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Master's Students' Self-Assessment of Competency in Grief Education and Training in CACREP-Accredited Counseling Programs

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Walden University
2016

Abstract

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by

Jane E. Wood

MS, Walden University, 2011

BA, University of Central Florida, 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

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Abstract

Counseling can promote positive outcomes for grieving clients by addressing personal loss and helping the client process their grief. However, a lack of understanding on the part of counselors of how people grieve may result in negative client outcomes such as psychological stress, poor health, or an increased risk of depression. Education and training in grief counseling can improve counselors' problem recognition and skills in treatment planning. The purpose of this study was to examine whether Council for Accreditation of Counseling and Related Educational Programs (CACREP) master's degree counseling students view themselves as having been adequately trained in grief theories and skills. The theoretical foundation used was modern grief theory based on John Bowlby's work on Attachment Theory. The overall research question was how competent do master's-level counselors view themselves regarding the education or training they received in grief theories or counseling skills in their CACREP-accredited studies. I used a non-experimental, one shot survey comparative quantitative research design. Cicchetti's Grief Counseling Competency Scale (GCCS) was administered to CACREP master's-level counseling students enrolled in their practicum or internship experience, which resulted in 153 participants. Using a MANCOVA, there was significance found for relationships between coursework taken and (a) perceived assessment skills ($p = .029$), (b) perceived treatment skills ($p = .025$), and (c) perceived conceptual skills and knowledge ($p = .003$). Results of this study provided insight for CACREP master's-level counseling programs to explore and discuss curriculum coursework inclusion of education and training in grief theories and skills.

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Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

Everyone will experience the loss of a loved one sometime within his or her lifetime. A person can experience loss due to a divorce, separation, breakup, or estrangement (Breen & O'Conner, 2011). An individual may experience loss of capacity, loss of a job, or loss caused by natural or human-caused disasters (Humphrey, 2009). An individual's response to such a loss is unique (Thirsk & Moules, 2012), and not all individuals will seek mental health services to assist them with their grief. However, some people do seek out such services. According to the National Institute of Mental Health (2007), only 18% of the United States population used mental health services.

The demand for grief counseling in the United States will be on the rise due to a variety of reasons in the near future. For instance, the aging baby boomer generation worldwide is estimated to be at 72 million people aged 65 years old or older in the year of 2030, and is expected to grow to be 19% of the population (Hooyman & Kiyak, 2005; U.S. Department of Health and Human Services, n.d.). Due to the aging generation, we will see an increase in deaths in the baby boomer population (Hooyman & Kiyak, 2005). In addition, we might see an increase in the baby boomer population seeking out grief counselors due to a disability, loss of a loved one, or grieving the loss of quality of life (Hooyman & Kiyak, 2005; Ober, Granello, & Wheaton, 2012). Ober, Granello, and Wheaton indicated the request for grief counselors will be on the rise due to the aging Baby Boomers successive losses and the grief they experience. Breen (2010) indicated

counselors are required to be educated and trained to provide effective and appropriate grief counseling to clients.

According to Kaskie, Imhof, and Wyatt (2008), one of every five older persons in America each year experiences a mental health disorder. Robb, Haley, Becker, Polivka, and Chwa (2003) suggested there is an increase in the use of mental health services in the older adults' population ranging in the ages of 65 years and older. The Seniors Mental Health Access Improvement Act of 2013 (S. 562; bipartisan counselor coverage bill), has been assigned to a congressional committee (Barstow & Terrazas, 2012). The bill proposes to cover state-licensed counselors under the same terms as clinical social workers. The passing of this bill is important because the baby boomer generation is reaching Medicare eligibility. Therefore, it is important for Medicare to recognize counselors as providers of mental health services so they can assist the aging population with their grief and loss issues (American Counseling Association, 2006).

Furthermore, veterans are returning home from war in Iraq and the Middle East with presenting issues of grief and loss due to the loss of members of their units and friends (Papa, Neria, & Litz, 2008), as well as with sometimes traumatic injuries or disabilities. As a result, Veterans reported they are grieving the loss of how life used to be before their injuries (e.g., Papa et al., 2008). Marshal (2006) stated many veterans are returning home from war with mental health issues pertaining to grief and loss. With the changes in the legislature, counselors can apply for positions in the Department of

Veterans' Affairs clinics to assist Veterans in need with their presenting issues (American Counseling Association, 2007).

Ober et al. (2012) noted a gap in the research literature that examines master's-level counseling students' self-reported competency, training, and education in providing grief counseling. Many people deal with grief issues that prevent them from having joy or purpose in their lives and that leaves them unable to engage in positive opportunities or relationships (Neimeyer & Currier, 2009). This study is significant and timely in that it examines CACREP-accredited master's counseling students' self-reported competency, training, and education in providing grief counseling. The implications for positive social change arising from my research may be to incorporate and promote education and training in grief theories and skills in a majority of counseling programs, and to provide motivation to incorporate professional standards for grief training and practice in the mental health counseling field.

In this chapter, I present the background for my study, the problem that I addressed, relevant literature on my topic, and my research questions and hypotheses. Additionally, I discuss my theoretical framework which draws from Bowlby's (1980) work on attachment theory in relation to the social problem, the nature and design of my study, and definitions of the terms used. I then considered my assumptions and the delimitations, limitations, and the significance of my research. I conclude the chapter with a summary.

Background of the Study

People commonly experience grief as a result of a difficult life transition or loss. A person can experience grief due to a divorce, separation, breakup, or estrangement (Breen & O'Conner, 2011). An individual may also experience grief due to loss of capacity, loss of a job, or loss caused by natural or human-caused disasters (Humphrey, 2009). Loss and transition are two of life's constants (Martin & Doka, 2000). No one can expect to live a life free of challenges, disappointments, change, or loss (Humphrey, 2009). Grief is one's own personal experience of loss and is manifested in different ways due to the individual's own life experiences (Archer, 2001).

Grief is an emotion that is usually generated by a critical life event experience due to a loss. Grief can apply to non-death related and death-related losses (Doughty Horn, Crews, & Harrawood, 2012). The experience of grief is unique and multidimensional (Granek, 2010). Researchers have identified and reported common grief responses as cognitive, affective, physical, behavioral, and contextual influences that can affect individuals in a negative way (e.g., yearning for the deceased) or in a positive way (e.g., feeling a sense of relief; Cordaro, 2012; Harrawood, 2012).

Individuals who have experienced some type of loss may have grief symptoms such as sorrow, numbness, depressed mood, lethargic behavior, sleep disturbances, loss of appetite, preoccupation, disbelief, anger, guilt, decreased interest in socializing, and the loss of interest in life experiences that use to be pleasurable to the individual

(Cicchetti, 2010; Freeman & Ward, 1998). Neimeyer and Currier (2009) noted that an individual's untreated grief issues may result in suicidal ideation, functional impairment, cardiac events, substance abuse, or issues with high blood pressure. However, if an individual gradually adapts and integrates the loss into their life, he or she may experience less intense and less frequent grief symptoms (Humphrey, 2009).

According to Ober et al. (2012), the demand for grief counseling services in the United States will be on the rise. Ober et al. surveyed 369 licensed professional counselors (LPCs) in a Midwestern U.S. state on the grief training they had completed, their personal and professional experiences with grief, and their self-assessment of their grief counseling competencies. They found that most of the participants had not had any course on grief counseling (Ober et al., 2012). The authors urged that additional research be conducted on the education and training on grief counseling provided by counselor education programs. Research by Breen (2010) also indicated that counselors need to be educated and trained to provide effective and appropriate grief counseling to the clients they serve.

However, there are several challenges in assuring that mental health counselors are prepared to meet the increased demand for providing grief counseling services. For instance, there is a lack of professional standards for grief training and practice in the mental health counseling field (Breen, 2010). Additionally, there is limited grief education and training within counseling programs (Doughty Horn et al., 2012; Ober et

al., 2012). Furthermore, there is a need for defining competency standards in grief counseling within the counseling profession (Kaplan et al., 2009). Current research has indicated that many counselors report uncertainty in their ability to provide effective grief counseling to clients, and has indicated the need to establish grief counseling competencies (defined below) through education and training in counselor education programs (Doughty Horn et al., 2012; Ober et al., 2012).

Establishing counselor competencies is an important component in the counseling profession to effectively and appropriately help clients (Doughty Horn et al., 2012; Morgan & Roberts, 2010). Moreover, counselor competency assists in promoting self-regulation and training within the counseling profession (ACA, 2014). According to McGlothlin and Davis (2004), the Council for Accreditation of Counseling and Related Educational Programs (CACREP) is the largest counseling accreditation body. McGlothlin and Davis (2004) stated accreditation standards ensure quality education in the counseling profession. However, grief and loss competencies and training are not mentioned in the current CACREP standards (CACREP, 2016; Doughty Horn et al., 2012).

Crisis and trauma counseling competencies, multicultural counseling competency, career counseling competencies, and advocacy competencies (social justice) were not addressed in CACREP core courses until counseling demands and client needs became evident in the counseling profession (Doughty Horn et al., 2012; Sue & Sue, 2008). Ober

et al. (2012) stated different types of competency standards have been accepted by the counseling profession and have been integrated into CACREP-accredited counseling programs of study in response to clients' needs. Some experts have called for research on course offerings, coursework, and students' grief counseling competency to determine whether competency standards should be accepted by the counseling profession (Cicchetti, 2010; Ober et al., 2012). In addition, course offerings, coursework, and students' grief counseling competency should be investigated to determine if they should be integrated into CACREP-accredited counseling programs of study to ensure effective care to meet clients' needs (Cicchetti, 2010; Ober et al., 2012).

According to the American Counseling Association's (ACA) "Code of Ethics" (2014), counseling competency is important for counselors to establish within the profession. The ACA "Code of Ethics" stated that counselors need to be properly trained to be competent to assist those in need ethical and effectively in Section Standard C.2., including working with clients that have presenting issues of grief and loss in Section Standard A.9. (Doughty Horn et al., 2012). Sadeghi, Fischer, and House (2003) suggested that if counselors do not have adequate training they might lack the skills to address the presenting issues of a client.

The development of grief counseling competencies is an important issue in the mental health counseling profession due to the projected future need for grief counselors or counselors who are competent in working with clients who are experiencing grief

(Haley, Kasl-Godley, Larson, Neimeyer, & Kwilosz, 2007). Currently, the counseling profession lacks an established framework of grief counseling competencies that is similar to the established framework our profession has on multicultural counseling competencies (ACA, 2014). Gamino and Ritter (2012) noted counselors approach grief with their own experiences or biases. Therefore, grief counseling competencies should be a requirement in the counseling profession to effectively manage one's own responses to grief counseling and to provide effective treatment for clients. I sought to provide additional research on master's students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs.

Problem Statement

Ober et al. (2012) noted there is currently a gap in the research literature that examines master's counseling students' self-reported competency, training, and education in providing grief counseling. According to Werth and Crow (2009), grief is an experience that essentially all people experience during their lifetimes, and due to the aging baby boomers and successive losses, the need for grief counselors or counselors who are competent in working with clients that are experiencing grief is in high demand and growing (Marshall, 2006; Papa et al., 2008).

Collier (2011) stated that 10-15% of individuals struggle to adjust to the loss of a loved one. According to Neimeyer and Currier (2009), many people deal with debilitating grief that prevents them from having joy or purpose in their lives and that leaves them

unable to engage in positive opportunities or relationships. Howarth (2011) stated that the lack of effective grief counseling may have negative consequences for a client such as their grief reactions may become more painful and debilitating. Therefore, I believe that my study of CACREP master's counseling students' self-reported competency, training, and education in providing grief counseling is significant and timely.

Purpose of the Study

The purpose of this quantitative study was to examine whether master's counseling students in CACREP-accredited programs perceive that they have been adequately trained in identifying clients' presenting grief issues and in providing grief counseling to clients in need. These participants were chosen to examine how master's-level counseling students rate themselves concerning the education or training they received about grief theories or counseling skills related to issues of grief interventions in their CACREP-accredited formal coursework.

I used Cicchetti's (2010) Grief Competency Counseling Scale (GCCS), which is an adapted version of the Death Counseling Survey (DCS; Charkow, 2002). Charkow initially designed the DCS to measure counselors' perceptions of their training and ability to assist clients who were experiencing grief due to death. Cicchetti revised the DCS and labeled the survey the GCCS to reduce possible participant's bias due to the DCS title. In my study the independent variables were demographic variables (gender, age, race, and ethnicity), coursework, and practicum or internship setting. The four grief competency

sub scales on the GCCS were the dependent variables, and the covariate was course offering.

Nature of the Study

The research method used for my dissertation study was quantitative. The research design I used is a non-experimental, one shot survey comparative design (Cicchetti, 2010). I ran the power for the MANOVA using G*Power 3.1.7 software. I used a medium effect size *F* test of .25, alpha level of .05, power of .80, and 6 degrees of freedom. The analysis indicated that a sample size of at least 225 participants was required (Faul, Erdfelder, Lang, & Buchner, 2007), so, calculating for a low response rate of 20% (225/.2 = 1125), this required that the survey needed to be sent to at least 1,125 potential participants (S. Jackson, personal communication, August 13, 2015). Basing this study on a very low response rate takes into account these variables and other variables that may not have been considered (S. Jackson, personal communication, August 13, 2015).

Criterion sampling (Franfort-Nachmias & Nachmias, 2008) was used for this study and included the population of master's-level students in CACREP-accredited counseling programs. The data collection method that I used in my dissertation study is the survey method. The GCCS and the DDS were used to collect data (Cicchetti, 2010). The GCCS provided participants with the ability to self report on four sub-scales (personal competencies, conceptual skills and knowledge, assessment skills, and

treatment skills) of perceived competency pertaining to their education or training in grief counseling. Combining each of the subscales scores provided a total score. Mean scores were calculated by dividing the subscale scores by the number of items. The DDS provided data about each participant's gender, age, race, ethnicity, coursework, and practicum or internship setting. Students enrolled in Practicum or Internship courses were asked to participate in the study. A convenience procedure was used to obtain participants by writing to program directors of CACREP-accredited counseling programs who were asked to forward the survey to their students. Students were invited to participate by completing an online survey via SurveyMonkey. The independent variables were the demographic variables (gender, age, race, and ethnicity), coursework, and practicum or internship setting. The four grief competency sub scales on the GCCS were the dependent variables, and the covariate was course offering, whether the participant's course curriculum offered coursework in grief counseling theories and practice.

The research method and data collection method were both appropriate for my study, because the methods allow the specific research questions to be answered through the participants' responses to the questions on the survey instruments in regards to the participants perceived competency through their education or training in grief counseling in which the participants obtained in their formal coursework in their CACREP counseling program. A true experimental design or a qualitative design is not appropriate

for this study. The survey design is appropriate, because it allows me to test the hypotheses.

Research Questions and Hypotheses

My overall general research question was adapted from Cicchetti's (2010) study: How competent do master's-level counselors view themselves regarding the education or training they received in grief theories or counseling skills in their CACREP-accredited studies? My sub-questions and related hypotheses included:

RQ1. How do the demographic variables (e.g., gender, age bracket, race, and ethnicity) relate to perceived grief counseling competency?

H_o1: There is no significant ($\alpha = .05$) interaction effect among the demographic variables and perceived grief counseling competency.

$H_1 1$: There is a significant interaction effect among the demographic variables and perceived grief counseling competency.

This question was investigated using a 4-way MANOVA with demographic variables (gender, age bracket, race, and ethnicity) as independent variables and the four grief competency sub scales on the GCCS as dependent variables.

RQ2. Controlling for course offerings (i.e., whether the participant's course curriculum offered coursework in grief counseling theories and practice), what is the relationship between coursework and grief counseling competency?

H_o2: There is no significant ($\alpha = .05$) positive relationship between coursework taken and the four grief counseling competency scales, controlling for course offerings.

$H_1 2$: There is a significant positive relationship between coursework taken and the four grief counseling competency scales, controlling for course offerings.

This question was investigated using a MANCOVA where the independent variable was coursework; the dependent variables were the four grief competency sub scales on the GCCS, and the covariate was course offering.

RQ3. What is the relationship between practicum or internship setting and perceived grief counseling competency?

H_o3: There is no significant ($\alpha = .05$) relationship for clinical setting and perceived grief counseling competency.

$H_1 3$: There is a significant relationship for clinical setting and perceived grief counseling competency.

This question was investigated using a MANOVA whereas the independent variable was practicum or internship setting and the four grief competency sub scales on the GCCS were the dependent variables.

Theoretical Framework

The theory that informed this quantitative study is modern grief theory. Modern grief theory is based on John Bowlby's work on Attachment Theory (Carr & Cortina, 2011). Bowlby (1980) stated Attachment Theory can be used as a conceptual framework

for understanding grief (Cicchetti, 2010). According to Bowlby, a person that is responsive to another person's needs enables the individual to develop a sense of security and trust. Bowlby described attachment as a psychological connectedness between a significant other. Therefore, when the attachment to another person ends due to separation or death; the remaining significant other than grieves (Bowlby 1980). In the relational approach to master students' self-assessment of competency in grief education and training, Breen (2010) addressed the level of efficacy that develops when grief is presented in curricula, counselors understand modern grief theories, and implement grief interventions in their counseling practices. This will be discussed in greater detail in Chapter 2.

Definition of Terms and Variables

Advocacy: Becoming actively involved in a cause to promote positive social change and thus to put counseling in action (Osborne, Collison, House, Gray, Firth, & Mary Lou, 1998). Counselors take the role of promoting societal change by acting as an agent and working towards an intervention on behalf of the profession, an organization, and their clients (West, Bubenzer, Osborn, Paez, & Desmond, 2006). Advocating is a single person or a group of people working together challenging beliefs in our society, questioning the status quo, challenging the rules and regulations that are in place, and protesting to influence change through awareness and education (Osborne et al., 1998).

Council for Accreditation of Counseling and Related Educational Programs (CACREP): A specialized accrediting body for professional preparation in specific graduate degree programs within the accredited institution (CACREP, 2016; McGlothlin & Davis, 2004). There are well-defined criteria outlining the national standards and training of skills to which graduate students must be held accountable (CACREP, 2016). The vision of CACREP is to promote excellence and to provide leadership through its accreditation standards by continually improving programs and preparing professionals to provide services to promote optimal human development (Adams, 2006). CACREP program assessments are conducted to ensure that all components of the program meet the CACREP standards in order for the program to receive accreditation by CACREP (CACREP, 2016). The CACREP accreditation provides recognition that the quality and content of the program meets the standards set by the profession to reflect the needs of a dynamic, complex, and diverse society (CACREP, 2016). Students enrolled in a CACREP-accredited program can be assured the appropriate knowledge and skill areas are included in the program and the program is professionally and financially stable (Adams, 2006). Furthermore, graduating from a CACREP-accredited program constitutes an important credential and distinguishes counselors as having completed a program that meets the standards of excellence for the profession (CACREP, 2016).

Counselor competency: According to the American Mental Health Counselors Association (AMHCA, 2010) and the ACA (2014) "Code of Ethics", is important for

counselors to gain competence in the areas of counseling that they provide to the ones they serve (Morgan & Roberts, 2010). According to the AMHCA (2010) Principle 7, counselors are expected to recognize their boundaries on their competencies and the limitations on their expertise. Furthermore, counselors are to provide services and use techniques that they are qualified by education, training, techniques, or experience to provide (AMHCA, 2010). The ACA (2014) "Code of Ethics", Section C.2.a. Boundaries of Competence stated counselors should practice only within their boundaries of competence based on their education, training, state and national credentials, and professional experience.

Grief: According to Humphrey (2009), grief is an emotion that is generated by an experience of death or non-death-related loss. Grief is often characterized by sorrow or distress (Jakoby, 2012). Grief is unique to the individual and multidimensional in responses and contextual influences (Humphrey, 2009). Grief is the process of experiencing the reaction to the perception of the loss (Cicchetti, 2010; Doughty Horn, Crews, & Harrawood, 2013; Rando, 1995).

Grief counseling: Grief counseling refers to the therapeutic work with clients who present with grief symptoms due to death or non-death-related loss (Humphrey, 2009). Grief counseling may be used in individual, group, couples, or family counseling sessions. There are theoretical approaches and interventions that counselors may use to assist grievers to manage their responses (mentally, emotionally, physically, or

spiritually) to the loss they have experienced (Cicchetti, 2010; Doughty Horn, Crews, & Harrawood, 2013; Rando, 1995).

Grief counselor competencies: Grief counseling competency is when a counselor obtains and demonstrates that one has the education, training, techniques, experience, knowledge, and skills to assist the needs of their grieving client. In this study, the grief counseling competencies are based on the GCCS assessment instrument developed by Cicchetti (2010), which is an adapted version of Charkow's (2002) DCS. The GCCS included five scales: Personal Competencies, Conceptual Skills and Knowledge, Assessment Skills, Treatment Skills, and Professional Skills (Cicchetti, 2010). The instrument in this study is a self-report survey and participants were asked to report the level of agreement with survey items. The survey was used to collect demographic information.

Holistic: In this study, holistic refers to the whole person in regards to his or her mind, body, emotions, and spirit that are all interdependent parts. When all the interdependent parts are in balance, one achieves optimal health and well-being (Chidarikire, 2012). However, if one part is not in balance, the other parts will be affected (emotionally, physically, or spiritually) in which can negatively affect one's overall health and well-being (Chidarikire, 2012).

Master's-level student requirements in a CACREP-accredited mental health counseling programs: Beginning July 1, 2013, all CACREP-accredited "mental health

counseling programs must require a minimum of 60 semester credit hours or 90 quarter credit hours for all students to meet the academic unit" requirement set by the CACREP standards (CACREP, 2016, p.5). In addition, the graduate-level core coursework must be in the following 8 content areas: (a) professional counseling orientation and ethical practice, (b) social and cultural diversity, (c) human growth and development, (d) career development, (e) counseling and helping relationships, (f) group counseling and group work, (g) assessment and testing, and (h) research and program evaluation (CACREP, 2016).

Master's-level student practicum requirements in a CACREP-accredited mental health counseling program: Students must complete a supervised practicum experience with a minimum total of 100 clock hours of which 40 of those hours must be direct client contact hours providing face-to-face counseling (CACREP, 2016). During practicum, the student must also obtain one hour per week site supervision and 1 ½ hours per week of program faculty group supervision (CACREP, 2016).

Master's-level student internship requirements in a CACREP-accredited mental health counseling programs: The program also requires completion of a supervised internship experience with a minimum total of 600 clock hours of which 240 of those hours must be direct client service hours providing face-to-face counseling and leading groups (CACREP, 2016). During internship, the student must also obtain one hour per

week site supervision and 1 ½ hours per week of program faculty group supervision (CACREP, 2016).

Unresolved grief: Unresolved grief is when the grief lasts longer than usual for the individual's cultural background (Field, 2006). Often times, unresolved grief is described as grief that will not go away or that it is interfering with the individual's capabilities to care for one's self daily (Field, 2006). Unresolved grief is abnormal, pathological, or traumatic grief with loss of feelings, denial, and repression (Cicchetti, 2010; Jacobs, 1999).

The independent variables for my study included demographic variables (gender, age, race, and ethnicity), coursework, and practicum or internship setting.

The dependent variables for the study include the following:

Level of Competencies, Skills, and Knowledge on the GCCS: Measures the Personal Competencies, Conceptual Skills and Knowledge, Assessment Skills, and Treatment Skills estimated by self-using the GCCS on a 5-point Likert scale that was converted to a mean score to obtain the four subscales on the same 5-point Likert scale, because each item was measured on a different number of items.

Total Score on the GCCS: An interval measurement on overall competencies, skills, and knowledge estimated by self on the GCCS, using a 5-point Likert scale on the 37 questions resulting in a range in score 37-185.

The covariate for this study was whether the participant's course curriculum offered coursework in grief counseling theories and practice. For this study, the covariate was held constant in examining the relationship between perceived grief counseling competency and coursework. The aforementioned was measured by the four sub scales on the GCCS.

Assumptions

The assumptions made with regard to conducting this study are that the instruments used to gather data in the study accurately measured the variables as intended (Cicchetti, 2010). Other assumptions were made in regard to the participants who are assumed to be attending CACREP-accredited counseling programs and completed all of their CACREP core course requirements for master's-level counselors in training. It was assumed that participants understand and answered all the questions with complete honesty. The data for this study were collected, analyzed, and reported in an ethical manner (Cicchetti, 2010).

Limitations

The study had a few limitations. A limitation of using quantitative methods for the research study is that one cannot obtain an in-depth understanding of the participants lived experience (Creswell, 2009). A limitation of using the non-experimental, one shot survey research design is that the respondents are limited in their response to those permitted on the GCCS (Creswell, 2009). Frankfort-Nacmias and Nacmias (2008) stated

content validity is determined by the degree to which the questions on an instrument are representative of what the instrument was designed to sample. The GCCS was designed to assess master's-level student's competency in grief counseling (Cicchetti, 2010). The questions on the instrument are representative of what the instrument was designed to sample. The data gathered were provided by the master's-level counseling students about their perceptions on their grief counseling competencies pertaining to their education and training.

The data were gathered via self-report which may not be the most objective form of evaluation (Janesick, 2011). Participants may have answered with bias in which their answer may reflect negatively upon their institution, therefore, a noted limitation in the study (Janesick, 2011). The participants were asked to be honest when giving their answers on their survey questions.

The participants were recruited from CACREP-accredited master's-level counseling programs through faculty members from each institution. Therefore, it is difficult to be certain that all eligible practicum and internship students were informed of the study in order to participate. The study is intended for master's-level counselors in training from CACREP-accredited institutions and did not intended to gather data from master's-level counselors in training from non-CACREP-accredited institutions. Due to the recruitment criteria, generalizability was limited to CACREP-accredited master's-

level counseling students. Therefore, the findings cannot be generalized to any larger population.

Time constraints are a noted limitation when using an online survey design to obtain participants responses (Wilson, Petticrew, Calnan, & Nazareth, 2010). According to Wilson et al. (2010), response rates for online survey design studies can be low; therefore, it may take time for me to obtain a large enough sample size of participants. With that in mind, scheduled follow-up e-mails were used to request participation in order to obtain the required sample size of participants for this study.

Scope and Delimitations

Criterion population sample was used in this study due to the scope of the research study. Master's-level counseling students in CACREP-accredited programs that are enrolled in their practicum or internship course were invited to participate in this survey research study. Participants were asked to examine their perceptions on their education and training in grief counseling in their CACREP counseling program. CACREP-accredited master's-level counseling programs were selected for this study, due to the education and training structured requirements of all its accredited programs. I delimited non-CACREP counseling programs due to differences in academic education and training requirements. The populations I am not studying are doctoral level counseling students or licensed professional counselors. The reason I delimitated the aforementioned populations is because those groups may have obtained grief education

and training from workshops, conferences, or continuing education classes after their master's-level training. Therefore, I delimited the findings and they cannot be generalized to doctoral level counseling students, licensed professional counselors, or non-CACREP counseling program students.

Significance of the Study

The significance of this proposed dissertation study is unique because it addresses an important and under-researched area of the competency of Master's-level counseling students in providing grief counseling (Doughty Horn et al., 2012; Ober et al., 2012). Breen (2010) noted there is a shortage of grief counselors or counselors who have been trained in grief theories and interventions in the counseling profession. There is little evidence that graduate counseling programs require coursework in grief counseling (Ober et al., 2012).

In addition, there are minimal research studies conducted pertaining to grief and loss theories, interventions, education, and training in the field of mental health counseling or in the other helping professions (Doughty Horn et al., 2012). Counselor competency is the professional responsibility of all members of the counseling profession (ACA, 2014; Cicchetti, 2010). The results from the study provide insight into the students' perceived competency in grief training and education through self-reports.

According to Ober, Granello, and Wheaton (2012), everybody experiences some type of grief, loss, or transition within his or her lifetime. Therefore, it is understandable

that grief counseling is relevant in the mental health counseling field. However, there is limited research available pertaining to counselors' training, experience, and competencies to provide appropriate and effective grief counseling (Ober et al., 2012).

Breen (2010) conducted a study using grounded theory to find out what are some of the recommendations for incorporating contemporary understandings into policy and practices for grief counselors. Breen concluded grief counseling could be harmful to clients if the counselor is not competent in grief counseling. Breen suggested future research needs to be conducted for grief education and training for counselors. Breen aligns with Ober et al. (2012) in which the authors noted the importance for counselors to seek grief education and training to be competent grief counselors.

Gamino and Ritter (2012) conducted a historical literature review on what it takes to sensitively and effectively counsel grieving clients. The narrative study concluded grief counselors must manage their own death anxiety in order to be effective in grief counseling. The authors stated future research needs to be conducted on the training and education of counselors in regards to competency in working with grieving clients (Gamino & Ritter, 2012). Gamino and Ritter align with Ober et al. (2012) in that the authors all noted that specialized skills in grief counseling are needed to assist in managing clients' issues related to dying, death, grief, and bereavement issues.

This study in addition helps to fill the gap in the literature and provide counseling program leaders and accreditation leaders with research-based information that better

informs their decisions about this component of the core curriculum of their counseling programs. The insight shared with the counseling profession through the results of this study should help bridge the gap in the literature and promote positive changes to the curriculum coursework of CACREP-accredited Master's counseling programs. Specifically, for CACREP standards to include a thorough discussion of the theories and skills in grief counseling to assist client's needs and counseling demands.

Summary

In this quantitative research study, I explored Master's-level counseling students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs. Studying the self reported perceptions of Master students' level of competency in grief education and training has many potential benefits for the counseling profession. For example these benefits may include, increased self-awareness in one's perceived competencies in grief counseling, increased ethical behavior in obtaining grief education and training to promote counseling competencies, increased positive change for clients seeking counseling for grief related issues, and reduced harm to clients that counselors serve. The mental health counseling profession ethically values counselor competency in order to do no harm to the clients we serve; however, there are no core education and training requirements in grief counseling in CACREP counseling programs to date.

In Chapter 2, the literature and search strategies used for this study in regards to grief education and training competency development in counseling students are discussed. In addition, a detailed review of the theoretical foundation used in this study and the rational on why the choice of this theory. Lastly, grief strategies and interventions were discussed. In Chapter 3, information on the research design and rationale, methodology, population sample, data analysis plan, and ethical procedures were discussed. In Chapter 4, the results of the study and statistical evidence that lead to the conclusions of this study are provided. In Chapter 5, an interpretation of the findings, limitations of the study, recommendations for future research to be conducted, and present implications of positive social change are presented.

Chapter 2: Literature Review

Everyone experiences grief sometime within his or her lifetime (Humphrey, 2009). According to Ober et al. (2012), with the aging baby boomers the need for grief counseling will be on the rise as this population experiences loss. In addition, many U.S. war veterans are returning home from the Middle East with mental health issues related to grief and loss (Marshall, 2006; Papa et al., 2008). Ober et al. (2012) stated not all counselors are adequately trained or comfortable in providing grief counseling.

According to Breen (2010), grief is a common experience in life, and grieving individuals seek counseling to assist them in coping with their loss. In addition, Breen stated there is a misalignment between contemporary grief research and grief counseling practices. This may limit intervention effectiveness in grief counseling. Breen conducted a qualitative research study and used grounded theory. Breen used semistructured interviews with 19 grief counselors to gain an understanding on their current practices of grief counseling. Breen provided some recommendations for incorporating contemporary understandings into policy and practice for grief counselors. The results indicated a need for grief education and training. Breen noted grief counseling could be damaging to clients if counselors are not competent, and suggested future research needs to be conducted on the limited or lack of grief education and training in counselors' formal studies. The information may provide a compelling rationale for the inclusion of grief content in the curricula of counseling programs.

Ober et al. (2012) stated that grief is prevalent in counseling; however, little is known about counselors' training, experience, and competencies to provide effective care. Ober et al. suggested that future research needs to be conducted to investigate current training on grief counseling across counselor education programs.

In this chapter I include a review of the literature and the search strategies used, including the databases, key terms, and theoretical foundation. Furthermore, I present the variables and the value they have added to the mental health counseling field, including key issues pertaining to grief education and training in the mental health counseling profession and the effects of grief counseling on clients. Lastly, I discuss implications for future direction in the mental health counseling field.

Literature Search Strategy

To find literature for this study, I conducted multiple searches using the following databases and search engines: Academic Search Complete, Dissertations and Theses via ProQuest, ERIC, Google Scholar, Health & Psychosocial Instruments, Health Science: A SAGE full text collection, Mental Measurements Yearbook, ProQuest Central, PsycARTICLES, SocINDEX, PsycINFO, PsycTESTS, SAGE full text collection, SAGE Premier, and Walden University Dissertations and Theses via ProQuest in which I accessed the data bases using Walden University Library resources. The key search terms and combinations of search terms included *master's-level counseling students education and training*, *CACREP standards education and training*, *counselor education*

and training, *grief counselors education and training*, *grief and loss education and training*, *grief counseling*, *grief competency*, *grief counseling competencies*, *grief*, *loss*, *professionals' experiences of grief counseling*, *grief issues*, *and grief therapy. I* also used these terms: *psychodynamic theory, attachment theory*, *continuing bond theory*, *stage or task theories*, *meaning making theories*, *and the dual process model of grief.*

The focus of this literature review was identify relevant papers published within the past 10 years. However, I also used earlier research that provided the foundation on the topics and theories in this dissertation. The types of literature I used were from peer-reviewed journals, theses and dissertations, and books. There has been an increase in current research in the area of grief education and training in the mental health counseling field over the last 10 years (Ober et al., 2012). The available research relating to mental health counselors' grief education and training is included in this dissertation.

Theoretical Foundation

In the mental health profession, there are several theories that can be used to address an individual's experience of grief and used in grief counseling. In the following pages I will give a brief overview of several of the different theories of grief. It is important to understand the disparities which exist between the different theories which are evident in the most recent research. The theories that I will discuss include psychodynamic theory, attachment theory, continuing bond theory, stage or task theories, meaning making theory, and the dual process model of grief.

Psychodynamic Theory

In Western culture, the beginning of modern grief theory started with Freud (Granek, 2010). Freud (1917/1963) discussed the normal response to loss in *Mourning and Melancholia.* Freud suggested a typical reaction to loss is for the bereaved person to withdraw their emotions and attention from the loved one who died and refocus their emotions and attentions in other areas of their life – i.e., on something or someone else. He felt that one must detach his or her feelings and emotions from the deceased in order to process grief. Freud suggested ongoing emotional relations with the deceased were pathological grieving (see, e.g., Granek, 2010).

Lindemann (1944) spurred a transformational change in the understanding of acute grief, because he suggested grief is a psychological response. According to Lindemann, acute grief seems to be a normal reaction to a distressing situation. Lindemann conducted and published an empirical study on bereaved individuals in which he interviewed 101 recently bereaved individuals and documented their grieving process using a scientific and objective approach. Lindemann suggested the results of the study provided representation of what the grieving process entailed, listing normal and abnormal grief symptoms, and patterns of grieving. He stated professionals in the mental health field should aid their clients in grief work.

Lindemann (1944) suggested that counselors aid grieving clients by helping them work through grief by confronting the reality of their loss and attending to the loss

instead of isolating oneself from the loss experience (Cicchetti, 2010). He suggested by helping the client to process feelings associated with the loss of the loved one, the client, can effectively work towards readjustment to life without the deceased and form new relationships (Granek, 2010; Lindemann, 1944).

Attachment Theory

Bowlby (1980) explained attachment theory as being based upon the tendency of humans to develop affection bonds or attachments with their caregivers, as a result of consistent availability, closeness, security, and the ability to meet their survival needs. In Bowlby's earlier work, he explained attachment theory in the context of a child's attachment to its mother (primary caregiver) and the disruption due to separation, deprivation, or bereavement (Bowlby, 1958; Carr & Cortina, 2011). Bowlby (1980) discussed attachment theory in regards to the loss of a loved one in his book *Attachment and Loss.* He explained that during the course of healthy development, a person who is responsive to another person's needs enables that person to develop affection bonds and attachment. He described attachment as a psychological connectedness between a child and a parent and later between an adult with another adult. When the attachment ends because of a separation or death; the remaining person then grieves.

Bowlby (1980) wrote about his observations and how individuals responded to the loss of a loved one over weeks, months, and sometimes years through four phases. Bowlby noted an individual may move back and forth between any two of the phases.

The four phases that Bowlby discussed are numbing, yearning and searching for the deceased person, disorganization and despair, and a greater or lesser degree of reorganization.

In the first phase referred to as the numbing phase, an individual may feel stunned, in disbelief, tense, or apprehensive as an immediate reaction to the news of a loved one has died (Bowlby, 1980). Bowlby noted the numbing phase could last a few hours or up to a week. The griever may or may not have outburst of intense distress or anger which may be intermittent during this phase (Bowlby, 1980).

In the second phase, also referred to as the phase of yearning and searching for the deceased, an individual may be restless, preoccupied with thoughts of the deceased, pining for the deceased loved one, feeling distressed, or tearful sobbing (Bowlby, 1980). Bowlby noted the phase of yearning and searching for the deceased could start within a few hours of receiving the news of the death of a loved one or could start after a few days. Bowlby noted the yearning and searching phase could last for months and sometimes even for years depending on the individual.

In the third phase, also referred to as the phase of disorganization and despair, an individual may examine how and why the loss happened, be angry at others, eventually accept the loss in order to reorganize, and move forward in life without the deceased (Bowlby, 1980). Bowlby noted the phase of disorganization and despair could last for months and sometimes for years depending on the individual and the responsibilities they

now have solely upon them and their situation. Once the bereaved individual recognizes that they must fill new roles, learn new skills, and are successful the individual becomes more confident and independent (Bowlby, 1980).

In the fourth phase referred to as the phase of greater or lesser degree of reorganization, the individual needs to change their old ways of thinking, feeling, and acting, so they can learn new ways of being in their current life (Bowlby, 1980). Bowlby noted the phase of greater or lesser degree of reorganization can lasts for years. This depends on the persistence of relationship with the deceased, children living in the household or not, duration of grieving, and emotional loneliness of the widowed/widower (Bowlby, 1980). During this phase, the individual tries to find a redefinition of self to one's situation. Bowlby discussed the different phase's one goes through to process the responding to the loss of a loved one from emotional responses to emotional detaching from the deceased loved one through the bereavement experience.

Continuing Bonds Theory

However, Klass, Silverman, and Nickman (1996) countered attachment theory by suggesting a continuing bonds theory. Klass, Silverman, and Nickman suggested individuals may not disconnect from the deceased, but stay connected with the deceased loved one. Continuing bonds theory is different than attachment theory in which the individual continues a feeling of connection with their deceased loved one. While also acknowledging the differences from when their loved one was alive when compared to

the present without the loved one (Hastings, 2012). Even though the relationship is altered between the living and the deceased, continuing bonds will be reconfigured and an emotional relationship will remain between the living person/people and the deceased (Hastings, 2012).

Field, Gao, and Paderna (2005) expanded upon continuing bond theory by adding the attachment theory perspective in coping with bereavement. They examined the grieving process pertaining to different factors of the relationship between the survivor and the deceased, and investigated the effect of the death of a spouse or child, culture, and religion on the type of continuing bonds within the attachment theory framework. As for the continuing bonds theory, it continues to evolve within the field of bereavement research.

Stage or Task Theories

In grief counseling literature, stage or task theories are discussed and often reference the most familiar theoretical works of Elisabeth Kubler-Ross. Kubler-Ross (1969) provided leadership for the American death and dying movement with the emphasis on the different stages of anticipation of death. Kubler-Ross discussed the need to openly address issues surrounding an impending death for the dying person with their friends and family. Parkes (2013) noted Kubler-Ross' work focuses on the "stages of grief" in reference to dying patients (p.95). Kubler-Ross wrote about her experiences working with terminally ill patients in her book called *On Death and Dying.* According to

Kubler-Ross, there are five stages of *anticipating death*: denial, anger, bargaining, depression, and acceptance.

In the first stage, *denial* the individual denies whatever the information is being told to them using the defense the information cannot be true (Kubler-Ross, 1969). According to Kubler-Ross, denial often functions as a buffer after receiving the shocking news. She stated individuals used denial as a temporary defense before moving to the second stage.

In the second stage, *anger* the individual is no longer able to maintain denial any longer; their feelings are replaced with anger (Kubler-Ross, 1969). According to Kubler-Ross, during this stage the individual may ask "Why me?" Sometimes the anger feelings may be present, because, before the life event the individual may have controlled many different parts of their life and now they have lost the control of things that they use to be able to control, hence, anger (Kubler-Ross, 1969).

In the third stage, *bargaining* an attempt to postpone what is going to happen; prize offering for good behavior (Kubler-Ross, 1969). For example, a promise will be made by the individual that they will not ask for more if this one postponement is granted. During this stage of bargaining, usually the individual will bargain with their higher power belief system.

In the fourth stage, *depression* the individual can no longer deny their terminal illness diagnosis and will have a sense of great loss as they begin to understand

impending death (Kubler-Ross, 1969). During this stage, the individual starts to grieve the way things used to be and start to feel sad, fear, regret, and uncertainty. According to Kubler-Ross, when the individual starts to feel those emotions the individual is beginning to accept the situation and starts to move towards the fifth stage.

In the fifth stage, *acceptance* the individual begins to come to terms with their terminal illness and inevitable future death (Kubler-Ross, 1969). Individuals enter this stage often before the loved ones they leave behind, who go through their own stages of grief. During this stage, the individual with the terminal illness starts to have a calm view, stable mindset, and accepts that they need to prepare for the inevitable (Kubler-Ross, 1969).

Kubler-Ross' stage theory was developed with individuals facing death and not empirically tested, however, the stages have been referenced and applied to grief and bereavement in counseling texts, journal articles, and in course content (Hashim, Mei-Li, & Guan, 2013; Humphrey, 2009; Parkes, 2013). In Kubler-Ross' book *On Grief and Grieving,* she discussed how her theory had previously been applied in a rigid manner. Readers often seemed to assume that people needed to complete the stages of grief in sequential order for one to achieve a healthy resolution with one's loss (Kubler-Ross & Kessler, 2005). On the contrary, she argued the stages were a guideline to the grief experience and one can move within the different stages individually or with an overlap of the different stages (Kubler-Ross & Kessler, 2005).

Furthermore, other theorists in the field have developed their interpretations of stage/task theories of grief (Rando, 1995; Westberg, 1971; Worden, 2009) and have been criticized along with Kubler-Ross for the ridged application of the stages/task with clients in which limits a counselor's ability to understand the client's individual and unique grieving experience (Servaty-Seib, 2004). Richardson (2007) argued the stages/task are not rigid and exclusive, therefore, one's feelings in response to the loss such as grief can change in intensity or fluctuate in various stages/task and in any order. The rigid application of stages or task theories should be avoided, because it limits the practitioner in understanding the client's individual and unique response to their loss of their loved one.

Meaning Making Theory

In contrast to stage or task theories of grief, the meaning making theory stresses the importance for the client to find meaning and make sense of the loss (Holland & Neimeyer, 2010; Neimeyer, 2001). Processing one's grief is a continual process and does not end with a specific stage or task. Furthermore, the meaning the client makes is unique to their loss due to their experiences with the deceased, including age, personality, gender, and the events which led up to the loved ones death (Holland & Neimeyer, 2010; Neimeyer, 2001).

In a recent study, D'Amore and Scarciotta (2011) examined meaning making theory with families confronted with multiple losses. According to D'Amore and

Scarciotta, unresolved grief within a family limits sharing emotions in which results in poor family meaning making of the loss. Furthermore, they suggested meaning making theory can be used to recreate, review, and reconstruct the family bonds around the experienced losses by finding meaning and making sense of the loss.

Dual Process Model of Grief

Strobe and Schut (1999) introduced the dual process model to gain an understanding on how to help individuals with grief. They used trauma/stress, attachment, and grief theories to understand the individual's stressors as loss-orientated or restoration-oriented. Loss-orientated refers to the loss of the physical relationship with the deceased. Restoration-oriented refers to decrease of financial resources and an increase in responsibilities without the loved one around to provide assistance. According to the authors, bereaved individuals move back and forth processing the loss of their loved one emotionally or using problem solving techniques/action orientated (oscillation). The back and forth processing is a healthy way to cope with the loss of a loved one, because it allows the individual to experience their loss at different times (Strobe & Schut, 1999).

Richardson (2007) used the Strobe and Schut (1999) dual process model in grief counseling. According to Richardson, the dual process model endorses the bereavement process as a dynamic struggle between the pain due to a disability or loss of job (loss-oriented) and recovery (restoration-oriented). The dual process model of grief suggests

bereaved individuals should alternate between directly working on one's loss (confrontation) and taking a break from (avoidance) the process when appropriate (Richardson, 2007). The dual process model of grief results indicated significant associations between oscillation and well-being. Findings from other studies demonstrate the oscillation on grieving promotes positive change (Richardson, 2007).

Educating and Training Counselors in Grief Counseling

Education and training of counselors are consistently being explored and evolve as the population being served faced different issues and challenges. Therefore, it is important to investigate current education and training of counselors in grief counseling. Moreover, it is important to investigate competence in grief counseling and the contributing factors as to the limited education and training in modern grief theories and effective interventions. Current studies indicated counseling programs do not require education and training requirements pertaining to death, dying, grief, or loss related issues (Breen, 2010; CACREP, 2009 Standards; Horn, Crews, & Harrawood, 2012; Ober et al., 2012; Werth & Crow, 2009).

According to Breen (2010), grief and loss education and training course work are not required in most counseling programs (Dougherty Horn et al., 2012; Ober et al., 2012). However, Breen argued that counselors should be educated and trained in grief counseling to assist clients with loss and grief issues. The American Academy of Grief Counseling and The Association for Death Education and Counseling are organizations

that professional counselors can obtain credentialing in grief counseling, however, the majority of professional counselors do not complete the continuing educational requirements or take the exam to obtain the special credentialing certification (Breen, 2010; Ober et al., 2012).

In a recent study, Ober et al. (2012) used a simple random sample of 1,000 participants selected from a Midwestern listing of 6,919 state board LPCs and surveyed them on "Grief Counseling Competencies, personal experiences with grief, and professional training and experience on grief" (p.152). According to Ober et al., they had a survey return rate of 37.4% (374 respondents). However, surveys with significant responses missing were removed and not used in the study. Therefore, there were 369 usable surveys (Ober et al., 2012).

According to Ober et al. (2012), 21.1% (n = 76) identified up to 3 years of experience as licensed professional counselors, 29.1% (*n* = 105) reported 4 to 9 years of experience, 26.0% (*n* = 94) indicated 10 to 20 years of experience, and 23.8% (*n* = 86) reported as having more than 20 years of experience. The majority of the participants in the Ober et al. study were female (77%) and European American (92.7%) with a reported age range between 25-78 years old and an average age of 48 years old. Ober et al. reported that a small percentage of the participants identified as African American (3.8%), as multiracial (1.6%), Latino (0.8%), Asian American (0.3%), or Native American (0.3%).

Additionally, Ober et al. (2012) reported 58.4% (190 respondents) reported they did not complete any courses pertaining to grief education and training. However, 73.2% (254 respondents) reported they did complete at least one course on grief. Moreover, 69.4% (247 respondents) reported they completed some education and training hours on grief counseling. Furthermore, 91% (334 respondents) agreed with a statement that education and training in grief counseling is needed and should be made a requirement (Ober et al., 2012).

In the demographic survey, Ober et al. (2012) asked licensed professional counselor participants to report their familiarity with various grief counseling theories in which most 42.8% (158 respondents) recognized (the not empirical) stage theory by Kubler-Ross (1969). However, 49.6% (183 respondents) reported only some familiarity with the Kubler-Ross stage theory. Furthermore, Worden (2009) task theory and Neimeyer (2001) meaning making theory were known by 28.2% (104 respondents) and 25.5% (94 respondents) had some familiarity with the aforementioned two theories. However, 40% (148 and 159 respondents) reported that they were not familiar with task or meaning making theories. In addition, Ober et al. noted 15.4% (57 respondents) were least familiar with Strobe and Schut (1999) dual-process model and 14.9% (55 respondents) were least familiar with (Klass, 2001) continuing bonds theory. However, Ober et al. noted 48% (177 respondents) were not familiar at all with Strobe and Schut

(1999) dual-process model and 52.8% (195 respondents) were not familiar at all with (Klass, 2001) continuing bonds theory.

According to Ober et al. (2012), the findings noted that the LPC participants that obtained education or training in grief counseling rated themselves more competent in comparison to the LPC participants that did not complete any education or training in grief counseling. Furthermore, Ober et al. suggested in the implications and directions for future research section that an investigation into current grief counseling education and training should be completed across all counseling programs. Moreover, Ober et al. stated the information obtained from such a study could provide much needed information to start establishing standards and competencies for education and training in grief counseling in the mental health counseling field. In addition, establishing standards and competencies for education and training in grief counseling will enable counselors to ethically and effectively assist the growing population of clients with their presenting needs pertaining to loss, grief, bereavement, death, and dying (Breen, 2010; CACREP, 2009 Standards; Gamino & Ritter, 2012; Horn, Crews, & Harrawood, 2012; Ober et al., 2012; Werth & Crow, 2009).

Core Skills, Behaviors, and Qualities of Counselors

There is substantial literature published on core skills, qualities, and behaviors that are important for all practicing counselors (e.g., Aladag, Yaka, & Koc, 2014; Cory & Cory, 2007; Hansen, 2009; Smith & Moss, 2009; Swank, Lambie, & Witta, 2012). Some

of the noted basic core counseling skills are (a) listening, (b) empathy, (c) genuiness, (d) unconditional positive regard, (e) focusing the session, (f) boundaries, (g) concreteness, (h) open-ended questions, (i) counselor self-disclosure, (j) interpretation, and (k) information giving and removing obstacles to promote change (Cory & Cory, 2007; Hansen, 2009; Smith & Moss, 2009; Swank, Lambie, & Witta, 2012). Gamino and Ritter (2012) suggested the counselor's ability to empathetically listen and understand the client's unique grieving experience promotes the counselor and client's successful working relationship. In addition to basic core counseling skills, the counselor's enthusiasm, confidence, and the belief that the client is able to change are all very important to build a therapeutic working relationship between the counselor and client (Bernard & Goodyear, 2009).

In addition to core skills and behaviors, there are noted qualities needed in counselors such as acceptance, confidence, empathy, emotional stability, fairness, flexibility, genuiness, and interest in people, open-mindedness, and sensitivity (Aladag,Yaka, &Koc, 2014; Cory & Cory, 2007; Hansen, 2009; Smith & Moss, 2009; Swank, Lambie, & Witta, 2012). Roos (2002) as cited in Gamino and Ritter (2012) stated the six qualities grief counselors need are (a) ability to maintain focus, (b) consistency with goal-directed work, (c) rational confidence, (d) perceptive and empathetic accuracy, (e) respectful acknowledgement to the client's pain, and (f) competency in timely and parsimonious interventions.

The counselor's interactions with the client are a powerful tool in the helping relationship to promote positive change (Janesick, 2011). Clients are likely to reach their goals when a good working rapport exists in the client-counselor working relationship (Bernard & Good year, 2009). Understanding the core skills, behaviors, and qualities that are necessary for counselors to have are very important to be effective in the counseling field.

Knowledge, Assessment, and Treatment Skills

Counselors are required to have knowledge, assessment, and treatment skills specific in the area in which they are practicing, and are to ensure competence in their work and protect the client from harm (ACA, 2014). According to Gamino and Ritter (2012), a grief counselor's work should be based on thorough knowledge on modern grief theories, valid assessments, and effective treatment interventions to ethically and effectively help clients with their presenting issues pertaining to grief and loss.

Charkow (2002) developed a survey on grief counseling competencies. Her grief counseling competencies survey is divided into subscales: (a) personal competencies, (b) conceptual skills and knowledge, (c) assessment skills, and (d) treatment skills. The personal competencies subscale measures a counselor's thoughts and feelings about grief, along with counselor's overall wellness (Ober et al., 2012). The personal competencies subscale topics concern self-care, humor, personal philosophy, spirituality, and counselor's attitude on loss (Ober et al., 2012). The conceptual skills and knowledge

subscale topics assess one's knowledge pertaining to normal grief and complicated grief, effective and ineffective coping skills, knowledge of grief theories, and understanding of end-of-life/death. The assessment skills subscale topics assess the counselor's knowledge in assessing the client for unresolved losses, suicide assessment; assess spirituality, cultural grief experiences, and medical referrals for treatment. The treatment skills subscale assess the counselor's ability to provide psychoeducational information on loss and grief issues, provide individual, group, and family grief counseling that focuses on grief and loss issues, build rapport with clients, use active listening skills with clients so they feel heard, reframe the client's loss experience, use creative art therapy counseling, and explore or cocreate new/old mourning rituals (Ober et al., 2012). The Charkow survey has been used in pilot study, past research studies by Ober et al. and Smith (2003), and a modified renamed version by Cicchetti (2010) used in this dissertation. Not only is it important for grief counselors to have knowledge, assessment, and treatment skills in grief counseling they also need to be efficient in personal competencies, cultural competencies, and professional competencies in order to practice ethically and successfully with grieving clients.

Personal Competence

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) notes that self-awareness is important and a prerequisite for counselor fitness (CACREP, 2016). Hansen (2009) suggested the construct for self-awareness are as

follows: “(a) the self must exist, (b) this self must be available for introspection, (c) the self must have an enduring essence, and (d) the self must be able to be represented by language” (p.186). According to Hansen, “self-awareness is highly valued by the counseling profession” (p. 186).

Duba and Magenta (2008) highlighted the importance of counselor’s self-awareness in relation to grief counseling. According to Duba and Magenta, the decision on whether or not to counsel loss, grief, end-of-life care, decision-making, and bereavement is an important ethical dilemma for counselors working with individuals, families, and the aging population. Advance techniques in medical care have assisted people to live longer (Ober et al., 2012). Furthermore, Duba and Magenta stated the importance of proper training and education that counseling students and counselors need in order to assist clients with their presenting issues. Counselors need to be competent when assisting clients and their families with loss, grief, end-of-life care, decision-making, and bereavement (ACA, 2014).

Duba and Magenta (2008) suggested different strategies that counseling students and counselors can do as part of their own self-awareness and reflecting. For example, counselors and counseling students should go to a funeral or wake. The idea of this action is to have some exposure to death to assist in the process of desensitization to death (Duba & Magenta, 2008).

Also, Duba and Magenta (2008) suggested that a counseling student should attend hospice or grief/bereavement support groups and listen to the participants talk about their concerns, thoughts, and feelings, in order to understand their views. Counselors and counseling students should process their own personal feelings and thoughts on the subject of loss, grief, end-of-life care, decision-making, and bereavement (Duba & Magenta, 2008; Jones, 2010). Counselors and counseling students should also acknowledge their values and feelings about loss, grief, end-of-life care, decision-making, euthanasia, and bereavement. Self-awareness and processing one's feelings will assist the counselor's growth and development to ethically and effectively assist one's clients (Duba & Magenta, 2008).

Professional Competence

The American Counseling Association (ACA, 2014) "Code of Ethics" Section C.2. professional competence stated counselors are to practice within their boundaries of competence based on their education, training, supervised experience, license, credentials, and professional experience. Moreover, multicultural counseling competency is a requirement across all mental health counseling specialties (ACA, 2014). Multicultural counseling philosophy is culture based and the client's problems may be external or culturally based. Multicultural counselors understand that the client's belief system is important. Therefore, the counselor's goals are cultural understanding, awareness of biases and values, and understanding change in oppressive systems. The

common techniques used in multicultural counseling are worldview considerations and self-awareness (Sue & Sue, 2008). However, techniques vary based on client population and the client's presenting needs (Sue & Sue, 2008). According to Hays (2008), the applicable aspects that will assist counselors with self-awareness pertaining to understanding different worldviews, values, and biases. The three elements that are considered the foundation are compassion, humility, and critical thinking skills - these will assist in counselor's work with culturally dissimilar clients (Hays, 2008).

Therefore, it is important to keep an open-mind in order to understand other's views, beliefs, traditions, and behaviors, especially since people grieve differently (Humphrey, 2009). In addition, counselors need to be realistic in what they have to offer, their own limitations, and accepting the contribution of their clients' worldviews and traditions (Doughty Horn, Crews, & Harrawood, 2013). Counselors should increase openness, use critical thinking skills to identify and challenge assumptions, influences, and alternatives of their own beliefs when working with grieving clients (Doughty Horn, Crews, & Harrawood, 2013). Finally, counselors need to be kind, warm, and compassionate when communicating with their clients to continuing building a good working relationship to promote change (Hays, 2008).

Responsibility of CACREP Programs

The vision of CACREP is to promote excellence and to provide leadership through its accreditation standards by continually improving programs and preparing

professionals to provide services and to promote optimal human development (Urofsky, 2013). CACREP accreditation provides recognition that the quality and content of the program meets the standards set by the profession to reflect the needs of a dynamic, complex, and diverse society (CACREP, 2016). Students and supervisees enrolled in a CACREP-accredited program can be assured the appropriate knowledge and skill areas are included in the program and the program is professionally and financially stable. Furthermore, graduating from a CACREP-accredited program constitutes an important credential and distinguishes counselors as having completed a program that meets the standards of excellence for the profession (CACREP, 2016; Urofsky, 2013).

Counselor Training in CACREP Master's Programs

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) is a specialized accrediting body for professional preparation in specific graduate degree programs within the accredited institution (CACREP, 2016; McGlothlin & Davis, 2004). There are seven specialized standards noted in the 2016 CACREP Standards, as follows: (a) addiction counseling, (b) career counseling, (c) clinical mental health counseling, (d) clinical rehabilitation counseling, (e) college counseling and student affairs, (f) marriage, couple, and family counseling, and (g) school counseling (Bobby, 2013; CACREP, 2016). There are well-defined criteria outlining the national standards and training of skills in which graduate students must be held accountable (Urofsky, 2013).

According to the CACREP standards, training in CACREP master's-level mental health counseling accredited programs require a minimum of 60 semester credit hours or 90 quarter credit hours for all students to meet the academic unit requirement (CACREP, 2016). In addition, the master's-level core coursework must include the following eight content areas: (a) professional counseling orientation and ethical practice, (b) social and cultural diversity, (c) human growth and development, (d) career development, (e) counseling and helping relationships, (f) group counseling and group work, (g) assessment and testing, and (h) research and program evaluation (CACREP, 2016). Additionally, students are required to successfully complete supervised practicum experience with a minimum of 100 clock hours in which 40 of those hours are required to be direct client service hours. During the supervised practicum experience, the master's-level student must obtain one hour of site supervision per week and one and a half hours of program faculty group supervision per week. Furthermore, after the master's-level student successful completes the practicum experience requirements they need to successfully complete a supervised internship experience of 600 clock hours in which 240 hours must be direct client service hours and leading groups. During the supervised internship, the master's-level student must obtain one hour of site supervision per week and one and a half hours of program faculty group supervision per week (CACREP, 2016).

However, the CACREP standards do not mention nor do they require course work pertaining to loss or grief (Doughty Horn, Crews, & Harrawood, 2013). Eckerd (2009) and Wass (2004) also noted that loss and grief are not noted in the CACREP standards. Therefore, this topic may be overlooked in master's-level counseling education and training programs (Doughty Horn, Crews, & Harrawood, 2013; Eckerd, 2009; Wass, 2004). Eckerd noted that education on the college level would be useful to assist students with developing knowledge and skills set to help those with presenting issues due to loss or grief.

Effectiveness of Grief Counseling

Research results indicated that grief counseling is effective when provided to individuals who self-referred to obtain help or individuals that are referred by a professional due to grief symptoms (Gamino, Sewell, Hogan, & Mason, 2009; Currier, Neimeyer, & Berman, 2008; Schut, Stroebe, van den Bout, & Terheggen, 2001). Additionally, Jones (2010) noted individuals who receive grief counseling after the loss of a loved one appear better able to cope with the loss of a loved one compared to individuals that did not receive services. Furthermore, Jones suggested grief counseling prior to the death of a loved one could potentially reduce post bereavement care.

Neimeyer and Currier (2009) conducted a meta-analysis of controlled outcome research on grief therapies. The authors reviewed 48 peer-reviewed published articles and

16 unpublished dissertations, totaling 61 outcome studies. The results suggested that grief therapy can be beneficial in helping people with grief and loss issues.

Education and Training for Counselors to provide Grief Counseling

According to Doughty Horn, Crews, and Harrawood (2013), research is sparse pertaining to loss and grief education/training in the field of mental health counseling. Harrawood, Doughty, and Wilde (2011) conducted a qualitative study of master's students who were enrolled in a loss and grief course specific to death and dying issues. The results of the study, the researchers identified three themes the participants reported and they are (a) increased openness to the constructs of death, (b) better understanding of one's own beliefs regarding death, and (c) fear of death decreased (Harrawood, Doughty, & Wilde, 2011). The results of the themes identified in the study suggested the participants who took a loss and grief course specifically pertaining to dying and death issues may be less likely to personalize, project, or impose unexamined beliefs or values onto the client dealing with loss or grief (Harrawood, Doughty, & Wilde, 2011). Furthermore, the authors stated due to the themes noted in the study, the participants that took a class may have less fear when addressing loss, grief, death, and dying issues with their clients. Furthermore, the findings are consistent with previous studies which indicated education on grief and loss issues may have a positive influence on counselor's comfort level in assisting clients with presenting issues pertaining to grief and loss

(Doughty Horn, Crews, & Harrawood, 2013; Ober et al., 2012; Smith-Cumberland, 2006; Wong, 2009).

Doughty Horn, Crews, and Harrawood (2013) conducted a quantitative study and sent out a questionnaire to random ACA members to investigate counselor trainees' and counselors' anxiety levels when dealing with loss and grief. The study included 161 participants who attended workshops on grief reported a significant decreased anxiety levels while working with loss, grief, and death issues with clients. According to Ober et al. (2012), counselors' experience and training were predictors pertaining to knowledge; skills set, and comfort level when working with client's presenting issues of loss and grief.

Doughty Horn, Crews, and Harrawood (2013) provided a questionnaire to a list of random ACA members. The study results noted 135 participants (83.9%) indicated they did not take loss or grief courses as part of their graduate studies. Currier, Neiymeyer, and Berman's (2008) meta-analysis of research study results indicated grief counseling interventions can help a client with their loss and grief issues. Similarly, the Doughty Horn, Crews, and Harrawood results indicated the need for counselors' to have more exposure to the aforementioned topics and suggested incorporating loss and grief education and training into core curriculum in CACREP graduate counseling programs.

Competency in Grief Counseling

Counselor competence is an important component of our ethical principles regarding beneficence and nonmaleficence (Gamino & Ritter, 2012). Beneficence means accomplishing something helpful for the client and/or society by knowing how to address the presenting issue, promoting mental health, and well-being (ACA, 2014; Gamino & Ritter, 2012). Nonmaleficence is to avoid actions that can cause harm to the client or the population one serves through incompetent and ineffective actions (ACA, 2014; Gamino & Ritter, 2012).

Grief counseling competencies are important and needed in the mental health counseling field to provide a foundation for all counselors to work from the grief experience of the counselor and the client and how it impacts the daily living of a growing society experiencing loss (Ahmed, Wilson, Henriksen Jr., & Jones, 2011). According to Smith, Klaus, Russel, and Skinner (2009), it is important for counselors to be educated, trained, and competent in grief counseling, because people will experience grief sometime during their lifetime. Breen (2010) noted that loss is universal; however, an individual's grief experiences are culturally determined and unique.

According to Gamino and Ritter (2012), the importance of professional competence when working in grief counseling that one should continually strive to attain professional competence through continuing education and attending workshops to promote one's professional growth in obtaining up-to-date knowledge and current skills

in grief counseling. Counselors should only practice within the limits and boundaries of their competencies (ACA, 2014). Competency in grief counseling is important to culturally, ethically, and effectively assist clients with their presenting grief issues.

According to Schoulte (2011), throughout history cultures have grieved the loss of a loved one using practices, rituals, and expected roles that people from outside the culture may not have understood or appreciated. Latino/a American culture will collaborate with all adult family members about end of life care decisions for a terminally ill parent. In addition, Latino/a American culture prefers for the dying loved one to be in the home with friends and family members beside the loved one and with the women as the caregivers (Schoulte, 2011). Doran and Hansen (2006) conducted a qualitative study on three Latino/a American families that had lost a child. The results indicated that the families maintained relationships with their deceased child through "dreams, storytelling, keepsakes, and a sense of presence, faith-based connections, proximity connections, rituals, and pictorial remembrances" (Doran & Hansen, 2006, pp 208-209; Schoulte, 2011, p. 14). Moreover, the grieving processes were culturally reasonable for Latino/a American culture (Schoulte, 2011).

It is common for those identifying with African American culture to gather together for prayer and meditation to assist the deceased loved one with their transition to the spirit life and to the afterlife (Schoulte, 2011). African American families prepare food, clothing, chanting, singing, and prayers to welcome the dead into the spiritual life

(Schoulte, 2011). Schoulte noted some African American cultures believe the spirits of the deceased loved one are actively in touch with the living loved ones (hearing deceased in dreams or feeling deceased presence). African American Christians view death as a beginning of a new type of life and not the end. African American children and women express grief freely and sometimes "falling out" in other terms fainting which is considered a reasonable emotional response of grief (Schoulte, 2011).

Wellness

Working with client's that have experienced grief and loss can be emotionally and mentally draining for a counselor. According to Wester, Trepal, and Myers (2009), counselor wellness is being (a) mentally, physically, and emotionally stable, (b) self-aware of any biases or impairments, (c) able to recognize when one is stressed, and (d) will take appropriate actions to promote well-being. Researchers have noted counselors that are well themselves are most likely to produce well clients (Skovholt, 2012; Wester, Trepal, & Myers, 2009; Witmer & Young, 1996). In counseling, the counselor is the professional instrument; therefore, the counselor must take care of himself or herself to be able to ethically and effectively assist the client (Janesick, 2011; Skovholt, 2012). Research has indicated that an impaired or unwell counselor may harm the client (Skovholt, 2012; Wester, Trepal, & Myers, 2009; Witmer & Young, 1996). With that in mind, counselors have the responsibility to the profession to take the necessary steps to promote their own well-being to promote the well-being of the ones they serve.

Professional Responsibility

To work ethically and effectively with clients that present with issues pertaining to loss and grief, counselors need to reflect and be aware how their own loss or grief experience has affected them. Most people including counselors have experienced some type of loss or grief in their life, but many never talked to anyone about their experience (Morgan & Roberts, 2010). Counselors have a responsibility to monitor one's self and work through any unresolved issues of loss and grief before working with clients, so, they do not limit the clients' grieving process and success (Morgan & Roberts, 2010). With that being said, it is the responsibility of the counselor to effectively deal with his or her own loss or grief. Therefore, the counselor can be present to enhance the treatment effectiveness with their grieving clients – anything else would be unethical.

Ethical Concerns

In the field of professional mental health counseling, there are many ethical concerns when working with the population one serves. It is important that the counselor works within and adheres to the ethical codes of the profession to protect the counselor and the client. The key ethical concerns are those relating to education and training, grief counseling, and counselor wellness, according to the ethical codes of the ACA, and American Mental Health Counselors Association (AMHCA).

American Counseling Association

The purpose of the ACA "Code of Ethics" is to outline, describe, and provide direction concerning the ethical behaviors and responsibilities that counselors should aspire to implement in their practices (ACA, 2014). One ethical issue is to be educated and trained to provide effective grief counseling. According to the ACA (2014) "Code of Ethics" section C.2.a. boundaries of competence, counselors should only practice within their competency in skills based on one's education, training, experience, and professional credentials.

According to the ACA (2014) "Code of Ethics" section C.2.b. new specialty areas of practice, counselors must know the limits of their boundaries and practice within the limits of their specialty areas after appropriate training, education, and supervised experience to ensure competence of their work and to protect the client from possible harm. Assisting clients to adjust to loss and grief require special counseling skills and the need for grief counselors will be on the rise in the coming years (Ober et al., 2012). Therefore, an ethical issue is where should grief counselors obtain the appropriate training, education, and supervised experience since it is not part of the core curriculum requirements in master's-level counseling CACREP-accredited programs. According to Breen (2010), grief counseling is a delicate area of counseling and could be detrimental or even damaging to a client if the counselor is not competent.

Another ethical issue is a counselor's self-awareness of his or her continuing education and best practices for working with the diverse population served. The ACA (2014) "Code of Ethics" section C.2.f. continuing education recognizes the need for counselors to acquire continuing education and maintain awareness of current professional and scientific information in the counseling field. An ethical issue is where should grief counselors obtain continuing education and best practices for working with diverse populations pertaining to loss and grief work, since it is not part of the core curriculum requirements in master's-level CACREP-accredited counseling programs.

Not only do counselors need awareness they also need to promote self-care to be ethical and effective in their work with others. According to the ACA (2014) "Code of Ethics" section C.2.g. impairment, it is suggested that counselors should self monitor for signs of impairment and reframe from providing services when impaired to prevent harm to clients. Impairment can result from physical, mental, or emotional issues; therefore, it is important for counselors to engage in self-care to assist in avoiding the ethical issue of impairment.

American Mental Health Counselors Association

The AMHCA (2010) "Code of Ethics" section C.1. competence stated mental health counselors must maintain high standards of professional competence in order to best serve the interest of the client and the population one serves. Additionally, counselors are to be able to recognize their own boundaries of their areas of competence

and the limits of their expertise and provide only the services in which they have achieved a sufficient level of competence through education, training, or professional experience. Furthermore, it is important that a counselor maintains knowledge through continuing education and ongoing education related to professional practice in grief counseling. Counselors need to be competent in cultural diversity and how the individual deals with loss or grief through rituals, cultural expectations, and values. Self-awareness is important for counselors to recognize effectiveness which is dependent on one's mental, emotional, and physical health. Therefore, it is ethically important for counselors take the steps to promote their own well-being to be professional competent with the ones they serve (AMHCA, 2010). Counselors are professionals and are expected to adhere to the ethical codes in their professional practice to avoid harming their clients.

Summary

As discussed above, research has shown that the need for grief counseling is on the rise and that grief counseling is beneficial to clients who experience issues due to loss and grief. Grief counseling has been shown to be effective; however, grief education and training are not part of the core curriculum requirements in master's-level CACREP-accredited counseling programs. Counselors have ethical responsibilities to be educated and trained to provide effective grief counseling. In addition, it is the counselor's ethical responsibility to know the limits of his or her boundaries of expertise, and to practice only within those to protect the client from possible harm. Furthermore, it is the

counselor's ethical responsibility to obtain continuing education and to be up-to-date on best practices for working with diverse populations in reference to their members' individual unique experiences pertaining to loss and grief issues. In addition, it is important for counselors to explore and understand their own beliefs and level of comfort in providing grief counseling to others. The self-reported levels of competency, skills, and knowledge on the GCCS survey will be used in this study to understand master students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs to assist in closing the gap that exists in the literature. In Chapter 3, I discuss information on the research design and rationale, methodology, population sample, data analysis plan, and ethical procedures.

Chapter 3: Research Method

The purpose of this study was to examine whether master's counseling students in CACREP-accredited programs feel they have been adequately trained in identifying grieving clients and providing grief counseling to them. The research questions that guided my research study were adapted from Cicchetti (2010). The research questions are as follows: How competent do master's-level counselors view themselves regarding the education or training they received in grief theories or counseling skills in their CACREP-accredited studies? How do the demographic variables relate to perceived grief counseling competency? Controlling for course offerings, what is the relationship between coursework and perceived grief counseling competency? What is the relationship between practicum or internship setting and perceived grief counseling competency? Additionally, I tested related hypotheses, as well.

In this chapter, I restate the purpose of the study, present the research questions, and provide a rationale for the research design method that I used. I provide the planned sampling and sampling procedures, instrumentation, data analysis plan, internal and external validity, and ethical considerations. In addition, I discuss in depth the research design, procedures, and instrumentation for my study. I conclude the chapter with a summary.

Research Design and Rationale

In this quantitative study, I used a non-experimental, one shot survey comparative design to investigate the perceptions of master's students in CACREP-accredited counseling programs. Data were collected using the GCCS (Cicchetti, 2010) and the DDS. These instruments were used to measure the counseling students' self reports of their perceived competency in education and grief counseling on four sub-scales (personal competencies, conceptual skills and knowledge, assessment skills, and treatment skills). The DDS was also used to also collect demographic data on participants' gender, age, race, and ethnicity. Information about participants' coursework and practicum and internship setting were also recorded. The independent variables included the demographic variables of gender, age, race, and ethnicity, coursework, and clinical setting (i.e., practicum or internship setting). The four grief competency sub scales on the GCCS were the dependent variables, with a covariate of course offering. The research method and data collection method were both appropriate for my study, because the methods allow the specific research questions to be answered through the participants' responses to the questions on the survey. The instruments were appropriate for my study, because it allowed the participants' to provide their perceived competency through their education or training in grief counseling in which the participants obtained in their formal coursework in their CACREP counseling program. The survey design was

appropriate, because it allowed me to test the hypotheses. Detailed operational definitions are in Table 1 and Table 2.

Table 1

Operational Definitions of Independent Variables

Demographic variables	Included gender, age, race, and ethnicity.
Practicum/Internship Setting	Where the participant completed practicum or internship at the time of data collection and included such setting as community/mental health setting, school setting, hospital setting, rehabilitation facility, state agency, or residential setting (Cicchetti, 2010).
Coursework	Did the participant take any courses in grief theories and interventions and the relationship between courses taken and grief counseling competency (Cicchetti, 2010, p.61).

Table 2

Operational Definitions of Dependent Variables

Personal Competencies	Defined by nine items on the GCCS (Cicchetti, 2010) related to participants' reported self-care, self-awareness with grief issues, humor, spirituality, and personal beliefs pertaining to loss and grief. Sample questions on the GCCS on Personal Competencies are "I practice personal wellness and self-care" and "I have self-awareness related to my own grief issues and history" (Cicchetti, 2010, p.60).
Conceptual Skills and Knowledge	Defined by nine items on the GCCS (Cicchetti, 2010) related to participants' reported level of confidence in defining normal grief, describing effective and ineffective coping skills, and the ability to apply counseling theories to case conceptualization. Sample questions on the GCCS on Conceptual Skills and Knowledge are "I believe that there are no one right way to deal with grief" and "I can define and articulate the nature and symptoms of complicated or unresolved grief situations" (Cicchetti, 2010, p. 60).
Assessment Skills	Defined by nine items on the GCCS (Cicchetti, 2010) assessed participants' ability to evaluate clients for unresolved losses, suicide assessments, assess spirituality, recognize cultural influences, and make appropriate referrals. Sample questions on the GCCS on Assessment Skills are "I can assess for unresolved losses that may not be stated as a presenting problem" and "I can conduct suicide assessments" (Cicchetti, 2010, p. 60).
Treatment Skills	Defined by 19 items on the GCCS (Cicchetti, 2010) assessed participants' belief in ability to provide psycho-education on grief and loss issues; facilitate individual, group, or family counseling sessions on grief; build rapport with clients; use active listening skills; reframe loss experience; use creative arts in counseling; and identify cultural influences affecting treatment. Sample questions on the GCCS on Treatment Skills are "I can facilitate family grief counseling sessions" and "I can facilitate individual grief counseling sessions" (Cicchetti, 2010, p. 61).
Covariate: Institutions offered courses in grief theories and interventions	Examine the relationship between coursework and perceived grief counseling competency, measured by the GCCS four sub scales (Cicchetti, 2010).

Research Questions and Hypotheses

The overall general research question adapted from Cicchetti (2010): How competent do master's-level counselor's view themselves regarding the education or training they received in grief theories or counseling skills in their CACREP-accredited studies?

RQ1. How do the demographic variables (e.g., gender, age bracket, race, and ethnicity) relate to perceived grief counseling competency?

H_o1: There is no significant ($\alpha = .05$) interaction effect among the demographic variables and perceived grief counseling competency.

$H_1 1$: There is a significant interaction effect among the demographic variables and perceived grief counseling competency.

RQ2. Controlling for course offerings (whether the participant's course curriculum offered coursework in grief counseling theories and practice), what is the relationship between coursework and grief counseling competency?

H_o2: There is no significant ($\alpha = .05$) positive relationship between coursework taken and the four grief counseling competency scales, controlling for course offerings.

$H_1 2$: There is a significant positive relationship between coursework taken and the four grief counseling competency scales, controlling for course offerings.

RQ3. What is the relationship between practicum or internship setting and perceived grief counseling competency?

H_o3: There is no significant ($\alpha = .05$) relationship for clinical setting and perceived grief counseling competency.

$H_1 3$: There is a significant relationship for clinical setting and perceived grief counseling competency.

Setting and Sample

According to Sandelowski (2007), criterion sampling involves selecting cases in which there is a predetermined criterion of importance. Criterion sampling can be useful for identifying and understanding cases that are information rich. Therefore, I used criterion sampling (Franfort-Nachmias & Nachmias, 2008) to sample the population of master's-level students in CACREP-accredited counseling programs. I chose master's-level students meeting the criteria of being in their practicum or internship in a CACREP counseling program as the population instead of LPCs. I wanted to examine the student's formal education on grief theories, skills, and grief counseling as opposed to the experience and training they may receive after completing their counseling program. Master's-level counseling students in their practicum or internship were asked to participate in the study.

Creswell (2009) suggested a survey method uses different sampling procedures such as single or multi-stage, random, or convenience sampling. According to Frankfort-Nachmias and Nachmias (2008), "researchers obtain a convenience sample by selecting whatever sampling units are conveniently available" (p. 168). For this study, I used a

convenience sampling (non-probability sampling) procedure to obtain participants. I sent a letter to program directors of all CACREP-accredited counseling programs listed on the CACREP website introducing the study and requesting that the program director forward the invitation to participate and the SurveyMonkey link to their practicum and internship master's-level counseling students. One of the limitations of using this sampling procedure is that the results of this study will not be generalizable to larger populations (Franfort-Nachmias & Nachmias, 2008).

Electronic surveys sent via e-mail are a way to collect data in descriptive studies (Creswell, 2009). To obtain the sample size for this study, I used the e-mailing recommendations of Rovai, Baker, and Ponton (2013). Rovai, Baker, and Ponton stated e-mail surveys should (a) allow two weeks minimum for collecting electronic surveys, (b) initiate electronic survey early morning on a business day, (c) follow up contact to promote positive response rates, (d) provide a short justification of survey promoting the importance of study, (e) keep the survey short, (f) assure confidentiality or anonymity, (g) provide periodic reminders, and (h) offer to provide feedback regarding the study. According to Rovai, Baker, and Ponton, a large sample size with reasonable response rates are required to minimize nonresponse error. The common criteria for survey response rates are that higher than 85% is an excellent response rate, 70% to 85% is a very good response rate, and 60% to 70% is an acceptable response rate. If the response

rate of the participants is 60% or higher, nonresponse error is minimized (Rovai, Baker, & Ponton, 2013).

I sent the e-mail to the program directors in a way to avoid the email being detected as spam. The letter was written to be appealing and was sent early in the morning on a business day to all CACREP program directors listed on the CACREP website. The letter introduced the study and asked them to forward the invitation to CACREP master's-level students currently enrolled in their practicum or internship field experiences. I used an anonymous data collection procedure to eliminate any pressure for CACREP master's-level counseling students currently enrolled in their practicum or internship field experience to participate. I sent an additional email to program directors after 10 days to promote positive response rates.

A sample size of 225 participants was needed for this study as determined by using G*Power 3.1.7 software. G*Power 3.1.7 was used to calculate the minimum number of participants for a medium effect size *F* test of .25, alpha level of .05, power of .80, and degrees of freedom of 6. Results indicated that 225 participants would be required (Faul, Erdfelder, Lang, & Buchner, 2007).

Instrumentation

Demographic Data Sheet

The demographic data sheet included items requesting each participant to complete information about gender, age, race, ethnicity, and practicum or internship

setting (See Appendix C). In addition, participants were asked to complete questions pertaining to participants' knowledge attainment on grief theories and interventions in graduate school. The following questions were adapted from Cicchetti's (2010) study:

1. Is your program CACREP-accredited?
2. Does the institution you attended offer courses in grief theories?
3. Does the institution you attended offer courses in grief interventions?
4. How many courses did you complete in grief theories?
5. How many courses did you complete in grief interventions?

Grief Counseling Competencies Survey

This study used a modified version with written permission (see Appendix B) of Cicchetti's (2010) GCCS to assess for personal grief counseling competencies and skills and knowledge in grief counseling competencies. The only noted modification in the GCCS (see Appendix D) used for this study was the removal of the word "disability" in the section labeled Part II. The word "disability" was removed from the following numbered questions 12, 14, 15, 23, 25, 30, 31, and 32. The rest of the survey remained the same as used in Cicchetti's (2010) study.

Cicchetti (2010) noted he used a modified version of the Death Competency Survey (DCS; Charkow, 2002). According to Cicchetti, Charkow's DCS consist of two parts. The first part of Charkow's DCS inquired about Personal Competencies using nine questions. The second part of Charkow's DCS inquired about Skills and Knowledge

Competencies using 36 questions. The two parts of Charkow's DCS had four subheadings, as follows: (a) personal competencies, (b) conceptual skills and knowledge, (c) assessment skills, and (d) treatment skills (Cicchetti, 2010).

Charkow's (2002) revised version of the DCS, which was renamed GCCS by Cicchetti (2010) is a 46-item questionnaire survey using a Likert scale to assess the participant's personal competencies, conceptual skills and knowledge, assessment skills, and treatment skills in regards to grief intervention and counseling working with clients with presenting issues related to loss or grief. The participant chooses the number on the GCCS which best identifies the participant's self-reported perceived competency for each of the questions on the survey. The responses on the survey are 1 (*this does not describe me*), 2 (*this barely describes me*), 3 (*this somewhat describes me*), 4 (*this describes me*), and 5 (*this describes me very well*) (Cicchetti, 2010).

Part I and II of the GCCS were scored independently. For example, Part I of the GCCS personal competencies has nine questions using a Likert scale rating 1 through 5 with the higher score representing a greater perceived competency level reported by the participant in the specific part of the assessment; therefore, the scoring range was 9 to 45 in Part I of the GCCS assessment. Part II of the GCCS skills and knowledge competencies area of the assessment has 37 questions using a Likert scale rating 1 through 5, therefore, the scoring range was 37 to 185 in that part of the GCCS assessment. The subscales in Part II of the GCCS skills and knowledge competencies are

distributed within three scales as follows: the assessment skills has nine questions, treatment skills has 19 questions, and conceptual skills and knowledge has nine questions in the Part II of the GCCS assessment (Cicchetti, 2010).

In adapting the DCS (Charkow, 2002) to create the GCCS, Cicchetti (2010) removed seven questions specific to death and bereavement. In addition, Cicchetti, reframed seven questions for the purpose of his study. Cicchetti's GCCS focused on grief counselor competencies and were not specific to death and bereavement. For example, one of the focused questions on death were changed as follows: "I have experienced the death(s) of a family member and can verbalize my own grief process, to: I have experienced loss and can verbalize my own grief process" (Cicchetti, 2010, p. 67).

Charkow (2002) contacted 34 experts in grief counseling to develop the DCS. Of the 34 contacted experts in grief counseling, 27 of them provided feedback and ratings on the DCS. The definition for expert was noted as an individual with "at least 5 years of experience in grief counseling, completed three individual surveys regarding (a) characteristics important for grief counselors to possess, (b) content to be included in courses/lectures on grief, and (c) general competence" (Cicchetti, 2010, p. 67). The results were the instrument was used in a pilot study, refined, and used in Charkow's (2002) dissertation as the instrument DCS (Cicchetti, 2010).

Validity and Reliability

According to Etchegaray and Fischer (2010), researchers place importance on validity to ensure the inferences made from the design and measurement used are meaningful, appropriate, and useful, it measures what it claims to measure, and important decisions can be made from the information obtained. Frankfort-Nacmias and Nacmias (2008) stated content validity is determined by the degree to which the questions, tasks, or items on an instrument are representative of the universe of behavior the instrument was designed to sample.

As discussed by Charkow (2002) and Cicchetti (2010), a demographically-diverse group of 27 grief experts rated and provided comments on the importance of the included competency items and the efficacy of the modified Delphi procedure to determine competency items. The individuals in this group of experts reported expertise in grief counseling including clinical, research, and educator roles. All experts reported a minimum of 5 years of experience in grief counseling activities, and 20 of the 27 reported more than 10 years of experience in the field in grief counseling activities. The terminal degrees of the individuals in the group of 27 included 14 experts with Ph.D. degrees, 12 experts with Master's degrees, and 1 expert with an Educational Specialist degree. Eighteen of the experts were female and 9 were male, and were regionally diverse within United States. The professional fields represented by the experts included counseling, counseling education, social work, psychology, family studies, and thanatology. Half (13

of the 27) of the experts reported holding certification in grief counseling, grief therapy, or death education, and in the modified Delphi study, there were 15 expert participants in the final survey iteration (Charkow, 2002). Content validity was indicated by 14 of the 15 (93. 3%) experts which agreed the included competency items in the survey adequately or completely addressed the characteristics and the competencies required for grief counseling (Cicchetti, 2010; Charkow, 2002).

The original instrument (the Death Counseling Scale) has been determined to have a Cronbach alpha (α) of .87, indicating it is a reliable instrument (Charkow 2002). Subscales of the instrument lie within the range $.79 \leq \alpha \leq .94$. Specifically, the personal competency subscale has $\alpha = .79$, the conceptual skills and knowledge subscale has $\alpha = .92$, the assessment skills subscale has $\alpha = .87$, treatment skills subscale has $\alpha = .94$, and the professional skills subscale has $\alpha = .83$ (Charkow, 2002). Charkow reported a correlation between DCS and Burgen's Coping with Death Scale of $r = .73$, suggested concurrent validity. Cicchetti (2010) reported the Grief Counseling Competency Scale is also a reliable instrument with a Cronbach alpha value for the personal competency subscale of $\alpha = .79$ and for the skills and knowledge subscale of $\alpha = .97$. Cicchetti reported the 3 subscales of the skills and knowledge subscale have Cronbach alphas of conceptual skills and knowledge subscale ($\alpha = .52$), assessment skills subscale ($\alpha = .60$), and treatment skills subscale ($\alpha = .60$).

Cicchetti (2010) sent the GCCS to two experts in rehabilitation counseling field, and one grief studies expert to make sure the GCCS was appropriate for his study. Cicchetti reported he wanted to obtain feedback on the questions in the GCCS in relation to loss and grief for individuals with disabilities. Cicchetti stated experts in his study were defined as professionals in the field who had at least five years of teaching experience in grief theories or interventions in a CACREP master's-level counseling program or in a CORE master's-level rehabilitation counseling program. In addition, the experts in Cicchetti study also had at least five years of clinical counseling experience working with clients with presenting grief issues or clients with rehabilitation presenting issues.

Cicchetti (2010) sent the GCCS and the DCS surveys, information on content validity and reliability, and the first three chapters of his study to the three experts to analyze the GCCS and to determine if it was pertinent to the study. The grief counseling expert suggested adding the question, "I can listen in a non-judgmental way to stories that clients tell about their losses" (Cicchetti, 2010, p. 69). After Cicchetti incorporated the feedback, the revised GCCS was sent back out to the three experts, along with the DCS survey and the information on content validity and reliability, and the research questions for the final review. The three experts concluded the GCCS survey was pertinent for the study (Cicchetti, 2010).

I sent the GCCS and the DCS surveys, information on content validity and reliability, and the first three chapters of this study to four experts to analyze the GCCS and to determine if it was pertinent to the study. The four experts concluded the GCCS survey was pertinent for the study. The experts had at least five years of clinical counseling experience working with clients with presenting grief issues.

Data and Collection Procedures

I began data collection began shortly after I received the approval notice from Walden University's Institutional Review Board (IRB) for Ethical Standards in Research (see Appendix A). I recruited the participants by writing e-mail invitations to CACREP-accredited master's-level counseling program directors listed on the CACREP website and asked them to please forward the invitation to CACREP master's-level students currently enrolled in their practicum or internship counseling field experience (See Appendix E). The invitation to participate via e-mail provided the criterion required of participants to participate in the study and it also provided a link which allowed the participant to enter the entry page of the survey. The entry page had information about the study including overview and background, including procedures, voluntary commitment to participate in the study, benefits and risks of participating in the study, information on zero compensation, confidentiality, contact information, and statement on consent (see Appendix F). After the participants had reviewed the implied consent on the

entry page, participants were directed to enter the survey, verify consent, and complete the Demographic Data Sheet (see Appendix C), and the GCCS survey (see Appendix D).

Following the participant's completion of the DDS and the GCCS survey, the participant received a debriefing statement form (see Appendix G). The debriefing statement was used to express gratitude for the participant's participation, shared information about how to contact the researcher if needed, reiterated the voluntary participation in the study, reviewed informed consent information, discussed future requirements for the study, provided counseling services resources, and shared the study overview. To increase the response rate for participants, I used the recommendation of Rovai, Baker, and Ponton (2013) as discussed above. I used MonkeySurvey, which uses secure encryption technology to ensure confidentiality. After the completion of the study, data was downloaded to SPSS on a password protected computer.

Data Analysis

Descriptive statistics were calculated (frequency, percent, mean, standard deviation, and range) to examine the data from the survey. Data from the survey was analyzed in order to answer the overall general research question adapted from (Cicchetti, 2010): How competent do master's-level counselors view themselves regarding the education or training they received in grief theories or grief counseling skills in their CACREP-accredited studies?

RQ1. How do the demographic variables (e.g., gender, age bracket, race, and ethnicity) relate to perceived grief counseling competency?

H_o1: There is no significant ($\alpha = .05$) interaction effect among the demographic variables and perceived grief counseling competency.

$H_1 1$: There is a significant interaction effect among the demographic variables and perceived grief counseling competency.

This question was investigated using a 4-way MANOVA with demographic variables (gender, age bracket, race, and ethnicity) as independent variables and the four grief competency sub scales on the GCCS are the dependent variables. The first demographic variable gender examined for differences on perceived grief counseling competencies on the GCCS survey. The next demographic variable age examined as a function of perceived grief counseling competencies on the GCCS survey. The last two demographic variables race and ethnicity examined for differences on perceived grief counseling competencies on the GCCS survey.

RQ2. Controlling for course offerings (whether the participant's course curriculum offered coursework in grief counseling theories and practice), what is the relationship between coursework and grief counseling competency?

H_o2: There is no significant ($\alpha = .05$) positive relationship between coursework taken and the four grief counseling competency scales, controlling for course offerings.

$H_1$2: There is a significant positive relationship between coursework taken and the four grief counseling competency scales, controlling for course offerings.

This question was investigated using a MANCOVA where the independent variable is coursework; the four grief competency sub scales on the GCCS are the dependent variables, and the covariate is course offering. This analysis examined the relationship between course work taken and the four grief competency sub scales on the GCCS survey.

RQ3. What is the relationship between practicum or internship setting and perceived grief counseling competency?

H_o3: There is no significant ($\alpha = .05$) relationship for clinical setting and perceived grief counseling competency.

$H_1$3: There is a significant relationship for clinical setting and perceived grief counseling competency.

This question was investigated using a MANOVA whereas the independent variable is practicum or internship setting and the four grief competency sub scales on the GCCS are the dependent variables. This analysis examined the relationship between practicum or internship setting and perceived grief counseling competencies on the GCCS survey.

The assumptions of MANOVA are the same for MANCOVA (Rovai, Baker, & Ponton, 2013). These include that observations are independent and the sample is without

any pattern. MANOVA and MANCOVA assume the dependent variables are continuous or scale variables and independent variables are categorical. However, the MANCOVA covariates can be continuous, ordinal, or dichotomous (Rovai, Baker, & Ponton, 2013).

Absence of multicollinearity assumptions of MANOVA and MANCOVA indicates that the dependent variables are not correlated to each other (Rovai, Baker, & Ponton, 2013). According to Tabachnick and Fidell (2012) no correlation should be above $r = .90$. In addition, the assumptions of MANOVA and MANCOVA are multivariate normality is the dependent variable is normally distributed in the data and homogeneity of variance is equal between groups. The one additional assumption made in the MANCOVA that is not in the MANOVA is the relationship between covariate and dependent variables. Choosing what covariate to use and assessing if an existing statistical relationship between covariate and dependent variables using a correlation analysis (Rovai, Baker, & Ponton, 2013).

The assumption of homogeneity of variance can be evaluated using the Levene's test of equality of variance (Rovai, Baker, & Ponton, 2013). The Levene's test of equality of variance is used to examine if the variance between IV groups are equal. If the Levene's test shows non-significant values this indicates equal variance between groups.

The MANCOVA assumptions test homogeneity of regression is important to use when including a covariate (Rovai, Baker, & Ponton, 2013). Homogeneity of regression assumes the interaction of the IV by the covariate is not significant. However, slopes

relating to the covariate to the DV are equal across all levels. For example, for each level of IV, the slope of the prediction of the DV from covariate must be equal (Rovai, Baker, & Ponton, 2013).

Results shared with dissertation committee, Walden University, possible future publication article, sharing a summary of the results with participants, and professionals in the mental health field.

Limitations

The threats to internal validity in using the non-experimental, one shot survey research design is important to discuss on how they may affect this study (Creswell, 2009). However, the threats to internal validity are not a concern for this study. Threats to internal validity would be (a) history, (b) maturation, (c) regression, (d) mortality, (e) diffusion of treatment, (f) compensatory/resentful demoralization, (g) compensatory rivalry, (h) testing, and (i) instrumentation (Creswell, 2009). The participants in this study were asked to complete a one-time survey online with no interaction and no lapse of time between participation, therefore, reducing the internal validity threats pertaining to (a) history, (b) maturation, (c) mortality, (d) diffusion of treatment, (e) compensatory/resentful demoralization, (f) compensatory rivalry, and (g) testing. Furthermore, the participants volunteered anonymously and no information was known about the participants which reduced the internal validity threat of regression (Creswell, 2009). The instruments that were used for this study are the same instruments used for all

participants (no changes), with the same written instructions provided at the beginning of the study to all, therefore, reducing the internal validity threat of instrumentation (Creswell, 2009).

The threats to external validity that do apply to this study are (a) interaction of selection and treatment, (b) interaction of setting and treatment, and (c) interaction of history and treatment (Creswell, 2009). Due to the recruitment criteria of the participants in this study, generalizability was limited to CACREP-accredited master's-level counseling students. Therefore, the findings cannot be generalized to the larger population or other populations. Additionally, future research during different times of counseling student's development may be appropriate. Moreover, replication of this study at a later time may be useful to determine if the results are the same in both studies.

Obtaining the sample through written request to Program Directors of CACREP counseling programs was reasonable, since previous researchers used this method (Cicchetti, 2010; Creswell, 2009; Dillman et al., 2009). According to previous researchers the response rate for online surveys remains low still today (Cicchetti, 2010; Creswell, 2009; Dillman et al., 2009). For example, if one does not have emails for the population of potential participants it would be difficult to send a request to participate in an email survey. Additionally, response to participate may be low, because participants may have difficulty sharing that they may have a deficit in grief education and training, even though the survey design is designed to keep the participants identity anonymous.

Limits of confidentiality, anonymity, ethical concerns, and availability of counseling services were addressed in the consent and debriefing forms of this study.

Ethical Considerations

There are many ethical considerations when working with human participants in a research study. I made sure the participants understood the risk of participating in this study, obtained consent, and provided clear guidelines about the purpose of this study and how to obtain follow-up information if the participant desired. Participants were informed and information concerning the intent of this study was provided. Information provided will be kept confidential except for the information obtained on the surveys which was used in this study. The participants of the study are not members of a vulnerable population by IRB definition; therefore, no additional ethical considerations are needed to protect human participants in this study. Before any data collection began, the IRB application was completed and submitted, reviewed, and approved by Walden University.

The participants for this study were Master's-level students in CACREP-accredited counseling programs currently enrolled in their Practicum or Internship field experience, who have completed all of their required program courses of study, and who volunteered to participate after they had been contacted through email via their program director at their university. I provided a link in the email inviting participants to voluntarily participate in the study, if they so desired. The first document the participants

reviewed pertained to the study information. This information included (a) implied consent, (b) purpose of the study, (c) procedures, (d) voluntary participation of the study, (e) benefits and possible risk, (f) confidentiality, and (g) researcher's contact information. The consent clearly stated that participation was voluntary and can be withdrawn at any time. Once participants chose to voluntarily participate in the study they were direct to the SurveyMonkey link. Clicking on the link implied consent and the survey began.

In order for the participants to remain anonymous, I did not request names and no personal information was collected in this study. Upon completion of the study, I downloaded the participant's responses to a password protected computer using SPSS software. In SurveyMonkey, I deleted participant's responses from storage after the data were downloaded.

Summary

The purpose of this study was to examine whether master's-level counseling students in CACREP counseling programs report they have been trained to identify and work with clients who are experiencing grief related issues from a loss. I used both MANOVA and MANCOVA analyses. For example, research question 1 investigated using a 4-way MANOVA with demographic variables (gender, age bracket, race, and ethnicity) as independent variables and the four grief competency sub scales on the GCCS are the dependent variables. The first demographic variable gender examined for differences on perceived grief counseling competencies on the GCCS survey. The next

demographic variable age examined as a function of perceived grief counseling competencies on the GCCS survey. The last two demographic variables race and ethnicity examined for differences on perceived grief counseling competencies on the GCCS survey. Research question 2 investigated using a MANCOVA where the independent variable is coursework; the four grief competency sub scales on the GCCS are the dependent variables, and the covariate is course offering (whether the participant's course curriculum offered coursework in grief counseling theories and practice). This examined the relationship between course work taken and the four grief competency sub scales on the GCCS survey. Research question 3 investigated using a MANOVA whereas the independent variable is practicum or internship setting and the four grief competency sub scales on the GCCS are the dependent variables. This examined the relationship between practicum or internship setting and perceived grief counseling competencies on the GCCS survey.

This study was one of the first to examine CACREP requirements for master's-level counseling students which may be deficient in their education and training in grief theories and interventions. The study will benefit CACREP counseling programs by examining accreditation standards of programs by requiring course requirements in grief theories and interventions for master's-level counseling student in order to meet the populations growing service needs. There may be a need for CACREP counseling

programs to expand current requirements of master's counseling programs and develop core curriculum requirements to be included on grief theories and interventions.

Chapter 4: Results

The purpose of this quantitative study was to examine whether CACREP-accredited master's counseling students in training perceive they have been adequately trained in identifying clients' presenting grief issues and in providing grief counseling to clients in need. The purpose of this study was to examine the question: How competent do master's-level counselors view themselves regarding the education or training they received in grief theories or counseling skills in their CACREP-accredited studies?

RQ1. How do the demographic variables (e.g., gender, age bracket, race, and ethnicity) relate to perceived grief counseling competency?

H_o1: There is no significant ($\alpha = .05$) interaction effect among the demographic variables and perceived grief counseling competency.

$H_1 1$: There is a significant interaction effect among the demographic variables and perceived grief counseling competency.

RQ2. Controlling for course offerings (whether the participant's course curriculum offered coursework in grief counseling theories and practice), what is the relationship between coursework and grief counseling competency?

H_o2: There is no significant ($\alpha = .05$) positive relationship between coursework taken and the four grief counseling competency scales, controlling for course offerings.

$H_1 2$: There is a significant positive relationship between coursework taken and the four grief counseling competency scales, controlling for course offerings.

RQ3. What is the relationship between practicum or internship setting and perceived grief counseling competency?

H_o3: There is no significant ($\alpha = .05$) relationship for clinical setting and perceived grief counseling competency.

$H_1 3$: There is a significant relationship for clinical setting and perceived grief counseling competency.

Upon the approval of the IRB application, implementation, and the data collection occurred over 40 days. In this chapter, I discuss the purpose, research questions, and hypotheses. First, I discuss data collection, recruitment of participants, response rates, demographic and descriptive characteristics. The results of analysis are presented pertaining to the evaluation of statistical assumptions, results pertaining to each hypothesis, and information regarding the covariate. Lastly, I included a summary to answer the research questions based on the results.

Data Collection

The survey was sent via email to program directors and to program designees, in lieu of a director of CACREP-accredited counseling programs that were listed on the CACREP website. I followed the mailing recommendation design of Dillman et al. (2009) to promote response rate. Specifically, on Day 1, the invitation to participate in the study and the survey were sent to CACREP accredited program directors. On Day 10,

an additional request to participate in the study and to complete the survey was sent. On Day 20, final requests to participate in the study and to complete the survey were sent.

The survey invitation was sent the fourth week of January 2016 and data collection was completed in the last week of February 2016. On Days 1, 10, and 20 (see Appendix E), the survey invitation to participate was sent, including thank you response emails. Program directors or program designees of CACREP-accredited counseling programs were asked to forward the survey invitation to their master's-level students enrolled in their practica or internships via blind carbon copy. The summary of program directors' or their designees' contacted as follow:

- Three hundred fifteen program directors or program designees received the survey.
- Seven did not have valid e-mail addresses and therefore were not included.
- Seven had automatic response that they were on sabbatical.
- Fourteen had automatic response that they were out of office for travel.
- Four program directors or program designees reported that their college or university required IRB approval for the survey to be distributed.
- Seven program directors or program designees were unavailable but provided another contact name, to which an e-mail was sent.

- Two program directors or program designees stated the e-mail to participate in survey was sent to their colleagues in the department to distribute to students as per their discretion.
- Twenty-two responded that the e-mail was sent to their students or posted on listserv.

The survey invitation provided detailed instructions to participants who were interested in participating in the study and to click the "next" button to begin their review of the consent form. Participants who continued to the survey from the consent form provided implied consent ensuring anonymity. Participants were able to cease voluntary participation at any time. The final sample size was 153 total respondents, of whom 123 answered all questions.

Sample Demographics

I used convenience sampling at CACREP-accredited institutions, in addition to criterion sampling techniques to ensure that participants were master's-level counseling students enrolled in their practicum or internship experience. I selected CACREP-accredited master's-level counseling programs to provide a unified level of standards and expectations in the counseling field. Of the 153 participants who responded to the survey, all met my criteria, but only 123 participants completed all required responses to the study. Participants were informed in the Study Information "if there is a question that you choose not to answer, you may skip the question". After participants consented to the

study (see Appendix E), they completed the DDS and GCCS (Cicchetti, 2010) (see Appendices C and D). After completing both instruments, participants received a debriefing letter (see Appendix F).

Of the 153 master's-level CACREP-accredited counselor trainees who were in either their practicum or internship participated in this study, 136 (89.47%) reported being female, while 16 (10.53%) reported being male, and one participant chose not to respond. Regarding the demographic questions on ethnicity, 142 (92.81%) identified themselves as No, not Hispanic, Latino, or Spanish origin, 4 (2.61%) identified themselves as Yes, Mexican, Mexican American, Chicano, 3 (1.96%) identified themselves as Yes, Puerto Rican, and 4 (2.61%) identified as Yes, another Hispanic, Latino, or Spanish origin, however, 0 identified as Cuban. On the demographic questions regarding race, 126 (82.89%) identified themselves as White, 18 (11.84%) participants identified themselves as Black, African American, or Negro, 3 (1.97%) identified themselves as American Indian or Alaska Native, 1 (0.66%) identified them self as Filipino, 2 (1.32%) identified themselves as Other Asian, 1 (0.66%) identified them self as Guamanian or Charnorro, 1 (0.66%) identified them self as Other Pacific Islander, and one chose not to respond. All 153 participants responded to the age bracket question, 47 (30.72%) responded in the age bracket of 18-24 years old, 69 (45.10%) responded in the age bracket of 25-34 years old, 13 (8.50%) responded in the age bracket of 35-44 years old, 19 (12.42%) responded in the age bracket of 45-54, and 5 (3.27%) responded in the

age bracket of 55 plus years old. Reporting on their practicum or internship setting, respondents indicated 72 (47.68%) were at Community Mental Health settings, 51 (33.77%) were at School settings, 2 (1.32%) indicated at Hospital settings, 1 (0.66%) at Rehabilitation setting, 4 (2.65%) indicated at State Agency, 2 (1.32%) at Residential settings, 19 (12.58%) indicated Other not Specified settings, and 2 (1.32%) of the participants did not respond.

Of the 153 respondents, 153 reported the program they attended was CACREP-accredited. The list of CACREP-accredited universities was obtained directly from CACREP via the CACREP website, verified as current accreditation on the CACREP website, and noted each university's department program chair. Twenty-two CACREP-accredited master's-level counseling programs responded that the e-mail with the survey link (study) was sent to their practicum or internship students. Since information pertaining to which school respondents attended was not obtained, there was no way of knowing how many students from each school or state participated in the study.

Ninety-nine participants (66%) reported the university they attended did not offer courses in grief theories, 51participants (34%) reported the university they attended did offer courses in grief theories, and 3 participants did not respond to the question. Ninety-five participants (62.91%) reported the university they attended did not offer courses in grief interventions, 56 participants (37.09%) reported the university they attended did off courses in grief interventions, and 2 participants did not respond to the question. One

hundred and twenty-two participants (80.26%) reported they had not taken any courses in grief theories, 27 participants (17.76%) reported they had taken one course in grief theories, 3 participants (1.97%) reported taken two courses in grief theories, and one participant did not answer the question. One hundred and thirteen participants (76.87%) reported they did not take any courses in grief interventions, 30 participants (20.41%) reported they had taken one course in grief interventions, 4 participants (2.72%) reported they had taken two courses in grief interventions, and 6 participants did not answer the question. The missing data points are participants' who did not answer the question. Participants were informed on the Study Information "if there is a question that you choose not to answer, you may skip the question". Participant's characteristics can be found in Table 3.

Table 3

Participant Descriptives

	Frequency (N)					
Variable	Valid	Missing	Mean	Median	Mode	Std. Deviation
What is your gender?	152	1	1.11	1	1	.31
What is your age bracket?	153	0	2.12	2	2	1.08
Is this person of Hispanic, Latino, or Spanish origin?	153	0	1.17	1	1	.71
What is this person's race?	152	1	1.47	1	1	1.77
Is your program CACREP-accredited?	153	0	1.00	1	1	.00
Does the institution you attend offer courses in grief theories?	150	3	1.66	2	2	.48
Does the institution you attend offer courses in grief interventions?	151	2	1.63	2	2	.48
How many courses did you complete in grief theories?	152	1	1.22	1	1	.46
How many courses did you complete in grief interventions?	147	6	1.26	1	1	.50
Current Practicum/Internship Setting.	151	2	2.31	2	1	2.01

Distribution of Data

Descriptive statistics was calculated to examine the data from the survey. Data from the survey was analyzed in order to answer the overall general research question adapted from (Cicchetti, 2010): How competent do master's-level counselors view themselves regarding the education or training they received in grief theories or grief counseling skills in their CACREP-accredited studies?

There are nine questions on Section 1 of the GCCS pertaining to personal grief counseling competencies. The scores for each question ranged from 1: "This does not describe me," to 5: "This describes me very well." The higher total score, the higher perceived personal grief counseling competency. The total score can range from low of 9 to high of 45.

One hundred and forty participants reported in Section 1 of the GCCS (M = 38.03, SD = 4.34). The median score for this section was 38.5 with a mode score of 40, with a frequency of 15, and total scores ranging from a low 21 with a frequency of 1, to high of 45 with frequency of 7 (see Table 4 and Figure 1). The distribution scores were Kurtosis 1.72 and negatively Skewed -.95, (see Table 5).

Table 4

Part 1: Personal Grief Counseling Competencies Response Totals

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21.00	1	.7	.7	.7
	24.00	1	.7	.7	1.4
	25.00	1	.7	.7	2.1
	26.00	1	.7	.7	2.9
	30.00	2	1.3	1.4	4.3
	31.00	1	.7	.7	5.0
	32.00	5	3.3	3.6	8.6
	33.00	7	4.6	5.0	13.6
	34.00	7	4.6	5.0	18.6
	35.00	10	6.5	7.1	25.7
	36.00	9	5.9	6.4	32.1
	37.00	14	9.2	10.0	42.1
	38.00	11	7.2	7.9	50.0
	39.00	11	7.2	7.9	57.9
	40.00	15	9.8	10.7	68.6
	41.00	14	9.2	10.0	78.6
	42.00	12	7.8	8.6	87.1
	43.00	8	5.2	5.7	92.9
	44.00	3	2.0	2.1	95.0
	45.00	7	4.6	5.0	100.0
	Total	140	91.5	100.0	
Missing	System	13	8.5		
Total		153	100		

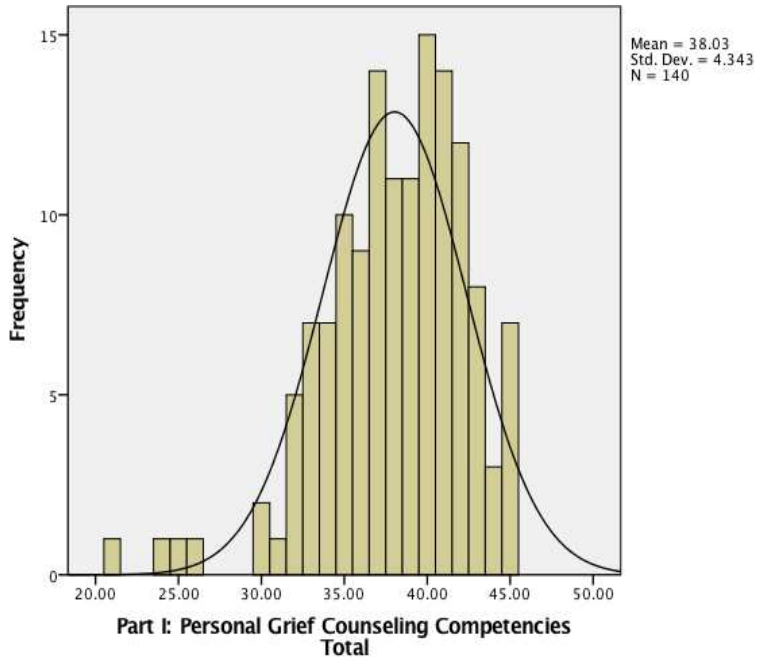

Figure 1. Frequency distribution of personal grief counseling competencies

Table 5

Part 1:Personal Grief Counseling Competencies Response Totals

N	Valid	140
	Missing	13
Mean		38.03
Median		38.50
Mode		40.00
Std. Deviation		4.34
Skewness		-.95
Kurtosis		1.72
Range		24.00
Minimum		21.00
Maximum		45.00

An interquartile range was completed to examine the distribution of 50% of the scores around median and found scores ranged from 3.9 to 4.6 out of possible 5. This data shows there was a .7 range of scores on the personal grief counseling competencies section of the GCCS while the majority of scores were between “this somewhat describes me” and “this describes me.” Part 1 of the GCCS in reference to personal grief counseling competencies mean, median, mode, and standard deviation can be found in Table 6.

Table 6

Mean, Median, Mode, and Standard Deviation of Personal Grief Counseling Competencies

Item	N Valid	N Missing	Mean	Median	Mode	S.D.
Part 1: Personal Grief Counseling Competencies						
1. I practice personal wellness and self-care.	140	13	3.9071	4.00	4.00	.79473
2. I have experienced loss and can verbalize my own grief process.	140	13	3.8071	4.00	4.00	1.0655
3. I have self-awareness related to my own grief issues and history.	140	13	3.9643	4.00	4.00	.90092
4. I believe that grief is a result of a variety of loss experiences which include but are not limited to death.	139	14	4.7050	5.00	5.00	.58301
5. I display empathy, unconditional positive regard, and genuineness when talking with friends and acquaintances.	140	13	4.5643	5.00	5.00	.60228
6. I view grief as a systemic as well as an individual experience.	140	13	4.3500	5.00	5.00	.86436
7. My spirituality is important to my understanding of grief.	140	13	3.7000	4.00	5.00	1.3233
8. I believe that there is no one right way to deal with grief.	140	13	4.5071	5.00	5.00	.90161
9. I have a sense of humor.	140	13	4.5571	5.00	5.00	.77061

There are 37 questions on Section 2 of the GCCS pertaining to skills and knowledge of grief counseling competencies. The section has three areas of concentration: conceptual skills and knowledge, assessment skills, and treatment skills. conceptual skills and knowledge had nine questions. Assessment had nine questions, and treatment skills had 19 questions. The scores for each question ranged from 1: "This does not describe me," to 5: "This describes me very well." The higher total score, the higher perceived skills and knowledge of grief counseling competency. The total score can range from low of 37 to high of 185.

One hundred and seven participants reported in Section 2 of the GCCS (M = 118.23, SD = 29.352). The median score for this section was 122 with a mode score of 129, with a frequency of 4, and total scores ranging from a low 60 with a frequency of 1, to high of 182 with frequency of 1 (see Table 7 and Figure 2). The distribution scores were Kurtosis -.606 and Skewness .049, (see Table 8).

Table 7

Part II: Skills and Knowledge Grief Counseling Competency Response Totals

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	60.00	1	.7	.9	.9
	64.00	1	.7	.9	1.9
	65.00	1	.7	.9	2.8
	66.00	1	.7	.9	3.7
	67.00	1	.7	.9	4.7
	70.00	1	.7	.9	5.6
	73.00	1	.7	.9	6.5
	76.00	2	1.3	1.9	8.4
	77.00	2	1.3	1.9	10.3
	79.00	1	.7	.9	11.2
	81.00	1	.7	.9	12.1
	82.00	3	2.0	2.8	15.0
	84.00	1	.7	.9	15.9
	85.00	1	.7	.9	16.8
	86.00	1	.7	.9	17.8
	88.00	1	.7	.9	18.7
	89.00	2	1.3	1.9	20.6
	90.00	2	1.3	1.9	22.4
	91.00	1	.7	.9	23.4
	92.00	1	.7	.9	24.3
	94.00	1	.7	.9	25.2
	95.00	1	.7	.9	26.2
	98.00	2	1.3	1.9	28.0
	99.00	2	1.3	1.9	29.9
	102.00	2	1.3	1.9	31.8
	103.00	1	.7	.9	32.7
	105.00	1	.7	.9	33.6
	106.00	2	1.3	1.9	35.5

Part II: Skills and Knowledge Grief Counseling Competency Response Totals

	Frequency	Percent	Valid Percent	Cumulative Percent
109.00	1	.7	.9	36.4
111.00	2	1.3	1.9	38.3
112.00	2	1.3	1.9	40.2
113.00	1	.7	.9	41.1
114.00	3	2.0	2.8	43.9
116.00	1	.7	.9	44.9
117.00	3	2.0	2.8	47.7
119.00	1	.7	.9	48.6
120.00	1	.7	.9	49.5
122.00	3	2.0	2.8	52.3
123.00	1	.7	.9	53.3
124.00	1	.7	.9	54.2
125.00	2	1.3	1.9	56.1
126.00	1	.7	.9	57.0
127.00	3	2.0	2.8	59.8
128.00	1	.7	.9	60.7
129.00	4	2.6	3.7	64.5
130.00	1	.7	.9	65.4
131.00	2	1.3	1.9	67.3
132.00	1	.7	.9	68.2
133.00	2	1.3	1.9	70.1
134.00	2	1.3	1.9	72.0
135.00	1	.7	.9	72.9
138.00	2	1.3	1.9	74.8
139.00	2	1.3	1.9	76.6
140.00	2	1.3	1.9	78.5
141.00	2	1.3	1.9	80.4
142.00	1	.7	.9	81.3
144.00	2	1.3	1.9	83.2
146.00	1	.7	.9	84.1

Part II: Skills and Knowledge Grief Counseling Competency Response Totals

		Frequency	Percent	Valid Percent	Cumulative Percent
	147.00	1	.7	.9	85.0
	148.00	1	.7	.9	86.0
	149.00	1	.7	.9	86.9
	150.00	1	.7	.9	87.9
	153.00	1	.7	.9	88.8
	155.00	1	.7	.9	89.7
	156.00	1	.7	.9	90.7
	158.00	1	.7	.9	91.6
	160.00	1	.7	.9	92.5
	164.00	1	.7	.9	93.5
	166.00	1	.7	.9	94.4
	171.00	1	.7	.9	95.3
	174.00	1	.7	.9	96.3
	178.00	2	1.3	1.9	98.1
	179.00	1	.7	.9	99.1
	182.00	1	.7	.9	100.0
	Total	107	69.9	100.0	
Missing	System	46	30.1		
Total		153	100.0		

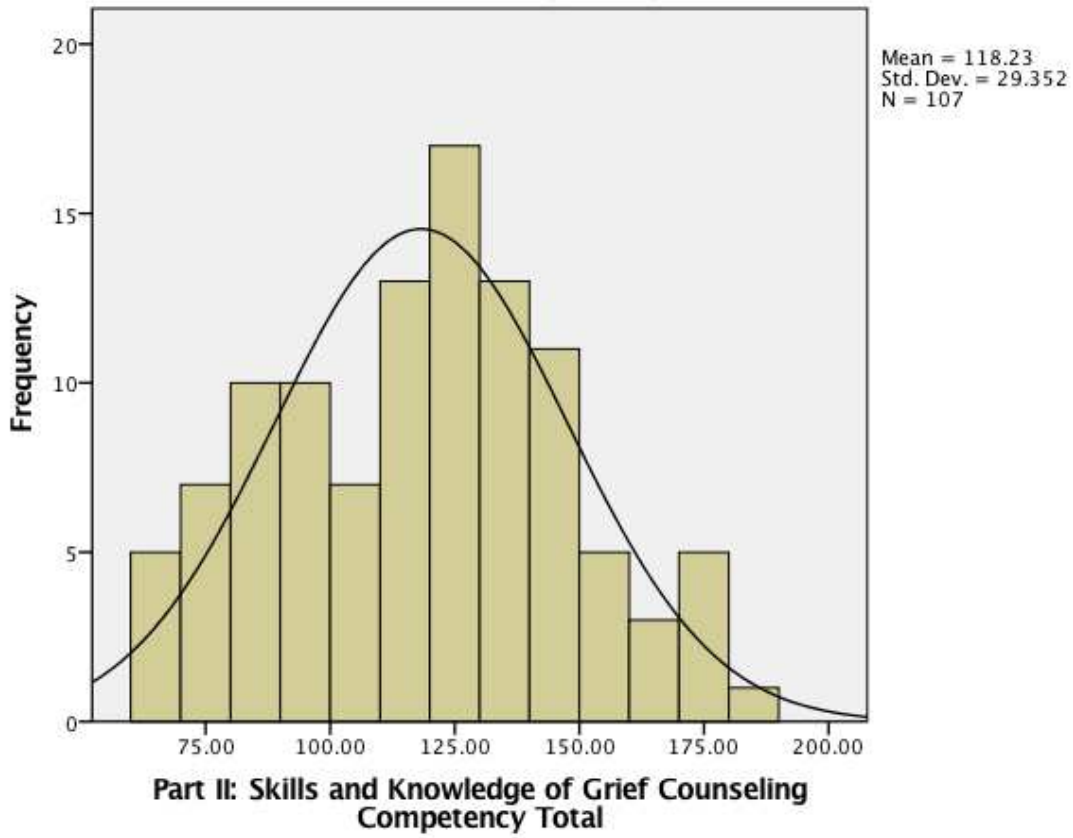

Figure 2. Frequency distribution of skills and knowledge of grief counseling competency

Table 8

Part II: Skills and Knowledge Grief Counseling Competency Response Totals

N	Valid	107
	Missing	46
Mean		118.23
Median		122.00
Mode		129.00
Std. Deviation		29.35
Skewness		.049
Kurtosis		-.606
Range		122.00
Minimum		60.00
Maximum		182.00
Percentiles	25	94.0
	50	122.0
	75	139.0

An interquartile range was completed to examine the distribution of 50% of the scores around median and found scores ranged from 2.5 to 3.8 out of possible 5. This data shows there was a wide 1.3 range of scores on the skills and knowledge of grief counseling competencies section of the GCCS while the majority of scores were between "this barely describes me" and "this somewhat describes me." Participants' were informed in the study information "if there is a question that you choose not to answer, you may skip the question". Part 2 of the GCCS in reference to skills and knowledge of

grief counseling competencies mean, median, mode, and standard deviation can be found in Table 9.

Table 9

Part II: Skills and Knowledge Grief Counseling Competency

	N					
	Valid	Missing	Mean	Median	Mode	S.D.
Conceptual Skills and Knowledge						
5. I can define and articulate the nature of "normal" grief and loss as detailed by theoretical models.	123	30	2.7561	3.00	2.00	1.28255
9. I can describe general differences in grief and loss as a function of personality style.	123	30	2.7724	3.00	4.00	1.26629
12. I can articulate a grief consultation model for parents, teachers, and other adults about how to talk to children about grief and loss.	123	30	2.4065	2.00	1.00	1.27933
14. I can define and articulate the nature and symptoms of complicated/unresolved grief situations.	121	32	2.7603	3.00	3.00	1.21809
25. I can describe common dysfunctional coping styles of a person who is grieving loss.	121	32	3.3967	3.00	3.00[a]	1.10664
29. I maintain an updated library of grief and loss resources for clients.	123	30	2.3496	2.00	1.00	1.43140

Part II: Skills and Knowledge Grief Counseling Competency

	N					
	Valid	Missing	Mean	Median	Mode	S.D.
32. I can describe common functional coping styles of the person who is grieving.	122	31	3.2787	3.00	4.00	1.17313
34. I can describe how various individual counseling theories can be applied to grief counseling with individuals and families.	122	31	2.8279	3.00	4.00	1.25766
36. I can describe how various family counseling theories can be applied to grief counseling with individuals and/or families.	121	32	2.4628	2.00	1.00[a]	1.29770
<u>Assessment Skills</u>						
1. I can assess for unresolved loss and grief that may not be stated as a presenting problem.	123	30	3.1138	3.00	3.00	.97681
4. I can provide educational workshops and activities to community members about loss and grief.	123	30	2.3008	2.00	1.00[a]	1.13755
10. I can conduct suicide assessments.	122	31	3.9918	4.00	5.00	1.01636
13. I can provide crisis intervention services to schools and/or community settings.	123	30	3.0325	3.00	2.00	1.29902

Part II: Skills and Knowledge Grief Counseling Competency

	N					
	Valid	Missing	Mean	Median	Mode	S.D.
16. I can assess a client's sense of spirituality.	123	30	3.5528	4.00	4.00	1.01790
18. I can work on an interdisciplinary team by interacting with staff from different professions.	123	30	4.2846	4.00	5.00	.87329
20. I can utilize family assessment techniques to examine interaction patterns and roles.	123	30	3.1951	3.00	3.00	1.19190
26. I can assess individuals' progress on theoretically defined grief tasks.	121	32	2.7686	3.00	2.00	1.25007
30. I can identify cultural differences that affect assessment in relation to loss and grief.	122	31	3.0820	3.00	3.00	1.18942
<u>Treatment Skills</u>						
2. I can provide psycho-education to clients related to the grief experience for themselves and others.	123	30	3.2358	3.00	4.00	1.08704
3. I can facilitate family grief counseling sessions.	123	30	2.3333	2.00	2.00	1.17812

Part II: Skills and Knowledge Grief Counseling Competency

	N					
	Valid	Missing	Mean	Median	Mode	S.D.
6. I can facilitate individual grief counseling sessions.	123	30	3.1220	3.00	4.00	1.27128
7. I can provide developmentally appropriate programs about grief and loss issues in schools.	121	32	2.4298	2.00	2.00	1.30273
8. I can facilitate group grief counseling sessions.	120	33	2.7667	3.00	3.00	1.25513
11. I can facilitate multi-family group grief counseling sessions.	123	30	2.0325	2.00	1.00	1.13755
15. I can teach clients how to obtain support and resources in the community in relation to grief and loss.	123	30	3.3821	3.00	3.00	1.21817
17. I can develop rapport with clients of all ages.	122	31	4.3934	4.00	5.00	.66254
19. I can identify cultural differences that affect treatment.	123	30	4.0081	4.00	4.00	.78402
21. I can provide appropriate crisis debriefing sessions.	122	31	3.1475	3.00	3.00[a]	1.23095
22. I can exhibit effective active listening skills.	123	30	4.6667	5.00	5.00	.62288

Part II: Skills and Knowledge Grief Counseling Competency

	N					
	Valid	Missing	Mean	Median	Mode	S.D.
23. I can read and apply current research and literature related to grief and effective treatment interventions.	123	30	3.8455	4.00	4.00	1.00843
24. I can facilitate a reframe of loss experience and grief reactions for client empowerment.	123	30	3.4146	4.00	4.00	1.20059
27. I can use the creative arts in counseling to facilitate grief expression.	122	31	3.2131	3.00	4.00	1.28069
28. I can appropriately self-disclose related to my own grief and loss experiences.	122	31	3.6475	4.00	4.00	1.12023
31. I can recognize and work with grief related resistance and denial.	122	31	3.0410	3.00	3.00	1.15277
33. I can participate in informal or formal support groups for professionals who work with issues of grief and loss to prevent burnout and vicarious traumatization.	122	31	3.0000	3.00	3.00	1.27273
35. I can recommend helpful articles and books for grieving individuals and families.	122	31	2.7705	3.00	2.00	1.36537

Part II: Skills and Knowledge Grief Counseling Competency

	N					
	Valid	Missing	Mean	Median	Mode	S.D.
37. I can listen in a non-judgmental way to stories clients tell about their losses.	122	31	4.6393	5.00	5.00	.59008

a. Multiple modes exist. The smallest value is shown.

The second portion of the survey was furthered studied, by examining the three sub-sections individually. The first sub-section examined was perceived conceptual skills and knowledge, which had nine questions. The scores for each question ranged from 1: "This does not describe me," to 5: "This describes me very well." The higher total score, the higher perceived conceptual skills and knowledge of grief counseling competency. The total score can range from low of 9 to high of 45.

One hundred and sixteen participants reported in conceptual skills and knowledge section of the GCCS (M = 25.20, SD = 9.20). The median score for this section was 25 with a mode score of 18, with a frequency of 9, and total scores ranging from a low 9 with a frequency of 2, to high of 45 with frequency of 2 (see Table 10 and Figure 3). The distribution scores were Kurtosis -.87 and Skewness .23, (see Table 11).

Table 10

Conceptual Skills and Knowledge Response Totals

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	9.00	2	1.3	1.7	1.7
	10.00	2	1.3	1.7	3.4
	11.00	1	.7	.9	4.3
	12.00	4	2.6	3.4	7.8
	13.00	2	1.3	1.7	9.5
	14.00	4	2.6	3.4	12.9
	15.00	6	3.9	5.2	18.1
	17.00	3	2.0	2.6	20.7
	18.00	9	5.9	7.8	28.4
	19.00	7	4.6	6.0	34.5
	20.00	4	2.6	3.4	37.9
	21.00	3	2.0	2.6	40.5
	22.00	3	2.0	2.6	43.1
	23.00	3	2.0	2.6	45.7
	24.00	3	2.0	2.6	48.3
	25.00	5	3.3	4.3	52.6
	26.00	5	3.3	4.3	56.9
	27.00	3	2.0	2.6	59.5
	28.00	7	4.6	6.0	65.5
	30.00	4	2.6	3.4	69.0
	31.00	3	2.0	2.6	71.6
	32.00	2	1.3	1.7	73.3
	33.00	4	2.6	3.4	76.7
	34.00	5	3.3	4.3	81.0
	35.00	2	1.3	1.7	82.8
	36.00	6	3.9	5.2	87.9
	37.00	2	1.3	1.7	89.7
	38.00	4	2.6	3.4	93.1

Conceptual Skills and Knowledge Response Totals

		Frequency	Percent	Valid Percent	Cumulative Percent
	39.00	1	.7	.9	94.0
	41.00	2	1.3	1.7	95.7
	42.00	1	.7	.9	96.6
	44.00	2	1.3	1.7	98.3
	45.00	2	1.3	1.7	100.0
	Total	116	75.8	100.0	
Missing	System	37	24.2		
Total		153	100.0		

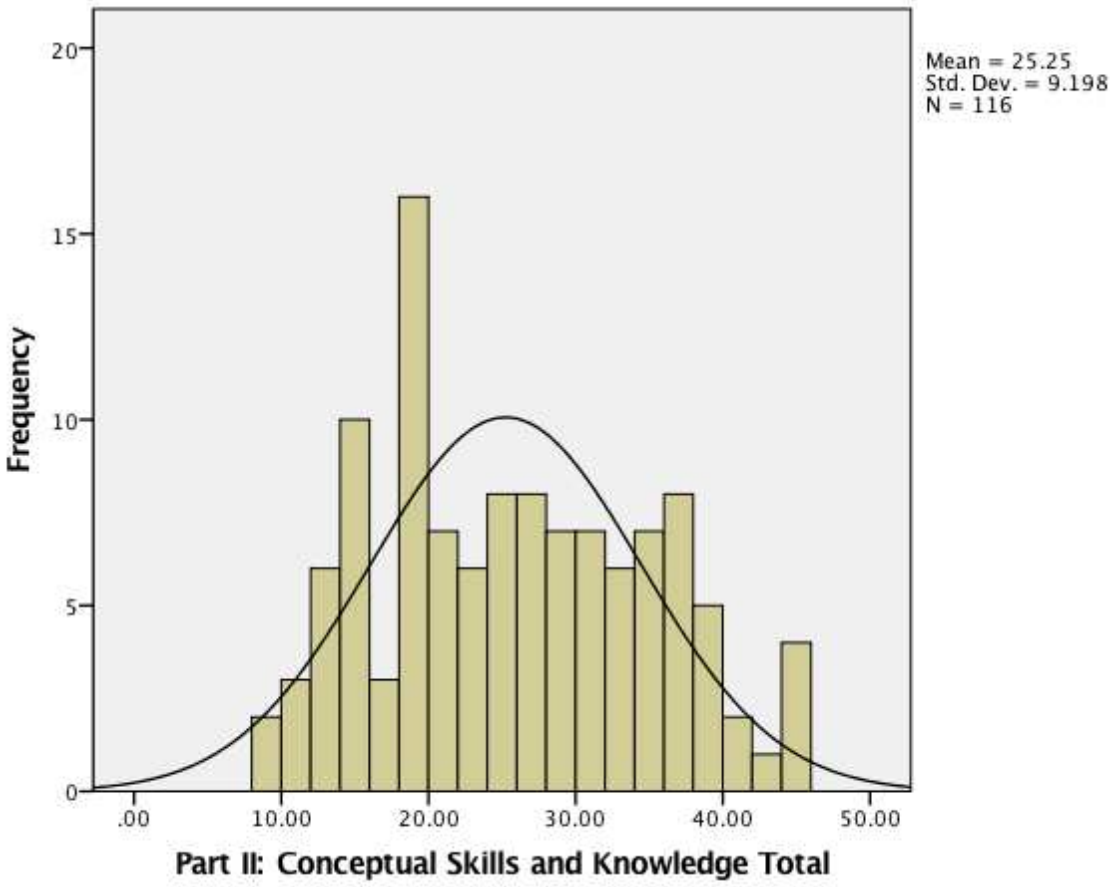

Figure 3. Frequency distribution of conceptual skills and knowledge

Table 11

Part II: Conceptual Skills and Knowledge Response Totals Statistics

N	Valid	116
	Missing	37
Mean		25.20
Median		25.00
Mode		18.00
Std. Deviation		9.20
Skewness		.23
Kurtosis		-.87
Range		36.00
Minimum		9.00
Maximum		45.00
Percentiles	25	18.00
	50	25.00
	75	33.00

An interquartile range was completed to examine the distribution of 50% of the scores around median and found scores ranged from 2 to 3.6 out of possible 5. This data shows there was a wide 1.6 range of scores on the conceptual skills and knowledge sub-section of the GCCS while the majority of scores were between "this barely describes me" and "this somewhat describes me." The conceptual skills and knowledge sub-section of the GCCS mean, median, mode, and standard deviation can be found in Table 9.

The second sub-section examined was perceived assessment skills, which had nine questions. The scores for each question ranged from 1: "This does not describe me," to 5: "This describes me very well." The higher total score, the higher perceived

assessment skills on the GCCS survey. The total score can range from low of 9 to high of 45.

One hundred and nineteen participants reported in assessment skills section of the GCCS (M = 29.29, SD = 6.70). The median score for this section was 29 with a mode score of 34, with a frequency of 10, and total scores ranging from a low 14 with a frequency of 2, to high of 45 with frequency of 1 (see Table 12 and Figure 4). The distribution scores were Kurtosis -.426 and Skewness .068, (see Table 13).

Table 12

Part II: Assessment Skills Response Totals

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	14.00	2	1.3	1.7	1.7
	17.00	1	.7	.8	2.5
	18.00	2	1.3	1.7	4.2
	19.00	4	2.6	3.4	7.6
	20.00	2	1.3	1.7	9.2
	21.00	6	3.9	5.0	14.3
	22.00	4	2.6	3.4	17.6
	23.00	5	3.3	4.2	21.8
	24.00	4	2.6	3.4	25.2
	25.00	7	4.6	5.9	31.1
	26.00	3	2.0	2.5	33.6
	27.00	6	3.9	5.0	38.7
	28.00	8	5.2	6.7	45.4
	29.00	9	5.9	7.6	52.9
	30.00	5	3.3	4.2	57.1
	31.00	4	2.6	3.4	60.5
	32.00	7	4.6	5.9	66.4
	33.00	7	4.6	5.9	72.3
	34.00	10	6.5	8.4	80.7
	35.00	1	.7	.8	81.5
	36.00	7	4.6	5.9	87.4
	37.00	2	1.3	1.7	89.1
	38.00	2	1.3	1.7	90.8
	39.00	2	1.3	1.7	92.4
	40.00	2	1.3	1.7	94.1
	41.00	1	.7	.8	95.0
	42.00	2	1.3	1.7	96.6
	43.00	3	2.0	2.5	99.2

Part II: Assessment Skills Response Totals

		Frequency	Percent	Valid Percent	Cumulative Percent
	45.00	1	.7	.8	100.0
	Total	119	77.8	100.0	
Missing	System	34	22.2		
Total		153	100.0		

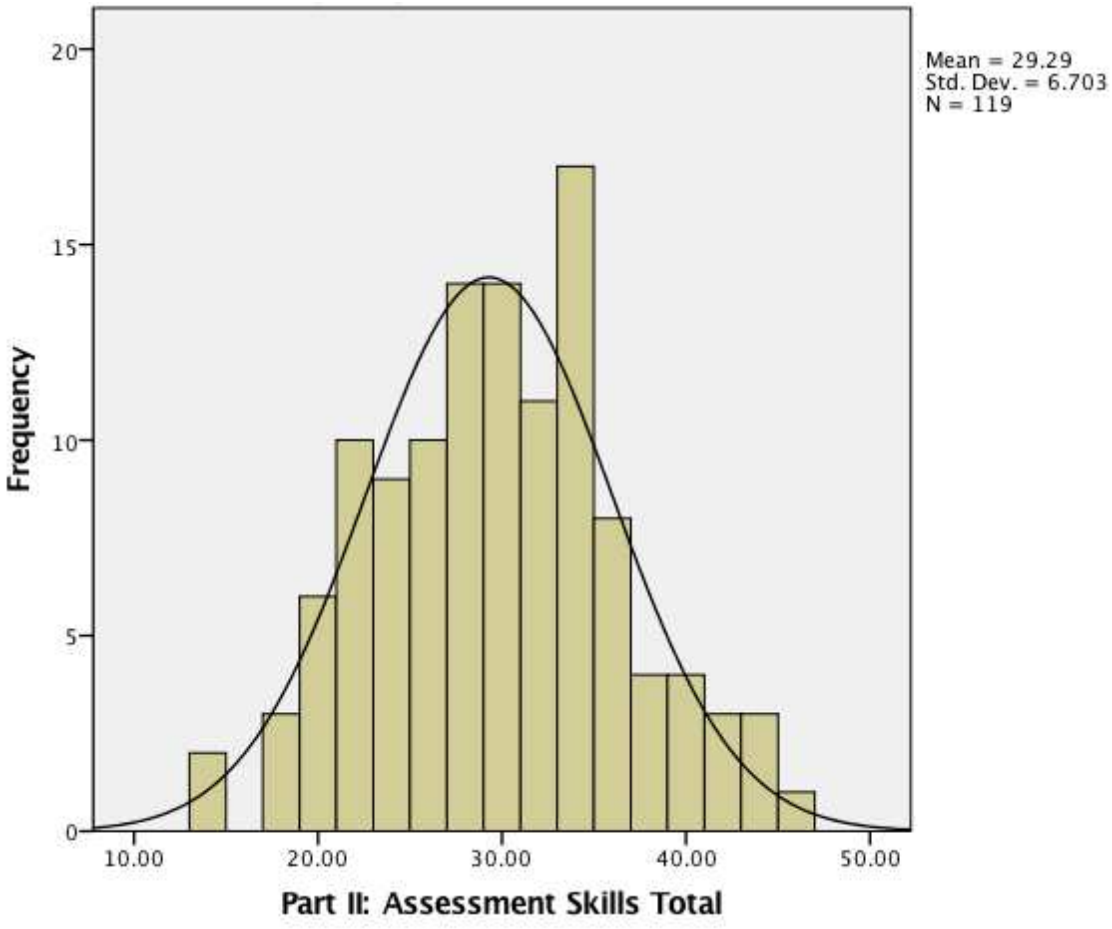

Figure 4. Frequency distribution of assessment skills

Table 13

Part II: Assessment Skills Response Totals Statistics

N	Valid	119
	Missing	34
Mean		29.29
Median		29.00
Mode		34.00
Std. Deviation		6.70
Skewness		.068
Kurtosis		-.426
Range		31.00
Minimum		14.00
Maximum		45.00
Percentiles	25	24.00
	50	29.00
	75	34.00

An interquartile range was completed to examine the distribution of 50% of the scores around median and found scores ranged from 2.6 to 3.7 out of possible 5. This data shows there was a wide 1.3 range of scores on the assessment skills sub-section of the GCCS while the majority of scores were between "this barely describes me" and "this somewhat describes me." The assessment skills sub-section of the GCCS mean, median, mode, and standard deviation can be found in Table 9.

The last sub-section examined was treatment skills, which had 19 questions. The scores for each question ranged from 1: "This does not describe me," to 5: "This

describes me very well." The higher total score, the higher perceived treatment skills on the GCCS survey. The total score can range from low of 19 to high of 95.

One hundred and thirteen participants reported in treatment skills section of the GCCS (M = 63.49, SD = 14.35). The median score for this section was 65 with a mode score of 71, with a frequency of 6, and total scores ranging from a low 33 with a frequency of 1, to high of 95 with frequency of 1 (see Table 14 and Figure 5). The distribution scores were Kurtosis -.426 and Skewness .068, (see Table 15).

Table 14

Part II: Treatment Skills Response Totals

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	33.00	1	.7	.9	.9
	34.00	1	.7	.9	1.8
	39.00	2	1.3	1.8	3.5
	40.00	2	1.3	1.8	5.3
	41.00	1	.7	.9	6.2
	42.00	1	.7	.9	7.1
	43.00	5	3.3	4.4	11.5
	44.00	2	1.3	1.8	13.3
	45.00	1	.7	.9	14.2
	47.00	4	2.6	3.5	17.7
	48.00	2	1.3	1.8	19.5
	49.00	2	1.3	1.8	21.2
	50.00	1	.7	.9	22.1
	51.00	4	2.6	3.5	25.7
	52.00	1	.7	.9	26.5
	53.00	1	.7	.9	27.4
	54.00	2	1.3	1.8	29.2
	55.00	3	2.0	2.7	31.9
	56.00	1	.7	.9	32.7
	57.00	1	.7	.9	33.6
	58.00	1	.7	.9	34.5
	59.00	3	2.0	2.7	37.2
	60.00	2	1.3	1.8	38.9
	61.00	3	2.0	2.7	41.6
	62.00	2	1.3	1.8	43.4
	63.00	3	2.0	2.7	46.0
	64.00	4	2.6	3.5	49.6
	65.00	3	2.0	2.7	52.2

Part II: Treatment Skills Response Totals

		Frequency	Percent	Valid Percent	Cumulative Percent
	66.00	1	.7	.9	53.1
	67.00	5	3.3	4.4	57.5
	68.00	2	1.3	1.8	59.3
	69.00	3	2.0	2.7	61.9
	70.00	1	.7	.9	62.8
	71.00	6	3.9	5.3	68.1
	72.00	5	3.3	4.4	72.6
	73.00	6	3.9	5.3	77.9
	74.00	4	2.6	3.5	81.4
	76.00	3	2.0	2.7	84.1
	77.00	3	2.0	2.7	86.7
	79.00	1	.7	.9	87.6
	80.00	1	.7	.9	88.5
	81.00	1	.7	.9	89.4
	83.00	2	1.3	1.8	91.2
	84.00	1	.7	.9	92.0
	85.00	1	.7	.9	92.9
	88.00	3	2.0	2.7	95.6
	89.00	1	.7	.9	96.5
	90.00	1	.7	.9	97.3
	91.00	1	.7	.9	98.2
	92.00	1	.7	.9	99.1
	95.00	1	.7	.9	100.0
	Total	113	73.9	100.0	
Missing	System	40	26.1		
Total		153	100.0		

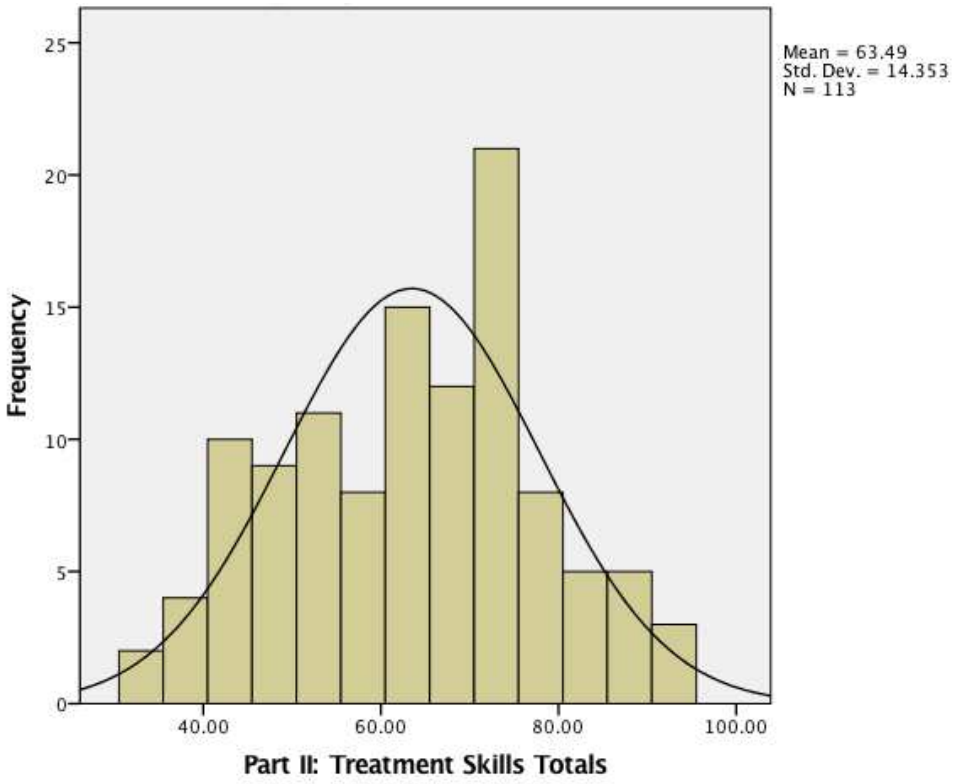

Figure 5. Frequency distribution of treatment skills

Table 15

Part II: Treatment Skills Response Totals Statistics

N	Valid	113
	Missing	40
Mean		63.49
Median		65.00
Mode		71.00[a]
Std. Deviation		14.35
Skewness		-.037
Kurtosis		-.674
Range		62.00
Minimum		33.00
Maximum		95.00
Percentiles	25	51.00
	50	65.00
	75	73.00

a. Multiple modes exist. The smallest value is shown

An interquartile range was completed to examine the distribution of 50% of the scores around median and found scores ranged from 2.6 to 3.8 out of possible 5. This data shows there was a wide 1.2 range of scores on the treatment skills sub-section of the GCCS while the majority of scores were between "this barely describes me" and "this somewhat describes me." The treatment skills sub-section of the GCCS mean, median, mode, and standard deviation can be found in Table 9.

Findings for Research Question 1

How do the demographic variables (e.g., gender, age bracket, race, and ethnicity) relate to perceived grief counseling competency?

H_o1: There is no significant ($\alpha = .05$) interaction effect among the demographic variables and perceived grief counseling competency.

$H_1 1$: There is a significant interaction effect among the demographic variables and perceived grief counseling competency.

This question was investigated using a 4-way MANOVA with demographic variables (gender, age bracket, race, and ethnicity) as independent variables and the four grief competency sub scales on the GCCS are the dependent variables.

The first demographic variable gender was examined. Here, 93 females and 12 males were examined for differences on perceived grief counseling competency on the GCCS survey. No significance for females and males as a function or perceived grief counseling competency was found (see Table 16).

Table 16

Relationship between Gender and Grief Counseling Competency

Dependent Variable	*F*	*p*	η^2
Personal Competency	.148	.702	.002
Assessment Skills	.531	.468	.007
Treatment Skills	.133	.716	.002
Conceptual Skills and Knowledge	.280	.598	.003

Next, demographic variable age was compared to the perceived grief counseling competencies on the GCCS survey for the 105 respondents. A main effect was found for the presence of age and perceived personal competency related to grief F (16, 236) =

2.736, $p = .034$, indicating that we can reject the hypothesis that there is no significant interaction effect among the demographics variable age and perceived grief counseling competency in personal competency. The multivariate $\eta^2 = .12$ indicates 12% of multivariate variance of the dependent variable personal competency is associated with age (see Table 17).

Table 17

Relationship between Age and Grief Counseling Competency

Dependent Variable	*F*	*p*	η^2
Personal Competency	2.736	.034	.120
Assessment Skills	.603	.661	.029
Treatment Skills	.682	.607	.033
Conceptual Skills and Knowledge	.713	.585	.034

One hundred and five participant's demographic variable race was compared to the perceived grief counseling competency on the GCCS survey. There was no significance found for race and perceived grief counseling competency (see Table 18).

Table 18

Relationship between Race and Grief Counseling Competency

Dependent Variable	*F*	*p*	η^2
Personal Competency	1.867	.097	.123
Assessment Skills	.319	.925	.023
Treatment Skills	.666	.678	.048
Conceptual Skills and Knowledge	.414	.867	.030

One hundred and five participant's demographic variable ethnicity was compared to the perceived grief counseling competency on the GCCS survey. There was no significance found for ethnicity and perceived grief counseling competency (see Table 19).

Table 19

Relationship between Ethnicity and Grief Counseling Competency

Dependent Variable	*F*	*p*	η^2
Personal Competency	1.136	.340	.041
Assessment Skills	.769	.515	.028
Treatment Skills	.042	.988	.002
Conceptual Skills and Knowledge	.260	.854	.010

In summary, there was no effect found for demographic variables gender, race, and ethnicity and perceived grief counseling competency, however, there was significance found for demographic variable age and perceived grief counseling competency in regards to personal competency on the GCCS survey. Overall, the hypothesis was partially supported.

Findings for Research Question 2

Controlling for course offerings (whether the participant's course curriculum offered coursework in grief counseling theories and practice), what is the relationship between coursework and grief counseling competency?

H_o2: There is no significant ($\alpha = .05$) positive relationship between coursework taken and the four grief counseling competency scales, controlling for course offerings.

$H_1$2: There is a significant positive relationship between coursework taken and the four grief counseling competency scales, controlling for course offerings.

This question was investigated using a MANCOVA where the independent variable is coursework; the four grief competency sub scales on the GCCS are the dependent variables, and the covariate is course offering. This analysis examined the relationship between course work taken and the four grief competency sub scales on the GCCS survey.

Controlling for course offerings, a main effect was found having taken course work in either grief theories or grief interventions, and competency in the grief counseling competency scales dependent variable assessment Skills, treatment Skills, and conceptual skills and knowledge (see Table 20). A main effect was found for the presence of coursework taken and perceived assessment skills related to grief counseling competency F (12, 254) = 3.134, p = .029, indicating that we can reject the hypothesis that there is no significant positive relationship between coursework taken and perceived grief counseling competency in assessment skills, controlling for course offerings. The multivariate η^2 = .087 indicates 8.7 % of multivariate variance of the dependent variable assessment skills is associated with coursework taken and grief counseling competency (see Table 20). A main effect was found for the presence of coursework taken and perceived treatment skills related to grief counseling competency F (12, 254) = 3.252, p = .025, indicating that we can reject the hypothesis that there is no significant positive

relationship between coursework taken and perceived grief counseling competency in treatment skills, controlling for course offerings. The multivariate $\eta^2 = .090$ indicates 9.0% of multivariate variance of the dependent variable treatment skills is associated with coursework taken and grief counseling competency (see Table 20). A main effect was found for the presence of coursework taken and perceived conceptual skills and knowledge related to grief counseling competency $F(12, 254) = 4.986$, $p = .003$, indicating that we can reject the hypothesis that there is no significant positive relationship between coursework taken and perceived grief counseling competency in conceptual skills and knowledge, controlling for course offerings. The multivariate $\eta^2 = .131$ indicates 13.1% of multivariate variance of the dependent variable conceptual skills and knowledge is associated with coursework taken and grief counseling competency (see Table 20).

Table 20

Relationship between Course Work Taken and Grief Counseling Competency

Dependent Variable	*F*	*p*	η^2
Personal Competency	1.527	.212	.044
Assessment Skills	3.134	.029	.087
Treatment Skills	3.252	.025	.090
Conceptual Skills and Knowledge	4.986	.003	.131

In summary, there was no effect found for coursework taken and perceived grief counseling competency in relationship to personal competency. However, there was significance found for a relationship between coursework taken and grief counseling competency in the dependent variables assessment skills, treatment skills, and conceptual

skills and knowledge on the GCCS survey. Overall, the hypothesis was partially supported.

Findings for Research Question 3

What is the relationship between practicum or internship setting and perceived grief counseling competency?

H_o3: There is no significant ($\alpha = .05$) relationship for clinical setting and perceived grief counseling competency.

$H_1 3$: There is a significant relationship for clinical setting and perceived grief counseling competency.

This question was investigated using a MANOVA whereas the independent variable is practicum or internship setting and the four grief competency sub scales on the GCCS are the dependent variables. This examined the relationship between practicum or internship setting and perceived grief counseling competencies on the GCCS survey.

Of the 107 participants who responded to this section of the GCCS survey, no significant relationship was found between practicum or internship setting and the following: perceived personal competency, F (24, 340) = .982, p = .441, η^2 = .056, perceived assessment skills, F (24, 340) = 1.464, p = .198, η^2 = .081, perceived treatment skills, F (24, 340) = .751, p = .610, η^2 = .043, or perceived conceptual skills and knowledge, F (24, 340) = .633, p = .704, η^2 = .037 (see Table 21). Hypothesis was

supported; there is no significant relationship for clinical setting and perceived grief counseling competency.

Table 21

Relationship between Practicum/Internship Setting and Grief Counseling Competency

Dependent Variable	*F*	*p*	η^2
Personal Competency	.982	.441	.056
Assessment Skills	1.464	.198	.081
Treatment Skills	.751	.610	.043
Conceptual Skills and Knowledge	.633	.704	.037

Summary

In summary, Research Question 1: How do the demographic variables (e.g., gender, age bracket, race, and ethnicity) relate to perceived grief counseling competency? There was no effect found for demographic variables gender, race, and ethnicity and perceived grief counseling competency, however, there was significance found for demographic variable age and perceived grief counseling competency in regards to personal competency on the GCCS survey. Overall, the hypothesis for research question 1 was partially supported (see Tables 16-19). Research Question 2: Controlling for course offerings (whether the participant's course curriculum offered coursework in grief counseling theories and practice), what is the relationship between coursework and grief counseling competency? There was no effect found for coursework taken and perceived grief counseling competency in relationship to personal competency. However, there was significance found for a relationship between coursework taken and grief counseling

competency in the dependent variables assessment skills, treatment skills, and conceptual skills and knowledge on the GCCS survey. Overall, the hypothesis was partially supported (see Table 20). Research Question 3: What is the relationship between practicum or internship setting and perceived grief counseling competency? Hypothesis was supported; there is no significant relationship for clinical setting and perceived grief counseling competency (see Table 21).

In Chapter 5, an interpretation of the findings, limitations of the study, and recommendations for future research to be conducted will be addressed. Furthermore, implications of positive social change will be presented. Lastly, recommendations for professional practice will be discussed.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this quantitative study was to examine whether CACREP-accredited master's-level counseling students in training perceive they have been adequately trained in identifying clients' presenting grief issues and in providing grief counseling to clients in need. These participants were chosen instead of LPCs because I wanted to examine how master's-level counseling students assess themselves in regards to the education or training they received about grief theories or counseling skills related to issues of grief interventions in their CACREP-accredited formal coursework in contrast to knowledge possibly obtained post master's degree in the field.

Perceptions of CACREP-accredited master's-level counseling students were examined by using an adapted version of the GCCS (Cicchetti, 2010). Cicchetti noted he used a modified version of the DCS (Charkow, 2002). According to Cicchetti, Charkow's DCS consist of two parts. The first part of Charkow's DCS inquired about personal competencies using nine questions. The second part of Charkow's DCS inquired about skills and knowledge competencies using 36 questions (Cicchetti, 2010). The two parts of Charkow's DCS had four subheadings, as follows: (a) personal competencies, (b) conceptual skills and knowledge, (c) assessment skills, and (d) treatment skills. Charkow's revised version of the DCS, which was renamed GCCS by Cicchetti (2010) is a 46-item questionnaire survey using a Likert scale to assess the participant's personal competencies, conceptual skills and knowledge, assessment skills, and treatment skills in

regards to grief intervention and counseling working with clients with presenting issues related to loss or grief.

Internal consistency reliability for the GCCS was established by calculating a Cronbach's alpha for each section and the sub-scales. An alpha level calculated for the GCCS was calculated for the two sections of the survey which included Part I: Personal Competency and Part II: Skills and Knowledge Section. The alpha level for the Personal Competency section was found to be .69 while the alpha level for the Skills and Knowledge section the alpha was .97. The alphas for the three subscales of the Part II: Skills and Knowledge scale were the following: for the Conceptual Skills and Knowledge scale the alpha was .94, for the Assessment Skills scale the alpha was .85, and for the Treatment Skills scale the alpha was .93. The alphas for the three subscales of the GCCS suggested relatively high internal consistency. In addition, the alpha for the overall section Skills and Knowledge was .97. It was deemed acceptable.

Convenience sampling was used for this study to take advantage of the diverse populations enrolled in CACREP-accredited institutions listed on the CACREP web site. The participants for this study were recruited from CACREP-accredited master's-level counseling programs throughout the United States. After obtaining the CACREP-accredited master's-level counseling programs from the CACREP website, I verified they were current on CACREP accreditations via the website; I contacted the department chair via email to explain the study and requested that the information of the study and link be

sent to all practicum and internship students to participate in the study. The request had instructions on where to access the study through SurveyMonkey, which is a secure online survey builder used to collect data.

Using SurveyMonkey, I created the survey and a survey link was emailed to me. I copied the survey link into the email I sent out to CACREP-accredited master's-level counseling program department chairs in the email inviting the students from their institution to participate. The invite email was forwarded to CACREP master's-level counseling students enrolled in practicum or internships informing them about the study and inviting anonymously them to participate.

When the participants clicked on the SurveyMonkey link, the entry page has information about the study including overview and background, procedures, voluntary commitment to participate in the study, benefits and risks of participating in the study, information on zero compensation, confidentiality, contact information, and statement on consent (see Appendix F). After the participants have reviewed the implied consent on the entry page, participants were directed to enter the survey, verified consent, and completed the DDS (see Appendix C), and the GCCS survey (see Appendix D). There was no time limit placed on the participants in completing the survey once they started the survey.

Following the participant's completion of the DDS and the GCCS survey, the participant received a debriefing statement form (see Appendix G). The debriefing

statement was used to express gratitude for the participant's participation, shared information about how to contact the researcher if needed, reiterated the voluntary participation in the study, reviewed informed consent information, discussed future requirements for the study, provided counseling services resources, and shared the study overview.

Interpretation of the Findings

Of the 153 master's-level CACREP counselor trainees who were in either their practicum or internship participated in this study, 136 (89.47%) were female, 16 (10.53%) were male, and one participant chose not to respond. On the demographic questions regarding ethnicity, 142 (92.81%) identified themselves as No, not Hispanic, Latino, or Spanish origin, 4 (2.61%) identified themselves as Yes, Mexican, Mexican American, Chicano, 3 (1.96%) identified themselves as Yes, Puerto Rican, and 4 (2.61%) identified as Yes, another Hispanic, Latino, or Spanish origin, however, 0 identified as Cuban. On the demographic questions regarding race, 126 (82.89%) identified themselves as White, 18 (11.84%) participants identified themselves as Black, African American, or Negro, 3 (1.97%) identified themselves as American Indian or Alaska Native, 1 (0.66%) identified them self as Filipino, 2 (1.32%) identified themselves as Other Asian, 1 (0.66%) identified them self as Guamanian or Charnorro, 1 (0.66%) identified them self as Other Pacific Islander, and one chose not to respond. All 153 participants responded to the age bracket question, 47 (30.72%) responded in the age

bracket of 18-24 years old, 69 (45.10%) responded in the age bracket of 25-34 years old, 13 (8.50%) responded in the age bracket of 35-44 years old, 19 (12.42%) responded in the age bracket of 45-54, and 5 (3.27%) responded in the age bracket of 55 plus years old. Reporting on their practicum or internship setting, respondents indicated 72 (47.68%) were at Community Mental Health settings, 51 (33.77%) were at School settings, 2 (1.32%) indicated at Hospital settings, 1(0.66%) at Rehabilitation setting, 4 (2.65%) indicated at State Agency, 2 (1.32%) at Residential settings, 19 (12.58%) indicated Other not Specified settings, and 2 (1.32%) of the participants did not respond.

Of the 153 respondents, 153 reported the program they attended was CACREP-accredited. The list of CACREP-accredited universities was obtained directly from CACREP via the CACREP website, verified as current accreditation on the CACREP website, and noted each university's department program chair. Twenty-two CACREP-accredited master's-level counseling programs responded that the e-mail with the survey link (study) was sent to their practicum or internship students. Since information pertaining to which school respondents attended was not obtained, there was no way of knowing how many students from each school or state participated in the study.

Ninety-nine participants (66%) reported the university they attended did not offer courses in grief theories, 51participants (34%) reported the university they attended did offer courses in grief theories, and 3 participants did not respond to the question. Ninety-five participants (62.91%) reported the university they attended did not offer courses in

grief interventions, 56 participants (37.09%) reported the university they attended did offer courses in grief interventions, and 2 participants did not respond to the question. One hundred and twenty-two participants (80.26%) reported they had not taken any courses in grief theories, 27 participants (17.76%) reported they had taken one course in grief theories, 3 participants (1.97%) reported taken two courses in grief theories, and one participant did not answer the question. One hundred and thirteen participants (76.87%) reported they did not take any courses in grief interventions, 30 participants (20.41%) reported they had taken one course in grief interventions, 4 participants (2.72%) reported they had taken two courses in grief interventions, and 6 participants did not answer the question. Participant's characteristics can be found in Table 3.

Demographic variables revealed a wide variability in terms of gender, ethnicity, and age bracket. In reference to coursework offered, the responses revealed a small percentage of 34% in which the institutions offered courses in grief theories and 37.09% offered course in grief interventions. However, 19.73% of the students took coursework in grief theories and 23.13% of the students took coursework in grief interventions.

The data for the first research question, how do the demographic variables (e.g., gender, age bracket, race, and ethnicity) relate to perceived grief counseling competency? No significance was found for gender, race, or ethnicity as a function of perceived grief counseling competency. However, significance was found for the presence of age and

perceived personal competency related to grief. The results suggested the older age bracket of participants' relate to perceived personal competency in grief counseling.

The data for the second research question, when controlling for course offerings (whether the participant's course curriculum offered coursework in grief counseling theories and practice), what is the relationship between coursework and grief counseling competency? There was no significant relationship found between coursework taken and perceived grief counseling competency in relationship to personal competency. Controlling for course offerings, significance was found between having taken course work in either grief theories or grief interventions, and competency in the grief counseling competency scales dependent variable assessment skills, treatment skills, and conceptual skills and knowledge. Significance was found between coursework taken and perceived assessment skills related to grief counseling competency. Significance was found for the presence of coursework taken and perceived treatment skills related to grief counseling competency. Significance was found for the presence of coursework taken and perceived conceptual skills and knowledge related to grief counseling competency. These results should be looked at because significance was found between coursework and grief counseling perceived competency by the participants pertaining to assessment skills, treatment skills, and conceptual skills and knowledge.

The data for the third research question examined, what is the relationship between practicum or internship setting and perceived grief counseling competency? No

significant relationship was found between practicum or internship setting and the following: perceived personal competency, perceived assessment skills, perceived treatment skills, or perceived conceptual skills and knowledge. The results suggested the participants perceived their practicum or internship site did not give them training in grief theories or grief interventions.

In summary, demographic variables gender, race, and ethnicity did not show a significant relationship to participants perceived grief counseling competency, however, there was significance found for demographic variable age and participants reported perceived grief counseling competency in regards to personal competency on the GCCS survey. There was no significance found for coursework taken and perceived grief counseling competency in relationship to personal competency. However, there was significance found for a relationship between coursework taken and grief counseling competency in the dependent variables assessment skills, treatment skills, and conceptual skills and knowledge on the GCCS survey. Students reported perceived grief counseling competencies in coursework taken and competency in assessment skills, treatment skills, and conceptual skills and knowledge. There is no significant relationship for clinical setting and perceived grief counseling competency. Indicating, the participants perceived their practicum or internship site did not promote their training in grief theories or grief interventions.

Relationship of Findings to Prior Studies

After an extensive search of the literature, I did not find any previous studies on CACREP-accredited master's-level counseling students enrolled in their practicum or internship reporting that they had been trained to identify or work with clients presenting with grief related issues. The closest study found is by Cicchetti (2010) on *Graduate Students' Self Assessment of Competency in Grief Education and Training in Core Accredited Rehabilitation Counseling Programs*. The study by Cicchetti indicated a need for CORE to offer courses in grief theories and interventions to assist master's-level students in effectively helping the population they serve with presenting grief issues.

Another study found in the literature is by Ober et al. (2012), who surveyed LPCs on grief training, personal and professional experiences with grief, and their self-assessment of grief counseling competencies. Ober et al. stated the findings noted the licensed professional counselor participants that obtained education or training in grief counseling rated themselves more competent in comparison to the licensed professional counselor participants that did not complete any education or training in grief counseling.

The results from this study reinforce the need for grief education and training in CACREP-accredited master's-level counseling programs. The CACREP standards could expand the core curriculum requirements to include grief education and training by providing coursework in grief theories and grief interventions. Finally, grief education and training should not be limited to master's-level counseling students enrolled in

CACREP-accredited programs, but to all counseling students enrolled in counseling programs.

Limitations of the Study

The limitations of the study were related to research design, sampling method, convenience sampling, access to the sample population, and generalizability. A limitation of using quantitative methods for the research study is that one cannot obtain an in-depth understanding of the participants lived experience (Creswell, 2009). A limitation of using the non-experimental, one shot survey research design is that the respondents are limited in their response to those permitted on the GCCS (Creswell, 2009). Frankfort-Nacmias and Nacmias (2008) stated content validity is determined by the degree to which the questions on an instrument are representative of what the instrument was designed to sample. The GCCS was designed to assess master's-level student's competency in grief counseling (Cicchetti, 2010). The questions on the instrument are representative of what the instrument was designed to sample.

To research the intended population, individuals were asked to provide support to the research study. These individuals did not have an invested interest in the research; therefore, many may not have responded nor participated. The participants for this study were recruited from CACREP-accredited master's-level counseling programs through program directors from each institution noted on the CACREP website. Each institution had their own policies on the dissemination of the email inviting participants to the study.

Therefore, it was not guaranteed that all eligible practicum or internship students were notified of the study by their faculty. Information pertaining to which school's students participated was unfortunately not obtained. This limits knowing how many students from what schools participated. The criteria for inclusion reduced the number of participants in the study due to it was intended for counselors in training from CACREP-accredited institutions enrolled in their practicum or internship experience and did not take into consideration counselors in training from non-CACREP-accredited counseling programs.

Due to the population studied and the method used, the overall response rate was low. While this is expected in surveys using emailing methods (Dillman et al., 2009), the low response rate prevented generalizability of the findings of the study. The demographic characteristics of the population varied in gender, ethnicity, age, and programs throughout the United States, however, the sample was not large enough to apply the findings to all counselor trainees, as gender, age, and ethnicity were not evenly distributed.

Internal and External Validity Threats

Threats to internal validity would be (a) history, (b) maturation, (c) regression, (d) mortality, (e) diffusion of treatment, (f) compensatory/resentful demoralization, (g) compensatory rivalry, (h) testing, and (i) instrumentation (Creswell, 2009). The participants in this study were asked to complete a one-time survey online with no

interaction and no lapse of time between participation, therefore, reducing the internal validity threats pertaining to (a) history, (b) maturation, (c) mortality, (d) diffusion of treatment, (e) compensatory/resentful demoralization, (f) compensatory rivalry, and (g) testing. Furthermore, the participants volunteered anonymously and no information could be known about the participants which reduces the internal validity threat of regression. The instruments used for this study are the same instruments used for all participants (no changes), with the same written instructions provided at the beginning of the study to all, therefore, reducing the internal validity threat of instrumentation (Creswell, 2009).

The threats to external validity to this study are (a) interaction of selection and treatment, (b) interaction of setting and treatment, and (c) interaction of history and treatment (Creswell, 2009). Due to the recruitment criteria of the participants in this study, generalizability is limited to CACREP-accredited master's-level counseling students. Therefore, the findings will not be generalized to the larger population or other populations. Additionally, future research during different times of counseling student's development may be appropriate. Moreover, replication of this study at a later time may be useful to determine if the results are the same in both studies.

Recommendations for Future Research

There are several ways in which future research could build upon this current study. One suggestion would be for the administration of the GCCS instrument to larger and diverse samples to gather additional information in non-CACREP-accredited

counseling programs. Further development of instruments may also help researchers to capture information about grief counseling competencies in a more depth, useful, and practical manner. Another suggestion for future research is the development of an assessment instrument in which measures personal experience with grief and its complex effect on the counselor and their grief counseling competencies. Future research should be conducted and include the administration of the assessments used in this study to a variety of mental health professionals such as psychologist, psychiatrist, social workers, and counselors to compare grief counseling competencies across mental health disciplines. The information could be valuable in determining if other mental health disciplines provide better education and training on the topic of grief.

Future research should be conducted and include investigation of content and quality of grief education and training provided to counselors on grief and loss issues. This study collected data on master's students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs; however it did not investigate the specific education and training on grief topics or the perceived benefit of the training. Grief counseling theories is a topic researchers could investigate and assess the quality of education and training beyond the stage and task theories.

Qualitative research may provide valuable data on counselors' in-depth personal experiences with loss or grief and their understandings of how their experiences may impact their work with clients. A qualitative research study may provide participants the

opportunity to share their lived experiences pertaining to loss or grief. Furthermore, it would be interesting to investigate how and what counselors learn about loss or grief and how they translate the knowledge to their professional work with clients with presenting issues pertaining to loss or grief.

Implications for Social Change

Few studies have been conducted that pertain to the grieving process and counselor grief competency levels (Ober et al., 2012). The few studies that have been conducted were primarily focused on hospice professionals' competency in grief-related issues (Werth & Crow, 2009). Recent literature has noted the growing need of grief counseling within the counseling profession (Breen, 2010).

In the counseling profession, competency is an important component and expectation of practice (ACA, 2014). Therefore, "achieving entry-level competency means that a counselor in training met the requirements of their program of study and the standards of the accrediting agency that aligns with the approved curriculum" (CACREP, 2016). Furthermore, it is incumbent upon the accrediting agency to align the curriculum with current counseling demands and client needs (Cicchetti, 2010). In addition, it is important to provide the opportunity for master's-level counseling students to obtain the proper skills and tools they need to identify and counsel clients with grief-related issues (Gamino & Ritter, 2012). The results of this study promoted insight and maybe awareness for social change in master's-level counseling programs CACREP core

curriculum coursework to include education and training in grief theories, skills, and grief counseling.

For example, multicultural counseling competency was not addressed in CACREP core courses until counseling demands and client needs became evident in the counseling profession (Sue & Sue, 2008). Current research has indicated a gap in literature and that is why I conducted this study to help bridge the gap in literature and promote positive change in the counseling profession pertaining to grief competency, education, and training to assist clients with their presenting needs (Ober et al., 2012).

Recommendations for Professional Practice

Recommended curricular inclusion on grief and loss education includes attachment theory, dual process model of grief, meaning making theory, and adaptive grieving styles (Doughty Horn, Crews, & Harrawood, 2013; Humphrey, 2009; Reeves, 2011; Waldrop, 2011). Furthermore, adding a social and cultural diversity component on identifying societal attitudes regarding loss, grief, and explore cultural rituals for grieving would be helpful (Doughty Horn, Crews, & Harrawood, 2013; Humphrey, 2009; Reeves, 2011; Waldrop, 2011). Adding to the human growth and development section of curriculum, students may be instructed to create a lifeline of losses, journal about their losses (written or via video), or have them tell a story about their experiences pertaining to loss and grief (Doughty Horn, Crews, & Harrawood, 2013; Humphrey, 2009; Neimeyer & Currier, 2009; Neimeyer, Torres, & Smith, 2011; Parikh, Janson, &

Singelton, 2012). Grief and loss can be included in the career development curriculum by addressing job loss, financial security, loss of identity, self-respect, career changes, and social status (Doughty Horn, Crews, & Harrawood, 2013; Harris & Isenor, 2011; Sterner, 2012; Walsch, 2009). Grief and loss can be incorporated in crisis counseling courses in addressing a survivor's reaction to trauma, loss of limbs, or way of life before the traumatic event in one's life (Doughty Horn, Crews, & Harrawood, 2013; Mancini, Prati, & Bonanno, 2011). In clinical courses such as practicum and internship experiences, students can look through a lens of loss or grief when a client changes their lifestyle (Doughty Horn, Crews, & Harrawood, 2013; Doka, 2002). As for group work, existential group techniques can be taught along with group psychotherapy for grief or curriculum-based model for grief support groups could be incorporated in CACREP core area (Doughty Horn, Crews, & Harrawood, 2013; Joyce, Ogrodniczuk, Piper, & Sheptycki, 2010; Rosner, Lumbeck, & Geissner, 2011).

Summary

The purpose of this study was to examine master's students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs. Results indicated a need for CACREP-accredited counseling programs to re-evaluate the current core curriculum requirements. There seems to be a need to expand the current core curriculum requirements to include grief theories and interventions. Results suggested that there may be a need for colleges and universities counseling programs to

offer courses in grief theories and interventions, to educate and train master's-level counseling student to effectively assist clients with grief issues. Furthermore, it is important for CACREP-accredited colleges and universities working with practicum or internship sites to make sure students will receive grief education and training when working with clients presenting with grief issues. The study indicated that a high rate of participants have not taken any courses in grief theories and interventions. Moreover, the results from this study indicated that a high rate of participant's CACREP-accredited institutions did not offer any courses in grief theories or grief interventions. Ober et al. (2012) stated licensed professional counselor participants that obtained grief education or training rated themselves more competent in comparison to the licensed professional counselor participants that did not complete any grief education or training. This indicates the need of re-evaluation of CACREP requirements to include grief education and training in core curriculum.

References

Adams, S. A. (2006). Does CACREP accreditation make a difference? A look at NCE results and answers. *Journal of Professional Counseling: Practice, Theory & Research*, *34*(1/2), 60–76. Retrieved from http://web.b.ebscohost.com.ezp.waldenulibrary.org/

Ahmed, S., Wilson, K. B., Henriksen Jr., R. C., & Jones, J. W. (2011). What does it mean to be culturally-competent counselor? *Journal for Social Action in Counseling and Psychology, 3*(1), 17-28. Retrieved from http://www.psysr.org/jsacp/ahmed-v3n1-11_17-28.pdf

Aladag, M., Yaka, B., & Koc, İ. (2014). Opinions of counselor candidates regarding counseling skills training. *Educational Sciences: Theory & Practice*, *14*, 879-886. doi: 10.12738/estp.2014.3.1958

American Counseling Association. (2006). Medicare coverage of licensed professional counselors. Retrieved from http://www.counseling.org/

American Counseling Association. (2007). Congress passes bill to include counselors in VA programs [Press release]. Retrieved from http://www.counseling.org/PressRoom/PressReleases.aspx?AGuid=17fc785a-1c40-46a3-93fc-06a5df8e4e65

American Counseling Association (2014). *ACA Code of Ethics*. Alexandria, VA: Author.

American Mental Health Counseling Association (2010). *AMHCA Code of Ethics*. Alexandria, VA: Author.

Archer, J. (2001). Broad and narrow perspectives in grief theory: Comment on Bonanno and Kaltman (1999). *Psychological Bulletin*, *127*(4), 554-560. doi: 10.1037//0033-2909.127.4.554

Barstow, S., & Terrazas, A. (2012, March). Medicare needs to cover counselors. *Counseling Today, 54*(9), p.11. Retrieved from http://www.counseling.org/resources/library/Counseling%20Today/March2012CTOnline.pdf

Bernard, J. M., & Goodyear, R. K. (2009). *Fundamentals of clinical supervision* (4th ed.). Upper Saddle River, NJ: Pearson Education.

Bobby, C. L. (2013). The evolution of specialties in the CACREP Standards: CACREP's role in unifying the profession. *Journal of Counseling & Development*, *91*(1), 35-43. Retrieved from http://dx.doi.org.ezp.waldenulibrary.org/10.1002/j.1556-6676.2013.00068.x

Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psychoanalysis, 39*, 350-371. Retrieved from http://www.psychology.sunysb.edu/attachment/online/nature%20of%20the%20childs%20tie%20bowlby.pdf

Bowlby, J. (1980). *Attachment and loss* (Vol. 3). New York, NY: Basic Books.

Breen, L. J. (2010). Professionals' experiences of grief counseling: Implications for bridging the gap between research and practice. *Omega: Journal of Death & Dying*, *62*, 285-303. doi: 10.2190/OM.62.3.e

Breen, L. J., & O'Conner, M. (2011). Family and social networks after bereavement: Experiences of support, change and isolation. *Journal of Family Therapy, 33*(1), 98-120. doi: 10.1111/j.1467-6427.2010.00495.x

Brookfield, S. D. (1986). *Understanding and facilitating adult learning.* San Francisco: Jossey-Bass.

Carr, E., & Cortina, M. (2011). Heinz Kohut and John Bowlby: The men and their ideas. *Psychoanalytic Inquiry*, *31*(1), 42-57. doi: 10.1080/07351690.2010.512847

Charkow, W. B. (2002). Family-based death and grief-related counseling: Examining the personal and professional factors that impact counselor competence. (Doctoral dissertation). *Dissertation Abstracts International, 62*(12-A), 4070. Retrieved http://search.proquest.com.ezp.waldenulibrary.org/pqdtglobal/docview/304710649/F795C98B6ED4F0DPQ/1?accountid=14872

Chidarikire, S. (2012). Spirituality: The neglected dimension of holistic mental health care. *Advances in Mental Health*, *10*, 298-302. Retrieved from http://dx.doi.org.ezp.waldenulibrary.org/10.5172/jamh.2012.10.3.298

Cicchetti, R., J. (2010). *Graduate students' self-assessment of competency in grief education and training in core accredited rehabilitative counseling programs* (Doctoral dissertation). Obtained electronically from the author.

Collier, R. (2011). Grief therapy for those left behind. *CMAJ: Canadian Medical Association Journal*, *183*, E265-E266. doi:10.1503/cmaj.109-3793

Cordaro, M. (2012). Pet loss and disenfranchised grief: Implications for mental health counseling practice. *Journal of Mental Health Counseling*, *34*, 283-294. Retrieved from http://web.b.ebscohost.com.ezp.waldenulibrary.org/ehost/pdfviewer/

Corey, M.A., & Corey, G. (2007). *Becoming a helper* (5th ed.). Belmont, CA: Thomson Brooks/Cole.

Council for Accreditation of Counseling and Related Educational Programs. (2016). *CACREP standards*. Retrieved from www.cacrep.org

Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Currier, J. M., Neimeyer, R. A., & Berman, J. S. (2008). The effectiveness of psychotherapeutic interventions for bereaved persons: A comprehensive quantitative review. *Psychological Bulletin,* 134, 648–661. doi:10.1037/0033-2909.134.5.648

D'Amore, S., & Scarciotta, L. (2011). Los(t)s in transitions: How diverse families are grieving and struggling to achieve a new identity. *Journal of Family Psychotherapy*, *22*(1), 46-55. doi:10.1080/08975353.2011.551099

Dillman, D. A., Smyth, J. D., & Christian, L. M. (2009). *Internet, mail, and mixed-mode surveys: The tailored design method.* Hoboken, NJ: John Wiley.

Doka, K. J. (Ed.) (2002). *Disenfranchised grief*. Champaign, IL: Research Press.

Doughty Horn, E. A., Crews, J. A., & Harrawood, L. K. (2013). Grief and loss education: Recommendations for curricular inclusion. *Counselor Education & Supervision*, *52*(1), 70-80. doi:10.1002/j.1556-6978.2013.00029.x

Doran, G., & Downing Hansen, N. (2006). Constructions of Mexican American family grief after the death of a child: An exploratory study. *Cultural Diversity & Ethnic Minority Psychology*, *12*, 199-211. Retrieved from http://dx.doi.org.ezp.waldenulibrary.org/10.1037/1099-9809.12.2.199

Duba, J. D., & Magenta, M. (2008). End-of-life decision making: A preliminary outline for preparing counselors to work with terminally ill individuals. *The Family Journal: Counseling and Therapy for Couples and Families, 16*, 384-390. Retrieved from http://dx.doi.org.ezp.waldenulibrary.org/10.1177/1066480708323083

Eckerd, L. M. (2009). Death and dying course offerings in psychology: A survey of nine Midwestern states. *Death Studies*, *33*, 762-770. doi: 10.1080/07481180902961211

Eriksen, K., & McAuliffe, G. (2001). *Teaching counselors and therapists: Constructivist and developmental course design.* Westport, CT: Greenwood Publishing Group.

Etchegaray, J. M., & Fischer, W. G. (2010). Understanding evidence-based research methods: Reliability and validity considerations in survey research. *Health Environments Research & Design Journal*, 4(1), 131-135. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/21162433

Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods, 39*, 175-191. Retrieved from http://dx.doi.org.ezp.waldenulibrary.org/10.3758/BF03193146

Field, N. P. (2006). Unresolved grief and continuing bonds: An attachment perspective. *Death Studies*, *30*, 739-756. doi: 10.1080/07481180600850518

Field, N.P., Gal-Oz, E., & Bonanno, G. (2003). Continuing bonds and adjustment at 5 years after the death of a spouse. *Journal of Consulting and Clinical Psychology, 71 (1)*, 110-117. doi:10.1037/0022-006X.71.1.110

Field, N. P., Gao, B., & Paderna, L. (2005). Continuing bonds in bereavement: An attachment theory based perspective. *Death Studies*, *29*, 277-299. doi: 10.1080/07481180590923689

Frankfort-Nachmias, C., & Nachmias, D. (2008). *Research methods in the social sciences* (7th ed.). New York, NY: Worth.

Freeman, S. J., & Ward, S. (1998). Death and bereavement: What counselors should know? *Journal of Mental Health Counseling, 20*, 216-226. Retrieved from http://web.b.ebscohost.com.ezp.waldenulibrary.org/ehost/detail/detail?sid=0089d71a-4c89-47b2-91ed-ab7dff8de003%40sessionmgr105&vid=53&hid=123&bdata

Freud, S. (1963). Mourning and melancholia. (Johan Riviere, Trans.). In *general psychology theory*. New York, NY: Collier. (Original work published 1917).

Gamino, L. A., & Ritter, R. (2012). Death competence: An ethical imperative. *Death Studies*, *36*(1), 23-40. doi:10.1080/07481187.2011.553503

Gamino, L. A., Sewell, K. W., Hogan, N. S., & Mason, S. L. (2009). Who needs grief counseling? A report from the Scott & White grief study. *Omega: Journal of Death & Dying*, *60*, 199-223. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/20361722

Granek, L. (2010). Grief as pathology: The evolution of grief theory in psychology from Freud to the present. *History of Psychology*, *13*(1), 46-73. doi: 10.1037/a0016991

Haley, W. E., Kasl-Godley, J., Larson, D. G., Neimeyer, R.A., & Kwilosz, D. M. (2007). Roles for Psychologist in end-of-life care: Emerging models of practice. *Professional Psychology: Research and Practice, 34*, 626-633. doi:10.1037/0735-7028.34.6.626

Hansen, J. T. (2009). Self-awareness revisited: Reconsidering a core value of the counseling profession. *Journal of Counseling & Development, 87*, 186-193. Retrieved http://web.b.ebscohost.com.ezp.waldenulibrary.org/ehost/pdfviewer/pdfviewer

Harrawood, L. K., Doughty, E. A., & Wilde, B. (2011). Death education and attitudes of counselors-in-training toward death: An exploratory study. *Counseling & Values*, *56*(1/2), 83-95. Retrieved from http://dx.doi.org.ezp.waldenulibrary.org/10.1002/j.2161-007X.2011.tb01033.x

Harris, D. L., & Isenor, J. (2011). Loss of employment. In D. L. Harris (Ed.), *Counting our losses: Reflecting on change, loss, and transition in everyday life* (pp.163–170). New York, NY: Routledge.

Hashim, H. H., Mei-Li, L., & Guan, N. C. (2013). A journey from the known to the unknown: A qualitative study approach. *ASEAN Journal of Psychiatry*, *14*(1), 25-30. Retrieved from http://web.b.ebscohost.com.ezp.waldenulibrary.org/ehost/pdfviewer/pdfviewer?sid=0089d71a-4c89-47b2-91ed-ab7dff8de003%40sessionmgr105&vid=76&hid=12

Hastings, A. (2012). Effects on bereavement using a restricted sensory environment (psychomanteum). *Journal of Transpersonal Psychology*, *44*(1), 1-25. Retrieved http://web.b.ebscohost.com.ezp.waldenulibrary.org/ehost/pdfviewer/pdfviewer?sid=0089d71a-4c89-47b2-91ed-ab7dff8de003%40sessionmgr105&vid=81&hid=1

Hays, P. A. (2008). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy.* (2nd ed.). Washington: American Psychological Association.

Holland, J. M., & Neimeyer, R. A. (2010). An examination of stage theory of grief among individuals bereaved by natural and violent causes: A meaning orientated contribution. *Omega: Journal of Death and Dying*, *61*, 103-120. doi:10.2190/OM.61.2.b

Hooyman, N.R., & Kiyak, H.A. (2005). *Social gerontology: A multidisciplinary perspective*. (7th ed.). Boston, MA: Pearson Education, Inc.

Howarth, R. A. (2011). Concepts and controversies in grief and loss. *Journal of Mental Health Counseling*, *33*(1), 4-10. Retrieved from http://web.b.ebscohost.com.ezp.waldenulibrary.org/ehost/pdfviewer/pdfviewer?sid=0089d71a-4c89-47b2-91ed-ab7dff8de003%40sessionmgr105&vid=89&hid=123

Humphrey, K. M. (2009). *Counseling strategies for loss and grief.* Alexandria, VA: American Counseling Association.

Jacobs, S. C. (1999). *Traumatic grief: Diagnosis, treatment, and prevention*. Philadelphia, PA: Brunner/Mazer.

Jakoby, N. R. (2012). Grief as a social emotion: Theoretical perspectives. *Death Studies*, *36*, 679-711. doi:10.1080/07481187.2011.584013

Janesick, V. J. (2011). *"Stretching" exercises for qualitative researchers* (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Jones, B. W. (2010). Hospice disease types which indicate a greater need for bereavement counseling. *American Journal of Hospice and Palliative Medicine, 27*, 187-190. Retrieved from http://dx.doi.org.ezp.waldenulibrary.org/10.1177/1049909109349248

Joyce, A. S., Ogrodniczuk, J. S., Piper, W. E., & Sheptycki, A. R. (2010). Interpersonal predictors of outcome following short-term group therapy for complicated grief: A replication. *Clinical Psychology and Psychotherapy, 17,* 122–135. doi:10.1002/cpp.686

Kaplan, D. M., Kocet, M. M., Cottone, R. R., Glosoff, H. L., Miranti, J. G., Moll, E. C., Bloom, J. W., Bringaze, T. B., Herlihy, B., Lee, C. C., & Tarvydas, V. M. (2009). New mandates and imperatives in the revised ACA "Code of Ethics". *Journal of Counseling & Development, 87*(1), 241-256. Retrieved from http://www.counseling.org/Kaplan/mandates.pdf

Kaskie, B., Imhof, S., & Wyatt, M. (2008). Local Medicare policies: A pathway for providing mental health services to older adults. *Psychological Services, 5*(1), 60-72. doi:10.1037/1541-1559.5.1.60

Klass, D. (2001). Continuing bonds in the resolution of grief in Japan and North America. *American Behavioral Scientist, 44*, 742-763. Retrieved from http://dx.doi.org.ezp.waldenulibrary.org/10.1177/00027640121956476

Klass, D., Silverman, P. R., & Nickman, S. L. (Eds.). (1996). *Continuing bonds: New understandings of grief.* New York, NY: Taylor and Francis.

Kubler-Ross, E. & Kessler, D. (2005). *On grief & grieving: Finding the meaning of grief through the five stages of loss.* New York, NY: Scribner.

Kubler-Ross, E. (1969). *On death and dying.* New York, NY: Macmillan Publishing.

Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry, 101,* 141–148. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/8192191

Mancini, A. D., Prati, G., & Bonanno, G. A. (2011). Do shattered worldviews lead to complicated grief? Prospective and longitudinal analyses. *Journal of Social and Clinical Psychology, 30,* 184–215. Retrieved from http://dx.doi.org.ezp.waldenulibrary.org/10.1521/jscp.2011.30.2.184

Marshall, J. (2006). *Counseling on the front lines*. Retrieved from http://www .counseling.org/ Publications/*CounselingToday*.aspx

Martin, T., & Doka, K. (2000). *Men don't cry... Women do: Transcending gender stereotypes of grief.* Philadelphia, PA: Brunner/Mazel.

McGlothlin, J. M., & Davis, T. E. (2004). Perceived benefit of CACREP (2001) core curriculum standards. *Counselor Education & Supervision*, *43*, 274–285. Retrieved from http://dx.doi.org.ezp.waldenulibrary.org/10.1002/j.1556-6978.2004.tb01852.x

Morgan, J. P., & Roberts, J. E. (2010). Helping bereaved children and adolescents: Strategies and implications for counselors. *Journal of Mental Health Counseling*, *32*, 206-217. Retrieved from http://web.b.ebscohost.com.ezp.waldenulibrary.org/ehost/pdfviewer/pdfviewer?sid=0089d71a-4c89-47b2-91ed-ab7dff8de003%40sessionmgr105&vid=121&hid

Neimeyer, R.A. (2001). The language of loss: Grief therapy as a process of meaning reconstruction. In R.A. Neimeyer (Ed.), *Meaning reconstruction and the experience of loss* (pp. 261-292). Washington, DC: American Psychological Association.

Neimeyer, R. A., & Currier, J. M. (2009). Grief therapy: Evidence of efficacy and emerging directions. *Current Directions in Psychological Science (Wiley-Blackwell)*, *18*, 352-356. Retrieved from http://dx.doi.org.ezp.waldenulibrary.org/10.1111/j.1467-8721.2009.01666.x

Neimeyer, R. A., Torres, C., & Smith, D. C. (2011). The virtual dream: Rewriting stories of loss and grief. *Death Studies, 35,* 646–672. doi:10.1080/07481187.2011.570596

Ober, A. M., Granello, D., & Wheaton, J. E. (2012). Grief counseling: An investigation of counselors' training, experience, and competencies. *Journal of Counseling & Development*, *90*, 150-159. Retrieved from http://dx.doi.org.ezp.waldenulibrary.org/10.1111/j.1556-6676.2012.00020.x

Osborne, J. L., Collison, B. B., House, R. M., Gray, L.A., Firth, J., & Mary Lou, (1998). Developing a social advocacy model for counselor education. *Counselor Education & Supervision, 37*, 190–202. Retrieved from http://eric.ed.gov/?id=EJ581130

Papa, A., Neria, Y., & Litz, B. (2008). Traumatic bereavement in war Veterans. *Psychiatric Annals, 38,* 686–691. Retrieved from http://dx.doi.org.ezp.waldenulibrary.org/10.3928/00485713-20081001-07

Parkes, C. M. (2013). Elisabeth Kűbler-Ross, on death and dying: A reappraisal. *Mortality*, *18*(1), 94-97. doi**:**10.1080/13576275.2012.758629

Parikh, S. B., Janson, C., & Singleton, T. (2012). Video journaling as a method of reflective practice. *Counselor Education and Supervision, 51,* 33–49. doi:10.1002/j.1556-6978.2012.00003.x

Rando, T. A. (1995). Grief and mourning: Accommodating to loss. In H. Wass & R. A. Neimeyer (Eds.), *Dying: Facing the Facts* (pp. 211-242). Bristol, PA: Taylor & Francis.

Reeves, N. C. (2011). Death acceptance through ritual. *Death Studies, 35,* 408–419. doi:10.1080/07481187.2011.552056

Richardson, V. (2007). A dual process model of grief counseling: Findings from the changing lives of older couples study. *Journal of Gerontological Social Work*, *48*(3/4), 311-329. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/17210535

Robb, C., Haley, W.E., Becker, M.A., Polivka, L.A., & Chwa, H.J. (2003). Attitudes towards mental health care in younger and older adults: Similarities and differences. *Aging & Mental Health, 7*, 142-152. doi: 10.1080/1360786031000072321

Roos, S. (2002). Chronic sorrow: A living loss. New York, NY: Brunner-Routledge.

Rosner, R., Lumbeck, G., & Geissner, E. (2011). Effectiveness of an inpatient group therapy for comorbid complicated grief disorder. *Psychotherapy Research, 21,* 210–218. doi: 10.1080/10503307.2010.545839

Rovai, A., Baker, J., & Ponton, M. (2013). *Social science research design and statistics: A practitioner's guide to research methods and SPSS analysis.* (1st ed.). Chesapeake, VA: Watertree Press.

Sadeghi, M., Fischer, J. M., & House, S. G. (2003). Ethical dilemmas in multicultural counseling. *Journal of Multicultural Counseling & Development, 31*, 179–191. doi:10.1002/j.2161-1912.2003.tb00542.x

Sandelowski, M. (2007). Sample size in qualitative research. *Research in Nursing & Health, 18*, 179-183. doi:10.1002/nur.4770180211

Schoulte, J. C. (2011). Bereavement among African Americans and Latino/a Americans. *Journal of Mental Health Counseling*, *33*(1), 11-20. Retrieved from http://web.b.ebscohost.com.ezp.waldenulibrary.org/ehost/pdfviewer/pdfviewer?sid=0089d71a-4c89-47b2-91ed-ab7dff8de003%40sessionmgr105&vid=181&hid=1

Schut, H., Stroebe, M., van den Bout, J., & Terheggen, M. (2001). The efficacy of bereavement interventions: Determining who benefits. In Stroebe, M.S., Hansson, R. O., Stroebe, W., & Schut, H. (Eds.).*Handbook of bereavement research: Consequences, coping, and care.* Washington, DC: American Psychological Association.

Servaty-Seib, H.L. (2004). Connections between counseling theories and current theories of grief and mourning. *Journal of Mental Health Counseling, 26,* 125-145.

Skovholt, T. M. (2012). The counselor's resilient self. *Turkish Psychological Counseling and Guidance Journal, 4*, 137-146. Retrieved from http://web.b.ebscohost.com.ezp.waldenulibrary.org/ehost/pdfviewer/pdfviewer?sid=0089d71a-4c89-47b2-91ed-ab7dff8de003%40sessionmgr105&vid=186&hid=1

Smith, C. M. (2003). Effects of counseling self-efficacy, training, and previous bereavement on counselors' ability to cope with death. *Dissertation Abstracts International,* 63, 3118. Retrieved from

http://web.b.ebscohost.com.ezp.waldenulibrary.org/ehost/detail/detail?vid=189&sid=0089d71a-4c89-47b2-91ed-ab7dff8de003%40sessionmgr105

Smith, L., Kalus, C., Russell, P., & Skinner, T., C. (2009). Exploring current service provision for Prolonged Grief Disorder and suggestions for future advances. *Mortality, 14*(1), 53-69. doi: 10.1080/13576270802591251

Smith, P. L., & Moss, S. B. (2009). Psychologist impairment: What it is, how can it be prevented, and what can be done to address it? *Clinical Psychology, 16*(1), 1-15. doi:10.1111/j.1468-2850.2009.01137.x

Smith-Cumberland, T. (2006). The evaluation of two death education programs for EMTs using the theory of planned behavior. *Death Studies, 30,* 637–647. doi: 10.1080/07481180600776028

Sterner, W. R. (2012). Integrating existentialism and Super's life-span, life-space approach. *The Career Development Quarterly, 60,* 152–162. doi:10.1002/j.2161-0045.2012.00013.x

Stroebe, M.S., & Schut, H.A.W. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies, 23,* 197-224. doi**:** 10.1080/074811899201046

Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* (5th ed.). New York: John Wiley & Sons.

Swank, J. M., Lambie, G. W., & Witta, E. L. (2012). An exploratory investigation of the counseling competencies scale: A measure of counseling skills, dispositions, and behaviors. *Counselor Education & Supervision*, *51*, 189-206. doi:10.1002/j.1556-6978.2012.00014.x

Tabachnick, B.G., & Fidell, L., S. (2012). *Using multivariate statistics*. (6th ed.). CA: Pearson.

Thirsk, L. M., & Moules, N., J. (2012). Considerations for grief interventions: Eras of witnessing with families. *Omega: Journal of Death & Dying, 65*, 107-124. doi:10.2190/OM.65.2.b

Urofsky, R. I. (2013). The Council for Accreditation of Counseling and Related Educational Programs: Promoting quality in counselor education. *Journal of Counseling & Development*, *91* (1), 6-14. doi:10.1002/j.1556-6676.2013.00065.x

U.S. Department of Health and Human Services (n.d.). *Aging statistics*. Retrieved from http://www.aoa.gov./Aging_Statistics/

Waldrop, D. P. (2011). Denying and defying death: The culture of dying in 21st century America. *The Gerontologist, 51,* 571–576. doi:10.1093/geront/gnr076

Walsch, N. D. (2009). *When everything changes, change everything.* Charlottesville, VA: Hampton Roads.

Wass, H. (2004). A perspective on the current state of death education. *Death Studies, 28,* 289-308. doi: 10.1080/07481180490432315

Werth, J. L., & Crow, L. (2009). End-of-life care: An overview for professional counselors. *Journal of Counseling & Development, 87*(1), 194-202. doi:10.1002/j.1556-6678.2009.tb00567.x

West, J. D., Bubenzer, D. L., Osborn, C. J., Paez, S. B., & Desmond, K. J. (2006). Leadership and the profession of counseling: Beliefs and practices. *Counselor Education & Supervision*, 46(1), 2-16. doi:10.1002/j.1556-6978.2006.tb00008.x

Westberg, G. (1971). *Good grief: A constructive approach to the problem of loss*. Philadelphia, PA: Fortress Press.

Wester, K. L., Trepal, H. C., & Myers, J. E. (2009). Wellness of counselor educators: An initial look. *The Journal of Humanistic, Counseling, Educations, and Development, 48*(1), 91-109. doi:10.1002/j.2161-1939.2009.tb00070.x

Wilson, J. (2011). The assimilation of problematic experiences sequence: An approach to evidence-based practice in bereavement counseling. *Journal of Social Work in End-Of-Life & Palliative Care*, *7*, 350-362. doi:10.1080/15524256.2011.623468

Wilson, P., Petticrew, M., Calnan, M., & Nazareth, I. (2010). Effects of a financial incentive on health researchers' response to an online survey: A randomized controlled trial. *Journal of Medical Internet Research*, *12*, p 78 - p 93. doi:10.2196/jmir.1251

Witmer, J., & Young, M. E. (1996). Preventing counselor impairment: A wellness

approach. *Journal of Humanistic Education & Development, 34*, 141- 156. doi:10.1002/j.2164-4683.1996.tb00338.x

Wong, W. (2009). The growth of death awareness through death education among university students in Hong Kong. *Omega: Journal of Death & Dying, 59,* 113–128. doi:10.2190/OM.59.2.b

Worden, J.W. (2009). *Grief counseling and grief therapy: A handbook for the mental health practitioner, (4th edition)*. New York, NY: Springer Publishing Company.

Appendix A: IRB Approval to Conduct Study

IRB Materials Approved - Jane Wood
1 message

IRB <irb@waldenu.edu> Tue, Jan 5, 2016 at 6:25 PM
To: "Jane Wood " <redacted>
Cc: "Rick J. Cicchetti" <redacted>

Dear Ms. Wood,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, "Master Students' Self-assessment Of Competency In Grief Education And Training In CACREP-accredited Counseling Programs."

Your approval # is 01-05-16-0142881. You will need to reference this number in your dissertation and in any future funding or publication submissions. Also attached to this e-mail is the IRB approved consent form. Please note, if this is already in an on-line format, you will need to update that consent document to include the IRB approval number and expiration date.

Your IRB approval expires on January 4, 2017. One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application document that has been submitted as of this date. This includes maintaining your current status with the university. Your IRB approval is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, your IRB approval is suspended. Absolutely NO participant recruitment or data collection may occur while a student is not actively enrolled.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept

responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher. Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden website: http://academicguides.waldenu.edu/researchcenter/orec

> Welcome from the IRB - Research Ethics & Compliance ...
> academicguides.waldenu.edu
> The Institutional Review Board (IRB) is responsible for ensuring that all Walden University research complies with the university's ethical standards as well as U.S ...

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Sincerely,
Libby Munson
Research Ethics Support Specialist
Office of Research Ethics and Compliance
Email: irb@waldenu.edu
Fax: [redacted]
Phone: [redacted]
Office address for Walden University:
100 Washington Avenue South, Suite 900
Minneapolis, MN 55401

Appendix B: Permission to Use and Reprint Grief Counseling Competency Scale

From: Jane Wood <redacted>
To: Richard Cicchetti <redacted>
Date: 1/13/13

Hello, Dr. Cicchetti:

I hope this e-mail finds you well. My name is Jane Wood, I am a 2nd year Ph.D. CES student at Walden University and I am writing my dissertation on: Master Students' Self-assessment of Competency In Grief Education And Training In CACREP-accredited Counseling Programs. I am writing to request permission to use the Grief Counseling Competency Scale and the Demographic Data Sheet created by you and used in your dissertation (Cicchetti, 2010) for the preparation of my dissertation. I would like to build my dissertation upon previous research findings such as your study. I would like to use the GCCS, your Demographic Data Sheet, and research questions, however, change them to a different population (Master's mental health counseling students) and a different accrediting program (CACREP-accredited counseling programs). My intent is to give the GCCS and the Demographic Data Sheet to Practicum and Internship Master's students in CACREP-accredited counseling programs to examine their self-assessment on their competency levels pertaining to grief education and training in CACREP-accredited programs.

The survey you have created is by far the best that I have seen. With your permission and approval of the changes that I will need to make using your instruments will help me produce the results that I need for my dissertation. With your support and approval, I believe that my dissertation study will assist in filling the gap in the research literature on this topic, therefore, making an original contribution to the field in which we serve, and has the potential to affect positive change in the field. Thank you in advance for your consideration.

Greatly appreciated,
Jane E. Wood, MSC, NCC
Student, Ph.D. in Counselor Education & Supervision
<redacted>

From: Richard Cicchetti <redacted>
To: Jane Wood <redacted>
Date: 1/13/13

Hi Jane

You have my permission to use both

Dr Cicchetti

Dr Rick J. Cicchetti, PhD, LPC, CRC
Contributing Faculty Member
PhD Counselor Education and Supervision (CES)
Walden University
<redacted>

Appendix C: Demographic Data Sheet

Please take a moment to answer some demographic questions.

1. What is your gender? _____Male _____Female

2. What is your age bracket? ____18-24 ____25-34 ____35-44 ____45-54 ____ 55+

3. Is this person of Hispanic, Latino, or Spanish origin?

____No, not of Hispanic, Latino, or Spanish origin

____Yes, Mexican, Mexican American, Chicano

____Yes, Puerto Rican

____ Yes, Cuban

____Yes, another Hispanic, Latino, or Spanish origin

4. What is this person's race?

____ White

____Black, African American, or Negro

___American Indian or Alaska Native

____Asian Indian	____Japanese	____Native Hawaiian
____Chinese	____Korean	____Guamanian or Charnorro
____Filipino	____Vietnamese	____Samoan
____Other Asian	____Other Pacific Islander	

5. Is your program CACREP-accredited? _____ Yes _____No _____

6. Does the institution you attend offer courses in grief theories? _____ Yes _____No

7. Does the institution you attend offer courses in grief interventions? ____Yes ____No

8. How many courses did you complete in grief theories? _____

9. How many courses did you complete in grief interventions? _____

10. Current Practicum/Internship Setting. _____Community Mental Health

_____School_____ Hospital _____Rehabilitation Facility _____ State

Agency_____ Residential Setting

Other not Specified_____

Appendix D: Grief Counseling Competency Scale

Part I: Personal Grief Counseling Competencies

1	2	3	4	5
This Does Not Describe Me	This Barely Describes Me	This Somewhat Describes Me	This Describes Me	This Describes Me Very Well

Using the scale above, please rate how well the following items describe you.

1. I practice personal wellness and self-care.	1	2	3	4	5
2. I have experienced loss and can verbalize my own grief process.	1	2	3	4	5
3. I have self-awareness related to my own grief issues and history.	1	2	3	4	5
4. I believe that grief is a result of a variety of loss experiences which include but are not limited to death.	1	2	3	4	5
5. I display empathy, unconditional positive regard, and genuineness when talking with friends and acquaintances.	1	2	3	4	5
6. I view grief as a systemic as well as an individual experience.	1	2	3	4	5
7. My spirituality is important to my understanding of loss and grief.	1	2	3	4	5
8. I believe that there is no one right way to deal with grief.	1	2	3	4	5
9. I have a sense of humor.	1	2	3	4	5

Please turn to next page for Part II

Part II: Skills and Knowledge Grief Counseling Competency.

1	2	3	4	5
This Does Not Describe Me	This Barely Describes Me	This Somewhat Describes Me	This Describes Me	This Describes Me Very Well

Using the scale above, please rate your confidence in your ability to currently perform the following skills.

1. I can assess for unresolved loss and grief that may not be stated as a presenting problem.	1	2	3	4	5
2. I can provide psycho-education to clients related to the grief experience for themselves and others.	1	2	3	4	5
3. I can facilitate family grief counseling sessions.	1	2	3	4	5
4. I can provide educational workshops and activities to community members about loss and grief.	1	2	3	4	5
5. I can define and articulate the nature of "normal" grief and loss as detailed by theoretical models.	1	2	3	4	5
6. I can facilitate individual grief counseling sessions.	1	2	3	4	5
7. I can provide developmentally appropriate programs about grief and loss issues in schools.	1	2	3	4	5
8. I can facilitate group grief counseling sessions.	1	2	3	4	5
9. I can describe general differences in grief and loss as a function of personality style.	1	2	3	4	5
10. I can conduct suicide assessments.	1	2	3	4	5
11. I can facilitate multi-family group grief counseling sessions.	1	2	3	4	5

Questions continue on next page.

1	2	3	4	5
This Does Not Describe Me	This Barely Describes Me	This Somewhat Describes Me	This Describes Me	This Describes Me Very Well

12. I can articulate a grief consultation model for parents, teachers, and other adults about how to talk to children about grief and loss.	1	2	3	4	5
13. I can provide crisis intervention services to schools and/or community settings.	1	2	3	4	5
14. I can define and articulate the nature and symptoms of complicated/unresolved grief situations.	1	2	3	4	5
15. I can teach clients how to obtain support and resources in the community in relation to grief and loss.	1	2	3	4	5
16. I can assess a client's sense of spirituality.	1	2	3	4	5
17. I can develop rapport with clients of all ages.	1	2	3	4	5
18. I can work on an interdisciplinary team by interacting with staff from different professions.	1	2	3	4	5
19. I can identify cultural differences that affect treatment.	1	2	3	4	5
20. I can utilize family assessment techniques to examine interaction patterns and roles.	1	2	3	4	5
21. I can provide appropriate crisis debriefing sessions.	1	2	3	4	5
22. I can exhibit effective active listening skills.	1	2	3	4	5
23. I can read and apply current research and literature related to grief and effective treatment interventions.	1	2	3	4	5

Questions continue on next page.

1	2	3	4	5
This Does Not Describe Me	This Barely Describes Me	This Somewhat Describes Me	This Describes Me	This Describes Me Very Well

24. I can facilitate a reframe of loss experience and grief reactions for client empowerment.	1	2	3	4	5
25. I can describe common dysfunctional coping styles of a person who is grieving loss.	1	2	3	4	5
26. I can assess individuals' progress on theoretically defined grief tasks.	1	2	3	4	5
27. I can use the creative arts in counseling to facilitate grief expression.	1	2	3	4	5
28. I can appropriately self-disclose related to my own grief and loss experiences.	1	2	3	4	5
29. I maintain an updated library of grief and loss resources for clients.	1	2	3	4	5
30. I can identify cultural differences that affect assessment in relation to loss and grief.	1	2	3	4	5
31. I can recognize and work with grief related resistance and denial.	1	2	3	4	5
32. I can describe common functional coping styles of the person who is grieving.	1	2	3	4	5
33. I can participate in informal or formal support groups for professionals who work with issues of grief and loss to prevent burnout and vicarious traumatization.	1	2	3	4	5
34. I can describe how various individual counseling theories can be applied to grief counseling with individuals and families.	1	2	3	4	5

Questions continue on next page.

1	2	3	4	5
This Does Not Describe Me	This Barely Describes Me	This Somewhat Describes Me	This Describes Me	This Describes Me Very Well

35. I can recommend helpful articles and books for grieving individuals and families.	1	2	3	4	5
36. I can describe how various family counseling theories can be applied to grief counseling with individuals and/or families.	1	2	3	4	5
37. I can listen in a non-judgmental way to stories clients tell about their losses.	1	2	3	4	5

End of survey. Thank you for your participation.

Appendix E: Invitation to Participate: Day 1

Email Subject Line: Survey Request of Master's-level CACREP Counselor Trainees

January 18, 2016

Dear Program Director,

Please allow me to introduce myself. My name is Jane Wood and I am a student enrolled in the Ph.D. in Counselor Education and Supervision program at Walden University. I am currently working on my dissertation and conducting this study for my Walden dissertation. The criteria for participants in this study need to be master's-level students meeting the criteria of being in their practicum or internship in a CACREP counseling program. I am writing to ask your assistance in understanding master students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs. As a CACREP counseling program director, I am asking if you would please forward, using blind carbon copy (BCC), this survey participation request as well as two reminder letters, to the master's-level students enrolled in your CACREP-accredited counseling programs in there practicum or internship experience. If you are not the person who can approve this request, could you please let me know who I could contact to request the necessary school approval?

Dear Master's-level CACREP Counselor Trainee,

Please allow me to introduce myself. My name is Jane Wood and I am a student enrolled in the Ph.D. in Counselor Education and Supervision program at Walden University. I am currently working on my dissertation and conducting this study for my Walden dissertation. The criteria for participants in this study need to be master's-level students meeting the criteria of being in their practicum or internship in a CACREP counseling program.

Participants are invited to participate in a research study examining master students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs. Past research has focused on Licensed Professional Counselors (LPC) and Rehabilitation Counselors self-assessment pertaining to grief education and training. Research has not addressed master students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs. The purpose of this research is to gain an insight in understanding master students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs and to provide additional support to counselor trainees as they continue to develop professionally. This research could be used to promote the incorporation of grief education and training in CACREP academic counseling programs. This study is anonymous, confidential, and a one-time participating survey. There is no identifying information and there is no information provided to your academic institution

or Program Director. In addition, the request is from the researcher and has no involvement to your academic institution or Program Director. This study is independent of your academic program. The total duration to complete the necessary information will take no longer than 10-15 minutes. If you are a counselor trainee student and willing to volunteer for this study, please click on the following link, https://www.surveymonkey.com/r/MV2TF2Y , which will take you to the survey. For any questions or concerns, please email me Jane Wood at [redacted] or call [redacted]. This study has been approved by the Walden University Institutional Review Board. Walden University's approval number for this study is 01-05-16-0142881 and it expires on January 4, 2017.

Thank you in advance for considering this study. I appreciate your time.

Jane Wood

First Follow-Up Request Invitation to Participate: Day 10

Subject: Survey Request of Master's-level CACREP Counselor Trainees

January 28, 2016

Dear Program Director,

Please allow me to introduce myself. My name is Jane Wood and I am a student enrolled in the Ph.D. in Counselor Education and Supervision program at Walden University. I am currently working on my dissertation and conducting this study for my Walden dissertation. The criteria for participants in this study need to be master's-level students meeting the criteria of being in their practicum or internship in a CACREP counseling program.

Approximately ten days ago, a survey link was emailed to you because I am conducting a study involving master students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs. If your organization's policies allow when it comes to research using your enrolled students and if you did indeed send the survey link to your students, I thank you for your assistance. If you would kindly forward this request again to your students via blind carbon copy (BCC), I would greatly appreciate your help.

Additionally, I am requesting for you to send this email and possibly a future reminder follow-up email (as necessary to obtain an acceptable response rate) and if you could forward the requests blind carbon copy to your master's-level CACREP counseling

students enrolled in their practicum or internship experience, I would greatly appreciate the assistance. Please note, I would only be sending reminder letters to those who have no process beyond allowing faculty to forward the invitation letter.

Dear Master's-level CACREP Counselor Trainee,

Please allow me to introduce myself. My name is Jane Wood and I am a student enrolled in the Ph.D. in Counselor Education and Supervision program at Walden University. I am currently working on my dissertation and conducting this study for my Walden dissertation. The criteria for participants in this study need to be master's-level students meeting the criteria of being in their practicum or internship in a CACREP counseling program.

I want to thank you if you were able to complete this survey and I truly appreciate your participation. However, if you did not respond to this initial survey request 10 days ago, I hope that you would consider completing the survey. Participants are invited to participate in a research study examining master students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs. Past research has focused on Licensed Professional Counselors (LPC) and Rehabilitation Counselors self-assessment pertaining to grief education and training. Research has not addressed master students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs. The purpose of this research is to gain an insight in understanding master students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs and to provide additional support to counselor trainees as they continue to develop professionally. This

research could be used to promote the incorporation of grief education and training in CACREP academic counseling programs. This study is anonymous, confidential, and a one-time participating survey. There is no identifying information and there is no information provided to your academic institution or Program Director. In addition, the request is from the researcher and has no involvement to your academic institution or Program Director. This study is independent of your academic program. The total duration to complete the necessary information will take no longer than 10-15minutes. If you are a counselor trainee student and willing to volunteer for this study, please click on the following link, https://www.surveymonkey.com/r/MV2TF2Y ,which will take you to the survey. For any questions or concerns, please email me Jane Wood at [redacted] or call [redacted]. This study has been approved by the Walden University Institutional Review Board. Walden University's approval number for this study is 01-05-16-0142881 and it expires on January 4, 2017.

Thank you in advance for considering this study. I appreciate your time.

Kind regards,

Jane Wood

Second or Final Follow-Up Request Invitation to Participate: Day 20

Subject: Survey Request of Master's-level CACREP Counselor Trainees

February 8, 2016

Dear Program Director,

Please allow me to introduce myself. My name is Jane Wood and I am a student enrolled in the Ph.D. in Counselor Education and Supervision program at Walden University. I am currently working on my dissertation and conducting this study for my Walden dissertation. The criteria for participants in this study need to be master's-level students meeting the criteria of being in their practicum or internship in a CACREP counseling program.

If your organization's policies allow when it comes to research using your enrolled students and if you did indeed send the survey link to your students, I thank you for your assistance. If you would kindly forward this request again to your students via blind carbon copy to your master's-level CACREP counseling students enrolled in their practicum or internship experience, I would greatly appreciate the assistance. Please note, I would only be sending reminder letters to those who have no process beyond allowing faculty to forward the invitation letter.

Dear Master's-level CACREP Counselor Trainee,

Please allow me to introduce myself. My name is Jane Wood and I am a student enrolled in the Ph.D. in Counselor Education and Supervision program at Walden University. I am currently working on my dissertation and conducting this study for my Walden dissertation. The criteria for participants in this study need to be master's-level students meeting the criteria of being in their practicum or internship in a CACREP counseling program.

I want to thank you if you were able to complete this survey and I truly appreciate your participation. However, if you did not respond to this survey request in the last 20 days, I hope that you would consider completing the survey, please. Participants are invited to participate in a research study examining master students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs. Past research has focused on Licensed Professional Counselors (LPC) and Rehabilitation Counselors self-assessment pertaining to grief education and training. Research has not addressed master students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs. The purpose of this research is to gain an insight in understanding master students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs and to provide additional support to counselor trainees as they continue to develop professionally. This research could be used to promote the incorporation of grief education and training in

CACREP academic counseling programs. This study is anonymous, confidential, and a one-time participating survey. There is no identifying information and there is no information provided to your academic institution or Program Director. In addition, the request is from the researcher and has no involvement to your academic institution or Program Director. This study is independent of your academic program. The total duration to complete the necessary information will take no longer than 10-15minutes. If you are a counselor trainee student and willing to volunteer for this study, please click on the following link, https://www.surveymonkey.com/r/MV2TF2Y ,which will take you to the survey. For any questions or concerns, please email me Jane Wood at [redacted] or call [redacted]. This study has been approved by the Walden University Institutional Review Board. Walden University's approval number for this study is 01-05-16-0142881 and it expires on January 4, 2017.

Thank you in advance for considering this study. I appreciate your time.

Kind regards,

Jane Wood

Appendix F: Study Information Document

Study Overview:

You are invited to participate in a research study examining master students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs. You are asked to participate in this study because you are a master's-level counseling student, enrolled in a CACREP program, and completing your practicum or internship experience. Please read the following information and ask any questions you may have prior to consenting to being in the study. This study is being conducted by Jane Wood who is a Licensed Professional Counselor, National Certified Counselor, Distance Credentialed Counselor, Certified in Emergency Crisis Response, Certified in Crisis Intervention, and doctoral student at Walden University.

Study Background:

Past research has focused on Licensed Professional Counselors (LPC) and Rehabilitation Counselors self-assessment pertaining to grief education and training. Research has not addressed master students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs. The purpose of this research is to gain an insight in understanding master students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs and to provide additional support to counselor trainees as they continue to develop

professionally. This research could be used to promote the incorporation of grief education and training in CACREP academic counseling programs.

Procedures:

After reading this form in its entirety, if you wish to voluntarily be in the study, you will be asked to complete the following surveys that will take 10-15 minutes:

1. Complete the Demographic Data Sheet
2. Complete the Grief Counseling Competency Scale

Please, to preserve your anonymity and confidentiality, do not put any identifying information on any survey.

Voluntary Nature of the Study:

Your participation in the research study is completely voluntary and under no circumstance are you required to participate. The decision is fully yours and you will be respected if you choose to participate in the study or not. If you decide to volunteer for the study, you may choose to opt to discontinue participation at any time. At any time if you feel uncomfortable or stressed during the study, you can choose to stop participating in the study. If there is a question that you choose not to answer, you may skip the question. Finally, if you need any assistance, your academic program provides counseling services to all students. Please contact them for additional services.

Benefits and Risk of being in the Study:

There are no foreseeable risks to this study; however, participants may experience

feelings of discomfort when disclosing self-assessment of competency in grief education and training in CACREP-accredited counseling program of study. If this does occur, participants may wish to contact a mental health counselor which your academic program provides counseling services to all students or you may contact the researcher of this study for further resources. The benefits of this research study through the self reported perceptions of master students' level of competency in grief education and training has many potential benefits for the counseling profession. For example these benefits may include, increased self-awareness in one's perceived competencies in grief counseling, increased ethical behavior in obtaining grief education and training to promote counseling competencies, increased positive change for clients seeking counseling for grief related issues, and reduced harm to clients that counselors serve. The study may benefit CACREP counseling programs by examining accreditation standards of programs by requiring course requirements in grief theories and interventions for master's-level counseling student in order to meet the populations growing service needs.

Compensation:

There will be no compensation for participating in this study.

Confidentiality:

The research study is strictly confidential and anonymous. No identifying information is requested on the provided surveys. Furthermore, no one will know if you participated in the research study or not. The data collected will only be used for the

purpose of this research study and will be kept for potential research analysis. Finally, there will be no identifying information in the reports of this study. The surveys are all kept electronically in a secure password protected file on a password protected computer.

Contact and Questions:

If you have any questions pertaining to the research study, the researcher's name is Jane Wood. Her faculty advisors are Dr. Richard Cicchetti and Dr. Shelley Jackson. You may wish to direct any questions to either the researcher or the faculty advisors. The researcher, Jane Wood, can be contacted via cellphone at [redacted] or email at [redacted] Dr. Richard Cicchetti can be contacted via email at [redacted] and Dr. Shelley Jackson can be contacted via email at [redacted] In addition, if you have questions regarding your rights as participants, you may contact the University's Research Participant Advocate at [redacted] or via email at [redacted]. Walden University's approval number for this study is 01-05-16-0142881 and it expires on January 4, 2017.

Statement of Consent:

I have read the above information and have received answers to any questions that I might have at this time. I am 18 years of age or older and consent to participating in this research study. To protect the participant's privacy, no consent signature is requested. Instead, please click on the "Next" button below to indicate your consent and begin the survey. Please feel free to print or save this consent form for your records.

Appendix G: Debriefing Form

Thank you for taking the time to volunteer and participate in this research study. I sincerely appreciate your participation and willingness to further understand master students' self-assessment of competency in grief education and training in CACREP-accredited counseling programs. This study is anonymous and confidential. There will be no release of information to your academic institution or Program Director. There will be no further contact from me regarding your participation in this study. If you feel stressed or uncomfortable as a result of participating in the survey, please contact your mental health counselor or the counseling center through your academic institution. You may print or save a copy of this form for your records. Please also feel free to contact the researcher, Jane Wood, with any questions or concerns at [redacted] or [redacted].