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An Evaluation of a Community-Based Children's Bereavement Group Using a Resilience Model

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Abstract

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MSW, California State University Sacramento, 1999

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

The death of a loved one can be an extremely painful process that can have detrimental consequences on the emotional well-being of individuals if they don't receive grief intervention support. When it specifically comes to the emotional eudaemonia of children and teens experiencing the death of a loved one, research is limited on empirical-based bereavement intervention support to enhance their coping skills. Utilizing the theoretical framework of resilience theory, the purpose of this quantitative secondary research study was to evaluate the Sutter Sacramento Children's Bereavement Art Group (CBAG) ten-week intervention for children and teens ages 5-12. The first question focused on the determination of the significant effect of the CBAG intervention to grief behavioral symptoms in participants ages 5-12. The second question centered on one subsystem of the research sample and addresses the question of if the effects of CBAG's resilience model framework on coping skills on grief behavioral symptoms differed by gender in participants ages 5-12. This research study utilized secondary research with existing data collected from the CBAG program's bibliotheca. The data were analyzed by a two-tailed signed Wilcoxon rank test. Moreover, the overall findings from this research determined if program participants from the CBAG program coping skills were influenced after bereavement intervention support and participant grief behavioral symptoms declined. The positive implications of social change occurring from this research study can provide further opportunities to promote and further advocacy and intervention services for bereaved children and teens.

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Dedication

I would like to dedicate this dissertation project to my late parents, Major and Katherine Terry, who established my spiritual, moral, and educational background. It is all because of their love and unconditional support. My parents also taught me how to love, support, and serve people, especially individuals who are suffering. I now stand on their shoulders. Further, I also dedicate this dissertation to the founder of the Sacramento Children's Bereavement Art Group (CBAG), Peggy Margaret Gulshen. Peggy has selflessly dedicated over thirty years of her professional career to assisting and supporting grieving children and teens throughout the greater Sacramento region. Peggy has received several awards and acknowledgements for her medical art therapy and was a huge source of inspiration, as well as being my personal mentor.

Additionally, I would like to dedicate this research project to all the CBAG children and adult bereavement coordinators of Sutter Health. Working with individuals coping during the aftermath of trauma is a challenging task; thus, it really takes a special and selfless dedicated group of professionals to commit themselves in the field of bereavement care. Finally, I dedicate this dissertation to all the grieving children, teens, and families that have had to go through the challenges of losing a loved one. I applaud their strength, courage, and dedication to their grief journey process. I commit to continue as an advocate for grieving teens, children, and families to receive the must needed resources and support in transitioning, stabilization, and adaptation post the death of their loved one.

Acknowledgments

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Chapter 1: Introduction to the Study

Introduction

The death of a loved can have a traumatic impact on the lives of individuals. Oftentimes, there is an expectation that individuals should automatically bounce back and recover from a death and are resilient on their own without intervention or support. Nevertheless, bereavement intervention and support are frequently needed to enhance coping skills and the emotional well-being of bereaved individuals. Children and teens who are impacted by the death of a loved one experiences trauma and pain is associated with their loss. Therefore, to enhance the emotional well-being of bereaved children and teens, intervention strategies are needed to increase resilience and emotional stability after a death.

The reactions following the death of a loved one are not only difficult emotionally, but there can also be physical and psychological complications (Arnold, 2019). Hence, Thompson (2017) posits that for children and teens, losing a parent is one of the most grievous events that they will ever experience. The bereavement process, especially during the development stages, is complex as children and teens are balancing their own development and transitioning after the loss of their loved one (Myers-Coffman et al., 2020). Therefore, intervention strategies that focus on enhancing coping skills, dealing with change, building resilience, and recovery post-loss are vital in the stabilization process for children and teens (Van der Hallen et al., 2020). Finally, research suggests that bereavement intervention support services appear constructive for children and teens' mental health and well-being post-loss.

This research study is a vital component of bereavement research, which indicates that there is a high demand for more bereavement research modalities for children and teens, particularly empirical evidence-based research intervention strategies (Thompson, 2017). Thus, an evaluation of the Community-Based Children's Bereavement Art Group (CBAG) can contribute further understanding of effective treatment modalities for grieving children and teens. The CBAG program is an expressive art modality established in 1985 that has provided grief intervention support for children and teens for over thirty years. The theoretical model of this program is grounded on resilience theory and aims at enhancing the coping skills of children and teens through art therapy after the death of their loved ones. The CBAG program has collected participant coping skills assessments both before and after art therapy from children and teens 5-12 years of age since 1985 that can be analyzed to further build upon research interventions for bereaved children and teens.

The CBAG program incorporates a resilience theoretical framework. Research indicates that children and teen bereaved support with the framework of resilience theory is also limited, and clinicians who assist bereaved children and teens need empirically validated intervention treatment modalities (Thompson, 2017). This research methodology involves a secondary research analysis method collected from an original CBAG program dataset that was stored in the CBAG database. The CBAG program utilizes an identical assessment instrument to measure the coping skills and grief behavioral symptoms of participants prior to entering the program and after program services, with the goal of measuring the impact of the resilience framework and the art

group program intervention effectiveness. This study included one subsystem, which includes the participant gender and the impact of the CBAG program intervention.

Overall, the implications of this research study and the plausible positive social change can contribute to advocacy, awareness, and intervention tools not only for bereaved children and teens, but as vital information and tools to assist educators, school counselors, therapists, and mental health professionals working with bereaved children and teens. Hence, this research can potentially assist clinicians with information for the development of trainings, awareness, and a theoretical framework for establishing future programs for this vulnerable population. It is the aim of this research that the implications of this study will continue to build upon existing children and teen bereavement research strategies, as well as fill in gaps. Lastly, insights from this research study foster social change through the dynamics that not only stem from the insight and knowledge of this study, but also from the equipping of intervention tools that focus on creative intervention strategies that enhance resilience and coping skills for bereaved children and teens.

Background of the Study

The keywords examined in this research study are from Science Direct, Academic Search, ERIC, ProQuest, and the Sage Journal data bases and include the following: *resilience, bereaved children and teens, intervention strategies, grief*, and *unresolved grief*. This research includes research findings that identify the main points of this research study and contribute to the need for continued children and teen bereavement research. For example, the study presented by Whitehead et al. (2018) concludes that there is a significant difference between the pre- and post-test participant scores that suggested overall improvement in coping skills but a decline in grief behavioral

symptoms after the death of a loved one after participating in bereavement group intervention. Hence, the following research articles support, identify, and define this research study.

The concept of death and bereavement is unavoidable; however, do children and teens need grief intervention support after their loved ones die? First, several children's bereavement research studies indicate the importance of grief intervention support. Research presented by Bylund-Grenklo et al. (2016) centered on the impact of unresolved grief in children ages 5-12 and includes insights regarding the psychological impact of unresolved grief on the emotional wellbeing of children. The researcher's findings concluded that unresolved grief is an issue that mental health and health care professionals need to address when working with children and teens after they experience the death of a loved one (Bylund-Grenklo et al., 2016). The results of this study advisably suggest that unresolved issues of grief increase the likelihood for a child to have issues related to complicated grief, which can lead to depression (Bylund-Grenklo et al., 2016). Additionally, Chen and Panebianco (2018) also address the mental health concerns of grieving children and teens and promote the need for children and teen intervention support, which contributes to the overall premise of this doctoral research study.

Furthermore, according to Thompson (2017), one in twenty children in the United States experiences the loss of a parent prior to the age of eighteen. This knowledge alone identifies the need for interventions to increase coping skills for children and teens (Chen & Panebianco, 2018). Also, Ener and Ray (2018) presuppose that the bereaved child experiences acute psychological effect after their loved one dies; however, these researchers conclude that there is limited empirical research for bereaved children and

teens. Also, research indicates that bereavement interventions are needed due to the overall long-term detrimental emotional impact it can potentially have on children and teens (Chen & Panebianco, 2018).

Next, Ener and Ray (2018) suggested that bereavement interventions must aid children and teens to not internalize and externalize their pain. Chen and Panebianco (2018) implied that children and teen mental health providers need resources and strategies to guide them in addressing the needs of bereaved children and teens, which aligns with the purpose of this doctoral research study. Previously published children and teen bereavement research shows that bereaved children face challenges finding their voice regarding their pain and distress, and it is often expressed by acts of aggression (Ener & Ray, 2018). Also, researchers noted a need for future research to focus on the measurements of the ambit of the loss, which confirms the need for continued advocacy for children and teen bereavement research (Ener & Ray, 2018).

Thompson (2017) further stipulated that bereavement services facilitated in a timely manner (closer to the loss) are beneficial, especially for high- risk children. Griese et al. (2017) posited that there is a need for children and teen bereavement research, advocacy, and awareness regarding children's bereavement research, as well as the implementation of evidence-based children's bereavement programs. Also, Griese et al. (2017) further contended that although there are multiple approaches to intervention treatment for children and teens, there needs to be more evidence-based intervention programs to assist behavioral health clinicians and counselors. Chen and Panebianco (2018) also concurred with the fact that there is little research regarding how to assist grieving children and teens with coping after the death of their loved one. There is a

specific need for advocacy and social change in both federal and state funding to support

the development of evidence-based programs that are both grief-focused and trauma-

informed care (Griese et al., 2017).

Hill and Lineweaver (2016) also stipulated that there is a need for continued

research focalizing on the need for the continued implementation of short- term

interventions for grieving children through assimilation of art. The researchers posited

that children who process grief through art and creativity experience a drastic decrease in

negative affect (Hill & Lineweaver, 2016). Likewise, Myers-Coffman et al. (2020) also

concurred that the integration of art (such as music) enhances protective factors, which

include self-efficacy, self-esteem, and coping. Hill and Lineweaver (2016) suggest that

group work with children after the death of a loved one creates a sense of normality

through their grief process. Thus, promoting the integration of group work and art can

provide a safe environment for children and teens healing through the death of a loved

one and can have a therapeutic impact on children and teens, which is the foundation of

CBAG. Additionally, research indicates that males struggle with self-expression due to

western culture, whereas females are more inclined to express their emotions to those that

are around them (Masten &Narayan, 2012). Therefore, this study examines if the effects

of the CBAG intervention on coping skills and grief behavioral symptoms impacts gender

in participant ages 5-12.

This dissertation examines the impact of CBAG on the coping skills and grief

behavioral symptoms of participants before and after intervention. Additionally,

Kaneez's (2015) research centered on the impact and perception of grief, as well as the

psychological reactions after the death of a loved one, noting the emotional reactions of

grief that include, sadness, denial, shock, anger, and depression (Kaneez, 2015).

Similarly, Thompson (2017) noted that grief as a normative process and is not

pathological or something needing treatment; these findings describe grief as the distress

that an individual encounters after the death of their loved one, including the cognitive

and emotional impacts and adjustment after death (Kaneez, 2015). The overall

significance of children and teen bereavement research determines the importance of the

implementation of coping resources and interventions for the bereaved and promotes the

implementation of interventions needed especially for the pain and suffering after the

death of a loved one (Kaneez, 2015).

Marino et al. (2015) emphasized the importance of the development of group

work with bereaved children and teens. Consequently, the aim of the researchers focused

on advocacy regarding group counseling as an effective intervention technique for

bereaved children and youth. Marino et al. (2015) implied that the impact of grief and the

emotional, cognitive, and behavioral challenges that children and teens experience

working through the pain of the death of their loved one require intervention treatment.

Correspondingly, Thompson (2017) also specified that children and teens need group

intervention support that may include counseling, support groups peer counseling, and

family therapy. Overall, bereavement group work intervention should involve creative

intervention, especially for children and teens, to reduce the intensity of the grief (Marino

et al., 2015).

According to Masten (2018), one theoretical framework that aligns with children

and teen bereavement is the theoretical framework of resilience theory. Resilience theory

informs us that resilience is a part of overall shaping of human adaptation and

development and is a useful tool working with children and families (Masten, 2018).

Vegsund et al. (2019) also noted that resilience can contribute to the promotion of

emotional health after bereavement. Research infers that individuals and families

impacted by death, traumatic loss, violence, separation, homelessness, and other factors

that involve economic, natural, and political disasters (Masten, 2018). Resilience theory

was developed as the understanding of the positive influences promoting positive

adaptation post adversity (Masten, 2018). Consequently, the resilience theory framework

aligns with CBAG, which builds upon a resilience theoretical framework that

incorporates a focus on emotional support, adaptation and adjustment, as well as the

mental health well-being of bereaved children and teens.

Whitehead et al. (2018) reported the need for the implementation of more

measurable intervention programs geared at enhancing the resilience of young people

after the loss of a loved one. Likewise, Marino et al. (2015) also advocates for bereaved

children and teen mental health through the intervention strategy of group work.

Additionally, Whitehead et al. (2018) emphasizes the fact that children and teen

bereavement intervention focuses on the improvement of coping skills, establishing

goals, and acknowledging client progress. Hill and Lineweaver (2016) stipulated that

support groups for children and teens enable them to openly share their experiences,

which can assist in the healing process beyond the death. Hence, further children and teen

bereavement research is needed focusing on measures and methodological approaches

(Ener & Ray, 2018).

Finally, Van and Adrian (2018) pivot on the theoretical framework resilience

theory and its incorporation into the field of social work. These researchers focused on

the overall root of resilience theory, which is how adversity impacts the lives of individuals and families and the breakdown in social functioning, mental health, and emotional wellbeing. Thus, these researchers conclude that resilience theory is a process that includes the ability to rebound from adversity strengthened, and the outcome of resilience is being stable, healthy, and functioning. Happer et al. (2017) further posited that there is a need for current research studies to focus on the measurement of resilience theory intervention. Therefore, this doctoral study is concentrating on the measurement of resilience theory at work with bereaved children and teens, and equipping them with coping intervention tools while they are going through the process of grief.

Problem Statement

According to Bylund-Grenklo et al. (2016), losing a loved one is one of the most devastating tragedies that children and teens can encounter. The death of a loved one can cause physical, emotional, behavioral, and cognitive problems for children and teens (Marino et al., 2015). Children and teens impacted by the death of a loved one may experience unremitting feelings of anger, reproach, denial, and stress, which can lead to psychological distress and unresolved grief (Li et al., 2015). Further, the loss of a loved one, especially at a young age, may lead to short term and long-term underlying effects on psychological development (Chen & Panebianco, 2018). For example, Flahault et al. (2018), posited that the most common psychological consequences include anxiety, depression, behavioral acting out, low school achievement, social withdrawal, and feelings of insecurity. National studies of bereaved teens indicate increased risks for self-harming behaviors (Bylund-Grenklo et al., 2016). Therefore, given the substantial impact of bereavement on the mental health of children and teens, research indicates that timely

preventative and intervention care, screening, and treatment produces cost savings and enhances wellness and recovery for children, teens, and their families after a loved one dies; as such, bereavement intervention, research, and support services are vital to reduce the increased risk of complicated grief, which relates to mental and physical health disorders (Das et al., 2016).

Furthermore, Kaneez (2015) recommended the development of interventions to help enhance resilience and coping strategies in bereaved children and teens addressing pain and suffering from the loss of a loved one. Although there are many types of intervention models for children and teen bereavement support, Whitehead et al. (2018), posited that bereavement intervention research must include supportive services, which aid in enhancing resilience after a loved one has died. According to Happer et al. (2017), resilience centers on the development of positive outcomes after adverse life experiences. Additionally, Masten (2018) emphasized that the resilience bereavement intervention model focuses on how adversity threatens human adaptation. This research suggests the need for solutions to alleviate risk and support the promotion of recovery, while fostering the development of coping skills after children and teens loved ones die (Masten, 2018). Therefore, the resilience model framework accentuates positive outcomes after the death of a loved one that promote adaptive coping skills and having an outlet for emotional expression (Myers-Coffman et al., 2020). Further, bereavement interventions with an art emphasis provide a consoling and accessible way for children and teens to express their feelings. Therefore, there is a continuing need to build on research on the development of resilience enhancing strategies and intervention services for bereaved children and teens (Gao & Slaven, 2017).

Consequently, the identifiable problems relate to the little attention centering around the needs of this vulnerable population, the lack of resources and supportive services, and the sagacious impact it has on the well-being, adaptive adjustment, and coping skills (Griese et al., 2017). Therefore, to address these problems, there is a continued need for supportive research on the implementation of empirical-based intervention strategies and techniques to promote the mental health and well- being of bereaved children and teens (Griese et al., 2017). Further, current research indicates that there is insufficient children and teen bereavement support with positive grief outcomes (Andriessen et al., 2019). Thus, prevailing children and teen bereavement research remains an ongoing concern for support. Also, Griese et al. (2017) posited that children and teen bereavement research focuses on pathology risks for children and teen; however, research must also include impact, effects, and intervention strategies.

Comparatively, the relational process of hope demands that participants connect and communicate with one another to overcome sorrow (Pangborn, 2019). Group work intervention with bereaved children and teens benefit them by decreasing their sense of isolation and increasing their understanding that they are not alone (Gao & Slaven, 2017). Also, past research presupposed that peer-to-peer support positively correlates with better adjustment in children and teens after a loved one dies (Flahault et al., 2018). Whitehead et al. (2018) stipulated that groupwork intervention strategies give children and teens an opportunity to make sense of their loss in a supportive environment. In consequence, this research centers on CBAG, which offers a program structure that is an art-based group setting aimed at establishing connections with peers in ways that foster comfort (Thompson, 2017).

According to Sutter Health (2020), CBAG has provided grief intervention and resources for bereaved children, teens, and their families since 1985. CBAG includes compassionate professionals who help each family member move through grieving in a personal way. CBAG utilizes creative arts as a second language to help children and their families express the grief experienced when a loved one has died, which facilitates healthy self-expression and grief resolution. CBAG aids children and teens in learning to cope with and accept the death of a loved one by encouraging them to express their grief through creative outlets. This peer support group is for children and teens, ages 3-18 years of age, that are grieving the death of a significant person in the last year.

Additionally, according to Cuellar (2015), preventative behavioral health treatment services should center on educational achievement and overall functioning. Hence, the work of clinicians and other service providers, which is to implement trauma-informed care services for children, teens, and their family's post-loss, is rapidly increasing (Leitch, 2017). Research suggested that the development of bereavement intervention strategies focused on building resilience can help stabilize children and teens' internal processes after an adverse event like the death of a loved one (Myers-Coffman et al., 2020). Lastly, social support and resources are essential for successful grief reconciliation (Kaneez, 2015).

Moreover, this research implies that there is an ongoing need to address the emotional impact bereavement has on the mental health of children and teens. Researchers also recognize that there is a necessity for children and teen bereavement research to examine not only the pathology of bereaved children and teens, but also adjustment after their loved one dies and if empirically- based intervention strategies

enhance coping skills. Also, current research indicates a need to evaluate whether children and teen bereavement intervention program contribute to building resilience in children and teens.

Therefore, this quantitative research study examines the CBAG program to evaluate the pre- and post- test scores of children and teen participants ages 5-12 to measure the program's effectiveness at enhancing protective factors such as adaptation, self-efficacy, resilience, and coping skills to alleviate grief related behavioral after the death of their loved one. This research study will continue to build upon previous research for mental health providers, school counselors, and grief counselors, providing evidence-based, empirical knowledge on bereaved children and youth.

Purpose of the Study

According to Griese et al. (2017) there is developing interest around children and teen bereavement interventions and support. Furthermore, research suggests that children and teen bereavement studies should emphasize not only the psychopathology but also focus on interpersonal relationships, academics, and overall well-being (Griese et al., 2017). Additionally, Ener and Ray (2018) posited that children and teen bereavement research should expand knowledge around how children and teens manifest the reverberation of their grief. Hence, additional children and teen bereavement research will enable further knowledge and understanding, especially for clinicians and mental health professionals (Ener & Ray, 2018). As suggested by Hill and Lineweaver (2016), more bereavement research is needed regarding the impact of children and teen interventions that include coping skills of children and teens in a safe supportive group setting, which fosters a sense of prevalence of their grief experiences.

The overall purpose of this quantitative research study is to explore the implementation of empirical evidence-based grief intervention programs for children and teens ages 5-12. Grief interventions are fundamental for the stability and enhancement of the mental health of bereaved children and teens (Linde et al., 2017). The aim of this research study is to evaluate the effectiveness of the CBAG intervention program. CBAG focuses on enhancing children and teens' resilience and coping skills after their loved one dies. Therefore, this research study seeks to examine CBAG's pre- intervention coping skills scores and post- intervention coping skills scores to measure the effectiveness of the supportive services of this program.

Research Question and Hypothesis

This doctoral research study will build upon current children and teen bereavement research by addressing the following questions.

RQ1: Is there a significant effect of the CBAG's resilience model framework coping skills scale and grief behavioral symptoms in participants ages 5-12?

RQ2: Do the effects of CBAG's resilience model framework on coping skills and grief behavioral symptoms impact gender in participants ages 5-12?

The null hypothesis is as follows: The CBAG resilience model framework has no significant positive effect on the pre-post intervention coping skills, and no positive impact on the grief behavioral symptoms of participants ages 5-12.

The dependent variables for both research questions are coping skills and grief behavioral symptoms. The independent variable is the cause or the influence of value on the dependent variables, which are coping skills and grief behavioral symptoms. Thus, the within subject-subjects independent variable was time (pre-post), and the second

independent variable was gender. This evaluation included the participant's coping skills and behavioral symptoms pre-intervention and post- intervention.

A specific null hypothesis for the first question (H_o1) is as follows: The CBAG resilience model framework has no significant positive effect on the pre-post intervention coping skills, and no positive impact on the grief behavioral symptoms of participants ages 5-12.

The alternative hypothesis (H_a1) is as follows: The CBAG resilience model framework has a significant positive effect on the pre-intervention and post intervention coping skills scores and grief behavioral symptoms of participants ages 5-12.

The null hypothesis for the second question (H_o1) is as follows: There is no significant impact on participant gender by the resilience model framework coping skills scale and grief behavioral symptoms of behaviors prior to pre-post CBAG ages 5-12.

The alternative hypothesis (H_a1) is as follows: There will have a significant impact on participant gender by the resilience model framework coping skills scale and grief behavioral symptoms of behaviors prior to pre-post for ages 5-12.

Theoretical Framework for the Study

The theoretical framework establishes why the study is compelling as related to the research design, as well as how it answers the research question (Ravitch & Carl, 2016). Additionally, resilience theory helps focus the study on mental health outcomes (Van & Adrian, 2018). Vegsund et al. (2019) argued that the resilience theory model is a bereavement concept that promotes health and is based on three predictors: psychological traits (coping, self-efficacy, and empathy), affectional bonds within the family, and a support system outside of the family (Vegsund et al., 2019). Resilience theory is the

process that involves unmitigated adjustment post-trauma, tragedy, threats, and adversity (Li et al., 2015). Also, with respect to bereavement intervention, the resilience model addresses intervention support, which encompasses strategies involving coping skills, emotional expression, self-esteem, and positive peer/family interaction (Myers-Coffman et al., 2020).

Furthermore, theory-directed interventions play a fundamental role in the advancement of evidence-based practice and research (Myers-Coffman et al., 2020). Therefore, current research is examining resilience and children who are exposed to devastation and trauma (Collishaw et al., 2016). Thus, the resilience theory model aligns with children and teen bereavement intervention research because experts recognize it as a vital component in constructing psychological response in coping after trauma and loss (Stratta et al., 2015). Research has further demonstrated that the extent to which children can effectively cope with loss and sadness is tied to their level of resilience (Barnova et al., 2019). Finally, resilience focalizes on improving the emotional state of grieving children and teens (Hill & Lineweaver, 2016).

Nature of the Study

This research study is based on a secondary analysis on the CBAG's pre and post-test intervention data regarding grief behavioral symptoms through a framework of resilience and the integration of art for children and teens ages 5 through age 12. The overall intent of this research is to examine the responses of CBAG's participants who completed the bereavement intervention services and completed pre-and post-assessment surveys. The assessment surveys were designed to evaluate whether the participants had increased their coping skills and experienced decreased grief behavioral symptoms. The

dataset of the pre- and post- assessments for this research study was obtained from the CBAG's data, which was accessed with permission from the Sutter Health Medical Foundation. Finally, the data analysis for this research study employed a Wilcoxon signed rank test, which aims at paired pre- and post -test measurements (Rosner et al., 2006). The Wilcoxon signed rank test appertains to taking the difference of the pre-score and the post-score to rank the absolute value, signify the difference of the two scores, and evaluate grief behavioral symptoms (Doorn et al., 2020).

Definitions of Terms

Bereavement: The psychological adjustment after a loved one dies (Bottomley et al., 2017). Bereavement also refers to the time that proceeds the death; however, the time span is not stated. Rather, it describes the posthumous mourning period (Becker & Cagle, 2021).

Resilience: An individual's sufficiency to recover, adapt, and maintain mental balance and stabilization in functioning after confronted with adversity and crisis, such as the death of a loved one (Barnova et al., 2019). Additionally, Brody et al. (2016) stipulates that resilience also involves a focus of psychological well-being and self-regulatory competence. Resilience illustrates higher levels of problem outcomes for individuals experiencing major life crisis (Sandler et al., 2010)

Art therapy: A creative intervention concoct that encompasses personal growth with the aim of alleviating the symptoms of mental illness and trauma (Rowe et al., 2017). Art therapy also promotes picturesque expression, which aids in self-reflection (Garcia & Potash, 2019).

Group work: A behavioral intervention approach to therapy that centers on addressing issues related to emotional regulation (Merete et al., 2020). Furthermore, group work centers on facilitated discussions of challenges and the development of coping mechanisms (Eaton et al., 2019).

Grief related symptoms: The negative reactions that cause emotional pain and distress to the bereaved; symptoms can include depression, anxiety, relational functioning and cognitive disorganization (Weiskittle & Gramling, 2018).

Assumptions

Several assumptions for this doctoral study were taken into consideration. I assumed that the program participants, including parents and/or guardians from the CBAG ten -week program answered their pre- and post- coping skills assessments in a clear, honest, and concise manner. Next, another factor of consideration involved the assumption that CBAG staff recorded the data accurately in a clear and concise manner, and that the data were stored honestly and sincerely. Additionally, I assumed that the data for this study would lead to generalizations for mental health professionals, especially bereavement specialists. I assumed that the assessment tool to evaluate the coping skills of participants was measuring what they are intended to measure and producing valid measurements.

Scope and Delimitations

The aim of this research study is determining if there is a significant difference between a program participant's coping skills score prior to program intervention as opposed to after program intervention, as well as evaluating change in grief behavioral symptoms. Nevertheless, I excluded other elements related to the CBAG program

assessment tool as they were not usable for the purposes of this specific study; much more time would have been needed to further investigate other areas of the CBAG assessment tool. Therefore, the scope of this research study was narrowed down to focus primarily on one main area, which is measuring the coping skills score prior to and after CBAG program intervention.

Sources of Data

The data for this secondary research analysis were obtained from the CBAG program that had been stored in the CBAG database. Also, this secondary data were evaluated from redacted data that includes sample size determined by a priori power analysis of former participants pre- and post-intervention coping skills test scores. The ages of the CBAG participants for this research study range from 5 years of age to 12 years of age, and the median and average ages were included in the study. I received permission from the Sutter Health IRB Board and the Walden IRB board to conduct this research study. The pre- and post- evaluation contains a scale range of 1 being coping poorly to 5 being coping well after the loved one dies. The grief behavioral symptom variables in the CBAG include sleep disturbances, nightmares and dreams about the deceased, restlessness and decreased concentration, acting out resisting limits, regressive behaviors (bedwetting, baby-talking), withdrawn and quiet, changes in school performance (absenteeism, decreased grades), clinging to parent/guardian, tearfulness, excessive physical complaints, reluctance to talk about the deceased, asking many questions about the deceased, taking more risks during play and activities, change in interaction with peers, drug and alcohol use, and other. The participants check the behaviors that they are experiencing, and then rate their overall coping on a scale of 1-5

for both pre-intervention treatment and post-intervention treatment after they have completed the ten-week intervention sessions.

The research study was based one single assessment question, "How do you feel you are dealing with the death on a one item question rating of 1-5 (1 being coping poorly, and 5 being coping well) to evaluate program effectiveness and will evaluate the participant grief behavioral symptoms. Research presupposes that single self-rated questions are beneficial, especially regarding health status (Bowling, 2005). The pre-intervention coping skills score is the dependent variable measured at pretreatment and post treatment. The independent variable is the CBAG ten-week intervention grief intervention support program. The sample size was determined from a power and sample size estimation collected from quantitative secondary data that has been redacted from the CBAG.

Limitations, Challenges, and or/Barriers

The limitations of the one group test design, according to Spurlock (2018), include threats to internal validity. Threats to the internal validity relate to the internal integrity, and the external validity relates to the outward generalizability (Greener, 2018). The test design does not account for events other than bereavement intervention that can occur between the pre- and post-treatment questionnaires, which limits the researcher's ability to conclude that an outcome is solely the result of the intervention and no other factors (Spurlock, 2018). The internal validity of this research study will include to what extent CBAG is effective in improving coping skills, and the external validity includes the degree can be generalized across populations. Threats in this research method can occur in the internal validity due to the impact on the interpretation of the casual

inference; therefore, to minimize threats, the effects are not explained by credible

confounding causes (Spurlock, 2018). Finally, threats can also occur in the content

validity, which involves the pre- and post- test instrument that orchestrates the context

and construct of this research project (Wong & Yamat, 2020).

Furthermore, to avoid challenges to the utilization of the data provided by the

CBAG for this research study, I omitted all confidential participant data. There will be no

exposure of private participant information for the protection of the research participants.

Yousefi and Laskey (2019) suggest that to prevent exposure to participant confidential

information, data redaction hides participant private information. Also, there is a need to

identify insider threats and potential biases in the overall data collection method. Thus, to

identify potential biases or conflicts of interest, this research will collect data in another

county with another Sutter Affiliate Children' Bereavement Program where my work and

person is not known. Additionally, this research study will present transparent

measurements in the research design, data collection, analysis, and reporting of the

research to avoid undermining the validity and the statistical conclusions of this research

study (Flake & Fried, 2019). Further, this research project included data from the pre-

and post- test scores of the CBAG program participants who graduated from the program.

The data did not include specific information on program participation and individual

level data. Finally, this research study is based on a non-causal comparison method,

which takes into consideration that the variables of this research study are not necessarily

directly impacting the other variable. Stovitz et al (2019) posits that variables can be

either cause or effect,t or factors that are involved that are not automatically causal.

Significance of the Study

Frequently, the societal expectation is for children and teens to overcome the adversity and trauma of loss without intervention and support; it is expected that they will automatically become resilient. Children and teen bereavement research is necessary to help establish more empirically-based supportive services that help enhance resilience and transition after a loved one dies. This study expands knowledge and understanding of interventions to assist teens and children in strengthening their coping skills, their resilience, and guide them in expressing their feelings through group work and art intervention strategies. This research study will lay the groundwork for further studies around the relationship between facilitator and children and teens, the integration of art to aid in expression of grief work, and the resilience model framework. Also, this research could suggest that bereavement intervention programs can enhance the coping skills of bereaved children and teens.

Marino et al. (2015) found such strategies to be effective in assisting children and teens in the healing process. Furthermore, research has indicated that evidence-based intervention strategies, such as group counseling, can help promote mental health stability and overall well-being after the death of a loved one (Marino et al., 2015). For example, the research of Whitehead et al. (2018) implies that bereavement intervention supports provide children and teens with stability after the death of their loved one. Additionally, children and teen bereavement intervention models that use a resilience framework to aid in grief tasks, the establishment of social support systems, and the promotion of the mourning process, which are critical in the grief journey (Gray et al., 2004). Thus, this research project aims at enhancing the psychological construct of

resilience through intervention support services, the benefit of art as a form of grief expression, and the prosperity of a group work model.

Summary

Children and teens transitioning through the death of their loved ones can be a challenging experience to navigate; thus, they are in need of supportive intervention services. Further, research indicates that there is a need for more empirical-based intervention support and strategies to support the well-being of children and teens. Also, mental health professionals who assist bereaved children and teens in need of effective intervention strategies to aid in the stability and enhancement of coping skills for children and teens post loss. Additionally, children and teen bereavement research signifies interventions that center on resilience promote stabilization, strengthen coping skills, and emphasize recoiling from adversity (Happer et al., 2017). In Chapter 2, I review the theoretical framework of resilience theory, bereavement treatment modalities that center on resilience theory, and literature associated with the CBAG program.

Chapter 2: Literature Review

Introduction

The development of intervention strategies to work with bereaved children and teens involves various intervention framework models. Although there are various treatment modalities assisting bereaved children and teens, there is limited research involving resilience theory and the integration of art therapy. The overall goal of this research study is to evaluate the CBAG resilience model framework and its impact on bereaved children and teens. The literature review discussion in Chapter 2 centers on resilience theory and four components that are apropos to the research questions. Types of literature discussed include the historical and theoretical foundations of resilience theory, the integration of art therapy, CBAG, and children and teen's intervention treatment modalities. Overall, this research study's primary goal is to contribute to prior effective empirically-based research children bereavement intervention strategies.

Literature Search Strategy

The research information and data were obtained from several databases including Pro Central, EBSCO Host, Sage Journals, Science Diet, Taylor and Francis Online, Psychology databases, and the CBAG Webpage. This review includes information from peer reviewed articles and research studies. The terms utilized for this literature review are *resilience theory, resilience theory in the context of Erik Erikson's theory of human development, the sociodemographic factor of gender and bereavement services, bereaved children, bereaved teens, bereavement intervention modalities, empirical-based children's bereavement interventions,* and *art groups*. All the research articles included in this research study were peer reviewed and published between 2016 and 2020.

Theoretical and Historical Foundation of Resilience Theory

Walsh (2020) indicates that death is a traumatic experience that can disrupt the core of family life; however, within the Anglo-American culture, the concept of death fosters avoidance that minimizes the impact and encourages individuals to quickly get over the death and move on from their painful emotions (Walsh, 2020). Research is being pursued that promotes the need for coping strategies (Van Breda, 2018). Coping strategies involve an organized response to conquer a highly stressful situation (Awang et al., 2020). Research indicates that the concept of resilience is the conciliate process that equips individuals in achieving better than expected outcomes (Van Breda, 2018). Further, the theoretical framework of resilience is designated as the guiding framework of both the hope theory and the empowerment theory (Munoz et al., 2017).

Resilience theory transpired in the 1980s and began to gain recognition in the 1990s (Gitterman & Knight, 2016). Resilience is an approach that includes aspects covered in bereavement that contribute to mental health, well-being, and stability after death (Vegsund et al., 2019). Consequently, resilience theory is defined as a process that promotes confident adaptation in the aftermath of compelling adversity, often involving social, psychological, social environmental, and biological factors to maintain and recover (Munoz et al., 2017). Likewise, Chow et al. (2018) conclude that resilience assists individuals by giving them positive coping strategies, helping them surmount stress, and enhancing personal well-being. Additionally, Burnette and Figley (2017) stipulate that resilience is the capability to manage challenges. Munoz et al. (2020) concludes that resilience encircles a combination of three factors: a trait, a process, and an outcome.

Additionally, Van Breda (2018) specifies that resilience is based on the application of adversity and involves individuals who adapt to unprecedented circumstances and achieve positive and unexpected outcomes despite challenges (Van Breda, 2018). Resilience is the modus operandi of obtaining the resources needed to persevere in the challenges of stress and/or adversity (Rosenberg et al., 2020). The conceptual framework of resilience theory according to Burnette and Figley (2017), utilizes an exosystemic perspective that examines the interactions and interconnections that are among both risk and protective factors. These factors include couple, familial, community, cultural and societal levels (Burnette & Figley, 2017). From this perspective resilience comes a multidetermined result of individuals' interactions with their environment (Burnette & Figley, 2017).

Burnette and Figley (2017) and Walsh (2020) also conclude that from a systems perspective, family vulnerability, risk, and resilience portray in the light of a multilevel of influences that include highly stressful incidents, experiences, and social contexts. Sandler et al. (2010) stipulate that bereaved children experience social environmental factors which include stressful events following the death and include positive parenting, which includes warmth, discipline, and mental health issues of the surviving caretaker. For this reason, a resilience framework promotes an understanding of family adaptational challenges, heightened risk, and key factors that foster recovery and resilience (Sandler et al., 2010). According to Van Breda (2018) the resilience framework encompasses factors that include adversity, outcomes, and mediating factors. Moreover, Vegsund et al. (2019) determines three fundamental components, which include psychological, individual traits

(self -efficacy, coping skills, optimism, and empathy) affectional bonds within the family system, and support systems outside of the family.

According to Russotti et al. (2020), resilience is an influential process that envelops positive adaptation and competent functioning after a traumatic event. Likewise, Masten (2017) stipulates that resilience is the capacity for positive adaptation to adverse disruptions that otherwise threaten an individual's vivacity, development, and ability to function. Sandler et al. (2010) posit bereavement program interventions promote resilience in individuals, and they presuppose that the events that surround the death of a loved one disrupt not only the individual's symmetry but their environment and well-being. Therefore, bereavement intervention strategies can assist in resilient adaptation after the death of their loved one (Whitehead et al., 2018).

Additionally, research indicates that trauma-informed prevention program interventions can assist with bereaved children's coping skills, self-regulatory strengths, adaptation, meaning, and optimism (Brody et al., 2016). Hence, the challenges from traumatic life events, such as the death of a loved one, lead to a need for support with emotional regulation and self-regulation competence (Brody et al., 2016). Clinical research implies that children and teen bereavement interventions foster resilience and reliance adaptation after the death of a loved one (Whitehead et al., 2018). Also, resilience induces higher levels of positive well-being, and lower problem outcomes such as anxiety and depression (Sandler et al., 2010). Further, Masten (2017) concludes that the resiliency of children and youth is contingent upon the resilience of other systems, which are critical to their adaptation such as family, peer support, school, and community.

As it relates to grief work, the resilience theory model involves a focus on the concept of coping strategies (Van Breda, 2018). According to Awang et al. (2020) coping helps one handle crisis, stress, and traumatic situations. Van der Hallen et al. (2020) further contends that resilience and coping are related compounds, and when combined, resilience is the sentiment of the coping network. If the coping method is potent, the overwhelmingness of grief lightens, and both mental and physical well-being will progress (Awang et al., 2020). Likewise, Van Breda (2018) stipulates that chronic adversity involves coping while being challenged with adversity.

The resilience model centers on better -than-expected outcomes when challenged with adversity (Van der Hallen et al., 2020). Thus, it involves the ability to endure and thrive in adversity and recover (Ellis & Dietz, 2017). Also, Myers-Coffman et al. (2020) conclude that the resilience model strongly emphasizes positive outcomes and coping skills, but it also includes having an outlet for emotional expression. Therefore, the resilience model aids in restoring the internal processes after a traumatic event (Myers-Coffman et al., 2020). Finally, the resilience model incorporates emotional regulation, faith, hope, and motivation to succeed (Van Breda, 2018).

According to Afifi et al (2016) the resilience theory model builds on the construct of social relationships. Afifi et al. (2016) postulate that social relationships play a vital role in resilience. Individuals especially in group work are a part of a larger communicative perceptual armature in which the individual affects impact one another (Afifi et al., 2016). Moreover, resilience forms through networks of social relationships, which is one person that is supported by another person (Van Breda, 2018). Vegsund et al. (2019) also concurs that resilience theory involves social support and relationships

among family and social support networks, which aid in positive adaptation after a traumatic event; thus, resilience and grief work correlate.

According to Gitterman and Knight (2016), social interaction through giving and helping others aids in the bereaved finding meaning in their life and from their suffering. Additionally, Marino et al. (2015) stipulates that group intervention work offers bereaved children and teens an effective intervention strategy that enhances coping and fosters resilience. Also, Myers-Coffman et al. (2020) presuppose that the group experience fosters social support, which can serve as a protective factor in which individuals can openly discuss feelings and emotions. Gitterman and Knight (2016) conclude that resilience theory and group work enable individuals to lend their strengthen to others, which in turn, they use to strengthen themselves. Overall, resilience theory promotes group connection, which then aids individuals in relationship building; relationships are a key factor in resilience, and inimical growth is obtained through multiple helping relationships (Gitterman & Knight, 2016).

Current research centering around the concept of hope has extended to include hope after trauma (Munoz et al., 2020). Resilience theory centers on hope and identifying strengths, which are a vital element of recovery after adversity and is important to resilience. According to Munoz et al. (2017), the concept of hope is a part of the strength's perspective, as well as the recovery and resilience gesticulation. Hope is the central force of resilience, due to it being the driving force fueling the motivation to get through obstacles (Munoz et al., 2017). Pangborn (2019) concludes that as it pertains to adolescent grief work and the concept of hope in a resilience framework, real hope encompasses a relational practice of hope working through tragedy. Ultimately, Van

Breda (2018) concludes that the abundant studies on resilience research indicate that resilience relies on supportive relationships and hope for the future.

Another dynamic of resilience theory involves a focus on well-being and emotional regulation which assists individuals from trauma to adaptation. Emotion regulation is defined as a modifying skill which can be utilized to regulate intensify or censor unwanted emotions (Barnett, 2019). According to Chow et al. (2018) resilience enables individuals overcoming trauma which strengthens emotional regulation and well-being. Further, Lee (2020) posited that traumatic experiences contribute to individual's mental health through the interaction with emotional health regulation strategies. Thus, the resilience framework centers on emotional regulation strategies which moderate the impact of early trauma experiences (Lee, 2020).

Likewise, the resilience theoretical model emphasizes the concept of adaptability. Adaptability is a critical element in the recovery process after a loved one dies because resilience centers on coping skills and adaptive outcomes (Stratta et al., 2015). Also, resilience theory grounds in the power of adaptability and sustained adaptation (Gitterman & Knight, 2016). Myers-Coffman et al. (2020) further specify that the protective factors of resilience include adaptive coping skills along with self-esteem, meaning of the death, having a supportive system including both family as well as peers. Hence, adversarial growth can occur from the result of the death which can go beyond just managing the hardship of the death (Gitterman & Knight, 2016).

Furthermore, Fleming and Ledogar (2008) posit that psychologist refer to resilience theory in three ways which include healthy developmental outcomes in spite of inflated risk, capacity under stressful circumstances and recovery under trauma. Also,

Munoz et al. (2016) stipulates that resilience encompasses two vital factors which center on exposure to threats or austere adversity and attainment of positive outcomes despite trauma on the developmental means. Further, Fleming & Ledogar (2008), also stipulate that the concept of resilience can be viewed in two different measurement which focus on significant adversity and positive adaptation. Additionally, emotional regulation strategies that are fostered by resilience, impact cognitive emotional regulation can aid in the reduction of symptoms that include sadness, sleep disturbances, withdrawal, concentration dependency and restlessness (Mestre et al., 2017). Finally, Vegsund et al. (2019) concludes that the most vital predictors of resilience include three factors; psychological which include self-efficacy, coping skills, optimism and empathy, 2 affectional bonds within the family and 3 support systems outside of the family.

The aim of the CBAG resilience model framework program emphasizes the enhancement and stabilization of coping skills for bereaved children which assists with positive adaptation for bereaved children and teens (Borge et al., 2016). According to Leary & DeRosier (2012) interventions that center on protective factors in dealing with stress aid participants with positive adaptation and resilience. Also, Masten (2017), promotes resilience as the scope of a system to adapt fortuitously to adverse situations over the course of time for the perceptible artery of resilience (Borge et al., 2016). Hence, it is the focus of the CBAG program to integrate a bereavement program strategy that is focused on improving coping efficacy and to assist bereaved children and teens in managing the stressful event of the death of their loved one and the circumstances that center around the death (Haine et al., 2008). Furthermore, the CBAG's program emphasis on the enhancement of the improvement of protective factors of resilience that includes

problem solving, acceptance, and emotional expression to improve coping responses which is measured pre intervention and post intervention over the course of ten weeks (Van der Hallen et al., 2020).

Additionally, the CBAG program centers on its resilience framework on addressing participant bereavement symptoms. Steeinhardt & Dolbier (2008) posit that maladjusted coping with adversity may contribute to exacerbated bereavement symptoms. Haine et al. (2008) posit that bereaved children and teens experience a range of emotions which include sadness, anger, guilt and anxiety which may increase a child's emotional responses that include crying and sleep disturbances. Pangborn (2019) further specifies that bereaved teens grief symptoms include depression, sadness, irritability, loneliness, social withdraw, worrying, anxiety and difficulty sleeping. Hence, the CBAG program focuses on the incorporation of a program intervention that emphasizes emotional regulation, well- being attention, and social interaction which are vital for stabilization and adaptation (Mestre et al., 2017).

Moreover, the CBAG program seeks to reduce program participant behavioral symptoms. According to Weiskittle and Gramling (2018) the integration of art is an effective intervention model in the alleviation of grief related symptoms .The CBAG program identifies grief related behaviors as; sleep disturbances, nightmares, restlessness and decreased concentration, acting out /resisting limits, regressive behaviors (bedwetting, baby talking) withdrawn/quiet, changes in school performance (absenteeism, decreased grades) clinging to parent/guardian, tearfulness, excessive physical complaints/ reluctant to talk about the deceased, taking more risks during play/activities, change in interaction with peers, drug and alcohol use. Therefore, the

CBAG program aim also centers at decreasing program participant grief related symptoms through its ten-week program intervention strategy emphasizing a protective resilience approach. Thus, it is hypothesized that the CBAG intervention program will enhance participant coping skills and decrease participant grief symptoms.

Erikson's Theory of Human Development in the Context of Resilience Theory

Dyreboy et al., (2018) indicate based on a clinical study of childhood trauma posit, that childhood trauma such as the death of a loved one, can impact a child's emotional, physical, cognitive, behavioral and social development. For example, the age of children for this study includes the ages of 5-12 which includes the age range of Erik Erikson's stage of development Industry vs. Inferiority which includes the age range of 5-11. According to Erikson the middle stage of development of children ages 5-11 is the stage of development that involves industry vs. inferiority and is the early school years for children (Schonert-Reichl, 2013). Issawi and Dauphin (2018) also conclude that this stage of development in a child's life involve preparing the child for his or her entrance into life. Additionally, at this stage of development, children are Erikson posits that this stage of development is an important role due to children developing a sense of usefulness and self-worth (Schonert-Reichl, 2013).

Consequently, Issawi and Dauphin (2018) imply based on a review of Erik Erikson's fourth stage of psychosocial development that if there is a disruption at the developmental stage of industry versus inferiority, the child can experience both conflict and paucity. Dyreboy et al., (2018) also presuppose that childhood trauma such as the death of a loved one can have a disadvantageous impact on the behavioral development of children. Issawi and Dauphin (2018) also stipulate that at this stage of development

children enter into society as their own individual beyond their family and if successful at this stage of development, they are able to successfully contribute to society. Hence, if a crisis occurs at this stage of development, a child development at this stage may be disrupted and a child's tendency to cope later in life (Svetina, 2014). Also, industry involves the stage of a child's development of self- esteem, self -efficacy, and confidence and taking charge of tasks (Issawi & Dauphin, 2018). Ultimately, if this developmental stage of development for a child is disrupted by trauma or crisis it can create a lasting impact on the successful developmental and adaptation of children.

Nevertheless, Children at this stage are exploring their own sense of creativity in the aim of structuring self-esteem and confidence (Issawi & Dauphin, 2018). Also, Erikson presupposes that although crises cannot necessarily be averted a crisis at each stage must be resolved is key for psychosocial maturation (Svetina, 2014). Untimely, the middle childhood stage is the stage right before the developmental stage of adolescence and adulthood and if there is disruption at this stage it will persist into both stages of adolescence and adulthood (Schonert-Reichl, 2013). Therefore, adaptational implements and available coping resources must be available (Svetina, 2014). Hence, interventions that center around emotional regulation, stabilization and adaptation assist in the enhancement of coping skills for children and teens who participate in bereavement intervention groups (Dyreboy et al., 2018).

The Sociodemographic Factor of Gender and Bereavement Services

Masten and Narayan (2012) conclude that gender can indeed be a vital component in severe adversity. According to Caserta et al. (2009), sociodemographic differentia such as gender is a growing research phenomenon in terms of bereavement intervention. One

of the questions regarding gender differences is are females more receptive than males to bereavement stabilization and adaptation post intervention services? Former research indicates that it is more than likely that females are more likely to benefit from bereavement support interventions due to males being more formidable. Furthermore, Malone (2012) asserts that girls more than boys have more prolonged grief and grief reactions based on a research results study that indicated significate results of adolescent girls' grief responses within the physical, emotional, social and cognitive scopes.

Additionally, Malone (2012) also posits that females have the tendency to be more expressive with their emotional responses regarding their grief than male. Further, McNess (2008) also posits that males' social expression in spite of conventional notions of male masculinity related to emotional expression is to be more reserved than females. Malone further contends that girls are more instinctive of bereavement social support which may be a vital factor for females than males. Also, McNess (2008) further presupposes males often struggle with disclosure of their emotional expression of grief on a social level.

Finally, Ramirez & Haen (2021) presuppose that males struggle more with forming treatment coalitions and engagement with more traditional empirical approaches to interventions than girls. Thus, non-traditional interventions such as the inclusion of art may be more beneficial for the relational style for males because verbalization is not the primary focus (Ramirez & Haen, 2021). Voznesenska (2019), also posits that the incorporation of art and group work aid in the identification of feelings and promote self-expression. Further, art therapy and the role of creativity foster the expression of deep inner feelings and inner conflict that males find embarrassing to openly verbalize

(Goldner & Ruderman, 2020). Therefore, due to the nontraditional approach of the CBAG program, it is the belief of this research that the data will reflect a significant impact for both males and female participants.

Children's and Teen Bereavement Group Work and Resilience Theory

First, Pereira and Carter (2018) presuppose that most individuals process their grief with the support of family and friends. Hence, Gitterman and Knight (2016) specify that the group technique is the most natural and impactful treatment technique to enhance client resilience. The group participants form connections through their common challenges and adversity (Gitterman & Knight, 2016). Furthermore, children and youth who attend group interventions feel less isolated and alone (Bergman et al., 2017). Hence, resilience and group work for bereaved children and teens center on relationships and the belonging that comes from being in a social environment which is the crucible of person (Van Breda, 2018).

Furthermore, research implies the concept of group work and resilience theory interventions and bereaved children and teens connote that resilience and trauma growth nourish through helping relationships (Gitterman & Knight, 2016). Therefore, group participants assist in support and understanding from one another (Gitterman & Knight, 2016). Stratta et al. (2015) signifies that group work promotes external social networks that assist in adapting coping. Gao and Slaven (2017) also indicate that group work interventions for children and teens facilitates in normalizing their grief experience. Thus, peer support can be a protective factor and a safe environment for children and teens and is a multilevel approach which resilience theory emphasizes that resilience occurs not just within the individual (Van Breda, 2018).

Moreover, Whitehead et al. (2018) posits that peer support in group work and close relationships promote resilience. Also, Whitehead et al. (2018) conclude that research indicates that children and teens bereavement support group environments present as critical protective factors for future bereavement intervention strategies for children and teens. Correspondingly, Rosenberg et al. (2020) also stipulate that group intervention work aid in strengthening the participant community. Likewise, Walsh (2020) suggests that the acknowledgement of our interdependence is critical for both well-being and resilience. Also, Walsh (2020) concludes that depending on others for help and grief support individuals and pay it back and forward.

Finally, effective grief work involves the concept of interdependence in processing trauma (Walsh, 2020). Thus, the concept of resilience theory and group work aid children and teens in the promotion of having a safe environment, emotional support, and the normalization of their grief experience (Bergman et al., 2017). Similarly, Van Breda (2018) further suggests that social relationships are central to the resilience process and involves individuals developing the social skills to wrest helpful and supportive responses from others. Hence, within resilience theory is the accentuation on family relations social structures and intervention services (Bergman et al., 2017). Finally, peer support groups empower children and teens to meet and share with each other their similar experiences (Gao & Slaven, 2017).

Resilience Theory and the Integration of Art Therapy

Current research in children and teens bereavement interventions are including alternatives to the traditional psychotherapy of grief (Hill & Lineweaver, 2016). Research implies that bereaved children and teens have shown improvements in coping skills and

resilience with the incorporation of art making and art therapy (Hill & Lineweaver, 2016). Chen and Panebianco (2018) also suggest including creative treatment intervention strategies such as music therapy as promising treatment modeling for assisting bereaved children. Marino et al. (2015) also concludes that creative interventions for bereaved children and teens are both engaging and therapeutic and foster expression of emotions that associated with the death of the loved one. Further, the resilience model centers on adaptation coping skills having an outlet for emotional expression and strong community support with peers; therefore, through the integration of art therapy enables coping, emotional expression, self-esteem, and positive peer interaction (Myers-Coffman et al., 2020).

Additionally, research indicates that the integration of art with bereaved children and teens assists in the advancement of exploration and the interpretation of feelings (Green et al., 2021). Further, according to Green et al. (2021), art therapy can further assist children and teens in learning coping strategies and identifying both positive and negative emotions. Likewise, Hill and Lineweaver (2016) posit that art therapy with grieving children and youth improve mood. Arnold (2019) stipulates that creative expression serves to not only process the emotions of grief but also inspire personal meaning and self-awareness. Thus, Green et al. indicates that through art and creative expression can reduce stress and decrease the negative emotions such as depression and anxiety and increase the positive emotion through creativity which contribute to physiological and psychological well-being.

Also, research suggests bereaved children and youth through the expression of art enhance restoration and moving through the grieving process (Green et al., 202). Hence,

resilience theory model intervention development and the incorporation of art therapy promote positive outcomes and increased coping skills (Myers-Coffman et al., 2020). Chen and Panebianco (2018) also suggest that creative expression therapy is an auspicious intervention model for working with bereaved children and youth. Further, Marino et al. (2015) also stipulates that art therapy aids in the healing process and children and youth. Nevertheless, Hill and Lineweaver (2016) conclude that art therapy more than and other creative expression therapy such as writing improve mood more than any other approach.

Moreover, creative unconventional techniques such as art therapy can be a powerful vehicle of expression to explore emotionally loaded experiences (Garti & Or, 2019). Myers-Coffman et al. (2020) further concludes that especially as it pertains to teens and grief, creative expression of grief in a group setting can assist youth in feeling better, bonding with peers, and provide an opportunity for fun. Therefore, as implied by Green et al. (2021), children and youth have an opportunity to take their negative emotions regarding their grief and have an opportunity for curiosity and playfulness which support the emotions of happiness and pleasure. Further, research suggests that the integration of an art group setting, fosters a safe environment for bereaved children and teens and to share their experiences which aids in normalizing their journey of grief (Hill & Lineweaver, 2016). Also, Myers-Coffman et al. (2020) posits that through the alignment of resilience theory and creative expression children and teens benefit from the supportive relationships with peers and decrease sadness.

Nevertheless, research indicates that through the intervention strategy of creative expression and resilience theory bereaved children and teens can build supportive

relationships, create a safe place to share their experiences, enhance self-esteem, normalize, their grief experience recovery and sustain adaptation after the death of their loved one (Myers-Coffman et al., 2020). Also, research implies that through creative expression children and youth can have an opportunity to process their emotions of grief but also promote personal meaning and self-awareness (Arnold, 2019). Therefore, Gitterman and Knight (2016) posit that the resilience and group intervention work are a natural collaboration. The concept of resilience and group work center on helping relationships which foster adversarial growth and development after death (Gitterman & Knight, 2016). Finally, the concept of resiliency in children and youth transpire when they can aspire high levels of developmental competence connected with low levels of mental health and problematic grief (Myers-Coffman et al., 2020).

CBAG

CBAG facilitated its first art group session on April 4, 1985, and celebrate thirty-three years of services in April 2015. Hence, for over almost thirty-nine years this program has provided free bereavement services for children and youth in the greater Sacramento area. The CBAG program has received several awards which include 573rd Point of Light Award in 1991 from the George Bush Administration and the People Helping People Award from Mercy HealthCare in 2001. CBAG has provided services for over 12,000 children and youth in Sacramento County. The program staff of CBAG are trained Master Level and licensed Social Workers along with licensed Art Therapist who have extensive training in child bereavement.

Currently, CBAG group facilitates groups for children and youth ages 3-18 years of age. CBAG facilitates groups in schools and at their onsite location. The therapists of

the CBAG incorporate a therapeutic structure that is age appropriate for each child and youth participant who is experiencing the death of a loved one within the last year. The CBAG intervention modality incorporates creative expression through the integration of art in which the child and or youth can both identify and express their feelings of grief and loss and the sessions are facilitated in eight sessions every other week over the course of four months. The creative expression of art in this program is geared toward assisting children and youth, have a sense of self-awareness of the death, to cope with the pain of their loved one's death, to accept the reality of the death, adapt to the transition of the death, and peer to peer group support.

The CBAG program conducts an assessment for each child and youth participant and includes both a pre-and post- assessment of each participant and the measurement of participant grief behavioral symptoms. The CBAG program is a ten-week program that utilizes the theoretical alignment of resilience theory and has collected years of data snice 1985 and prior to this research study has never been evaluated. The theoretical construct of the resilience theory structure promotes a therapeutic format that centers on addressing the painful emotions of the death, which fosters protective factors and mechanisms in the recovery process after death. Further, this program focuses on the acceptance of the death of their loved one, the ability to make meaning from the death, and restoring the child and youth internal process after the death of their loved one. Also, research indicates that the incorporation of protective factors in children and youth bereavement aid children and youth assist in the adaptation process after the adverse event of death (Van Breda, 2018).

Furthermore, Myers-Coffman et al., (2020) further include that bereavement intervention strategies that align with the theoretical alignment of resilience theory center

on coping, emotional expression self-esteem, and positive family and peer interaction. Therefore, art and activities that focus on creative expression are integrated into the CBAG resilience model framework to facilitate self-expression through their grief work (Sutter Health 2020). The element of art in bereavement therapy assists children and youth in making improvements in response to art especially individuals who are working through and adverse experience such as death (Hill & Lineweaver, 2016). CBAG embraces the concept that the contribution of art as a vehicle of emotional expression. Hence, through emotional expression of art for bereaved children and youth it is the belief that the artwork becomes something perceptible in which the children and youth can put their feelings.

Moreover, research from Hill and Lineweaver (2016) concluded that bereaved children who participated in art bereaved sessions verse children who did not participate in the integration of art in treatment intervention had higher improved mood and the reduction of symptoms as evidenced by both clinical and nonclinical trials. Also, Myers-Coffman (2016) further stipulate that the integration of artwork in children and youth bereavement work assists in enhancing coping skills. CBAG focuses on teaching bereaved children and youth to learn how to cope with the death of their loved one. The emphasis on coping strategies for bereaved children and youth are critical to stabilization, developmental, and emotional well-being after death; therefore, Happer et al., posits that there is a link between coping skills and resilience theory that promotes positive coping Also, research indicates that emotional coping after a crisis occurs has a direct impact on approbatory and emotional coping results (Stratta et al., 2015).

Additionally, the CBAG program also focuses on peer-to-peer support which comes from a group setting structure (Sutter Health 2020). Gitterman and Knight (2016) conclude based on empirical findings, that the group method is the most effective technique to foster resilience. Also, Meyers-Coffman et al., (2020), also presuppose as indicated by McFerran's theory through the integration of the group method bereaved children and youth can have the opportunity to express themselves among peers who have also experienced loss is comforting expression that is valued and validated. Likewise, according to Pereira & Carter (2018), the group setting affords bereaved children and youth to establish bonds. Finally, Rosenberg et al., (2020) suggest as evidenced in a palliative care research study that group settings foster impactful meaningful relationships

Furthermore, the CBAG program integrates a group setting to foster peer to peer support, as according to Walsh (2020), enables bereaved children and teens to not feel alone in their grief journey because bereaved individuals can suffer a sense of disconnectedness which is a risk to their stability and emotional well-being. The CBAG program centers on fostering a sense of children and teens having an opportunity to identify with peers and be normalized and validated by their fellow peers (Sutter, 2020). indicate that resilience enhances by others in helping relationships. Also, Gitterman & Knight (2016), signify that in the group setting, the members not only provide support but also comprehend and demand other peers to do their grief work, 2016). Additionally, CBAG builds on encompassing a safe supportive environment for bereaved children and teens to express their feelings creatively and a tangible form of expression that children and teens can place their feelings in (Sutter Health, 2020).

Moreover, the CBAG program focuses on bereaved children and youth rebuilding their strength. Research indicated by Van Breda (2018) suggests that the implementation of a resilience theory model centers on enhancing better than expected outcomes after challenging life circumstances such as death. Also, according to the evidence-based research facilitated by Whitehead et al., (2018) the re-building of bereaved children and teen's strengths, and the expression of feelings assists bereaved children and youth in effective coping. Overall, the resilience theoretical model focuses on going through the grief experience and learning how to struggle well and integrating the painful loss into a life experience (Walsh, 2020). Finally, focusing on strengths assists bereaved children and youth buffer stress and focus on positive coping skills (Stratta et al., 2015).

Furthermore, according to Kim (2020), the intervention strategy of group art therapy is censorious for children and youth's psychological adaptation after the event of trauma. Thus, through the integration of art therapy, children and teens can have the opportunity to experience objectification, acceptance, and the resolution of their emotions through artistic expression (Kim, 2020). The CBAG program assists bereaved children and youth through the development of expression of their grief through creative outlets to assist children, families, and teens in grief expression (Sutter Health, (2020). Hence, through the artwork created by the children and teen participants becomes a palpable form of expression. Van Breda (2018) also postulate the resilience process requires emotional regulation; therefore, the CBAG participants express themselves in their own unique and constructive manner of creative expression (Sutter 2020).

Resilience Theoretical Intervention Treatment Modalities

First, it is important in children and teens bereavement work that the intervention strategy framework focuses on strengths and addresses the pain resulting from the death of the loved one (Burnette & Figley, 2017). For children and youth experiencing the trauma from the death of their loved one the resilience framework centers on three factors that include the death of the loved one (trauma or adversity) the mediating process (resilience as a process) and resilience as an outcome (which is better than expected outcomes; Van Breda, 2018). Correspondingly, Happer et al. (2017) suggest that the resilience model is a protective factor that promotes positive outcomes after death to maintain healthy developmental trajectory. Also, the resilience theory model empathizes positive coping, social skills, and support (Happer et al., 2017). Finally, the resilience framework model emphasizes acknowledging the awareness of the death self-compassion and cognitive reframing in bereavement work (Rosenberg et al., 2020).

Secondly, in structuring a framework to address the bereavement needs of children and youth research implies that support interventions should include intervention models that focus on grief-centered and trauma informed models (Griese et al., 2017). Chen and Panebianco (2018) stipulate that effective intervention grief -focused strategies include processing the grief, building memories, social skill building, and making meaning of the loss. Also, as implied by Myers-Coffman et al. (2020) the dynamics of child and youth bereavement must also include a focus on theory-motivated intervention models which assist in outlining the risk to bereaved children and youth and protective factors that can assist in support and prevent future behavioral problems. Thus, the resilience framework encompasses a model for children and teen bereavement

intervention which includes a focus on positive health outcomes, and the issues related to adaptation following the death, protective factors and having an outlet for emotional expression (Myers-Coffman et al., 2020). Consequently, Marino et al. (2015) further conclude that the children and teens bereavement model and grief work include helping children through death acceptance, process the pain and the emotions of the loss, and life adjustment and adaptation beyond the death.

Thirdly, research indicates that bereavement intervention strategies which focus on bereavement education reported less painful emotions, more insight, and more problem- solving skills (Hill and Lineweaver, 2016). Also, Van Breda (2018) posits that developmental opportunities increase coping as well as strengthen the individual's resiliency. Hence, bereavement frameworks that center on education and coping skills assist in emotional regulation and the responses of the death (Stratta et al., 2015). Furthermore, researchers indicate that resilience theory implies both promotive and protective factors (Masten, 2018). The promotive factors according to Masten (2018) focus on resources (interventions, education, support) associate with positive outcomes and protective factors in the resilience theory framework focus on protective factors which are vital when adversity is at a high level.

Additionally, research also implies that the integration of a bereavement treatment modality with the integration of resilience theory working with children and youth is effective. According to Whitehead et al. (2018) resilience theoretical framework models assist bereaved children and teens in coping skills and impact positive outcomes. For example, the Give Us a Break (GUAB) an evidence-based teen bereavement intervention program centers on a resilience treatment intervention which fosters resilience adaptation

in teens after the death of their loved one. The overall results of a critical analysis this program indicated that the impact of the GUAB program does confer to bereaved youth's resilience and optimistic thinking after the death of their loved one. Overall, the program outcomes results signify a positive impact intervention treatment modality.

Likewise, Happer et al. (2017) research on trauma and a resilience framework also include that resilience as a protective factor working with individuals experiencing crisis, is a protective factor which influences a positive outcome. This research which comprises of an overall review of several resilience-based treatment programs involving children's trauma intervention care specifies that resilience is a stable innate trait that temperate the therapeutic relationship and the clinical implications of this study signify that the promotion of resilience assists in symptom reduction (Happer et al., 2017). Further, research indicates that the overall conciliation of resilience theory as implied working with children in trauma is a dynamic process that supported children (Myers-Coffman et al., 2020). Also, this research suggests that resilience increases as the symptoms decrease (Myers-Coffman et al., 2020). Thus, Happer et al. suggest measuring the symptoms through each phase of the program to monitor the relationship of resilience and coping. Finally, the overall results reflect the overall conclusion that resilience framework model can invoke symptom reduction through the promotion of resilience (Van Breda, 2018).

Additionally, Myers-Coffman et al. (2020) research also suggests that a small number of studies associate improved coping with creative art interventions with the incorporation of the resilience model framework for bereaved teens, improve not only coping skills but also enhances self-perception. Furthermore, according to Van Breda

(2018), posits that the resilience framework aids in the overall reduction of the negative impact of the trauma and overcoming adversity as suggested by a large number of resilience literature Thus, through decreasing the negative impact of the emotions equidistant around the death and develop positive outcomes which build upon resilience and adaptation after the death. Children and teen bereavement research suggest that the protective factors in the resilience framework emphasize that the focus on the resilience protective factors that include, adaptive skills, self -esteem, making sense of the loss and having strong community support, foster positive outcomes (Happer et al., 2017). Finally, empirical findings from Vegsund et al., (2019) promote that the utilization of a resilience factors are significant to healthy adjustment post loss.

Furthermore, the strengths of these resilience research models signify that there are positive outcomes that occur from intervention strategies built upon resilience theory; however, there are identified limitations as well. First, the research on the Resilience Songwriting Program by Myers-Coffman et al. (2020) needs further development of the intervention tool that focuses on the voice of the participants to refine the clinical formality. Secondly, Happer et al. (2017) included that their research lacked participant individual strengths, environmental context, and cultural factors were not included in their study which may also impact resilience outcome. Further, as indicated by Whitehead et al. (2018) the results of this study needed more data from a larger sample size and the utilization of a control group to foster more direct comparisons. Thus, Whitehead et al. (2018) suggests that the utilization of a control group can strengthen the overall results of the research study.

Therefore, through this research study on the evaluation of CBAG the overall aim is focusing on the building upon previous bereavement children and youth resilience model group-art intervention strategies. As indicated by Happer et al. (2017), further children and youth bereavement research is needed centering on resilience factors and symptoms. Thus, further empirical research from CBAG will contribute to the theoretical foundation of evidence-based intervention strategies measuring grief symptoms prior to intervention and after intervention services. It is the aim of this research to also increase the knowledge of effective intervention treatment modalities that center on positive outcomes, which is needed as suggested by Chen and Panebianco (2018). Also, the aim of this research study will provide future direction for program implementation that emphasizes building on adaptive resilience for bereaved children and teens after the death of their loved one (Happer et al., 2017).

Summary

Overall, research demonstrates that bereavement intervention with high-risk children and teens are impactful (Thompson, 2017). Also, as indicated by research the integration of bereavement supportive services for children and teens can also prevent children and youth from the development of prolonged grief and developing more severe emotional problems that can result from the death of their loved one (Dyreboy et al., 2018). Furthermore, research implies that although there are bereavement intervention strategies there is a need for more empirical evidence-based intervention strategies techniques, peer support programs, and professional resources to assist bereaved children and teens (Griese et al., 2017). Additionally, Gitterman and Knight (2016) conclude that resilience and overcoming adversity have steady theoretical rationalization. Also,

Gitterman and Knight (2016) suggest that the practice of group work assisting bereaved children and youth fosters resilience.

Therefore, the theoretical premise of resilience theory and children and teens bereavement intervention strategies focuses on both the recovery and sustained adaptation after the death of a loved one (Gitterman & Knight, 2016). The dynamics of resilience theory also focuses on the concept of social functioning and emotional well-being (Van Breda, 2018). Hence, the resilience model is an effective framework in bereavement research which influences coping and adapting (Masten, 2018). Also, as Masten (2018) posit positive adaptation in the face of adversity such as the death of a loved one, enables the expanse for resilience. Further, research stipulates that the integration of creative expression working with bereaved children and teens is a natural receptacle of healing (Arnold, 2019).

Overall Hill & Lineweaver, (2016), indicate that artwork is profitable for mood improvement in children that are grieving. Also, art therapy with bereaved children assists them in understanding their positive and negative affect in grief progression (Green et al., 2021). Furthermore, the opportunity for creative expression working with bereaved children and the adaptive model of resilience theory enhance children and teen's mood, coping and overall emotional expression (Myers-Coffman et al., 2020). Thus, children and teens bereavement intervention services create an opportunity for children and youth to assist in stabilization of their emotional wellbeing, enhance resilience, have a supportive environment and expressive themselves in a creative manner and build on their coping skills after the death of their loved one (Garti & Or, 2019). Finally, the integration of art therapy with bereaved children and teens can generate

overall positive responses which contribute to the overall physiological and psychological well-being (Green et al., 2020).

Chapter 3: Research Method

Introduction

The goal of this quantitative research study was to evaluate and assess the effectiveness of the Children's Bereavement Art Group (CBAG) art group using a secondary data analysis. The original data were collected by the CBAG staff and stored in the CBAG program data base. The CBAG program has been providing bereavement support services to children and youth throughout the Sacramento region for over thirty-three years and has never been evaluated as an evidence-based program. The CBAG program has collected hundreds of pre-and post- assessments from its children and youth participants. Hence, the CBAG art-based intervention program can contribute to more grief intervention knowledge and services for bereaved children and teens, further building upon bereaved children and teen research.

Chapter 3 focuses on the research methodology of this research study. The major sections of this chapter include the data collection from the CBAG program, description of extracted data (quantitative secondary data analysis), procedures of the data extraction, measures extracted from the original data set, participants selected for research study, data analysis plan, independent, dependent, and continuous variables, instrumentation, variables and hypothesis, threat to validity and reliability of study, ethical procedures, and summary. This research study's intention is to evaluate the CBAG program coping skills pre- and post-test scores, as well as grief behavioral symptoms prior to the CBAG intervention and post intervention. This research project will also include one subsystem, an evaluation of the interaction of gender. Currently, prior children's and youth bereavement research indicates that there is a need for more empirical, evidence-based

research programs. Therefore, the evaluation of this research from the CBAG program will contribute to and build upon effective treatment intervention strategies. Finally, the evaluation of the CBAG will contribute further research regarding a resilience framework treatment intervention strategy and art therapy modality with bereaved children and youth.

Data Collection from the CBAG Program

Many years of primary data collected by the CBAG program are empirical data that can be utilized to build upon intervention strategies for bereaved children and teens. This research study involves secondary research data collected from the CBAG program and stored in the CBAG database. According to Johnston (2017), the utilization of existing research provides an executable option for research. Further, the secondary research method is an empirical approach that exercises the same research steps to be adhered to as any other research method. Finally, Martins et al. (2018) posit that the utilization of the secondary research method has proven to be a valuable approach to research.

This research study involves a secondary research analysis method from an original data set from the CBAG program. Prior to entering the CBAG program, all of the parents and/or guardians of the children and teens fill out a pre assessment baseline, along with a post- assessment end line after the completion of the CBAG program. The CBAG program utilizes an identical assessment instrument for both assessments with the goal of measuring the impact of the interventions. Once the data has been gathered from the CBAG staff, the scores are entered into the CBAG data base.

The data for this research were collected from the original data stored in the data base of the CBAG program and is secondary research not primary research I collected. Further, the names and all identifying participant information were omitted to ensure protection of participant confidentiality. Also, the research participants completed both pre-and post-assessments within the program's ten-week program period. Finally, each participant's parent and/or guardian completed an informed program consent form to participate in the CBAG program.

Description of Extracted Data

The research design for this study is a quantitative secondary research data analysis method. According to Noyes et al., (2019) the quantitative method measures effectiveness studies that administer evidence of moderating the outcome of context. Further, Zyphur and Pierides (2017) conclude that the quantitative research approach includes research that centers on theory, hypothesis, models, equations, samples, data, or parameter estimates. Almeida et al. (2017) posit that the quantitative phenomenon assists behavioral science researchers to comprehend complex issues, and the exploration of the quantification issue enhances understanding of the identified issue. Finally, the quantitative method explains the response rates, the reliability and validity of the research (Almeida et al., 2017).

According to Salvador (2016) the quantitative method approach is a deductivist, objectivist, and positivist research mode that involves the calculable collection of data analysis. Also, Apuke (2017) stipulates that quantitative methodology involves searching for knowledge to improve methods of interventions; thus, the quantitative method aligns with the overall purpose of this research, which aims to contribute further knowledge of

empirical-based intervention strategies for bereaved children and teens. Overall, the quantitative method objective centers on the numerical analysis of data collection through the employment of methods (Salvador, 2016). Also, Apuke (2017) indicates that the quantitative method is frequently utilized in social sciences as a method of research to capture and analyze data.

The quantitative method for this research study's data collection method involves a pre-and post-test assessment to explain this research phenomenon and answer the research questions. According to Almeida et al. (2017), the assessment tool technique permits the collection of the data directly from the research participant and reflects the participant's opinion, behavior, and perception of impact. Also, the quantitative research method is a holistic approach to research (Apuke, 2017).

Research indicates that secondary data is an applicable approach to using existing data for research (Johnston, 2017). The secondary data analysis method involves the exertion of existing data collected by someone other than the researcher for a primary premeditation (Johnston, 2017). The CBAG program staff has collected empirical data of pre-and post- test assessments from program participants to measure participant coping skills, grief behavioral symptoms, and gender data.

As mentioned, the secondary research analysis approach utilizes existing data to address a research question (Johnston, 2017). The central research question of this doctoral study centers on the effect of the CBAG program on the post scores and symptoms of program. Thus, the data from the CBAG program is a positive fit between this research question and dataset (Johnston, 2017). The data from the archival database from the CBAG program is a repeated measure survey collected in intervals pre-

intervention and post-intervention in computerized form. The variables from the data of the CBAG program are relevant and essential to this doctoral study for the purpose of gaining further insight on effective interventions strategies for bereaved children and teens.

Procedures of Data Extraction

First, I met with the administrators of the Sutter Health Medical Foundation on February 4, 2021 to discuss my dissertation topic. Permission was given on February 4, 2021 to proceed to the next step, which was to obtain permission to gather the archival data from the CBAG program from the Line Manager of the Sutter Health Medical Foundation. An email for approval was submitted to the Line Manager on February 4, 2021, and the request proceeded to the CBAG Coordinator to gather program data. On February 26, 2021, a meeting was arranged with the CBAG Coordinator to obtain the archived data from the CBAG program. The CBAG Coordinator discussed the information needed for the purpose of my research study, which pertained specifically to participants' pre- and post- test scores; age was also added to provide the median average age of the overall CBAG program.

Once the specifics of the data needed were determined, the CBAG program coordinator gathered the archival data set of the CBAG program, which included a total of 156 participants aged 5-12. The dataset did not include any names, dates, or confidential information from the CBAG participants to adhere to the protection and privacy of the program participants. The dataset was provided to me through a Microsoft Excel spreadsheet that was then inputted into both IBM SPSS Statistics (2019) and Intellectus Statistics (2019) software for data analysis.

Measures Extracted from the Original Dataset

According to Levy and Ellis (2011), the quasi-experimental research design has proven to be a force in the expansion of scientific knowledge. This quasi-experimental, secondary data analysis research method involves one sample site, which is the CBAG Sacramento location. Research indicates that quasi-experimental designs from one site lower the external validity as compared to multi-site designs (Maciejewski, 2020). Schweizer et al. (2016) indicates that the quasi-experimental designs are frequently used to measure the impact of large-scale interventions, which aligns with the purpose of this research study. Research further stipulates that the quasi-experimental research method has greater generalizability of results due to outcomes involving participants who might not generally participate in a random trial (Maciejewski, 2020). Finally, the quasi-experimental design does not require a randomized group, thus coinciding with this research study (Schweizer et al., 2016).

The CBAG program utilizes an identical repeated measures assessment instrument for both the pre-and post- assessment of grief behavioral symptoms with the goal of measuring the impact of the CBAG's 10-week program intervention effectiveness. All research participants completed the grief behavioral symptoms assessment before intervention and the post-intervention coping skills assessment afterwards. The names and information were redacted to protect participant confidentiality and the research participants completed both pre- and post-assessments within the program's ten-week program time frame. Also, each participant's parent and/or guardian completed an informed program consent form to participate in the CBAG program.

After permission was obtained from Sutter Health Medical Foundation on April 4, 2021, for the collection of the data, a meeting was arranged with the Sacramento Children's Bereavement Coordinator to obtain the data from the CBAG data base. As discussed with the Sacramento CBAG Children's Bereavement Coordinator, it was determined that the data analyzed from the CBAG database would include age and both pre-and post- test coping scores. Next, the information was pulled from the CBAG database and put onto a Microsoft Excel spreadsheet which included age pre-test score and post-test score, along with grief behavioral symptoms, and was saved on a file to be analyzed by Intellectus Statistics (2019).

Participants Selected for This Research Study

The participants for this research study were selected specifically from archived internal data from the Sutter Health Medical Foundation branch located in Sacramento California. The Sacramento CBAG location is the first established Sutter Health Medical Foundation program and was initially established in 1985. It has since branched out to other Sutter Health Foundation branch locations. This dataset included a total of 156 male and female participants ages 5-12 from the ten-week CBAG program's dataset. The CBAG program participants had experienced the loss of a loved ones within the timeframe of one-year from the intervention. Only the research participants that had both pre- test and post-test coping skills scores and participant grief behavioral symptoms were included in this research study. The participant data information was obtained for the purpose of a nonrandomized study, as research facilitated by Ioannidis et al. (2001) indicated that the nonrandomized yielded larger treatment effects.

Data Analysis Plan

Next, Geldhof et al. (2018) posits that the strongest finding come from if the researcher invests the time and effort to administer both pretest results and posttest results. Also, the pre-and-post design method is a cost-effective measurement strategy that assesses a broad variety of behaviors, attitudes, and knowledge (Geldhof et al., 2018). Additionally, Setiawan (2020) implies that the pre-posttest design measures both the nature and the extent of differences among the pre- program coping skills scores and post- program intervention coping skills scores. Overall, this researcher's interest includes evaluating if the coping skills of the group participants are increased post intervention; thus, data is collected pre-intervention and again post intervention (Setiawan, 2020). Therefore, the pre-posttest approach aligns with the overall aim of the evaluation of the CBAG program participants.

Consequently, Zhao and D'Eon (2020) conclude that self- assessments are a method in which valid measures of learning outcomes in the context of program evaluations. Also, the pre-and post- test design provides empirical-based evidence (Zhao & D'Eon, 2020). The pre-posttest research method of design can assist program participants in new understanding gained through the program intervention which assist in self-realization and program effectiveness (Geldhof et al., 2018). Thus, CBAG focuses on measuring program intervention pre-and post- intervention to assist program participants in understanding, assessing, and measuring their growth, understanding of their emotional journey of grief, and coping skills around the death of their loved one. Therefore, the assessment can support the results of the program learning initiative (Zhao & D'Eon, 2020). Finally, the overall interest of the evaluation of the CBAG program is

inquiring if the program post-test improves more after participants complete the program (Setiawan, 2020).

Furthermore, the pre-and post-test design of this the CBAG program developed a five-point functioning scale with a range of score from 1-5 with one being coping poorly and five coping well. In addition, the CBAG program quantitative data includes a scale that measures the severity of symptoms to compare the differences of the pre-test scores of the post-test scores (Miot, 2020). The scale aligns with the CBAG program pre-and post-measurement scale due to its focus on being measuring the participants coping pre-intervention and post intervention. Further, the scale measurement centers on the intensity of the effects of treatment intervention (Miot, 2020). Also, data also includes a collection of scores also aligns with the goal of the CBAG program which rates pre - intervention scores on a scale of 1-5 and repeated measures of the post-intervention scores of the impact of the CBAG (Iannario & Piccolo, 2016).

Additionally, the CBAG pre- and post-assessment instrument also includes a categorical check list of the grief behavioral symptoms. According to Weiskittle and Gramling (2018), research indicates that the incorporation of art therapy can improve grief behavior symptoms. Also, research measurement outcomes presuppose that there is a significant decrease in negative grief symptoms post treatment (Weiskittle & Gramling, 2018). Alvis et al. (2022), indicates that the grief reactions according to the DSM-5-TR are described as; sadness, guilt, anger, denial, blame, difficulty accepting the death; feeling one has lost apart of sense of self; an inability to experience a positive mood, emotional numbness; difficulty in engaging with social or other activities in children. The participants of the CBAG program are asked to check a list of fifteen grief related

behaviors as defined by the CBAG program experienced by each child and teen participant and repeated again post ten- week intervention. The list includes sleep disturbances, Nightmares/Dreams about the deceased, restlessness/Decreased Concentration, Acting Out/ Resting Limits/ Regressive Behaviors (bedwetting, baby-talking, etc.) Withdrawn/Quiet, Changes in school performance (absenteeism, decreased grades, etc.), Clinging to parent or guardian, Tearfulness, Excessive physical complaints and reluctancy to talk about the deceased, asking many questions about the deceased, taking more risks during play/activities, Change in interaction with peers, Drug and Alcohol use/ Other.

The measurement of participant grief behavioral symptoms focuses on the impact of the CBAG intervention decreasing grief related symptoms. The aim of the CBAG intervention resilience model is enhancing participant coping skills, decrease grief psychological distress, decrease grief behavior symptoms, and to decrease the negative effect on bereaved children and teen well-being (Steinhardt & Dolbier, 2008). The data was collected during a ten-week period after the last program session by a parent/guardian and or teen participant and completed by CBAG staff. Further, the subsystem of this research also centers on if there is a significant difference between the gender of group participants and program outcomes. Additionally, for this research project I utilized a one-sample t-test parametric test known as a one directional test to compare the CBAG participants pre -test score to the post test score to examine the population mean of one group (Liang et al 2019).

Furthermore, the expectation of the results of this research analysis was strongly suspected that the effect was going to be positive and that the post intervention scores

were going to be significantly different from zero due to the prior research evaluation of the results of a the Give us a Break program which is a similar children and teen bereavement intervention program (Chen, et al. 2019). Also, the one sample t-test was selected for this research project to determine in the explanation of a one directional effect that centered on whether there are differences in the CBAG participants pre and post-test measurements.; hence, the one-tailed test was utilized due to a high probability that the null hypothesis would be rejected. In addition, the one-tailed paired samples *t*-test was proposed to examine whether the mean difference of pre-symptoms and post symptoms was significantly different from zero. Although the one-sample t-test can be viewed as a simplistic test the advantages of this test according to Ruxton and Neuhauser (2010) is the enhancement in power to reject the null hypothesis if it is false.

Finally, the CBAG pre-posttest evaluation has one section for comments and concludes with what do you hope your child will gain from this program? The post-evaluation and last question is, what has your child gained from this program.

Overall, for this research study, I will focus on the measurement outcomes of the five-point coping functioning skills ratio scale which is the assessment question: How are you dealing with death please circle below: (1 is coping poorly and 5 is coping well: 1, 2, 3, 4, 5). Also, this research study will include an evaluation on the participant behavioral symptoms and the inclusion of gender and CBAG program participants. This research analysis is a descriptive statistical analysis. Research implies that descriptive statistical analysis is a quantified method of analysis that describes research in a calculated, descriptive, logical, and meaningful manner (Vetter, 2017).

The purpose of this data analysis focuses on inquiring if the coping skills of CBAG's participants increased after program intervention and grief behavioral symptoms decreased post intervention. An additional aim of the analysis is to determine if the effects of the intervention on coping skills and grief behavioral symptoms are dependent on gender. To address the first research question, a one-sample-tests will be conducted. For this analysis, the variables will be coping skills and grief behavioral symptoms, with each variable being measured both before the intervention (pre) and after the intervention (post). The one-sample t-tests will determine if there are significant differences between the pre and post measurements for each variable. The assumptions of normality and homogeneity of variance will be assessed for each *t*-test. Normality will be assessed using Shapiro-Wilk tests, and homogeneity of variance will be assessed using Levene's tests. If the assumptions of the *t*-tests are violated, alternative non-parametric tests (i.e., Wilcoxon signed rank test) will be conducted. The *t*-tests will be evaluated using an alpha level of .05.

For this research study, a paired *t* -test is applied to assertion if the CBAG resilience model framework has a significant effect on the pre-intervention coping skills and the post intervention coping skills of the CBAG participants ages 5-12. The paired- *t* test is referred to as the repeated measures t-test that is utilized to compare the means of two groups and the significance difference between the mean of the two (Kim, 2015). Also, Ikwuoche et al. (2021) stipulates that the paired- *t* test is utilized when there are two different measurements that come from on the same origin. Hence, the aim of this research study involves studying the effect of the CBAG program before the intervention and after the CBAG intervention in which the paired- *t* test aligns with focus for this

study. Therefore, testing the different mean values and the study will focus on if the mean value will be higher for the post-test than the pre-test at two different time points.

To address the second research question, two-way (factorial) analyses of variance (ANOVAs) will be conducted. For this analysis, the dependent variables will be coping skills and grief behavioral symptoms. The within-subjects independent variable will be time (pre versus post). The between-subjects independent variable will be gender. The assumptions of normality and homogeneity of variance will be assessed for each ANOVA. Normality will be assessed using Q-Q scatterplots of the ANOVA residuals, and homogeneity of variance will be assessed using scatterplots of the ANOVA residuals versus fitted values. If the assumptions of the ANOVAs are violated, alternative non-parametric tests will be conducted. For each ANOVA, *F*-tests will be computed for the main effects of the independent variables, as well as the interaction between the independent variables (time x gender). The *F*-tests will be evaluated using an alpha level of .05. A significant interaction effect between time and gender would indicate that gender has a significant impact on participants' responses to the intervention. If the interaction is significant, post hoc comparisons will be conducted to determine the nature of the interaction.

Research indicates that the two-way (factorial) analysis of variance ANOVA's aims is to analyze relationships (Kim, 2014). Additionally, the two-way ANOVA is a repeated design that is referred to as the within-matter design in which the same research participants are measured on the same dependent variable (Lix & Keselman, 2019). Thus, for this study coping skills and grief behavioral symptoms are the dependent variables and the independent variables include time (pre-post) and the independent between

subject's variable is gender which involve two factors that will be assessed for each ANOVA. Therefore, the two-way ANOVA is applicable interaction model to examine the impact of this research study (Kim, 2014). Finally, the two-way ANOVA will catechize the effect of gender and time (pre-post) on the dependent variable to examine whether or not the two factors impact each other to influence the continuous variable.

Analysis of Secondary Data

First, this research study purpose aim is to continue to build upon the need for more effective empirical based intervention strategies for bereaved children and teens. Therefore, the data analysis from the CBAG program can contribute further knowledge and effective prevention and intervention strategies to enhance the coping skills for bereaved children and teens. Thus, the data will aid in determining if the CBAG program has an impact on the enhancement of the coping skills of its program participants after they have completed its program.

First, the original data for this research project is not a primary research analysis and was collected and originated by the CBAG program. Thus, the data will be collected from the database stored by the CBAG program and will be downloaded on a Microsoft Excel spread sheet. The original data set will include participants from the CBAG program ages 5-12. To encapsulate the sample of participant respondents, those respondents that did not have both pre and post test scores were excluded from the research data analysis. Thus, the total number of research participants from the original research collected by the CBAG program for this research study includes the total number of 159 number of participants from the CBAG program. Finally, the original data

was downloaded into both IBM SPSS Statistics (2019) and Intellectus Statistics (2019) for data analysis and output of the data.

Independent and Dependent Variables

First, the dependent variable influences the outcome or cause of the independent variable and is the variable that sustains the intervention (Andrade, 2021). Therefore, the dependent variable's aim is answering the research question which is what transpires post the CBAG program intervention (Andrade, 2021). Hence, for the purpose of this research study, the dependent variable is the pre and post scores of the CBAG program. The dependent variables are the coping skills and the grief behavioral symptoms of the CBAG participants.

Secondly, the independent variable is the cause or the influence of value on the dependent variable of the CBAG participants which include time (pre-post) and gender. Thus, the differences between the pre -and post- test coping skills scores will be compared and examined on the same research participants. The first dependent variable is the pre-test coping skills score and the second dependent variable is the post-test intervention coping skills score.

Nevertheless, the research design of this study is a one group pre-test post-test research design and is evaluating the effect of the dependent and independent variables of the CBAG program. This research aim is to compare the difference between the pre-intervention and post-intervention measurements. Also, the focus of this of this research examines the CBAG participants coping skills scores and grief behavioral symptoms on the same participants post-test coping skills scores to compare scores after the program

intervention. The pre-test post-test design is an approach that is generally utilized in behavioral research (Dimitrov & Rumrill, 2003).

Likewise, Knapp (2016) implies that the pretest-posttest design (Y_1 X Y_2) measures the effect of an independent variable X on a dependent variable Y that is measure pre-treatment and post treatment intervention. Also, the pre-test post -test design focuses on assessing the impact of treatment intervention change (Dimitrov & Rumrill, 2003). Therefore, this research design aligns with this research study design being centered around evaluating the impact of the CBAG program. Finally, the aim of this research design focuses on the measurement of change and effect of the CBAG program to build upon empirical evidence-based treatment interventions for bereaved children and teens.

Sample Size

Consequently, the data collected for this research study is a sample that includes 156 CBAG participants ages 5-12. Also, only those research participants who have both pre and posttest coping skills scores are included in this research study and the participants with missing posttests will be excluded from this research study. Next, once the total number of participants with both pre- and post- test coping skills scores have been determined the next step was to determine the participant numbers needed for the sample size. The sample size for this research study was determined by a priori power analysis from the original data set from the CBAG program to determine the minimum number of participants with desired power for research significance, effect size, empirical validity, and aids in determinate results (Kyonka, 2018). Thus, the statistical power

analysis method is utilized to determine statistical significance for this research study (Norton & Strube, 2001).

Also, Breur (2016) concludes that the knowledge of the statistical power analysis strengthens the inferences of the research study. Further, the power analysis can assist in avoiding the conclusion of no difference in a research study (Breur, 2016). Additionally, a power analysis will be utilized to determine the sufficient sample size. This research study centers on the mean of the difference prior to the CBAG program intervention which involves the pre-test scores and after the CBAG program intervention, which involves the post-test scores. G*Power (2019) software was used to conduct power analyses and determine the target sample size for each analysis. The power analyses were conducted utilizing an alpha of .05, a power of .80, and a medium effect size (Kyonka, 2018). Based on these parameters, the target number of participants for the paired t-test is 34, the target number of participants for the ANOVA within-subjects main effect is 34, the target number of participants for the ANOVA between-subjects main effect is 98, and the target number of participants for the ANOVA interaction effect is 34. The obtained sample of 159 participants is sufficient to meet the target sample size for each analysis.

Instrumentation

The instrumentation assessment tool for this research project is based on an original instrument from the CBAG program which is a fixed mixed method survey that explores the pre intervention coping skills and the post intervention coping skills of program participants. The data was collected by face-to-face interviews from the CBAG staff with the parent and/or guardian present and all data was securely stored in the CBAG database. The assessment tool includes both a qualitative and a quantitative a

statistical analysis, and the data collected for this secondary research study is being gathered from the CBAG database. The first portion of the assessment tool is a scale which measures the coping skills of each program participant on a scale of 1-5 and program respondents answered the question: How are you dealing with death please circle below: (1 is coping poorly and 5 is coping well: 1, 2, 3, 4, 5). This portion of the assessment is a Likert scale which is a repeated measure that measures both pre-assessment-post-assessment coping scores and this is the primary focus of this research study.

In addition, the scale measurements centers in data that reflects the intensity of effect which is the aim of this research study of the CBAG program (Miot, 2020). Also, the second part of the CBAG assessment form assesses the grief related behaviors that include sleep disturbances, Nightmares/Dreams about the deceased, Restlessness/Decreased Concentration, Acting Out/ Resting Limits/ Regressive Behaviors (bedwetting, baby-talking, etc.) Withdrawn/Quiet, Changes in school performance (absenteeism, decreased grades, etc.), Clinging to parent or guardian, Tearfulness, Excessive physical complaints and reluctancy to talk about the deceased, asking many questions about the deceased, taking more risks during play/activities, change in interaction with peers, Drug and Alcohol use/ Other, and the participants check all grief related behaviors at both the pre-and post-assessment stages of the assessment.

Variables and Hypothesis

The dependent variables of the research study are the coping skills scores and the grief behavioral symptoms of the participants of the CBAG program. The independent variable of this research study is the quasi-independent variable which is the within

subject's variable time (pre-post) and the within subject's variable gender. The data collected from this research study is measured on a five-point scale. The hypothesis for this research study is "The CBAG resilience model framework has a significant effect on the pre intervention coping scale scores and the post intervention coping scale scores of the program participants." The null hypothesis is CBAG resilience model framework has no significant effect on the pre intervention coping skills scale scores and the post intervention coping skills scale scores of program participants. Finally, the levels of both of the dependent variables and independent variable are reflected in Table 1.

Table 1

Operational Definition of Independent and Dependent Variables for Hypothesis Testing

Variable	Definition	Level of measurement
Independent		
1	Time (pre–post)	Categorical
2	Gender	Nominal
Dependent		
1	Coping skills	Ordinal
2	Grief behavioral symptoms	Ordinal

Threats to Validity and Reliability of Study

For this research study specific steps were taken to assist in the validity and reliability of this research study. First, consideration was given to the specifics of the content validity, construct validity, and the criterion validity of this research study. Heale and Twycross (2015) presuppose that the research study examines the validity and reliability of the data collection, and instrument, of the research study. This research study is specifically measuring the pre-assessment coping skills score prior to the program intervention and after the program intervention which are the scores of the program outcome. Also, the construct of this research study centers on the homogeneity

of this study meaning that the focus is on one construct which are the pre- and post-test scores, and the theoretical evidence for the behaviors (grief symptoms) of bevered children and teen. Finally, the criterion validity of this research study focus is repeated measures in both the pre- coping skills score and post- coping skills score to measure the same variable and that the variable of measurement correlates with other tools of measurement in children and teen bereavement research (Heale & Twycross, 2015).

Consequently, emphasis center on the reliability of the scale measurement of this research study. First, the utilization of a repeated measure question instrument is utilized measuring the same construct to avoid systematic measurement error (Peters, 2014). Also, the Cronbach Alpha as the research determinate of research consistency and scale reliability. Research indicates that the Cronbach's Alpha assist is demonstrating that the scale for research studies ratify the research purpose (Taber, 2017). Further, data analysis instrument for the CBAG program is a scale measurement which the Cronbach Alpha is statistical evidence of the instrument character (Taber, 2017). Furthermore, the pre-test post-test research design maturation and history are the critical threats to internal validity of this research study (Dimitrov & Rumrill, 2003). First, the research design of the pre-test and post-test research design can include the history in which can include the participants being exposed to other events that could be the source of change for the participants post-intervention score (Knapp, 2016). Also, another threat to the validity of this research study can include a threat to the scoring of the pre-and post- test. Currently, it is undermined if the pre and post-test evaluator was the same person which can pose a threat to the instrumentation of this research study (Knapp, 2016).

The threats to the external validity of the research study can include the sensitization to the treatment of the pretest which impacts the generalizability of the outcome (Knapp, 2016). Also, this research study does not include a comparison group but focuses on the before and after results participating in the CBAG program. Hence, the results of this data analysis are a non-casual method indicating that the relationship of the variables presented have a non-causal relationship (Stovitz et al., 2019). Also, the generalizability of the study can be impacted by the fact that the instrument for this research study has not been sampled by other equal instruments; therefore, restricting the generalizability of the research study (Knapp, 2016). Finally, this research is based on a single item assessment question to provide key information which research indicates in assessing health and wellbeing can have greater validity in predicting behavior (Bowling, 2005).

Consequently, to address the issues related to attrition, power, and missing data, the CBAG staff utilized evaluation strategies to reduce attrition and missing data. First, the CBAG staff communicated with the parents and or guardians the importance of pre and post paperwork. According to Kearney et al. (2018) poor reporting and participant withdrawal, and the collection of data outcome impact program attrition. Therefore, the CBAG staff seek to improve program outcome to maintain effective program retention rates through preprogram and post program follow up on all participants. Also, the CBAG program pre- assessment and post- assessment tools design are designed to be brief assessment tools to not overwhelm program participants, and the post follow up is a repeated measure tool that is also brief to assist in enhancing post intervention follow up.

Further, at the pre-program assessment, the CBAG staff gathered detailed contact information for all program participants to increase pre and post data outcomes. Additionally, all four factors that have an impact on the power of this research study is taken into consideration which involves; the program sample size, the difference between group mean (which will include pre- test average, post-test average and age average) the alpha level and the variability among research subjects (Norton & Strube, 2001). Hence, a power analysis will determine if the collection of participant data will achieve empirical validity. Also, the power analysis for a one-sample t-test will be conducted to determine the sufficient sample size of 0.05 a power of 0.80, a medium effect size (dz=0.5; Faul et al., 2013). Finally, all program participants with both completed pre- and post-assessments will be included in this research study evaluation; thus, only complete cases will be included in this study.

Ethical Procedures

Finally, critical steps have been taken to ensure that the procedures for this research study are ethical. First, I prepared and submitted a letter to get approval from the Sutter CBAG program. I met with the administrators of the Sutter Hospice and was provided permission to obtain the data set on February 4, 2021. Further, the dataset from the CBAG program is redacted data; therefore, no program participant is disclosed, no program dates are included for the purpose of this research study, and all program participant personal information remain confidential to ensure that there are no ethical concerns. Next, this research study will be submitted to Walden University IRB board for approval and upon approval from the Walden University IRB, this research proposal will

be submitted to the Sutter Health Medical Foundation IRB for approval to utilize the

dataset from the CBAG program.

Summary

Overall, the goal of this research study is an evaluation of CBAG program. A

quantitative, secondary data research aligns with this research study to evaluate the

program intervention of the CBAG program. The findings from the data analysis from the

CBAG program will be further discussed in Chapter 4. Therefore, through the analyzed

data of the CBAG program, it is the aspiration of this research study to contribute further

understanding of effective treatment intervention programs for bereaved children and

teens. Thus, building upon children and teen bereavement research and identifying more

effective empirical based intervention strategies for bereaved children and teens.

Chapter 4: Results

Introduction

The overall purpose of this quantitative research study was to evaluate the effectiveness of the CBAG program, to explore effective intervention strategies for children and teen bereavement research, and to increase knowledge around how children and teens manifest the reverberation of their grief. In this chapter, I present the overall research findings of this study, as well as the data collection procedures, demographics of the participants, and the research study analysis and results. Summary statistics were calculated for each interval and ratio variable. Frequencies and percentages were calculated for each nominal variable.

Moreover, the data analysis for this research study included descriptive statistics to address the following research questions.

RQ1: Is there a significant effect of the CBAG's resilience model framework coping skills scale and grief behavioral symptoms in participants ages 5-12?

RQ2: Do the effects of CBAG's resilience model framework on coping skills and grief behavioral symptoms impact gender in participants ages 5-12?

A detailed analysis of the independent and dependent variables was performed, as well as sample t-tests and ANOVAs. The one-tailed paired sample t-test was used to analyze RQ1. The pre-symptoms, post-symptoms, and the one-tailed Wilcoxon signed rank test were used to analyze the differences between the pre -symptoms and the post - symptoms. The one-tailed sample t-test was used to analyze between the pre-intervention coping skills scores and the post intervention coping skills scores, as well as the pre-intervention and post- intervention behavioral symptoms. Furthermore, the assumptions

of normality and homogeneity of variance were assessed for each *t-t*est. Also, the paired *t*
test determined if there were significant differences between the pre- and post-
intervention score dependent variables. Consequently, the assumptions of normality were
determined by the Shapiro-Wilk test, and the homogeneity of variance was determined by
the Levene's test. If the assumptions of the *t*-test were violated, a Wilcoxon signed rank
test was administered. The one-tailed Wilcoxon signed rank test was used to determine
that the differences between pre-symptoms and post-symptoms were not likely due to
random variation.

To address the second RQ2, two-way (factorial) analyses of variance (ANOVAs)
were used to analyze the pre-coping and post-coping by gender. The assumptions of
normality and homogeneity of variance were assessed for each variable. Normality was
assessed using Q-Q scatterplots of the ANOVA residuals, and homogeneity of variance
was assessed using scatterplots of the ANOVA residuals versus fitted values. If the
assumptions of the ANOVAs were violated, alternative, non-parametric tests were
conducted.

Additionally, for each ANOVA, *F*-tests were computed for the main effects of the
independent variables, as well as the interaction between the independent variables (time
x gender). The *F*-tests were evaluated using an alpha level of .05. A significant
interaction effect between time and gender would indicate that gender has a significant
impact on participants' responses to the intervention. If the interaction was significant,
post hoc comparisons were conducted to determine the nature of the interaction. Finally,
included in this chapter are graphs, charts and tables, bar graphs, multivariate outliers,
and scatter plot testing that display the effects of the program participants.

Research Questions and Hypothesis

To address this quantitative study the following questions were the paradigm for this study.

Research Question 1(RQ1): Is there a significant effect of the CBAG's resilience model framework coping skills scale and grief behavioral symptoms in participants ages 5-12?

Null Hypothesis (H_o1): The CBAG resilience model framework has no significant positive effect on the pre-post intervention coping skills, and no positive impact on the grief behavioral symptoms of participants ages 5-12.

The Alternative Hypothesis (H_a1): The CBAG resilience model framework has a significant positive effect on the pre-intervention and post intervention coping skills scores and grief behavioral symptoms of participants ages 5-12.

Research Question 2 (RQ2): Do the effects of CBAG's resilience model framework on coping skills and grief behavioral symptoms impact gender in participants ages 5-12?

Null Hypothesis (H_o1): There is no significant impact on participant gender by the resilience model framework coping skills scale and grief behavioral symptoms of behaviors prior to pre-post CBAG ages 5-12.

The Alternative Hypothesis (H_a1): There is a significant impact on participant gender by the resilience model framework coping skills scale and grief behavioral symptoms of behaviors prior to pre-post CBAG ages 5-12.

Data Collection Procedure

The primary method of data collection for this secondary research analysis involved first obtaining permission from Sutter Health administrators on February 2021 and permission from the Sutter Health IRB Board to obtain the de-identified data set on April 14, 2022. Next, the data were collected from the stored data base managed by the CBAG staff. The data collected involved 156 past participants from the CBAG ages 5-12, both male and female with completed pre- and post-test coping skill scores and pre- and post-behavioral symptom scores. The data collected were redacted, de-identified data that did not include any identifying information; there was no violation of HIPPA. To ensure the privacy protection of the CBAG program participants, the data collection only included participants' age, gender, pre-intervention coping scale scores, post-intervention coping skills scores, pre-intervention behavioral symptoms scores, and post-intervention behavioral symptoms scores. The data were uploaded onto an Excel spread sheet, and then uploaded into Intellectus Statistics (2019) software program.

Demographics

The ages of the CBAG participants for this research study ranged from 5 years of age to 12 years of age. All program participants had completed pre- and post-coping skills scores and behavioral symptoms. The total data set included 156 program participants. As indicated in Table 2, program participant gender included 82 female participants and 74 male participants. Frequencies and percentages are presented in Table 2.

Table 2

Frequencies for the Gender Nominal Variable

Gender	ƒ	%
Male	74	47.44
Female	82	52.56
Total	156	100.00

Age, Pre-Symptoms, Post-Symptoms, Pre-Coping, and Post-Coping Skills Scores

As indicated in Table 3, the 156 program participants ages ranged from 5 years of age to 12 years of age. The means of the variable age of the participants is 8.79. The pre-behavioral symptom means score is 4.30, and the post score behavioral symptom score was 1.62. The pre-score coping skills means score is 3.18, and the post score coping skills score was 4.34, as indicated in Table 3.

Included Analyses Results

One-Tailed Paired Samples *t*-Test (Symptoms)

Introduction

A one-tailed paired samples *t*-test was proposed to examine whether the mean difference of pre-symptoms and post-symptoms was significantly different from zero. Program participants ranked their coping skills on a five-point Likert scale ranging from coping poorly to coping well, as stipulated in Table 3.

Table 3

Summary Statistics for Interval and Ratio Variables

Variable	M	SD	SE_M	Min.	Max.	Skewness	Kurtosis
Age	8.79	2.07	0.17	5.00	12.00	−0.28	−0.78
Pre-symptoms	4.30	2.33	0.19	0.00	12.00	0.67	−0.03
Post-symptoms	1.62	1.64	0.13	0.00	9.00	1.29	2.60
Pre-coping	3.18	0.96	0.08	1.00	5.00	−0.45	−0.08
Post-coping	4.34	0.64	0.05	3.00	5.00	−0.39	

Note. N = 156. Min. = minimum; max. = maximum.

Assumptions

Normality. A Shapiro-Wilk test was conducted to determine whether the differences in pre-symptoms and post-symptoms could have been produced by a normal distribution (Razali & Wah, 2011). The results of the Shapiro-Wilk test were significant based on an alpha value of .05, $W = 0.96$, $p < .001$. This result suggests the differences in pre-symptoms and post-symptoms were unlikely to have been produced by a normal distribution, indicating the normality assumption was violated.

Homogeneity of Variance. Levene's test was conducted to assess whether the variances of pre-symptoms and post-symptoms were significantly different. The result of Levene's test was significant based on an alpha value of .05, $F(1, 310) = 14.21$, $p < .001$. This result suggests it was unlikely that pre-symptoms and post-symptoms were produced by distributions with equal variances, indicating the assumption of homogeneity of variance was violated.

Results

Because the assumption of the one-tailed paired t-test was not met, a one-tailed Wilcoxon rank test was conducted to examine whether there was a significant difference

between pre-symptoms and post-symptoms. The one-tailed Wilcoxon signed rank test was a non-parametric alternative to the paired samples *t*-test and did not share its distributional assumptions (Conover & Iman, 1981).

The result of the one-tailed paired samples *t*-test were significant based on an alpha value of .05, V=10,109.00, z = -9.80, p>.001. This indicated that the differences between the pre symptoms and the post symptoms were not likely due to random variation. The median of pre-symptoms symptoms (*Mdn* = 4.00) was significantly larger than the median of post-symptoms (*Mdn* = 1.00). Figure 1 presents a boxplot of the ranked values of pre-symptoms and post-symptoms.

Figure 1

Ranked Values for Pre-Symptoms and Post-Symptoms
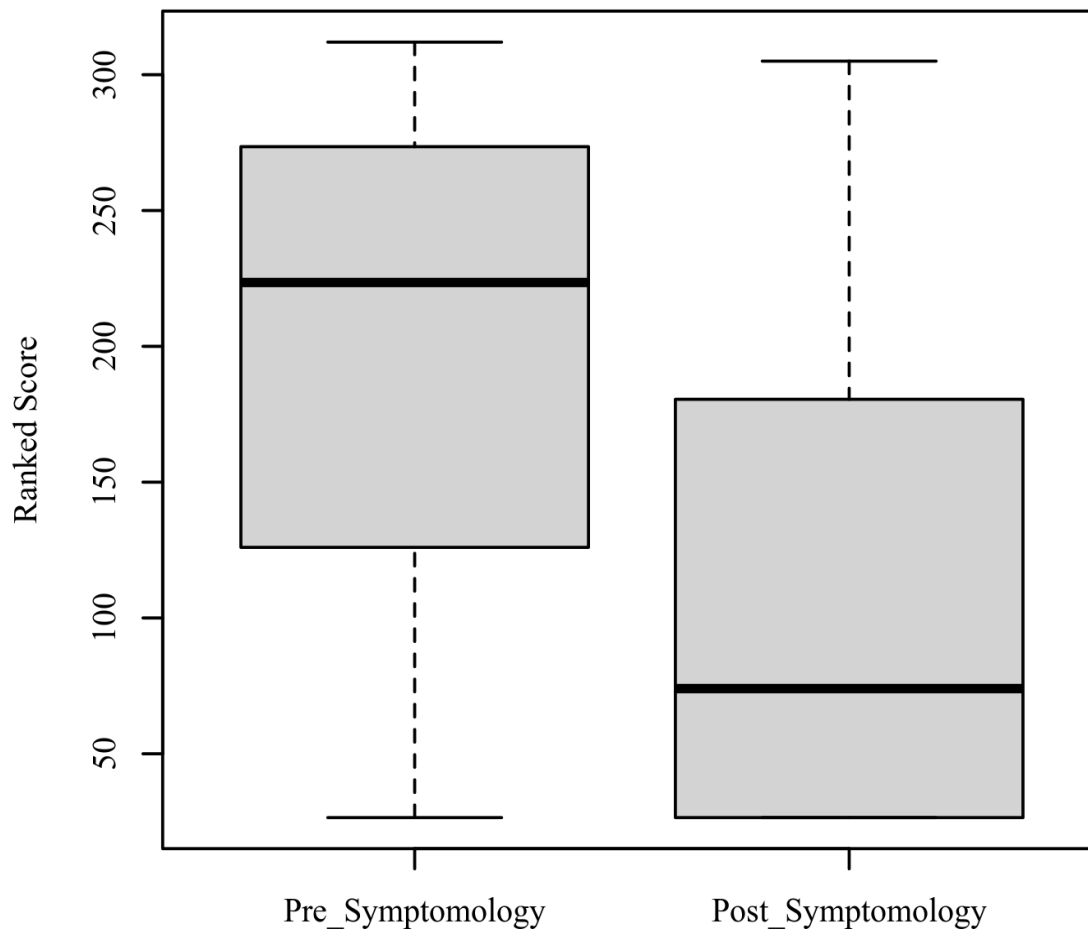
Note. Filtered by $5 \leq$ age ≤ 12.

One-Tailed Paired Samples *t*-Test (Coping)

Introduction

A one-tailed paired samples *t*-test was proposed to examine whether the mean difference of pre-coping and post-coping was significantly different from zero.

Assumptions

Normality. A Shapiro-Wilk test was conducted to determine whether the differences in pre-coping and post-coping could have been produced by a normal

distribution (Razali & Wah, 2011). The results of the Shapiro-Wilk test were significant based on an alpha value of .05, $W = 0.93$, $p < .001$. This result suggested the differences in pre-coping and post-coping were unlikely to have been produced by a normal distribution, indicating the normality assumption was violated.

Homogeneity of Variance. Levene's test was conducted to assess whether the variances of pre-coping and post-coping were significantly different. The result of Levene's test was significant based on an alpha value of .05, $F(1, 310) = 9.29$, $p = .003$. This result suggested it is unlikely that pre-coping and post-coping were produced by distributions with equal variances, indicating the assumption of homogeneity of variance was violated.

Results

Because the assumptions of the paired *t*-test were not met, a one-tailed Wilcoxon signed rank test was conducted to examine whether there was a significant difference between pre-coping and post-coping. The one-tailed Wilcoxon signed rank test was a non-parametric alternative to the paired samples *t*-test and did not share its distributional assumptions (Conover & Iman, 1981).

The results of the one-tailed Wilcoxon signed rank test were significant based on an alpha value of .05, $V = 102.00$, $z = -9.32$, $p < .001$. This indicated that the differences between pre-coping and post-coping were not likely due to random variation. The median of pre-coping (*Mdn* = 3.00) was significantly lower than the median of post-coping (*Mdn* = 4.00). Figure 2 presents a boxplot of the ranked values of pre-coping and post-coping.

Mixed Model ANOVA (Symptoms)

Introduction

A mixed model analysis of variance (ANOVA) with one within-subjects factor and one between-subjects factor was conducted to determine whether significant differences exist among pre-symptoms and post-symptoms between the levels of gender.

Assumptions

Normality. The assumption of normality was assessed by plotting the quantiles of the model residuals against the quantiles of a Chi-square distribution, also called a Q-Q scatterplot (DeCarlo, 1997). For the assumption of normality to be met, the quantiles of the residuals cannot strongly deviate from the theoretical quantiles. Strong deviations would indicate that the parameter estimates are unreliable. The results indicated that the deviation near the end of the distribution suggested that the assumption was not met. Figure 3 presents a Q-Q scatterplot of model residuals.

Figure 2

Ranked Values for Pre-Coping and Post-Coping
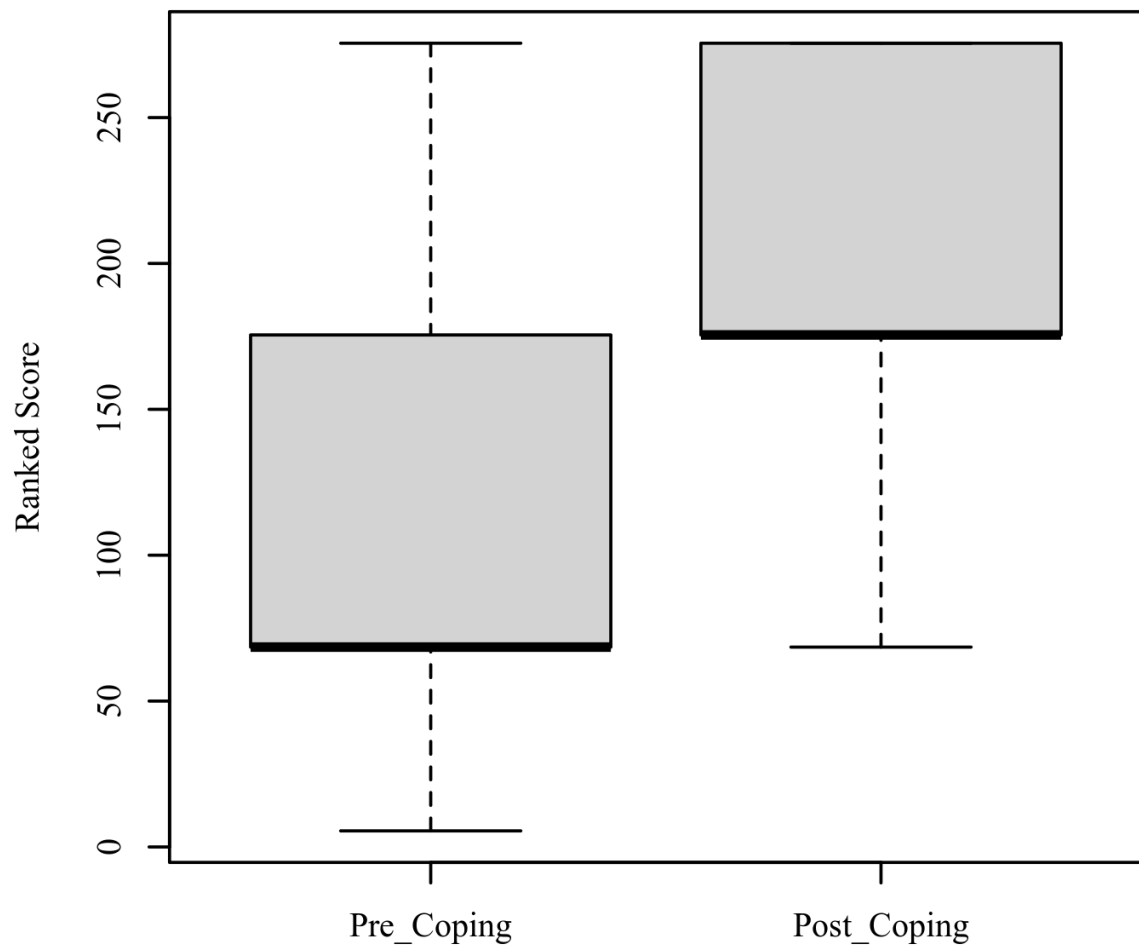
Note. Filtered By: $5 \leq age \leq 12$.

Figure 3

Q–Q Scatterplot for Normality of the Residuals for the Regression Model
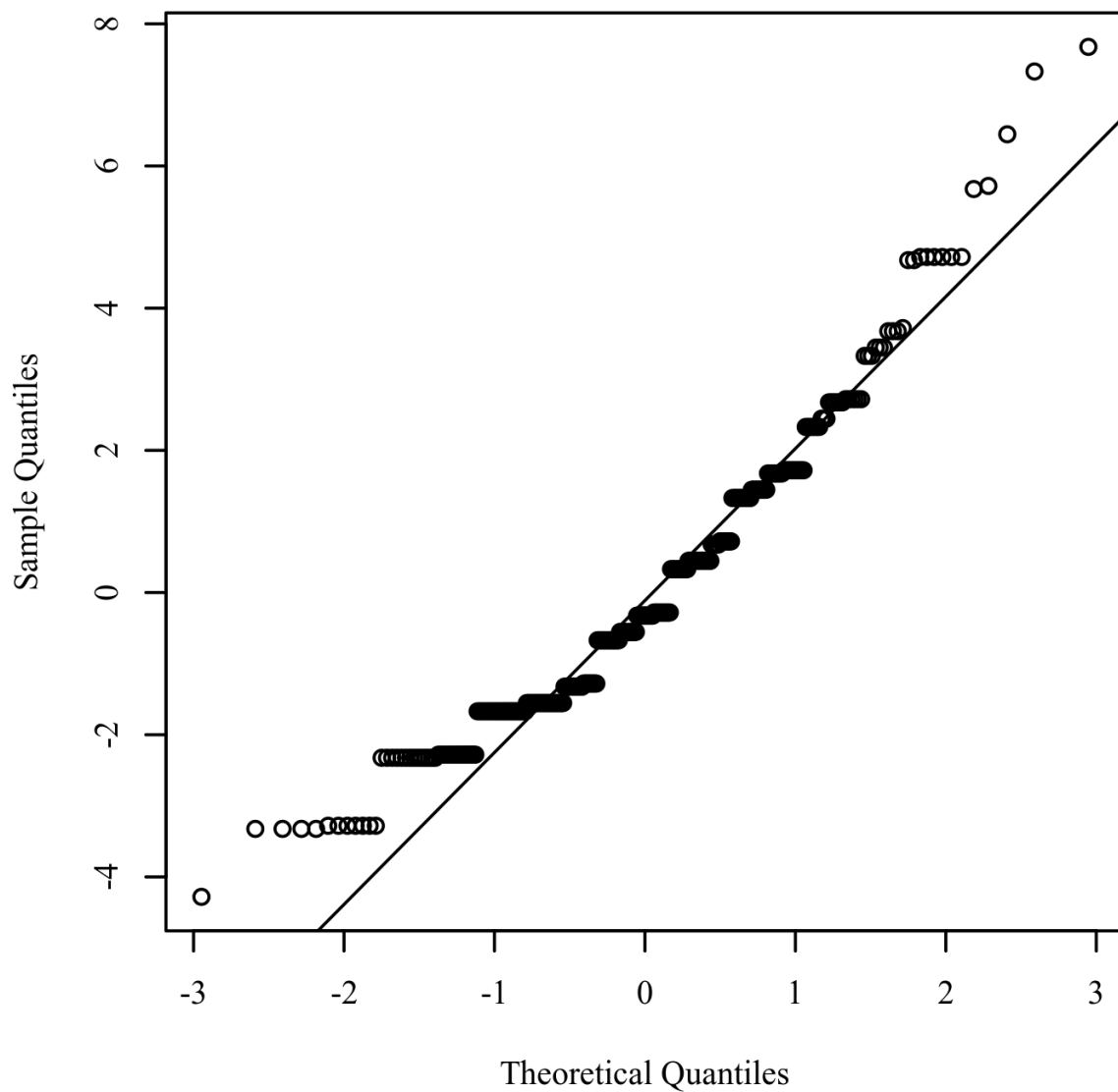
Homoscedasticity. Homoscedasticity was evaluated by plotting the residuals

against the predicted values (Bates et al., 2014; Field, 2017; Osborne & Walters, 2002).

The assumption of homoscedasticity was met if the points appear randomly distributed

with a mean of zero and no apparent curvature. The results of this figure indicated that

the assumption was not met. Figure 4 presents a scatterplot of predicted values and model residuals.

Figure 4

Residuals Scatterplot Testing Homoscedasticity
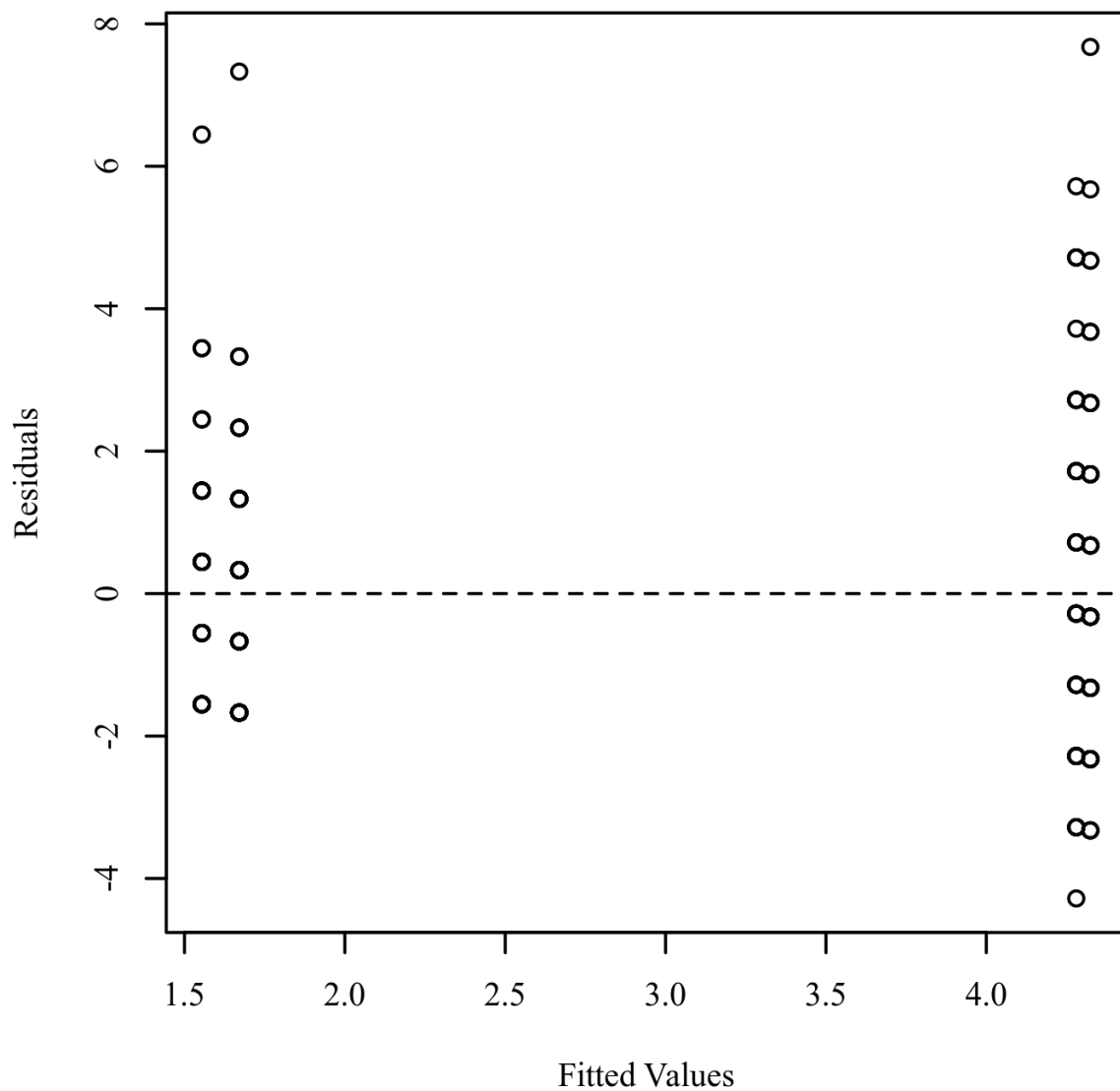
Sphericity. The usual sphericity assumption does not apply when there are only two repeated measurements.

Multivariate Outliers. To identify influential points in the residuals, Mahalanobis distances were calculated and compared to a χ^2 distribution (Newton & Rudestam, 2012). An outlier was defined as any Mahalanobis distance that exceeded 13.82, the 0.999 quantile of a χ^2 distribution with 2 degrees of freedom (Kline, 2015). There were two observations detected as outliers. The outliers were removed from the analysis.

Results

The results were examined based on an alpha of .05. The main effect for gender was not significant, $F(1, 152) = 0.02$, $p = .902$, indicating the levels of gender were all similar for pre-symptoms and post-symptoms. The main effect for the within-subjects factor was significant, $F(1, 152) = 209.61$, $p < .001$, indicating there were significant differences between the values of pre-symptoms and post-symptoms. The non-significant interaction indicated that gender did not affect the change in behavior symptoms; thus, I failed to reject the null hypothesis (H_o1): there is no significant impact on participant gender by the resilience model framework coping skills scale and grief behavioral symptoms of behaviors prior to pre-post CBAG ages 5-12. Table 4 presents the ANOVA results.

Post Hoc. The mean contrasts utilized Tukey comparisons based on an alpha of .05. Tukey comparisons were used to test the differences in the estimated marginal means for each combination of between-subject and within-subject effects.

Between Effects. For the Female category of gender, pre-symptoms were significantly greater than post-symptoms, t (152) = 10.19, $p < .001$. For the male category of gender, pre-symptoms were significantly greater than post-symptoms, t (152) = 10.29, $p < .001$. Table 5 presents the marginal means contrasts for the Mixed Model ANOVA.

Table 4

Mixed Model Analysis of Variance Results for Symptoms

Source	df	SS	MS	F	p	η_p^2
Between subjects						
Gender	1	0.07	0.07	0.02	.902	0.0001
Residuals	152	723.89	4.76			
Within subjects						
Within factor	1	575.73	575.73	209.61	< .001	0.58
Gender: Within factor	1	0.54	0.54	0.20	.658	0.001
Residuals	152	417.50	2.75			

Table 5

Marginal Means Pre-Symptoms–Post-Symptoms Differences for Values of Within-Subject Variables in the Mixed Model Analysis of Variance

Gender	Difference	SE	t (152)	p
Female	2.65	0.26	10.19	<.001
Male	2.82	0.27	10.29	<.001

Note. Filtered by $5 \leq$ age ≤ 12. Tukey comparisons were used to test the differences in estimated marginal means.

Mixed Model ANOVA (Coping)

Introduction

A mixed model analysis of variance (ANOVA) with one within-subjects factor and one between-subjects factor was conducted to determine whether significant differences existed among pre-coping and post-coping between the levels of gender.

Assumptions

Normality. The assumption of normality was assessed by plotting the quantiles of the model residuals against the quantiles of a Chi-square distribution, also called a Q-Q scatterplot (DeCarlo, 1997). For the assumption of normality to be met, the quantiles of the residuals could not strongly deviate from the theoretical quantiles. Strong deviations could indicate that the parameter estimates are unreliable. The results indicated that the assumption was not met. Figure 5 presents a Q-Q scatterplot of model residuals.

Homoscedasticity. Homoscedasticity was evaluated by plotting the residuals against the predicted values (Bates et al., 2014; Field, 2017; Osborne & Walters, 2002). The assumption of homoscedasticity is met if the points appear randomly distributed with a mean of zero and no apparent curvature. The results also indicated that the assumption was not met. Figure 6 presents a scatterplot of predicted values and model residuals.

Sphericity. The usual sphericity assumption did not apply when there were only two repeated measurements.

Multivariate Outliers. To identify influential points in the residuals, Mahalanobis distances were calculated and compared to a χ^2 distribution (Newton & Rudestam, 2012). An outlier was defined as any Mahalanobis distance that exceeds 13.82, the 0.999 quantile of a χ^2 distribution with 2 degrees of freedom (Kline, 2015). There were no outliers detected in the model.

Figure 5

Q–Q Scatterplot for Normality of the Residuals for the Regression Model
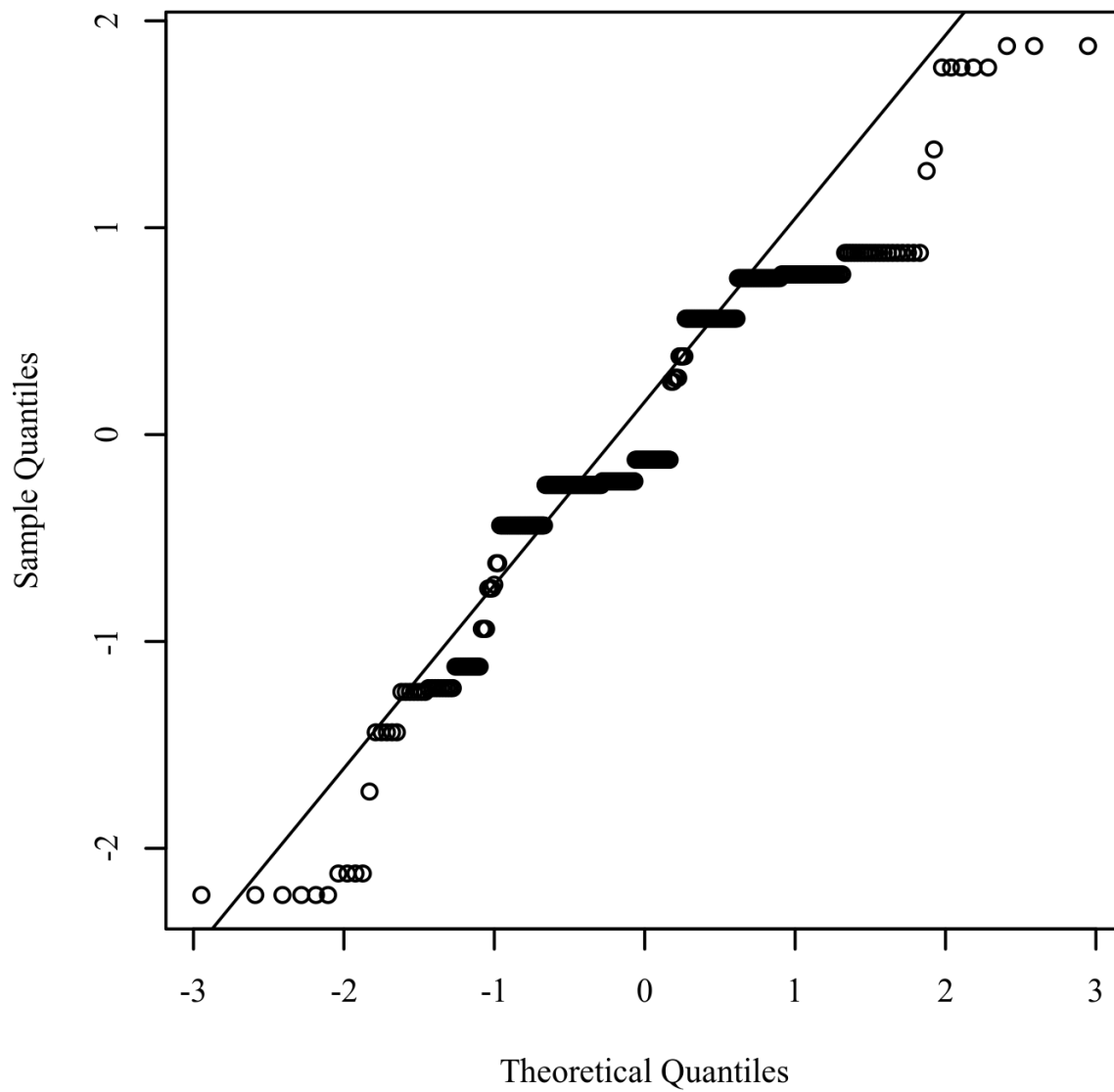
Figure 6

Residuals Scatterplot Testing Homoscedasticity
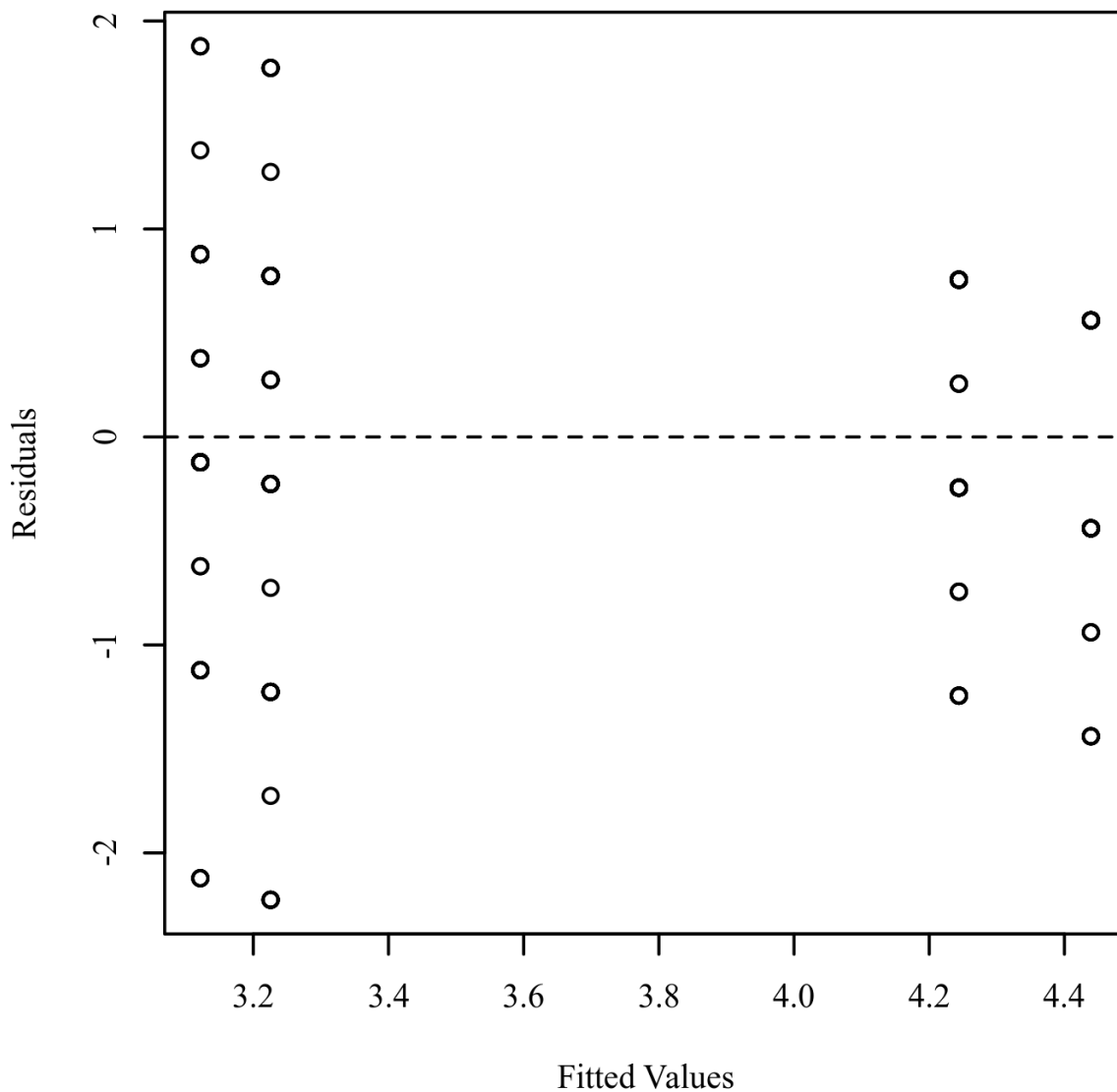
Results

The results were examined based on an alpha of .05. The main effect for gender was not significant, $F (1, 154) = 0.19$, $p = .660$, indicating the levels of gender were all similar for pre-coping and post-coping. The main effect for the within-subjects factor was significant, $F (1, 154) = 214.31$, $p < .001$, indicating there were significant differences

between the values of pre-coping and post-coping. The interaction effect between the within-subjects factor and gender was not significant, $F(1, 154) = 3.52$, $p = .063$, indicating that the relationship between pre-coping and post-coping was similar between the levels of gender. Table 6 presents the ANOVA results.

Table 6

Mixed Model Analysis of Variance Results for Coping

Source	df	SS	MS	F	p	η_p^2
Between subjects						
Gender	1	0.16	0.16	0.19	.660	0.001
Residuals	154	128.33	0.83			
Within subjects						
Within factor	1	106.12	106.12	214.31	<.001	0.58
Gender: Within factor	1	1.74	1.74	3.52	.063	0.02
Residuals	154	76.25	0.50			

Post Hoc. The mean contrasts utilized Tukey comparisons based on an alpha of .05. Tukey comparisons were used to test the differences in the estimated marginal means for each combination of between-subject and within-subject effects.

Between Effects. For the female category of gender, pre-coping was significantly less than post-coping, $t(154) = -9.27$, $p < .001$. For the Male category of gender, pre-coping was significantly less than post-coping, $t(154) = -11.39$, $p < .001$. Table 7 presents the marginal means contrasts for the Mixed Model ANOVA.

Table 7

Marginal Means Pre-Coping–Post-Coping Differences for Values of Within-Subject Variables for the Mixed Model Analysis of Variance

Gender	Difference	SE	t (154)	p
Female	−1.02	0.11	−9.27	<.001
Male	−1.32	0.12	−11.39	<.001

Note. Tukey comparisons were used to test the differences in estimated marginal means.

Summary

The purpose of this quantitative research study was to explore the implementation of empirical evidence-based grief intervention programs for children and teens ages 5-12. Therefore, this research study examined CBAG's pre-intervention coping skills scores and post-intervention coping skills scores to measure the effectiveness of the supportive services of this program, and also to examine if gender has a significant impact on CBAG program participants. The overall results in question one indicated that there is a statistically significant impact on the pre-intervention coping skills and the post-intervention coping skills, as well as the behavioral symptoms, of the CBAG program participants. The results for question two indicated that there is no statistically significance difference on gender in CBAG program participants coping skills and behavioral symptoms. In Chapter 5, I will discuss further aspects of the results, the limitations of this study, future implications, and implications for social change in children's bereavement research.

Chapter 5: Summary, Conclusions, and Recommendations

Introduction

The overall purpose of this quantitative research study was to explore the implementation of grief intervention programs for children and teens ages 5-12. Grief interventions are fundamental for the stability and enhancement of the mental health of bereaved children and teens (Linde et al., 2017). The aim of this research study was to further investigate, evaluate, and build upon former children and teen bereavement research while evaluating the effectiveness of the Sutter Health Child Bereavement Art Group intervention program. The CBAG program focuses on building resilience and coping skills in children and teens after their loved ones die. The goal of this research study was to examine CBAG's pre- intervention coping skills scores and post-intervention coping skills scores to measure the effectiveness of the program's supportive services.

The objection of this research was to determine if there was a significant difference between the pre-intervention coping skills scores and the pos- intervention coping skills scores and behavioral symptoms of the CBAG program participants ages 5-12. This research study included one subsystem of the research to determine if gender had a significant impact on the program participation outcome, as indicated by McNess (2008), who posits that males' social expression is generally expected to be more reserved than females. Therefore, to determine if there was a significant impact on the pre-intervention scores and post-intervention scores and behavioral symptoms, a two-tailed paired samples t-test was conducted to examine whether the mean difference of pre-symptoms and post symptoms was significantly different from zero. Program

participants ranked their coping skills on a five-point Likert scale ranging from coping poorly to coping well. The results of the data analysis ascertained that there was a significant impact between the pre-intervention coping skills and the post-intervention coping skill scores and behavioral symptoms of the CBAG program participants.

Chapter 5 focuses on the interpretation of the findings, the limitations of the study, recommendations, implications, and the research study conclusions.

Interpretation of the Findings

First, a one-tailed paired sample T test was conducted to examine whether there was a significant difference between pre-symptoms and post-symptoms. The overall results of this findings indicate that that the coping skills of the CBAG group participants increased, and the number of behavioral grief related symptoms decreased. The results of this research study indicated that the CBAG program resilience model framework does have a significant impact on children and teens' pre-post coping skills scores, and pre-post behavioral symptoms before and after they enter into the program. Therefore, the resilience model framework coupled with the integration of art therapy does indeed contribute to stabilization post death for bereaved children and teens. Also, Van Breda (2018) presupposes that the resilience framework enables individuals confronted with adversity to achieve positive outcomes when facing challenges.

The incorporation of a resilience framework-oriented, art-based group assists in fostering recovery by centering on the enhancement of coping skills and self-efficacy for bereaved children and teens. Further, these findings align with Van der Hallen et al. (2020), contending that resilience and coping are related compounds; when both are combined, resilience is the sentiment of the coping network. Another confirming factor in

the findings of this research as posited by Afifi et al. (2016) was that social relationships are a vital component of resilience theory. The CBAG program incorporates a group work centered program that fosters peer-to-peer and social relationships, thus contributing to existing research that promotes social support networks aiding in positive adaptation after adversity.

To determine the impact of the CBAG program participants' behavioral symptom scores, a one-tailed paired sample *t*-test was administered. The findings also concluded that there is an overall impact of the pre-intervention behavioral symptoms and the post-intervention behavioral symptom scores of the CBAG program participants. Another factor of resilience theory centers on the emotional regulation and well-being of individuals. The CBAG program aims at building and strengthening emotional regulation after trauma. The findings of this research indicate that the pre-behavioral symptoms and post-behavioral symptoms scores were significantly impacted, meaning that the emotional regulation of the CBAG participants was strengthened. The emotional health of bereaved children and teens after the death of a loved one is challenging emotionally; therefore, regulation strategies that moderate emotional regulation promote emotional well-being and adaptability in the aftermath (Stratta et al., 2015).

The overall findings of the pre- and post-intervention scores, and the pre- and post-intervention behavioral symptoms suggest that the CBAG program participants pre-intervention coping skills scores were increased post-intervention, and the grief related behavioral symptoms were decreased. Also, the research findings of this project can contribute to knowledge, advocacy, and intervention techniques regarding effective empirically-based intervention strategies for bereaved children and teens Additionally,

the theoretical framework for this research project builds on resilience theory. Resilience theory conciliates the process of equipping individuals to achieve better than expected outcomes and includes hope and empowerment (Munoz et al., 2017). Although, the resilience theory encompasses a multivariate approach, the CBAG program focuses on aspects of self-efficacy, coping skills and positive adaptation. Further, the strategy of resilience theory is stabilization post death and assisting bereaved individuals with positive coping strategies when dealing with adversity-driven stress (Chow et al., 2018).

According to Brody et al. (2016), research further stipulates that trauma informed prevention programs can aid with bereaved children's coping skills and self-regulatory strength adaptation, meaning, and optimism, which are indicated in the results. Furthermore, Van der Hallen et al. (2020) stipulate that resilience and coping are indeed related compounds; thus, resilience is the sentiment of the coping network. Therefore, if the framework of the intervention strategy centers upon resilience as the theoretical foundation, it will impact the overall coping skills of the individual; this is indicated in the results in that there was not a significant impact between the is the pre-intervention coping scores and post-intervention coping skills scores, and the pre-intervention behavioral symptoms and the post intervention behavioral symptoms.

The framework of resilience theory also includes a focus on the overall emotional well-being of the individual post adversity; therefore, the CBAG program addresses a reducing bereaved children and teens' behavioral symptoms. Research further concludes that maladjusted coping pre-intervention may contribute to a bereaved child and teens' exacerbated symptoms. The findings from the CBAG program also indicate that there is a

significant difference between the pre-behavioral symptom scores and the post-behavioral symptom scores.

Finally, this research study included one subsystem to determine if gender played a role in the in the pre- and post-test intervention scores of the CBAG program. Malone (2012) posits that girls have the tendency to score higher in grief related symptoms than boys; however, the main effect for gender was not significant. Additionally, the non-significant interaction indicates that gender did not affect the change in behavior symptoms. Although, Masten and Narayan (2012) posit that gender can be a vital component of severe adversity, the findings of this research study indicated that it was not significant. Former research indicates that as it pertains to bereavement intervention strategies and gender, girls are more expressive in their grief responses than boys (Malone, 2012). Nevertheless, the findings of this research did not support gender having a significant effect on the pre- and post-scores of the CBAG participants.

Limitations of the Study

First, to avoid the threats of the internal validity of this research study, steps were taken to avoid challenges to the utilization of the data from the CBAG program. One step that was taken, was to ensure program participant privacy; therefore, the data collected for this research study was redacted to prevent exposure of any program participant privacy information. Next, this research project included transparent measurements of the research design, data collection analysis and reporting of the data findings to also avoid challenges of undermining the validity and statistical conclusions of this research study and to maintain research credibility (Flake & Fried, 2019). Further, the main displayed limitation of this overall research project is the fact that there was no control group, and it

was a within-subjects design to evaluate the intervention treatment impact without a control group for this research study. Hence, this research design was a pre-post post intervention design to analyze the benefits of the CBAG program (Harris et al., 2006) The implementation of a control group could have provided a direct adjoining approach to include direct comparison and add strength to the research study findings.

Consequently, to incorporate a control group in this research would be difficult due to the severity of the needed services and ethical considerations will not allow the withholding of client participation; nevertheless, Whitehead et al. (2018) suggests using the waitlist as a control group as a potential solution to strengthen the study design. Also, the measurements of this study were limited due to the score reflecting an undetermined level of program participants. The number of sessions were not reflected in the study scores; however, each program participant attended sessions to complete and graduate from the program services. Thus, the undetermined amount of program sessions can indicate that there may be internal validity threats to this study. Further, although the CBAG program provides grief intervention services to children and teens ages 4-18, this research study only focused specifically on children and teen participants ages 5-12. Hence, did not include the entire population that can impact the generalizability of this research study. Lastly, it the aim of the identification of this research limitations that may suggest areas of future research investigation and identify gaps to further expand future research for bereaved children and teens (Ross & Bibler Zaidi, 2019).

Recommendations

Recommendations for further research that pertain to this research project pertain both to the strengths and limitations of this research study. First, this research study

continues to build upon existing research focalizing on the need for advocacy, and intervention strategies for bereaved children and teens. Overall, research for bereaved children and teens are needed to aide in the enhancement and the emotional well-being of bereaved children and teens. Therefore, intervention strategies are needed assist children and teens with coping skills and adaptation after the impact of death on their emotional stability. Additionally, according to Arnold (2019), the emotional reactions after the death of a loved one are not only difficult emotionally but also there can be physical and psychological, complications.

Further, Thompson (2017) posits children and teens grieving the loss of a parent is one of the most grievous events that a child and or teen will ever experience. Therefore, the strengths of this study determine that children and teens benefit from bereavement intervention in the enhancement of coping skills and the reduction of behavioral symptoms. Thus, the implementation of evidence-based intervention strategies contributes to intervention strategies that promote the emotional well-being of bereaved children and teens. Additionally, this research study can continue to tools, support and guidance for mental health clinicians assisting bereaved children and teens in the promotion of mental health wellbeing. Hence, intervention strategies that focus on the enhancement of coping skills, dealing with change, building resilience, and recovery post-loss are vital in the stabilization process for children and teens (Van der Hallen et al., 2020).

Also, the strengths of this research identify continued gaps in children and teen bereavement research for future researchers to expand knowledge. For example, the focus of this research included specifically the age range of bereaved children ages 5-12.

Erikson describes the ages of 5-12 as the stage of development which is Industry vs.

Inferiority. According to Erikson the middle stage of development of children ages 5-12

is the stage of development that involves industry vs. inferiority (Schonert-Reichl, 2013).

Thus, at this stage of development, children are Erikson posits that this stage of

development is an important role due to children developing a sense of usefulness and

self-worth (Schonert-Reichl, 2013).

Consequently, according to Sanchis-Sanchis et al., (2020) children by the ages of

eight to nine gain understanding to regulate their emotions through thoughts about

themselves, their feelings. Or others. Further, Steinberg (2004) further suggests that in the

adolescent years, this stage of development involves a heightened time of vulnerability

especially regarding emotion, cognition, and behavior. Additionally, Steinberg (2004)

also posits that the adolescent developmental years in a time of increased risk for a

variety of emotional and behavioral problems, such as depression, acts of aggression and

substance abuse. Also, Sanchis-Sanchis et al., (2020) implies there is growing research

that focalizes on the difficulties in emotional regulation in children between the ages of 9-

16 and the importance of the need to emphasize emotional regulation. Finally, according

to Steinberg (2004) behavioral data indicates that during the adolescent years their

decisions and actions are influenced by their emotions and social influences.

Moreover, future research can include to evaluate the ages of 13-18 which is the

stage of identity verses confusion. This is the state of development in teens post the loss

of their loved one can include identity confusion which the teen can become confused

that apart of them died with their loved one (Bellet et al., 2020). Therefore, continued

research that focalizes on the specific age group would further contribute to further

advocacy for teen bereavement research. Finally, one of the identified limitations of this research project is not having a control group. Further future research can implement a strategy to implement a control group to strengthen children and teen bereavement research.

Implications

The findings of this research study can contribute to the indications of positive social change and fosters an awareness that resilience post -loss is not automatic for every individual and many bereaved individuals need additional support. Social change centers on being a force of modernization that contributes to a platform to publish social science research that both theoretically and empirically embolden this achievement (Wedel, 2020). Hence, this research not only can contribute to the education that centers on the need for support for bereaved children and teens, but also promotes prevailing knowledge that includes research that addresses much needed advocacy. First, on an individual level the implications of change for bereaved children and teens are an awareness of an individual's emotional distress post loss and embracing their own need for support and accepting and normalizing the emotional trauma around the concept of grief. Walsh (2020) posits that on an individual level grief must be acknowledged which becomes a strength that can improve support and promote recovery.

Secondly, the positive social change for bereaved children and teens as it pertains to family dynamics and bereavement are another vital component. The CBAG model embraces the concept that a family that grieves together has the opportunity to heal together. Bereaved families are in need of support and oftentimes are unaware of how to

address the overwhelming stress that their children are encountering through their process of grief.

Additionally, on an organizational level the findings of this study can lead to positive change in various ways. First, as indicated by Sikstrom et al. (2019), there are limited research studies in bereavement care post-death that analyze the impact of grief interventions and patient and family- wellness. Thus, the findings of this research can contribute to an expansion of empirical based research of the impact of bereavement intervention pre-intervention and post- intervention. Further, research also implies that there is a continued need for mental health clinicians to gain education, skills and trainings to provide further insight to aide in their personal development (Dodd et al., 2022) Overall, with the finding of this research study it identifies not only a theoretical framework, but also and intervention strategy centered on art and the impact of creative methods to increase coping skills and reduce behavioral symptoms post-loss due to clinicians struggling with limited empirically validated evidence based intervention strategies (Thompson, 2017).

Also, the research findings from this study as it pertains to society will also promote social change in the societal view on the impact of grief and how individuals are impacted by the trauma of grief and loss post-death of a loved one. Through the focus on grief as it pertains to children and youth grief work, there is a tendency to equalize both adult and children grief work and to also minimize the traumatic impact of grief and loss and spur individuals to move on and obtain closure (Walsh, 2020). Consequently, this research study focalizes specifically on children and teen bereavement which can contribute further societal education, awareness and knowledge regarding children and

teen bereavement. Additionally, the resilience theory framework working with children and teens grief also promotes and societal awareness that resilience is not developed automatically, and individuals may require additional bereavement support to adapt post-death. Also, the theoretical framework of resilience theory centers on stabilization adaption, and emotional wellness post-death.

Further, the theoretical implications of resilience theory can assist in stabilizing families and individuals post trauma and can be implemented as a practice map to effective interventions especially as it pertains to children and teen grief work. Next, the empirical implications of this research study aide to the contribution of further validated evidence-based intervention strategies for bereaved children and youth. Also, the findings of this research study address the need for support for both bereaved children and youth but also mental health clinicians, school counselors, etc., who will provide assistance for bereaved children and families. Furthermore, research indications that empirical evidence-based strategies are limited; therefore, the finding of this research study can contribute further education and knowledge of validated children's bereavement programs (Thompson, 2017). Finally, the empirical evidence from this study can serve as a further guide for direct clinical practice in children and teen bereavement support.

Lastly, the recommendations of this research study pedicle from both the strengths and limitations of this research study. One future recommendation of this research study would be to include another subsystem of this research that focuses on race. This research study included gender as a subsystem, but the impact of children and teen grief and race may generate more understanding of the impact of intervention strategies. Research implies that findings are limited and conflicted regarding to racial

effects (Huebner et al., 2004). Therefore, to include a study that centers on the race, and children and bereavement support interventions will contribute guidance in supporting bereaved children and teens post-death. Additionally, another recommendation for future research is the possibility of the addition of a control group to strengthen children and teen pre-test post-test research.

Conclusion

Bereaved children encounter many hardships adjusting to a life without their loved one. Oftentimes, the expectation is for bereaved children and teens to get over their emotional trauma of adjusting to their new transition without support. In addition, if the emotional needs of bereaved children continue to go unaddressed, it can ultimately impact their overall emotional well-being especially at an influential time in their lives when they are still in their developmental stages. According to Erikson Children ages 5 through 12 are in the stage of Industry vs. Inferiority which fosters a child's sense of usefulness and self- worth (Schonert-Reichl, 2013). Hence, the impact of trauma on this stage of a child's development a child can experience conflict in his or her behavioral development.

It is vital that as mental health clinicians etc. concenter more on prevention intervention services to address the emotional well-being especially as it pertains to bereaved children and teens. Prevention services aim at addressing potential needs before they come to the point of being problematic. Thus, addressing the needs of bereaved children and teens early on, will aide in emotional regulation for bereaved children and teens to prevent complicated grief. Awareness and advocacy are needed to foster social

change to addressed bereaved children and teen's needs. Further, the enhancement of coping skills is a vital factor to overcome the challenges of adversity.

Consequently, the theoretical framework of resilience theory promotes coping skills, adaptation, self-efficacy which are building blocks of better expected outcomes after the death of a loved one. Furthermore, resilience theory is a significant process that supports adaptation and stabilization after the adverse disruption of the death of a loved one. Also, another vital factor in supporting the needs of bereaved children and teens centers on the concept of social networks and the need for emotional expression (Myers-Coffman et al., 2020). The CBAG program centers on fostering the development of social support networks and peer to peer support to aide in one person supporting another person through group interaction and giving and helping others which research implies bereaved children and teens can find meaning through their adversity (Gitterman & Knight, 2016). Further, the incorporation of group work also assists children and teens in understanding that they are not alone especially needed for bereaved children and teens post death.

Finally, the CBAG program also incorporates grief education through the emotional expression of art. The incorporation of art is an unconventional method to work with individuals especially children and teens overcoming the adversity of grief and loss post death. The findings of this research study promote intervention strategies and to impact change for bereaved children and teens. The findings from this research program on the evaluation of the CBAG program determine that this bereavement intervention program for children and teens have a significant impact on pre and post intervention coping skill score and behavioral symptoms. Therefore, this research contributes to

further, evidence-based empirically validated intervention strategies to guide mental health clinicians not only with education but also aide in the developing effective intervention methods for bereaved children and teens.

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