

Grief Counseling Best Practices at University Counseling Centers:  
Current Preparedness and Future Directions

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Yang-Hyang (Ryoka) Kim, M.S.

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Sherri Turner, Ph.D., Advisor

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*“Death ends a life, not a relationship.”*  
*Morrie Schwartz*

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## **Abstract**

Studies indicate that bereavement is a more commonly experienced phenomenon among traditional aged college students than is generally assumed (Balk, 2008). In addition to their unique developmental tasks, bereaved students are also burdened with additional stressors, such as pressure to stay academically strong, sense of social isolation, as well as psychological and physical disturbances triggered by the death loss (Neimeyer, Laurie, Mehta, Hardison, & Currier, 2008; Stroebe, Schut, & Stroebe, 2007).

The present study aimed to explore four research questions associated with grief counseling best practices in university settings. These questions are: 1) How did clinicians become interested in the area of grief and loss (origin of interest)?; 2) How prepared are UCCs in supporting grieving students (current preparedness)? 3) What are the criteria for grief counseling best practices at UCCs (areas of grief counseling best practices)?; and 4) What can UCCs and their grief specialists do to provide best practices in supporting grieving students (future directions)?

After obtaining approval from the University of Minnesota Institutional Review Board, a total of 38 university counseling clinicians with special interests in grief counseling were invited to participate in the current study. Eight participants completed a 60-90 minute semi-structured phone interview, consisting of six demographic questions and 10 interview questions related to the research questions. The data were qualitatively analyzed with a team of researchers, following the Consensual Qualitative Research method (CQR; Hill, Thompson, & Williams, 1997; Hill et al., 2005).

As a result, nine major themes, called domains, were rendered. These domains were the following: Domain 1: Origin Of Interest; Domain 2: Grief Counseling Training

And Preparation; Domain 3: Available Grief Support; Domain 4: Therapist's Characteristics; Domain 5: College-Specific; Domain 6: Perception Of Readiness; Domain 7: Importance Of Grief Services; Domain 8: Areas Of Grief Counseling Best Practices; and Domain 9: Future Directions.

In the discussion section, clinical implications of the results are addressed under the framework of the four research questions. For Origin of Interest, the results suggested that both personal and professional events contributed to the development of participants' interest in grief counseling. In particular, participants highlighted the influence of unplanned life events. For Current Preparedness, participants noted mixed levels of preparedness, both within themselves and for sites. Limited resources and staff availability were frequently addressed across participants. For Best Practices, the results indicated eight areas of grief counseling best practices: 1) Self-Awareness, 2) Debunking Myths, 3) Self-Care, 4) Emotional Tolerance, 5) Staying Current with Grief Education and Training, 6) Multicultural Competencies, 7) Assessment, and 8) Comprehensive Support. These suggested areas were examined in relation to the findings of existing literature. Lastly, Future Directions of grief counseling best practice were discussed. The results indicated four areas of improvement, including Grief Groups, Grief Training, Collaborations with Other Offices, and Outreach and Workshops. Specific suggestions and possible challenges in making proposed changes were further discussed. Limitations of the present study and suggestions for future research were also discussed.

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## Chapter 1: Introduction

Loss is an inevitable part of our lives that brings with it a wide variety of challenges and opportunities. According to the National Vital Statistics Reports (Murphy, Xu, & Kochanek, 2013), a total of 2,468,435 residents in the United States died in 2010 for various causes, leaving their loved ones bereaved. College students are not immune to such experiences. Studies indicate that approximately 20% to 30% of college students reported that they had had a family member or friend die within the previous 12 months (Balk, 2008). These seemingly high statistics have also been empirically confirmed in a study using stratified random sampling (Balk, Walker, & Baker, 2010). The study showed 30% of the sample, composed of 118 traditional-aged (18 to 23) college students, had reported a loss of family members or friends in the previous 12 months. In the meantime, inattention to such a commonly experienced phenomenon is making grief among college students “a silent epidemic on campus” (Neimeyer, Laurie, Mehta, Hardison, & Currier, 2008, p. 28).

### Definition of Terms

Before discussing issues associated with the experiences that people have when someone they care for has died, there are three key terms that I would like to highlight. *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association [APA], 2013) distinguishes among bereavement, uncomplicated bereavement, and persistent complex bereavement disorder. *Bereavement* is both the loss of someone a person cares about and an “intense yearning or longing for the deceased, intense sorrow and emotional pain, and preoccupation with the deceased” (APA, 2013, p.

194). *Uncomplicated bereavement* is another condition that may be the focus of clinical attention in the *DSM-5*, which says on the subject:

V62.82 (Z63.4) **Uncomplicated Bereavement:** This category can be used when the focus of clinical attention is a normal reaction to the death of a loved one. As part of their reaction to such a loss, some grieving individuals present with symptoms characteristic of a major depressive episode—for example, feelings of sadness and associated symptoms such as insomnia, poor appetite, and weight loss. The bereaved individual typically regards the depressed mood as “normal,” although the individual may seek professional help for relief of associated symptoms such as insomnia or anorexia. The duration and expression of “normal” bereavement vary considerably among different cultural groups. Further guidance in distinguishing grief from a major depressive episode is provided in the criteria for major depressive episode. (APA, 2013)

Complicated bereavement is actually known in the *DSM-5* as *persistent complex bereavement disorder*. This disorder is distinct from uncomplicated bereavement by a timeframe of at least 12 months in duration, an intensity of sorrow to a clinically significant degree, and/or a preoccupation with either the deceased or the death circumstances. The diagnostic criteria further include the presence of six additional symptoms from a list of 12. These symptoms are categorized under two domains: reactive distress to the death and social/identity disruption. The six symptoms under the *reactive distress to the death* domain include significant difficulty accepting the death, a lack of emotional reactions to the loss, difficulty remembering positive memories with the deceased, bitterness around the loss, self-blame regarding the death, and excessive

avoidance of what reminds one of the deceased. Another domain, *social/identity disruption*, also includes six symptoms: death ideation in order to reunite with the deceased, difficulty trusting others, a sense of isolation, difficulty finding meaning in life without the deceased, role/identity confusion, and difficulty being future-oriented. Finally, diagnosis of this disorder also requires “clinically significant distress or impairment in social, occupational, or other important areas of functioning” (p. 790), with these bereavement reactions “out of proportion to or inconsistent with cultural, religious, or age-appropriate norms” (p. 790).

However, as thorough as these diagnostic criteria seem in identifying persistent complex bereavement disorder, the disorder is actually listed in the Conditions for Further Study section of the *DSM-5*, meaning that the condition has clear merit but was judged to need further research before it could be considered a formal disorder. Nevertheless, clinicians can note the possible presence of disorders under Conditions for Further Study by using the “other-specified” designation in cases when symptoms do not fit strictly within currently-defined disorders.

Throughout the research and the clinical literature, writers indicate that grief can be intensely distressing. However, grief affects people differently in each case, and the degree and duration to which the bereaved experiences such distress varies tremendously from one person to another. The following section will address the variety of effects grief may have over college students.

### **How Does Loss Affect College Students?**

As mentioned above, experience of loss due to the death of a significant other during college occurs more often than we may assume. Taylor Feuss, a senior at the

University of Vermont, shared his story of losing his father as a college student in *USA Today* (2014). In this article, Feuss noted, “the loss of a parent, especially for college students, is a wound that will always hurt.” He further addressed how his father’s death had altered his everyday priorities, caused emotional and financial turmoil, and impaired his academic and social functioning as a college student.

College students are generally expected to look ahead and be excited about their futures (The Sibling Connection, 2015). Since the death of a loved one could alter their life course and future plans, this expectation can cause frustration and confusion among bereaved college students. A review of the literature suggests multidimensional effects of bereavement, including negative impacts on psychological and behavioral health, physical health, academic persistence and performance, and risk factors (i.e., other factors that place people at risk for developing severe and prolonged symptoms after their loss) (Balk, 2008). Other research has suggested that college students are resilient, which helps them manage and overcome trauma related to grief. In the sections below, I will briefly review these effects in preparation for the literature review

**Psychological and behavioral health.** In regard to psychological and behavioral health aspects of loss due to the death of significant others, grieving children, adolescents, and young adults are more vulnerable to developing depressive symptoms (Herberman Mash, Fullerton, & Ursano, 2013), separation anxiety (Kaplow, Saunders, Angold, & Costello, 2010), and behavioral issues, such as conduct disorder and substance abuse (Kaplow et al., 2010). In a study specific to parental loss, Marks, Jun, and Song (2007) analyzed longitudinal data collected through in-person interviews for the National Survey of Families and Households (NHFH) conducted between 1987 and 1993. The

results showed that losing a same-gender parent was associated with significantly greater depressive symptoms in the bereaved individuals. Those who lost both parents within a five-year period experienced significant declines in a wide range of psychological wellness, including self-esteem and sense of control. In such cases, grieving daughters further reported an increase in depressive symptoms while grieving sons reported an increase in binge drinking.

Specific to college populations, some college students may demonstrate their grief more overtly by engaging in reckless behaviors (e.g., drunk driving) and others more covertly through social withdrawal (The Sibling Connection, 2015). College students have also been shown to have significantly higher levels of psychological distress, depression, and anxiety when faced with the loss of a loved one (Currier, Mallot, Martinez, Sandy, & Neimeyer, 2013). One study also showed that within three years after the loss of a first-degree family member college students reported significantly lower sense of self-worth, greater external locus of control, and more negative views on the meaningfulness of the world (Boelen, Kip, Voorsluijs, & Van Den Bout, 2004).

**Physical health.** Bereaved college students have been found to be more likely to experience physical health problems compared to nonbereaved college students (Balk, 2008). In addition, college students were more likely to report physical symptoms as their primary concern when seeking professional help after death loss, rather than grief (Janowiak, Meital, & Drapkin, 1995). Commonly reported physical issues during bereavement included impaired memory performance, sleep disturbances, loss of appetite, susceptibility to illness, and physical symptoms similar to those previously experienced by the deceased (Janowiak et al., 1995 Stroebe, Schut, & Stroebe, 2007).

Hardison, Neimeyer, and Lichstein (2005) conducted a controlled study with 508 bereaved and 307 nonbereaved undergraduate students on the prevalence of insomnia. The results showed that bereaved students reported a significantly higher occurrence of middle insomnia compared to their nonbereaved peers. Lack of quality sleep is particularly problematic for grieving college students, as it could cause poor concentration, fatigue, and loss of motivation, resulting in significant academic challenges and further distress (Hardison et al., 2005).

**Academic persistence and performance.** Research has indicated a deterioration effect from loss of a loved one on college students' academic success. According to a controlled study with 227 bereaved undergraduate students, bereaved college students indicated a higher risk of academic struggles than nonbereaved students that might have resulted in attrition (Servaty-Seib & Hamilton, 2006). The results showed that bereaved students had earned significantly lower GPAs at the end of the semester of their loss. The University of California, Berkeley (2015), acknowledged, "the college environment is particularly unsuited to be responsive to the bereaved student because of the demand for a student to continue to focus on his or her academic achievement."

Research has also indicated that grieving students may have difficulty eliciting adequate support from their professors. According to Hedman (2012), only 23% of bereaved college students were likely to consult with professors or advisers about their loss-related academic struggles, suggesting that the majority of grieving students could be missing opportunities to receive available support to manage their course demands during bereavement.

**Risk factors.** Studies also suggest possible risk factors that may increase bereaved individuals' vulnerability to developing severe and prolonged symptoms after their loss, such as traumatic death, multiple losses, pre-existing mental health conditions, and financial hardship, all of which are common contributing factors for various psychological and physical symptoms among the bereaved (Stroebe et al., 2007).

In addition, sibling loss can be another risk factor for problematic symptomatology during bereavement. According to a controlled study with 73 bereaved and 34 nonbereaved young adults, sibling loss was associated with a significantly higher risk of complicated grief (57% vs. 15%), as well as a greater level of grief and depression, somatic symptoms, and a loss of one's sense of meaningfulness, benevolence of the world, and self-worth (Herberman Mash et al., 2013).

Moreover, a recent review of 43 studies suggests that the experience of guilt during bereavement was also associated with detrimental effects on the psychological and physical health of the bereaved. Factors related to guilt during bereavement included situational factors, such as cause of death and pre-death relationship, as well as personal factors, such as gender and religion (Li, Stroebe, Chan, & Chow, 2014).

Identifying such risk factors appears to have importance beyond simply protecting the psychological and physical wellness of the bereaved. Latham and Prigerson's (2004) study of 309 bereaved adults suggested that those who met the criteria for "complicated grief" (p. 351) had significantly greater suicidal risk, after controlling for major confounders, such as diagnoses of major depressive disorder and posttraumatic stress disorder, as well as access to social support. These studies on risk factors associated with bereavements were not specific to college students, which leaves room to further explore

how college-specific characteristics and environments may affect bereaved students' vulnerability or resilience to death loss.

**Resilience.** While loss due to the death of a significant other could cause many detrimental effects to the bereaved, Bonanno (2004) argued that resilience during bereavement was not an exceptional or pathological phenomenon. He defined *resilience* as the ability “to maintain relatively stable, healthy levels of psychological and physical functioning” (p. 20), which is a concept distinct from *recovery*, which is defined as “a trajectory in which normal functioning temporarily gives way to threshold or subthreshold psychopathology” (p. 20). Bonanno (2004) pointed out the importance of making the distinction in bereavement research to avoid a misleading assumption that resilient individuals must go through or can benefit from the same treatment as those who are not resilient. He further argued that various factors would contribute to resilience in the face of the death of a significant other, including positive worldviews, high self-esteem, a strong sense of the meaning of life, repressive coping styles, and frequent use of laughter.

Currier, Holland, and Neimeyer (2012) posed that in addition to resilience, positive personal transformation could emerge from grief experiences, particularly when the level of distress remains in the intermediate range. They conducted a study with 671 undergraduate students who had experienced a loss within the past 24 months. The results indicated that individuals who had assumed that worldviews had assumed high benevolence and self-worth were more likely to report a perceived sense of personal growth through grief. Also in this study, younger individuals from families with fewer educational achievements reported higher levels of post-loss growth.

## **Is Grief Counseling Effective?**

**Meta-analyses on grief counseling effectiveness.** Kato and Mann (1999) stated, “a psychological intervention is a natural choice as an intervention for bereavement because bereavement is an interpersonal life event” (p. 280). While many clinicians may agree to this statement, studies on the effectiveness of grief interventions have yielded mixed results. An extensive review of 61 controlled studies on grief counseling outcomes, primarily in group settings, suggested that grief interventions were beneficial when recipients were experiencing intense symptomatology. No other factors, such as age, gender, or relationship to the deceased, were found to make significant differences in grief intervention effectiveness (Neimeyer & Currier, 2009).

This relatively promising perspective is supported by a meta-analysis of 35 published and unpublished studies, the results of which suggested grief counseling to be moderately effective (Allumbaugh & Hoyt, 1999). Furthermore, Rosner, Kruse, and Hagl (2010) conducted two meta-analyses focusing on the effectiveness of grief interventions for children and adolescents. The results suggested that grief interventions were mildly to moderately effective for children and adolescents regardless of type of loss. They further reported that music therapy and brief trauma/grief-focused psychotherapy in school settings were found to be particularly promising with this young population.

On the other hand, Kato and Mann (1999) concluded that psychological interventions for bereavement were not effective in alleviating psychological symptoms among the bereaved. In this meta-analysis of 11 studies, they also found that grief counseling yielded only a small effect on physical symptom improvement, with an even smaller effect if it was combined with medication or visits to a medical doctor. However,

the authors suggested that the studies they analyzed could have been limited by methodological issues, and therefore, the true picture of the effectiveness of grief counseling could have been submerged (Kato & Mann, 1999).

Neimeyer (2000) also published a study on the effectiveness of grief intervention a year later, and his findings supported those of Kato and Mann. Based on a meta-analysis of 23 randomized controlled studies, Neimeyer concluded that grief interventions were ineffective at best and could even be detrimental for the bereaved who were not experiencing significantly high distress. However, the study also showed that when the bereaved were experiencing complications, such as traumatic loss, or when their grief was more chronic in nature, the effects of grief interventions were greater.

Allumbaugh and Hoyt (1999) also conducted a meta-analysis of grief counseling, noting that many of the studies in their analysis had a significant time lapse between the loss and the start of intervention, the delay of which they speculated might have weakened the effectiveness of what might have otherwise been effective interventions. This perspective seems to also be supported by the perspective of natural healing during bereavement. Neimeyer and Currier (2009) conjectured that that because members of the control groups are experiencing some natural improvement with no intervention, it makes the effect of intervention on the experimental groups appear to be less than it might actually be.

**Grief counseling effectiveness for bereaved college students.** While more studies have been examining the effectiveness of grief counseling, Serverty-Seib and Taub (2010) pointed out that there were only two articles in the *Journal of Counseling Psychology* and *The Counseling Psychologist* in the past 10 years that focused on

bereaved college students, leaving this population an understudied group in counseling psychology. The authors emphasized the need for further empirical exploration on bereaved college students, especially because this population is likely to respond to loss because of the death of a significant other very differently depending on their developmental stages (Roy, 1986).

### **Summary**

Grief affects various aspects of college students' lives. Given the higher than believed prevalence of loss college students may encounter, it is important that university counseling centers are familiar with and equipped to provide effective support, ensuring their wellness and success in college. However, studies indicate controversial perspectives on the effectiveness of grief interventions; some reported feeble or even harmful effects while others posed the necessity to target certain subgroups to ensure optimal benefits for the treatment recipients. Furthermore, a relatively small amount of research available in the field of counseling psychology empirically examines bereaved college students and the effectiveness of available services. Finally, studies on resilience after loss appear to pose an important message that grief responses are idiosyncratic by nature, and determining what makes "best practices" in supporting the bereaved is not a simple task.

### **The Purpose of the Current Study**

In search of a guideline for how to best support college students who have experienced the death of a significant other, the present study aims to explore four research questions associated with grief counseling best practices in university settings. These questions are: 1) How did clinicians become interested in the area of grief and loss

(origin of interest)?; 2) How prepared are university counseling centers in supporting grieving students (current preparedness)?; 3) What are the criteria for grief counseling best practices at university counseling centers (UCCs) (areas of grief counseling best practices)?; and 4) What can university counseling centers and their grief specialists do to follow best practices guidelines when supporting grieving students (future directions)? In Chapter 2, I will review the existing literature on credentialing, ethical guidelines, competencies, and best practices in grief counseling.

## Chapter 2: Literature Review

The previous chapter provided an overview of the concept of grief, the effects of grief on college students, and the effectiveness of grief interventions. In this chapter, I will first review existing literatures on types of grief, theories of grief, and current grief interventions and support, as well as on why college students are unique from other demographic groups in terms of factors surrounding their experiences of grief and how their grief may need to be addressed by counseling psychologists and other counselors. This review will offer a broader understanding of the field of grief counseling. I will then shift the scope to professional development issues in grief counseling, examining the literatures on qualifications and credentialing, availability, effects, directions, and current guidelines for education and training in grief counseling.

### Types of Grief

As reviewed in Chapter 1, *DSM-5*'s classification of grief distinguishes between uncomplicated bereavement and persistent complex bereavement disorder (which is a disorder still under study). In the research literature, differences between uncomplicated and complicated bereavement have been addressed in both the clinical literature (e.g., literature disseminated by Mayo Clinic, 2015) and research literature (Horowitz et al., 2003; Latham & Prigerson, 2004; Zisook et al., 2014). In this section, I will review how variations of grief have been addressed and classified in previous literatures.

**Normal grief.** Grief is part of the natural and expected human experience. Stroebe, Hansson, Schut, and Stroebe (2008) defined *normal grief* related to the death of a significant other as “an emotional reaction to bereavement, falling within expected norms, given the circumstances and implications of the death, with respect to time course

and/or intensity of symptoms” (p. 6). In normal grief, grieving individuals typically experience a decrease in intensity of grief symptoms (e.g., disbelief, depressed mood, yearning, anger, etc.) and an increased acceptance of the death over time (Prigerson, Van Der Werker, & Maciejewski, 2008). It is estimated that approximately 80% to 90% of bereaved individuals experience normal grief.

Moreover, in the research literature, Zisook et al. (2014) conceptualized ordinary grief as *acute grief*, where the bereaved were likely to experience distress, sadness, yearning, guilt, and anger, as well as positive emotions associated with the deceased, followed by *integrated grief*, which is characterized by a significant reduction in loss-related distress, acceptance of death, and the ability to imagine one’s future without the deceased. Integrated grief begins around six months post-loss. Individuals who are unable to ameliorate acute grief by entering into an integrated grief phase find themselves “stuck in a state of chronic mourning” (Prigerson et al., 2008). Prigerson et al. term this state *complicated grief*.

**Complicated grief.** According to Schnider, Elhai, and Gray (2007), complicated grief encompasses *traumatic grief*, *abnormal grief*, *pathological grief*, *atypical grief*, and *pathological mourning*, and among authors in the field of grief work, these terms are used interchangeably. Stroebe et al. (2008) defined complicated grief as a clinically significant deviation from sociocultural norms regarding the experience and expression of grief “in either (a) the time course or intensity of specific or general symptoms of grief and/or (b) the level of impairment in social, occupational, or other important areas of functioning” (p. 7). Risk factors for complicated grief include closeness to the deceased, as well as childhood abuse or neglect, having had a controlling parent, or having an insecure

attachment style or an avoidant emotional coping style (Prigerson et al, 2008; Schnider et al., 2007).

While the judgment of intensity and time are not precisely known and may be somewhat governed by sociocultural norms, both clinical observations and empirical research suggest that the emotional intensity experienced by those who are bereaved begins to subside six months post-loss (Prigerson, 2004). Those individuals who do not experience a lessening of grief after six months may be at risk of developing persistent complex bereavement. Indeed, the results of some studies (Prigerson et al., 1995; Prigerson et al., 2008) suggest that more intense grief at six months predicts a greater likelihood that the emotional intensity of grief will also not lessen substantially at 13 to 23 months post-bereavement. Unresolved grief may resemble presentations of other psychiatric conditions; however, the results of empirical research have suggested that complicated grief is statistically independent of depression, anxiety, and posttraumatic stress (Gray, Prigerson, & Litz, 2004).

Complicated grief has been further categorized into different subtypes, including chronic (or prolonged) grief, delayed grief, inhibited grief, and absent grief (Parkes, 1991, in Weiss, 2008; Stroebe, Hansson, Schut, & Stroebe, 2008). *Chronic or prolonged grief* is an often-utilized category. Persons with chronic or prolonged grief tend to suffer from long-lasting and intense grief symptoms without expected improvement over time (Stroebe et al., 2008). A person with *delayed* or *inhibited grief* tends to show “little or no sign of grieving early on in bereavement, but . . . does so intensely at a later time” (p. 7). *Absent grief* was once viewed as a pathological grief reaction (Buglass, 2010). However, unlike delayed or inhibited grief, in which the earlier absence did indicate a problematic

reaction to the loss, researchers began to argue that absent grief was rather a presentation of resilience (Bonanno, 2004). Some characteristics, such as strong social support and preparedness for forthcoming loss, were shown to be factors that help individuals build resilience to developing complicated grief (Prigerson et al., 2008).

**Disenfranchised grief.** In addition to normal and complicated grief, some authors discuss the concept of disenfranchised grief (Doka, 2002). *Disenfranchised grief* is defined as grief over “losses that are not socially sanctioned” (Smith & Cavuoti, 2013, p. 436). Disenfranchised grief includes grief related to socially unacceptable relationships (e.g., extramarital affairs) or to a loss that may be considered too trivial to warrant grief reactions (e.g., loss of pets). Because of the invalidation and lack of recognition of such grief responses, those who experience disenfranchised grief may be subject to greater vulnerability to isolation and impairment.

### **Theories of Grief**

Theories of grief have shifted tremendously over the past half century since their beginnings in psychoanalytic interpretations of bereavement. Freud (1957) conducted “the first systemic analysis of bereavement” (Stroebe et al., 2008, p. 8), concluding that grief work was necessary for everyone and that the purpose of grieving was to detach from the deceased (Buglass, 2010). This emphasis on detachment set a foundation for the subsequent development of bereavement theories. It was not until Bowlby (1973) applied attachment theory to grieving individuals that grief reactions during bereavement were seen to be a normal way to detach from the deceased. Bowlby’s theory encapsulated some of the primary tenets regarding Freud’s theoretical conceptualization of grief, such as the need for grief work for every bereaved person (Archer, 2008). Around the same

time period in which Bowlby began to write about grief, Kübler-Ross (1969) published her well-known book, *On Death and Dying*, posing five stages of grief as a model for conceptualizing bereavement. While this stage model is often used to conceptualize clients' grief responses, what is often overlooked is the fact that the model was originally intended to address the grief process of those who are facing their own imminent death. In addition, despite Kübler-Ross's proposition that her stages of grief can be applied in a flexible, non-linear manner, that is not the primary way that counselors and lay people understand the theory, and therefore, researchers and clinicians alike have criticized this model for its rigidity and hence its inability to be useful when considering individual variations in grief (Doka, 2013).

Furthermore, each of these aforementioned theories of grief has been criticized for a lack of empirical support. For example, Kübler-Ross, who was a psychiatrist, developed her model based on clinical observations. Because of this, her work was not confirmable (Doka, 2013). Additionally, these theories offer little information as to how grieving individuals can navigate their grief experience, such that clinicians may experience difficulty drawing much practical guidance out of them.

Two newer theories of grief—the dual process model of grief (Stroebe & Schut, 1999) and meaning reconstruction theory (Neimeyer & Anderson, 2002)—have since been proposed. These theories are not as subject to the same criticisms as those just discussed regarding practical applications for clients who are grieving. Additionally, these theories support continuing bonds with the deceased (Servaty-Seib & Taub, 2010).

The dual process model acknowledges that grieving individuals must cope with the stress from the death itself (*primary stressor*) and from the consequences of the death

(*secondary stressor*). Secondary stressors include academic difficulty, financial strains, and identity adjustment and are unique to each person depending on their personalities, as well as their demographics, their cultural backgrounds, and the particular roles that the deceased used to play in their lives (Stroebe & Schut, 1999). The model postulates that the grieving process oscillates between actively engaging with one's loss by, for example, talking about the deceased, and actively engaging in the tasks that constitute the management of one's life, for example, catching up on school assignments. Actively engaging in one's loss is known as grief-oriented coping. Actively engaging in the management of one's own life is known as restoration-oriented coping. Oscillation operates differently from one person to another. Some people may want or need to spend more time remembering the deceased, while others may prefer or have to devote themselves to practical management of their lives in the aftermath. Therefore, the dual process model acknowledges that the absence of grief is not pathological but can be a normal and manageable response to loss (Buglass, 2010).

Meaning reconstruction theory also embraces the individualized nature of the experience of grieving. This theory recognizes that death often alters people's assumptions regarding their worldviews and self-identities, so that grieving individuals need to relearn who they are, how the world works, and what life means. Neimeyer and Anderson (2002) posed three core dimensions of meaning reconstructions that consist of sense making, benefit finding, and identity reconstruction. *Sense making* suggests that the bereaved seek explanations as to why the death happened and what it meant to the bereaved, and it is considered particularly important early on in the grief process. *Benefit finding* indicates that the grief process involves finding possible "silver linings," such as

personal, spiritual, or philosophical growth that has been catalyzed by the loss. Lastly, identity reconstruction suggests that grief prompts people to adjust their self-identities and rebuild the narratives of their lives.

In summary, beginning with the psychoanalytic explanation on grief, a number of theories about the bereavement process have been proposed and examined. While earlier theories argued the necessity of professional intervention, aiming to discontinue emotional bonds to the deceased, the paradigm started to shift when Bowlby (1973) applied attachment theory to bereavement and suggested that maintaining bonds with the deceased loved ones was indeed part of a normal and natural grieving process. In addition, Kübler-Ross's (1969) proposed five stages of grief raised much awareness and facilitated conversations about the topic of death, dying, and bereavement. Since stage models of grief were criticized for their limited ability to consider individual and cultural variation influencing one's grief reactions, newer theories, such as the dual process model of grief (Stroebe & Schut, 1999) and meaning reconstruction theory (Neimeyer & Anderson, 2002), offered frameworks that allow researchers and clinicians to address many sides of the diverse nature of grief. Lastly, it should be noted that this present study does not endorse any particular grief theory because it is a qualitative investigation, which is explorative by nature.

### **Current Grief Interventions and Support**

Many bereaved individuals are able to manage grief using their own personal resources, such as family, friends, and clergy (Corr & Corr, 2013). However, for clients who need assistance with bereavement, there are a number of interventions that can be employed to help them and resources that can be beneficial for them. For example,

hospice programs offer bereavement care to the family members of their dying patients. Medicare requires participating hospice programs to start providing bereavement support from patient admission to up to 13 months after the patient has passed away (National Hospice and Palliative Care Organization, 2015). Therefore, family members can seek help around their anticipatory grief in addition to post-loss bereavement support. Also, local hospitals, hospice programs, and community mental health agencies typically sponsor bereavement support groups led by a professional facilitator (Corr & Corr, 2013). In addition, a wide selection of grief self-help books and grief memoirs, such as *Tear Soup: A Recipe for Healing after Loss*, *Orphaned Adult*, and *Motherless Daughters: The Legacy of Loss*, are easily accessible.

In the age of technology, a number of grief-related resources and support groups are also available online and are gaining in popularity (Smith & Cavanaugh, 2013). These resources include grief-related websites (e.g., Open to Hope, The Compassionate Friends, WidowNet), social networking sites (e.g., Facebook, LinkedIn, Flickr), and e-mail support groups (e.g., GriefNet.org, Yahoo Groups). Online resources have strong advantages compared to other resources because they are generally available anytime and anywhere. They also offer limitless variety, which allows grieving individuals to choose information that fits their specific needs or circumstances. For example, GriefNet.org offers nearly 50 e-mail grief support groups that anyone can join (Stroebe, Van Der Houwen, & Schut, 2008). In addition, online communications facilitate networking and timely conversations, which can alleviate a sense of isolation during bereavement (Vanderwerker & Prigerson, 2004). Furthermore, unlike books or traditional support groups, the majority of online resources are free of charge so that the bereaved person can

access a greater amount of information without financial strains. However, a major disadvantage of online resources is that the quality of the provided information is inconsistent. Therefore, users and readers of these resources have greater responsibility to exercise critical thinking to assess the accuracy and legitimacy of information.

Additionally, there is systemic support available for some grieving individuals at their workplaces. Based on the Employment Relations Act 1999, employees in the U.S. have the right to take time off from work when certain close family members (e.g., spouse, child, parent) die. However, there is no legal obligation for employers to provide paid leave for any specific amount of time or at all (Meagher, 2013). For example, the University of Minnesota (2015) has a Bereavement Leave Policy that states:

The Employer will approve compensated funeral leave with pay in cases of death in the immediate family. This time will be deducted from sick leave or vacation leave and shall be limited to what is reasonably necessary to make funeral arrangements and/or attend funeral services.

Many universities and colleges have policies related to bereavement leave. However, since these policies are generally not applicable to students, grieving students often need to negotiate with professors for making arrangements, such as time extensions, excused class absences, or making up assignments. University culture has a strong emphasis on academic success; grieving students may therefore struggle when requesting support. This has led some authors (e.g., Taub & Servaty-Seib, 2012) to call for the establishment of bereavement policies for college students.

## **College Students as a Unique Population**

Being a college student presents a series of developmental tasks and environmental challenges that are unique to the population. Based on Erikson's (1959) psychosocial theory, Chickering (1969; Chickering & Reisser, 1993) developed the psychosocial development model, which identifies those detailed psychosocial developmental tasks that traditional-age college students need to master. These tasks, called vectors, include 1) developing intellectual, social, interpersonal, and physical competence, 2) managing emotions, 3) moving toward interdependence, 4) establishing mature interpersonal relationships, 5) developing identity, 6) establishing integrity, and 7) finding purpose.

In their comments on the Chickering model, Taub and Servaty-Seib (2012) highlighted the multilayered challenges grieving college students may encounter. For example, they noted, "College students are typically people in transition—transition into college, into major fields, out of college, and so on. A significant death loss may precipitate an additional transition process for a student" (p. 18). Furthermore, since college students are still in the process of learning how to manage their emotions and share their vulnerabilities with others in an effective manner, grieving students may be easily overwhelmed by the intensity of their emotions.

Additionally, universities and colleges create a unique, but not supportive, environment for students who have experienced a significant loss (Taub & Servaty-Seib (2012). For example, as members of a scholastic institution, college students are constantly under pressure to demonstrate strong academic performance. They are also surrounded by other young adults who are at various stages of psychosocial development.

Bereaved college students are therefore likely to experience intense distress and not have the kind of social support in their environments that could assist them.

### **Is Grief Counseling a Specialty?**

There are currently two professional organizations responsible for recognizing and credentialing specialties in professional psychology. The first is the American Psychological Association (APA), which accredits graduate programs, internships, and post-doc training programs as they strive to train students and beginning professionals to meet the levels of competency required to function as psychological professionals.

The second is the American Board of Professional Psychology (ABPP), which “provides peer and public recognition of demonstrated competence in one of its fourteen affiliated specialty areas” to those psychologists who are post-doc and have an unrestricted license in the jurisdiction in which they practice. The function of ABPP is to provide more advanced certifications to already functioning psychologists who have trained in psychological specialties recognized by the APA. In order to qualify as an ABPP specialty, the special competency must be:

acquired through an organized sequence of formal education, training, and experience. In order to qualify as a specialty affiliated with the ABPP, a specialty must be represented by an examining board which is stable, national in scope, and reflects the current development of the specialty. (ABPP, 2015)

Board Certification through ABPP provides the professional with increased opportunities for career growth, including employability, mobility, and financial compensation. See Table 1 for specialties recognized by the APA and ABPP. As can be seen in the table

below, none of these major accrediting/credentialing organizations recognize grief counseling as a specialty.

Table 1

*Comparative Table for APA Accreditation & ABPP Credentialing*

APA	ABPP
Clinical Psychology	Cognitive & Behavioral Psychology
Clinical Health Psychology	Clinical Psychology
Counseling Psychology	Clinical Child & Adolescent Psychology
School Psychology	Clinical Health Psychology
	Clinical Neuropsychology
	Counseling Psychology
	Couple & Family Psychology
	Forensic Psychology
	Organizational & Business Consulting Psychology
	Police & Public Safety Psychology
	Rehabilitation Psychology
	Psychoanalysis in Psychology
	School Psychology
	Group Psychology

## **Qualifications and Credentialing in Grief Counseling**

ADEC (2008) started a certification program in 1983 by developing the National Certification Review Board (NCRB) within the organization, with “the stated organizational goals of promoting death education and grief counseling and of improving the quality of services offered in these areas” (p. 71). ADEC currently offers two levels of certification: Certification in Thanatology and Fellow in Thanatology. While ADEC appeared to have made many contributions to the field, such as the introduction of a Body of Knowledge (BOK) Matrix to identify fundamental themes and areas in death education and grief counseling, Zinner (1992) noted the difficulty of examining the ethical, legal, and practical adequacy of the program due to the lack of data, such as self-studies and other research investigating the validity of their services.

However, in the succeeding decades, graduate students are being trained in theories and methods to treat persons who are grieving. These students engage in various experiences that facilitate their professional growth and competence development, such as participating in coursework, research, practica, and internships. Many prolific bereavement researchers are appointed at universities, and these professionals are active in teaching and supervising graduate students and leading graduate programs in psychology. Examples of people with considerable expertise in the field of grief counseling who are also responsible for training the next generation of psychologists include David Balk, Ph.D., Brooklyn College; Heather Servaty-Seib, Ph.D., Purdue University; and Robert Neimeyer, Ph.D., University of Memphis. Not only do these professionals offer classroom teaching for their students, but they also provide training

for other professional psychologists by providing workshops and keynote presentations at professional conferences.

### **Availability of Education and Training in Grief Counseling**

As discussed in the previous section, there is a framework for educating and training psychologists for their work in bereavement counseling. Researchers have also examined the opportunities for education and training in grief counseling available. Over two decades ago, Humphrey (1993) investigated the grief counseling training status in the United States. The department chairpersons from 372 counseling programs from the Hollis and Wantz (1990) directory, including master's and doctoral level programs, were invited to take a survey. The study did not include information as to who in the programs had completed the survey. These programs represented all major geographical regions of the U.S., and each had active accreditation status with APA, CACREP, the Council on Rehabilitation Education (CORE), or the Council for the Accreditation of Marriage and Family Therapy Education (CAMFTE). A total of 135 programs completed the survey eliciting whether and how their counseling programs teach grief counseling. In this study, the author defined grief counseling as “the application of therapeutic process, based on specific theoretical knowledge about the nature of grief, to assist persons in their adjustment to real or perceived loss events” (p. 335).

The results showed that the majority of the participating programs (70.4%) recognized the importance of teaching grief counseling. Also, 81.5% of the sample reported that their programs addressed grief counseling in some form, with typical responses indicating that grief counseling was incorporated into practica, counseling theories, counseling techniques, and developmental counseling courses. Consequently,

only 18.5% of the sample reported no grief counseling components in their entire curricula; however, it is uncertain whether the respondents from these programs were indicating that they had no stand-alone grief courses or whether grief and bereavement counseling training was not offered anywhere within their curricula. The reported reasons for the lack of grief counseling training in these programs included lack of funds, no accreditation requirements, no space in the curriculum, no demand, lack of importance, and unavailability of qualified teaching faculty.

Sixteen years later, a more recent study suggested similar findings on course availability related to death, dying, and bereavement. In this study, Eckerd (2009) recruited 282 psychology departments in nine midwestern states that were currently offering B.A. and/or B.S. degrees in psychology. These programs were invited to take an online survey on the availability of dying, death, and bereavement courses in the last five years. Of those, a total of 161 department chairs or coordinators completed the survey. Approximately 20% of the participating departments reported offering a course in death, dying, and bereavement in the past five years. Approximately 70% of these courses were offered at advanced levels, and the titles of these courses included “Death and Dying; Psychology of Death, Dying, and Bereavement; Death and Grief in Contemporary Society; Living with Loss; and Death and Human Behavior” (p. 766). Furthermore, nearly half of the sample (47.2%) reported planning to offer such a course in the next five years.

The departments that did not offer such courses in the previous five years provided similar reasons for their decisions as did program chairs in the Humphrey (1993) study. The majority of these departments chose to cover grief counseling in other

courses, such as aging and life span development. While this study was limited because the researchers did not examine graduate-level courses, the author suggested that this level of availability of education about reactions to death was fairly similar to other health-oriented programs, such as at medical schools (Dickinson, 2002).

These studies examined the availability of education and training in grief counseling from the program/department point of view. Studies from counselors' perspectives also confirmed that clinicians-in-training had received some exposure to the topic of grief counseling through their education. Doughty Horn, Crews, and Harrawood (2013) conducted a survey with a randomized list of American Counseling Association members. A total of 161 participants completed the survey, and 89.3% of them reported that they had not attended any grief and loss education courses during their graduate training, either at the master's or the doctoral level. Those participants who had attended professional workshops in grief counseling reported a significantly lower level of anxiety in working with bereaved clients. While this study lacked detailed information about participants' demographics, educational backgrounds, or current qualifications, it offered a snapshot of current availability of grief-specific course offerings in graduate programs.

Two other studies have indicated that counselors judged themselves to be competent practitioners in the area of grief and bereavement counseling. A study conducted by Stephenson (1981) also showed that there was a dissonance between practitioners' degrees of training and their perceptions of competence. In this study, 119 members of the American Association of Marriage and Family Therapists (AAMFT) completed a survey. The results showed that while 90% of the participants reported little or no formal education on the topics of death, dying, and bereavement, 60% of the

sample considered themselves competent in grief counseling. However, this study was conducted over 30 years ago, and changes in factors that could have influenced these results (e.g., social norms, availability of grief training) could have rendered the results less generalizable today.

In a recent study, Ober, Granello, and Wheaton (2012) surveyed 369 licensed practicing counselors about their self-perceived preparedness and competencies in providing effective grief services. Of 6,919 licensed professional counselors in a midwestern state board listing, 1,000 counselors were randomly selected to participate in the study. A total of 369 counselors completed three measures: the Death Counseling Survey (DCS; Charkow, 2000), the Texas Revised Inventory of Grief (TRIG; Faschingbauer, DeVaul, & Zisook, 1987), and the Grief Counseling Experience and Training Survey (GCETS; Ober, 2007). The results, based on multiple regression analyses, indicated that participants reported a high level of perceived preparedness in working with grieving clients in general; however, they reported a significantly lower level of preparedness when it came to professional knowledge and skills in grief counseling, including assessment, treatment, and conceptualization skills.

### **Effects of Education and Training in Grief Counseling**

According to the APA (2013) and the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009), accreditation requirements do not include any course work specifically on death, dying, and bereavement. However, in many courses in counseling psychology, issues of death and dying, personal bereavement, and the crisis of death are discussed as part of a broader and more general counseling psychology curriculum. Moreover, the curriculum also includes fundamentals

of how to work with clients who are grieving as well as those who are dealing with other life management issues. Nevertheless, courses in grief counseling per se could highlight in greater depth theories and methods for counseling bereaved clients.

In support of this proposition, Kirchberg and Neimeyer (1991) conducted a study examining the accuracy of the common assumption that mental health professionals often experience difficulty in dealing with death-related issues. In this study, 81 graduate students ( $M_{age} = 35.4$  years) in a counseling program completed the study. Years of counseling experience ranged from 0 to 15 years (Mean = 1.8 years). The study protocol called for participant ranking of 15 clinical vignettes based on the participants' level of comfort in dealing with each situation presented in the vignettes. Of these vignettes, five involved death or loss scenarios (e.g., terminal illness, suicide, or bereavement), while 10 involved other clinical issues (e.g., rape, marital problems). The participants also completed the Threat Index (Neimeyer, Moore, & Bagley, 1988), measuring how threatening they perceived their own deaths to be. The results showed that death-related scenarios were ranked among the most challenging. All five death-related scenarios were ranked within the top eight most difficult scenarios by the 81 participants. These vignettes elicited a consistently high level of discomfort with this specific topic. A matched pairs *t*-test suggested that there was no relation between level of discomfort and participants' fear concerning their own mortality.

Among the limitations of this study was that it was unclear why students felt uncomfortable with death-related topics. Some vignettes included several triggering factors, such as contagious disease and sexual orientation, in addition to death-related topics. The triggering topics as well as the death-related topics could have elicited

discomfort in the respondents. Therefore, more specified vignettes would need to be employed to identify the source of discomfort. In addition, the participants were all graduate students, and the program type (e.g., M.A., Ph.D.) was not specified in the article. Considering that the concepts of death and grief are highly advanced, using a graduate trainee sample to draw conclusions about qualified mental health practitioners limits the generalizability of the results. More methodological rigor is necessary in terms of participant choice and in defining the characteristics of the research sample. Finally, this study is almost 25 years old. Therefore, the applicability of the results to issues regarding grief counseling now may be very limited.

Kirchberg, Neimeyer, and James (1998) then conducted another study, attempting to confirm their previous findings about counselors' discomfort (Kirchberg & Neimeyer, 1991) and to further investigate how counselors' discomfort affects their levels of empathy for clients with death-related issues. In this study, 58 advanced level master's students in a counseling program ( $M_{age} = 34.9$  years) completed the Threat Index (Neimeyer, 1994) and the Multidimensional Fear of Death Scale (MFODS; Hoelter, 1979; Neimeyer & Moore, 1994), as well as rating their levels of empathy while watching eight videotaped vignettes about both death-related and non-related cases.

As in the previous study, the participants reported significantly higher levels of discomfort in response to death-related vignettes. However, the results of this study were inconsistent with the results of the Kirchberg and Neimeyer (1991) study. In the 1998 study, personal fear of death predicted the participants' distress in response to the death-related vignettes. Furthermore, contrary to the hypothesis, participants reported slightly higher levels of empathy with death-related vignettes than those participants did in the

Kirchberg and Neimeyer (1991) study, regardless of their level of discomfort. Based on these findings, the authors speculated that death-related clinical work, such as grief counseling, triggers clinicians' unresolved loss and existential fear and poses unique challenges, particularly to those who experience personal death anxiety.

Limitations of this study are similar to those in Kirchberg and Neimeyer (1991). First, the videotaped vignettes still contained multiple factors in addition to death-related themes that could have triggered participants' discomfort. Also, this study was conducted in 1998. With the sociocultural changes that have happened since, it is reasonable to consider that changes in social norms and values might have influenced how people perceive the topic of grief and death in the vignettes.

Given these discomforts and challenges among mental health practitioners, proper education and training in grief counseling have a significant meaning. Harrawood, Doughty, and Whilde (2011) investigated the effects of a death education course on the attitudes of counselors-in-training toward death, dying, and bereavement. Participants were recruited from a 2-credit death education course offered as an elective course in the psychology department. Eleven graduate students in various counseling programs completed the study by writing a three-page paper at the beginning and end of the course. Both times, participants were instructed to write down narrative responses, reflecting on their current thoughts about death and dying. Data were analyzed qualitatively, using the process of axial coding (Corbin & Strauss, 2008).

As a result, three themes emerged regarding how this elective course had affected them. First, participants reported that their interests in death-related topics had grown throughout this course. Another theme indicated a deepened understanding of death,

including that they felt their erroneous assumptions around death and grief had been corrected. Finally, participants also noted that their negative emotions, such as fear of death, had been reduced by taking this course. Consequently, the authors concluded that death education had positive impacts on the attitudes and understandings of counselors-in-training toward death and grieving processes.

Limitations of this study include the course's elective status. It was likely that the sample was biased toward those already interested in this topic, who were already open to changes in their thinking about death and grief. Consequently, the same result probably would not have been obtained in an experiment using random assignment. Additionally, the sample was highly homogenous, being primarily Christian (82%). Participants' religious beliefs or backgrounds may have influenced their attitudes toward death and grief differently from those of different religious orientations.

In further examining the impacts of death, dying, and bereavement courses, Buckle (2013) conducted a qualitative study with 23 psychology major students ( $M_{\text{age}} = 22.1$  years) who were enrolled in an upper level death education course, the Psychology of Death and Dying. Participants completed a pre-course perspective paper (one to three pages) on their motivation and goals for the course as well as their current knowledge in the topic area. Toward the end of the course, participants also completed a post-course reflection paper (two to six pages) on the impacts of the course on how they conceptualized death and dying issues. The data were analyzed with a modified grounded theory method (Rennie, Phillips, and Quartaro, 1988), rendering multiple themes under the domains of motivation, goals, and impacts of taking this course. First, the results indicated that participants were motivated to take this course because of their self-

identified lack of knowledge as well as the relevance of the topic to their professional and personal lives. Second, the results also yielded two major findings with respect to goals to 1) increase competency (e.g., increased knowledge, decreased discomfort around death and dying) and 2) prepare participants to support others who were dealing with death-related issues. The analysis of post-course reflections suggested that these identified goals were successfully fulfilled. Furthermore, a participant mentioned being surprised to learn that the course content went far beyond an accumulation of anecdotes. Lastly, while some participants noted their decreased fear with the topics, others reported that their awareness of their own mortality had been enhanced. They further reported having more actively engaged in meaning making about their lives during this course in order to alleviate the anxiety and fear heightened by such enhanced awareness.

### **Directions for Education and Training in Grief Counseling**

In her review article, Wass (2004) argued for the importance of advancing topic-specific education for grief counselors and other mental health practitioners, stating that “the preparation of grief counselors has consisted primarily of continuing education programs such as workshops, seminars, summer institutes, and the like and has been widely dispersed” (p. 296). She also commented that some improvement had been observed in recent years and that universities have begun to offer more courses and degree programs related to death and grief.

In addition to university coursework, there are a number of educational materials available for self-learning, such as *Handbook of Bereavement Research and Practice*, *Principles and Practice of Grief Counseling*; *Handbook of Thanatology*; and *Techniques of Grief Therapy: Creative Practices for Counseling the Bereaved*. Furthermore, informal

discussion groups with local chapters, such as Death Cafe, can provide opportunities for counselors to examine their own beliefs and biases related to death and dying outside of a formal training framework. Lastly, technology advancement has made professional development opportunities more accessible through webinars by APA and ADEC and archived lecture series by the Khan Academy. In the following sections, I will summarize the current findings on the guidelines related to grief counseling, including ethical considerations, competence, and best practices.

### **Current Guidelines Related to Grief Counseling**

**Ethical considerations.** Many of the major professional organizations state in their codes of ethics that clinicians need to be aware of their limits of competency and should keep their practice within such boundaries (ACA, 2014; APA, 2010; ADEC, 2010). Therefore, clinicians who are interested in or likely to work with grieving clients must recognize their ethical obligations to assess their own competence levels and take necessary measures to compensate any deficiency that may hinder them from offering ethically sound practices.

**Competence.** While it is clear that practicing within one's competency is an ethical standard in psychology, it is less clear how competency should be evaluated in grief counseling.

Gamino and Ritter (2009) coined the term *death competence* and defined it as a “specialized skill in tolerating and managing clients’ problems related to dying, death, and bereavement” (Gamino & Ritter, 2012, p. 23). Based on the existing literature, including the ADEC Code of Ethics (2006), Gamino and Ritter (2012) proposed a

hierarchical model of death competency. The model comes in three tiers, from the bottom up, cognitive competence, emotional competence, and death competence.

Cognitive competence is demonstrated by a clinician's extensive knowledge of death, dying, bereavement, and effective treatments. Emotional competence is the ability to "endure the emotional rigors of the therapy process, with its attendant graphic discussion of conflict, trauma, loss, anguish and suffering" (Gamino & Ritter, 2009, p. 35). Gamino and Ritter emphasized the importance of a clinician's accepting his or her own limits as a human being and monitoring his or her own emotional reactions when providing therapy. Lastly, death competence is described as the ability to manage "one's own death-related feelings when working with problems of dying and bereavement" (Gamino & Ritter, 2012, p. 31). In order to attain this competency, "grief counselors must understand and accept their own loss history and emotionally integrate those experiences in order to accomplish effective use of self when counseling the dying and the bereaved" (Gamino & Ritter, 2012, p. 31).

Gamino and Ritter (2012) argued that death competence is a necessary component of ethical practice in grief counseling. Meanwhile, they reported that some of the clinician's characteristics could impede them in developing death competence. For example, the authors noted that a clinician's unresolved grief or unmanaged death anxiety could result in avoidance of or hesitation about exploring clients' death-related issues in greater depth. Additionally, clinicians who lack adequate knowledge of loss or who have not had extensive experience in recognizing their own losses may present case conceptualizations that are overly simplistic and overly generalized. For example, if clinicians had experienced only one death of a significant other, they could rely on this

single subjective experience to understand the experiences of their clients, and they could fail to acknowledge that there are variations in how loss is experienced among clients. While this model of death competence needs further empirical examination, it suggests that competent grief counseling requires comprehensive skillsets, including specialized knowledge, emotional management, self-awareness, and self-care.

### **Best Practices in Grief Counseling.**

In Chapter 1 and Chapter 2, the current understandings of the concept of grief and grief counseling were reviewed in the domains of clinical definition, theories, available services, credentialing and training issues, and current guidelines. While clinicians and researchers have become more involved in the area of bereavement, more attention needs to be directed toward how to best support grieving college students given their unique developmental and environmental challenges.

In order to add to the literature regarding best practices in this area, the present study aims to examine the following four research questions that address the origin of interests in grief counseling, current preparedness, areas of grief counseling best practices, and future directions:

- 1) *How did clinicians become interested in the area of grief and loss?*
- 2) *How prepared are university counseling centers' (UCCs') staffs in supporting grieving students?*
- 3) *What are the criteria for grief counseling best practices at UCCs?*
- 4) *What can UCCs and their grief specialists do to provide best practices in supporting grieving students?*

The answers to these questions can help identify the professional development paths that current grief counselors took. In addition, the current study provides important knowledge, as it is crucial to reach a consensus on what constitutes grief counseling best practices. Such clear guidelines will allow counseling psychologists to identify and obtain essential skills for providing effective grief services.

As opposed to *competency*, which is defined as being “qualified, capable, and able to understand and do certain things in an appropriate and effective manner” (Rodolfa et al., 2005, p. 348), the concept of *best practices* sets a different type of standard. According to Altmaier (2011), best practices indicate certain techniques, approaches, or methods that are more effective and efficient than others. In other words, when grief counseling follows a best practices guideline, it will allow the clinicians and the clients to reach their goals better and with fewer resources. Altmaier (2011) introduced three major approaches to identifying best practices: empirical outcome studies, “clinical lore” (p. 34), and the clinician’s experience.

In the present study, I employed qualitative inquiry in order to identify what constitutes grief counseling best practices at university counseling centers. In the next chapter, I will describe the detailed methodology for this current study, including participants, recruitment, and method of analysis.

## Chapter 3: Methodology

### Objective of the Study

The purpose of the present study is to investigate grief counseling best practices in university counseling settings. The current study was designed to explore what constitutes best practices for bereaved college students as well as college counseling centers' current preparedness and future directions to further promote such practices.

### Participants

The inclusion criteria for study participation were: 1) being recognized by colleagues or self-identifying as a grief counseling expert, and 2) being a mental health clinician with either a master's or doctoral final degree who was practicing at a university counseling center at the time of interview. Those who were still in training (e.g., practicum students, predoctoral interns, postdoctoral fellows) as well as those who were unable to complete a phone interview by July 1, 2014, were excluded from the study. Demographics of participants are summarized in Table 1 in Chapter 4.

### Procedures

**Recruitment.** Recruitment began after approval from the University of Minnesota Institutional Review Board (IRB) (see Appendix A). The recruitment process involved two phases. In Phase I, the directors of Big Ten college counseling centers were contacted via e-mail (see Appendix B) and were asked to send the recruitment e-mail to those clinical staff at their centers who would meet criteria for the present study. The researcher then sent another e-mail one week later to counseling center directors who did not respond to the original e-mail. Of the 12 directors, four replied that they had forwarded the e-mail to their entire clinical staff, four replied that they had forwarded the

e-mail to particular staff for further contact, and four did not respond to either the original or follow-up e-mails. For the sites whose directors did not respond, the researcher sent an e-mail invitation directly to the 28 clinical staff who indicated a special interest in grief and loss on their center's public websites.

Participants were asked to contact the researcher directly via e-mail if they were interested in participating in the research. Those who notified the researcher directly of their interest in participating in the study then received a follow-up e-mail with specific instructions about participating in the research and a consent information sheet (see Appendix C). Those who agreed to participate were scheduled for a 60- to 90-minute phone interview, with interview questions (see Appendix D) provided in advance. Five participants were recruited using this process. The researcher did not deem the number sufficient to accomplish the purpose of the study and therefore implemented Phase II of the recruitment process.

Phase II recruitment was conducted by extending the search to four-year colleges in the midwest and on the east coast. In Phase II, counseling center directors were contacted directly by the researcher using the same procedures as had been used during Phase I. Thirty-eight college counseling centers were contacted during Phase II. No counseling center staff were initially contacted directly in Phase II.

Of the directors thus contacted, six forwarded the recruitment e-mail to their entire staff, four forwarded it to particular staff who specialized in grief work, three informed the researcher that there were no grief specialists on site, and 25 did not respond to the original or follow-up e-mails. From the Phase II recruitment effort, three more participants were recruited. Thus, a total of eight participants were recruited into the

study and completed a phone interview with the researcher. A chart displaying recruitment and study participation is shown in Figure 1.

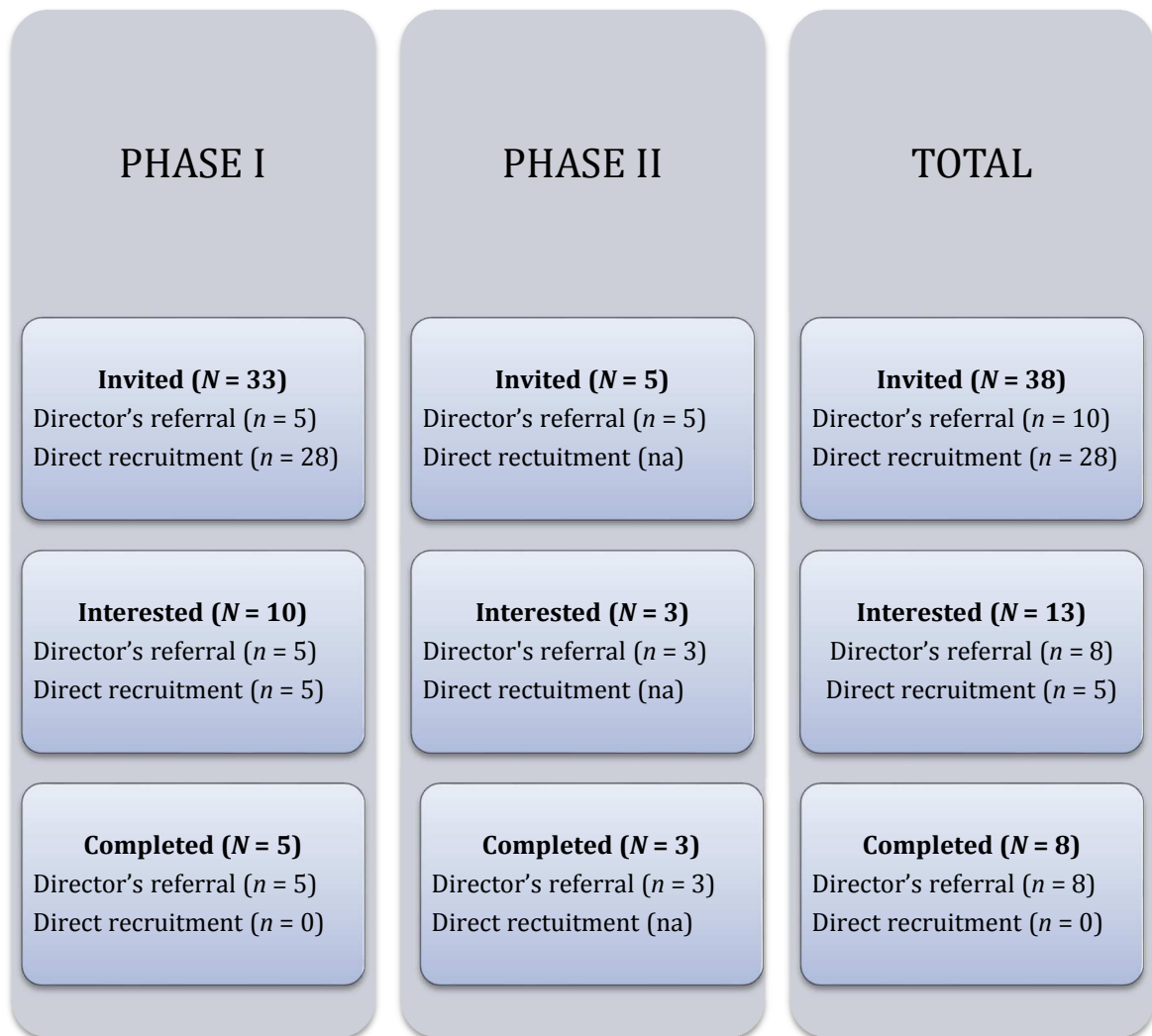


Figure 1. Study Recruitment and Participation Chart

**Informed consent.** Since the IRB granted exempt status for the current study, a documentation of verbal consent sufficed. As stated above, prior to the scheduled phone interviews, participants received a copy of the consent information sheet, explaining the purpose, procedures, confidentiality, and voluntary nature of the study. This consent information sheet also contained a statement indicating that participants agreed to be recorded during their interviews. At the beginning of the interview, the primary researcher reviewed the content of this document with the participant and then began audio recording once the participant provided verbal consent to participate in the study.

**Data collection.** Interview data were collected by the researcher during two months via 60- to 90-minute semi-structured phone interviews. During the recorded interviews, participants were asked to answer six demographic questions and 10 interview questions, including probing and follow-up questions when appropriate. After each interview, specific structural information about the interview, including the length of the session, was documented, along with the researcher's impressions, recorded in written comments. These impressions included the researcher's impressions of each interviewee's approach to the interview (e.g., defensiveness, enthusiasm), knowledge of the topic, flow of the session, and reactions to the interviewee (e.g., I liked her so much that I wish she were my colleague). These impressions were taken into account during data analyses to minimize the impact of the researcher's biases.

### **Instrumentation**

A pilot version of the interview questions was created. The questions were formulated based on the existing literature and the researcher's professional experiences (Hill et al., 1997). Upon IRB approval, a pilot interview was conducted with a participant

whose qualifications were similar to those of actual participants. These qualifications included being a clinical staff counselor at a university counseling center and having some grief counseling experience. The purpose of this pilot interview was to ensure that the interview questions were appropriately phrased and that each question elicited the intended information. To this end, the pilot participant provided comments and feedback limited to the logistical aspects of the interview questions, such as grammatical errors. The pilot data were not included in data analysis. After the pilot interview, the interview questions were modified based on feedback. This revised version of the interview question was submitted to and approved by the IRB prior to initiation of the actual data gathering process. The revised version of the interview questions is in Appendix D.

### **Data Analysis**

The current study employed a Consensual Qualitative Research methodology of data analysis (CQR; Hill, Thompson, & Williams, 1997; Hill et al., 2005). When using CQR, a team of researchers analyzes data in order to minimize the impact of each researcher's biases. The research team for the current study was composed of the primary researcher, who is also the author of this dissertation, two data analysts, and one data auditor. All team members were advanced doctoral students or doctoral candidates in the Counseling and Student Personnel Psychology program at the University of Minnesota. All had completed at least one independent qualitative study prior to participating on the research team for this study.

Each interview was transcribed verbatim, using Transcriva software. During the transcription process, identifiable information was removed to protect participants' confidentiality. To ensure the quality and objectivity of the results, the data were

analyzed in three major steps following the CQR protocol: 1) preparation, 2) preliminary analysis, and 3) data interpretation.

**1) Preparation.** Prior to data analysis, the research team discussed their biases and expectations with respect to grief and grief counseling. Hill et al. (1997, p.539) defined biases as “personal issues that make it difficult for researchers to respond objectively to the data” and expectations as “beliefs that researchers have formed based on reading the literature and thinking about and developing the research questions.” A summary of these discussions was documented and referenced during analysis to protect objectivity and quality of data.

**2) Preliminary analysis.** The preliminary analysis involved the following four procedures: i) coding, ii) abstracting, iii) abstract auditing, and iv) data cleaning.

**i) Coding.** Researchers (the primary researcher and the two data analysts) first established a “start list” (Miles & Huberman, 1994) containing seven domains drawn from the interview questions and the literature. These domains were used to cluster data into similar topics. First, the researchers conducted this coding process individually, one transcript at a time. Once all the data were coded into at least one domain, the researchers discussed coding disagreements until reaching consensus. The principal investigator then created a consensus version of coding that included domains with interview excerpts. The researchers repeated this coding process for two more transcripts to achieve domain stability. Once domain stability was established, each of the remaining transcripts was coded by two researchers (the primary researcher and one of the data analysts, taking turns).

**ii) Abstracting.** The second step of preliminary analysis was the “abstracting” process (Strauss & Corbin, 1990). The researchers independently reviewed one transcript at a time and summarized the data for each domain into concise sentences that captured the essence of that domain. During abstracting, the researchers avoided interpretation so that, as much as possible, all abstracts were accurate summaries of the raw data. In addition, if data seemed not to fit with the originally assigned domain, it was moved to a different domain that appeared a better fit. Once abstracts were developed for each domain, the researchers discussed disagreements until consensus was achieved. The primary researcher then created a consensus version of the abstract, using input from each member of the research team for each domain for each individual case.

**iii) Abstract auditing.** Once an abstract was created for each domain of a given case, the auditor reviewed both the abstracts and the raw data to ensure: a) raw data were coded into the correct domain, b) abstracts included all the essential information in the domain, and c) abstracts were phrased appropriately and reflected the raw data. The auditor provided feedback, and the researchers discussed whether to accept or reject the feedback. Since this abstracting and auditing process could be repetitive and time-consuming, Hill et al. (2005) suggested amending the process once researchers became familiar with it. Therefore, after the first transcript was analyzed, the primary researcher conducted the remaining abstracting while the analysts and the auditor rotated to audit those abstracts.

**iv) Data cleaning.** Once all cases were abstracted and audited, the primary researcher reviewed each transcript, confirming that abstracts had been created

consistently across all of the transcripts and correcting any inconsistencies detected, such as abstracts for Case 8 being abstracted under a different standard from Case 1.

**3) Data interpretation.** The final stage of data analysis is data interpretation. This step involved the following four substeps: i) cross analyses and auditing, ii) examination of representativeness, iii) charting of the results, and iv) narrative write-up.

*i) Cross analysis and auditing.* First, abstracts from all cases were placed together under each domain. The primary researcher then examined each domain with all abstracts to draw multiple categories and cluster similar ideas together. Each domain with categories was then sent for auditing. For this auditing process, both analysts and the auditor served as auditors, taking turns so that each domain was audited by two researchers. Based on their feedback, the primary researcher created a consensus version of cross analysis for each domain. This process followed a discovery-oriented model (Mahrer, 1988) of qualitative research, which means that these categories were established based on the data rather than the existing theories. During cross analysis, all parts of the abstracts were assigned to at least one category.

*ii) Examination of representativeness.* Next, the researchers examined each category's representativeness to the whole sample. Following Elliott's (1989, 1993 as cited in Hill et al., 1997) conventions, a category was considered "general" if it applied to all of the cases in the study, "typical" if it applied to one half or more of the cases, and "variant" if it applied to fewer than half of the cases. Any categories that applied to only one or two cases were re-examined to see if their data fit into other categories and then, if not, were removed for failure to represent the sample sufficiently.

*iii) Charting of results.* Once auditing was complete, a chart was created to illustrate relationships among domains. Only general or typical categories were included in the chart to highlight more significant relationships.

*iv) Narrative write-up.* Lastly, a brief narrative summary of the entire data set was prepared. This summary described the typical patterns that appeared throughout the entire sample.

### **Ethical Considerations**

Participants were subject to minimal risks and concerns for ethical violations, given that the present study involved activities that were reasonably expected during participants' regular professional duties. However, participants were asked to evaluate their current workplaces, the responses of which could be skewed out of social desirability if participants suspect anonymity were to be compromised. Therefore, multiple measures were employed to secure participants' confidentiality.

First, access to participants' identifiable information was limited to the primary researcher and her thesis advisor. In addition, research records were stored securely in locked files and in computerized data sets under password protection, according to current University policy. Interview recordings were deleted after the contents were fully transcribed. De-identified transcriptions will be kept in locked files for five years, as is required by the American Psychological Association. After five years, all transcriptions will be destroyed.

## **Chapter 4: Results**

### **Demographic Characteristics of Participants**

Eight individuals completed a 60- to 90-minute, semi-structured phone interview. No interview was excluded from the data analysis. Demographic information for the participants is provided in Table 2.

Table 2

*Demographic Characteristics of Participants*

Gender	
Female	6
Male	2
Race	
Asian	3
Caucasian	5
Religion/Spirituality	
<i>Raised</i>	
Buddhism	2
Catholic	2
Jewish	2
Not religious or spiritual	2
<i>Current</i>	
Agnostic	1
Buddhism	2
Humanist/atheist	1
Neither religious or spiritual	4
Highest Degree	
<i>Types</i>	
M.A.	1
M.S.W.	1
Ph.D.	5
Psy.D.	1
<i>Discipline</i>	
Clinical psychology	2
Counseling psychology	5
Social work	1
Years since graduation	Mean = 12.5 years: range 3 to 36
License	
Licensed clinical social worker	2
Licensed psychologist	6
Years since licensed	Mean = 8.3 years: range 1 to 30
Theoretical Orientation	
Feminist	1
Interpersonal	1
Relational cultural	1
Integrative/eclectic	5

As shown in the table, six women and two men participated in the study. Five participants self-identified as Caucasian, and three identified as Asian. Four participants reported their current religion or spirituality as “neither religious or spiritual,” two reported their religion as Buddhist, one as humanistic/atheist, and one as agnostic. Participants reported their highest degree completed as Ph.D. ( $n = 5$ ), Psy.D. ( $n = 1$ ), M.A. ( $n = 1$ ), or M.S.W. ( $n = 1$ ) in either counseling psychology ( $n = 5$ ), clinical psychology ( $n = 2$ ), or social work ( $n = 1$ ). The average number of years since they earned their highest degree was  $M = 12.5$  (range: 3–36 years). All participants were also licensed as either psychologists ( $n = 6$ ) or clinical social workers ( $n = 2$ ). The average number of years since participants became licensed was  $M = 8.3$  (range: 1–30 years). The majority of the participants reported that their theoretical approach was integrative/eclectic ( $n = 5$ ), followed by feminist ( $n = 1$ ), interpersonal ( $n = 1$ ), and relational cultural ( $n = 1$ ).

### **Domains and Categories**

The data analysis rendered a total of nine domains (see Figure 2). These domains were not categorized under specific questions, as prompts and follow-up questions meant that each interview was somewhat different from the others. Instead, a rich analysis of the dataset yielded domains regarding interests in and training for conducting grief counseling, as well as therapists’ self-descriptions regarding personal characteristics of their own that allowed them to be grief counselors. Domains from this data analysis also addressed the broader contexts of grief counseling in agencies, participants’ ideas concerning the importance of grief counseling on college campuses, and best practices in grief counseling.

The titles of the domains were as follows: Domain 1: Origin Of Interest; Domain 2: Grief Counseling Training And Preparation; Domain 3: Available Grief Support; Domain 4: Therapist's Characteristics; Domain 5: College-Specific; Domain 6: Perception Of Readiness; Domain 7: Importance Of Grief Services; Domain 8: Areas Of Grief Counseling Best Practices; and Domain 9: Future Directions.

Additionally, analysis of data within each domain rendered multiple categories that were coded using the *general*, *typical*, and *variant* coding scheme (Hill, Thompson, & Williams, 1997). Using this scheme, the threshold for a *general* category is that all eight participants provided responses that supported the category within the theme. The threshold for a *typical* category ranged from four to seven cases. The threshold for a *variant* category ranged from two to three cases. If a category contained only one response, the category was not included in the analyses and was eliminated from further consideration or interpretation because we judged that an individual response would not be representative of the sample in the current study. However, prior to eliminating individual responses, we reexamined the data to see if that individual response would fit better under another category. If the single response was located in a subcategory instead of a category, the response was also included for interpretation.

Domain 1	• Origin of Interest
Domain 2	• Grief Counseling Training & Preparation
Domain 3	• Available Grief Support
Domain 4	• Therapist's Characteristics
Domain 5	• College-Specific Contexts
Domain 6	• Perception of Readiness
Domain 7	• Importance of Grief Services
Domain 8	• Areas of Grief Counseling Best Practices
Domain 9	• Future Directions

*Figure 2.* Domain list

**Domain 1: Origin of interest.** Data in this domain included statements concerning how participants' interest in the area of grief counseling developed. There were three typical categories, one variant category, and no general categories in this domain. See Figure 3 for all Domain 1 categories.

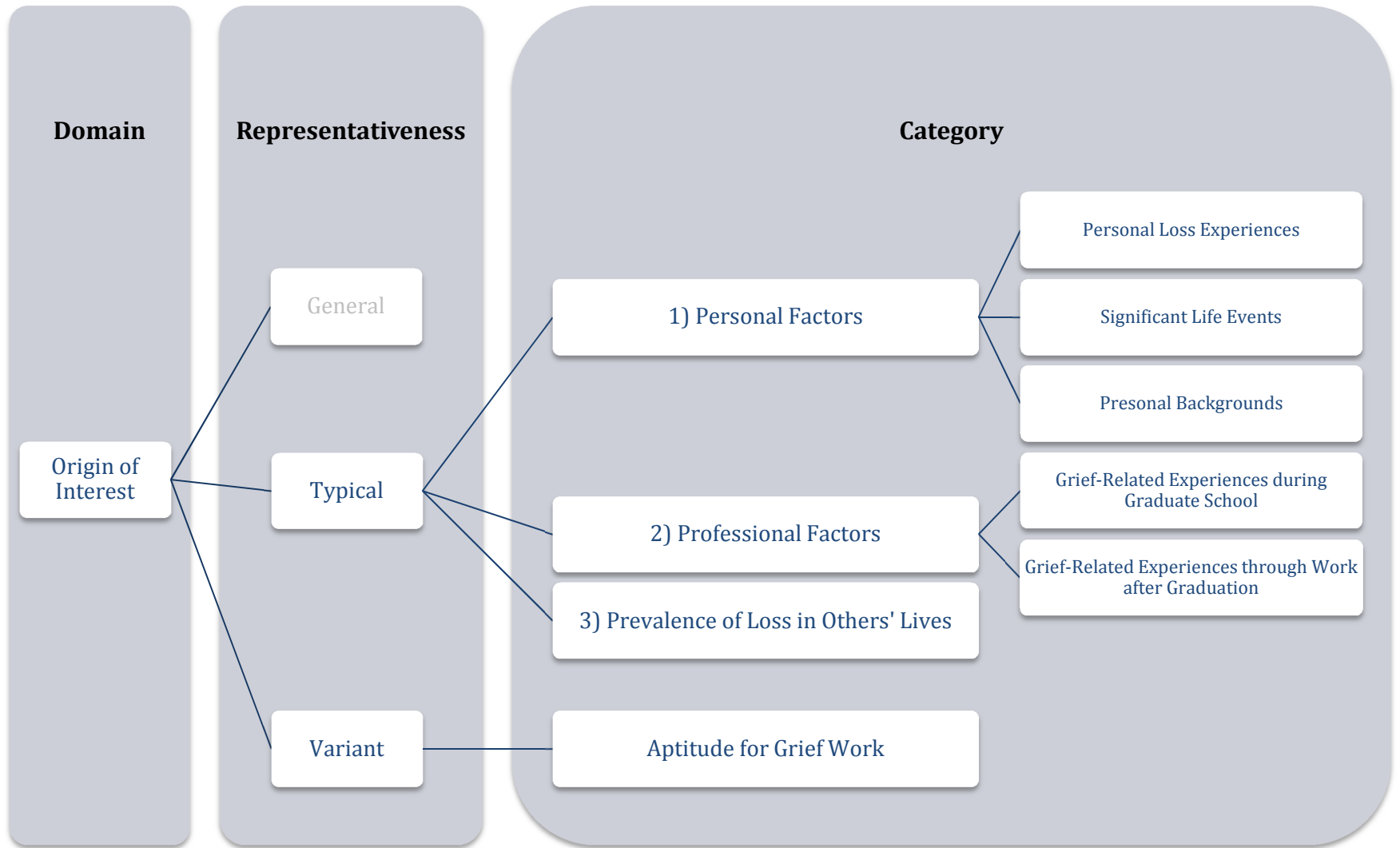


Figure 3. Category chart for Domain 1

***Typical categories.*** Three categories in this domain met the threshold for being typical: 1) personal factors, 2) professional factors, and 3) prevalence of loss in others' lives.

*Typical category 1 – Personal factors.* Seven participants stated that they had become interested in grief counseling because of personal factors. This category consisted of three subcategories: i) personal loss experiences, ii) significant life events, and iii) personal backgrounds.

Six participants stated that they had become interested in grief counseling because of their own personal loss experiences. The majority of participants related having had death loss experiences at varying ages, including losing a father in college and losing a younger cousin years ago. Two participants described life transitions as another type of loss experience, and one participant reported a significant accident that caused his brother a permanent disability as a child.

Two participants stated that they had become interested in the areas of grief and loss because of significant life events, one through witnessing the AIDS/HIV epidemic as a member of a GLBT community and another citing the Columbine shooting and 9/11 as influential events. These participants did not mention any personal losses associated with these events. We thus considered these significant life events to differ from the types of personal loss experiences that drew participants into grief counseling because experiencing the loss of loved ones is presumably different from observing the loss of those one might relate to yet have not had direct interactions with. One participant also noted that: "When I was in my master's program, 9/11 happened. And that really drew me into just being more interested in death loss research."

One participant attributed his interest in grief counseling to his personal background. This participant stated that his interest in grief counseling was rooted in his religious upbringing and ancestry in Judaism. He noted: “There is something about Judaism and loss. . . . I thought about the Holocaust and how we’re a marginalized population. We’re survivors. So, something to that I think that I came to loss and death.”

*Typical category 2 – Professional factors.* Six participants stated that their interest in grief counseling emerged on account of professional factors. This category consisted of two subcategories: i) experiences during graduate school and ii) experiences through work after graduation.

Three participants noted that their experiences during graduate school caused them to become interested in counseling clients who had experienced grief and loss. Specifically, two participants referred to working on practica—one with refugee populations and one with children in foster care—and one described reading scholarly works about existentialism. One participant recalled her first therapy practicum experience, in which she counseled refugees and political asylum seekers:

I have met and worked for people, not only [those who] lost their homes and their countries, but also the vast [majority] of their loved ones and their friends. . . . I think that exchange truly got me interested in grief and loss.

Five participants stated that they had become interested in grief counseling because of their experiences through work after graduation, such as providing individual therapy to grieving students and facilitating a grief support group. One participant noted that she held a faculty position prior to her current job at UCC and said, “I worked with a student who was heavily involved in the Association for Death Education and

Counseling . . . we worked on manuscripts together . . . that's another reason why I got interested in grief work.”

*Typical category 3 – Prevalence of loss in others' lives.* Five participants indicated that the prevalence of loss in the lives of others was a precipitating factor in their interest in grief counseling. One participant stated, “Early on in my education, I realized that almost everything that impacts us in terms of changes is a loss.” Another participant noted, “There are losses embedded in all of our lives. . . . We lose our identities. We lose our homes. So, loss is just kind of part of life, so I saw that and wanted to learn more about that.”

*Variant categories.* One category in this domain, aptitudes for grief work, met the threshold for being variant. Two participants stated that they had become interested in grief counseling because they found themselves having the right aptitude for dealing with grief and loss issues. One participant reflected on his practicum at Children's Hospital, working with children and adolescents with serious medical conditions, and said, “That was the first experience that really got me thinking, ‘Wait a second, I think I have something in me that is good, working well with individuals around grief and loss, and working in [an] environment like this.’”

**Domain 2: Grief counseling training and preparation.** This domain included statements regarding participants' grief training and their evaluation of those experiences. Six categories were regarded as typical. No categories met the threshold for general or variant in this domain. See Figure 4 for all Domain 2 categories.

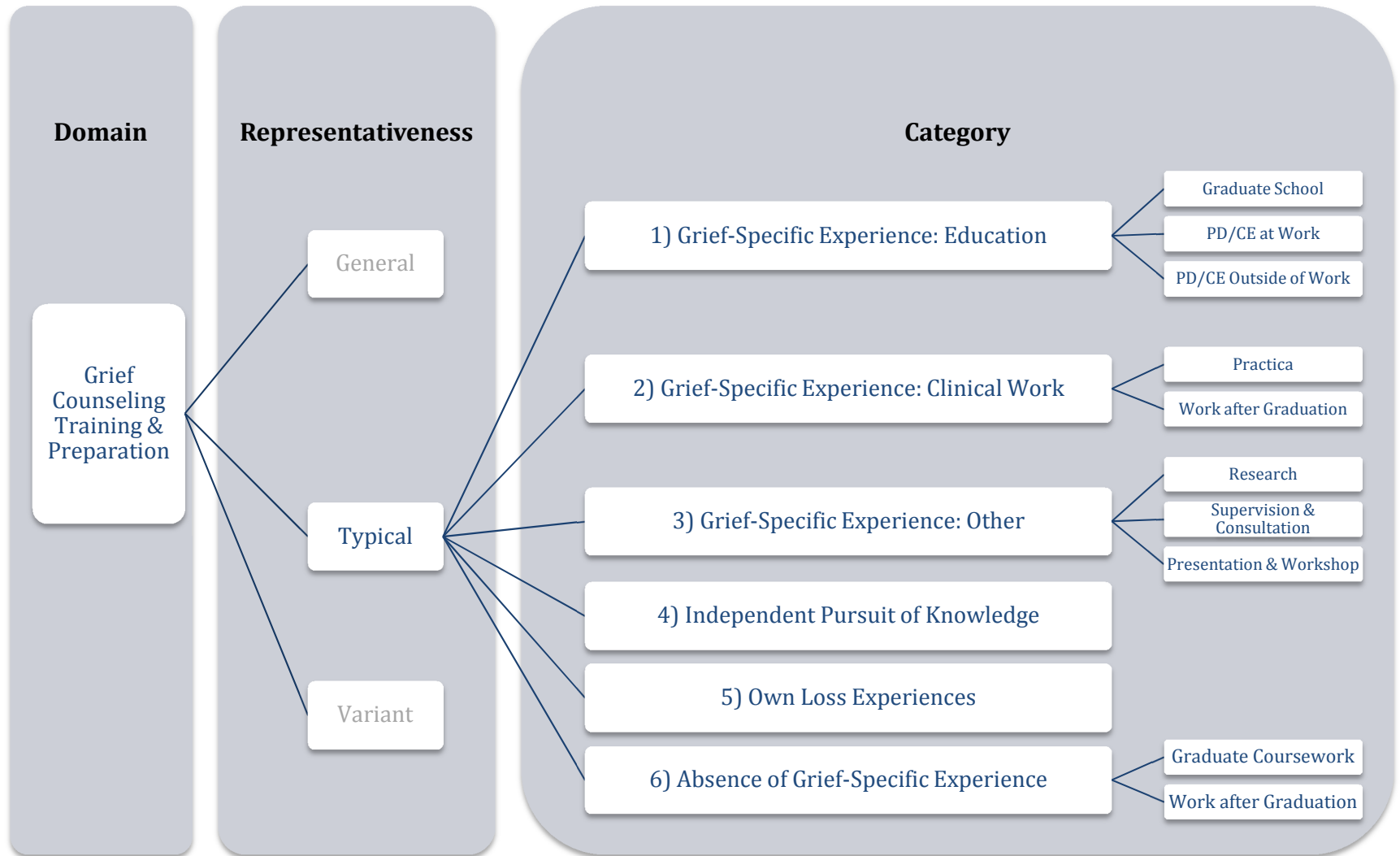


Figure 4. Category chart for Domain 2

*Typical categories.* Six categories met the threshold for typical in this domain: 1) grief-specific experience: education; 2) grief-specific experience: clinical work; 3) grief-specific experience: other; 4) independent pursuit of knowledge; 5) own loss experiences; and 6) absence of grief specific experience.

*Typical category 1 – Grief specific experience: education.* Seven participants discussed obtaining grief-specific knowledge and skills through various educational opportunities and trainings. Three subcategories emerged within this category: i) graduate school, ii) professional development/continuing education (PD/CE) at work, and iii) PD/CE outside of work.

Two participants had taken grief-specific coursework during graduate school. One participant reported that this type of training was part of the program curriculum, and another reported it was outside of her program requirements, so she took grief counseling training as an elective course. She described the elective course on grief and loss, saying, “That was only offered once every three years. . . . It mostly looked at large disasters and impacts on the community, and then went down to the impacts on the individuals—how they cope with it.”

Three participants stated that they obtained grief-specific education through opportunities for PD/CE at work, including crisis intervention training during orientation and on-site PD workshops by grief experts.

Six participants stated that they had obtained grief-specific education through PD/CE outside of work. These opportunities included formal training in love, loss, and forgiveness; certification in bereavement counseling; and CE workshops and webinars on

grief counseling through professional organizations, such as the American Psychological Association (APA) and the Association for Death Education and Counseling (ADEC).

*Typical category 2 – Grief-specific experience: Clinical work.* Seven participants reported that they had obtained grief-specific knowledge and skills through various clinical opportunities and trainings. This category consisted of two subcategories: i) practica and ii) work after graduation.

Three participants had obtained clinical experience in grief and loss through their practica. Two of them completed their practica in hospital settings, while the other participant pursued her practicum in a community setting, working with trauma and torture survivors. For example, one participant explained: “I also did a practicum at the cancer center where I worked with cancer patients and their families when they were going through treatment and also facing end of life.”

Six participants described having obtained clinical experience in grief and loss through their work after graduation. These experiences included individual and group therapy for clients with a variety of grief and loss issues. For example, one participant first obtained clinical experience through individual therapy for grieving clients and then pursued further opportunities by taking over a grief group when a co-facilitator left the agency.

*Typical category 3 – Grief-specific experience: Other.* Four participants had obtained grief-specific knowledge and skills through means other than education or clinical work. This category consisted of three subcategories: i) research, ii) supervision and consultation, and iii) presentations and workshops.

Two participants had obtained grief-specific experience through their research. One participant related that in her former faculty position, she worked with a student who was involved in the Association for Death Education and Counseling (ADEC). “I was working on mindfulness approach and integration of Buddhism into psychology,” she said. “So she approached me, and we worked on manuscripts together in terms of using a Buddhist approach to grief work.”

Three participants had obtained grief-specific experience through supervision and consultation. For example, one participant’s graduate school did not have any grief-specific courses. Her training in grief and loss, she said, “was just through individual casework and . . . individual supervision of specific cases.”

Two participants continued obtaining grief-specific experience by providing presentations and workshops on the topic. One participant noted that she had started conducting love, loss, and forgiveness workshops herself after completing their training.

*Typical category 4 – Independent pursuit of knowledge.* Six participants had obtained grief-specific knowledge through their independent reading outside of formal education. One participant said, “A lot of my education was self-driven, looking online, going to bookstores, looking for works by existential, humanistic. . . . Yeah, I haven’t had formal training. Kind of my own training.”

*Typical category 5 – Own loss experiences.* Five participants stated that their personal loss experiences had prepared them to perform or contributed to their practice of professional grief work. For example, one participant said, “I started working grief and loss a long time ago, but since then I’ve experienced my own losses and my own grief.

So I have a much deeper understanding of what people go through from my own experience.”

*Typical category 6 – Absence of grief-specific experience.* Six participants mentioned an absence or insufficiency in their experiences related to grief counseling. This category consisted of two subcategories: i) graduate coursework and ii) work after graduation.

Six participants were unable to take grief-specific graduate coursework in their graduate programs. The majority noted that some required classes, such as counseling theories and marriage and family therapy, had mentioned the topics of grief and loss, but only peripherally. For example, “I don’t think there were any [grief] courses—there was always Developmental that talked about life span, but not much attention that was paid to end of life.”

Three participants indicated a lack of grief-specific training at work after graduation. Two noted that there had been no didactic or professional development opportunities on grief at their sites.

**Domain 3: Available grief support.** This domain included participants’ responses regarding the types and descriptions of grief services that were available at the center or the university where participants were working. Two categories qualified as general, two as typical, and two as variant. See Figure 5 for all Domain 3 categories.

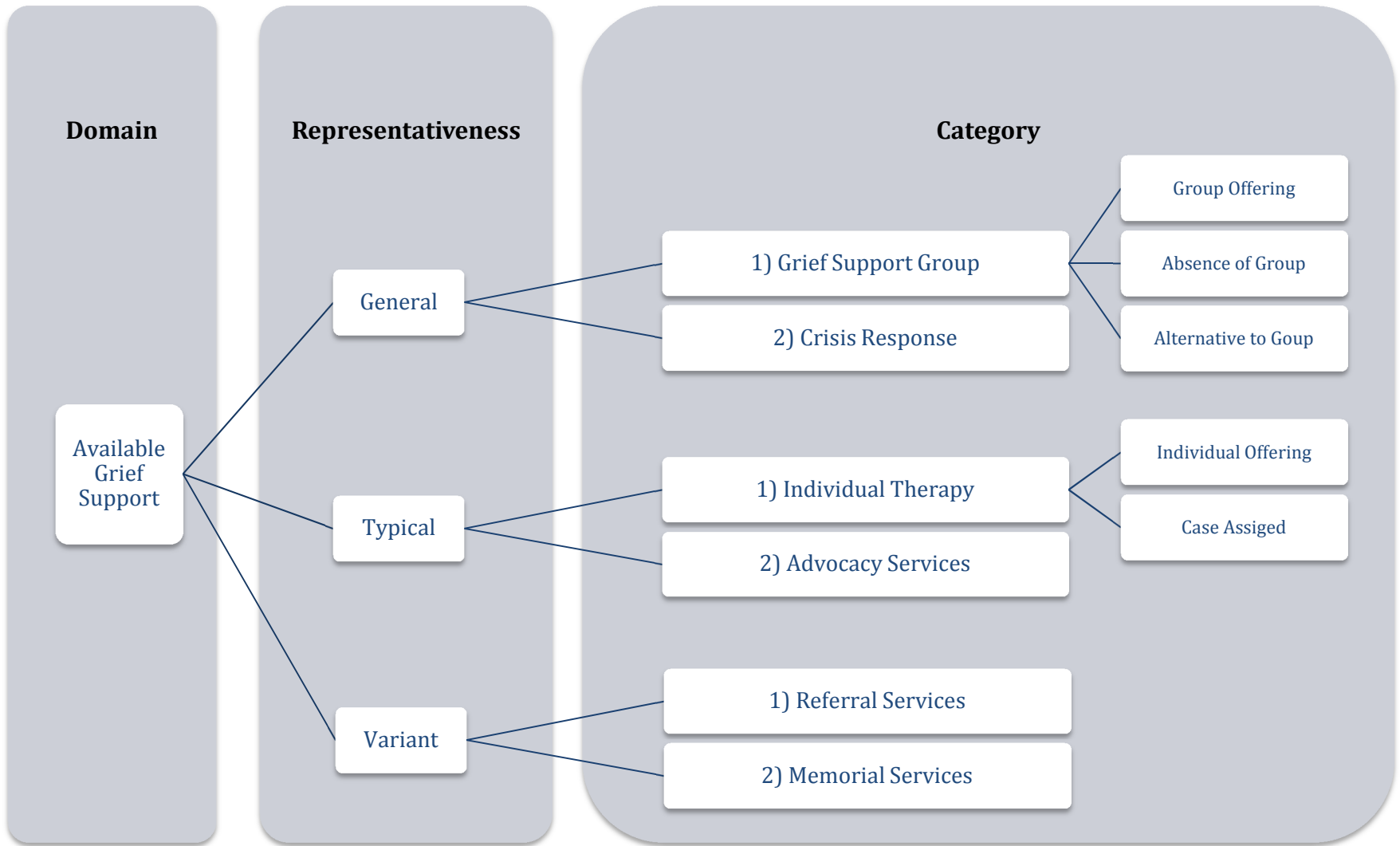


Figure 5. Category chart for Domain 3

**General categories.** Domain 3 included two general categories: 1) grief support group and 2) crisis response.

*General category 1 – Grief support group.* This category consisted of three subcategories: i) grief group offering, ii) absence of a grief group, and iii) alternative to grief group.

Five participants indicated there was at least one grief group offering at their sites. The details of the groups varied at each site, including the size (four to eight members), focus (general loss vs. parental/sibling loss), and other characteristics. One participant, who offered a grief support group herself, explained her rationale regarding the structure of the group: “The way that I got the grief group set up is once a student joins the grief group, they can be in that group until they leave school . . . because students still grapple with isolation.”

Three participants described an absence of grief groups at their sites. Of these, two also noted that their sites did offer an alternative to grief groups that grieving students might have been attending. “There are coping skills, depression groups. I wouldn’t doubt that there are some people who are going through grief and loss issues who might be in those groups,” said one.

*General category 2 – Crisis response.* All eight participants noted various types of crisis services in relation to grief and loss on campus. Operations and team compositions varied from site to site. For example, one participant explained that, “When a student died, we generally have a team of counselors to go to students’ residence halls,” while another participant said, “The Office of Student Life actually goes out to the scene

if there was some kind of situation on campus or something. We [at the counseling center] don't do that, but the Office of Student Life does.”

**Typical categories.** Domain 3 included two typical categories: 1) individual therapy and 2) advocacy services.

*Typical category 1 – Individual therapy.* This category consisted of two subcategories: i) individual therapy offering and ii) cases assigned. Six participants stated that their sites had individual therapy offerings for grieving students, and three noted how grieving students' cases were assigned to therapists at their sites. For example, one participant referred to client assignment as “pretty random, which is kind of frustrating at times. . . . But if someone sees a person on call and that person has a death loss, they are more likely to assign the person to me,” because of her specialty in grief and loss.

*Typical category 2 – Advocacy services.* Four participants indicated that advocacy services were available to grieving students at their sites or at other offices on campus. For example, one participant noted that the Student Advocacy Center “helped people who are struggling with classes, class attendance, class performance. They help to enhance students' communications with professors and something like that,” when those students were experiencing grief and loss.

**Variant categories.** Domain 3 included the two variant categories of 1) referral services and 2) memorial services.

*Variant category 1 – Referral services.* Three participants reported that their sites offered referral services. For example, one participant said that she was likely to refer cases with complicated grief, and “In such cases, since we have an on-site case manager

now, I would refer my clients to her and she can start from there. But before, I used to consult with other senior staff about community resources.”

*Variant category 2 – Memorial services.* Two participants noted that either their site or other campus offices hosted memorial services in honor of deceased students. For example, one participant’s university “had memorial soccer games, and the counseling center is almost always involved in those. We also have a suicide prevention and memory walk every fall. So, people walk in memory of students who committed suicide.”

**Domain 4: Therapist’s characteristics.** This domain included participants’ responses regarding the professional characteristics they perceived themselves to have. This domain contained two general categories, one typical category, and no variant categories. See Figure 6 for all Domain 4 categories.

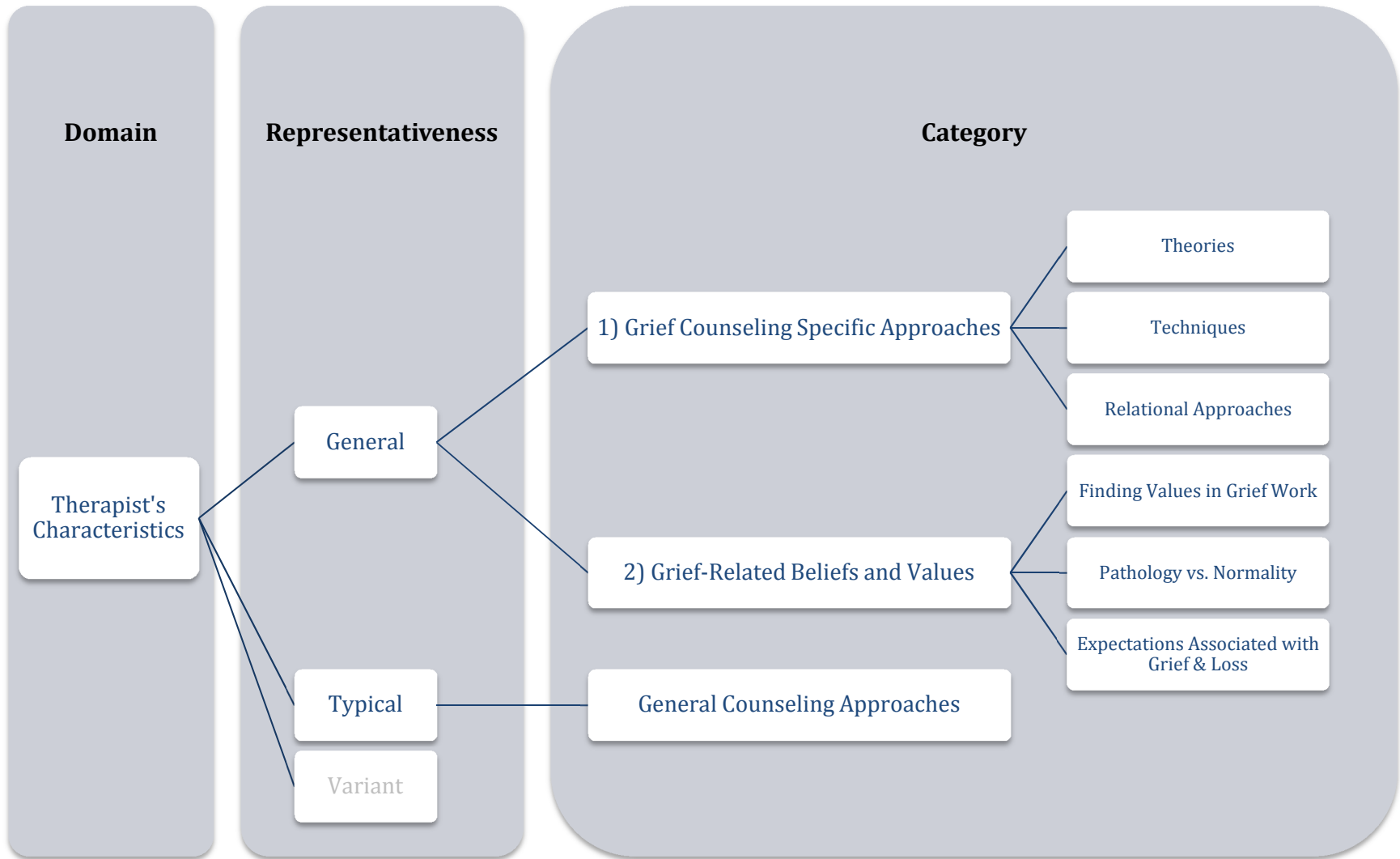


Figure 6. Category chart for Domain 4

**General categories.** The two categories that met the threshold for general in this domain were 1) grief counseling-specific approaches and 2) grief-related beliefs and values.

*General category 1 – Grief counseling-specific approaches.* All eight participants said they conceptualized and conducted grief counseling in ways that were different from how they counseled students who did not present with grief issues. This category consisted of three subcategories: i) theories, ii) techniques, and iii) relational approaches.

Seven of the eight participants stated that when providing grief counseling, they employed theories specific to the needs of grieving clients as a guide to conceptualizing their issues and providing specifically focused therapy protocols. The theories they employ are Dual Process Theory, Five-Stage Theory, and Meaning Reconstruction Theory. For example, one participant said:

A grief model that I use is dual process model of grief. I find that model to be useful in comparison to other models that conceptualize grief process as a linear, kinda stepwise, process. And I think that that model aligns better with real life experiences.

She further noted that Dual Process Theory would fit real life experiences well because the grief process was “like switching back and forth between going through mourning process and then restriction process where they’d be able to function well. . . . It’s kind of a circular process where there is no clear-cut stages they go through.” Another participant noted that she used approaches based on Meaning Reconstruction Theory because grieving students are “trying to find their own meaning . . . knowing that they can come up with a good story for themselves . . . that can give them a sense of relief.”

Seven of the eight participants stated that they used unique and creative techniques in working with grieving students, such as journaling, music, and artwork. One participant said: “Oftentimes I also guide my clients to do some creative grief work. . . . I have a client who just created her own special grief box” that she used for mementos of the deceased. “Whatever she finds . . . she put it into the box.”

Two participants noted that they used different relational approaches when they worked with grieving students. For example, one participant said she would be more patient with students who were going through grief and loss issues, explaining:

When they bring in those issues, you want to let them take a lead and see where they want to go with it. . . . Because grief and loss issues kind of affect students in so many different ways, so you really want to spend the time to be supportive in that way.

*General category 2 – Grief-related beliefs and values.* All eight participants discussed their beliefs and values associated with grief and grief work. This category consisted of three subcategories: i) finding values in grief work, ii) pathology vs. normality, and iii) expectations associated with grief and loss.

With regard to finding value in grief work, four participants noted that they found grief work effective and/or rewarding. One participant described it as “gratifying work. I mean, some of what comes out of it is sort of magical.”

With respect to viewing grief along the spectrum of pathology vs. normality, four participants stated that they perceived grief as a normative process rather than as pathology. For example, one participant noted that she helped grieving students “to

understand that this is not something to pathologize or judge, but how they can accept it and learn and grow from that spiritually.”

Six participants noted specific expectations associated with grief and loss processes. One participant reflected on her Asian cultural background, in which she found the mourning process to be a collective cultural practice. She stated: “I really feel, in the States, it’s a very lonely and individualized process. So, I mean, for me, running a group and then creating a group where they can collectively explore the grief reaction fits my cultural expectation.”

***Typical categories.*** One category in this domain, general counseling approaches, qualified as typical. Seven participants described their general counseling approaches and orientations, which included Emotion-Focused, Person-Centered, Interpersonal Process Theory, and Relational Cultural.

**Domain 5: College student-specific.** This domain included participants’ responses regarding the characteristics unique to the college student population. Four categories in this domain were typical, one was variant, and none were general. See Figure 7 for all Domain 5 categories.

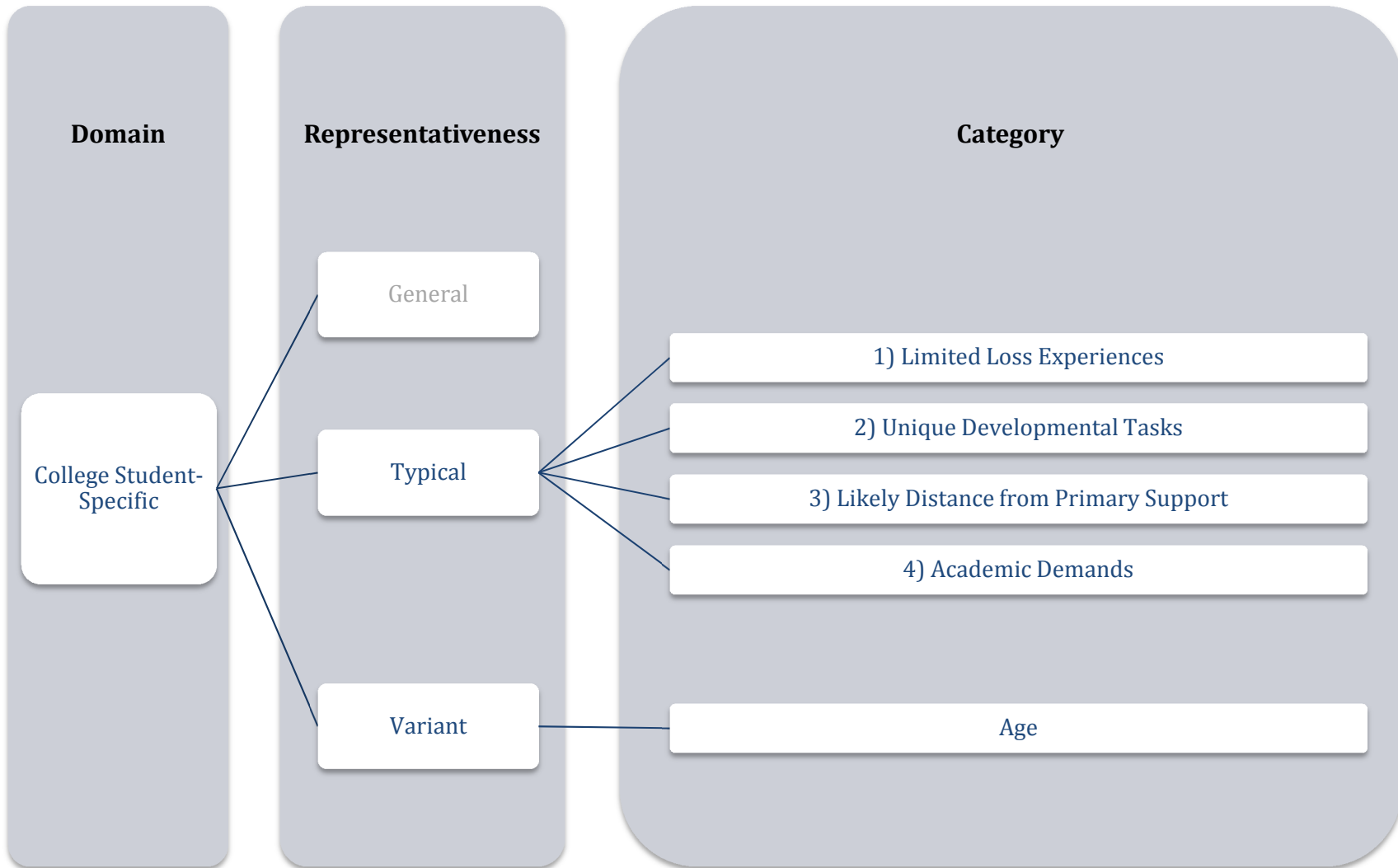


Figure 7. Category chart for Domain 5

*Typical categories.* Four Domain 5 categories met the threshold for classification as typical: 1) limited loss experiences, 2) unique developmental tasks, 3) likely distance from primary support group, and 4) academic demands.

*Typical category 1 – Limited loss experiences.* Six participants suggested that college populations were unique in that the loss that brought students to counseling was likely to be the first significant loss they had experienced. Participants noted, therefore, that grieving students might not know how to understand their own reactions to the loss. For example, one participant described one of her cases: “This is a student who has never had any significant emotional trauma before . . . and the intensity of his despair was just foreign to him. He’s never felt this awful before.” Participants also noted that it was often difficult for grieving students to find peers who would understand their unique loss-related needs. “Because of the limited life experiences of their peers,” one participant explained, the grieving students “oftentimes didn’t get the reactions that they were looking for, and they didn’t know what to do.”

*Typical category 2 – Unique developmental tasks.* Four participants noted that there were certain developmental tasks traditional-age college students were likely to encounter, including identity development and value formation. As one participant said, “This age population is pretty dynamic in a sense . . . very vulnerable population in its own right. You know, developing their own sense of self, developing their own identities . . . kind of navigate to being adults.”

*Typical category 3 – Likely distance from primary support group.* Four participants considered college populations unique because of their vulnerability due to

the possible distance from their primary support groups, such as family and hometown friends. One participant explained, for example:

One of the main things I've noticed was that they were often far from family.

Might have been four hours, and you know, not that hard to drive. But just being separated from family at the time when you're going through significant loss. I think it's so difficult.

*Typical category 4 – Academic demands.* College students have academic requirements, and as four participants pointed out, failing these requirements brings negative consequences. This is something that non-college students do not have to manage. One participant had a client who had just lost her father. She was also concerned about upcoming midterm exams and the risk of losing her scholarship if she did not do well. Another participant believed that college students had more rigid structures and requirements compared to non-college students. At a job, employees could approach their supervisors and say, "Is there a way that I could work four days instead of five? . . . Students really don't have that."

*Variant categories.* The category of age was a variant category in this domain. Three participants observed that some of the deaths that traditional-age college students could encounter, such as those of a parent or a friend, would hold significant meaning because death at younger ages often goes against the students' expectations. For example, one participant noted that parents were generally not expected to die when their children were in college. Therefore, "When a student loses a family member or a parent at that young age, that's traumatic loss."

**Domain 6: Perception of readiness.** This domain included participants' responses regarding whether, how, and why they felt prepared to provide grief services. There were two general, three typical, and no variant categories in this domain. See Figure 8 for all Domain 6 categories.

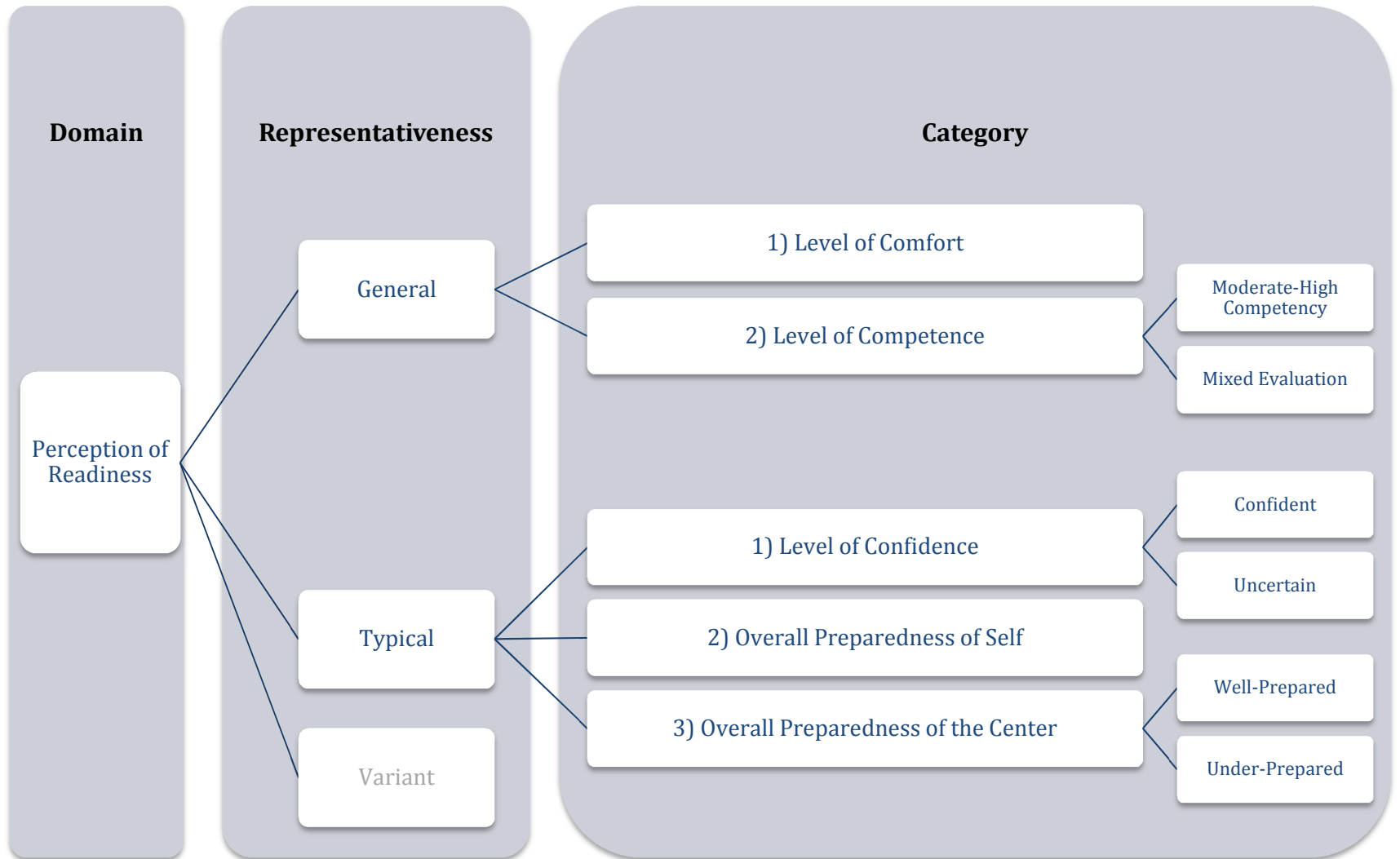


Figure 8. Category chart for Domain 6

**General categories.** Two categories met the threshold for “general” in this domain: 1) level of comfort and 2) level of competence.

*General category 1 – Level of comfort.* All eight participants stated that they felt comfortable working with grieving students and had become more so as they accumulated more experience. One participant noted how her comfort level varied, depending on the mode of counseling: “I feel more competent or comfortable to work in a group versus individual just because of the nature of the support and relativeness people can bring in a group.” She further said—concerning whether her comfort level varied in the same way when providing services for “other type of losses—not really.”

*General category 2 – Level of competence.* All eight participants were asked to evaluate their own competencies in providing grief services. This category consisted of two subcategories: i) moderate-high competency and ii) mixed evaluation competency.

The moderate-high competency category was assigned to the three participants who considered themselves fairly competent for a variety of reasons, including their education, training, and/or personal loss experiences. One participant said:

When I first started, I didn’t feel like my training experience prepared me well for working with this population. But I think this, just learning-by-doing and over the course of past couple of years—like working with students, like individual work and group—I think I would say I feel fairly competent.

The mixed evaluation competency category was assigned to the other five participants, who provided mixed evaluations of their own competency in grief work. These participants reported that overall they were competent to conduct grief counseling, but they also acknowledged that they needed to grow in some areas, such as addressing

multiculturalism in the grief context, traumatic loss, and/or complicated grief. One participant noted that gaining competency was a continuous process. With respect to her clients, she explained, “I don’t know necessarily if they are getting what they need to be getting. I think you can always get training on them. I don't know if I would ever reach a point of ‘Okay, I'm done learning about it.’”

***Typical categories.*** Three categories qualified as typical in the perceptions of readiness domain: 1) level of confidence, 2) overall preparedness of self, and 3) overall preparedness of the center.

*Typical category 1 – Levels of and reasons for confidence in perceived readiness.* Five participants commented on their levels of and reasons for confidence in perceived readiness to conduct grief counseling. These levels of confidence fell into two subcategories of confidence: i) confident and ii) uncertain.

Four participants noted feeling confident in providing grief counseling services. One participant said that, in addition to her personal loss experiences, “training has had a huge impact” and has helped her gain confidence, “and I must say I learned from the students all the time. Learning more about all of the varying ways that people can die and people can grieve.”

On the other hand, one participant noted feeling uncertain about her confidence in providing grief counseling services. The participant said, “I feel less confident about my ability to work with complicated grief situations . . . if a client already has a prior grief issue, combined with multiple losses or a recent loss. I probably will offer several sessions to transition.”

*Typical category 2 – Overall preparedness of self.* Four participants stated that they felt their education, training, readings, and professional experiences had prepared them well to work with grieving students. A participant noted one memorable CE workshop, recalling, “I left there feeling like I was doing what I was supposed to do. So, that was one that was very impactful. It really made me feel prepared.”

*Typical category 3 – Overall preparedness of the center.* Seven participants commented on the preparedness of the counseling centers in which they worked to serve grieving students, with their responses falling into two subcategories: i) well-prepared, and ii) under-prepared.

Six participants noted the well-prepared aspects of their sites, including the availability of grief experts, grief support groups, campus crisis teams, and memorial services. For example, one participant noted the site’s close working partnership with the university critical incidence response team, saying, “These offices can give us a heads-up, like there might be some walk-in traffic coming to our door because due to the incidents,” referring to deaths on campus. “So, having that kind of communication makes me feel that we are prepared.”

Six participants noted the under-prepared aspects of their sites, including a lack of grief-specific training, particularly in multicultural contexts, insufficiency in the number of grief experts on-site, and the lack of sufficient grief services offered. For example, one participant said, “We got a grief group that eight people can join on a campus of 50,000 students. . . . You know, eight spots. It isn’t a whole a lot.” Another participant said she was the only grief expert at her site, which meant that in terms of grief counseling, “any

extra training, any connection to any other resources or articles, these are just for me. So if I wasn't here, I think it would be lacking.”

**Domain 7: Importance of grief services.** This domain included participants' responses regarding why it was important to offer grief services in university settings. There were three general categories in this domain, while none met the threshold for typical or variant. See Figure 9 for all Domain 7 categories.

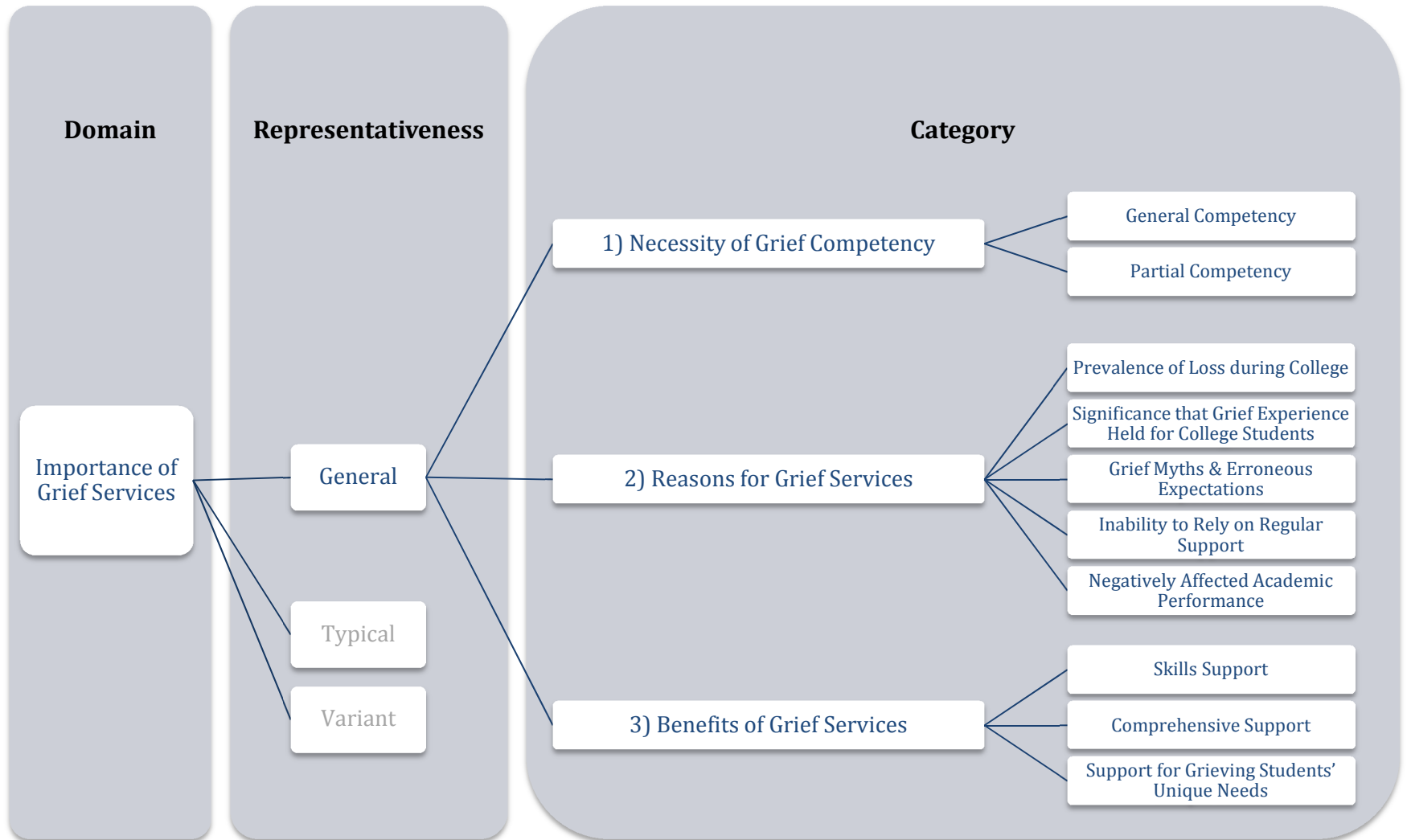


Figure 9. Category chart for Domain 7

***General categories.*** Three categories qualified as general in this domain: 1) necessity of grief competency, 2) reasons for grief services, and 3) benefits of grief services.

*General category 1 – Necessity of grief competency.* This category consisted of two subcategories: i) general competency and ii) partial competency. Seven participants believed that every clinician at a college counseling setting should display general competency in working with grieving students, and one stated that every UCC clinician should be able to demonstrate at least a limited competency. She noted regarding grief work, “I don’t think everybody should do it, but everybody needs to be aware and have resources for clients.” She further allowed that “Not every counselor is really good at providing grief counseling” because of the emotional intensity that was involved and the potential proximity to their own unresolved loss issues.

*General category 2 – Reasons for grief services.* All eight participants also discussed various reasons why grief services are important in college. This category consisted of five subcategories: i) prevalence of loss during college, ii) significance that grief experiences held for college students, iii) grief myths and erroneous expectations, iv) inability to rely on regular supports, and v) negatively affected academic performance.

Seven participants believed that offering grief services was important because of the prevalence of loss during college, evident in the number and variety of losses college students were likely to confront. These participants specifically spoke about loss from death, including losing one’s parents, grandparents, fellow students, and/or faculty members. One participant noticed that, “rather quickly, I started getting people who lost either a parent or a sibling or even a grandparent. So, it seems like that this age group was

definitely being affected by a loss of someone.” In addition, two participants included losses other than death losses; their responses focused on identity shifts, break-ups, and divorces of parents.

Five participants suggested that grief services were important because of the significance that such experiences held for college students. For example, one participant noted the long-term influence that losing a parent at a young age could have on college students. “When you lose your mom when you are 18, 19 . . . you have all those things you are working on, and futures you’re working toward. And you’re expecting your mom or dad or primary caretaker to be there.” When students lose someone as significant as a parent, she further noted, they may also be losing their expected future, as plans are sometimes forced to change unexpectedly.

Five participants considered grief services to be important because there were many grief myths and erroneous expectations around bereavement. These common myths and expectations included grief being a linear process and grieving individuals needing to move on within a certain time. For example, one participant noted:

Grief surges re-occur periodically. . . . We have this idea in our society that ‘We have to move on’ or ‘We can only grieve or certain amount of time and then it’s over’. . . . But it doesn’t happen this way.

Six participants regarded grief services as important because grieving students might experience an inability to rely on regular supports for various reasons. One participant noted that grieving students might struggle with turning to their peers because typical college-age students might not have the emotional maturity to support grieving students sufficiently. Another participant pointed out that some students might find it

difficult to rely on their family for support while they are away from home. The participant addressed general experiences with loss, saying, “Even though it’s such a big part of our lives, it’s not something we talk about a lot.”

Lastly, three participants observed that the potential for grief to negatively affect academic performance was another reason for the importance of grief services. One participant said:

Grief can be so impactful that [it] does affect students’ academic process. . . . And to expect that students who are in the throes of intense grief dealing with traumatic loss to be able to function academically, as if they are not grieving, is unrealistic. So I think universities need—counseling centers really are the great place to be able to help students to maneuver that.

*General category 3 – Benefits of grief services.* All eight participants stated that grief services were important because of the various benefits they could offer to grieving students. This category yielded three subcategories: i) skilled support, ii) comprehensive support, and iii) support for grieving students’ unique needs.

Six participants noted the skilled support that trained professionals could offer to diverse grieving students, including methods of normalization, psychoeducation, validation, safe space offering, coping skills training, and instillation of hope. One participant particularly noted, with respect to the value of professional support, that every experience of grief requires a different approach. This participant recalled one particular client: “She had dealt with tremendous amount of loss—this uncle, that uncle, her mother at early age, grandmother, grandpa. All within a span of six year period. . . . Those are different discussions about loss and grief.”

Two participants discussed the comprehensive support they offered for grieving students, including advocacy and academic support. One participant brought up studies on the role of comprehensive support on student retention after death loss: “The more that they feel integrated into the university, and just more comfortable there and supported, the more likely that they stay—rather than students just quitting and going home.”

Two participants addressed the importance of support for grieving students’ unique needs and counselors’ responsibility to respond to grieving students’ needs for connection and understanding. One participant said that when she lost her own mother, “the people who really helped me to the ground were people who shared that experience. And I found that to be very true also in the grief group that I run at the counseling center.”

**Domain 8: Grief counseling best practices.** This domain included participants’ responses regarding best practices in grief counseling at university counseling centers. There were two general, six typical, and no variant categories in this domain. See Figure 10 for all Domain 8 categories.

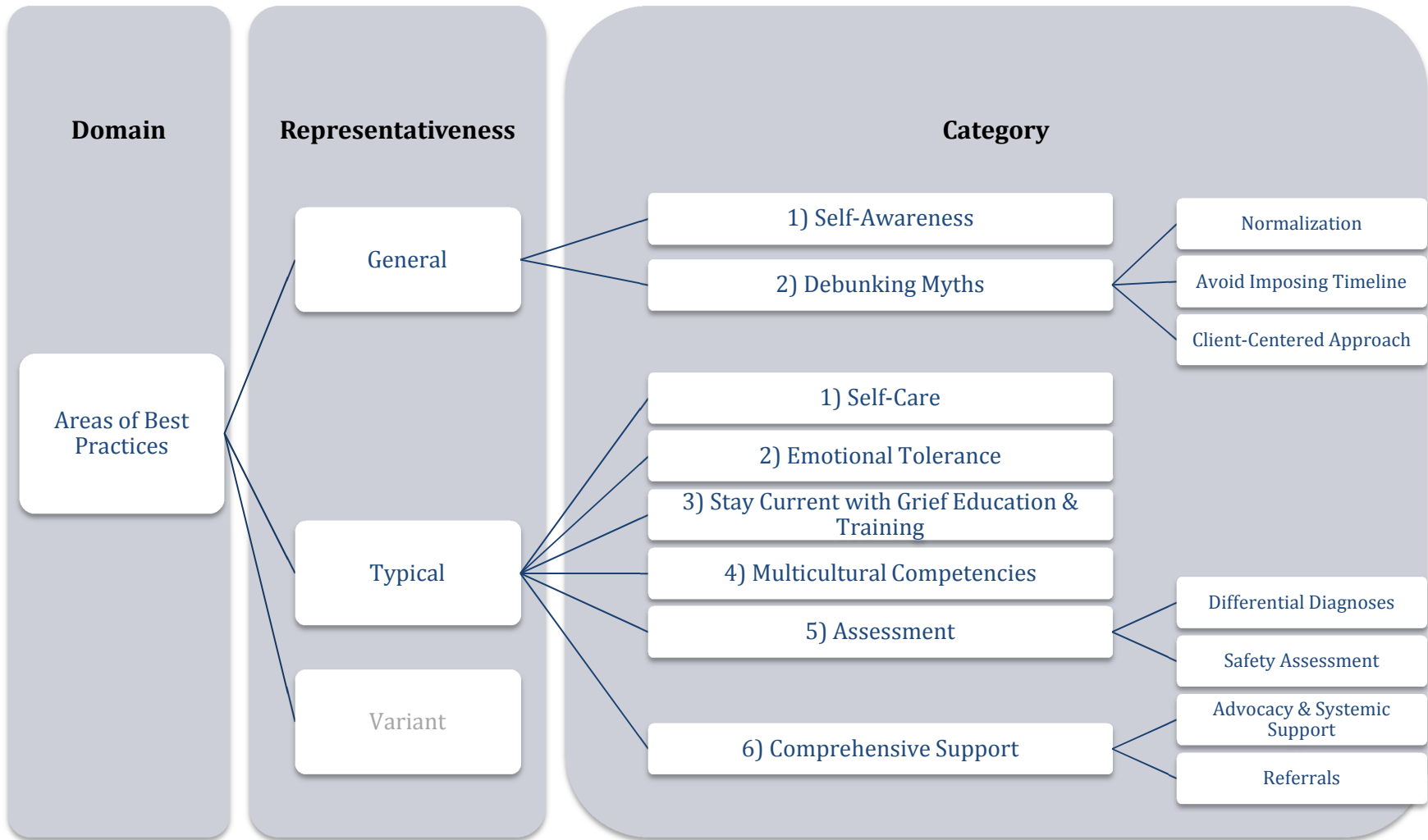


Figure 10. Category chart for Domain 8

**General categories.** Two categories qualified as general in this domain: 1) self-awareness and 2) debunking myths.

*General category 1 – Self-awareness.* All eight participants consider a self-awareness of how one’s own personal loss experiences affects one’s ability to provide competent grief counseling to be essential to grief counseling best practices. One participant said, “Clinicians, they obviously need to know what they’re bringing in to the table in a sense of what their experiences are—any type of spiritual or religious background for them, how they have dealt with their own grief and loss issues.” Another participant said, “If the therapist isn’t self-aware about their own history with loss or own relationship with grieving, they might have a tendency to cover that up.” He further added, “Putting that in place, that’s not going to allow clients to process the emotions to grieve on their terms.”

*General category 2 – Debunking myths.* All eight participants also stated that grief counseling best practices included the ability to debunk grief-related myths and to allow grieving students to process their experiences at their own pace and in their own way. Their responses fell into three subcategories: i) normalization, ii) avoid imposing timelines, and iii) client-centered approach.

Four participants regarded normalization as an important part of grief best practices. For example, according to one participant, “There is no one cookie-cutter way of dealing with grief—just like grief is messy and there is no one right way to deal with it.” One participant described the power of normalization: “They are thinking they are going nuts because they can’t focus enough to read a paragraph when it could have been

four before. And normalizing relaxes them—sometimes so that they can actually read a paragraph.”

Four participants also noted that it was crucial to avoid imposing timelines in working with grieving students. For example, one participant noted, “Grief is not something you come and fix, and you feel better right away. Or something that we can teach some skills and then you can transform. You can’t bring that person back.” To that end, he continued, “So being able to be present and being able to facilitate the adaptive process—the natural process of grief that occurs after somebody dies. And being able to support them unfolding of the process is very important.”

Seven participants reported that employing a client-centered approach in their counseling with grieving students was important in light of the unique aspects of each person’s grieving process within the diverse possible range of human responses. One participant seeks to “really allow and permit a genuine process. . . . We start putting our own agenda and telling people how they should cope with loss and grief. And that’s when we’re doing our clients disservice.” Another participant similarly advised “honoring what’s important to the client rather than telling them what’s important in dealing with grief, which ideally is not that different from what you would do in competent [general] counseling.”

***Typical categories.*** Six categories in this domain qualified as typical: 1) self-care, 2) emotional tolerance, 3) stay current with grief education and training, 4) multicultural competencies, 5) assessment, and 6) comprehensive support.

*Typical category 1 – Self-care.* Six participants stated that engaging in sufficient self-care, such as recognizing one’s own limits and reaching out for support, was

necessary for grief counseling best practices. One participant recommended having a co-facilitator when offering a grief group. Another participant practiced self-care by journaling and seeing a therapist himself.

*Typical category 2 – Emotional tolerance.* Six participants stated that in order to offer best practices, therapists would need to exercise emotional tolerance, feel comfortable working with grief issues, and be able to handle the intense emotions that grieving students might bring in. One participant noted: “Just giving them the space to get in touch with their emotions and give voice to their emotions or feelings they have related to grief—I think that’s one of the most important elements of grief work.” She therefore considered the “ability to sit with difficult emotions that could be very intense and ability to handle, you know, secondary trauma,” to be a crucial part of grief counseling best practices.

*Typical category 3 – Stay current with grief education and training.* Six participants noted that therapists would need to stay current with grief literature, didactic trainings, and professional development opportunities, in order to provide best practices in grief counseling. For example, one participant advocated “making sure that clinicians are aware of where they stand and are aware of current literature on what’s the most helpful and what theories are shown to be most helpful.”

*Typical category 4 – Multicultural competencies.* Four participants considered having multicultural competencies to be valuable for grief work. For example, understanding cultural diversity in mourning rituals is important in working with grieving students. One participant suggested that students’ “relationship with the deceased people

are conceptualized very differently in different cultures. So, attending to the variation of that would be very critical.”

*Typical category 5 – Assessment.* Five participants identified assessment as an important part of grief counseling best practices, with their responses falling into two subcategories: i) differential diagnoses and ii) safety assessment.

Four participants noted that therapists should be able to address differential diagnoses, particularly between grief and depression. One participant said, “Clinicians need to know the difference between depression and grief, because they really are two different things. And they treat them differently.”

Two participants remarked on the importance of safety assessment, such as for suicidality and other concerns, in the context of grief counseling. One participant prioritizes “mak[ing] sure that the students are mentally and emotionally okay—not hurting themselves or suicidal. That’s the one thing across everything—make sure that they’re doing okay in that aspect.”

*Typical category 6 – Comprehensive support.* Four participants included the ability to provide comprehensive support to grieving students among grief counseling best practices. This category consisted of two subcategories: i) advocacy and systemic support and ii) referrals.

Four participants noted that university counselors who work with grieving students need to provide advocacy and systemic support for them in communications with professors and other campus offices. One participant addressed this in terms of “making sure that you address the whole student—physical, mental health, socially. . . . Making sure that they can get assistance, whatever that may be, with school,

academically.” Another also considered it a counselor’s responsibility to “encourage them to seek help from professors and school because life doesn’t stop. You still have to work and concentrate, though you can’t concentrate.”

Three participants proposed the importance of appropriate referrals. Two of these stated that it was important to know appropriate referral resources for grieving students, such as community grief specialists, financial aid offices, and student housing offices. The third said that it was also important to know how to properly “sell” available grief services to his colleagues in order to receive grief-related referrals.

**Domain 9: Future directions.** This domain included participants’ responses regarding suggested actions for the future as well as possible obstacles in taking such actions. This domain contained one general, two typical, and two variant categories. See Figure 11 for all Domain 9 categories.

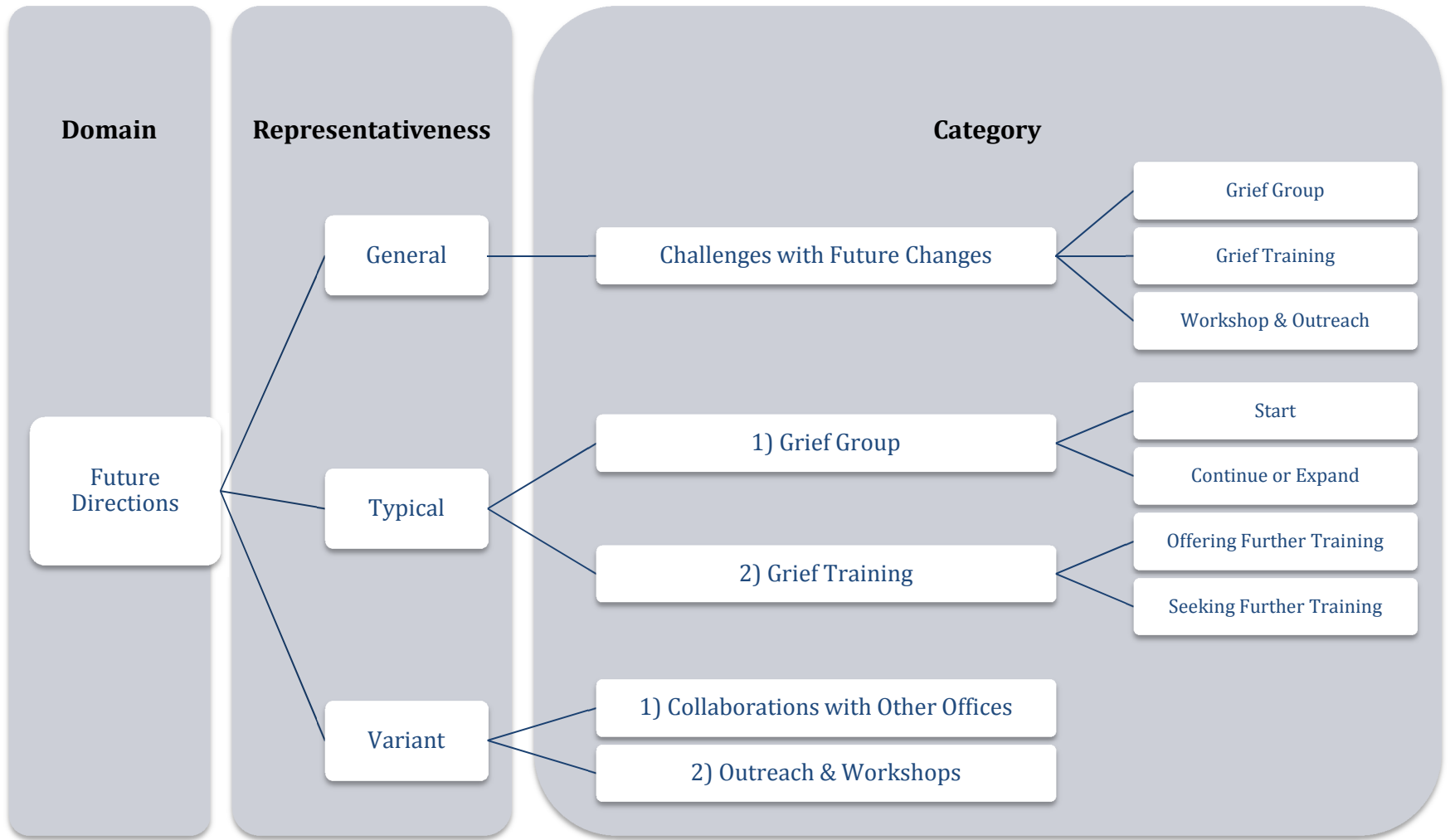


Figure 11. Category chart for Domain 9

**General categories.** One category, challenges for future changes, met the threshold to be classified as general in this domain. All eight participants stated various types of obstacles in attempting to implement suggested changes for the future. This category consisted of three subcategories: i) grief groups, ii) grief training, and iii) workshop and outreach.

Four participants noted possible challenges with grief groups, with regard to starting groups, continuing groups, or expanding such groups' current services. These challenges included difficulty recruiting a sufficient number of students for a grief group, competition with other types of groups, not being able to find clinicians with a specialty in grief counseling, and inexperienced grief group facilitators. One participant said:

We're going to need resources, you know. Who's going to be leading that group? What if students don't show up? Can we afford to have that grief group? Can we have a general group where we can put grieving people in? I don't know.

Different centers have different comfort in group in general, but historically it's hard to afford group.

Three participants described possible challenges with grief training, in terms of offering or seeking such training due to a lack of professional development funds and time constraints. One participant, whose site offered training programs, addressed grief and loss as a focus area: "If possible, instead of just having a week or two on this topic, it can be incorporated as an area of competencies and develop a certain curriculum so that the trainees can have much more comprehensive training." She also added that having a curriculum or even a specialty track might make it easier for trainees to allocate time in their tight schedules to learn grief counseling.

One participant noted challenges with her site's workshop and outreach offerings. "With more staff," she explained, "you're doing less clinical work, and that gives you more time to do outreach programming. . . . I don't have a lot of time to think about outreach." She continued, remarking that even when she did find time for outreach, "we're trying to do outreach for big ones, like sexual assaults, violence prevention programming, alcohol and drug abuse—those heavy hitters on college campus," which make it difficult to offer workshops on grief and loss.

***Typical categories.*** The two categories that met the threshold for typical in the future directions domain were 1) grief group and 2) grief training.

*Typical category 1 – Grief group.* Five participants shared ideas and suggestions for future grief group offerings. This category consisted of two subcategories: i) start and ii) continue or expand.

Three participants acknowledged that their sites should start offering a grief group. The other five suggested that their sites needed to either continue or expand their current group offerings. These expansions included adding another section of an existing group, offering groups for specific losses, and facilitating student-run grief support groups.

*Typical category 2 – Grief training.* Six participants articulated their ideas and suggestions for grief training in the future. This category consisted of three subcategories: i) offering further training, ii) pursuing further training, and iii) pursuing early career training.

Five participants believed their sites should be offering further training that was more grief-specific to the staff and trainees. Suggestions included inviting guest speakers

for professional development as well as developing a training curriculum or a specialty track in grief counseling.

Two participants noted their own interest in pursuing further training in grief counseling through webinars, conferences, professional organizations, clinical work, and consultations. One participant talked about “trying to do webinars or things like that. Going to the conferences or getting involved in organization, I think that can be helpful.”

One participant stated the need for pursuing early career training in grief counseling through practicum and internship placements. The participant recommended “seeking out a placement that would allow you to have more of [a] chance working with people who are facing end of life and their families.” She further suggested that even trainees whose training placements would not provide such opportunities should speak up about their interests: “If you’re really wanting to work with people who are grieving . . . you can request that and then they [training sites] usually direct people to you.”

***Variant categories.*** Two categories qualified as variant in this domain: 1) collaborations with other offices and 2) outreach and workshop.

*Variant category 1 – Collaborations with other offices.* Three participants suggested collaborating with other offices on campus, such as university crisis response teams, student advocacy centers, and administrative offices, to develop or enhance interoffice partnerships.

*Variant category 2 – Outreach and workshops.* Three participants suggested that future directions should include providing outreach and workshop programming. One participant proposed a peer-to-peer structure: “You can educate people who may have no

experience of loss but their friends have. So, do some outreach presentations on how to help a grieving friend or something.”

### **Summary**

This chapter presented the results of the present study. As a result of qualitative analyses of the data from eight semi-structured phone interviews, nine domains emerged that reflected major themes in the data: 1) origin of interest, 2) grief counseling training and preparation, 3) available grief support, 4) therapist’s characteristics, 5) college-specific contexts, 6) perception of readiness, 7) importance of grief services, 8) areas of grief counseling best practices, and 9) future directions. Each domain consisted of multiple categories and subcategories that also formed out of distinctive themes. Direct quotes from the interviews provide further illustrations of the data.

In the next chapter, four major findings from the results and their clinical implications will be discussed. These findings in relation to grief counseling include: 1) origin of interest, 2) current preparedness, 3) best practices in grief counseling, and 4) future directions.

## **Chapter 5: Discussion**

This study aimed to explore the four research questions associated with grief counseling best practices in university counseling center (UCC) settings. These questions were: 1) How did clinicians become interested in the area of grief and loss (origin of interest)?; 2) How prepared are UCCs in supporting grieving students (current preparedness)? 3) What are the criteria for grief counseling best practices at UCCs (areas of grief counseling best practices)?; and 4) What can UCCs and their grief specialists do to provide best practices in supporting grieving students (future directions)?

Data was collected through 60- to 90-minute, semi-structured phone interviews with eight participants. The participants were licensed clinicians who were currently practicing psychotherapy at UCCs with an expertise or a special interest in the areas of grief and loss. Consensual qualitative research (CQR) was employed to analyze the data, which endorsed nine major domains with multiple categories. The summary of the results with direct interview quotes were summarized in Chapter 4.

In the following section, the importance and implications of the findings will be addressed in relation to the existing literature. In addition, limitations of the current study and suggestions for future research will also be noted. Finally, this chapter will conclude with recommendations for UCC staff about how each center could continue improving its services to support grieving students.

### **Origin of Interest**

The first research question of the present study investigated how individuals developed interests in the area of grief and loss, which eventually led them to pursue a specialty in that area. Answering this question is important because it helps to identify

certain opportunities that may increase counselors' awareness and interests in the area of death, dying, and grief. The results indicated that the majority of participants became interested in the topic because of a combination of events that happened in their personal and professional lives.

First, participants' personal experiences related to grief and loss were most prevalently mentioned as a triggering factor to developing their interest in grief work. Ranging from their own experiences of loss to remarkable public events, such as the HIV/AIDS epidemic and the 9/11 attack, participants reported that such events had a significant impact on their own experiences of grief. Some of these personal events initiated existential inquiries, while others made participants notice the discrepancies between existing grief theories and their first-hand experiences.

Second, the majority of the participants also reported various professional experiences, during both graduate programs and work after graduation, that led them to further education and training in grief counseling. A small number of participants reported their practica provided unique opportunities to work with populations that were high in loss occurrences, such as a refugee agency, a foster care agency, and an oncology department. A greater number of participants noted that their interests in grief work developed through their professional experiences after graduation, such as through continuing education seminars and clinical work with grieving students. It is noteworthy that no participants identified graduate coursework as their source of inspiration for specialty development in the area of grief and loss.

This strong influence of life events on participants' career decisions is consistent with previous studies. Bright, Pryor, and Harpham (2005) suggested that chance events

had significant impacts on career decisions. These chance events included previous work/social experiences, personal/professional relationships, and unintended work exposure that cultivated interest in the area. The study also indicated that younger individuals were more susceptible to chance events in making their career decisions.

A notable common thread across participants' reports of the origin of their interests in grief counseling was that whatever the triggering events were, they promoted further examination and exploration of participants' knowledge, instead of scaring the participants away from the topic. This pursuit of active engagement in response to the stressful event of loss may suggest that grief specialists share certain inner traits that make them more fitting to meet the specific demands that grief work requires.

### **Current Preparedness**

The second research question investigated how UCC grief specialists evaluated their own current levels of preparedness and that of their sites to serve grieving students. Three domains primarily reflected participants' answers to this question: Domain 2, grief counseling training and preparation; Domain 3, available grief support; and Domain 6, perception of readiness. Responses to this question were important because they helped to identify areas of grief education, training, and practice that need to be continued and changed in order to take care of grieving students' needs sufficiently. Accordingly, this research question served as a precursor to the following two questions about areas of grief counseling best practices and future directions. The results indicated that participants identified both well-prepared and under-prepared aspects regarding their own preparedness as therapists and that of their sites.

**Preparedness of self.** Participants' evaluations of their own sense of comfort, confidence, and competence in providing grief services were mixed. Every participant reported feeling comfortable working with grieving students. One of the participants, however, specified that her comfort level was greater in a group setting than in individual therapy because of the additional support her client would receive from other group members.

This consistently high level of comfort is not surprising, given that they made a deliberate choice to work with this specific population. Meanwhile, there were variations in terms of how their comfort had developed. Some attributed their comfort level to factors in their upbringing, such as religious beliefs as a child, while others reported a rather gradual development as they had accumulated more experience with the population. Given that not every grief specialist felt comfortable working with grieving clients at first, their eventual comfort levels further affirmed how crucial it is to make grief-related opportunities more accessible for trainees and early-career clinicians. These opportunities will allow them to examine their interest in and fit for grief counseling beyond the initial discomfort they may have for various reasons.

Participants also evaluated their own level of confidence in grief work, with half of the participants reporting confidence in their grief work because of their grief-specific training and clinical work with grieving clients. One participant reported uncertainty about her sense of confidence, as she would feel less confident treating complicated grief where multiple losses were involved in a short period of time.

Finally, participants evaluated their own levels of competency in grief work based on their perceptions rather than certain competency criteria. The majority of their self-

evaluations were mixed, indicating an overall sense of competency with certain areas of weakness. This result appears fairly reasonable given that professional development is expected to be an ongoing process for any clinician.

**Preparedness of sites.** Participants reported both well-prepared and under-prepared aspects of their sites with respect to meeting grieving students' needs. On the one hand, the majority of participants considered their sites to be well-prepared in terms of the availability of grief experts and services, such as support groups, advocacy services, referral services, crisis response teams, and memorial services. The availability of multiple services for grieving students contributed to their perceptions of their centers' preparedness.

On the other hand, many participants also reported a sense of under-preparedness primarily because of the limited amount of grief services they could offer. For example, even when their sites were currently offering grief support groups, many participants found it insufficient because they could offer additional groups accommodating more grieving students or specific types of loss. Participants also pointed out the issues associated with being the sole grief expert on their sites. This on-site grief specialist shortage seemed to negatively affect their evaluations of readiness because the sites would not be able to deliver the same level of grief services if the participant became unavailable due to relocation, illness, or his or her own bereavement.

**Summary.** Overall, the evaluations of current preparedness of self and sites indicated that participants felt a general sense of preparedness while recognizing some inadequate aspects of their skills or services at this time. Some appeared to consider these shortcomings a part of continuous learning and improvement while others seemed to

consider their limitations that they did not expect to improve upon further. Without a consensus on what constitutes grief counseling best practices, it is at each clinician's discretion what grief counseling preparedness should look like and how he or she can ensure a necessary level of competence in providing such services.

### **Areas of Best Practices in Grief Counseling**

The third research question of the present study investigated what constituted grief counseling best practices. Three domains primarily reflected participants' answers to this question: Domain 5, college specific; Domain 7, importance of grief services; and Domain 8, areas of grief counseling best practices. Answering this question is important because setting a clear standard for grief counseling allows clinicians and their supervisors to evaluate their own and their trainees' performance and to identify areas that need further development. Having guidelines that have professional consensus behind them is also a crucial part of ethical practice. Without such guidelines, it is difficult to offer competent services that are supported by scientific evidence and anecdotally agreed-upon wisdom that goes beyond mere individual opinions.

The results suggested eight areas of grief counseling best practices: 1) self-awareness, 2) debunking myths, 3) self-care, 4) emotional tolerance, 5) staying current with grief education and training, 6) multicultural competencies, 7) assessment, and 8) comprehensive support.

**Self-awareness.** All of the participants noted that clinicians needed to be aware of their own experiences and relationships with grief and loss. Similar to therapists' competence requirements in general (ACA, 2014; APA, 2010), participants suggested that self-awareness allowed clinicians to be more in control of the emotional reactions

and thought processes that might keep them from fully attending to grieving students' emotional needs or letting them grieve at their own pace without imposing their own agendas or needs as clinicians. The importance of this self-awareness is also supported in the grief-specific context by the ADEC (2010) Code of Ethics Basic Tenets, section 2, which states that members should strive for deeper understanding of self in relation to death and related feelings.

**Debunking myths.** All participants also noted an ability to identify and correct grief-related myths as a part of grief counseling best practices. Many participants recognized that their grieving students had struggled with commonly believed myths, such as that the grief process should happen in certain ways or within a certain time period. Accordingly, participants noted that normalization, psychoeducation, and a client-centered approach were an essential part of grief counseling, as they empowered grieving students to have their unique experiences as they truly were. Participants also mentioned that clinicians should be able to correct grief myths because grieving students' incomplete developmental tasks (e.g., identify development) and limited life experiences were likely to yield them limited sources of mature support.

**Self-care.** The majority of participants noted an ability to take care of oneself to be a part of grief counseling best practices. Some participants mentioned taking a break from grief work during their own grieving periods. This concept of best practices is congruent with the ADEC Code of Ethics (2010), which recommends seeking necessary assistance and consultations should clinicians experience any issues (e.g., personal problems, functional impairment) that hinder competent performance.

In addition, a participant also recommended having a co-facilitator when offering a grief group in order to disperse the strong emotions that were likely to emerge during groups. Vickio and Clark (1998) also recommended the availability of two co-facilitators, since such teamwork would prevent being overwhelmed by sharing emotional burdens during the group. Other participants also noted more general self-care strategies, such as engaging internal processing through journaling and reaching out for external support through consultation and therapy for themselves.

**Emotional tolerance.** Another area of grief counseling best practices was an ability to endure the intense emotions that often emerge during grief work. Many participants noted the importance of offering a place for grieving students where they could fully unload and explore their emotional reactions to their losses. While grief is not pathology, the grief process can involve a wide range and intensity of emotions. It is therefore crucial that therapists are comfortable sitting with such emotions, not mistaking them for psychological abnormality (unless clinically indicated so) or avoiding a full exploration because of their own discomfort or death anxiety.

**Staying current with grief education and training.** Another area of grief counseling best practices is to stay current with grief education and training. The majority of participants noted the necessity of continuously pursuing knowledge and skills through didactic training and other professional development opportunities. This is consistent with the Basic Tenets of the ADEC Code of Ethics (2010), which emphasizes that maintaining knowledge with current thanatology literatures is an essential part of ethical practice in grief counseling. For example, Doughty Horn et al. (2013) noted that grief counselors had been shying away from stage models and moving to other grief theories

that allowed more individualized conceptualization. Therefore, grief counselors need to know more than one grief theory to understand grieving students' unique circumstances and provide effective support based on their needs. Furthermore, Taub and Servaty-Seib (2008) argued that it was important for grief therapists in college settings to be familiar with literatures on developmental theories and campus environments, as grieving students often encounter developmental and systemic challenges during bereavement.

**Assessment.** The majority of participants also reported that clinicians needed to demonstrate adequate assessment skills, either differential diagnoses or safety assessments, in order to provide best practices in grief counseling. One participant explained that accurate diagnostic assessments were crucial because different diagnoses would naturally lead to different treatment approaches and outcomes. In addition, participants highlighted the importance of safety assessment when working with grieving students, particularly when they meet the criteria of complicated grief. The results of this study are consistent with those of Latham and Prigerson (2004), who conducted face-to-face interviews with 309 bereaved adults to examine the relationship between a diagnosis of complicated grief and suicidality. The study indicated a significant increase in suicidal risk among the bereaved who met the diagnostic criteria for complicated grief both at baseline (approximately six months post-loss) and at follow-up (approximately 11 months post-loss). These results remained significant after controlling for major confounders, including age, gender, race, social support, current diagnosis of major depressive disorder, and current diagnosis of posttraumatic stress disorder. Therefore, complicated grief diagnosis appears to be an independent factor that elevates risk of

suicidal ideation and actions post-loss and that requires careful attention during grief counseling.

**Multicultural competencies.** Half of the participants noted multicultural competencies as part of grief counseling best practices, the concept of which is also endorsed in the Basic Tenets of the ADEC Code of Ethics (2010). Participants recognized the diverse nature of grieving processes through their experiences. According to the 2012 Statistical Abstract by the United States Census Bureau, the number of foreign (nonimmigrant) students enrolled in college has increased 2.42 times over the past three decades. Not only has the number of international students increased, but the census also indicates greater racial diversity on American college campuses over the years. Given such an increase in racial and ethnic diversity on campus, providing culturally sensitive psychological services is an absolute order.

**Comprehensive support.** Lastly, half of the participants also noted that grief counseling best practices involved an ability to provide comprehensive support, such as advocacy and referral services. Participants recognized that grieving students would face unique challenges, given that they would have to meet certain requirements for their classes, scholarships, and housing arrangements. In addition, grieving students would need to manage these requirements while they were dealing with isolation, poor concentration, and sadness brought on by their losses. Therefore, participants stressed that clinicians should know various resources on campus to connect their students to. Furthermore, participants also noted that it was important that clinicians take actions as advocates as needed, by communicating with professors or relevant office personnel on behalf of grieving students so that they could receive necessary accommodations. These

findings are congruent with what is suggested in the ACA Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2002). In this competency model, the client/student level of advocacy consists of two domains: empowerment of students and advocacy on behalf of students. The participants' responses addressed the significance of adequately providing support in both domains to grieving students.

**Summary.** The current study rendered eight areas of grief counseling best practices in university settings that were fairly congruent with current literatures and existing ethical guidelines. As Taub and Servaty-Seib (2008) noted, university environments are often not conducive to supporting grieving students who struggle with multidimensional challenges, including emotional, developmental, and systemic issues. Therefore, this current list of best practices adds a unique body of knowledge to the field, as it suggests a grief counseling guideline specific to the university settings.

### **Future Directions**

The fourth and last research question of the present study investigated what UCCs and their grief specialists could do to provide best practices for their grieving students. Three domains primarily reflected participants' answers to this question: Domain 4, therapist's characteristics; Domain 7, importance of grief services; and Domain 9, future directions. Answering this question is important because it leads to concrete ideas of improvement that individual clinicians and UCCs could employ. The results indicated four areas of improvement with potential obstacles toward making such changes. These areas were: 1) grief groups, 2) grief training, 3) collaborations with other offices, and 4) outreach and workshops.

**Grief groups.** All of the participants noted that their sites should either start, continue, or expand grief support groups. There appears to be a clear consensus that participants valued the unique benefits of grief groups, including a sense of camaraderie grieving students would develop by supporting one another in difficult times. These responses are consistent with the existing literature on therapeutic factors in bereavement groups. Of the 11 therapeutic factors in general therapy groups (Yalom & Leszcz, 2005), Rice (2014) identified the three primary factors that were most relevant in grief group settings: social support, interpersonal learning, and meaning-making. It is recommended to ensure that future grief groups have frameworks that facilitate these three therapeutic factors.

While grief groups were consistently recommended among the participants, a number of obstacles were also reported related to possible group offerings, including limited staffing, insufficient resources, and inadequate recruitment. In developing Reflect, a comprehensive bereavement support program on college campus, Battle, Greer, Ortiz-Hernández, and Todd (2013) composed a list of recommendations for conquering common challenges and offering successful bereavement groups in university settings. For example, the authors emphasized the importance of needs assessments before taking further actions. A needs assessment includes learning whether there is sufficient demand for a grief group as well as whether a more a focused theme (e.g., parental loss) is appropriate to meet the needs of the grieving students. It is also important to investigate existing bereavement services on campus to avoid duplicating programs, which could make recruitment more challenging. Regarding the staffing issues, Battle et al. (2013) suggested considering the recruitment of graduate students as group co-facilitators. This

suggestion appears beneficial in multiple ways, as it alleviates the staffing insufficiency while providing emerging professionals with hands-on experience and training in grief counseling.

**Grief training.** The majority of participants also noted that changes should be made in the area of grief training, to both offer and pursue more training specific to grief and loss. While lack of time and resources continued to be addressed in this area, as well, participants identified more concrete ideas for overcoming such challenges. For example, one participant whose site hosted a training program indicated that it would be more plausible for trainees to make time to pursue grief-specific training if there were a formal track or concentration in their training program.

In addition, none of the participants of the present study reported a sense of adequacy in their multicultural competencies in grief contexts. Participants were consistent in reporting a lack of training opportunities to help them prepare for cultural variations they were likely to encounter on today's diverse college campus. This suggests a clear need for grief training to address multicultural competencies and for trainings on multicultural counseling to highlight bereavement as one of the circumstances where cultural diversity could have a particularly strong influence.

**Collaborations with other offices.** A few participants reflected on their positive experiences or feedback from grieving students and suggested promoting further collaborations with other campus offices, including university crisis response teams, student advocacy centers, and administrative offices. Increased collaboration seems to be beneficial not only because it would allow grieving students to receive comprehensive

support, but also because such collaborations may increase recognition of UCCs on campus.

Battle et al. (2013) emphasized the importance of increasing the visibility of counseling services by maintaining strong partnerships with other offices (e.g., resident halls, health services, clergy, etc.) and actively advertising the grief services to the wider campus community. Increased recognition could also have a significant impact on UCC operations. Collaboration with other offices appears to open possibilities for greater support from administration and university systems at large, which may allow UCCs to tackle the fundamental challenges (e.g., insufficient funding and staffing) that are difficult to change within their own offices.

**Outreach and workshops.** Finally, participants also suggested continuing or initiating grief-related outreach and workshop programming for students in the future. Vickio (2008) stated that psychoeducational grief workshops were a beneficial alternative to individual or group therapy because they still offer similar opportunities, such as didactic psychoeducation, normalization, and a place to connect to other grieving students, while they tended to require less of a time commitment and lighter record keeping. In addition, since workshops typically aim at a wider audience and have limited use as contexts for processing intense emotions, Vickio (2008) further recommended topics that would be especially fitting to grief workshops, including how growth could happen through grief and how trauma and grief could intersect. Given that participants of the present study consistently reported a shortage of staff and time as a challenge, incorporating less-demanding workshops appears to be a promising option for reaching out to grieving students with limited resources.

## **Limitations and Suggestions for Future Research**

**Heterogeneity in sample.** As qualitative studies typically recommend (Hill et al., 1997), the current study aimed to recruit a homogeneous sample. The current sample was homogeneous in terms of the participants' current positions as UCC clinicians as well as their special interests in grief counseling.

Meanwhile, the participants' demographics indicated a great variance in their counseling practice experiences, ranging from one to 30 years since they were licensed. It is plausible to speculate that this difference in counseling experiences affects participants' levels of expertise in grief services, hence introducing heterogeneity to the data. In addition, there were also geographic and size variations among the universities where participants' centers were located. This variation is also considered a limitation, given that geographical locations and university sizes are likely to affect cultural norms and resource availability. Based on these limitations to homogeneity in the sample, it is recommended that future research either employ more stringent criteria for the level of clinicians' expertise or use statistical approaches that will allow researchers to control these factors.

**Researchers' characteristics and biases.** One of the strengths of CQR is the use of multiple researchers to alleviate the impacts of their biases during qualitative data analyses. However, it is unrealistic to conduct any analyses that are free from researchers' biases. For the current study, researchers discussed their beliefs, biases, and expectations related to the topic of death, dying, grief, and loss. This process was conducted together prior to analysis, and the following two themes were noted to increase the researchers' self-awareness to facilitate objective analyses.

First, all of the researchers in this study belonged to the same doctoral program in counseling psychology with a strong humanistic emphasis. Though there were some variations, the researchers identified their primary theoretical orientation as humanistic, such as person-centered and existential therapy. This similarity in theoretical orientations might limit the objectivity of data analysis because researchers could share similar blind spots.

Second, another possible barrier to objective analysis is the researchers' own opinions about grief theories and services. For example, the researchers reported that they did not believe that Kubler-Ross's Stage Model was current or sufficient to address the complexity of grief experiences. This bias toward or against a specific model, consistently shared within this team of researchers, may also limit objective data analysis.

### **Conclusion**

In the current study, four research questions were examined under the themes of origin of interest, current preparedness, areas of grief counseling best practices, and future directions. The results indicated that the majority of current grief counselors at UCCs became interested in the area because of personal and professional experiences that had happened in rather unplanned manners. This trend highlights the importance of chance events in a counselor's specialty development as well as the absence of any formal education and training in grief counseling that could have cultivated emerging counselors' interests in the area.

With regard to current preparedness of self and the site, participants reported both well-prepared and under-prepared aspects. Not surprisingly, the majority of the participants reported moderate to high levels of comfort, confidence, and competence in

grief work. Meanwhile, participants also identified several challenging areas in grief counseling that were often related to multicultural competence as well as prolonged and complicated cases of grief. Many participants found their sites well-prepared in terms of the availability of grief experts and services, including support groups and crisis response teams. Meanwhile, insufficient resource availability was noted across the participants as the primary reason for under-preparedness, as such a deficiency significantly limits the type and amount of services they could offer to grieving students.

Regarding grief counseling best practices, eight areas of best practices emerged from the current data. Each of these areas was fairly congruent with either current literature and/or the ADEC Code of Ethics (2010). Meanwhile, this present study adds valuable knowledge to the field, as the suggested areas of best practices address specific characteristics and challenges in university counseling contexts.

Lastly, future directions in grief counseling at UCCs emphasized grief support groups because of their unique benefits for grieving students. Meanwhile, issues with limited resources emerged here again, as clinical priority often goes to individual therapy or other “heavy hitter” groups, such as alcohol abuse and sexual assault groups, when funding and staffing were scarce. In addition to group offerings, the importance of collaboration with other offices on campus was commonly mentioned among future directions. This theme appears reasonable, considering that effective and efficient grief services should support grieving students in navigating various aspects of their lives, from emotional health to academic success.

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## Appendix A

### IRB APPROVAL NOTIFICATION



Ryoka Kim <kimx2115@umn.edu>

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#### 1403E48742 - PI Kim - IRB - Exempt Study Notification

irb@umn.edu <irb@umn.edu>  
To: kimx2115@umn.edu

Thu, Mar 27, 2014 at 5:41 PM

TO : tume047@umn.edu, stens084@umn.edu, chamb169@umn.edu, kimx2115@umn.edu, quan0065@umn.edu,

The IRB: Human Subjects Committee determined that the referenced study is exempt from review under federal guidelines 45 CFR Part 46.101(b) category #2 SURVEYS/INTERVIEWS; STANDARDIZED EDUCATIONAL TESTS; OBSERVATION OF PUBLIC BEHAVIOR.

**Study Number:** 1403E48742

**Principal Investigator:** Ryoka Kim

**Title(s):**

Best Practices in Grief Counseling at University Counseling Centers: Current Preparedness and Future Direction

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This e-mail confirmation is your official University of Minnesota HRPP notification of exemption from full committee review. You will not receive a hard copy or letter.

This secure electronic notification between password protected authentications has been deemed by the University of Minnesota to constitute a legal signature.

The study number above is assigned to your research. That number and the title of your study must be used in all communication with the IRB office.

Research that involves observation can be approved under this category without obtaining consent.

SURVEY OR INTERVIEW RESEARCH APPROVED AS EXEMPT UNDER THIS CATEGORY IS LIMITED TO ADULT SUBJECTS.

This exemption is valid for five years from the date of this correspondence and will be filed inactive at that time. You will receive a notification prior to inactivation. If this research will extend beyond five years, you must submit a new application to the IRB before the study's expiration date.

Upon receipt of this email, you may begin your research. If you have questions, please call the IRB office at (612) 626-5654.

You may go to the View Completed section of eResearch Central at <http://eresearch.umn.edu/> to view further details on your study.

The IRB wishes you success with this research.

We value your feedback. We have created a short survey that will only take a couple of minutes to complete. The questions are basic, but your responses will provide us with insight regarding what we do well and areas that may need improvement. Thanks in advance for completing the survey. <http://tinyurl.com/exempt-survey>

**Appendix B**

**RECRUITMENT E-MAIL TO DIRECTORS**

Dear Directors of Big Ten College Counseling Centers:

I hope your semester has been going smoothly. I am writing to seek your support in recruiting interview participants for my dissertation study. I am conducting a qualitative study that aims to identify components of best practice in grief counseling, especially for parental loss, at college counseling centers. Since inviting experts in grief and loss is crucial, I would like to ask for your recommendations to whom I can send my invitation at your center. The following is the list of characteristics I am looking for in my participants:

- Full-time clinical staff
- Fully licensed (i.e., not students or postdoc fellows) with master’s or doctoral degrees
- Have expertise or a special interest in grief and loss issues

I appreciate it very much if you could share the names and contact information of your staff whom you would recommend for this study. I can be reached at kimx2115@umn.edu or 612.910.2204. Thank you very much for your time and consideration.

Sincerely,  
Ryoka Kim, M.S.

**Yang-Hyang Kim (Ryoka), M.S.**

Ph.D. Candidate, Counseling and Student Personnel Psychology (CSPP)  
Department of Educational Psychology  
University of Minnesota  
**E-mail:** kimx2115@umn.edu  
**Office:** 282 Appleby Hall

\*\*\*\*\*  
**E-mail does not secure privacy. Please be aware of the limits to confidentiality.  
Please notify the sender and discard this e-mail if you are not an intended recipient.  
"Be the Change You Wish to See in the World" - Gandhi**

## Appendix C

### CONSENT INFORMATION SHEET

#### Best Practices in Grief Counseling at University Counseling Centers: Current Preparedness and Future Direction

You are invited to be in a research study that aims to learn expert perspectives on what constitute best practices in grief counseling at university counseling centers as well as on what differences are university counseling centers suggested to make in order to better serve students who have lost their parents or primary caregivers. You are invited to the present study because you are recognized as an expert in this area.

This study is being conducted by Yang-Hyang Kim (Ryoka), M.S., a Ph.D. candidate in Counseling and Student Personnel Psychology in the Department of Educational Psychology at the University of Minnesota–Twin Cities.

#### **Procedures:**

1. Read this consent information sheet carefully and ask the researcher any questions you may have.
2. Review the list of questions that was attached to this e-mail in order to prepare for our discussion of the issues.
3. Participate in a scheduled phone interview that will last from 60 to 90 minutes.

The interview session will be digitally recorded, and the contents of the interview will be transcribed for analysis. Your responses, along with the responses of other participants, will be analyzed in order to ascertain themes in the data.

#### **Confidentiality:**

Data will be de-identified, meaning that all identifying information about individual participants will be deleted prior to data analysis. All information you provide is treated as private and confidential so that only the researcher and her advisor will have access to the data before it is de-identified, and only the researcher, her advisor, and the other members of her research team, which consists of three other doctoral students in the same academic program as the researcher will have access to it after the data is de-identified.

Data obtained from this study in the form of recordings, interview transcriptions and data analysis notes will be kept private. In any form of report that I might publish, I will not include any information that will make it possible to identify participants. Study data will be encrypted according to current University policy in order to protect the confidentiality of participants. Data will be stored in encrypted files in a secure location on a password protected computer. Notes and recordings will be deleted and erased after the contents are fully transcribed. Transcriptions will be kept for five years as is required

by the American Psychological Association. After five years, transcriptions also will be destroyed.

**Voluntary Nature of the Study:**

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota. If you decide to participate, you are free to not answer any questions or withdraw at any time without affecting those relationships.

**Contacts and Questions:**

The researcher conducting this study is Yang-Hyang (Ryoka) Kim. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact the researcher at 250 Education Sciences Building, 56 E. River Road, Minneapolis, MN 55455; Phone 612-910-2204; E-mail [kimx2115@umn.edu](mailto:kimx2115@umn.edu). You may also contact my advisor, Sherri Turner, Ph.D., at 612-624-1381 or at [turne047@umn.edu](mailto:turne047@umn.edu).

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher or her advisor, **you are encouraged** to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; (612) 625-1650.

*You will be given a copy of this information to keep for your records.*

## Appendix D

### INTERVIEW QUESTIONS

#### **[Demographic Information]**

1. What is your gender?
2. What is your racial/ethnic background?
3. Do you have a religious or spiritual belief? What is it?
4. What is the type and discipline of your highest degree (e.g., Ph.D. in Counseling Psychology), and in what year did you earn the degree?
5. What license do you have for counseling practice, and how long have you been licensed?
6. What is your theoretical orientation?

#### **[Research Questions – probing questions are shown in italics]**

1. Please tell me what got you interested in the area of grief and loss?
2. Please tell me about your education and training experiences in the area of grief counseling.
  - *Have you taken any coursework, workshops, or professional development seminars on grief counseling?*
  - *Why did you attend them? (e.g., required coursework, elective CE credits, voluntary professional education, etc.)*
  - *Do you think these experiences have sufficiently prepared you to work with bereaved students? Why or why not?*
3. What are the personal and professional factors (e.g., own experience of loss, religious belief, theoretical orientation, etc.) that have impacted your work with students in grief and loss, and how have they informed your work with bereaved students?
4. Why do you think it is important for university counseling centers to be competent in serving students in bereavement?
  - *Do you think it is an area every clinician should be competent in?*
  - *Why or why not?*
5. Please describe how grief counseling plays a role in your work.
  - *How often do you work with a client with grief and loss issues?*
  - *How do you typically work with such clients (e.g., specific theories, techniques, interventions, and referrals to use)?*

6. How confident and comfortable do you feel in providing grief counseling? What is impacting your level of confidence and comfort in working with bereaved clients?
7. How do you define best practices in grief counseling?
  - *What are the key elements of grief counseling best practices (e.g., knowledge, assessment skills, self-awareness, etc.)*
  - *Why are these elements important for a clinician to provide quality services for bereaved students?*
8. How would you evaluate the current level of preparedness at your site and within yourself to offer the best grief counseling?
  - *How well do you think your site is meeting the needs of bereaved students?*
  - *Could you give me some examples that support your evaluation?*
9. What do you think your site should continue doing and do differently to support bereaved students sufficiently?
  - *Are there any trainings or programs that have been promoting grief counseling best practices?*
  - *What might be missing from or not working well at your site in order to fully support students with grief and loss issues?*
10. What would be the obstacles to implement the ideas you suggested in the previous question, and how can these obstacles be overcome?