.

**Death concepts in children.** In 1948, Maria Nagy studied 378 children in Budapest in an effort to determine the ways in which young people conceptualize death, dying, and loss. From her research, Nagy hypothesized three categories in which children understand death based upon developmental level.
Generally for children under the age of five, Nagy found that death was described as reversible and not permanent (i.e., a state of sleep). This can be related to young children’s development of what Piaget (1954) termed egocentrism, as children of this age may struggle to acknowledge the perspectives of others, as well as the conceptualization of the permanence of death. For children generally between the ages of five and nine, death was described as a person and as someone that could be avoided. This finding parallels Piaget’s observations of children in the preoperational stage, during which time inanimate objects are personified and described as having traits of humans.

Approximately after the age of nine, Nagy found that children were able to identify death as final and unavoidable, findings that are aligned with Erickson’s (1950) and Piaget’s findings of the attainment of a more advanced ability to consider things in an abstract manner by this point in development. Expanding these initial findings further, Speece and Brent (1984) synthesized existing literature and studied children to determine developmental understandings of death and loss. Through this work, three core concepts about children’s understanding of the permanency of death were identified: 1) **universalit**y means that every person can and will die; 2) **nonfunctionality** means that a dead person cannot do actions that a live person can, and 3) **irreversibility** means that a dead person cannot come back to life (Speece & Brent, 1984, p. 1673). These three core concepts of death are thought to comprise a cognitively mature understanding of death, an understanding that theorists have collectively posited typically occurs anywhere between seven and ten years of age (Nagy, 1948; Speece & Brent, 1984). These factors are helpful in determining an approximation of young people’s conceptualization of the meaning of death and dying, although it is important to consider the samples used in
these studies, as the children included were not themselves bereaved at the time of inquiry, but were instead asked to describe what they think death is and what it means to be dead. While theorists have provided the bereavement literature a framework within which to broadly identify children’s understanding of the components of death to include its universality, non-functionality, and irreversibility, others have developed broad stage theories of grief in an effort to classify grief reactions in ways that may be generalizable to all bereaved individuals.

**Stage theory of loss.** For decades, professionals and nonprofessionals alike have relied on various stage theories to conceptualize the ways in which bereaved people experience grief. In these theories, it has been thought that one must successfully experience and overcome each stage before being considered to have worked through the grieving process. One such model is that of Elisabeth Kubler-Ross (1995) who posited perhaps the most well-known and most often cited stage theory of emotions through which one must work to successfully accomplish the task of grieving. These stages include denial, anger, bargaining, depression, and acceptance (Kubler-Ross & Kessler, 2005). However, recent investigations into the grieving process have revealed perhaps a more modern approach to understanding grief that suggests it is a very individual process, as was found in the early writings of Kaffman and Elizur (1979) regarding the difficulty categorizing young peoples’ grief responses. This approach is one that demonstrates that grief presents itself differently amongst bereaved people, and does not consist of a standard set of stages. The most recent research has discovered three potential general courses of grief as observed amongst the bereaved. These include *chronic grief* in which a person struggles with grief in ways that may not be typical and that may affect daily
functioning; *recovery*, in which a person experiences what may be considered a brief period of emotional difficulty and eventually comes to adjust to the loss; and *resilience* in which no apparent signs of distress are noted following a loss (Bonanno, 2009). Each of these theories were developed with a focus on adult grief, and whether or not these concepts could be appropriately applied to grieving young people is uncertain, as little has been done to explore these concepts among children. Rather, what have been studied more frequently are the potential effects that early loss may or may not have on children and adolescents.

**Familial Loss and Associated Sequelae**

The majority of researchers in the area of childhood bereavement have explored psychological effects of experiencing an immediate family member’s death in childhood. Thus, the majority of available literature focuses on parent or sibling loss. Through retrospective studies of adults who were bereaved in childhood, studies utilizing parent or teacher report data, and studies utilizing data obtained directly from the bereaved young person, a variety of psychological, social, and academic sequelae post-loss have been identified in the literature.

**Psychological outcomes.** Early studies have produced evidence to suggest that children who lose a parent to death may demonstrate increased submissiveness, dependence on others, introversion, and preoccupation with the loss (Berlinsky & Biller, 1982); depression (Van Eerdewegh, Bieri, Parrilla, & Clayton, 1982); withdrawal, dysphoria, and temper tantrums (Van Eerdewegh, Clayton, & Van Eerdewegh, 1985); and anxiety and somatization (Kalter et al., 2002). While many of these early studies were retrospective in nature, studies in which authors directly studied bereaved youth in
methodologically sound ways have provided data to support these findings to some degree. In such studies, bereaved children have met criteria for a depressive episode (Cerel, Fristad, Verducci, Weller, & Weller, 2006; Weller, Weller, Fristad, & Bowes, 1991) as well as criteria for new-onset depression and post-traumatic stress disorder (PTSD) symptomology (Melhem, Walker, Moritz, & Brent, 2008). Depressive symptoms appear to be relatively similar across youth who have lost a parent or another family member (Kaplow, Saunders, Angold, & Costello, 2010), generally appear to resolve with time, and may be less impairing than non-bereavement related clinical depression (Cerel et al., 2006). Most recently, youth with clinical depression and bereaved youth displayed similar symptom severity and course (Hamdan, Melhem, Porta, Walker-Payne, & Brent, 2012), though clinically depressed youth reported more symptoms of anhedonia and worthlessness. In sum, supporting evidence exists to suggest that bereaved youth are vulnerable to elevated symptoms of depression and other mental health issues following a loved one’s death, but also are likely to recuperate with time depending on factors such as a higher familial socio-economic status (SES) and low surviving parent levels of depression (Cerel et al., 2006; Weller et al., 1991). Yet without some of these influences and intra-individual factors, some bereaved youth are susceptible to serious complications in the grieving process.

**Academic and social outcomes.** An additional outcome of importance in assessing bereaved youth is academic functioning, given the significant role school plays in young people’s lives. However, the data on academic outcomes for early bereaved youth are mixed. Evidence exists to suggest that school performance suffers both immediately and up to one year after the death of a parent (Abdelnoor & Hollins, 2004;
Van Eerdewegh et al., 1982). Difficulties in concentration in the two months post-parental death have also been noted (Gray, Weller, Fristad, & Weller, 2011). However, findings from Silverman and Worden (1993) indicated that the majority of parentally bereaved children reported little change in school functioning, with roughly equal rates of school improvement and school difficulties. Bereaved children have also been rated similarly by teachers on measures of behavioral changes at school when compared to both depressed children and non-bereaved, non-depressed children (Fristad, Jedel, Weller, & Weller, 1993). Additional findings from studies suggest that parent and sibling-bereaved youth and females who have lost a mother perform less well on measures of academic achievement (Abdelnoor & Hollins, 2004).

Social outcomes for grieving young people are similarly mixed. Some youth have reported no noticeable changes amongst social groups following a death in the family (Silverman & Worden, 1993), some have reported noticeable difficulty in social skills and increased withdrawal (Worden & Silverman, 1996), and some have reported greater peer engagement as compared to clinically depressed children (Fristad et al., 1993; Hamdan et al., 2012). In sum, findings of the effects of bereavement on academics and social aspects of life are not conclusive, with outcomes likely varying depending on other variables related to the student as well as the type of loss experienced.

**Conduct problems, substance abuse, and somatization.** Parentally bereaved children and adolescents have displayed more symptoms of conduct disorder when compared to those bereaved by the death of other family members and non-bereaved youth (Kaplow et al., 2010). Draper and Hancock (2011) found more instances of delinquent behavior as rated by teachers amongst youth who lost a parent to death before
the age of 16 when compared to non-bereaved youth. Both parentally bereaved and other family member bereaved youth have reported more incidences of substance abuse than non-bereaved (Brent, Melhem, Donohoe, & Walker, 2009; Kaplow et al., 2010). Somatic complaints including headaches, stomachaches, and difficulty feeding following separation have also been observed in bereaved young people (Kaffman & Elizur, 1979). In terms of serious medical health effects associated with childhood bereavement, little exists to support the presence of susceptibility to significant health problems over time, such as infectious diseases like influenza (Nielsen, Hansen, Simonsen, & Hviid, 2012).

**Suicide-bereaved outcomes.** A separate body of research exists which is focused on the outcomes of youth following the loss of a loved one to suicide. Potential outcomes have included increased levels of anger, anxiety, behavioral problems, and feelings of shame (Cerel, Fristad, Weller, & Weller, 1999), withdrawal and aggression (Shepherd & Barraclough, 1976), and PTSD and school adjustment difficulties (Pfeffer et al., 1997). Findings of depression differ, with evidence suggesting both significant symptoms (Brent, Moritz, Bridge, Perper, & Cannobio, 1996; Cerel et al., 1999) and non-significant symptoms (Brent, Perper, Moritz, & Allman, 1992; Brent et al., 2009). Siblings of suicide completers may exhibit increased binge drinking and smoking (Cerel & Roberts, 2005), and elevated symptoms of PTSD and anxiety (Brent et al., 1992), though a call for more research with these disenfranchised grievers has been made to further explore this area (Dyregrov & Dyregrov, 2005).

Possibly most significant is determining whether or not child or adolescent survivors of suicide are at an increased risk of attempting suicide. Some data exist to show increased suicidal ideation and attempts following exposure to a family member’s
suicide (Cerel & Roberts, 2005). Data also suggest no increase in suicidal ideation among those experiencing a loss to suicide versus other causes of death (Cerel et al., 1999). In sum, there is a need for more research with young survivors of suicide to shape post-vention care for those left behind (Cerel, Jordan, & Duberstein, 2008; Hung & Rabin, 2009).

**Childhood traumatic grief/complicated grief.** The terms childhood traumatic grief (CTG) and complicated grief (CG) have been used interchangeably in the literature (Cohen & Mannarino, 2011) to describe post-loss symptoms that are considered to be more severe in relation to what might be thought to be typical. According to Cohen, Mannarino, Greenberg, Padlo, and Shipley (2002), CTG is characterized by “intrusive and distressing trauma-related thoughts, memories, and images that may be triggered by trauma reminders” (p. 311). This condition may be associated with violent deaths, such as homicide, natural disaster, or suicide, as well as deaths considered by others to be natural. CTG appears to be a separate set of outcomes, different from that of typical grief and PTSD, though some overlap in symptoms of CTG and PTSD is possible (Melhem, Moritz, Walker, Shear, & Brent, 2007). Symptoms of CTG may also include excessive crying and expression of sadness that impairs every day functioning (Melhem et al., 2004). Cohen and Mannarino (2011) discovered the refusal of young people experiencing CTG to engage in conversations, memories, or other activities related to the deceased out of a fear of recalling frightening reminders. Youth exposed to the death of a loved one after natural disasters have reported more symptoms of PTSD than other groups (Goenjian et al., 2009; Kalantari & Vostanis, 2010), and symptoms of CTG six months post-loss may be predictive of depression one and three years later (Melhem et
al., 2004). These findings warrant continued investigation in this area to determine the course of this cluster of symptoms in response to various causes of death.

**Post-traumatic growth.** While the majority of researchers have focused on determining potential negative psychological, academic, or social effects of childhood bereavement, a growing area of research has focused on positive outcomes following loss. This phenomenon has come to be known as post-traumatic growth, or “significant positive change arising from the struggle with a major life crisis” (Calhoun, Cann, Tedeschi, & McMillan, 2000, p. 521). For example, bereaved youth who received support from family members and other adults in the months immediately following a death demonstrated greater outcomes of emotional growth up to six years later (Wolchik, Coxe, Tein, Sandler, & Ayers, 2008). These findings continue to be supported, as Bonanno (2009) has identified a specific course of bereavement known as resilience in which the bereaved exhibits few signs of distress and is more likely to demonstrate positive outcomes post-loss. Why some youth experience this growth post-loss and others experience difficulty is largely unknown, though a number of variables have been studied. Additionally, the evidence seems to suggest that it is not the death (i.e., the absence of a person) that may be related to later pathology in bereaved children, but rather a cluster of associated factors before, during, and following the loss that influences children’s outcomes.

**Variables Affecting the Grief Course**

**Age of the bereaved.** The argument of whether children (pre-adolescent) are capable of grieving has been a topic of debate amongst developmental theorists, with some arguing that youth are not developmentally able to engage in the process of
grieving until adolescence (Wolfenstein, 1966). Piaget’s theory of cognitive
development provides implications for youth’s conceptualization of death depending
upon developmental maturity (Piaget & Inhelder, 1969) as do other researchers’ findings
(Nagy, 1948; Speece and Brent, 1984) regarding young people’s understanding of the
concept of death’s universality, finality, and irreversibility. For example, those bereaved
within the early developmental phases may be thought to struggle with grasping the
meaning of death more so than those at cognitively mature periods of development, as
eyeard findings have indicated that the ability to consider these concepts more abstractly
comes with more advanced cognitive development (Piaget, 1948). Similarly, those
experiencing early separation from a caregiver may be thought to have greater difficulty
with attachment, specifically in establishing a secure base or environment (Bowlby,
1973), an important foundation that has been argued to be of great importance in the
development of trusting relationships (Erikson, 1950).

As previously described, the use of defined stages of understanding death and
experiences with grief has been called into question given the influence of culture,
developmental level as opposed to chronological age, and other factors individual to
children’s understanding of death (Corr, 2010). Other research, however, has found a
more direct link between chronological age and expression of grief, especially in relation
to younger children’s difficulty with verbally expressing feelings (Kaffman & Elizur,
1979) which may affect the ways in which grief is expressed. For instance, a young child
who has experienced a loss may be aware of a difference in the environment, but may not
yet be able to verbalize these feelings.
Rather, as Bowlby (1973) observed, young children may exhibit non-verbal behaviors indicative of an expression of loss, such as clinging to other known adults and crying when physically separated from known adults.

**Loss in adolescence.** Adolescents are faced with, in addition to other factors, the influence of technology, peer relationships, and the search for identity independent of parents (Nelson & Nelson, 2010). Theorists have concluded that adolescents progress through various phases of adolescence (i.e., early, middle, and late) with each having its own dynamics to consider in relation to grief (Balk & Corr, 2001). Some evidence exists to suggest greater psychological difficulty (Kalter et al., 2002), increased stress and school performance (Harris, 1990), and depression (Harrison & Harrington, 2001) amongst grieving adolescents when compared to younger youth. The search for a new identity, or role, is an important progression through which adolescents work (Erikson, 1950). Experiencing a significant loss during this period may be made all the more complicated, as the adolescent must face the development of a sense of identity without the missing person physically present. Adolescents may also struggle to a greater degree in witnessing the physical effects of long-term illness in anticipation of a death (Saldinger, Cain, & Porterfield, 2005). These findings, in conjunction with an increased ability to think abstractly about death, its correlates, and existential conflicts, suggest the possibility of experiencing difficulty while grieving in adolescence.

**Gender of the bereaved.** No significant differences between male and female bereaved children’s outcomes in general have been found (Berlinksy & Biller, 1982; Draper & Hancock, 2011; Haine, Wolchik, Sandler, Millsap, & Ayers, 2006), though some notable findings have been identified in the research. For instance, boys may be
overall less likely to seek out social network support, more likely to report receiving messages from peers to refrain from talking about feelings, and to receive messages from the surviving parent that they “had to be more grown up now” (Silverman & Worden, 1993, p. 74). Boys may be at an increased risk for depression (Van Eerdewegh et al., 1982) and behavioral difficulties (Draper & Hancock, 2011), but may also perform better on measures of academic performance when compared to bereaved females and non-bereaved youth (Abdelnoor & Hollins, 2004). Evidence exists which supports a tendency for female bereaved youth to experience more internalized difficulties (Dowdney, 2000). For example, female children who lost a parent have been more likely to report symptoms of anxiety and depression than males in a number of studies (Brent et al., 2009; Christ, Raveis, Siegel, Karus, & Christ, 2005). Most recently, Gray and colleagues (2011) found no differences in depression following loss based on age or gender of the child. As with many potential factors, outcomes based on gender have been mixed in the literature, with more studies needed to determine what, if any, influence gender exerts on grieving.

**Self-esteem, peer relationships, and mental health.** Low self-esteem and prior mental health issues have been linked to depression in grieving children and adolescents (Brent et al., 2009; Haine, Ayers, Sandler, Wolchik, & Weyer, 2003). Similarly, those with a greater number of family stressors have demonstrated more negative outcomes (Cerel, Fristad, Weller, & Weller, 2000; Wolchik, Tein, Sandler, & Ayers, 2006). Much of the literature appears to support the influential role that both self-esteem and prior mental health status have on grief outcomes. Strong peer support during bereavement may improve outcomes for grieving young people (Sandler et al., 2003; Schoenfelder et
al., 2011). Because surviving family members often struggle to provide support to children following a death given their own difficulties (Saldinger, Porterfield, & Cain, 2004), the influence of a peer social network becomes important. However, young people may prefer having the support of peers who have experienced similar losses versus finding support among existing friends (Metel & Barnes, 2011).

**Family and environmental factors.** Children from families with a lower SES may experience more difficulty than other bereaved children (Cerel et al., 2006; Draper & Hancock, 2011; Kalantari & Vostanis, 2010). Hypotheses on why this may be the case could include the potential for a lack of available resources amongst economically disadvantaged populations, to include potential lower rates of home ownership and lower levels of education (Roxburgh, 2009), as well as the existence of multiple potentially stressful life situations, including poor neighborhood conditions (Singh & Ghandour, 2012). The presence of these additional life stressors in conjunction with a significant loss could have an effect on the ways in which young people from families of economically disadvantaged backgrounds experience grief.

Grieving children’s emotional reactions often resemble the reactions of the grieving surviving adults, suggesting a relationship between healthy parental response and better youth outcomes (Kaffman & Elizur, 1983). Researchers have found evidence to suggest that characteristics of the surviving parent, such as warmth, coping style, and consistent discipline practices, facilitate resiliency following the death of a parent (Kalter et al., 2002; Sandler et al., 2003; Schoenfelder et al., 2011). Low or no surviving parental depression (Cerel et al., 2006), substance abuse disorder (Gray et al., 2011), or PTSD (Hamdan et al., 2012) are associated with better child outcomes. Given these findings, a
parent’s mental health appears to be among the most significant variables affecting bereaved youth’s outcomes. Thus, for children whose parents have little to no existing mental health issues pre-loss, have a consistent style of discipline, and model positive coping skills, outcomes following a loss may prove to be more positive overall.

**Expected versus unexpected death.** Whether children who have experienced a death that was expected (e.g., following a long illness) or unexpected (e.g., a car accident) are more vulnerable to impairment has been disputed. Significant differences in outcomes have not been supported when sudden versus expected death groups were compared (Brown, Sandler, Tein, Liu, & Haine, 2007; Cerel et al., 2006; McClatchey, Vonk, & Palardy, 2009; Melhem et al., 2008). Children anticipating a death to long-term illness may experience a great deal of stress and mental hardship leading up to the death itself. Exposure to impending death in which a family member is visibly in distress may produce similar levels of trauma on youth as are found when a death is sudden (Christ, 2010) and may even be more traumatic than the death itself. However, identification of a potentially complicated course of grief has resulted in research findings to indicate that youth exposed to violent deaths (Cohen, Goodman, Brown, & Mannarino, 2004; Kaffman & Elizur, 1979, 1983) are likely to display greater symptoms of psychological impairment. While research in general has not supported a significant difference between those experiencing expected or unexpected losses, the potential for greater levels of psychological impairment amongst those who have experienced sudden, traumatic losses may be due to existing familial stressors, as previously described, to include unsafe neighborhood conditions (Singh & Gandour, 2012).
Thus, the related environmental factors may contribute to this finding more so than the sudden nature of the death itself. Given the variety of potential variables in the grief course of young people, researchers have aimed to identify effective interventions for this population.

**Interventions Affecting Outcomes**

Conflicted findings regarding the timing of intervention have been discussed in the literature. In their meta-analysis of childhood bereavement interventions, Currier, Holland, and Neimeyer (2007) found that interventions yielding the most positive effects targeted youth earliest in the grieving process. However, a similar analysis found better outcomes for youth who had more time between the loss and intervention (Rosner, Kruse, & Hagl, 2010). Yet, a comparison of findings is difficult given differences in measured outcomes and grief interventions. Additionally, methodological flaws, a lack of overall studies, and various other barriers in determining intervention effectiveness make drawing conclusions challenging. Of those studies available in the literature, among the most common describe individual and group counseling interventions.

**Individual and group counseling.** The intervention with the most empirical evidence to date in reducing symptoms of traumatic grief is individual trauma-focused cognitive behavioral therapy (Cohen & Mannarino, 2011). The Trauma-Focused Cognitive Behavioral Therapy for Child Traumatic Grief (TG-CBT) program is a manualized intervention for both youth and other surviving family members.
TG-CBT utilizes psycho-education, surviving family member training, and traditional components of CBT to facilitate the grieving process with struggling youth, which has produced positive effects on overall levels of PTSD symptomology in traumatically bereaved youth (Cohen et al., 2004).

Similar to the TG-CBT program, the Cognitive Behavioral Intervention for Trauma in Schools (C-BITS) program was designed to be delivered in school to youth experiencing trauma (e.g., natural disaster or domestic violence). C-BITS is a manualized program consisting mainly of individual sessions of CBT to help youth cope following a traumatic event. Specific units include facilitating social interactions, relaxation techniques, and additional approaches to coping with trauma (The National Child Traumatic Stress Network, 2012). The C-BITS program was recently found to be the only “probably efficacious” treatment for traumatized youth (Silverman et al., 2008, p. 162). Findings indicated overall improvement following this intervention in the areas of anxiety and depression (Brown, Pearlman, & Goodman, 2004). Further evidence suggested improvement--to a greater degree in adolescent aged participants--in symptoms of CTG and PTSD symptomology (Cohen, Mannarino, & Knudsen, 2004). Conclusions about the long-term sustainability of intervention effects are mixed (Sandler et al., 2003).

Youth participating in a clinic-based grief group intervention primarily utilizing CBT and projective approaches to explore feelings have shown improvement in overall symptoms of somatic complaints (Opie et al., 1992) as well as aggression, anxiety, and depression (Tonkins & Lambert, 1996). Group interventions specific to child survivors of suicide have resulted in significant improvements in anxiety and symptoms of PTSD, but little differences in social adjustment have been found (Pfeffer, Jiang, Kakuma,
Hwang, & Metsch, 2002). In sum, CBT approaches, whether in individual or group format, appear to be the most widely studied amongst youth struggling with grief, with the majority of reported studies supporting the use of CBT approaches.

**Parent and family interventions.** Family, or systemic, interventions are an ideal method of comprehensively addressing difficult situations with young people (Prout, 2007). Consideration of promoting effective familial communication about loss is significant, as children have expressed a tendency to withhold feelings about the deceased in fear of upsetting others in the family (Metel & Barnes, 2011). Surviving parents of traumatic family loss have improved in overall symptoms of PTSD following family intervention, and overall improvement of depression and anxiety (Brown et al., 2004), PTSD (Cohen et al., 2004), and parental coping and mental health (Sandler et al., 2003). These findings have implications for the outcome of the child since parental mental health and history of trauma (Kerig, Sink, Cueller, Vanderzee, & Elfstrom, 2010) appear to be largely associated with child outcomes. Interventions utilizing family focused techniques have demonstrated sustained effects up to six years following treatment (Sandler et al., 2010).

Finally, youth whose surviving parent participated in a parent training intervention to specifically facilitate effective parent-child communication demonstrated better outcomes with respect to anxiety, depression, and self-esteem (Christ et al., 2005). These findings continue to support the effectiveness of comprehensive intervention techniques that involve other persons significant to the young person’s life, and do not simply aim to target the student independent of his or her environment.
Thus, as has been stated and continues to be reinforced, the need for stable and supportive systems to which the bereaved young person is exposed during this sensitive period should be considered an integral piece of interventions for grieving youth.

In summary, most youth in general appear to be relatively resilient following a loss due to death, particularly if exposed to a stable and supportive environment pre- and post-loss. As Kaffman and Elizur (1979) observed early on, and Bonanno (2009) continues to assert, there is no single way in which to classify grief. The course of grief in young people may especially vary, with many returning to everyday activities with seemingly little impairment and others experiencing a great deal of difficulty. Each child’s reactions following a loss are unique and should be considered in relation to psychological, academic, familial, social, and any number of additional factors. Of particular importance arguably is the nature and response of the school environment upon returning to school following a death, as it is among the most influential systems in a young person’s life (Jacob & Coustasse, 2008).

**School-Based Grief Support**

Researchers have found evidence to support the possibility of adverse outcomes during the grieving process, including increased depression (Cerel et al., 2006), anxiety (Kalter et al., 2002), academic difficulties (Abdelnoor & Hollins, 2004), and conduct and substance abuse issues (Kaplow et al., 2010). However, there is also evidence of minimal complications and general resiliency in the literature (Brent et al., 2009; Calhoun et al., 2000). Given the limited resources of schools and the debate about whether mental health services should be available for youth during school hours, it is not surprising that services provided in schools are inconsistent. Yet, the research is clear that mental health
interventions delivered at school have resulted in moderate (Prout & Demartino, 1986) to large (Prout & Prout, 1998) effects overall, with positive effects found specifically following school-based mental health interventions for PTSD (Rolfsnes & Idsoe, 2012), and small to moderate positive effects for general CBT interventions delivered at school (Kavanaugh et al., 2009). Although many researchers would argue that school is a viable location in which to deliver psychotherapeutic interventions (Zirkleback & Reese, 2010), others contest this belief, highlighting the potential barriers to successful implementation of services (Massey, Armstrong, Boroughs, Henson, & McCash, 2005; Nicholson, Foote, & Grigerick, 2009).

The implementation of grief interventions has both promise and barriers in school settings. Not only may the subject matter be especially sensitive in nature, but having access to school professionals of whom have received training in grief support may not be as readily available within a school setting as compared to clinical settings (Lynaugh, Gilligan, & Handley, 2010). Personal competence in addressing grief is also a potential barrier, as school professionals have reported feeling inadequately prepared to address such issues (Berzin et al., 2011). However, in addition to the previously described small to large positive effects following school-based implementation of mental health services at large, preliminary qualitative studies with grieving young people have provided evidence to suggest that students wish that teachers and other school personnel would do more to acknowledge a loss (Dyregrov, 2009; Forward & Garlie, 2003). Thus, a gap exists between the expressed student need for grief acknowledgement and support at school and the availability of such at school. Nevertheless, the literature to support the school as a potential location for implementation of grief services is ample (Little, Akin-
Little, & Gutierrez, 2009; Samide & Stockton, 2002). However, unlike what is found within the clinical research literature, little empirical evidence exists to support positive effects following the delivery of school-based grief intervention.

**Effectiveness of school-based grief intervention.** Rosner and colleagues (2010) recently examined outcomes of child bereavement interventions at large, but no published data exist to report the overall effectiveness of interventions for grief when delivered at school. Rather, what have been explored more often are the types of interventions that may be implemented at school. Rolls and Payne (2003) found the most often utilized grief service for bereaved children to be child and family counseling, followed by individual child counseling, and group counseling with children. The author of a recent unpublished doctoral dissertation found that individual grief counseling was the most often used intervention in the school setting at all levels in the state of Minnesota (Quinn-Lee, 2009). Results of an earlier unpublished doctoral dissertation indicated similar trends at the national level in type of grief services provided at school, though participants reported a larger role in grief support as it relates to school-wide crisis response rather than individual student loss (Seadler, 1999). While the implementation of grief intervention at school appears to be reported in the literature, quantitative evidence supporting the effectiveness of these interventions is not available. Rather, the majority of the literature provides suggestions for implementing grief support in school with little evidence of efficacy of interventions in comparison.

**Grief counseling at school.** Evidence exists to support the school-based treatment of youth who have experienced trauma (Kataoka et al., 2003) and clinic-based treatment for traumatically bereaved youth (Cohen, Mannarino, & Staron, 2006). Unlike
in clinical settings, however, there appears to be a small number of empirically validated interventions available for use in schools specifically. During a time in which solution-focused brief interventions are coming to light as an effective school-based approach for counseling youth (Newsome, 2005), grieving young people may be considered candidates for such counseling techniques that focus on achieving lasting results while capitalizing on the small amount of time available during the school day. Unfortunately, very little data exist to suggest the longevity of solution-focused brief interventions for bereaved youth, especially as delivered in school. Though, as previously described, CBT techniques in general provide the best evidence of effectiveness for this population, despite being largely unexamined within the school setting.

It is important to consider the possibility that experiencing a death as a child or adolescent may create feelings of being different from the peer group, making peer communication difficult (Tyson-Rawson, 1996). During a time in which peer relationships are among the most important in a young person’s life, considering ways in which this relationship can be fostered becomes important. Group work has been shown to be the most effective form of school-based intervention across many areas (Prout & Prout, 1998), especially amongst adolescent-aged participants given the inherent social environment and opportunity for peer feedback (Metel & Barnes, 2011). In fact, the majority of studies that exist in which grief intervention in school was provided focused on groups as the method of intervention delivery. Various manualized grief support interventions for youth exist, including the *Mourning Child Grief Support Group* (Lehman, Jimerson, & Gausch, 2001a) and the *Teens Together Grief Support Group* (Lehman, Jimerson, & Gausch, 2001b). Lehman and colleagues developed these ten
week support groups under the philosophy that youth demonstrate better outcomes when paired with peers; thus, their curricula focus on peer interaction and joint activities during service delivery. The curricula were designed for use in schools, clinics, or private settings and incorporate death education with the teaching of coping skills and CBT to explore grief. Despite its apparent theory-driven philosophy and inclusion of attractive activities for young people, no empirical evidence exists to suggest the effectiveness of these programs whether delivered in a school or a clinical setting. Practitioners have strived to continue to develop techniques to use with grieving young people, while tailoring techniques to appropriately address the students’ age and developmental level.

Family and bereavement counselors may suggest the possibility of incorporating play therapy in schools for young children experiencing grief, as it often provides a way in which children can begin to express themselves when verbal expression is not possible (Webb, 2011). One commonly referenced form of play therapy amongst early elementary students struggling emotionally is that of sand play (Taylor, 2009). Sand play is recommended for children who have difficulty expressing themselves through direct conversation, and anecdotal case study evidence has shown its effectiveness with grieving youth (Scaletti & Hocking, 2010). Bibliotherapy is another common type of group therapy intervention used in schools. Numerous books exist for young people of various developmental levels, including When Dinosaurs Die (Brown & Brown, 1998), which addresses general death for young children, and Lucy and the Green Man (Newberry, 2010), which addresses grandparent death for elementary aged children. Books relevant to grieving adolescents include The Lion, The Witch, and the Wardrobe (Lewis, 1950), which contains several themes of loss and mourning, and Kira Kira
(Kadohata, 2004), which addresses sibling death. Characters in books may serve as role models and may send messages of positive coping through the characters’ behaviors (Corr, 2009). While bibliotherapy continues to be used in a variety of interventions for grief, the literature is mostly comprised of suggestions for books, implementation, and anecdotal case studies.

**Prevention, screening, and consultation.** While the topic of death education may be thought of as primarily a family matter (Stevenson & Stevenson, 1996), the school as an additional system of support is being looked toward as a source of death education more frequently. Prevention of potentially negative effects of childhood bereavement could include school-wide education on various concepts of death--which may be confusing for youth--as well as information to teach preemptive coping skills. Coleman (2009) found that when asked, students wanted to know more about emotional responses to expect following a loss, as well as general information about types of losses that might occur over the lifespan. Previous studies suggest the potential protective factors of death education for young people in school (Aspinall, 1996), though more about parents’ perceptions of these programs is warranted. Screening for childhood grief is less common in schools, with the existing literature related to bereavement focusing on screening for complications following exposure to school-wide crises.

A grief service more recently examined in the literature is that of community outreach and consultation as a means of student support, though within-school consultation for grief support has been less examined. Often times, this resembles a referral of a student to an outside mental health agency which may specialize in symptoms associated with childhood grief. School officials may refer youth when
personal qualifications in addressing the specific issues are not adequate (Holland, 2003). The school and community may also come together to provide support in situations involving a large number of bereaved youth, such as during Hurricane Katrina and its aftermath (Walker, 2008). Finally, continued consultation on the part of school mental health professionals with classroom teachers to identify students struggling with grief may help to identify students earlier and refer for necessary support (Cohen & Mannarino, 2011) whether it be during or after school hours.

**Suicide post-vention.** The majority of schools have active crisis response teams trained in psychological first aid (Sandoval, Scott, & Padilla, 2009) to serve the school community following a traumatic event, such as the suicide of a student or teacher. Little is known about effective post-vention for students who have experienced the suicide of a parent or other known person outside of school, however. Overall, more is needed to determine the effectiveness of post-vention programs for youth, given what is known about the potential outcomes following traumatic loss.

There is no question that the topic of grief intervention has been examined in the literature. However, the evidence to support its overall effectiveness is limited. Suggestions for the potential of the school as a service delivery point for grief support is abundant (Little et al., 2009; Samide & Stockton, 2002) and preliminary evidence of positive effects following school-based grief support have been noted (Rosner et al., 2010). However, empirical evidence related to the effectiveness of school-based grief interventions is not readily available as evidenced by the apparent lack of studies that are methodologically sound. The importance of a supportive environment during the grieving process is emphasized in the literature to extend from not only the immediate
family but also to the other systems in the child’s life (Schonfeld & Quackenbush, 2010), a factor that has implications for school-wide collaboration in providing comprehensive support for youth who may be struggling with grief. Key adult figures in the school have the potential to be active members in the support of students who may be struggling with grief, including classroom teachers.

**Teacher Roles and Expectations**

Among other qualifications, teachers are charged with exemplifying a number of professional skills. Namely, teachers:

- are committed to students and their learning, know the subjects they teach and how to teach those subjects to students, are responsible for managing and monitoring student learning, think systematically about their practice and learn from experience, and are members of learning communities (National Board for Professional Teaching Standards, 2002, pp.3-4)

Of particular interest is the importance of teacher collaboration and leadership within the school setting or learning community. While these standards certainly pertain to fostering academic wellbeing, the standards have been increasingly extended to include the social and emotional health of students. Teachers are expected to address issues involving students that go beyond academic achievement to include overall adjustment in order to foster a positive learning environment. Several nation-wide initiatives have been developed to promote a comprehensive approach to fostering student growth and wellbeing beyond academics, including the National Center for Mental Health Promotion and Youth Violence Prevention’s *Safe Schools/Healthy Students* initiative (2010) as well as various efforts by the National Institute of Mental Health to promote positive mental health of students across settings. While teachers have been charged with being attentive to students’ social and emotional wellbeing, many have
argued that effectively addressing mental health issues in the classroom extends beyond what is realistically possible given the numerous other demands placed upon teachers, as well as potential training deficits in addressing mental health issues (Reinke, Stormont, Herman, Puri, & Goel, 2011).

**Teacher perceptions of role.** Direct research with teachers has resulted in findings to suggest that teachers believe their role in mental health support is primarily that of classroom-based behavioral intervention implementer, and that school psychologists are primarily responsible for addressing mental health issues at school (Reinke et al., 2011). Studies examining teacher preparedness to address emotional and behavioral issues in the classroom have provided evidence to suggest that teachers generally feel uncomfortable and unprepared to provide mental health support at school (Rothi, Leavey, & Best, 2008). Teachers with more years of higher education have been found to feel better prepared to recognize signs of depression in students, and receiving training in mental health issues has been shown to increase confidence in handling these sensitive issues in the classroom (Moor et al., 2007). Teachers have reported a desire to learn principles of basic mental health support for students in ways that do not take them away from the classroom and teaching, such as through collaboration or consultation with school mental health professionals (Rothi et al., 2008), and have reported the importance of receiving training to address emotional difficulties of students (Lynagh et al., 2010). However, the practice of teacher consultation with mental health providers at school has been found to be relatively infrequent (Agresta, 2004), resulting in a disconnect between what teachers currently know and are able to learn from mental health providers at their schools.
Consultation with school-based mental health providers. Consultation is a defining role of many school-based mental health providers, and promotes an ecological approach to providing mental health support to students at school (Gutkin, 2012). Because a student may be significantly more likely to disclose personal information to a teacher with whom he or she has daily contact as opposed to mental health personnel in the school who may be completely unknown to the student (Schonfeld & Quackenbush, 2010), the communication between teachers and mental health providers becomes all the more important. All things considered, school practitioners are likely to benefit from working as a system of support in which information is relayed to others involved with a student’s care, starting with identification in the classroom. However, many barriers may exist which hinder the ability of teachers and mental health professionals to engage in effective consultation practices at school, such as time constraints, role misunderstanding, and perceptions of competence in providing certain mental health supports (Berzin et al., 2011). While teachers have reported a desire to receive assistance from others in the school when faced with a grieving student (Reid & Dixon, 1999), and have reported a greater level of comfort in discussing death issues with other adults at school than with students (Bain, 2003), teachers have also reported relatively infrequent collaboration with mental health providers at school (Agresta, 2004). When practiced, teacher collaboration with mental health providers has been found to produce overall positive effects on the services provided to students experiencing emotional or behavioral difficulties when issues are addressed in a team format (Cappella, Jackson, Bilal, Hamre, & Soule, 2011).

The teacher’s role in grief support. Given what is known about the significance of supportive environments for grieving youth, the school is an environment in which
support and stability should occur. Because parents and other family members often struggle through their own grief responses and may not be attuned to children’s reactions (Saldinger et al., 2004), teachers and other school personnel may have the ability to identify a child who is struggling with grief. Additionally, students have reported purposely withholding discussions of the death, the deceased, and associated feelings at home out of fear of upsetting surviving family members (Metel & Barnes, 2011). Teachers could be considered the first line of defense in identifying youth who are struggling through the grieving process, as teachers are likely to be the first to become aware of familial death and may notice behavioral changes that are not typical of the child. This is especially so when considering that teachers have rated family stressors that include parental death as problems that significantly impact children’s performance in school (Reinke et al., 2011). These findings, in conjunction with a greater likelihood of student self-disclosure of grief-related feelings at school versus sharing these feelings at home (Metel & Barnes, 2011), provide implications for the role of teachers in the grief support process at school.

Findings from studies examining teacher knowledge and training in childhood grief concepts have shown that most teachers have not received training through university programs, though nearly equal numbers have had a student in the classroom who has suffered from the death of an immediate family member (Bain, 2003; Papadatou, Metallinou, Hatzichristou, & Pavlidi, 2002). The availability of resources and frequency of training on grief issues through the school directly is not yet known and is a question this study directly addressed. Prior research has demonstrated that while many teachers report believing it is necessary for youth to have caring adults with whom to talk
following a death, most report feeling uncomfortable filling this role. In addition to—and perhaps contributing to teachers’ discomfort in talking with students who are grieving—is teachers’ ability to identify symptoms of emotional and behavioral difficulties in students. Findings suggest that teachers are better able to identify students who are exhibiting outward behavioral symptoms than those who are exhibiting emotional symptoms that may be more covert in nature (Loades & Mastroymannopoulou, 2010). Thus, students experiencing internalized symptoms, such as excessive worry, angst, and other inwardly focused symptoms, may go unnoticed as these indicators are not typically obvious externally. Given these collective findings, the teacher’s role in the grief support process does not appear to be well understood.

**Teacher responses to grieving students.** While teacher perceptions about awareness of the presence of grieving students in the classroom and perceived competency addressing students has been noted, little exists which helps to understand how this information is used or shared within the school environment. From previous research, a model of teacher involvement with grieving students has been identified which classifies teacher response to grieving students into three potential categories. These categories include a *proactive* response, a *reactive* response, or *no* response (Mahon, Goldberg, & Washington, 1999). Proactive responses occur when a teacher becomes aware of a death that has occurred in a student’s life and, without any apparent prompting, takes measures to address the loss with the student or the family. Reactive responses occur when a teacher becomes aware of a death that has occurred and acts on the information in some way only if the student or others approach the teacher and ask for help, or if the student begins exhibiting concerning behavior. A third response involves
knowledge of a student’s loss and, despite the student’s behaviors or communication; nothing is done on the part of the teacher to address the loss. Explanation for the no response situations included, “a desire to avoid the situation, a belief the child needed no intervention, or because of an expectation that others would ‘handle’ the situation” (Mahon et al., 1999, p. 111). Teachers who chose not to respond because of an assumption that others at school were addressing the child’s loss provided no evidence to support this claim. Thus, grieving students in these situations were not addressed to any degree, making it difficult to speculate on child outcomes.

**Teachers’ experiences with loss and beliefs about childhood grief.** The reasons why some teachers respond proactively, reactively, or not at all is speculative. Prior studies have examined various moderator variables that may have an effect on the ways in which teachers respond to grieving students. Preliminary qualitative data from an international study provided some evidence to suggest that teachers who have experienced a recent loss may be more sensitive to death issues (Lowton & Higginson, 2003), which may result in responses that could be considered to be proactive. Preliminary findings have also suggested that teachers agree that any prior personal experience with death is likely to help when faced with a grieving student in class (Mahon et al., 1999). However, further evidence of this is speculative and could depend on a number of other factors, such as personal interest in grief issues or differences in personal experiences with loss, to include particularly positive or negative experiences. However, no study exists which compares teachers’ experiences with death as a child specifically to the likelihood of a proactive approach, specifically in terms of referring students for grief support upon discovery of a loss.
Also of interest are teacher perceptions of childhood bereavement. Preliminary unpublished data indicate that teachers have been assessed for accuracy of beliefs about broad concepts of child bereavement (Bain, 2003). However, given the difficulty of drawing definitive conclusions on outcomes in this area, measuring teacher perceptions of bereavement rather than accuracy of facts may reveal more. For instance, measuring teacher perceptions of children (i.e., 12 years of age or younger) and adolescents (i.e., age 13 years of age and older) to examine potential differences between beliefs about outcomes and resiliency may help to further understand factors related to decisions to refer for grief support. Additionally, gauging teachers’ awareness of the movement away from stage theories of grief (Bonanno, 2009) could assist in developing an argument for training which addresses more modern approaches to bereavement with respect for individual grief responses. Also of significance is the finding that teachers may be more likely to misjudge the severity of a student’s grief given potential expectations that adults may have about children’s capability of understanding death in general, as well assumptions of grief equating to crying and other obvious expressions of sadness (Schonfeld & Quackenbush, 2010), though this, too, is speculative. For instance, one may hypothesize that a belief that young people are not developmentally able to fully understand the consequences of a death may result in certain response styles on the part of the teacher. This is an area that warrants further investigation.

**Statement of the Problem**

Statistics indicate that approximately 3.5% of young people will experience the death of a parent before the age of 18 (Harrison & Harrington, 2001). Figures on the number of sibling bereaved young people are less available, though data show that in
2007, over 82,000 young people under the age of 19 died in the United States (NCHS), potentially leaving behind a large number of affected siblings. When factoring in losses of grandparents, aunts, uncles, and other direct family members and friends, bereaved students may be a considerable presence in the school setting. The school is increasingly becoming considered the “de facto” mental health agency, as a student spends the majority of his or her waking hours in school (Jacob & Coustasse, 2008, p. 197). What is known in the literature is the importance of a stable and supportive environment following a loss, which may extend beyond the immediate family to include the school environment, as well as the tendency for students to purposely withhold grief related feelings at home out of fear of upsetting others in the family (Metel & Barnes, 2011).

Teachers could be in the best position to identify a student who may be struggling with grief given that they are often among the first in the school to become aware of the death and may have the ability to notice day to day changes in the student’s behavior or emotional state (Schonfeld & Quackenbush, 2010). Grieving students have also reported a preference for discussing grief and loss with peers who have also experienced a death (Metel & Barnes, 2011), and information on potential grief support groups at school may become available through consultation between the teacher and providers of such groups. Finally, qualitative data obtained directly from bereaved students have provided evidence to suggest that students want more support and recognition of a loss due to death from adults at school (Dyregrov, 2009; Forward & Garlie, 2003).

Information about steps taken when a teacher becomes aware of a student’s loss is not readily available. While teachers may initially refer a grieving student for in-school counseling or act in some other way, what happens to provoke this referral as well as
factors associated with the likelihood of consultation with mental health professionals and other available resources at school are not known. Additionally, a teacher’s own experiences with loss during childhood and how these experiences may be a potential variable in the grief support process for students has not been previously examined and is not well understood.

Purpose

The purpose of this mixed methods study was to explore and further understand the process through which teachers work when initially confronted with information that a student has experienced the death of a family member, as well as to explore associated factors. More specifically, the aims of this study were to (1) explore the prevalence of bereaved students, (2) report available grief resources at school, policies, and teacher training, (3) examine the steps taken when a student’s loss is discovered, including consultative practices, factors related to referral, perceived barriers to support, and student outcomes, (4) understand the experiences of early bereaved teachers and how early loss may affect approaches to grieving students, and (5) examine teacher perceptions of childhood grief across school levels and regions. These aims, research questions and corresponding hypotheses are described as follows:

Aim 1: To explore the prevalence of bereaved students.

Research Question 1: How common is the experience of having a grieving student in class?

It was expected that over half of respondents would report having had at least one bereaved student in class, as an unpublished study found that 75% of surveyed teachers reported having taught a bereaved student during their career (Bain, 2003). It was also
expected that losing a student to death would be less common than having a bereaved student in class.

**Aim 2: To report the grief resources available to teachers, including school policies and training received.**

Research Question 2a: What training in grief issues have teachers received?

Research Question 2b: What grief resources are available in schools?

It was anticipated that limited resources for addressing grief would be available in schools overall, with less available in rural counties (Jimerson, 2005). It was also hypothesized that the most cited available resource would be a school mental health professional. It was expected that teachers generally did not receive training at the university level, as prior research has shown this (Bain, 2003; Papadatou et al., 2002), although information about school-based training is less available. It was anticipated that teachers would report a low frequency of school policies addressing student grief.

**Aim 3: To examine the steps taken when a student’s loss is discovered, including consultative practices, factors related to referral, perceived barriers to support, and student outcomes.**

Research Question 3a: What steps are taken when a teacher discovers a student’s loss?

Research Question 3b: What affects a teacher’s decision to refer a student for counseling?

It was anticipated that teachers would most often report not seeking information about grief, would most likely refer the student to a school mental health professional, and that follow up would be limited. While Mahon and colleagues (1999) previously
identified actual responses to grieving students to include proactive (the mere event of a
death resulted in actions taken), reactive (no action was taken unless student exhibited
symptoms or asked for help), or no response (no action either way) to the student, factors
affecting these actions are not well understood.

Research Question 4a: What student outcomes are reported by teachers?

Research Question 4b: What obstacles do teachers report in the grief support
process?

No a priori hypotheses were made in relation to teacher perceptions of student
outcome, as this has not been examined in the literature and is largely exploratory. It was
hypothesized that a lack of training would be the highest reported obstacle (Bain, 2003;
Papadatou et al., 2002).

Research Question 5a: What information is sought during grief consultation?

Research Question 5b: Does the likelihood of consulting differ between school
levels?

Research Question 5c: Do teachers find consultation effective?

It was expected that consultation would not occur frequently, as general studies
have found school-based consultation between teachers and mental health professionals
to be infrequent (Agresta, 2004). Thus, hypotheses about differences in school levels and
ratings of effectiveness were not made.

Aim 4: To explore whether teachers’ own early loss experiences may have an
effect on approaches to grieving students.

Research Question 6a: Do perceptions of childhood grief differ between early
bereaved and non-early bereaved teachers?
Research Question 6b: Have early loss experiences affected teachers’ approaches to grieving students?

It was expected that those who experienced a death as a child would report more positive perceptions about childhood grief, as preliminary studies have provided evidence of higher levels of sensitivity to grief issues amongst those who have experienced a recent death as an adult (Lowton & Higginson, 2003), though those who experienced a death as a child have not been investigated beyond preliminary anecdotal reporting.

**Aim 5: To examine potential differences in perceptions of childhood grief across teachers of different school levels and regions.**

Research Question 7a: Do perceptions of childhood grief differ between teachers of different school levels (i.e., elementary, middle, high)?

Research Question 7b: Do perceptions of childhood grief differ between teachers of rural and urban counties?

No a priori hypotheses were made, as this has not been examined in methodologically sound ways beyond preliminary investigation of elementary teachers’ perceptions of childhood grief (Bain, 2003).
Chapter Two

Methodology

The overall purpose of this mixed methods study was to further investigate school support for grieving students from the perspective of the teacher. An overarching goal of this study was to explore the ways in which teachers respond to a student’s loss in an effort to inform strategies for supporting grieving students. This chapter will describe the principles of mixed methods research as well as provide a review of the methods utilized in this study specifically to include (a) research participants, (b) research design, (c) instrumentation, (d) procedures, and (e) data analysis techniques.

Participants

Participants were sampled from public schools across the state of Kentucky. Participants included a randomly selected sample of 280 teachers employed within various counties within the state. Teachers were not required to provide answers to every survey item, and were allowed to skip questions they did not want to answer, resulting in occasional missing data. A total of 55 respondents initiated but did not complete the survey, resulting in an 80% completion rate (Final N = 225). Teachers were both general (n = 159) and special education practitioners (n = 43). Demographic information including participant age, gender, racial background, school level taught, highest degree obtained, county of employment, and number of years teaching was collected and is provided in Table 1.
<table>
<thead>
<tr>
<th>Variable</th>
<th>N (%)</th>
<th>M (SD)</th>
<th>Range</th>
</tr>
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<tr>
<td>Age</td>
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<td>39.26 years (10.6)</td>
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<td>196 (99%)</td>
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<td></td>
</tr>
<tr>
<td>Biracial</td>
<td>1 (.5%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>1 (.5%)</td>
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<td>Area of Teaching</td>
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<tr>
<td>General Education</td>
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<tr>
<td>Special Education</td>
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<tr>
<td>High School</td>
<td>53 (26%)</td>
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<td>Highest Degree Obtained</td>
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<td>Bachelor’s Degree</td>
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<td>Master’s Degree</td>
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<tr>
<td>11 to 15 Years</td>
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<tr>
<td>16 to 20 Years</td>
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<td>21 or more Years</td>
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<td>County of Employment (Continuum)</td>
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<td>8</td>
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</tr>
<tr>
<td>9</td>
<td>14 (7%)</td>
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<tr>
<td>County of Employment (Dichotomized)</td>
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</tr>
<tr>
<td>Rural</td>
<td>91 (46%)</td>
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</tr>
<tr>
<td>Urban</td>
<td>106 (54%)</td>
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</table>

*Note. N’s range from 197 to 202 due to occasional missing data.*
Participant demographics were approximately representative of the statistics of the population of Kentucky teachers with respect to gender (Figure 1) and racial background (Figure 2). The Kentucky Department of Education (KDE, 2012) website does not provide exclusive information regarding specific racial and ethnic classifications of teachers; rather, this information as it relates to teachers is presented only as White or Minority. While exact figures on the number of teachers at each school level within the state were not available, participant demographics were approximately representative of the number of schools of each level in the state (Figure 3).

*Figure 1.* Comparison of Kentucky teachers (KDE, 2012) and study participants by gender.
**Sampling Methods**

Participants included teachers who were randomly sampled from public schools across the state of Kentucky. Participants were required to be teachers employed in a public elementary, middle, or high school setting in the state of Kentucky and were required to be over the age of 18 to participate in the study. No other exclusionary factors were set. A comprehensive public listing of all public schools, counties, and
affiliated principals in the state was obtained from the KDE website in the form of a Microsoft® Excel spreadsheet. At the time of sampling, there were 1,233 public elementary, middle, and high schools in the state (KDE, 2012). On this list, schools were presented in alphabetical order by county. Using Microsoft® Excel features, schools were redistributed in list form in a randomized order. Using a random number generator, a total of 75 schools were selected to participate by the selection of every 19th redistributed school on the randomized list.

A gatekeeper approach was utilized, in which the principal of record for each school was the sole school representative contacted via email. Email addresses of principals were obtained from online district registries of principal email listings by school, available and open to the public via the KDE website. Each principal was asked to disseminate the survey email to all teachers in the respective schools. The principal of record in the selected schools was sent an email message that contained an invitation to participate (Appendix A) followed by a reminder email one week following the initial email if a response was not obtained by this time (Appendix B). Principals were asked to respond to the researcher and indicate whether or not they were willing to distribute the email survey to teachers at their respective schools. In response to this reply, all principals were provided with an electronic resource for grief support in schools published by the National Association of School Psychologists (NASP), free and available to the public on the NASP website (2010). All principals were provided with this resource upon reply regardless of intent to distribute the survey.

The email included a link to the survey, which was hosted by the external survey webhost, Qualtrics® (Appendix C). If no response was received two weeks from the
original dissemination date, a follow-up reminder phone call to the principal of record was made utilizing the script found in Appendix B. Telephone numbers of schools were also available and open to the public on the same KDE spread sheet previously described. Subsequent waves of random sampling were completed in this manner until 75 school principals agreed to distribute the email to the teachers in his or her respective school. Participants’ personal information was not linked to survey responses, and each teacher was assigned an identification number prior to data analysis.

**Research Design**

This study aimed to investigate the previously described factors utilizing an Internet-based mixed methods survey distribution design. A mixed methods design is one in which the researcher obtains and analyzes different but complementary data (Creswell & Plano-Clark, 2007). The purpose of conducting a mixed methods study is to collect qualitative (textual) and quantitative (numerical) data in an effort to study an area more comprehensively by utilizing the strengths of both methods (Creswell & Plano-Clark, 2007).

In this study, teachers provided responses to questions about their own past actions when confronted with a student’s loss, questions about their experiences with consultation with others at school and components of school bereavement policies, responses on a measure of perceptions of childhood bereavement, and various questions about experiences with grieving students. By collecting quantitative, descriptive, and qualitative data, a mixed methods approach allowed for the examination of several pieces of information to better connect the data for interpretation (Creswell & Plano-Clark, 2007). This study in particular involved the collection of data by way of a mixed
methods triangulation design. This design is one in which both qualitative and quantitative data are obtained simultaneously and interpreted together to study a phenomenon. Given what little is known about the factors associated with the ways in which a teacher responds to a grieving student and perceived student outcomes, as well as how teachers’ personal experiences with loss as a child may affect approaches with grieving students, these phenomena were examined qualitatively. Additional quantitative data provided information about other potential factors of interest during the process. The integration of these distinct but relevant pieces of data may provide insight into the development of future measures that could be utilized at a later point to study this area more quantitatively in ways that are not presently possible.

**Instrumentation.** This study involved the collection of descriptive, qualitative, and quantitative data via an online survey instrument developed by the researcher. Teachers participated in the study independently via Internet. This method was chosen in an effort to give participants adequate time to reflect on the survey subject matter (i.e., past students and steps taken to address grief), as well as to provide the participants privacy in responding to questions about their own experiences with childhood grief and perceptions of grief issues. Additionally, this methodology was chosen for its ability to reach teachers across the entire state. In the state of Kentucky, 92.4% of teachers reportedly have a computer with Internet access at home, and 100% of public schools have Internet access and email capability (KDE, 2012). All survey items were developed utilizing Nardi’s (2006) guidelines for survey research and information was collected cross-sectionally, that is, at one point in time. The survey was divided into five adaptive sections, with participant responses determining which sections would be administered.
Descriptive data about grief at school. All participants began the survey by answering questions related to the number of bereaved students they have had in class, resources available at school for addressing grief, the presence of a bereavement policy at school, and similar closed-ended informational questions. This section contained one open-ended question which asked participants to further describe an existing school bereavement policy, if applicable. All participants were exposed to this portion of the survey and were then automatically routed to a measure of perceptions of childhood grief.

Measure of perceptions of childhood grief. All participants provided responses in the form of a rating scale of agreement to a variety of statements about childhood grief. Given that factual information as it relates to childhood grief is difficult to state conclusively, teacher perceptions were instead measured. A previous measure developed by Bain (2003) for her unpublished thesis was initially used to measure elementary teachers’ knowledge of childhood grief concepts. The original Cronbach’s alpha for this measure was .59. This measure was altered and further developed by the current researcher in conjunction with an expert in the field of childhood bereavement and a panel of practicing teachers in the state of Kentucky to ensure that it was appropriate for use with the intended audience. The original measure was developed for use with teachers of Kindergarten through fifth grade only, and framed questions in such a way to elicit factual information. The measure was further altered to include separate items to address both children (described as those age 12 and under) and adolescents (described as those between the ages of 13 and 18). Direct permission to alter portions of this measure to include in the present study was not received due to the inability to achieve contact with the author after various attempts. However, the author is cited as appropriate. The
final revised measure included items that were presented on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Upon completion of this section, teachers were provided with a filter question to which they responded whether or not they have had a student in class who experienced a family member’s death. Teachers were then routed in the survey to either complete a section about that experience or to a section about their own losses as a child or adolescent if they answered “no” to this filter question.

**Experiences with grief at school.** If teachers indicated that they had been involved with a grieving student at school, a portion of the survey was provided to determine the teacher’s experiences with the student and subsequent steps taken to address grief at school. Potential steps included identification of the student’s loss, description of referral or other responses including consultative practices, additional follow-up, and characteristics surrounding the event that may have affected this response (e.g., student behaviors). This portion of the measure included open-ended questions related to consultative practices at school, as well as the collection of descriptive data to better understand the steps taken. After completion of these items, teachers were prompted to respond whether or not they experienced the death of a significant person as a school-aged youth. If the respondent indicated that he or she did, additional questions about this experience were presented.

**Teacher experiences with death as a child.** Teachers provided descriptive data to include whether or not a loss occurred and the relationship of the deceased person. An open-ended item was provided to allow teachers to describe how their own experiences with death as a young person affected current approaches to grieving students. Finally,
demographic information was collected to include teacher ethnicity, gender, age, area of training (i.e., special education or general education), grade level, and county of employment.

**Instrument development.** To most effectively design an appropriate measure for use in this study, experts in the field of childhood bereavement and teaching were consulted throughout the process. During the first phase of instrument development, a doctoral committee member and expert in the field of childhood bereavement provided feedback and guidance on the appropriateness of the survey content. The survey was further developed in conjunction with a panel of practicing teachers in the state of Kentucky to ensure readability, breadth of coverage, relevance to both the topic and intended audience, as well as to gauge an accurate time required to complete the survey. After preliminary survey design, the measure was distributed via Internet and paper copy to three practicing teachers from both the general education and special education domains to elicit final feedback regarding the measure. Panel members were given time to review the measure on their own, as well as to complete a sample survey to determine the length of time required. Following this initial review, the researcher met independently with each panel member to review suggestions and obtain feedback on the measure. Once a final draft of the measure was established, Internet accessibility was tested remotely using several types of operating systems to ensure that the survey appeared as it should across computers and Internet providers. No responses collected during instrument development were used during data analysis.
Procedures

Teachers were recruited for this study through the email distribution of an invitation to participate that included a link to the external survey host, Qualtrics©. Gatekeepers in the form of school principals were initially contacted with a request to further disseminate the survey to teachers in the schools. Strengths of this approach included providing a paperless method of data collection, which provided instant feedback, as well as the potential to reach teachers in geographically distant counties. The benefits of Internet surveys in particular include the ability to administer surveys that may be more complicated in nature, allow for skipping of questions based on need, and other filtering that might be confusing and costly with a paper-based survey. By using a gatekeeper, it was the hope of the researcher that teachers would be less likely to dismiss the survey as email spam. However, limitations of this approach may include uncertainty that the individual completing the survey was in fact a practicing teacher, and a high likelihood of teachers disregarding the survey given other demands and increased volume of email communication (Couper & Bosnkaj, 2010).

Consent for the study was indicated by the participant’s decision to move forward with the survey after being routed to the initial informed consent page and clicking on the “agree” icon at the bottom of the screen. Participants were reassured that obtained information would not intentionally be shared with third parties, but were cautioned of the nature of online data collection and associated risks. An incentive for participation in the form of the option to be entered in a drawing for one of four $25 gift cards for Amazon.com was provided. The gift cards were independently researcher-funded and issued to the randomly drawn winners via email certificate following the conclusion of
the data collection period. If participants wished to become entered in the drawing, they were given the option to provide a contact email address at the end of the survey. This information was used for the sole purpose of notifying the winners of the drawing. Email addresses were not compared to the survey responses and were destroyed following notification of the drawing winners.

All participants completed the initial descriptive portion of the survey as well as the perceptions about childhood grief measure and demographic sections. The sections that were dependent upon filter items included the analysis of grief support provided as well as the section about personal loss as a child. Upon completion of the initial descriptive portion of the survey, participants were then asked if they have encountered a student who has experienced familial loss. If the indication was “yes”, participants were filtered to the subsequent survey items to include an analysis of the grief support process. Those responding “no” or “I don’t know” were automatically routed to the section about their own loss as a child. If participants indicated that they did not experience the death of a significant person as a child, they completed the demographic items, were given the opportunity to provide an email address for the incentive drawing, and exited the survey.

Data Analysis

Preliminary analyses. The data obtained included qualitative, quantitative, and descriptive components. All data were transferred from the online survey hosting website, Qualtrics®, and entered into a Microsoft® Excel spreadsheet for cleaning and coding. Numerical data were then entered into the IBM® SPSS statistical program for analysis. Initial analyses to evaluate the normality of the data, including analysis of skewness and kurtosis, revealed that data were normally distributed. This finding
indicated that statistical assumptions were met and that data should be treated as normal, with the use of parametric statistical tests justified.

According to the most recent available statistics from the United States Department of Agriculture (USDA, 2003), counties in the United States are currently classified on a continuum of rurality. The continuum consists of a scale from one to nine, with higher numbers indicating greater rurality. Given the unequal spread of counties of various rurality in the final sample, this category was dichotomized according to the USDA’s recommended classification of rural and urban settings for analyses. Thus, counties classified one to three on the continuum received a code of 0 for urban, and counties classified four to nine on the continuum received a code of 1 for rural (USDA, 2003).

Quantitative analyses. For quantitative analyses, a $p$-value of less than .05 was used to consider statistical significance. Descriptive data from closed-ended items were obtained and reported in terms of frequencies, means, and standard deviations across variables of the study (e.g., number of grieving students). To determine if differences existed in consultation practices between various school levels (Research Question 5b), a Chi-square analysis was utilized to examine teacher consultative practices by school level (i.e., elementary, middle, high). To examine the dependent variable of teacher perceptions about childhood grief across the independent variables of interest, separate analyses were completed. To examine this difference between school levels (Research Question 7a) a one-way Analysis of Variance (ANOVA) test was utilized. Additionally, separate Independent Samples $t$ tests were employed to determine if differences in perceptions about childhood bereavement differed between those who experienced the
death of a significant person as a child and those who did not (Research Question 6a), as well as between those employed in rural or urban school districts (Research Question 7b). A missing values analysis was performed in SPSS to determine the completeness of the dataset relative to the variables of interest. The overall summary of missing values graphs indicated that less than 5% of the data were missing from the quantitative scale. Thus, missing items were excluded from analyses given the small percentage of missing data overall.

**Qualitative analyses.** Qualitative data were transferred from the Qualtrics© website into a Microsoft® Excel spread sheet for coding and identification of themes. During this phase, a content analysis was performed (Nardi, 2006), during which time similar responses were grouped together to identify potential categories. The method of concept development (Gibson & Brown, 2009) was considered and applied when appropriate as a means of considering the existing literature base of the topic in relation to the new data for interpretation. A constant comparative (Creswell, 2007) approach was used throughout analysis, meaning that new data were compared with existing data in consideration of theme development. This occurred until full saturation of information was achieved. Themes were identified for both commonalities and differences in an effort to identify not only what pieces of data were similar to identified themes, but also potential outliers and themes that may not have been expected (Gibson & Brown, 2009). Inter-rater reliability was achieved through independent coding by the researcher as well as by one committee member, an expert in the field of childhood bereavement.
Chapter Three

Results

The purpose of this study was to examine teachers’ encounters with grieving students at school. Both qualitative and quantitative data were collected concurrently to provide in-depth information about teachers’ experiences with grief support at school, an area that has been examined minimally within the literature. This section describes the findings relative to the previously mentioned hypotheses. The independent variables of interest in the quantitative portion of this study included school level (elementary, middle, or high), county (rural or urban), and teachers’ own early-bereaved status (yes or no). Dependent variables of interest included factors such as teacher perceptions of childhood grief, existence of a death or grief policy at school, and consultative practices. Given the disproportionate representation of teachers across the nine USDA categories of rurality (Figure 4) as well as visual inspection of the tests of normality histogram prior to analyses, rurality was treated as a dichotomous variable based on recommendations in the literature (De Vause, 2002). Counties were first identified and coded using the original one to nine scale, and were then re-coded into a dichotomy, with counties rated one to three considered urban and counties rated four to nine considered rural (USDA, 2003). In the final sample, 46% \( (n = 91) \) of participants were employed in counties that are considered rural, and 54% \( (n = 106) \) were employed in counties that are considered urban. The sample of teachers ranged from elementary \( (n = 118) \), middle \( (n = 30) \) and high school teachers \( (n = 53) \). Finally, information about those bereaved in childhood \( (n = 131) \) and those not \( (n = 72) \) was collected. The results of the various analyses are categorized according to the corresponding research question.
Figure 4. The number of participants in each of the nine original rural-urban continuum categories. Total $N = 197$ due to occasional missing data.

**Research Question 1: How Common is the Experience of Having a Grieving Student in Class?**

Descriptive data were obtained to determine an estimate of the number of overall bereaved students encountered by these teachers and the relationship of the deceased to the student within the period of the last three years (Table 2). The type of loss most frequently encountered overall as reported by teachers over the last three years was that of a student’s friend or classmate, followed by a student’s grandparent.

**Table 2**

*Approximate Number of Bereaved Students by Type of Loss: Previous 3 years*

<table>
<thead>
<tr>
<th>Relationship of Deceased to Student</th>
<th>$M$ (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend/Classmate*</td>
<td>6.0 (18.9)</td>
</tr>
<tr>
<td>Grandparent</td>
<td>5.8 (6.8)</td>
</tr>
<tr>
<td>Parent</td>
<td>2.25 (2.9)</td>
</tr>
<tr>
<td>Sibling</td>
<td>.67 (1.9)</td>
</tr>
<tr>
<td>Other</td>
<td>2.3 (1.6)</td>
</tr>
</tbody>
</table>

*Note. *Two outliers of 250 and 300 were excluded from descriptive analyses.*
Descriptive data were also collected to better assess the likelihood of coming into contact with a familial-bereaved student in the classroom, as family member loss was the central focus of this project. The overwhelming majority (95%, $n = 214$) of teachers reported having had contact at least once with a student who lost a family member to death. When asked to consider the most recent encounter with a familial-bereaved student and the relationship of the deceased to the student, 51% ($n = 103$) reported that the student lost a parent, followed by 37% ($n = 76$) who indicated the loss of a grandparent (Table 3). The most common cause of death for the reported family member was illness ($n = 143$) accounting for 71% of the reported deaths, followed by death due to accident ($n = 31$) accounting for 15% of the reported deaths (See Table 3).

Table 3

*Most Recent Student Loss (Family Member)*

<table>
<thead>
<tr>
<th>Relationship of Deceased</th>
<th>$N$ (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>103 (51%)</td>
</tr>
<tr>
<td>Grandparent</td>
<td>76 (37%)</td>
</tr>
<tr>
<td>Sibling</td>
<td>13 (7%)</td>
</tr>
<tr>
<td>Guardian</td>
<td>3 (1.5%)</td>
</tr>
<tr>
<td>Uncle</td>
<td>3 (1.5%)</td>
</tr>
<tr>
<td>Aunt</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>Cousin</td>
<td>1 (0.5%)</td>
</tr>
<tr>
<td>Child</td>
<td>1 (0.5%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>$N$ (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness</td>
<td>143 (71%)</td>
</tr>
<tr>
<td>Accident</td>
<td>23 (11%)</td>
</tr>
<tr>
<td>Suicide</td>
<td>8 (4%)</td>
</tr>
<tr>
<td>Drug Overdose</td>
<td>7 (3.5%)</td>
</tr>
<tr>
<td>Homicide</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>Home Fire</td>
<td>1 (0.5%)</td>
</tr>
</tbody>
</table>

*Note.* Home fire and drug overdose categories were collapsed into the broader category of accident for descriptive purposes within the text. $N$’s range from 186 to 202 due to occasional missing data.
Also of interest was the reported likelihood of teachers experiencing the death of a student. Approximately 40% (n = 85) of teachers in the sample reported having lost at least one student to death over the course of their teaching career (M = 3.3, SD = 2.7) with the number of losses ranging from one to ten students. The most common cause of student death endorsed by teachers was accidental (27%, n = 60), followed by illness (15%, n = 33) and suicide (15%, n = 33). Descriptive statistics for causes of student death are reported in Table 4.

Table 4

*Teacher Report of Cause of Student Death*

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident</td>
<td>60 (27%)</td>
</tr>
<tr>
<td>Illness</td>
<td>33 (15%)</td>
</tr>
<tr>
<td>Suicide</td>
<td>33 (15%)</td>
</tr>
<tr>
<td>Homicide</td>
<td>6 (3%)</td>
</tr>
<tr>
<td>Drug overdose</td>
<td>3 (1.3%)</td>
</tr>
<tr>
<td>House fire</td>
<td>2 (.9%)</td>
</tr>
</tbody>
</table>

*Note.* Teachers were asked to select more than one cause if more than one student was lost.

**Research Question 2a: What Training in Grief Issues Have Teachers Received?**

Teachers responded to a variety of items measuring pre-service training related to death and grief issues (Figure 5). Degrees of training ranged from having researched information independently (14%, n = 32), to having had an entire university course dedicated to death and grief issues (13%, n = 30). The majority of respondents reported having had no exposure to training on death and grief issues pre-service (60%, n = 135).
Figure 5. Percentage of teachers indicating pre-service training on death and grief issues.

Relative to school-based training, teachers reported somewhat more frequent exposure to training on death and grief issues (Figure 6). Approximately 30% \((n = 67)\) of teachers reported having ever attended a seminar or workshop at school, while an additional 20% \((n = 46)\) reported having ever received training from a school-based mental health provider. Rates of attendance to a school-based suicide prevention training were approximately equal, with half of teachers indicating that they had attended such a training for the present year.
Figure 6. Percentage of teachers indicating school-based training on death and grief issues.

Research Question 2b: What Grief Resources are Available in Schools?

Of the potential grief and loss resources available, the most frequently reported resource was Internet access, with 86% \( (n = 193) \) of teachers indicating that Internet access was available at school. This finding was not consistent with KDE’s (2012) reported frequency of 100% of schools in the state having Internet access, though it is possible that teachers who did not identify the Internet as a resource may not perceive it as such for a variety of reasons, such as inconsistent connectivity. The second most frequently reported school-based resource was a family resource and youth services center (FRYSC; 73%, \( n = 164 \)). The purpose of an FRYSC in the school is to provide support to the academic and local community in a variety of ways to ensure the success of students, including support for mental health issues (Cabinet for Health and Family Services, 2013). Examination of available resources by school level indicated that elementary school teachers reported less access to the Internet, but more access to
FRYSC’s than middle or high school teachers (Figure 7). Middle school teachers reported less access to FRYSC’s, but more mental health providers in the community than did elementary and high school teachers. High school teachers reported less access to mental health providers both within school and within the community when compared to elementary and middle school teachers in this sample.

![Graph showing availability of resources at each school level](image)

*Figure 7.* Percentage of teachers at each school level indicating availability of resources at school.

Examination of differences between teachers of urban and rural school districts related to available resources (Figure 8) indicated that teachers in rural districts reported more access to the Internet at schools, as well as more books on death and grief. Teachers in urban counties reported more access to school-based and community mental health providers, possibly indicating that resources in the form of a person may be less available in rural settings. Teachers in both rural and urban counties reported approximately equal access to FRYSC’s within the school.
A resource not yet examined within the existing literature is that of school policy related to student bereavement. Approximately 15% of teachers \((n = 33)\) reported that the school in which they are employed has a specific policy regarding addressing student loss. More significantly, 62% \((n = 136)\) of teachers reported not knowing if their school had such a policy or not. Of those who indicated that a policy was available, 27% \((n = 9)\) reported that training is offered on the policy, most often once per year. Components of existing policies are listed in Table 5 and included addressing absences, notification of a school-based mental health team, notification of an outside mental health team, and, to a lesser degree, suggestions for resources.
Table 5

Components of Existing Bereavement Policies

<table>
<thead>
<tr>
<th>Component</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy addresses attendance</td>
<td>19 (58%)</td>
</tr>
<tr>
<td>A specific procedure for addressing loss is provided</td>
<td>14 (42%)</td>
</tr>
<tr>
<td>Policy includes notification of school-based team</td>
<td>10 (30%)</td>
</tr>
<tr>
<td>Policy includes notification of outside team</td>
<td>10 (30%)</td>
</tr>
<tr>
<td>Policy includes resources</td>
<td>6 (18%)</td>
</tr>
</tbody>
</table>

Note. Items are not mutually exclusive.

Research Question 3a: What Steps are Taken When a Teacher Discovers a Student’s Loss?

To further explore the steps taken when a teacher becomes aware of a student’s loss, several survey items related to this process were presented to participants. Teachers who reported having had a student in class who experienced the death of a family member were asked to recall the most recent time in which they were exposed to such a student, and were provided with several forced choice questions related to the experience. Teachers reported most often learning of a student’s loss from other employees within the school (40%, n = 90), followed by from the student directly (32%, n = 72). Additional avenues of discovering a student’s loss included other family member report (26%, n = 26), and via media or social networking sites (9%, n = 11). When first learning of a student’s loss, approximately 40% of teachers reported seeking out information about childhood grief (n = 80). Of those who reported seeking information, the most often reported method of obtaining resources involved searching the Internet (63%, n = 50). Other teachers reported obtaining a book about childhood loss (19%, n = 15), calling the parent or guardian for information (28%, n = 22), and contacting local agencies for resources (18%, n = 14).
Teachers were asked to further describe additional approaches to addressing the student beyond seeking resources. Teachers were allowed to select as many options as they wanted from a list of potential actions. The majority of teachers reported speaking to the student directly regarding his or her loss (82%, n = 158). Fewer teachers reported telling other students about the loss (23%, n = 23). Approximately 40% (n = 76) of teachers referred the student for in-school counseling, while 5% (n = 9) reported referring the student for out-of-school counseling. Many teachers recounted modifying the student’s assignments in some way following the loss (31%, n = 59). The least-often reported action by participants was giving the student a book about grief or loss (2%, n = 4).

In addition to descriptive multiple selection items, teachers were asked to expand upon actions taken when confronted with a grieving student in an open-ended format, and were given unlimited space to do so. A total of 23 teachers provided textual responses describing additional approaches taken with the student. Responses were reviewed, categorized, and independently coded for themes using the qualitative methods previously described. Several key themes were identified following in-depth analysis of participant responses (Table 6), and are described as follows according to theme.
Table 6

**Thematic Elements of Actions Taken with Grieving Students**

<table>
<thead>
<tr>
<th>Theme</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No action taken intentionally</td>
<td>6 (25%)</td>
</tr>
<tr>
<td>“I’m here if you need me” statement</td>
<td>5 (21%)</td>
</tr>
<tr>
<td>Involved other professionals at school</td>
<td>5 (21%)</td>
</tr>
<tr>
<td>Assumption of help received elsewhere</td>
<td>5 (21%)</td>
</tr>
<tr>
<td>Generally talked to student (teacher initiated)</td>
<td>5 (21%)</td>
</tr>
<tr>
<td>Attended/involved with death rituals</td>
<td>3 (13%)</td>
</tr>
<tr>
<td>Helped parent/guardian</td>
<td>3 (13%)</td>
</tr>
<tr>
<td>Generally talked to student (student initiated)</td>
<td>2 (8%)</td>
</tr>
<tr>
<td>“Just listened” to student</td>
<td>2 (8%)</td>
</tr>
<tr>
<td>Related through own loss</td>
<td>1 (4%)</td>
</tr>
<tr>
<td>No action taken at specific parent request</td>
<td>1 (4%)</td>
</tr>
<tr>
<td>Engaged in school ritual</td>
<td>1 (4%)</td>
</tr>
</tbody>
</table>

*Note.* Themes are not mutually exclusive.

Prior researchers (Mahon et al., 1999) have attempted to identify a response pattern amongst school personnel when addressing grieving students at school, and have proposed a triangulated pattern of responses based on this preliminary study. This pattern of responses included a proactive, reactive, or no response on the part of the school professional. This overarching pattern was similarly found throughout participants’ responses in the current study. Based on qualitative data, participant responses were categorized into types of response to identify patterns amongst this small sample of teachers. Half of participant responses (n = 12) represented a proactive response, approximately 17% (n = 4) of responses represented a reactive response, and approximately 30% (n = 7) of responses represented no action. Examples of each type of response and related themes identified within the current data are further described below.

**Proactive responses.** Several teachers (21%, n = 5) reported initiating conversations with the student about the loss without the student mentioning the death, a
response that can be considered to be proactive in nature. Teachers endorsing this theme often described acknowledging the student through expressing condolences for the loss, as well as sending perceived messages of support to the student. One middle school teacher reported using his own experience of losing his grandparent as a teenager as common ground to broach the topic with a student who recently lost a grandparent. Other teachers described specific conversations initiated with students. One high school teacher shared how she spoke with her student regarding details of the loss and funeral activities, writing:

“I told the student I was very sorry and that I would be thinking of her and her family. I asked if the grandmother had had an extended illness. When the student returned to school, I asked if she was okay, and asked about the funeral, and she shared details with me.”

Three of the teachers reported attending the family’s funeral services or otherwise becoming involved in the death rituals, a finding that was not common. Finally, an additional three participants reported providing resources to the student’s parent or families, with one teacher reportedly offering one mother a book about addressing grief with children while also grieving a loss.

**Reactive responses.** Fewer teachers described a more reactive approach, such as waiting until the student approached the teacher about the loss to engage in conversation about it or to seek help for the student. Those who did describe this approach indicated that the student was allowed to share what he or she preferred upon initiation, and that often the teacher served as a good listener for a student who “needed to be heard.” One elementary school teacher reported that the student was “allowed to visit the school counselor as needed,” a statement that reflected more of a reactive response style that hinged upon the student’s outreach. Additional teachers described taking no direct action
necessarily, but reacting if or when alerted to a potential issue with the student. One middle school teacher reported that she “observed the student to watch for signs of difficulty… but did not mention the death” when her student’s parent died.

**No Action.** The second most frequently described response from teachers was to not respond to the student at all (30%, n = 7). Subthemes within this category included an assumption of help received elsewhere and taking no action due to the request of a parent or guardian. Some teachers who endorsed this overall theme described various reasons for non-response, ranging from not wanting to provoke the situation to reporting that the loss occurred just prior to summer break. One elementary school teacher expanded upon her reasoning for taking no action following the death of the student’s mother, writing:

“The student transferred to our school because of this event. The student was attempting to transition into a new school and so we felt that calling attention to the matter was not appropriate. Students are allowed to visit the counselor at any time and/or contact the father at any time.”

Only one teacher reported that a parent or guardian specifically requested that the student not be engaged with about the loss, though further explanation of the request was not provided. Finally, several teachers provided statements that alluded to a belief that the student’s needs were being met elsewhere. For instance, one elementary school teacher reported that prior to the loss, her student was “already seeing the school psychologist,” providing no elaboration, but touching upon the belief that the student’s needs were likely already being met.

Among the themes less salient were those involving engaging in a school-based ritual with the student to acknowledge the loss. Only one participant, an elementary school teacher, reported involving the entire class in a ritual, explaining that the class
gave the student a Build-A-Bear® of the school’s mascot following the death of the student’s grandparent.

**Research Question 3b: What Factors Affect a Teacher’s Decision to Refer a Student for Counseling?**

Given the initial hypothesis that teachers would most often refer a student for counseling upon learning of his or her family member’s death, this area was further examined qualitatively. Analysis of teachers’ open-ended responses regarding decisions to refer a student for counseling post-loss was conducted using the qualitative data coding techniques previously described. Teachers who indicated that they sought a counseling referral for the student were asked to describe the factors that contributed to the decision, and were given unlimited space to do so. A total of 62 participants provided textual responses to this item. Several key themes were identified following in-depth analysis of participant responses (Table 7), and are described as follows according to theme.
Table 7

*Thematic Elements Related to Referral Factors*

<table>
<thead>
<tr>
<th>Theme</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student appeared distressed</td>
<td>23 (37%)</td>
</tr>
<tr>
<td>Prevention specifically referenced</td>
<td>16 (26%)</td>
</tr>
<tr>
<td>Death event alone</td>
<td>14 (23%)</td>
</tr>
<tr>
<td>Teacher thought student needed coping skills</td>
<td>11 (18%)</td>
</tr>
<tr>
<td>Student had multiple risk factors/losses</td>
<td>10 (16%)</td>
</tr>
<tr>
<td>School work suffering</td>
<td>9 (15%)</td>
</tr>
<tr>
<td>Teacher felt inexperienced</td>
<td>9 (15%)</td>
</tr>
<tr>
<td>Student age/developmental level</td>
<td>5 (8%)</td>
</tr>
<tr>
<td>Own beliefs about grief informed decision to refer</td>
<td>4 (6%)</td>
</tr>
<tr>
<td>Student initiated conversations</td>
<td>4 (6%)</td>
</tr>
<tr>
<td>Teacher had relationship with family</td>
<td>2 (3%)</td>
</tr>
<tr>
<td>School is only opportunity for counseling</td>
<td>2 (3%)</td>
</tr>
<tr>
<td>Assignments revolved around death</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Own loss informed decision to refer</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>School policy to refer</td>
<td>1 (2%)</td>
</tr>
</tbody>
</table>

*Note.* Themes are not mutually exclusive.

**The student appeared to be in distress.** By far the most salient theme, obvious student distress was the most often described factor contributing to a referral for counseling (37%, n = 23). Specific behaviors of concern were often noted on the part of the student, ranging from a generally withdrawn and quiet affect to crying in the classroom. Two distinct subthemes emerged under the general category of student distress, including negative effects on school work and student initiated conversations about the death, with one teacher reporting that the student’s school work and drawings became focused solely around death. Approximately 15% (n = 9) of teachers indicated students’ general schoolwork and grades began to suffer following the loss. One elementary school teacher described following the death of her student’s parent, “He was easily agitated by others and became more aggressive. He also didn't put forth the same effort toward his schoolwork even after I modified his assignments.” As overt behaviors
are most often easily identified, it is not surprising that the majority of teachers reported first becoming alerted to physical signs of distress. However, several teachers’ responses also touched upon the difficulty of knowing if or when a student was suffering post-loss, sometimes resulting in a preventative referral.

**Counseling referral as prevention.** Among the most prominent of themes (26%, \(n = 16\)) from the text involved referring the student for counseling with the specific intent of preventing difficulty post-loss. Many teachers described the desire to provide a “safety net” for the student as a precautionary measure, even if the student appeared to be having no difficulty with the loss. One elementary school teacher described her approach following the death of her student’s guardian, writing:

“The student showed no signs of grief or loss at school. While at school, it was business as usual for her. However, I am a supporter of counseling and not keeping feelings bottled up. I think it causes stress that can impact all areas of life, so I referred for counseling as a preventative measure.”

As this teacher described, often there is no way for teachers to judge if a student is struggling with a recent loss, possibly resulting in a “better safe than sorry” approach. Several other teachers referred to the death event alone as the reason for referring the student for counseling (23%, \(n = 14\)), without directly referring to prevention. However, it could be inferred that the reason behind these referrals was also related to prevention of negative outcomes.

**Student had multiple risk factors.** A theme that directly related to the research on student outcomes post-loss was that of referring due to other environmental risk factors or multiple loss experiences. Approximately 16% (\(n = 10\)) of teachers described referring the student for counseling due to other difficulties in the student’s environment or the fact that the student had experienced more than one death in a short amount of
time. This theme proved to be vital, as it demonstrated some awareness on the part of teachers that multiple risk factors, including difficult home lives, may contribute to emotional difficulties post-loss. Perhaps the most often cited risk factor amongst teachers involved familial situations that may also be indicative of grief and loss, such as ongoing divorce and custody issues, as well as parental incarceration and substance abuse. Additional risk factors reported by teachers included status as a student receiving special education services, tumultuous home lives, prior experiences with counseling for other emotional issues, and exposure to the death event itself. One elementary school teacher described her reasoning for referring a student upon discovery of his loss:

“This student (5 years old) was home alone when his mother died. He had to stay with her body for several hours until an older sibling came home. He lived in a rural setting and could not go to a neighbor for help.”

This teacher identified a potentially traumatic incident related to the death event, discovery and prolonged exposure to the body, and described it as being a salient factor in her decision to refer the student for counseling.

Also of interest in teacher responses was the likelihood of mentioning personal feelings of inexperience related to addressing grief. A total of nine teachers (15%) reported referring students for counseling due to personal feelings of inadequacy in discussing the loss with the student. Of those endorsing this theme, many described a fear of saying the wrong things and potentially further upsetting the student. A high school teacher summarized others’ statements well, referring to his perceived “lack of knowledge on how to handle the situation with the student…the emotions, conversations (what to say, not say), how to discipline, and so on.” This finding is not surprising, given
the reported infrequency of pre-service and career training related to death and grief issues as found throughout this and prior studies.

Amongst the responses were also several themes that were infrequent, which is itself important. Teachers did not often indicate that it was the school’s policy to refer students for counseling (2%, \( n = 1 \)), nor they did indicate often that the school would likely be the only opportunity for counseling for students (3%, \( n = 2 \)). Finally, only one teacher reported that a parent or guardian specifically requested that the student receive counseling.

**Research Question 4a: What Student Outcomes are Reported by Teachers?**

Qualitative analysis of teachers’ open-ended responses regarding student outcomes post-loss was conducted using the data coding techniques previously mentioned. Teachers were asked to describe what was known about the student’s outcome following the loss. A total of 96 participants provided textual responses to this item. Several key themes were identified following in-depth analysis of participant responses (Table 8), and are described according to theme. Teacher descriptions of student outcomes resembled recent research by Bonanno (2009) related to a newly proposed conceptualization of adult grief response apart from the often-cited Kubler-Ross grief stage theory. Themes emerged in relation to concept development (Gibson & Brown, 2009) with this existing literature, and are discussed further in relation to Bonanno’s proposed bereavement response model (Figure 9).
Table 8

Thematic Elements Related to Student Outcomes

<table>
<thead>
<tr>
<th>Theme</th>
<th>N</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No negative effects/”seemed fine”</td>
<td>45</td>
<td>(47%)</td>
</tr>
<tr>
<td>Family support has been key</td>
<td>15</td>
<td>(16%)</td>
</tr>
<tr>
<td>Student struggled at first, doing well now</td>
<td>13</td>
<td>(14%)</td>
</tr>
<tr>
<td>Student continues to struggle</td>
<td>12</td>
<td>(13%)</td>
</tr>
<tr>
<td>Outcome is unknown</td>
<td>9</td>
<td>(9%)</td>
</tr>
<tr>
<td>Student personality/behavior was negatively affected</td>
<td>8</td>
<td>(8%)</td>
</tr>
<tr>
<td>Student mentions death occasionally</td>
<td>5</td>
<td>(5%)</td>
</tr>
<tr>
<td>Grades/attendance are suffering</td>
<td>5</td>
<td>(5%)</td>
</tr>
<tr>
<td>Death occurred recently</td>
<td>5</td>
<td>(5%)</td>
</tr>
<tr>
<td>Depends on the day</td>
<td>4</td>
<td>(4%)</td>
</tr>
<tr>
<td>Student saw a counselor and no longer sees</td>
<td>4</td>
<td>(4%)</td>
</tr>
<tr>
<td>Student wellbeing improved to better than before loss</td>
<td>4</td>
<td>(4%)</td>
</tr>
<tr>
<td>Social skills negatively affected</td>
<td>3</td>
<td>(3%)</td>
</tr>
<tr>
<td>Student is seeing counselor outside of school</td>
<td>2</td>
<td>(2%)</td>
</tr>
<tr>
<td>Student has experienced additional loss events</td>
<td>2</td>
<td>(2%)</td>
</tr>
<tr>
<td>Fear/school refusal developed</td>
<td>1</td>
<td>(1%)</td>
</tr>
<tr>
<td>Student is seeing counselor at school</td>
<td>1</td>
<td>(1%)</td>
</tr>
<tr>
<td>Student needs counseling, not available</td>
<td>1</td>
<td>(1%)</td>
</tr>
</tbody>
</table>

Note. Themes are not mutually exclusive.

**Student seemed fine.** Nearly half (47%, $n = 45$) of teachers indicated that the student appeared to display no negative effects post-loss, a finding that has been generally supported in the adult bereavement literature most recently (Bonanno, 2009; Konigsberg, 2011) and could be attributed to human resiliency, or possibly the difficulty teachers may experience in detecting internalizing difficulties (Loades & Mastroymannopoulou, 2010). Bonanno (2009) first discovered in his study of bereaved adults that approximately half of his sample of participants appeared to adjust well following a loss. In fact, these individuals experienced little to no emotional difficulty and were able to rebound into normal daily activities quickly. Many teacher responses in the current study were indicative of a perceived lack of difficulty following a loss. In fact, as previously mentioned, one teacher explained that her student “...showed no signs
of grief or loss at school,” explaining that it appeared to be “...business as usual for her.” However, this teacher specifically referenced a fear that this lack of apparent emotional response would be indicative of later difficulties, explaining that “keeping feelings bottled up” would be likely to negatively affect this student later in life. While several teachers’ responses were reflective of this theme of resiliency, several also described the difficulty of truly knowing the effect the loss had on the student. As one elementary school teacher noted regarding the death of her student’s parent, “I’m not sure the impact it has had really. It APPEARS (only) that there was no impact. This may be the furthest from the truth.” These responses further illustrate the potential difficulty of determining the degree to which a student may be struggling post-loss.

Many teachers’ responses also touched upon what could be described as a student’s perceived desire to retain some degree of “normalcy” while at school during a disruptive event in the home life, possibly further providing some explanation for why some students appear to display no difficulties post loss. One elementary school teacher described how she was reminded of a prior loss experience involving her own child’s grief and how this experience affected her perceptions of her student’s experiences following the death of a parent:

“This student seems very well adjusted and feels that school is a safe place. I know from my older daughter’s experience with the death of her father, she did not want to talk about it at school. She would tell me that she came to school to ‘get away’ from everything that happened at home. I haven't pushed the student to talk about it because I want the student to continue to feel safe and cared for at school.”

An apparent resilient response, Bonanno (2009) and Konigsberg (2011) have argued with respect to the adult population, is likely not indicative of later emotional problems but in fact may be relatively common and of little concern in an individual’s
eventual outcome. The responses to this item in particular continued to demonstrate the difficult nature of conceptualizing and often even recognizing grief, as an outward appearance of a “normal” response on the part of the student could arguably be interpreted as a truly resilient response, or as an attempt to repress feelings, depending in part upon the observer.

**Student struggled at first, but is doing well now.** An additional general theme involved identifying that the student experienced some level of difficulty post-loss, with an eventual return to pre-loss functioning (14%, n = 13). This finding is indicative of Bonanno’s (2009) proposed adult model of recovery from loss in which a person struggles to various degrees for a period of time and eventually returns to pre-loss functioning. Several teachers’ responses (16%, n = 15) specifically referred to the importance of a stable environment, most often referring to the home environment, in a student’s outcome following a loss. In her recollection of the experience of her student’s loss of a grandparent, one middle school teacher explained, “The student had a strong family support network, and after a brief period of diminished effort/motivation seemed back to normal.”

Teacher responses in the present study appeared to be reflective of the findings that children are generally resilient, with most exhibiting either a brief period of disruption followed by a return to normal daily activities, or an apparent lack of disruption at all. These findings support that while most young people are likely to experience some sort of traumatic event during the developmental period (Copeland, Keeler, Angold, & Costello, 2007), the majority will grow to be well-adjusted adults, barring other significant factors or disruptions. However, the subset of students who do
not demonstrate these typical responses and who do in fact continue to struggle are of importance.

**Student continues to struggle.** A theme of post-loss outcome that was not as salient as apparent resiliency in the current study was a continuation of perceived student difficulties (13%, n = 12). Teachers described several outcomes related to this general theme, including ongoing poor grades and attendance, and ongoing counseling in or outside of school. One teacher specifically mentioned the need for counseling for her elementary school student who lost a parent, but that services are “taking too long to begin.” Additionally, two teachers reported that their students have experienced additional major life events or losses that have contributed to the ongoing struggles, such as changes in guardianship. The students identified as continuing to struggle and having additional life stressors may be similar to the subset of adult individuals Bonanno (2009) identified as experiencing *chronic grief*, or a response to loss that is suggestive of difficulties beyond what is typical. While arguably a small percentage of the overall grieving student population, the need for identification of this group is essential in providing intervention.
Other less-salient themes were identified in the data. Two teachers specifically referred to the stages of grief paradigm in their responses, while few others touched upon the stages without directly naming them (e.g., referring to overcoming anger). One elementary school teacher stated of her student who lost a sibling, “The outcome of this child is that she still misses her loved one, but she has progressed through all stages of grieving.” A small subset of teachers reported that the student’s outcome was, or appeared to be, better than before the loss. These students’ outcomes may be reflective of the phenomenon known as post traumatic growth, or improved social and emotional functioning following a major life disruption (Calhoun et al., 2000). While reported relatively infrequently, this response to loss may provide further insight into the potential for young peoples’ resiliency.

Approximately 14% \((n = 14)\) of teachers reported that they were unable to comment on the outcome of their student for various reasons, including the relocation of
the student following the death or that the loss occurred recently in relation to the time of the survey. One high school teacher specifically reflected on his thoughts regarding his inability to comment on the student’s outcome following the death of a parent, stating that he did not know “as much as I should after taking this survey. However, I don't have a relationship with the student that makes me feel I should have, but that is no excuse as an educator.”


Prior researchers have described a lack of training in the area of grief and loss as a significant obstacle in the grief support process (Reinke et al., 2011). Participants in this study further provided descriptive information regarding the most significant obstacles to providing grief support to students at school (Figure 10).

*Figure 10. Overall obstacles reported by teachers in the grief support process.*

The current findings echo the results of prior studies (Papadatou et al., 2002; Rothi et al., 2008), supporting that teachers rate feeling unprepared as the most frequently
encountered barrier to providing grief support at school (37%, n = 72). The second most often reported barrier was that no mental health provider was available at school (22%, n = 43). These findings are consistent with the school resources reported previously, as no school level collectively reported a school mental health professional to be a constant resource. Further examination of obstacles by school level (Figure 11) indicated that elementary school teachers rated feeling unprepared, difficulty finding resources, and a lack of administrative support more often than middle and high school teachers. Middle school teachers reported a lack of time and a lack of parental support to be more significant barriers as compared to elementary and high school teachers. Finally, high school teachers rated not having an available mental health provider to be a barrier more often than elementary and middle school teachers.

![Figure 11](image)

*Figure 11. Teacher reported obstacles to providing grief support by school level.*

Examination of reported obstacles by county (Figure 12) indicated that teachers in rural counties identified a lack of mental health providers at school as an obstacle more
so than those in urban areas, while teachers in urban districts reported a lack of time and feeling unprepared more so than teachers in rural areas.

**Figure 12.** Teacher reported obstacles to providing grief support by county classification.

Also of interest and a potential obstacle within the grief support process could involve the teacher’s lack of awareness of a student’s loss, as approximately 40% of the teachers in this study reported learning of a student’s loss from other adults within the school. This finding underlines the importance of collaboration amongst the adults within a school in order to better serve students in need. This was recognized by a middle school teacher within her response to a question regarding student outcomes. She wrote:

“I just found out yesterday that another student's mom died. That’s why I have question marks on the number of students who have had loved ones die since I obviously have no idea! I don't like that at all. I think it would be beneficial if things of this nature were shared at our grade level meetings. This survey has prompted me to request this to happen.”
Research Question 5a: What Information is Sought During Grief Consultation?

Teachers were asked to provide information regarding the specific resources sought out during consultation with school-based mental health providers. Teachers most often reported consulting for specific information about providing support to grieving students at school (73%, n = 95). Approximately half of teachers (n = 65) reported consulting to obtain general information about childhood grief. A smaller subset of teachers (23%, n = 30) reported seeking information about identifying the specific symptoms of concern among grieving students. Fewer teachers reported seeking information about community mental health referrals (12%, n = 16). Approximately 20% (n = 42) reported engaging in ongoing consultation about a specific grieving student, beyond initial consultation for information or resources. Other less frequently endorsed areas of consultation included seeking information about providing grief support specifically for a student with autism, providing support to the entire family, addressing the loss with the entire class, addressing specific behaviors of concern, and coming together as a faculty to provide support. Teacher follow up varied, with the majority of teachers reporting periodic “check-ins” with the student (82%, n = 150). Fewer teachers reported continued contact with a caregiver or referral to an outside mental health provider. A small percentage (7%, n = 14) reported engaging in no follow up with the student.

Research Question 5b: Does the Likelihood of Consulting Differ Between School Levels?

Descriptive data indicated that the majority of teachers reported consulting with others in the school to obtain information about grief (64%, n = 144). The most-often
consulted was the school counselor (92%, n = 133), followed by the school psychologist (32%, n = 45). Approximately 6% (n = 12) of teachers reported consulting with the school social worker. To further analyze whether differences existed between school levels in overall likelihood of consultation, a Chi-square analysis was completed. Results determined that no significant differences existed between school level with respect to consultation, $X^2(2, 190) = 1.5, p = .465$. These findings indicate that differences in the act of consulting do not differ more than would be expected by chance between teachers of various school levels.

**Research Question 5c: Do Teachers Find Consultation Effective?**

Teachers who reported having consulted were asked to rate the effectiveness of the consultation experience on a scale from 1 (not at all effective) to 5 (highly effective). Overall, the majority of teachers rated their consultation experience as either moderately effective or highly effective, regardless of the consultant (Figure 13). That is, 64% of those who consulted with the school psychologist, 69% of those who consulted with the school counselor, and 67% of those who consulted with the school social worker found the experience to be moderately to highly effective. Those rating the experience “neutral” were relatively evenly distributed across consultant.
Figure 13. Teacher ratings of effectiveness of consultation by type of consultant.

Research Question 6a: Do Perceptions of Childhood Grief Differ between Early Bereaved Teachers and Non-Early Bereaved Teachers?

Over half of the full sample of participants (65%, n = 131) reported experiencing the death of a significant person prior to the age of 18 or while enrolled in elementary, middle, or high school (Table 9). The most common reported loss was that of a grandparent, with 47% of those bereaved indicating this loss (n = 106). The second most common loss reported was that of a friend or classmate (15%, n = 34). These findings were relatively consistent with the teacher reported frequencies of student loss, with grandparent and friend or classmate the predominant losses within the childhood or adolescent periods.
However, parent loss appeared to be less salient among the early-bereaved teachers when compared to recent recollection of student losses, as over half of teachers indicated their most recent involvement with a bereaved student resulted from parental death while few teachers reported this as an early loss.

Table 9

Teacher Report of Own Early Loss

<table>
<thead>
<tr>
<th>Relationship of the Deceased</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandparent</td>
<td>106 (47%)</td>
</tr>
<tr>
<td>Friend or Classmate</td>
<td>34 (15%)</td>
</tr>
<tr>
<td>Parent</td>
<td>8 (6%)</td>
</tr>
<tr>
<td>Uncle</td>
<td>8 (6%)</td>
</tr>
<tr>
<td>Sibling</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>Aunt</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>Cousin</td>
<td>1 (.4%)</td>
</tr>
<tr>
<td>Teacher</td>
<td>1 (.4%)</td>
</tr>
</tbody>
</table>

*Note.* Teachers were asked to select multiple if more than one person was lost.

**Perceptions of childhood grief.** The author of an unpublished study previously attempted to measure the accuracy of teachers’ responses to a number of statements about childhood bereavement (Bain, 2003). However, given the difficulty of drawing definitive conclusions in this area, the current researcher determined that attempting to measure teacher perceptions of childhood grief rather than accuracy or factual information may reveal more. Thus, Bain’s (2003) thesis measure was revised and further developed as previously described. Teachers were asked to rate agreement with 15 statements about grief in children and adolescents (Table 10). Each item was presented with a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Teacher responses were summed following reverse coding of several items to obtain a sum perceptions score. Select items were reverse coded in an effort to distinguish potentially positive perceptions of grief from potentially negative perceptions based upon some empirical
findings related to childhood grief, though definitive outcomes for all grieving young people have not been supported conclusively within the literature. Higher scores on this sum variable represented more positive perceptions of childhood grief for the purposes of this study.

Table 10

*Original 15 Items on Teacher Perceptions of Childhood Grief Scale*

<table>
<thead>
<tr>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents understand effects of death</td>
</tr>
<tr>
<td>Children understand effects of death</td>
</tr>
<tr>
<td>Adolescents grieve similarly to adults</td>
</tr>
<tr>
<td>Children grieve similarly to adults</td>
</tr>
<tr>
<td>Adolescents are resilient</td>
</tr>
<tr>
<td>Children are resilient</td>
</tr>
<tr>
<td>Expected loss is easier than unexpected</td>
</tr>
<tr>
<td>Females are more likely to become depressed after a loss*</td>
</tr>
<tr>
<td>Students are likely to become suicidal after loss*</td>
</tr>
<tr>
<td>Adolescents show aggression after loss*</td>
</tr>
<tr>
<td>Children show aggression after loss*</td>
</tr>
<tr>
<td>Social skills suffer after loss*</td>
</tr>
<tr>
<td>Unresolved grief leads to later problems*</td>
</tr>
<tr>
<td>The most important factor in outcome is a stable environment</td>
</tr>
<tr>
<td>Children move through specific stages of grief</td>
</tr>
</tbody>
</table>

*Note.* *Item reverse coded prior to sum analyses.*

*Exploratory factor analysis.* Prior analysis of the measure was not available, as it was initially designed for use in a Master’s thesis and was altered for use in the current study. In an effort to determine what factors on the perceptions of grief scale were present, an exploratory factor analysis (EFA) with principal axis factoring extraction using Varimax rotation was completed with the original 15 items of the scale. This method was chosen given its ability to locate and consider the most amount of variance possible within a scale (Davidson, 1975). A total of 19 participants (9%) did not provide a response to at least one of the items of the measure, resulting in their data being
excluded from analyses involving the sum of the perceptions scale. The final sample size was 206. Prior to analysis, results of Bartlett’s (1950) test of sphericity indicated that the data were significant and acceptable for factor analysis, $X^2 (1, 205) = 822, p = .000$. Similarly, the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy yielded a coefficient of .59, exceeding the recommended level of .50 for analysis (Kaiser, 1970), further indicating that EFA techniques were acceptable to use with the present data.

Initial factor analysis using the eigenvalues greater than one technique revealed six potential factors, which accounted for 49% of the variance in the measure. Analysis of the factor matrix revealed a total of eight cross-loadings on the 15 items, indicating the potential for several trivial factors (O’Connor, 2000). Further inspection of the scree plot revealed a likelihood of two potential factors accounting for 29% of the variance. The first factor, which the researcher labeled “perceptions of youths’ response to loss,” accounted for 15% of the variance while the second factor, labeled “perceptions of youths’ outcomes following a loss,” accounted for 11% of the variance. With this finding, principal axis factoring with Varimax rotation was again performed with two discrete factors selected for extraction. The results of this extraction revealed seven items that appeared to be one dimensional (Table 11). The central factor, perceptions of youths’ response to loss, was treated as the dominant factor given these findings in addition to consideration of the literature. For instance, definitive findings regarding young people’s specific outcomes post-loss are not well understood, while more general information may be better conceptualized at this time. Thus, the remaining items that did not load onto this dominant factor were removed from further analysis, but are examined descriptively in a later section. Internal consistency for the remaining seven-item scale
indicated an overall Cronbach’s alpha of .74, which can be considered to be within the acceptable range when comparing groups (Bland & Altman, 1997).

Table 11

Two Factor Loadings

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1</th>
<th>Factor 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents understand effects of death</td>
<td>.593</td>
<td>*</td>
</tr>
<tr>
<td>Children understand effects of death</td>
<td>.590</td>
<td>*</td>
</tr>
<tr>
<td>Adolescents grieve similarly to adults</td>
<td>.564</td>
<td>*</td>
</tr>
<tr>
<td>Adolescents are resilient</td>
<td>.518</td>
<td>*</td>
</tr>
<tr>
<td>Children are resilient</td>
<td>.501</td>
<td>*</td>
</tr>
<tr>
<td>Children grieve similarly to adults</td>
<td>.485</td>
<td>*</td>
</tr>
<tr>
<td>Expected loss easier than unexpected</td>
<td>.343</td>
<td>*</td>
</tr>
<tr>
<td>Females are more likely to become depressed after a loss</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Students are likely to become suicidalial after loss</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Adolescents show aggression after loss</td>
<td>-.331</td>
<td>.828</td>
</tr>
<tr>
<td>Children show aggression after loss</td>
<td>-.384</td>
<td>.751</td>
</tr>
<tr>
<td>Social skills suffer after loss</td>
<td>*</td>
<td>.352</td>
</tr>
<tr>
<td>Unresolved grief leads to later problems</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>The most important factor in outcome is a stable environment</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Children move through specific stages of grief</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

*Note. *Coefficients below .10 suppressed.*

While several of the original 15 items were excluded from these statistical analyses, responses to these items may still provide insight into teachers’ overall perceptions of these constructs. Table 12 provides average teacher ratings of the original 15 items presented in the survey prior to any reverse coding. Overall, teachers rated the least agreement with the statement “Children understand the effects of death,” and the most agreement with the statement “Unresolved grief leads to later problems.” Also of interest was the relatively low rating of agreement overall to the resiliency statements, indicating that teachers may be more likely to disagree or be neutral to the statement that children ($M = 2.5, SD = 1.02$) and adolescents ($M = 2.2, SD = .89$) are resilient. Generally, teachers moderately agreed that the most important factor in a student’s
outcome is a stable environment ($M = 4.1, SD = .80$), a finding that has been supported in the literature (Sandler et al., 2003; Schoenfelder et al., 2011). Teachers generally were in agreement that “Children move through specific stages of grief” ($M = 3.9, SD = .86$), a finding that has more recently been called into question in the grief literature at large (Bonanno, 2009; Konigsberg, 2011).

Table 12

*Average Teacher Ratings on Scale Items*

<table>
<thead>
<tr>
<th>Item</th>
<th>$M$ (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children grieve similarly to adults</td>
<td>2.13 (1.02)</td>
</tr>
<tr>
<td>Adolescents grieve similarly to adults</td>
<td>2.5 (1.15)</td>
</tr>
<tr>
<td>Children are resilient</td>
<td>2.5 (1.02)</td>
</tr>
<tr>
<td>Adolescents are resilient</td>
<td>2.2 (.89)</td>
</tr>
<tr>
<td>Unresolved grief leads to later problems*</td>
<td>4.5 (.92)</td>
</tr>
<tr>
<td>Children show aggression after loss*</td>
<td>3.6 (.88)</td>
</tr>
<tr>
<td>Adolescents show aggression after loss*</td>
<td>3.7 (.83)</td>
</tr>
<tr>
<td>Children understand the effects of death</td>
<td>1.9 (.91)</td>
</tr>
<tr>
<td>Adolescents understand the effects of death</td>
<td>2.9 (1.11)</td>
</tr>
<tr>
<td>Social skills suffer after loss*</td>
<td>3.7 (.84)</td>
</tr>
<tr>
<td>Students are likely to become suicidal after loss*</td>
<td>2.6 (.92)</td>
</tr>
<tr>
<td>The most important factor in a student’s outcome is a stable environment*</td>
<td>4.1 (.80)</td>
</tr>
<tr>
<td>Children move through specific stages of grief*</td>
<td>3.9 (.86)</td>
</tr>
<tr>
<td>Expected loss is easier than unexpected loss</td>
<td>2.6 (1.03)</td>
</tr>
<tr>
<td>Females are more likely to become depressed after loss*</td>
<td>2.8 (.83)</td>
</tr>
</tbody>
</table>

*Note.* Original responses ranged from 1 (Strongly Disagree) to 5 (Strongly Agree). *Items excluded from final sum of perceptions analyses.*

To examine if differences in perceptions of childhood grief differed between teachers who were bereaved in childhood or adolescence ($n = 125$) and those who were not ($n = 70$), an Independent Samples $t$ test was employed to compare the mean sums of these two groups on the overall perceptions composite. The analysis was insignificant for the factor of the sum of perceptions scale between groups, $t (193) = .332, p = .28$, indicating that the two groups did not significantly differ on their overall sum score on
the perceptions measure. This finding may be surprising given prior preliminary research that has shown that bereaved individuals may possess greater sensitivity regarding aspects of bereavement when compared to those who have not experienced a loss (Lowton & Higginson, 2003). However, as previously mentioned, quantitatively measuring grief and its constructs, especially amongst the child and adolescent populations, is made difficult with consideration of the mixed findings, individual responses, and potential for subjectivity related to outcomes amongst this population. Thus, to further examine potential mean differences in each of the original 15 items independently between these two groups, each item was individually analyzed, and means compared utilizing Independent Samples t tests. Individual item t scores for early bereaved and non-early bereaved teachers are provided in Table 13.

Table 13

Independent Samples t Tests of Scale Items by Early Bereaved Status

<table>
<thead>
<tr>
<th>Item</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children grieve similarly to adults</td>
<td>-.00</td>
<td>.99</td>
</tr>
<tr>
<td>Adolescents grieve similarly to adults</td>
<td>-.54</td>
<td>.60</td>
</tr>
<tr>
<td>Children are resilient</td>
<td>.15</td>
<td>.88</td>
</tr>
<tr>
<td>Adolescents are resilient</td>
<td>.05</td>
<td>.96</td>
</tr>
<tr>
<td>Unresolved grief leads to later problems</td>
<td>-.80</td>
<td>.43</td>
</tr>
<tr>
<td>Children show aggression after loss</td>
<td>-.58</td>
<td>.57</td>
</tr>
<tr>
<td>Adolescents show aggression after loss</td>
<td>-.44</td>
<td>.66</td>
</tr>
<tr>
<td>Children understand the effects of death</td>
<td>.15</td>
<td>.56</td>
</tr>
<tr>
<td>Adolescents understand the effects of death</td>
<td>.05</td>
<td>.96</td>
</tr>
<tr>
<td>Social skills suffer after loss</td>
<td>.24</td>
<td>.81</td>
</tr>
<tr>
<td>Students are likely to become suicidal after loss</td>
<td>1.76</td>
<td>.08</td>
</tr>
<tr>
<td>The most important factor in a student’s outcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>is a stable environment</td>
<td>.03</td>
<td>.97</td>
</tr>
<tr>
<td>Children move through specific stages of grief</td>
<td>1.14</td>
<td>.26</td>
</tr>
<tr>
<td>Expected loss is easier than unexpected loss</td>
<td>1.28</td>
<td>.20</td>
</tr>
<tr>
<td>Females are more likely to become depressed after loss</td>
<td>-.92</td>
<td>.36</td>
</tr>
</tbody>
</table>

Note. df = 193 for all analyses. No analyses were significant at the p < .05 level.
Overall mean comparisons between early bereaved and non-early bereaved teachers resulted in no significant differences between groups on any of the original 15 items. Descriptive comparisons revealed that teachers bereaved in childhood were more likely to agree that children and adolescents understand the effects of death, expected loss is easier than unexpected loss, students move through specific stages of grief, and that students are likely to become suicidal after a loss. Non-bereaved teachers were more likely to agree that adolescents grieve similarly to adults, unresolved grief leads to later problems, children and adolescents are likely to become aggressive after a loss, and females are more likely to become depressed after a loss. These findings, while primarily descriptive and not significant, may provide insight into the potential ways in which experiencing early loss may affect perceptions of childhood grief. However, more research is needed before conclusive statements regarding early-bereaved status and perceptions of childhood grief are made, as no statistically significant differences were found.

**Research Question 6b: Have Early Loss Experiences affected Teachers’ Approaches to Grieving Students?**

Given the lack of research in this area especially, qualitative analysis of teachers’ open-ended responses regarding the ways in which one’s own experience with loss early in life may affect approaches to grieving students was conducted using the data coding techniques previously mentioned. Teachers were asked to describe how experiences with loss as a young person have affected practices as a teacher when working with students in the classroom who have experienced the death of a family member.
Only those who reported an early loss experience were asked to respond to this survey item. A total of 94 participants provided textual responses to this item. Several key themes were identified following in-depth analysis of participant responses (Table 14), and are described as follows according to theme.

Table 14

*Thematic Elements Related to the Effects of Own Loss*

<table>
<thead>
<tr>
<th>Theme</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion/empathy for student</td>
<td>74 (78%)</td>
</tr>
<tr>
<td>Understanding student grief needs</td>
<td>34 (36%)</td>
</tr>
<tr>
<td>Made a better listener</td>
<td>14 (15%)</td>
</tr>
<tr>
<td>Made a better helper</td>
<td>9 (10%)</td>
</tr>
<tr>
<td>Realize the importance of school/teachers in loss</td>
<td>8 (9%)</td>
</tr>
<tr>
<td>My experience has not helped me in working with students</td>
<td>7 (7%)</td>
</tr>
<tr>
<td>More comfortable discussing feelings</td>
<td>6 (6%)</td>
</tr>
<tr>
<td>Able to share own experiences</td>
<td>6 (6%)</td>
</tr>
<tr>
<td>My own negative experience with teachers influenced</td>
<td>4 (4%)</td>
</tr>
<tr>
<td>Able to help students understand that death is natural</td>
<td>2 (2%)</td>
</tr>
</tbody>
</table>

*Note.* Themes are not mutually exclusive.

**Greater compassion and empathy for grieving students.** The majority of teachers who provided comments (78%, \( n = 74 \)) reported that their own early loss experience provided them with the ability to better empathize with the student and to show compassion. Several teachers reported that experiencing a loss as a child or adolescent better prepared them to consider that the student may need to be sought after and provided with support. Additionally, teachers commented on the ways in which a student’s loss reminded them of their own personal loss. As one elementary school teacher described in response to the death of her student’s grandparent, “It immediately took me back to that time in my life. Empathy sets in and you want to comfort that student.” Relative to the overall theme of compassion and empathy, teachers specifically
reported having better listening skills, as well as the skills to be a better helper in addressing loss with students. Another elementary school teacher wrote:

“It was really hard for me to lose my grandmother when I was in high school. I also lost my grandfather when I was in elementary school. I remember being sad about the loss, but didn't know how to communicate how I was feeling. Those feelings have helped me when dealing with children who have experienced a loss.”

**Understanding of students’ grief needs.** A total of 34 teachers (36%) provided statements that were indicative of an understanding of the unique needs of grieving students because of their own experience of loss. Teacher responses included several descriptions of the perceived needs of grieving students, ranging from the potential need for extra time to complete assignments, the importance of maintaining a routine in a student’s day despite the loss, as well as the importance of open communication between teacher and student. One teacher in particular described her experiences with adolescents who have struggled after the loss of a loved one, writing:

“Adolescents feel things more intensely and may not have the critical thinking skills or vocabulary to express it. I try to assist them in identifying their grief and discussing it. Long-term communication connections are important, many people forget about the death after two weeks. The child does not, and they suffer greatly when people don't understand why they aren't over it yet. I think that is when the depression really sets in, when everyone else appears to have moved on with their lives and the child can't. They rage over the perception that everyone has forgot their loved one even existed.”

**The importance of school and teachers following a loss.** A less salient theme, but one of interest to the topic of this study, was the recognition of the importance of the school’s response post-loss. Eight teachers (9%) referenced the experiences they had in school following their own loss and the ways in which these early experiences have shaped current responses to students. Half of teachers who referenced the importance of the school’s response reported negative experiences at school following a loss. One high
school teacher described, “Loss was never addressed at school for me. I never felt that I could talk to my teachers about this.” While this teacher explained broadly a sense that school was not a place in which grief should be addressed, another gave a specific example of a negative experience she encountered. She wrote, “None of my teachers even acknowledged the death and when I sought help from one teacher she basically told me grief was a sign of mental illness.” While an overall infrequent theme, those who experienced negativity at school in response to a loss as a young person represented a strong presence in this study.

The majority of teachers overall who commented how their early loss experiences affect the ways they approach grieving students described how it resulted in greater empathy, compassion, and an overall perceived understanding of a grieving student’s needs. However, a smaller sample of teachers reported that individual experiences with loss as a young person have not affected current approaches to grieving students one way or another. A total of seven teachers (7%) reported no noticeable relationship between their early loss and current responses to students. While some described that no “real” effects were noticed whatsoever, one teacher described that the loss itself did not equip her with the skills she thought were necessary to address grieving students. She wrote:

“It gave the background knowledge to speak with the student and truthfully tell them that I can relate to what they are going through, but I still do not feel comfortable talking with students about the grief process, I just don't know enough about it.”

Overall, the teachers who provided feedback regarding the ways in which early loss experiences affect present approaches to students collectively reflected on a greater ability to empathize with students post-loss. Most also reported an increased awareness for the needs of grieving students. An important sub-theme identified included teacher
reflections of past experiences within the school following a loss, with several teachers reporting negative school experiences.

**Research Question 7a: Do Perceptions of Childhood Grief Differ between Teachers of Different School Levels?**

To examine if differences on the perceptions of childhood grief measure differed between teachers of various school levels, a One-Way Analysis of Variance (ANOVA) was completed to compare the mean sum of perceptions scale between elementary school teachers ($n = 114$), middle school teachers ($n = 28$), and high school teachers ($n = 51$). The analysis was insignificant for the factor of the sum of perceptions scale between groups, $F(2,190) = .55, p = .56$, indicating that the three group did not significantly differ on the overall sum score of the perceptions measure. Teacher perceptions of childhood grief have not been previously compared between teachers of various school levels. Thus, to further examine potential mean differences on each of the original 15 items between teachers of the three school groups, each was compared individually, and an ANOVA completed for separate items. Individual item $F$ scores for elementary, middle, and high school teachers are provided in Table 15.
Table 15

ANOVA of Teacher Ratings on Scale Items by School Level

<table>
<thead>
<tr>
<th>Item</th>
<th>$F$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children grieve similarly to adults</td>
<td>.14</td>
<td>.87</td>
</tr>
<tr>
<td>Adolescents grieve similarly to adults</td>
<td>.11</td>
<td>.89</td>
</tr>
<tr>
<td>Children are resilient</td>
<td>.14</td>
<td>.87</td>
</tr>
<tr>
<td>Adolescents are resilient</td>
<td>.27</td>
<td>.71</td>
</tr>
<tr>
<td>Unresolved grief leads to later problems</td>
<td>.24</td>
<td>.79</td>
</tr>
<tr>
<td>Children show aggression after loss</td>
<td>5.5</td>
<td>.01*</td>
</tr>
<tr>
<td>Adolescents show aggression after loss</td>
<td>5.5</td>
<td>.01*</td>
</tr>
<tr>
<td>Children understand the effects of death</td>
<td>.12</td>
<td>.88</td>
</tr>
<tr>
<td>Adolescents understand the effects of death</td>
<td>5.5</td>
<td>.01*</td>
</tr>
<tr>
<td>Social skills suffer after loss</td>
<td>.48</td>
<td>.61</td>
</tr>
<tr>
<td>Students are likely to become suicidal after loss</td>
<td>4.6</td>
<td>.01*</td>
</tr>
<tr>
<td>The most important factor in a student’s outcome is a stable environment</td>
<td>1.7</td>
<td>.18</td>
</tr>
<tr>
<td>Children move through specific stages of grief</td>
<td>.27</td>
<td>.76</td>
</tr>
<tr>
<td>Expected loss is easier than unexpected loss</td>
<td>2.1</td>
<td>.12</td>
</tr>
<tr>
<td>Females are more likely to become depressed after loss</td>
<td>1.5</td>
<td>.23</td>
</tr>
</tbody>
</table>

*Note. $df = (2, 190)$ for all analyses. *Significant at the $p < .01$ level.

Examination of individual scale items revealed statistically significant findings on four items between elementary, middle, and high school teachers. Elementary school teachers were more likely to agree that children become aggressive after a loss, $F(2, 190) = 5.5, p = .01$, and that adolescents become aggressive after a loss, $F(2, 190) = 5.5, p = .01$. Middle school teachers were more likely to agree that adolescents understand the effects of death, $F(2, 190) = 5.5, p = .01$. Finally, high school teachers were more likely to believe that young people are likely to become suicidal after a loss, $F(2, 190) = 4.6, p = .01$. These findings may further provide insight into the potential ways in which teachers of various grade levels perceive childhood grief, though it is important to consider that differences could be largely attributed to teachers’ prior experiences with individual students. Thus, more research is needed before conclusive findings can be stated.
Research Question 7b: Do Perceptions of Childhood Grief Differ between Teachers of Rural and Urban Counties?

To further examine if perceptions of childhood grief differed between teachers who are employed in rural counties ($n = 84$) and urban counties ($n = 105$), an Independent Samples $t$ test was completed to compare the mean sums of these two groups. The analysis was insignificant for the factor of the sum of perceptions scale between groups, $t(187) = -0.55$, $p = .58$, indicating that the two groups did not significantly differ on their overall sum score on the perceptions measure. To explore if differences existed between the counties on the full rural-urban continuum, county ratings were treated as a continuous variable and compared against the sum of perceptions scale using a Pearson correlation coefficient. Post-hoc results were insignificant with respect to a correlation between the sum of perceptions scale and the county continuum ($r_s = .04$, $p = .60$).

Teacher perceptions of childhood grief have not been previously compared between teachers of rural or urban school districts. Thus, to further examine potential mean differences on each of the original 15 items between these two groups, each item’s mean was compared individually between groups utilizing Independent Samples $t$ Tests. Individual item $t$ scores for rural and urban school teachers are provided in Table 16.
Table 16

*Independent Samples t Tests of Scale Items by County Type*

<table>
<thead>
<tr>
<th>Item</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children grieve similarly to adults</td>
<td>-1.77</td>
<td>.08</td>
</tr>
<tr>
<td>Adolescents grieve similarly to adults</td>
<td>-0.28</td>
<td>.78</td>
</tr>
<tr>
<td>Children are resilient</td>
<td>-0.22</td>
<td>.82</td>
</tr>
<tr>
<td>Adolescents are resilient</td>
<td>0.28</td>
<td>.78</td>
</tr>
<tr>
<td>Unresolved grief leads to later problems</td>
<td>1.30</td>
<td>.20</td>
</tr>
<tr>
<td>Children show aggression after loss</td>
<td>1.20</td>
<td>.05*</td>
</tr>
<tr>
<td>Adolescents show aggression after loss</td>
<td>2.21</td>
<td>.03*</td>
</tr>
<tr>
<td>Children understand the effects of death</td>
<td>-0.28</td>
<td>.78</td>
</tr>
<tr>
<td>Adolescents understand the effects of death</td>
<td>1.12</td>
<td>.27</td>
</tr>
<tr>
<td>Social skills suffer after loss</td>
<td>0.75</td>
<td>.45</td>
</tr>
<tr>
<td>Students are likely to become suicidal after loss</td>
<td>-1.17</td>
<td>.24</td>
</tr>
<tr>
<td>The most important factor in a student’s outcome is a stable environment</td>
<td>0.67</td>
<td>.50</td>
</tr>
<tr>
<td>Children move through specific stages of grief</td>
<td>-0.60</td>
<td>.56</td>
</tr>
<tr>
<td>Expected loss is easier than unexpected loss</td>
<td>-1.26</td>
<td>.21</td>
</tr>
<tr>
<td>Females are more likely to become depressed after loss</td>
<td>0.60</td>
<td>.55</td>
</tr>
</tbody>
</table>

*Note. df = (2, 187) for all analyses. *Significant at the p < .05 level.*

Examination of individual scale items revealed statistically significant findings on two items. Analyses revealed that teachers of schools in urban counties were more likely to agree that children show aggression after a loss, \( t (187) = 1.20, p = .05 \), and that adolescents show aggression after a loss, \( t (187) = 2.21, p = .03 \). Reasons behind these results are speculative, though preliminary findings may further provide insight into the potential ways in which teachers of various counties perceive childhood grief. However, more research is needed to better understand potential trends.

The overall insignificant findings of differences in perceptions of childhood grief across these various groups could indicate that perceptions are in fact relatively similar across various groups, with school level, county, and early bereaved status having little to do with overall perceptions. However, measurement issues should also be considered in the interpretation of these analyses. That is, the lack of methodologically sound ways of
measuring childhood grief responses and perceptions about such, as evidenced by the multiple trivial factors and lack of clean loading on factors identified in the EFA, may just as well contribute to these findings and may warrant further research and measure development. Additionally, the variation in findings lends support to the likelihood that teacher perceptions are likely to depend upon a number of factors, including prior individual encounters with grieving students and subjectivity, making it difficult to draw definitive conclusions.
Chapter Four

Discussion

The aims of this investigative mixed methods study broadly included, 1) exploring teacher experiences and roles in the grief support process, 2) exploring teacher perceptions of childhood grief, and 3) exploring the ways in which a teacher’s own early experiences with death may affect interactions with grieving students. Given the lack of prior research of this nature, much of this project was investigative, seeking to further explore the topic at large. However, several working hypotheses were drawn from what existing literature was available. It was hypothesized that 1) encountering a bereaved student in the classroom would be a common occurrence, 2) resources, policies, and training would be limited with more available in urban counties, 3) a lack of training would be the chief obstacle in providing support to grieving students, 4) the majority of teachers would not report seeking grief resources, would most often report referring the student to a mental health provider, and would have limited follow-up, 5) grief consultation occurred infrequently, and 6) those bereaved early in life would rate more positive perceptions overall on the grief perceptions scale. Other areas of this study were predominantly exploratory in nature, with little to no prior research available. These areas included 1) factors affecting decisions to refer students for counseling, 2) teacher knowledge of student outcomes post-loss, 3) potential differences in perceptions of childhood grief across school level and county, and 4) ways in which prior experience with loss affects teacher approaches to grieving students. Findings are summarized by hypotheses and implications discussed.
Prevalence of Bereaved Students

The findings of this study were supportive of the hypothesis that having a bereaved student in class is nearly universal. In fact, 95% of teachers reported having had contact with a student who lost a family member to death at least once over the course of their teaching career. Teacher report indicated that the most common type of loss for students overall was that of a friend or classmate, with parent death being the most common familial loss when considering the most recent encounter with a student. These findings support the likelihood that teachers at large are likely to encounter a bereaved student in class, further highlighting the importance of the need for access to training and resources about the subject (Reinke et al., 2011). Also of interest was the likelihood of experiencing the death of a student. Approximately 40% of teachers in this study reported losing a student to death over the course of their teaching career. The death of a classmate has the potential to have an effect not only on the student’s peers, but also on teachers and other adults in the school. While this study did not directly examine teacher experiences with the loss of a student or encounters with students who have experienced the death of a peer, these are certainly areas that warrant further investigation given these findings.

Teacher Training and School Resources

Given the relatively common occurrence of exposure to a grieving student in the school setting, one would expect some degree of preparation amongst the adults who work most closely with these young people during the school day. However, the findings of this study supported the initial hypothesis and echoed prior studies regarding the lack of grief training teachers receive pre-service (Papadatou et al., 2002; Reinke et al., 2011),
as well as shed light on an area that has not often been considered in the literature—school-based grief training. The majority of teachers in this study reported receiving no training related to death and grief issues pre-service. Of the small percentage of teachers who did receive training, several reported attending a seminar, with many researching information independently. Few reported taking a class related to these issues or even having a grief and loss unit within another class. In considering school-based training, more teachers overall reported some exposure to trainings or seminars on the topic as compared to pre-service training. However, information about the occurrence of these opportunities (e.g., once per school year) or the length of time since these trainings was not collected, making it difficult to draw conclusions about the availability of such trainings at school. While only a fraction of teachers reported some sort of training at the school level altogether, the school appears to be the most likely venue for exposure to such training to occur. This finding may support the need for the consideration of school-based avenues for addressing these issues, such as through regularly scheduled professional development requirements, as pre-service training on grief and loss issues has been shown to be limited (Papadatou et al., 2002).

Grief resources at school. The initial hypothesis that a school-based mental health provider would be the most available resource in schools was not supported. Rather, the Internet was reported to be the most available method for accessing information about childhood grief. Contrary to the initial hypothesis, teachers in rural counties reported more access to the Internet than teachers in urban counties. It is unclear why nearly 15% of teachers did not indicate Internet connectivity as a resource while the state has reported that all schools in Kentucky have such access. Perhaps some teachers
do not perceive the Internet as a resource due to unreliable server or connectivity issues, limited opportunities for access due to other daily demands, or a lack of awareness of available online resources. Nonetheless, given the apparent likelihood of teachers consulting the World Wide Web for information, this finding underlines the need for national associations and other credible organizations to maintain up-to-date and easily accessible information related to childhood grief and resources. Only about half of the teachers in this study reported having books or other printed material available at school to consult, with teachers in rural counties reporting more access to these materials, further illustrating the call for credible, electronically-accessible information. Finally, because three quarters of teachers in this study endorsed the family resource center as a key source of information, ensuring that these facilities are equipped with brochures, books, lists of reputable websites, and other materials for dissemination to teachers, students, and families is essential.

About one third of teachers failed to endorse a school-based mental health professional as an available resource. In fact, high school teachers rated community-based mental health professionals as more available than school-based professionals. These findings may not be surprising given that Kentucky does not mandate on a statewide basis the regular presence of certified staff, such as a school counselor; rather, school-based decision making councils make rulings at the local level (702 KAR 3:246). Additionally, many teachers may not be aware of the potential of the school psychologist as a mental health resource due to the ongoing shift in the field away from a testing-based model and toward one of increased consultation and mental health support services (Gutkin, 2012).
Further, whether the schools in which the teachers involved in this study work did not have a school-based mental health professional employed, or if teachers were simply not aware of such a person or their qualifications (Berzin et al., 2011) is unclear. Thus, these findings not only support the need for an in-house professional who is trained to address such issues, given the clear lack of teacher preparedness and existing role demands, but also point to the need for any existing professional to educate the school population about his or her presence and qualifications. Outreach to school personnel is arguably an important responsibility of mental health practitioners working within a school setting, and a small number of teachers in this study indicated that grief training was previously provided by a school-based mental health professional. Providing such trainings at periodic staff meetings within the school may be one method of ensuring that teachers are aware of the available personnel. It can be argued that teachers are not well prepared to address grief issues with students, thus, ensuring that they are aware of and in communication with professionals who have received such training and who are available within the school is key.

Unfortunately, only half of the teachers in this survey reported attending a suicide prevention training through the school for the current year at the time of the survey (the final two months of the academic year). Suicide prevention training in Kentucky schools was made mandatory for principals, counselors, and teachers beginning in 2010 (KRS 158.070). While this training presumably focuses on suicide prevention strategies, it is currently the only state mandated training related to loss issues in the Kentucky public school system. Providing teachers with general resources about addressing grief and loss within this broader training may be one strategy to ensure that resources are made known
to this population. However, ensuring that teachers are in fact provided with an opportunity to attend such trainings and that attendance is improved as compared to the current figures would be the priority.

The final variable of interest related to school-based resources for addressing childhood grief was the existence of bereavement policies. In light of our nation’s recent tragedies involving school violence, it is not surprising that school communities have tightened crisis response and emergency preparedness (Crepeau-Hobson, Sievering, Armstrong, & Stonis, 2012). However, little is known about ways in which school policies reflect addressing individual student loss. A small percentage of teachers in this study reported that their school had a specific policy to address student grief, with components such as addressing attendance issues and notification of a mental health professional in or outside of school included. More significant was that the majority of teachers did not know if their school had such a policy. This finding revealed a concern in the larger context of communication between administration and staff on important issues such as student mental health, as most teachers could not comment on whether or not such a policy existed, and may provide further insight into potential flaws within systems level communication regarding student mental health support (Melin et al., 2010). Similarly, those who did report knowing of a school policy only minimally reported that training or explanation of the policy occurred. Thus, ensuring that communication between school staff regarding available resources is ongoing again surfaced as a major component of effectively delivering support to students.

Those schools not currently employing a policy about student grief may wish to consider if developing a plan and introducing it to teachers may be beneficial. For
instance, federal mandates related to special education services have resulted in an increase in the presence of school-based teams for identifying students with emotional or behavioral difficulties prior to considering referral (Kovaleksi & Glew, 2006). In an effort to create a systematic method of identifying students who may be struggling, many schools have implemented periodic mandatory team meetings with the intention of discussing students’ emotional or behavioral needs and improving identification of struggling students (Truscott, Cohen, Sams, Sanborn, & Frank, 2005). One strategy for considering whether or not a bereaved student may be in need of support could involve the inclusion of these students in the overall discussion of addressing struggling students. This could include the development of a form that allows a teacher to provide information about a student’s loss upon discovery, or a request for consultation or resources, and to submit the form for review and further action on the part of the mental health provider if necessary. Such a policy could be introduced during regularly scheduled staff meetings, with identified students potentially discussed regularly during grade level team meetings in an effort to identify struggling students early.

This potential screening strategy, while it may seem unnecessary for those students who appear to be responding well to a loss, may also allow for the recognition of students who may otherwise go unnoticed as well as foster communication between teachers and mental health providers in the school. Finally, those developing school bereavement policies are encouraged to include suggestions for credible resources, since, as described in the following section, teachers reported most often seeking out resources online, and reported that existing policies did not usually include suggestions for resources.
Teacher Approaches to Grieving Students

While the lack of resources and training available to teachers has been previously investigated, what actually occurs in the field in response to childhood loss is not well known. Teachers in this study most often reported searching for information online about childhood grief—a finding that was counter to the original hypothesis that teachers were not likely to seek out information. The majority of teachers also reported engaging in conversations, either student or teacher initiated, about the loss. However, the hypothesis that teachers most frequently referred a student for in-school counseling was supported as among the most frequent actions taken, while referring for out of school counseling was not. Less than one third of teachers described contacting a student’s family member, a finding that may have implications related to the importance of school to home communication, though further information about contacting home specifically was not obtained in this study. Finally, the initial hypothesis that teacher follow up would be limited was not supported, as only 7% of teachers reported not following up with the student after the initial action, with most reporting periodically checking in with the student. This finding was suggestive of continued teacher contact with the grieving student about the loss in some way, most often on an “as needed” basis, following initial approaches.

Further analysis of qualitative responses provided insight into teachers’ response patterns to grieving students. Findings were similar to the grief response pattern initially identified by Mahon and colleagues (1999). However, it is noted that few teachers provided textual data beyond the forced-choice survey items, resulting in a small subsample size, making it difficult to make inferences regarding teacher response styles.
The majority of the teachers in the current study were found to exhibit a proactive response, or taking it upon themselves to reach out to a student upon learning of a loss, as evidenced by their responses to multiple choice items and open ended responses. A proactive response on the part of the teacher may be more indicative of a preventative model of addressing grief, and one that may result in earlier recognition of students who may be struggling. Approximately 17% of the teachers who provided textual responses reported a reactive response, or one in which action was taken only when a student demonstrated concerning behavior, or when the teacher was asked by a parent or the student for help. A larger percentage of teachers exhibited no response regardless of student behaviors. This finding is of concern, as it has the potential to leave students who may be in need of intervention potentially without services. Teachers largely attributed not responding at all to a belief that mentioning the loss would only upset the student, as well as the belief that someone else had already addressed the loss. The latter in particular may be indicative of the bystander effect (Latane & Darley, 1970), or the phenomenon of not seeking help due to the assumption that someone else already has. As previously described, increasing training, awareness of and access to resources, as well as developing a standard method of addressing grieving students may improve identification of and intervention for youth in need. Related to this finding especially, providing an administrative protocol may help to give teachers who otherwise would take no action a place to start.

Of those teachers who did report referring the student for counseling upon learning of a familial loss, approximately equal numbers did so as a preventative measure as did in response to a student’s concerning behaviors. While identification of students
who demonstrate externalizing behaviors of concern was reported most frequently, teachers also touched upon the difficulty of truly knowing if a student was affected or not. Students who do not demonstrate outward signs of difficulty with grief may be considered to be well adjusted, but may also be thought to be experiencing difficulties that are not identifiable to others. Teachers in this study also demonstrated awareness of the potential for increased student difficulties when multiple risk factors were present, a factor that is important for teachers to consider in the larger social context of the student. Finally, the lack of training was again resounded through qualitative responses, as several teachers described a feeling of inadequacy related to handling grief issues, which often resulted in not addressing the student at all.

**Grief consultation.** No prior studies have specifically examined grief consultation at the school level, though previous researchers have demonstrated that mental health consultation in schools at large is generally infrequent (Agresta, 2004). Contrary to these prior findings and the initial hypothesis, over half of the teachers in this study reported consulting with others in the school in some way to obtain information about grief support. However, less than a quarter of teachers reported continuation of consultation beyond first contact, which may be more indicative of an initial request for information rather than an ongoing consultative relationship. One explanation for this finding may be that teachers initially reported feeling inexperienced in the realm of grief and loss, and thus may have been especially proactive in seeking out initial help. Likelihood of consultation did not greatly differ between elementary, middle, and high school teachers, suggesting that grief consultation occurs relatively evenly across school levels. Of those who were consulted, school counselors were most often sought.
However, satisfaction ratings revealed that despite the consultant (counselor, psychologist, or social worker), most teachers were moderately to highly satisfied with the experience. These findings are supportive of prior research about mental health consultation in general, which has indicated overall positive effects following school-based consultation when it does occur (Capella et al., 2011).

Despite the finding that one third of teachers in this study reported no mental health provider available at school, the conclusions regarding consultative practices amongst those who did are hopeful. Findings may lend further support to the importance of the collaborative relationship between teachers and mental health providers at school, as well as the potential for positive effects from consultation offered by these professionals.

**Student Outcomes Post-loss**

The historically popular stage theory of grief has more recently been called into question by psychologists who argue that grief is not so easily explained as a check list of emotions through which every person moves (Bonanno, 2009; Konigsberg, 2011). Teachers’ open-ended responses regarding student outcomes in this study reflected components of Bonanno’s (2009) proposed adult theory of grief response more so than of Kubler-Ross’ (1995) proposed stage theory. The majority of teachers were aware of student outcomes post-loss to some degree, with a smaller percentage unable to comment on these outcomes. As has been supported in the recent bereavement literature at large, about half of the students reportedly demonstrated resiliency and experienced little to no emotional, behavioral, or academic setbacks as observed by the teachers. However, the other half experienced either a specific period of noticeable difficulty followed by return
to typical functioning or difficulties that continue to occur presently. These findings illustrate that while the majority of students are likely to “bounce back” within a reasonable amount of time following a loss, it is likely that roughly one third may struggle to the point of disruption of daily life functioning. Thus, ensuring that teachers are equipped with the resources and support necessary for identifying this population is essential.

**Teacher Perceptions of Childhood Grief**

In her thesis, Bain (2003) developed a scale in an effort to quantitatively measure the accuracy of teachers’ knowledge about childhood grief. Given the difficulty of drawing definitive conclusions for all grievers, the present study revised the prior measure in an effort to further explore teacher perceptions at large. After rigorous statistical analysis to identify potential factors within the measure, the 15-item scale was narrowed to seven items that appeared to be one-dimensional. While these procedures allowed for the identification of a better-approximated dimension, remaining items were not consistently loaded, indicating a potentially weak dimension overall. Thus, the findings that teacher perceptions overall did not appear to differ between those of different school levels, counties, or early-bereaved status should be interpreted with some degree of caution given these methodological limitations.

Despite these limitations, the descriptive information provided by analysis of the individual scale items provided some insight into teacher beliefs about various concepts related to childhood grief, and may be a more effective method of gauging teacher perceptions than attempting to consolidate outcomes. The statement to which teachers disagreed most was that “Children understand the effects of death.” Teachers also tended
to moderately disagree that “Adolescents understand the effects of death,” findings that may have implications rooted in early developmental theories of the progression of young peoples’ cognitive processes at large and in relation to death. For instance, early theorists have posited that young people may begin to understand the permanent and irreversible nature of death approximately between the ages of seven and ten (Nagy, 1948; Speece & Brent, 1984) while others have argued that the potential to grieve is not possible in young people given a lack of mature cognitive capacities (Wolfstein, 1966).

Teacher responses to these items may also relate to the possibility that teachers may be more likely to misjudge the severity of a student’s grief response given potential expectations that adults may have about children’s capabilities for understanding death in general, as well as assumptions of difficulty with grief equating to crying and other obvious expressions of sadness (Schonfeld & Quackenbush, 2010). For instance, one may hypothesize that if a teacher believes that young people are not developmentally able to fully understand the consequences of a death, his or her response to the student may be reflective of that, potentially resulting in the dismissal of the possibility that the student could suffer negative effects.

A finding that was somewhat surprising was that teachers overall tended to moderately disagree with statements that children and adolescents are resilient. This finding is counter to what is known about general emotional resiliency in the developmental period when faced with trauma or adversity (Christ, 2010; Copeland et al., 2007). Conversely, teacher perceptions appeared to be in line with the bereavement literature regarding the importance of a stable environment post-loss, with teachers tending to moderately agree with this. This finding provides an important implication in
that teachers appear to be aware of the importance of the school environment as one such stable environment. This was also evidenced in the finding that only a small percentage of teachers agreed with a statement that grief support is not within a teacher’s role. The item receiving the most agreement amongst teachers was that “Unresolved grief leads to later emotional problems.” This finding is interesting in light of the previously mentioned resiliency, recovery, and chronic grief paradigm in adults (Bonanno, 2009), which suggests that a lack of serious emotional disruption after a loss is not necessarily indicative of later pathology, and in actuality may be the norm.

These findings suggest that teacher responses appear to be relatively reflective of some concepts that have been empirically supported, such as the likelihood of increased difficulty post-loss when multiple risk factors are present, but less so in other areas, such as young peoples’ resiliency. Teacher responses to individual scale items were also compared descriptively between the groups of interest in this survey, namely early bereaved and non-bereaved teachers, teachers of elementary, middle, and high school, and teachers in rural and urban counties. Results overall did not definitively provide conclusions regarding potential differences in perceptions across these groups, a finding that is supportive of the overall inconclusive literature base relative to childhood grief. However, results provided some indication of significant differences between groups relative to individual items. For instance, the statistically significant finding that teachers of urban counties were more likely to agree with statements indicating that children and adolescents become aggressive after experiencing a loss and that teachers of high school students were more likely to believe that students will become suicidal following a loss may provide potentially important preliminary information about this minimally
examined area of research. More research is needed overall in this area in order to shape ways in which information and resources are provided to teachers and school personnel, as well as support to students.

**Early-Bereaved Teachers**

The results of this study have further demonstrated that experiencing loss due to death in the developmental period is not uncommon. The majority of teachers in this sample reported experiencing the death of a loved one while attending grade school. While a preliminary study’s findings indicated that those recently bereaved may report greater sensitivity to bereavement issues (Lowton & Higginson, 2003), little research has been done to examine the effect of early bereavement on perceptions of grief. The findings of the current study do not necessarily support that experiencing prior loss affects perceptions of childhood grief. In fact, no significant differences were found between early bereaved and non-early bereaved teachers on the perceptions measure. However, as previously mentioned, a strong quantitative measure of this nature is not yet available. Thus, the current study aimed to further explore early bereaved teachers’ qualitative responses regarding how early loss affects present approaches to grieving students. Thematic analysis resulted in the identification that the majority of teachers referred to a greater capacity for empathy and compassion for grieving students. A small sample of teachers in this study also provided examples of the ways in which their own school experiences post-loss affected approaches to grieving students, with many citing negative experiences with teachers as motivation to make a difference in current students’ lives. Finally, a small sample of teachers reported that their early loss experience has not helped them in addressing grief at school. This finding is important, as it serves as a
reminder that assumptions of comfort in addressing difficult issues with students should not be made based upon prior similar experiences alone.

**Study Limitations**

The current study is not without limitations. Participants were limited to teachers in the state of Kentucky, making inferences about the broader population of teachers difficult. Similarly, the current sample was predominantly Caucasian and female, limiting the potential for generalizability to samples beyond these demographics. This study did not seek out information regarding participants’ or students’ social or cultural background, a factor that could have an effect on expressions of and experiences with grief and an area that warrants further investigation. Future research should aim to explore grief experiences and perceptions of grief within the larger social and cultural contexts. The method of utilizing an Internet-based survey may have limited the potential of recruiting a larger number of participants, given the influx of email correspondence teachers receive on a daily basis. The online method also may not have allowed participants to expand upon responses as easily as may be possible through in-person interviewing. Additionally, evidence exists to suggest that rapport may be more easily established through face to face interviewing due to maintained eye contact and the use of various gestures, such as head nodding, during interviewing (Collins, Schrimmer, & Burke, 2011), the lack of which may have had an effect on this study. Another consideration is the likelihood of social desirability bias, as teachers may have responded in ways that reflect actions or attitudes believed to be correct rather than what is accurate, findings that have been supported in relation to survey research (Steenkamp, de Jong, & Baumgartner, 2010). Relative to response bias, it is possible that those who chose to
complete the study did so out of personal interest in the topic. This may have also skewed the reported prevalence of bereaved students and teachers. The present study further did not collect information about the specific period of time between the student’s loss and the survey in considering student outcomes, a significant component of this study. Obtaining a clearer understanding of students’ outcomes post loss in reference to the period of time between the loss event and the outcome would likely provide important information regarding implications about student outcomes and potential patterns of resiliency. The current study employed several forced-choice items in the section of the survey related to teacher responses to grieving students upon discovery of a loss. Given the small sample of teachers who provided additional textual responses, future researchers may wish to explore this area more qualitatively initially to allow for theme development and a better understanding of the grief support process. The findings of this study indicate that the death of a peer or classmate may be among the most frequently encountered type of loss, however, the current study focused on familial death and experiences thereafter. Future studies should broaden the scope of the relationship of the deceased to ensure equal representation of the kinds of loss experienced, and the potential differences therein. Finally, many of the study questions relied upon teacher recollection of prior students, as well as perceptions regarding student outcomes and behavior. As with any subjective information, data reported should be considered within this context.

**Conclusions**

Overall, this study has provided valuable preliminary information about teacher encounters with grieving students at school, an area that remains relatively unexamined in the literature. This study revealed several important pieces of information that are
relevant to practicing teachers as well as related school personnel and mental health support staff. In contrast to prior studies regarding consultation, the results of this study indicate that grief consultation in particular is relatively common, and that the majority of teachers report high satisfaction with the experience regardless of the consultant. This information could be used to inform the importance of consulting or otherwise engaging with school mental health professionals when dealing with sensitive issues, such as grief, in the classroom. These findings also provide implications for mental health professionals to take an active role in this process, as several teachers still reported a lack of presence, or possibly a lack of awareness, of mental health professionals at school. Findings may also have the potential to inform teacher training needs to address loss at school, both at the pre-service and school levels. Current results showed that teachers are exposed to students who have experienced a family member’s death fairly often, but feel inadequately prepared to address the student. This lack of training and discomfort often led teachers to not address the student at all, which may have resulted in students suffering in silence (Mahon et al., 1999).

While the current study attempted to quantitatively measure perceptions of childhood grief, findings further illustrated the difficulty of doing so in quantitatively sound ways. The findings of this study showed that teacher perceptions of childhood grief were not conclusive, and were relatively similar when compared in sum amongst teachers of different school levels, counties, and early-bereaved status. However, it is again important to consider that further research is needed toward potentially developing a valid and consistent measure related to perceptions of childhood grief, as well as if the development of such a measure is justified. What can be learned from the results of this
study is that teachers’ experiences with bereaved students are vast and different; supporting the conclusion that grief is not experienced the same for any two people. While one teacher may perceive a student to be resilient and coping well with a death, another may perceive the student to be suppressing grief reactions and in jeopardy of suffering emotionally in the long run. What has continued to be supported is that roughly one third of bereaved students will likely experience difficulty beyond what is considered typical, and that such a population represents a unique presence in the classroom. These findings illustrate the need for those working with grieving young people to be aware of what is known about this small sample of young people, including potential risk factors and symptomology, and the ways in which services can be accessed. More research is needed to further explore the grief trajectories of young people, especially from the perspective of the bereaved, as well as to explore further ways in which the school system can collectively provide support to those in need.
Appendix A

Initial Email Invitation to Principals

To School Principal:

My name is Ashley Candelaria and I am a doctoral candidate in the school psychology program at the University of Kentucky. I am currently working on my dissertation research project under the supervision of doctoral co-chairs, Dr. H. Tom Prout and Dr. Alicia Fedewa. I wanted to share a research opportunity for teachers in your school. I am hoping that you can ask your teachers to participate in this study, which will seek to understand experiences when working with students who have lost a family member to death. I would greatly appreciate it if you could forward this email to the teachers in your school. The message to be sent is found below, along with the link to the study.

I ask that you take the time to please forward the message below to your teachers. I realize you and your teachers are incredibly busy and therefore appreciate you taking the time to disseminate this request. Please also take a moment to respond to this email and indicate whether or not you are willing to pass this information along to your teachers. When I receive your response, I will provide you with an electronic resource about grief support published by the National Association of School Psychologists.

Thank you for your consideration,

Ashley Candelaria, M.S.
Doctoral Candidate
Department of Educational, School, and Counseling Psychology
University of Kentucky
PHONE: 859-582-0766
EMAIL: amca224@Uky.edu

To Teacher:

Hello, I am writing to invite you to participate in a survey concerning your experiences when working with students who have lost a family member to death. Although you may not get personal benefit from taking part in this research study, your responses may help us understand more about the resources and support available at school for grieving students.

We hope to receive completed questionnaires from about 900 people, so your answers are important to us. Of course, you have a choice about whether or not to complete the survey/questionnaire, but if you do participate, you are free to skip any questions or discontinue at any time. The survey/questionnaire will take about 25 minutes to complete. If you choose to be, you will be entered into a drawing to receive one of four $25 gift cards to Amazon.com for taking part in this study.

There are no known risks to participating in this study. Your response to the survey is anonymous which means no names will appear or be used on research documents, or be used in presentations or publications. The research team will not know that any information you provided came from you, nor even whether you participated in the study.

Please be aware, while we make every effort to safeguard your data once received from the online survey/data gathering company, given the nature of online surveys, as with anything involving the Internet, we can never guarantee the confidentiality of the data while still on the survey/data gathering company’s servers, or while en route to either them or us. It is also possible the raw data collected for research purposes may be used for marketing or reporting purposes by the survey/data gathering company after the research is concluded, depending on the company’s Terms of Service and Privacy policies.
If you have questions about the study, please feel free to ask; my contact information is given below. If you have complaints, suggestions, or questions about your rights as a research volunteer, contact the staff in the University of Kentucky Office of Research Integrity at 859-257-9428 or toll-free at 1-866-400-9428.

Thank you in advance for your assistance with this important project. To ensure your responses/opinions will be included, please complete the online survey/questionnaire by _____.

Survey Link:

Sincerely,

Ashley Candelaria, M.S.
Doctoral Candidate
Department of Educational, School, and Counseling Psychology
University of Kentucky
PHONE: 859-582-0766
EMAIL: amca224@uky.edu
Appendix B

Follow-Up Email to Principals

To School Principal:

About a week ago, you should have received a survey invitation that I sent to you via email along with a request to forward this survey to teachers at your school. The survey was about the experiences of working with grieving students at school. This is a reminder that if you have not had the opportunity to send this message to teachers at your school, I would still appreciate hearing from them.

If you have not already done so, would you please take a moment to forward this email to teachers at your school? Please also respond to this email to tell me whether or not you are willing to send this to your teachers. When I receive your response, I will provide you with an electronic resource about grief support published by the National Association of School Psychologists.

Thank you in advance for your assistance,

Sincerely,

Ashley Candelaria, M.S.
Doctoral Candidate
Department of Educational, School, and Counseling Psychology
University of Kentucky
Amca224@uky.edu

To Teacher:

Hello, I am writing to invite you to participate in a survey concerning your experiences when working with students who have lost a family member to death. Although you may not get personal benefit from taking part in this research study, your responses may help us understand more about the resources and support available at school for grieving students.

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There are no known risks to participating in this study. Your response to the survey is anonymous which means no names will appear or be used on research documents, or be used in presentations or publications. The research team will not know that any information you provided came from you, nor even whether you participated in the study.

Please be aware, while we make every effort to safeguard your data once received from the online survey/data gathering company, given the nature of online surveys, as with anything involving the Internet, we can never guarantee the confidentiality of the data while still on the survey/data gathering company’s servers, or while en route to either them or us. It is also possible the raw data collected for research purposes may be used for marketing or reporting purposes by the survey/data gathering company after the research is concluded, depending on the company’s Terms of Service and Privacy policies.

If you have questions about the study, please feel free to ask; my contact information is given below. If you have complaints, suggestions, or questions about your rights as a research volunteer, contact the staff in the University of Kentucky Office of Research Integrity at 859-257-9428 or toll-free at 1-866-400-9428.
Thank you in advance for your assistance with this important project. To ensure your responses/opinions will be included, please complete the online survey/questionnaire by _____.

Survey Link:

Sincerely,

Ashley Candelaria, M.S.
Doctoral Candidate
Department of Educational, School, and Counseling Psychology
University of Kentucky
PHONE: 859-582-0766
EMAIL: amca224@uky.edu
Appendix C

Informed Consent and Survey Measure

Consent to Participate in a Research Study

WHY ARE YOU BEING INVITED TO TAKE PART IN THIS RESEARCH?

You are being invited to take part in a research study about teacher experiences with grieving students. You are being invited to take part in this research study because you are a teacher in the state of Kentucky. If you volunteer to take part in this study, it is estimated that you will be one of about 900 people to do so.

WHO IS DOING THE STUDY?

The person in charge of this study is Ashley Candelaria of the University of Kentucky's Department of Educational, School, and Counseling Psychology. She is being guided in this research by Dr. Alicia Fedewa. There may be other people on the research team assisting at different times during the study.

WHAT IS THE PURPOSE OF THIS STUDY?

By doing this study, I hope to learn more about the prevalence of having a grieving student at school, teacher’s perceptions of childhood grief, as well as factors involved in the support of grieving students at school.

ARE THERE REASONS WHY YOU SHOULD NOT TAKE PART IN THIS STUDY?

Reasons you may be excluded from the study include if you are under 18 years of age or are not employed in a public school in the state of Kentucky.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

This survey will be presented online and should take no longer than 25 minutes to complete.

WHAT WILL YOU BE ASKED TO DO?

The survey includes a mixture of multiple choice and open ended questions about your experiences with grieving students at school. Some survey questions will ask you to rate your thoughts about childhood grief on a scale from 1 to 5 and some will give you the opportunity to describe the grief resources available at your school, as well as to describe any experiences you may have had with loss as a child. I will also ask for some demographic information so that I can accurately describe the general traits of the group of teachers who participate in the study.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life.

WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY?

There is no guarantee that you will get any benefit from taking part in this study. Your willingness to take part, however, may, in the future, help society as a whole better understand this research topic.

DO YOU HAVE TO TAKE PART IN THE STUDY?
If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

IF YOU DON’T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?

If you do not want to be in the study, there are no other choices except not to take part in the study.

WHAT WILL IT COST YOU TO PARTICIPATE?

There are no costs associated with taking part in the study.

WILL YOU RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

If you choose to take part in the study, you will be given the opportunity to become entered into a random drawing for one of four Amazon.com gift cards valued at $25 each. You have a 1 in 225 chance of winning.

WHO WILL SEE THE INFORMATION THAT YOU GIVE?

This study is anonymous. That means that no one, not even members of the research team, will know that the information you give came from you. Please be aware, while we make every effort to safeguard your data once received from the online survey/data gathering company, given the nature of online surveys, as with anything involving the Internet, we can never guarantee the confidentiality of the data while still on the survey/data gathering company’s servers, or while en route to either them or us. It is also possible the raw data collected for research purposes may be used for marketing or reporting purposes by the survey/data gathering company after the research is concluded, depending on the company’s Terms of Service and Privacy policies.

CAN YOUR TAKING PART IN THE STUDY END EARLY?

If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. You will not be treated differently if you decide to stop taking part in the study.

The individuals conducting the study may need to withdraw you from the study. This may occur if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you, or if the agency funding the study decides to stop the study early for a variety of scientific reasons. If at any time you wish to withdrawal from the study, you can exit the survey and your responses will not be recorded.

WHAT ELSE DO YOU NEED TO KNOW?

There is a possibility that the data collected from you may be shared with other investigators in the future. If that is the case the data will not contain information that can identify you unless you give your consent or the UK Institutional Review Board (IRB) approves the research. The IRB is a committee that reviews ethical issues, according to federal, state and local regulations on research with human subjects, to make sure the study complies with these before approval of a research study is issued.

WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS, CONCERNS, OR COMPLAINTS?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions, suggestions, concerns, or complaints about the study, you can contact the investigator, Ashley Candelaria, at amca224@uky.edu or the faculty advisor, Dr. Alicia Fedewa, at alicia.fedewa@uky.edu. If you have any questions about your rights as a volunteer in
this research, contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-9428 or toll free at 1-866-400-9428.

BEGINNING THE SURVEY:

By beginning the survey, you acknowledge that you have read this information and agree to participate in this research, with the knowledge that you are free to withdraw your participation at any time without penalty. If you agree, you may now click the “Yes, begin the survey” icon below.

☑ Yes, Begin the Survey
☑ No, I do not wish to take part in the survey.

In this study, the term BEREAVEMENT refers to the sense of being without something or someone, and a BEREAVED person is one who has experienced a loss. GRIEF refers to an individual's reaction to a loss.

Approximately how many students do you teach per academic year?

Within the past 3 years, how many students have you had in class who have experienced the following kinds of deaths:

_____ Number of students who lost a parent
_____ Number of students who lost a sibling
_____ Number of students who lost a grandparent
_____ Number of students who lost a friend
_____ Number of students who lost another significant person (Please describe relationship)

Have you ever experienced the death of one of your students

☑ Yes
☑ No

How many students have you lost over the course of your teaching career?

What was the cause of death of the student who died? (Select multiple if more than one student has been lost).

☐ Accident
☐ Illness
☐ Suicide
☐ Homicide
☐ Other cause (Please describe) ____________________
☐ I do not know the cause of death

Have you attended a training on suicide prevention at your school this school year?

☑ Yes
☑ No
What kind of training did you receive on death and grief issues during your pre-service degree program? (Select all that apply).

- I took a class on death and grief issues
- I attended a seminar or workshop on death and grief issues
- I researched information on my own
- I had a death and grief unit within another a class
- I received no training
- Other (Please describe) ____________________

During your career as a teacher, what kind of training have you received on death and grief issues? (Select all that apply).

- A seminar or workshop
- A full or multi-day conference
- I have researched information on my own
- Training from a school mental health professional
- I have received no training
- Other (Please describe) ____________________

What resources are available for you at school if you need to access information about childhood grief? (Select all that apply).

- Books
- Internet access
- School manuals or procedures
- School-based mental health professionals
- Community mental health professional contacts
- Family resource center at school
- Other (Please describe) ____________________

Does your school have a policy to address the death of a student's family member? (i.e., a Bereavement Policy).

- Yes
- No
- I don't know

Is training on the bereavement policy provided to school personnel?

- Yes
- No
- I don't know

How often is training on the school bereavement policy provided?

- Once per year
- Upon request
- I don't know
- Other (Please describe) ____________________

What components are included in your school's bereavement policy? (Select all that apply).

- A specific procedure for addressing the death with the other students
- Providing an excused period of absence
- Notification of a school-based crisis/bereavement team
- Notification of an outside crisis/bereavement team
- Suggestions for resources Other (Please describe additional components) ____________________
Please respond to the following questions on a scale from 1 (strongly disagree) to 5 (strongly agree). The term Children refers to those age 12 and under while Adolescents refers to those ages 13 to 18.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Moderately Disagree</th>
<th>Neutral</th>
<th>Moderately Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children grieve similarly to adults</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Unresolved grief can lead to later emotional problems for students</td>
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<tr>
<td>Children are resilient and are likely to &quot;bounce back&quot; quickly following a loss</td>
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<td>○</td>
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<tr>
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<tr>
<td>Children are likely to show aggression following the death of a loved one</td>
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<tr>
<td>Children are developmentally able to understand the effects of a death</td>
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<td>○</td>
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<td>○</td>
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</tr>
</tbody>
</table>
It is likely that a student's social skills will suffer following the death of a loved one. Students who have experienced the death of a loved one are likely to become suicidal. The best predictor of a student's outcome is the stability of his or her environment after the death. Young people move through "stages" of grief and must complete each stage before accepting the death. A student who experienced an expected death will adjust better than one who experienced an unexpected death. Females are more likely to experience depression following a family member's death than males.
Have you ever had a student who has experienced the death of a family member?
- Yes
- No
- I don't know

Think of the most recent time you were involved with a student who lost a family member. What was the person's relationship to the student?
- Parent
- Guardian
- Sibling
- Grandparent
- Other (Please describe) ____________________

How did the person die?
- Illness
- Suicide
- Accident
- Homicide
- Other (Please describe) ____________________
- I don't know

How did you become aware of the death? (Select all that apply).
- The student informed me
- A surviving family member of the student informed me
- Another school employee informed me
- The event was in the media
- Other (Please describe) ____________________

When you learned of the student's loss, did you seek out information about childhood grief?
- Yes
- No

What information did you seek? (Select all that apply).
- I searched the Internet
- I obtained a book about childhood grief
- I called the student's surviving caregiver for information
- I contacted local community agencies who have experience with grieving students
- Other (Please describe) ____________________

Did you consult with others within the school?
- Yes
- No

Did you consult with the school psychologist?
- Yes
- No

Rate the effectiveness of the consultation with the school psychologist on a scale from 1 (highly ineffective) to 5 (highly effective).
- Highly Ineffective
- Minimally Effective
- Neutral
Did you consult with the school counselor?

- Yes
- No

Rate the effectiveness of the consultation with the school counselor on a scale from 1 (highly ineffective) to 5 (highly effective).

- Highly Ineffective
- Minimally Effective
- Neutral
- Moderately Effective
- Highly Effective

Did you consult with the school social worker?

- Yes
- No

Rate the effectiveness of the consultation with the school social worker on a scale from 1 (highly ineffective) to 5 (highly effective).

- Highly Ineffective
- Minimally Effective
- Neutral
- Moderately Effective
- Highly Effective

What information did you seek from the person(s) with whom you consulted? (Select all that apply).

- General information about childhood grief
- Information about providing support to grieving students
- Information about symptoms of grief
- Information about community referrals
- Other (Please describe) ____________________

Please indicate which, if any, of the following actions you took when you found out that the student experienced the death of a family member (Select all that apply).

- I referred the student for in school counseling
- I referred the student for out of school counseling
- I spoke to the student directly
- I gave the student a book about grief
- I told the class about the student's loss
- I offered to modify assignments for the student
- I contacted the student's parent
- Other (please describe) ____________________

Please describe what factors affected your decision to refer the student for counseling.

After the initial actions you took when you were made aware of the student's loss, how did you follow up? (Select all that apply).

- I checked in periodically with the student
- I continued to consult with the individual who provided counseling
- I continued to contact the student's parent or guardian
☐ I made an additional referral for counseling
☐ Other (Please describe) ____________________
☐ I did not follow up

In thinking back to when you had a student in class who experienced the death of a family member, please indicate whether or not you faced any of the following obstacles.

<table>
<thead>
<tr>
<th>Obstacle Encountered</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I did not feel prepared to address grief with the student</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I did not receive administrative support during the process</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I did not receive parental support during the process</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I did not know where to find resources</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My school does not have available mental health support for students</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I did not feel that this was within my role as a teacher</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I wanted to help, but did not have the time</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (Please describe)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please rate the involvement you believe that you had in this student's grief support on a scale of 1 (No Involvement) to 5 (High Involvement).

☐ No Involvement
☐ Minimal Involvement
☐ Neutral
☐ Moderate Involvement
☐ High Involvement

Please describe what you know about the student's outcome following this loss.

As a child or adolescent (under the age of 18 or while attending elementary, middle, or high school) did you experience the death of a significant person?
☐ Yes
☐ No

What was the relationship of the deceased to you? (Select all that apply)
☐ Parent
☐ Sibling
☐ Grandparent
☐ Child
☐ Friend
☐ Other (Please describe) ____________________

Did you receive counseling at school following the death?
☐ Yes
☐ No
Please describe how your experiences with loss as a young person have affected you as a teacher when working with students in your classroom who have experienced a death.

What is your age?

With which gender do you identify?
☐ Male
☐ Female

With which race do you identify?
☐ Caucasian
☐ Black or African American
☐ Hispanic or Latino
☐ Asian or Pacific Islander
☐ Bi-Racial
☐ Other (Please describe) ____________________

At what school level do you teach?
☐ Elementary
☐ Middle
☐ High

Are you a special education teacher?
☐ Yes
☐ No

How many years have you been a teacher?

What is your highest obtained degree?
☐ Bachelors degree
☐ Masters degree
☐ Doctorate
☐ Other (Please describe) ____________________

In what Kentucky county is your school? (Drop down menu).

If you wish to be included in the drawing for one of four $25 Amazon.com gift cards, please provide an email address where you can be notified.
References


coping (pp. 21-38). New York, NY: Springer.


Kentucky Administrative Regulation. §702 § 3:246 (2001). Retrieved from
http://www.lrc.state.ky.us/kar/702/003/246.htm

Kentucky Revised Statute. § 158.070 (2010). Retrieved from
http://www.lrc.ky.gov/record/10RS/SB65.htm

trauma-focused cbt with fidelity and flexibility: A family case study. Journal of
Clinical Child & Adolescent Psychology, 39, 713-722. doi:
10.1080/15374416.2010.501291


Kovaleski, J. F., & Glew, M. C. (2006). Bringing instructional support teams to scale:
Implications of the Pennsylvania experience. Remedial and Special Education,
27, 16–25. doi: 10.1177/07419325060270010301

Kubler-Ross, E. (1995). On death and dying: What the dying have to teach doctors,


doesn’t he help? New York, NY: Appleton-Century-Crofts


National Center for Mental Health Promotion and Youth Violence Prevention’s Safe Schools/Health Students initiative (2010). Retrieved from http://sshs.promoteprevent.org


Vita

Ashley Michelle Candelaria
Place of Birth: Nuremberg, Germany

EDUCATION

Human Development Institute (HDI), Lexington, Kentucky
University Center for Excellence in Developmental Disabilities
Graduate Certificate in Developmental Disabilities 2011

University of Kentucky, Lexington, Kentucky
M.S. in Education (School Psychology) 2010

Eastern Kentucky University, Richmond, Kentucky
B.S. in Psychology, Magna Cum Laude 2009

PROFESSIONAL POSITIONS HELD

University of Kentucky Center for Autism Spectrum Evaluation, Service, and Research (UK CASPER), Lexington, Kentucky
Pre-Doctoral Intern
Supervisor: Lisa Ruble, PhD, Licensed Psychologist 08/2013-07/2014

Nicholasville Elementary School
Nicholasville, Kentucky
Provisionally Certified School Psychologist/Intern
Supervisor: Allison Hardin, PsyS, Certified School Psychologist 12/2012-05/2013

East Jessamine High School
Nicholasville, Kentucky
Provisionally Certified School Psychologist/Intern
Supervisor: Allisons Hardin, PsyS, Certified School Psychologist 08/2012-12/2012

Kentucky Clinic Developmental and Behavioral Pediatrics
Lexington, Kentucky
School Psychology Advanced Practicum Student 12/2011-05/2012
Supervisor: Neelkamal Soares, MD

Bryan Station High School
Lexington, Kentucky
School Psychology Advanced Practicum Student 12/2011-05/2012
Supervisor: Bobbie Burcham, PhD

Booker T. Washington Elementary School & Veterans Park Elementary School
Lexington, Kentucky
School Psychology Advanced Practicum Student 08/2011-05/2012
Supervisor: Kelly Gorbett, PhD, NCSP
Hospice of the Bluegrass Pediatrics
Lexington, Kentucky
Supervisor: Donna Armstrong, MSW

Down Syndrome Association of Central Kentucky
Lexington/Nicholasville, Kentucky
Supervisor: Allison Kerschbaum

Yates Elementary School & Maxwell Elementary School
Lexington, Kentucky
School Psychology Practicum Student 08/2010-05/2011
Supervisor: Stephanie Kampfer-Bohach, PhD

Human Development Institute of the University of Kentucky
Graduate Research Assistant 12/2009-06/2013
Supervisors: Kathy Sheppard-Jones, PhD; Christina Espinosa, MRC

PUBLICATIONS, PAPERS, & BOOK REVIEWS


POSTERS & PROFESSIONAL PRESENTATIONS

University of Kentucky Department of Pediatrics Noon Conference Lecture
The pediatrician and childhood grief (Presentation) 05/2012
Lexington, Kentucky; Supervisor: Neelkamal Soares, MD

Children at Risk Research Conference
The effects of anger management on children’s social and emotional outcomes: A meta-analysis (Poster) 03/2012
Lexington, Kentucky; Supervisor: Alicia Fedewa, PhD, NCSP

2012 Kentucky Health Literacy Summit
Health promotion across abilities: A community-based approach (Poster) 03/2012
Lexington, Kentucky; Supervisor: Kathy Sheppard-Jones, PhD
Southeastern Psychological Association Annual Conference
The effects of anger management on children’s social and emotional outcomes: A meta-analysis (Poster)
New Orleans, Louisiana; Supervisor: Alicia Fedewa, PhD, NCSP  02/2012

Professional Development for School Psychologists in Fayette County
Disproportionality in special education (Presentation)
Lexington, Kentucky; Supervisor: Stephanie Kampfer-Bohach, PhD  04/2011

ADDITIONAL PROJECTS
Kentucky “Power of Peers” website (www.kypeertutoring.org) for inclusive high school classrooms
Co-author
Supervisor: Harold Kleinert, EdD  08/2012

Life After High School: The Next Chapter workbook for youth with developmental disabilities
Co-author
Supervisor: Kathy Sheppard-Jones, PhD  01/2012

AWARDS
Kevin Burberry Award for Outstanding Student Achievement and Advocacy
HDI, University of Kentucky  07/2012

Outstanding Senior Award for Psychology Majors
Eastern Kentucky University  05/2009