Perceived Preparedness for Counseling Grieving Clients Resulting from a Death: A Content Analysis of Professional Counselors' Experiences

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Dedication

I dedicate this dissertation to my mother, Barbara Blueford. Lessons you taught me as a child did not make sense to me then, but you knew the path I was up against. I miss you greatly.

"In life we loved you dearly, in death we love you still."

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Abstract

Grief is a universal phenomenon that affects countless Americans each year. Given its ubiquitous nature, it is inevitable that professional counselors will engage with grieving clients; however, research suggests that professional counselors are not receiving adequate training in grief counseling and they lack preparedness in understanding and addressing the needs of their grieving clients. This may be due, in part, to the lack of guidelines offered in the 2016 Council for Accreditation & Related Educational Programs (CACREP) standards, an organization widely identified as the single accrediting organization for the counseling profession. The purpose of this study was to explore professional counselors' perceived preparedness when counseling clients grieving the death of another individual. I interviewed 11 professional counselors, exploring their clinical experiences counseling grieving clients and their master's-level training regarding counseling this population. I utilized a qualitative conventional content analysis to examine and analyze the interview data. I identified five themes: ***Personal Dynamics of the Professional Counselor; Missing Preparation & Desired Training; Perceived Professional Counselor Responsibilities; The Client-Counselor Relationship; and Revolving Systemic Factors***. I provide implications for counselor educators, counseling graduate students, CACREP administrators, professional counselors, supervisors, along with recommendations for future research. Overall, the implications involve revisiting counseling curriculum, investing in professional counseling organizations, and advocating for systemic changes in professional work settings. The limitations of the study included lack of a diverse sample size and happenstance interview questions. Lastly, I describe my reflections as the primary researcher of this study.

Keywords: grief counseling; grief and loss; professional counselors; conventional content analysis; skill acquisition

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Chapter 1: Introduction

Grief associated with experiencing the death of a loved one is an experience familiar to many and can be a poignant issue in the counseling session. The Center for Disease Control and Prevention (CDC), reported over 2.7 million deaths in the United States in 2015 (CDC, 2016). It is challenging to estimate how one death impacts many individuals, but grief is a phenomenon that transcends all cultures, religions, and environmental settings (Doughty & Hoskins, 2011). It seems feasible to suggest that each death likely affects multiple people (e.g., family, friends, neighbors, co-workers, etc.), and that individuals of any age have the capacity to grieve (Doka, 2002). While many people across the world experience grief through death, the experience is unique for each person. Each person has a unique relationship with the deceased loved one, assigns different meaning to the experience, and expresses grief in their own way (Altmaier, 2011). When people decide that their grief has become unbearable, they may choose to seek out services from a professional counselor (Gamino, Sewell, Hogan, & Mason, 2010).

To better understand counselor preparedness in providing grief counseling, it is essential to hear the experiences professional counselors have when counseling grieving clients and how their experiences, including structured and unstructured training, have influenced their preparedness. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) has established a set of guidelines and standards that aid graduate counseling programs in counselor development; however, current 2016 CACREP standards do not have a specific standard for grief counseling education (CACREP, 2015). While there has been a push for more graduate counseling programs to incorporate grief counseling education into their curriculum (Ober, Granello, & Wheaton, 2012), there continues to be a gap between research and infusing empirical knowledge into the classroom. In this chapter, I explain the overarching

themes of this study, including the purpose, rationale, theoretical framework, problem statement, significance, research questions, definitions, delimitations, limitations, and researcher's interest.

Purpose of Study

The purpose of this study is to explore professional counselors' perceived preparedness in counseling clients grieving a death of a person significant to them. This study adds to the current research on the training provided in graduate counseling programs, and the professional counselors' perceived preparedness when working with this population. The findings of this study may help counselor educators better understand the experiences professional counselors have when providing counseling to grieving clients. Findings may help counselor educators incorporate effective grief counseling education into counseling curriculum.

Rationale

While the number of annual deaths reported in the U.S. are substantial, the number of unreported grieving individuals related to these deaths can greatly increase when one considers how one death may affect various significant others (e.g., family, friends, neighbors, co-workers, etc.). Although grief is a shared experience that many will encounter, potentially numerous times throughout their lives, only some choose to seek services from a professional counselor when their grief becomes problematic or disruptive to their daily functioning (Gamino et al., 2010). When these individuals seek counseling services, they expect to meet with a professional counselor who is prepared to help them navigate this challenging process (Altmaier, 2011; Gamino & Ritter, 2012; Wass, 2004). Therefore, it is important that counselor educators better understand professional counselors' perceived preparedness when counseling grieving clients to ensure adequate training.

Grief Counseling

Grief counseling is an unrecognized specialty within the counseling profession that investigates several aspects of a client's loss to assist with their grieving process (Humphrey, 1993). After a review of the grief counseling literature, specifically grief that is a result of a death, it became clear that there are ongoing conversations and multiple views regarding the most effective aspects of grief counseling (Allumbaugh & Hoyt, 1999; Hannon & Hunt, 2010; Larson & Hoyt, 2007; Neimeyer, 2000), best practices in grief counseling (Breen, 2011; Morgan & Roberts, 2010; Webb, 2005), and the need for valid measures to accurately assess the effects of grief counseling (Altmaier, 2011; Hannon & Hunt, 2015; Ober et al., 2012). Several influential historical figures have been instrumental in shaping contemporary views regarding grief and grief counseling.

The idea of grief counseling began with Freud (1917) who believed the grieving process involved detaching from the deceased. His views have evolved throughout the years, including the development of Kubler-Ross' (1969) well-known, but misrepresented Five Stages of Grief, Worden's (1991) Task Model, and Stroebe and Schut's (1999) Dual Process Model. More recent grief theories, such as the Two-Track Model of Bereavement (TTMoB) (Rubin, Malkinson, & Witztum, 2012) have expanded to include additional complexities of grief such as cultural, developmental factors, biopsychosocial domains, and how individuals can construct the narrative of their loss and the relationship they wish to continue with the deceased.

Grief Counseling Education and Preparedness

For grieving clients to receive the most effective counseling from a prepared professional counselor, there needs to be a push for consistent and effective grief counseling education. Implementing grief counseling education will provide the most current and empirically-based

knowledge that will inform graduate counseling students in their future practice. Several studies discussed in Chapter Two explain how researchers have investigated graduate counseling programs and the routes counselor educators have taken to include grief and loss into their curriculum (Charkow, 2002; Hannon & Hunt, 2015; Humphrey, 1993; Low, 2004). Graduate counseling programs choose not to develop a stronger grief curriculum for several reasons. These reasons include limited funding, faculty interests, and counselor educators believing that grief and loss is not a popular topic among students (Humphrey, 1993; Low, 2004). In addition to these factors, the fact that CACREP standards do not include a grief component may also leave counselor educators without a compelling reason to incorporate grief counseling education in to the curriculum (Doughty-Horn, Crews, & Harrowood, 2013). Although meager, some research studies suggest the need for grief and loss education in counseling programs. These studies have focused on grief and loss courses and the effects on counselor comfort discussing death and grief with a client, empathy towards grieving individuals, and overall attitudes towards death and dying and presented the positive effects of grief counseling education (Harrawood, Doughty, & Wilde, 2011; Wong, 2009).

Counselors who do not receive training in the most current and relevant grief theories and models will be more inclined to use less effective and/or outdated interventions and approaches (Servaty-Seib & Taub, 2010). To ensure client safety and effective treatment, it is crucial that professional counselors practice within their scope and utilize evidence-based practices rooted in recent literature (American Counseling Association [ACA], 2014). Not using the most relevant and empirically supported methods can lead to ineffective counseling and potentially client harm (ACA, 2014; Morgan & Roberts, 2010).

CACREP Graduate Counseling Programs

CACREP standards have evolved to set a framework for a holistic view of counselor development. The 2009 and 2016 revisions of the CACREP standards incorporated the skills and competencies many believe professional counselors should demonstrate to efficiently work with a variety of clients (CACREP, 2009; CACREP 2015; Homrich, DeLorenzi, Bloom & Godbee, 2014). Although counselor educators and professional counselors continue to discuss how to unify CACREP standards with the demands of the profession, research demonstrates the effectiveness of CACREP-accredited programs in developing competent counselors with substantial training to practice in several clinical settings (Bobby, 2013; Even & Robinson, 2013).

Theoretical Framework

For this research study, I applied Dreyfus and Dreyfus's (1986) Five-Stage Model of Adult Skill Acquisition as my theoretical framework. With a deeper look into how adults learn and acquire new skills, Dreyfus and Dreyfus (1986) argued that adults do not jump from having minimal experience with a set of skills to having mastered that set of skills, but rather process through five stages that change the adult's perspective and development as they attain this new skill. The five stages include: (1) Novice, (2) Advanced Beginner, (3) Competence, (4) Proficient, and (5) Expertise (Dreyfus & Dreyfus, 1986). I go into further detail of each stage in this section and explain this theoretical lens through the perspective of grief counseling.

First, during the Novice stage, the individual is learning the set of rules, or instructions, associated with the new skill (Dreyfus & Dreyfus, 1986). In this stage, individuals are not looking at the overall skill, but the intricate objective details needed to perform the skill at an acceptable level, a concept Dreyfus and Dreyfus (1986) referred to as "context-free" (p. 21). As a

novice, individuals are more focused on adapting to the rules required to perform the new skill; they are not looking at the larger context that further explains the new skill. (Dreyfus & Dreyfus, 1986; Dreyfus, 2004). This limited awareness of the context surrounding the new skill can hinder performance if individuals do not move forward to the next stage: Advanced Beginner (Dreyfus & Dreyfus, 1986).

In the second stage, Advanced Beginner, individuals have gained more experience with the new skill through real-life situations (Dreyfus & Dreyfus, 1986). As the individuals are spending more time practicing this skill, they are starting to recognize additional components that influence their skill acquisition, along with situational and non-situational factors (Dreyfus, 2004; Dreyfus & Dreyfus, 1986;). Also, during this stage, individuals are beginning to shift away from needing detailed rules and/or instruction and rely more on their experience to help develop their skill (Dreyfus & Dreyfus, 1986).

This leads to the third stage, Competence, where individuals are attempting to infuse rules with experience (Dreyfus & Dreyfus, 1986). During this stage, individuals are trying to implement a decision-making model to help sort the overwhelming information gathered from their experience. Individuals must learn how to incorporate the rules learned in stage one while learning how to use environmental factors to make the most appropriate decision (Dreyfus & Dreyfus, 1986). In this stage, individuals are recognizing that the instruction provided to them may not work in every scenario, so they must rely on other sources and experience to decide how to best demonstrate this skill (Dreyfus, 2004; Dreyfus & Dreyfus, 1986;). This can create tension and anxiety as individuals rely more on their competency rather than their instruction. Dreyfus and Dreyfus (1986) argued that individuals who do not lean into and face their uncomfortable

feelings in this stage may revert to just following the rules and instruction provided for the skill and may never move forward to the next stage.

Individuals who do not effectively persist in the Competence stage are unable to reach the fourth stage, Proficiency (Dreyfus & Dreyfus, 1986). In this stage, individuals can experience the emotions that come with developing this new skill and are beginning to conceptualize the skill from multiple perspectives (Dreyfus & Dreyfus, 1986). Without solely relying on the instruction received in the first stage, individuals can set goals after considering the context of the situation and their abilities with this new skill (Dreyfus & Dreyfus, 1986). However, there remains limited understanding of how to accomplish the set goal with the newly acquired skill. This can result in individuals feeling stuck and unable to successfully reach their goal (Dreyfus & Dreyfus, 1986).

In order to be able to accomplish their goal, individuals must reach the final stage, Expertise (Dreyfus & Dreyfus, 1986). During this stage, individuals can integrate instruction with their experience to develop and accomplish goals using their newly acquired skill (Dreyfus & Dreyfus, 1986). This is apparent in individuals' ability to utilize this new skill intuitively and without much thought or hesitation, a term defined by Dreyfus and Dreyfus (1986) as "arational" (p. 36). While reaching the Expertise stage is desired, Dreyfus and Dreyfus stressed that progression through these stages takes time and commitment.

The Five-Stage Model of Adult Skills Acquisition (Dreyfus & Dreyfus, 1986) highlights how adults can learn new skills. The broad concepts of this model have been adapted by helping professionals such as educators, nurses, and physicians (Daley, 1999) as a framework for understanding how adults learn and develop new skills. Etringer, Hillerbrand, and Claiborn (1995) further discussed how professional counselors make the transition from novice to expert in the counseling field and how counselor preparedness is evident through the transition. They

acknowledged that novice professional counselors do not possess the same cognitive processes as expert professional counselors, specifically in how they obtain and organize information (Etringer et al., 1995). This skill impacts how professional counselors identify client behavior and presenting problems, along with deciding on the most effective treatment modalities. Distinguishing the skill acquisition and development of professional counselors may assist with advancing best practices in education.

This theoretical framework aligns with this research study, because I intend to explore counselor preparation related to professional counselors' experience counseling clients grieving a death. I aim to understand the experiences of professional counselors who have provided counseling to clients grieving a death and the factors influencing their perceived preparedness. Dreyfus & Dreyfus' Five-Stage Model of Adult Skill Acquisition (1986) provides a skill development lens from which to better understand and recognize how professional counselors learn and acquire new skills while they prepare to be professionals.

Problem Statement

When individuals die, the implications of their death typically impact many (Klobenz, 2016). One person's death may affect a host of other people involved with that individual. It is not a matter of *if* a professional counselor will work with a grieving client, but *when* will it happen, and whether the professional counselor will be prepared. Even graduate counseling students are likely to engage with a grieving client during their practicum and internship experiences (Binkley & Leibert, 2015). However, CACREP provides little guidance in the way of mandating or directing grief counseling education and preparation. Because CACREP does not directly include grief counseling curriculum requirements, we know little about how programs specifically address grief education and if professional counselors are prepared to

efficiently treat grieving clients (CACREP, 2015; Ober et al., 2012). Without enough insight into professional counselors' preparation related to working with grieving clients, it is difficult for counselor educators to offer grief counseling education using evidence-based practices to develop adequately prepared professional counselors. This study provides insight into professional counselors' preparedness related to providing grief counseling.

Significance of Study

With currently 870 CACREP-accredited programs, thousands of trained professional counselors are entering the field each year (CACREP, 2018). Without the proper training, professional counselors may more likely practice outside of their scope and possibly cause harm to clients, violating the ACA's 2014 Code of Ethics (Even & Robinson, 2013). By better understanding counselor preparedness in grief counseling, program faculty can formalize clear learning outcomes and andragogy to best prepare professional counselors. By targeting professional counselors educated and prepared by a CACREP-accredited program, they can use the data gathered from this study to better understand professional counselors' preparedness in counseling grieving clients and how their academic programs influenced their preparation**.**

Research Questions

The specific research questions guiding this study are:

1. What experiences contribute to professional counselors' perceptions of preparedness when counseling a client grieving a loss due to a death?
2. How prepared do professional counselors believe themselves to be when counseling clients grieving a loss due to a death?
3. What prepares professional counselors in their master's counseling program to counsel clients experiencing grief related to a death?

Definition of Terms

In this section, I define key terms used consistently throughout this study. These key terms clarify the language used to describe the constructs and population. I provide reasoning for each selected term and why it is appropriate for this study.

Grief. For this study, grief is defined as an "individual's personal response to loss" and has emotional, physical, behavioral, cognitive, social, and spiritual dimensions (Buglass, 2010, p. 44). For the purposes of this study, grief will refer to the loss of an individual because of a death. Although individuals can grieve a loss not related to a death (e.g., loss of job, relationship, health status, financial well-being), the literature surrounding death-related grief overshadows what we know about how the grieving process works for other non-death losses.

Grief counseling. This term is defined as the process of "helping people facilitate uncomplicated, or normal, grief toward a healthy adaptation" (Worden, 2018, p. 87).

Grief education and counselor preparedness. For this study, this term is defined as a formal approach to instilling knowledge, skills, and competencies to better inform others of the grieving process and how to assist grieving individuals while considering cultural and developmental factors (Wass, 2004). In previous studies, grief education and counselor preparedness have been referred to as death education, which is the formal training one received regarding death, dying, and bereavement (Wass, 2004) and death competence, which is defined as a "specialized skill in tolerating and managing clients' problems related to dying, death, and bereavement" (Gamino & Ritter, 2012, p. 23).

Loss. For the purposes of this study, the term "loss" refers to "real or perceived deprivation of something deemed meaningful" (Humphrey, 2009, p. 5).

Thanatology. Defined as the "study of death" (Fonseca & Testoni, 2012, p. 157), this interdisciplinary approach to understanding death includes the transformation of how we conceptualize death, how societies prepare for death, and how members of societies grieve the loss of others.

Professional counselors. For the purposes of this study, this term refers to individuals who graduated from a master's-level counseling training program and are currently counseling clients in a professional setting. In previous literature, professional counselors are referred to as practicing clinicians, therapists, psychoanalyst, death counselors, counselors, rehabilitation counselors, and school counselors.

Delimitations

I established several delimitations in order to limit the scope of the data included in this research study to create clear parameters. The sample pool only included professional counselors who graduated from a CACREP-accredited program. Further, I limited the sample pool to professional counselors who had counseled clients grieving the death of an individual(s) important to them, as opposed to grieving other types of losses (e.g. divorce, loss of job, or loss of a pet). These criteria aligned with my research questions and the literature review pertaining to death-related grief counseling and grief counseling education and preparedness. In addition, I exclude those whose primary work is counseling clients grieving a loss as a result of a death. This may include professional counselors who counsel individuals in hospice facilities, hospitals, or bereavement centers. Since these individuals are immersed in counseling this population consistently, it may be more difficult to pinpoint their level of preparedness from other factors outside of their work setting. Therefore, this qualitative study looked a limited sample of

professional counselors with experience counseling clients grieving the loss of a loved one through death, but not heavily immersed in grief counseling.

Researcher's Interest

As a qualitative researcher, it is important that I acknowledge my subjective influence in this research study (Pressile, 2008). I have a personal and professional connection to counselor preparedness in grief counseling. As a professional counselor, my experiences with grieving clients resulting from a death have been significant. There were encounters that I felt prepared for and client situations that I was not adequately prepared to address. Grief education was not part of my graduate counseling training. As I reflect on my counselor development, I can identify times and situations when grief education would have been beneficial in my preparation to be an effective counselor.

In addition, to my professional experiences, this research study touches on my personal loss of my mother who died when I was a teenager. I did not receive the most effective grief counseling after her death nor did the adults around me provide me with the support I needed to grieve in a healthy manner. And, while I do not place blame on those individuals or systems involved at the time, I have become acutely aware of the lack of professional conversations regarding grief and loss and how we are working to improve counselor preparation to adequately counsel these clients. I tend to reflect about how my grief journey would have differed if I would have encountered a professional counselor who understood grief and used best counseling practices for grieving adolescents. Looking forward, I am determined to help create a framework and guidelines for training professional counselors to be adequately prepared when working with grieving clients.

Organization of Study

I organized this dissertation into five chapters. In Chapter One, I explained the purpose, rationale, theoretical framework, problem statement, significance, research questions, definitions, delimitations, limitations, and researcher's interest of this study. For Chapter Two, I condensed an extensive literature review on grief counseling, grief counseling education and preparedness, and CACREP training programs to provide contextual background and review relevant research related to this study. In Chapter Three I discuss the research methodology including specific details of participant acquisition, the procedures for data collection and data analysis. In Chapter Four, I provide the findings from this research study, along with the major themes identified. Finally, in Chapter Five, I consider the study's findings through the research questions and theoretical framework, examine the limitations for this study, offer directions for future research, and suggest implications for counselor educators.

Chapter 2: Review of Literature

In this chapter, I present information that supports the need for additional and standardized grief education in graduate counseling programs. I introduce empirical support for the effectiveness and best practices of grief counseling, then explain the trajectory of grief education and counselor preparedness, including how other helping professions are implementing grief education into their curriculum. Finally, I discuss professional counselors' preparedness in grief counseling and provide an overview of the CACREP accreditation standards, including the benefits and standard changes.

Grief Counseling

There have been mixed reactions to the idea that grief counseling is a needed specialty within the counseling field. Although grief counseling focuses on individuals who have experienced a loss and are processing their grief, there is little agreement across the helping profession that grief counseling is more effective than other counseling approaches (Altmaier, 2011; Forte, Hill, Pazder, & Feudtner, 2004; Neimeyer, 1999, 2000). In this section, I cover the historical development of grief counseling and how researcher's perception of the effectiveness of grief counseling has changed over the years. I also address best practices in grief counseling and ethical considerations for professional counselors.

Historical Context of Grief Counseling

The way in which professional counselors conceptualize grief and grief counseling have shifted in the past several decades (Doughty & Hoskins, 2011). Throughout this time, different researchers have come forth with a framework that others have built on. I have categorized the evolution of grief counseling into six schools of thoughts: (1) Classic Grief, (2) Stages of Grief, (3) Phases of Grief, (4) Tasks in Grieving, (5) Processing Grief, and (6) Contemporary Grief

Theories. Each sub-section covers a new idea brought forth to assist professional counselors in their work with grieving clients.

Classic grief. Freud (1917) believed that grieving individuals were holding onto libidinal energy meant for the now deceased and needed to release that energy to cope with their loss. For grieving individuals to release that energy, their professional counselor needed to become a substitute person for the deceased to allow clients to release their libido energy (Freud, 1917). If clients were unable to relinquish their libido energy successfully by having an emotional catharsis, depression would soon develop (Freud, 1917; Doughty & Hoskins, 2011; Weiss, 1998). Freud (1917) believed that grief had an end, and once clients were able to put the deceased loved one behind them, they could channel their libido's energy into another area of their life or into a new relationship. Although Freud's (1917) perspective of grief counseling was one of the first to distinguish steps towards structuring this type of work, additional theorists began to study grief and the best approaches to better understanding and supporting grieving clients.

Stages of grief. A more recent and well-known model developed by Kubler-Ross (1969) categorized how terminally-ill individuals processed their impending death into five stages: (1) denial, (2) anger, (3) bargaining, (4) depression, and (5) acceptance. The original intent behind this model was misconstrued as stages for individuals grieving the death of a loved one, leaving several helping professions with a misinformed perception of the grieving process (Buglass, 2010). Although the model created by Kubler-Ross (1969) was not intended for surviving bereaved individuals, but for terminally-ill individuals, many professional counselors continue to misuse this model to assess their client's "stage" in their grieving process (Corr, 1993). In addition to professional counselors using this model incorrectly, Corr (1993) criticized this

model for creating the idea that grief occurs in predictable sequential stages, when instead, research has indicated that grief is a complex experience involving varying fluctuations of thought, affect, and behavior (Doka, 2002; Hannon & Hunt, 2015).

To the contrary, Maciejewski, Zhang, Block, and Prigerson (2007) examined Kubler-Ross's (1969) five stages of grief and found that there is evidence to show that an individual's natural progression of grief can include all five stages in this sequential order. The researchers studied 233 grieving individuals 1-24 months' post-loss for the span of three years (Maciejewski et al., 2007) and used the Inventory of Complicated Grief-Revised (Prigerson & Jacobs, 2001) as their scale to assess for the five stages of grief. They noticed that although acceptance, not denial, was typically the initial grief indicator, the peaks of the other grief indicators (anger, bargaining, and depression) appeared in the order hypothesized by Kubler-Ross (Maciejewski et al., 2007). This study is known to be the first to looked closely in the five-stages of grief and find empirical support for this theory.

Phases of grief. Lindemann (1944) first brought forth the idea that individuals processed their grief in phases. He sought to understand the grieving process by first separating individuals' grief reactions into a normal or pathological category based on how long the client's grieving process was, how intensely the clients expressed their grief, and how clients' social interactions altered while grieving (Lindemann, 1944). Five phases were developed to understand the grieving process: (1) somatic disturbances, (2) preoccupation with the deceased, (3) guilt, (4) feelings of hostility or anger, and (5) difficulty in carrying out every day routines (Lindemann, 1944). Similar to Freud, individuals displaying pathological grief symptoms worked with a professional counselor to emotionally detach from the deceased and sought to express their inner grief during the counseling session (Lindemann, 1944; Parkes, 1964). Lindemann's approach to

categorizing normal and pathological grief symptoms was well-received, but his belief in the timing of the grieving process came with mixed reviews. Doughty and Hoskins (2011) argued that Lindemann underestimated the time it took one to grieve and did not account for additional factors that could prolong the grieving process and add complexities to how individuals express their grief.

Bowlby (1973, 1980) stressed the importance of children forming an attachment to their caregivers in early childhood. He explained how the bonds developed from our initial attachments influenced a healthy or unhealthy interpersonal development and stronger relationships with others (Bowlby, 1980; Doughty, Wissel, & Glorfield, 2011). According to Bowlby (1973), experiencing an unwanted loss caused distress to that individual who once relied on the deceased for connection and interactions. Grief begins once the attachment to a figure is disconnected, and one moves through four overlapping phases: (1) shock, (2) yearning and protest, (3) despair, and (4) recovery (Bowlby 1973, 1980). Bowlby's perspective of grief shifted from previous beliefs that individuals needed to detach from the deceased to heal. Instead, individuals are expected to have strong reactions to a disruption of their emotional bonds and process their grief through four flexible phases (Bowlby, 1973; Buglass, 2010). Although this attachment theory is not focused solely on grief and loss, it does provide insight into relationships and the grief that occurs when relationships separate after a death (Buglass, 2010; Doughty et al., 2011).

Although Bowlby (1973, 1980) was one of the first to see the long-term impacts of attachment, the attachment momentum has continued and has shifted into how professional counselors integrate attachment-informed grief counseling into their practice. Kosminsky and Jordan (2016) agreed that attachment to primary caregivers is formed early and affects our

development, how we perceive other future relationships, and how we cope with stressful life events. When death separates individuals from their attachment figure(s), there is a significant disruption in emotional regulation and perception of safety that could cause distress for the grieving individual (Kosminsky & Jordan, 2016). When seeking professional counseling, the therapeutic relationship is crucial as grieving individuals are learning to build emotional safety with new attachments (Norcross, 2011). It is only after the therapeutic alliance is formed that the professional counselor can engage with grieving individuals to sit through and experience their raw emotions, restore their capacity to mentalize, and develop new coping skills (Allen, 2013; Kosminsky & Jordan, 2016).

Rando (1993) believed that grieving individuals moved through three phases: avoidance, confrontation, and accommodation. In the avoidance phase, grieving individuals experience an emotional numbness which allows the individual time to grasp the significance of their loss. Often this phase is short but allows the individual to acknowledge the death. The second phase, confrontation, is the process of the grieving individual to feel the emotions associated with their grief and recognize the separation between them and the deceased (Rando, 1993). In this phase, the symptoms that appeared right after the loss are beginning to decline and the grieving individual is starting to rebuild their new world without the deceased (Rando, 1993). The last phase, accommodation, is when the grieving individual begins to adjust not only to their primary loss, but to the changes brought upon as a result of that loss (Rando, 1993). The grieving individual is learning to live alongside their loss while determining their new steps. Rando (1993) noted that the three phases are not isolated from each other and is situational and influenced by the individual's relationship with the deceased or other personal factors.

Sanders (1999) worked from preceding grief theories and incorporated Cannon's (1929) fight-flight theory and created the Sanders' Integrative Theory of Bereavement. She also believed that grieving individuals moved through phases, but there was a biological response to grief and that individual's state of readiness (Sanders, 1999). The first phase, shock, displays grieving individual's biological response to their grief. Whether that be increased adrenalin and a heightened state of emotions or complete numbness, the body is responding to the loss to protect the individual (Sanders, 1999). The second phase, loss of awareness, is the process of the individual coming to realize the significance of their loss (Sanders, 1999). The initial biological responses are being to wear off and the gravity of the loss is acknowledged. Sanders (1999) described that individuals in this phase can begin to feel separation anxiety and experience a "seesaw of emotions" (p. 38) that can be physically and emotionally draining.

The third phase is conservation withdrawal. Sanders (1999) explained this phase as an individual's attempt to conserve as much energy as possible in their grief. Moving from the second phase, individuals are often worn out and need to retreat from others to rest and heal. While this can be seen as a debilitative process, Sanders (1999) explained that this phase is needed for the individual to "do the necessary grief work" (p. 39). While in isolation, the grieving individual can deeply reflect on their loss and the deceased. In this work the individual can decide if they wish to move forward in creating new relationships and making meaning of their new life or to remain in a constant state of grief (Sanders, 1999). It is only after the grieving individual has made this decision to move forward and given the body time to heal can they move on the fourth phase.

The turning point is considered the fourth phase in this theory (Sanders, 1999). Grieving individuals are starting to gain control back into their lives and are noticing the possibilities in

their future. Also, individuals in this phase wrestle with forgiving oneself and the deceased and learning how to forget, which Sanders (1999) described as holding the thoughts and feelings of the deceased "appropriately in one's heart" (p. 40). The last phase, renewal, grieving individuals are relying on their new strength and are seeking to take care of their emotions needs (Sanders, 1999). Although this is the last phase, Sanders (1999) noted that this phase may be the longest and hardest to process. She discussed that special dates, such as anniversaries, birthdays, and holidays, may remain as challenging times for grieving individuals, but that new memories can develop during this time as well. Overall, Sanders (1999) incorporation of biological and emotional responses let to an integrative approach to grief.

Lastly, Parkes (1996, 1998) also believed that individuals grieved in phases but recognized that the grieving process was not stagnant or linear. Parkes (1996, 1998) did not believe the grieving process had to begin immediately after a death and improve over time. Instead, the grieving process occurred in phases that could overlap and merge as time moves forward (Parkes, 1996). These phases did not end cleanly after a period of time and would likely return if an anniversary or specific memory triggered the individual (Parkes, 1996, 1998). With a focus on emotional and physical reactions to the death of a loved one, Parkes (1996, 1998) believed that professional counselors needed to focus on how the client was responding to the death and work with them to process their reactions and adapt to their loss. The idea that grief was not going to end after a client reached a point in their grieving journey was a unique aspect to the models developed to highlight the phases of grief.

Tasks in grieving. Worden (1991, 2002) shifted away from the idea that grieving individuals move through phases and instead focused on developing four tasks that grieving individuals must work through to resolve their grief. These tasks include: (1) to accept the reality

of loss, (2) to work through and experience the pain of grief, (3) to adjust to an unfamiliar environment without the deceased person, and (4) to withdraw emotionally from or relocate the deceased and move on (Worden, 1991). Professional counselors using this model encourage their clients to take an active role in their grieving process with the goal of being able to sustain memories of the deceased while moving forward (Worden, 1991, 2002). This school of thought moved away from previous schools of thought and gave more responsibility to the grieving individual. Worden (1991, 2002) introduced the notion that grief is a process that individuals must engage in to move forward and identify required action from the griever. Recently, Worden (2018) changed task four of this model to, "find a way to remember the deceased in the midst of embarking on the rest of one's journey through life" (p.51). Worden (2018) recognized that his previous understanding of grief had changed, and he now believes that the relationships we have with those who die continue after death. He also realized that instead of withdrawing, grieving individuals can memorialize and remember the deceased.

Processing grief. Transitioning altogether from a stage or phase model, Stroebe and Schut (1999) developed the Dual Process Model in hope to explain the complexities of grief that may not always fit into specific tasks or stage. They focused on how grieving individuals simultaneously process their grief and adapt to their significant life changes and relationships (Stroebe & Schut, 1999; Stroebe, Hanson, Stroebe, & Schut, 2004). The Dual Process Model is broken into two processes: loss-oriented and restoration-oriented (Stroebe & Schut, 1999). The loss-oriented process focuses on the grief itself, including the thoughts and feelings attached to the deceased and the circumstances surrounding the death (Doughty et al., 2011; Stroebe & Schut, 1999). Individuals in this process may resist their grief or deny adapting to life without the deceased (Stroebe & Schut, 1999). The restoration-oriented process involves individuals

changing their everyday life, adopting new life skills, and forming or altering relationships with family and friends to help them along the grieving process (Doughty et al., 2011; Stroebe & Schut, 1999). Stroebe and Schut (1999) stressed that grieving individuals would alternate between each process throughout their grieving process, including times where individuals may not be grieving at all. Stroebe and Schut (1999) were considerate of cultural influences and did not limit grieving individuals to reach a specific phase or stage but instead they considered the tumultuous rollercoaster ride of the grieving process and all the intricacies of how one moves forward after a loss (Buglass, 2010; Doughty et al., 2011). Using Stroebe and Schut's Dual Process Model professional counselors can focus on grieving clients' ability to function in both the loss-oriented and restoration-oriented processes and how each process is informing their perspective on death, loss, and grief (Strobe and Schut, 1999).

Contemporary grief theories. Neiymeyer (1999) adapted aspects of the Dual Process Model and incorporated a social constructionist mindset into how we understand the grieving process. As human beings are innately drawn to human connection, individuals grieving a death are challenged to understand the meaning of their loss (Bowlby, 1973; Neimeyer, Klass, & Dennis, 2014). Neimeyer (2000) believed that grieving individuals needed to make meaning of their loss and reconstruct the meaning of their world without their loved one to heal. Integrating that meaning may involve grieving individuals wrestling with prior assumptions and beliefs of their worldview and questioning the circumstances surrounding the loss itself (Neimeyer, 2000; Servaty-Seib, 2004; Neimeyer et al., 2014). How grieving individuals narrate their loss is defined by their cultural and societal settings (Neimeyer et al., 2014). Even amid grieving and attempting to make sense of their loss, individuals continue to seek validation from those around them to reinforce their narrative (Neimeyer et al., 2014).

Neimeyer, along with several other theorists, identified variables they believe predict when grieving individuals are going to face more difficulty in their grieving process (Currier & Neimeyer, 2006; Gilles & Neimeyer, 2006; Keesee, Currier, & Neimeyer, 2008; Litchtenthal, Neimeyer, Currier, Roberts, & Jorden, 2013). Variables include sense-making, benefit finding, and identity reformation. Sense-making involved the grieving individual conceptualizing the loss into an understandable process that allowed for them to find a purpose of the loss (Currier & Neimeyer, 2006). Benefit making is seeking to find the positive effects of the loss, while acknowledging the painful experience, while identity reformation is changing one's self-narrative despite the challenges they are facing as a result of the death (Keesee et al., 2008; Litchtenthal et al., 2013). This empirical support can encourage professional counselors to facilitate grieving clients to construct their meaning of the loss and how they wish to carry forward their loss into new aspects of their life (Gilles & Neimeyer, 2006; Keesee et al., 2008; Litchtenthal et al., 2013).

Rubin (1981, 1999) developed The Two-Track Model of Bereavement (TTMoB), which broadened the focus of grieving individuals to include a multi-dimensional approach. Following along two axes, this model looks at a grieving individual's biopsychosocial functioning and their relationship with the deceased (Rubin, 1981, 1999). The first axis examines the individual everyday functioning and how their functioning was altered after their loss. Rubin (1981, 1999) develop 10 sub-categories that could be affected after a loss. These categories are: depressive affect and cognitions, anxiety, familial relationships, general interpersonal relationships, self-esteem and self-worth, symptoms of a psychiatric nature, meaning structure, somatic concerns, work, and investments in life tasks (Rubin, 1999). Rubin (1999) discussed that it is important to

understand which of these categories were impacted by the loss and consider external factors, like religion, when determining how significant the loss was on their functioning.

The second axis is focused on the grieving individual's relationship with the now deceased. Rubin (1999) also broke this axis down into 10 sub-categories: idealization, conflict, preoccupation with loss and the lost, image and memory, positive affect vis-à-vis deceased, negative affect vis-à-vis deceased, emotional distance, features of the loss process (i.e. shock, searching, and disorganization), impact upon self-perception, and memorialization and transformation of the loss and deceased. Rubin (1999) explained the importance to find how the grieving individual has constructed their loss and identify how they would like to transform their relationship with the deceased. This model has included aspects of Bowlby (1980) and Parkes (1986) approach to attachment and the construction of the loss experience (Rubin, 1999).

Over the years, the TTMoB has evolved to consider more biopsychosocial domains and deeper considerations of the relationship with the deceased continuing over time (Malkinson & Rubin, 2007). In addition, Rubin and Malkinson developed the Two-Track Bereavement Questionnaire (TTBQ), a 70-item self-reported questionnaire. This scale drew from the TTMoB and was adapted from Rubin's (1992) Bereavement Experience Scale (Rubin et al., 2009). The researchers wanted to assess how individuals responded to loss and how the TTMoB helped conceptualized their grief. The authors disseminated this questionnaire over a two-year span across several studies focused on adult grief and found evidence to support the validity and reliability of the questionnaire but recognized the need for additional studies to standardize this scale (Rubin et al., 2009).

With this constructionist mindset, professional counselors must seek to understand how their clients are defining their loss and what new meaning they wish to make of their grieving

experiences (Doughty et al., 2011; Neimeyer, 2000). This approach set itself it apart from the earlier models mentioned because of the lack of steps, phases, or expectations the professional counselor has of the client to achieve something. Incorporating a narrative aspect to grief counseling can assist in grieving individuals search to understand their loss and the significant impact this loss has on them, along with defining what aspects of their life they will need to adjust and what new experiences and relationships they will need to integrate (Kunkel, Dennis, & Garner, 2014).

An additional factor that plays a role in a social constructionist grief approach is the unique relationships grieving individuals have with the deceased. Initially, individuals claiming to have a continued relationship with the deceased were considered to have pathological symptoms and were not grieving healthily. However, research has supported the concept of continuing bond, an idea that individuals can continue some bond with the deceased and the transformation of that relationship is a regular part of the grieving process (Field, 2006, 2008; Klass, Silverman, & Nickman, 1996; Neimeyer et al., 2014). A revised understand of continuing bonds by Field (2006, 2008) includes one accepting the biological reality of the death and developing a reorganized psychological or spiritual bond with the deceased as a healthy adaptive step in the grieving process.

A criticism of continuing bonds is the heavy focus on the individual's immediate relationship with the deceased and not on integrating those bonds with the other relationships in the individual's systems (Neimeyer et al., 2014). Goss and Klass (2005) have questioned what are controlling a grieving individual's narrative: the immediate relationship with the deceased, familial influences, the individual's community and societal norms, or a combination of all three factors. Field and Filanosky (2010) suggested that continuing a bond with a deceased individual

is not always helpful, but rather one must consider the impact the continuing bond would have on the grieving individual coupled with the amount of time since the death. One's narrative is a complicated story of many moving pieces, including their grieving process. Grief counseling can set a framework for the grieving individual to identify their story of loss and determine their story's future direction.

As grief models have evolved over the years, grief counseling has shifted. There has been a transformation from models that focused on the linear stages of grief and alternating phases individuals may encounter throughout the grieving process to more recent grief models that have a more comprehensive approach and continuing relationships with the deceased. The review of these schools of thought aimed to provide the development of how professionals have attempted to comprehend the grieving process. The continued evolution of these thoughts suggests the need for more research to better understand the complexities of grief. The more that we learn about the uniqueness of grief and the factors that influence how one grieves, the more comprehensive grief models are in providing insight into a complicated experience. As one aspect of my research study, I hope to understand counselor preparedness through the lens of professional counselors by seeing if, and how, they conceptualize any of the schools of thoughts reviewed into their counseling sessions with grieving clients. Next, I am going to transition into the discussions surrounding the effectiveness of grief counseling.

Effectiveness of Grief Counseling

There continues to be an extensive debate over the effectiveness of grief counseling. Researchers have found mixed reviews about whether clients benefit from a professional counselor providing grief counseling and have even questioned if grief counseling is harmful to grieving individuals. This section describes how researchers have transitioned from having

doubts about grief counseling to seeking to understand the aspects of grief counseling that are beneficial to clients. Determining what makes grief counseling effective can help identify appropriate techniques and interventions for grieving clients. Also, support for the effectiveness of grief counseling can rationalize the need for effective grief counseling education and preparedness for graduate counseling students. The conversation surrounding the effectiveness of grief counseling continues, but so is the regenerated interested in researching this specialty of counseling.

Allumbaugh and Hoyt (1999) first published a meta-analysis of 35 studies that examined the effectiveness of grief counseling. Their results showed a small effect size ($d = 0.43$), which was less than the typical effect size ($d = 0.80$) of counseling and psychotherapy interventions for non-death related client concerns (Allumbaugh & Hoyt, 1999; Lipsey & Wilson, 1993). The researchers found two moderators they believed influenced the effect size: motivation for counseling and time since the loss (Allumbaugh & Hoyt, 1999). Many of the clients in the 35 studies were recruited and did not seek the counseling treatment out on their own autonomy which may be atypical of most clinical settings (Allumbaugh & Hoyt, 1999). Their second moderator, time since the loss, was developed after the authors determined that the mean time between when the participant lost a loved one and their participation in their study was on average 27 months (Allumbaugh & Hoyt, 1999). This analysis led Allumbaugh and Hoyt (1999) to conclude that grief counseling was more probable to be as useful, if not more effective, than traditional psychotherapy if the clients self-selected counseling services and if the treatment process began within months of the loss. The results from this meta-analysis jump started other researchers to question the effectiveness of grief counseling.

Neimeyer (2000) rejuvenated the skepticism of grief counseling after his findings of an independent meta-analysis of grief interventions. Neimeyer (2000) wanted to examine, not only if grief counseling was effective but, if there was a chance grief counseling could be detrimental to clients, or what Neimeyer (2000) referred to as treatment-induced deterioration effects (TIDE). Neimeyer's (2000) meta-analyses focused on 23 randomized controlled studies that provided grief counseling, and according to Neimeyer, the results were not positive. He found that only 55% of the participants in the grief counseling treatment groups were "better off" than the participants in the control groups (Neimeyer, 2000, p. 545). When analyzing the data for TIDE, Neimeyer (2000) found that 38% of the participants in the grief counseling treatment groups would have "fared better" if they did not seek grief counseling in the first place (p. 545). Although Neimeyer (2000) believed that the results did not support the effectiveness of grief counseling, he did not explain the terms "better off" or "fared better", so it is difficult to operationalize the measurers used in his statistical analysis.

However, Neimeyer (2000) did look at several other variables in each study to see if additional factors influenced the effectiveness of grief counseling. He saw that participants who had a longer period between their death-related loss and their participation in grief counseling had better outcomes (r = .5) (Neimeyer, 2000). Also, the age of the participant influenced the effectiveness of grief counseling, specifically the TIDE. Neimeyer (2000) reported that younger children usually "fared" better than older participants in the grief counseling treatment groups (r = -7) (p. 546). Lastly, Neimeyer (2000) looked closely at five studies that sought to provide grief counseling to participants categorized as "traumatically bereaved" (p. 546), meaning they were grieving a death that was violent, sudden, untimely, or if their grief was chronic, and participants categorized with "normal" bereavement responses. He reported that those five studies clearly

showed that grief counseling had no positive effect (d = .06) on participants with normal bereavement reactions but had a measurable effect on the participants categorized as "traumatically bereaved" (d = .38) (Neimeyer, 2000). TIDE became a significant worry for scholars and professional counselors in the helping fields as researchers continued to look at Neimeyer's work as a foundational piece on grief counseling (Hoyt & Larson, 2010; Larson & Hoyt, 2007).

In 2009, Neimeyer and Currier reexamined the effectiveness of grief counseling by completing another meta-analysis with 61 studies gathered from quantitative review of studies implementing grief counseling by Currier, Neimeyer, and Berman (2008). All studies had a control group, and 47 of the studies had a random assignment, which were analyzed separately from studies without a random assignment (Neimeyer & Currier, 2009). Although the researchers did find that grief counseling was more effective than the non-treatment groups, the effect size remained weak (d = .018) (Neimeyer & Currier, 2009). Also, studies where researchers followed up with participants eight months after they received treatment revealed the effects of the grief counseling had decreased significantly (d = 0.03) (Neimeyer & Currier, 2009). Although the results were not promising, the researchers seemed hopeful that more recent grief theories, such as the Dual Process model (Stroebe & Schut, 1999) and the Meaning-Making model (Neimeyer, 1999, 2000), would lead to more research and a better understanding on how to make grief counseling effective (Neimeyer & Currier, 2009).

Another meta-analysis conducted by Forte et al., (2004) synthesized 74 research studies highlighting several ways professional counselors incorporated grief counseling into their practice. Studies included treatment groups that provided support groups, individual counseling, and studies that based their treatment off a chosen counseling approach, such as cognitive-

behavioral, psychodynamic, behavioral therapy, or systemic interventions (Forte et al., 2004). Eight studies also introduced pharmacotherapy into their treatment groups (Forte et al., 2004). Their results showed that pharmacological treatment was the best approach for grieving clients, and all other treatments to "diminish grief" were inconsistent across studies (Forte et al., 2004, p. 11). The authors stressed that the results might not be a result of the treatment itself, but rather flaws in the research design, limited reports of procedures, and a lack of replicated studies (Forte et al., 2004).

Larson and Hoyt (2007) shifted the perspective on the effectiveness of grief counseling. They heavily criticized previous work by Neimeyer (2000) and Kato and Mann (1999) stating that their claims of grief counseling being ineffective and potentially harmful for clients to be incorrect and based on unstable data. First, Larson and Hoyt (2007) looked closely at Neimeyer's TIDE reports and discovered that data stemmed from an unpublished dissertation written by Fortner (1999), meaning that "methodological community" never reviewed this study and was later discredited by a post hoc peer review committee (Larson & Hoyt, 2007, p. 350; Altmaier, 2011). The authors compared Fortner's meta-analysis to Allumbaugh and Hoyt (1999) meta-analysis, which the authors believed was thorough and rigorous, and noted the substantial different effect sizes between the two studies, although both studies had a similar procedural process (Larson & Hoyt, 2007). Upon further review, the authors determine that both meta-analyses had only three studies in common, which may be due to their search criteria. Still, Larson and Hoyt (2007) state their uncertainty of Fortner's work and the lack of data indicating that grief counseling is both ineffective and harmful.

More recently, Waller and colleagues (2016) published a systemic review of articles that examined grief counseling and its effectiveness. The authors selected 160 articles that met their

criteria of publication in a peer-reviewed journal between January 2000 and December 2013 and a key focus of the article was grief counseling (Waller et al., 2016). The authors decided to focus on articles published after 2000 because of the two well-known meta-analyses (Allumbaugh & Hoyt, 1999; Neimeyer, 2000) published in prior to then. The authors categorized the 160 articles into five publication types: descriptive studies (*n* = 47), case studies (*n* = 23), reviews *(n* = 11), measurement studies (*n* = 3), and intervention studies (*n* = 76) (Waller et al., 2016). The authors completed a full text review of the intervention studies using an Effective Practice and Organization of Care (EPOC) design criteria to assess for methodology and risk of bias criteria (Waller et al., 2016). Only 45 out of the 76 studies categorized as intervention studies met several areas of the design criteria of the EPOC, and 19 of out those 45 studies showed a minimal risk of bias. In the end, only three studies met all the EPOC's design criteria (Waller et al., 2016).

The 19 studies that showed a minimal risk of bias included a range of counseling interventions, such as Cognitive-Behavioral, Interpersonal Psychotherapy, supportive therapy, complicated grief therapy, and family-focused grief therapy (Waller et al., 2016). The authors closely examined three of those studies to look at the effectiveness of grief counseling. One of the three studies by Sheer (2005) focused on individuals with complicated grief receiving counseling, and the results showed participants reported improvement in adjusting to their work and social lives after their loss, along with improved sleeping patterns.

The other two studies, which focused on family counseling, had mixed results on the effectiveness of the implemented interventions (Waller et al., 2016). One of the two studies (Sandler et al., 2003) is discussed in greater detail later in this chapter, but the results showed improvements in decreasing potential risk factors (i.e., negative thoughts about stressful events,

child mental health problems, active inhibition, caregiver mental health problems, and control-related beliefs) an increasing protective factors (i.e. positive coping, positive parenting, and self-esteem) at the three-month follow up. At the 11-month follow up, only young females and participants with prior mental health problems showed continued improvement (Sandler et al., 2003). However, a six-year follow up study completed by Hagan and colleagues (2012) found improvements in parenting and negative events concerning the youth participants.

The second study examined by Waller and colleagues (2016) was a 2006 research study facilitated Kissane and colleagues, who looked at the effectiveness of the intervention groups that received family-focused grief counseling compared to their control groups that sought more common counseling services. They found no difference in the social adjustment between the intervention and control groups (Kissane et al., 2006). However, in a six-month follow up, they found that only families who had a high distress level prior to the study showed a decrease in distress and depression after participating in the family-focused grief counseling (Kissane et al., 2006).

Although researchers have discredited the notion that grief counseling has a negative impact on clients, there still needs to be research on what makes grief counseling effective (Hoyt & Larson, 2010; Larson and Hoyt, 2007). Some have argued that the uncertainty about the effectiveness of grief counseling ties back to the lack of valid and reliable grief counseling scales. Without consistent scales, it is difficult to examine how grief counseling is influencing one's grieving process and if the unique characteristics of grief counseling are beneficial. However, the ambiguity in the effectiveness in grief counseling pushes me to explore how prepared professional counselors perceive their work with grieving clients and their experiences in providing grief counseling.

Best Practices in Grief Counseling

With the ongoing debate over the effectiveness of grief counseling, limited attention has been given to the best practices in grief counseling. The lack of empirical research and inconsistent measures presents a challenge for professional counselors to find evidence-based practices to address the specific needs of their grieving clients (Altmaier, 2011; Breen, 2011). This can widen the gap between research and practice, leaving professional counselors without recent empirical information on grief theories and approaches to clients with a variety of losses (Bridging Work Group, 2005). Altmaier (2011) stated that most authors writing about grief counseling do not offer specific techniques but rather an encouragement that the professional counselors should view the client-counselor relationship differently. Altmaier (2011) suggested intervention strategies such as creating an empathic presence, having gentle conversations, providing a space for authentic grief, and developing trust with the client to help them process their grief journey. Other researchers have attempted to discuss evidence-based practices for professional counselors to implement. This body of literature has typically been divided into two categories: evidenced-based practices for children and adolescents and evidence-based practices for adults.

Evidence-based practices for children and adolescents. Haine, Ayers, Sandler, and Wolchik (2008) recognized the challenges several helping professions were having when working with parentally bereaved children and conducted a study on the practices used at the Family Bereavement Program (FBP) at Arizona State University (ASU). Developed by Sandler and colleagues (2003), this program was open to children who had lost a parent to death and their surviving family members. With a focus on grief education, the FBP aimed to normalize the grief process and work with children and families to address present and future stressors (Haine

et al., 2008; Sandler et al., 2003). The team behind the FBP identified several risk factors for parentally bereaved children and evidence-based practices to help combat those factors (Sandler et al., 2003; Haine et al., 2008).

The first risk factor is a child's self-esteem. Parentally bereaved children often face adverse effects after losing a parent that decreases their self-esteem (Wolchik, Tein, Sandler, & Ayers, 2006). FBP attempted to address this by teaching children how to reframe negative thoughts into more positive ones through role plays and role modeling (Haine et al., 2008; Sandler et al., 2003). The second factor was increasing child adaptive control beliefs (Haine et al., 2008). Children may have irrational beliefs that they caused the death of their parent, which can lead to poor self-reflection (Sandler et al., 1996). The FBP worked with children to identifying and releasing control over uncontrollable events and instead identifying events they could control and using problem-focused coping strategies to process those events (Haine et al., 2008; Sandler et al., 2003).

The last two factors were improving children's coping skills and supporting the adaptive expression of emotions (Haine et al., 2008; Sandler et al., 2003). The FBP taught specific coping skills such as positive reframing coping, problem-solving coping, and support-seeking coping (Haine et al., 2008; Sandler et al., 2003). To help guide children to learn these set of coping skills, staff members had the participating children set their own goals and identify which coping skill they were working towards, provided detailed positive feedback, and repeatedly expressed a firm belief in the participating children's ability to cope with their grief (Haine et al., 2008; Sandler et al., 2003). The last factor, supporting the adaptive expression of emotions, was promoted by creating a safe environment for authentic expression and continued discussions with emotion-laden topics encouraging participating children to identify their emotions. Although

limitations of the study included a controlled environment and a lack of pre-verbal children participants, results showed increased healthy adaptation post-loss for the children and their families (Haine et al., 2008; Sandler et al., 2003).

Morgan and Roberts (2010) viewed best practices for counseling grieving children through a developmental lens. They believed that young children grieved differently from adolescents; therefore, professional counselors should consider how their clients are conceptualizing their loss to determine the most appropriate step (Morgan & Roberts, 2010; Webb, 2005). Morgan and Roberts (2010) identified three techniques that can be adapted to a grieving child's developmental level: (1) drawings, (2) bereavement support groups, and (3) bibliotherapy. Drawings can be flexible and allow the child to have control and direction of the artwork while allowing the child to communicate non-verbally (Finn, 2003; Goodman, 2005; Morgan & Roberts, 2010). Their artwork can reflect the grief they are unable to share either due to their developmental stage or hesitation to verbally express their grief (Finn, 2003; Morgan & Roberts, 2010).

Bereavement support groups are ideal for bringing grieving children and adolescents together to share their grief with others and having others validate their experiences (Finn, 2003; Haasl & Marnocha, 2000; Morgan & Roberts, 2010; Sandler et al., 2003). These support groups can be valuable for children and adolescents who may feel isolated from their peers or feel uncomfortable sharing their grief with others they feel would not understand (Morgan & Roberts, 2010). Bereavement support groups can become a place for authentic expression of grief in a therapeutic and safe setting (Morgan & Roberts, 2010; Sandler et al., 2003).

Bibliotherapy, which is the process of incorporating written material into the counseling process, can be a tool that can help grieving children and adolescents process their loss while

setting a space for grieving children to ask questions and have an open conversation (Malchiodi, 2008; Morgan & Roberts, 2010). Morgan and Roberts (2010) stressed there must be an intention behind selecting a specific book for a grieving child or adolescent. Cultural considerations, developmental level, and the circumstances behind their loss should be screened beforehand in order not to cause additional harm (Morgan & Roberts, 2010). The authors provided anecdotal experiences for each of the mentioned practices, along with literature support, to explain their chosen best practices for grieving children and adolescents.

Grief camps are another form of grief support intervention commonly referenced in recent literature. Clute and Kobayashi (2013) completed a meta-analysis of eight studies specifically focused on children grief camps. Their literature search yielded 187 studies but was screened down to eight. Selection criteria included studies that examined camps for grieving children up to age 18, included a clear evaluation method, resulting findings, and published in a peer-reviewed journal (Clute & Kobayashi, 2013). The average duration of the camps were two-five days and campers ranged from age 6-18 years old. Each camp had a different requirement for the type of loss experienced, but typically each camp only allowed participation of children and adolescents who were grieving the death of family member or close friend (Clute & Kobayashi, 2013). The staff for each camp comprised of volunteers who received training; however, only authors of one study provided specifics on the training provided to volunteers (McClatchey, Vonk, & Palardy, 2009).

Each of the eight camps utilized group therapy, creative activities, outdoor interventions, and incorporated theoretical frameworks like cognitive-behavioral therapy, continuing bonds, and social learning theory (Clute & Kobayashi, 2013). The evaluation process for each camp varied but involved both qualitative and quantitative methods. Clute and Kobayashi (2013)

explained that each camp evaluation examined a different aspect of grief for children and adolescents, such as emotional functioning, reduced symptoms of Post-Traumatic Stress Disorder (PTSD), and continuing relationships with the deceased. Although Clute and Kobayashi (2013) stated that each study reported general positive outcomes, a consistent scale or evaluation approach that can be used to support the notion that grief camps are more impactful and effective than other grief interventions were not evident. More research, both qualitative and quantitative, is needed to consider grief camps to be an evidence-based practice.

Overall, there are a variety of approaches to counseling grieving children and adolescents. By recognizing the developmental differences in how children and adolescents process their grief, interventions are implemented to validate their expressions of the grief and educate them on the grieving process. This body of literature also provides this study with a solid foundation of what to expect when interacting with professional counselors who may be counseling grieving children and adolescents. I am able to reflect on their experiences and their use of any of the evidence-based practices stated above, or if professional counselors are incorporating other techniques and interventions in their practice with grieving children and adolescents.

Evidence-based practices for adults. Although children and adolescents' grieving processes may look different from adults, there is still a need to provide grieving adults with evidence-based practices to guide and support them along their grieving journeys. However, there is less literature on evidence-based practices for adults compared to children and adolescents. Altmaier (2011) stated that "most writers about grief counseling do not propose techniques per se" (p. 40), so she offered suggestions of how professional counselors can construct the client-counselor relationship, acknowledge clients' grief, and promote growth and

change. Using a framework developed by Wolfelt (2006), Altmaier (2011) stated that the following aspects must be present for grief counseling to be helpful for grieving clients: empathic presence, gentle conversations, available space, and engaging trust.

Having an empathic presence meant that the professional counseling was utilizing silence and active listening, and professional counselors were expecting grieving clients to want to retell the story surrounding their loss (Altmaier, 2011). Also, it is crucial for professional counselors to accept all thoughts and feelings grieving clients associate to their loss and allow clients to express their pain in authentic ways (Altmaier, 2011). Next, gentle conversations were described as professional counselors avoiding common clichés, such as "better days will come" or that the client will "get over it" (p. 40) and providing quick answers to clients' questions concerning their grief. Altmaier (2011) suggested that having gentle conversations can elicit grieving clients' memories of the deceased and associated thoughts and feelings to those memories. Techniques, such as drawing, writing, and other methods of expression were encouraged to bring forth those memories.

The third aspect needed, available space involves helping grieving clients seek out additional sources that will support their grieving journeys, in addition to grief counseling (Altmaier, 2011). This can allow grieving clients to identify other parts of their support systems outside of the counseling relationship or begin to seek out others they wish to have in their support systems (Altmaier, 2011). Lastly, engaging trust is the process of communicating the potential to grow from a loss with grieving clients (Altmaier, 2011). Often when clients may not be able to see a future with the deceased or a future without the heaviness of their grief, professional counselors communicating their belief in the grieving client's ability to grow can be

helpful. Altmaier (2011) recommended bibliotherapy as a tool to help grieving clients feel validated in their present thoughts and feelings, while also seeing their potential to heal.

Although Altmaier (2011) offered an approach to grief counseling for adults, it is unclear if her suggestions are evidence-based practices or rather common practices that professional counselors can implement into their work with grieving clients. Altmaier highlights that these approaches move away from the idea that clients grieve in linear stages or phases, which aligns with the contemporary grief models mentioned above. This may indicate that evidence-best practices for adults are also moving in a more contemporary fashion, but it is difficult to determine without future research specifically looking at grieving adults. As my research study explores professional counselors' experiences with counseling all types of grieving individuals, their perceived preparedness counseling grieving adults, compared to grieving children, will appear and give insight into working with those two populations.

Meyers and Harper (2004) looked at how professional counselors worked with older adults (age 65 and older) during life transitions, such as the death of a spouse. They noted that this loss can be severe for those experiencing widowhood, which may lead to depression and uncertainty about the meaning of their lives now that their loved one is deceased (Meyers & Harper, 2004). Bereavement supports groups led by peers or professional counselors were indicated as possible effective interventions for older adults grieving a death of a spouse (Folken, 1991; Lund & Caserta, 2001).

Folken (1991) conducted a qualitative study with 62 participants who were grieving the recent death of a spouse. Participants engaged in ongoing bi-monthly support groups with other individuals grieving a death of a spouse. Each "Talk Group" (p. 174) was facilitated by professional counselors lasted approximately five years (Folken, 1991). This was an open

support group, so members could join and leave as they wished, but the average attendance for each group was between 15-25 participants (Folken, 1991). A follow-up questionnaire was sent to the 136 widowed individuals who attended at least one of the groups from October 1986 to December 1988. Sixty-two participants responded many indicated that after the first group meeting, over 50% of the participants reported feeling hopeful, happier, and grateful (Folken, 1991). However, four participants indicated they felt more depressed and uncomfortable after the first group meeting (Folken, 1991). Majority of the participants stated that the it was helpful to meet other individuals grieving the death of a spouse and learning that emotions were a typical part of the grieving process (Folken, 1991).

Lund and Caserta (2001) reviewed two studies that examined men over the age of 50 grieving the death of a spouse. The first study had 192 male participants, while the second study had 339 male participants (Lund & Caserta, 2001). In both studies, the samples participated in bereavement support groups, and the researchers for both studies found that the bereavement support group was beneficial for helping participants through their grieving processes (Lund & Caserta, 2001). Although the researchers noted that the mixed-gender bereavement supports groups were effective in facilitating the participant's grieving process, they did not study the female members of the bereavement support groups.

In all, just as there are complexities with how children grieve, there is much to learn about how adults grieve and if professional counselors are using evidence-based practices with grieving adults. The literature alludes that there may be differences in how adults grieve based on their developmental stage and which evidence-based practices may work best. However, examining specific practices for effective treatment of grieving adults cannot be conducted until

research uncovers how professional counselors are experience their work with grieving adults, including which practices they are currently implementing with this population.

Ethical Considerations

Professional counselors providing grief counseling are still expected to follow the ethical guidelines of the counseling profession. The ACA Code of Ethics (2014) clearly articulate the importance of professional counselors demonstrating competence when working with clients and seeking knowledge to enhance their counseling skills and approaches. Although there are foundational skills all professional counselors must demonstrate with any client, there are additional aspects of grief and loss that professional counselors should have to effectively work with this population (Morgan & Roberts, 2010). This can include cultural backgrounds, beliefs towards death, grief and specific interventions, and evidence-based practices catered for grieving individuals.

Gamino and Ritter (2012) stressed that for professional counselors to remain ethical in their practice with grieving clients, they must also possess death competency. They defined death competency as a "specialized skill in tolerating and managing clients' problems related to dying, death, and bereavement" (p.23). The authors suggested that death competence included both cognitive and emotional competence (Gamino & Ritter, 2009, 2012) resulting from formal training and supervision. Effective counselors also realize grieving clients will need ongoing emotional support when experiencing difficult and overwhelming grief and loss.

In addition to maintaining competence in working with grieving individuals, professional counselors need to practice self-care and have an awareness of their grief (Corr, 1984; James 2008; Morgan, 1994; Rando, 1984). Gamino and Ritter (2009, 2012) stated that it was crucial for professional counselors to be aware of their ability to hear and tolerate traumatic losses and their

internal responses to their client's stories. Professional counselors who have not worked through their own loss risk experiencing counter-transference with their clients and potentially causing harm (ACA, 2014; Gamino & Ritter, 2009; 2012; Rando, 1984). Experiencing a loss is inevitable, even for professional counselors, making them susceptible being ineffective if they are not aware of their grief and its effect on their counselor role (Gamino & Ritter, 2009, 2012; James, 2008; Morgan, 1994; Morgan & Roberts, 2010; Rando, 1984).

Grief across cultures is another important ethical consideration for professional counselors. Several theories discussed the importance of professional counselors exploring how clients infused their cultural backgrounds into their conceptualization of loss and rituals in expressing their grief (Doughty & Hoskins, 2011). In alliance with the ACA Code of Ethics (2014), professional counselors need to maintain multicultural competencies and demonstrate culturally-responsive treatment modalities. Without identifying the cultural influences of grieving clients, professional counselors can miss important connections and elements that may propel or hinder their grieving process (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015).

Overall, the effectiveness of grief counseling is still up for debate. While literature has shown that grief counseling is not harmful towards clients, determining what aspects of grief counseling are helpful is yet to be done. More researchers are looking into evidence-based practices for grieving individuals to hopefully support the need for grief counseling and the unique aspects it brings to the whole counseling profession.

Grief Counseling Education and Preparedness

Feifel (1977) was noted as the first educator to insist grief education be included in multi-disciplines as an approach to gather foundational knowledge and reflect on one's perspective on

death. From there, others have gravitated towards the necessity for grief counseling education in several helping professions. In this section, I discuss the historical context for grief education in counseling programs, along with the effectiveness and teaching best practices. I also address how other helping professions are infusing grief counseling education into their curriculum.

Historical Context of Grief Counseling Education and Preparedness

Knott (1979), Corr (1984) and Wass (1984) all advocated for multiple disciplines to see the need for death education in the classroom. Stemming his research into death education from Feifel (1977), Knott (1979) discussed three goals for death education. The first goal, information-sharing, covers the broad spectrum of death, along with empirical literature focusing on bereavement, grief, and mourning. In addition, information-sharing would include attitudes toward death and dying and cultural considerations (Knott, 1979). The second goal, values clarification, shifts the focus onto the student to have them reflect on their beliefs surrounding death and dying. Knott (1979) believed that we all have individual values towards the dying process and how we conceptualize the grieving process, and it was important to identify those beliefs and values. Finally, the last goal, coping behaviors, consisted of educating others about specific skills to process their unique grief, also with consideration of culture and development (Knott, 1979). Knott (1979) emphasized that everyone should have some sort of death education to better understand their own views towards death, but to then be a helping hand to other grieving individuals.

Corr (1984) also believed that death education was a topic that we all needed to learn. They stressed that death education could occur in a variety of settings. Corr (1984) discussed the transformation of death education into more formal academic settings. As time moves forward, death education found its way into academic settings across disciplines. This included the

physical dying process in biology and science-related courses, business and economic courses when pertaining to funeral costs, and death-related burials and rituals as a topic in social science courses. Corr (1984) highlighted the increasing trends in death education becoming an interdisciplinary topic.

Wass (1984) encouraged teachers to infuse death education into a classroom setting, especially for individuals working with children and adolescents. She noted that although many parents and administrators believed that conversations pertaining to death belong in the home, she stressed that death education has a place inside the classroom and should not wait until after a death had occurred (Wass, 1984). Her focus on providing resources and strategies for grieving children and their families was instrumental in starting the dialogues of incorporating death education in grade school environments. Wass (1984), along with Knott (1979) and Corr (1984), recognized that all individuals grieved and saw the need for educating others about how to help others through the grieving process.

Humphrey (1993) was one of the first researchers to attempt to understand how graduate counseling programs integrated grief counseling education into their curriculum. She surveyed 135 counselor education coordinators and found that most participants (N = 95) indicated they believed grief education was essential or important (Humphrey, 1993). Eighty-one and a half percent of the participants reported that grief education was infused into their program holistically but not as a standalone course (Humphrey, 1993). Out of the 25 counselor education coordinators who reported they did not address grief counseling education in their programs, 23 coordinators reported their reasoning, which included sparse funding, lack of demand for grief counseling education from students and faculty, no requirement from their accrediting body, and not having a qualified faculty member (Humphrey, 1993). Being one of the first studies that

investigated how counselor education programs were infusing grief education, Humphrey (1993) cautioned that more research was needed to learn about the extent that grief education was incorporated. This also included additional factors such as the attitudes counselor educators have towards grief education (Hannon & Hunt, 2015).

Charkow (2002) conducted a study surveying professional marriage and family therapists on their grief training. He reported over 50% of the 147 participants indicated that they did not receive grief education as a student in their graduate counseling program (Charkow, 2002). Also, many of the participants reported they received less than 10 hours of post-graduate professional development about grief counseling, meaning they still were not receiving adequate grief education (Charkow, 2002). Although most of the participants did not receive concrete grief education, 98% of the participants indicated that they had worked with at least one grieving client (Charkow, 2002). Although this study did not include all areas of the counseling profession, the results showed the discrepancies between professional Marriage and Family therapists' limited grief education and their significant interactions with grieving clients.

Low (2004) completed a more recent survey study of 79 CACREP-accredited school counseling programs and found that 58 programs offered some form of grief counseling education. Only six of the 58 programs required school counseling students to take a grief counseling education course, and 29 programs offered grief counseling education as an elective course. The other 23 programs incorporated grief counseling education either into a course lesson or module (Low, 2004). Although the results from this research study indicate that programs were beginning to require courses focusing on grief counseling education, there were still several programs that still did not infuse grief into their curriculum (Low, 2004). This study's limited participant pool of only school counseling programs does not provide

generalizable results to all graduate counseling programs but does highlight that multiple counseling tracks are wrestling with how to incorporate grief counseling education in their programs (Low, 2004).

There are barriers and challenges that can interfere with developing a grief counseling curriculum. Wass (2004) believed those barriers were due to the failure to recognize the needs for grief counseling education and the lack of resources to adequately train those to work with grieving individuals. Hannon and Hunt (2015) mainly looked at the barriers for CACREP-accredited programs and noted that time constraints and sequencing might prevent counselor educators from developing a stand-alone grief course. The gap between theory and practice is evident in grief education, and little is known about how to bridge the two (Wass, 2004).

Wass (2004) also stressed the need for experts in thanatology and other related fields to collaborate and develop firm curriculum guidelines and resources to support training programs. Fonseca and Testoni (2012) reviewed the current practices in thanatology and death education, which is defined as the "scientific comprehension of death" (p.157). They discussed the social norm of denying that death is inevitable serves as a hindrance to furthering research and education about the topic and aligning theory with practice. Although the authors encouraged practitioners to reflect on their experiences with grief and integrate their perspective on death into their work with clients, they recognize that as a larger society, many individuals are just not comfortable having those discussions with themselves, let alone with their clients (Fonseca & Testoni, 2012).

Without the willingness to dive into tough conversations about death and grief, there will continue to be limited support for grief education (Wass, 1984; Wass, 2004; Noppe, 2007; Fonseca & Testoni, 2012; Ober et al., 2012; Hannon & Hunt, 2015). Wass (2004) pointed out

that research surrounding the best practices of grief counseling is not making its way into the classroom, which affects how professional counselors are trained and their preparedness in grief counseling. This is still seen today as the methods graduate counseling programs are implementing grief counseling education is inconsistent.

Effectiveness of Grief Counseling Education and Preparedness

In addition to raising questions about the effectiveness of grief counseling, some raise concerns about what additional knowledge and skills grief education can provide to professional counselors. There is an increased need for research to distinguish the specifications in grief counseling education that professional counselors cannot gain elsewhere from their counseling graduate programs (Hannon & Hunt, 2015; Wass, 2004). However, to determine the unique aspects of grief education that contribute to counselor development, standards or guidelines must be set to create a foundational framework for counseling graduate programs (Wass, 2004).

The Association for Death Education and Counseling (ADEC) has created the Body of Knowledge Matrix as a tool for helping professionals in their work with grieving individuals (Meagher & Belk, 2013). Although this resource addresses several domains to grief counseling, including cultural considerations and environmental settings, there has not been a crossover of information between ADEC and CACREP. In addition, this matrix was not developed specifically for professional counselors, but instead for several disciplines in various helping professions. Although this matrix can be a supplement to grief counseling education, it can be challenging to narrow down the overarching content to information suitable for graduate counseling students.

While educators and grief experts struggle to determine appropriate grief curriculum to infuse into counseling graduate programs, researchers are looking into professional counselors'

attitudes towards grief counseling and how grief counseling education influences their preparedness (Harrawood et al., 2011). Bugen (1980) examined undergraduate and graduate students' perceptions about death after completing a grief education seminar. The researcher reported the participants indicated that the seminar had a positive effect on their abilities to cope with a loss themselves and with others (Bugen, 1980). Also, participants reported feeling more comfortable discussing death and dying with others (Bugen, 1980). This study highlights the potential strengths of grief education courses and its ability to help students reflect on their perceptions towards death, which led to feeling more comfortable discussing death and loss with others. Other future studies around topic have revealed comparable results.

Wong (2009) completed a research study examining the attitudes of students in a Hong Kong university after they completed a death education course. His results showed that students' fear of death decreased, and the students were more likely to engage in conversations about death and dying after completing the course (Wong, 2009). This study highlights a cultural aspect to the attitudes we have towards death and dying. The overall hesitation towards engaging in conversations about death appears to be global and not isolated to western societies.

More recent studies examined graduate counseling students and professional counselor's attitudes towards death and grief counseling. Harrawood and colleagues (2011) looked at 11 graduate counseling students enrolled in a course addressing death and dying. Using a free-response narrative (Holcomb, Neimeyer, & Moore, 1993) participants were asked to write their current thoughts towards death and dying after completing the course (Harrawood et al., 2011). Three themes appeared: (1) increased openness to looking at death constructs, (2) greater understanding of personal beliefs regarding death, in general, and one's death, (3) and a decrease in negative emotions towards one's fear of death (Harrawood et al., 2011). The culmination of

the studies mentioned above (Bugen, 1980; Wong, 2009; Harrawood et al., 2011) highlights the positive outcomes of participating in a formal grief-related course.

While there is limited research in what interventions or class materials lead to a useful grief education course, existing research suggests grief education curricula can lead towards enhancing students' attitudes towards discussing death and grief counseling and positively shifting their perceptions towards having conversations with future clients. More formal assessments measuring specific classroom structure and learning outcomes are needed to justify the need for grief counseling education and to determine what sets it apart from what graduate counseling students already obtain in their training.

Best Teaching Practices in Grief Counseling Education and Preparedness

With no set objectives or standards set in place for CACREP (2016), along with limited assessments of teaching interventions and materials, it is difficult to determine best teaching practices for grief counseling education. Leaders within ADEC attempted to establish foundational benchmarks needed to understand thanatology with the Body of Knowledge Matrix. Included in this matrix are assorted topics surrounding death and dying pertinent for helping professionals, including understanding factors that influence grief and loss. However, this matrix was designed for individuals pursuing certification in thanatology and not graduate counseling programs. In 2015, ADEC revised the Body of Knowledge Matrix to incorporate more helping professions and provided an outline that covered three major topic areas: (1) areas of thanatology, (2) professional practices, and (3) and contextual and theoretical considerations in thanatology (Chapple et al., 2017). While these adaptations provide an in-depth outline of what aspects helping professionals should incorporate in their work with grieving individuals, this matrix does not cover best teaching practices to inform professionals of these concepts.

Since there are no formal best teaching practices for how to incorporate grief counseling education in graduate counseling programs, Hannon and Hunt (2015) reviewed literature that supported discussing several areas of grief and loss in the classroom. Those topics include: (1) an overview of models, (2) developmental stages of grief, (3) the role of culture in grief, (4) physical, emotional, behavioral, and spiritual reactions to grief and loss, (5) grief counseling strategies when working with individuals, families, and groups, and (6) counselor self-care (Doughty Horn et al., 2013; Harrawood et al., 2011; Humphrey, 2009; Hunt, 2007; Matzo et al., 2003; Servaty-Seib & Tedrick Parikh, 2014). The authors encouraged counselor educators to infuse these topics in both didactic and experiential learning environments to provide graduate counseling students a foundational understanding of grief and loss (Hannon & Hunt, 2015).

Hunt (2007) suggested four assignments that infused the topics mentioned above. The first assignment would have graduate counseling students pick a specific topic within grief and loss (i.e., loss of a pet or infertility) and gather and synthesize empirical research related to counseling strategies and techniques (Hunt, 2007). The second assignment was an interview paper, in which counseling graduate students would interview another individual about their grief and loss experiences to provoke feelings about the losses endured by the graduate counseling students (Hunt, 2007; Wass, 2004). The third assignment included learning how grief and loss are portrayed in television shows and movies. Graduate counseling students were required to watch an assigned movie or television show and discuss their responses with their classmates (Hunt, 2007). Finally, an online discussion assignment allowed graduate counseling students to see how various mediums portrayed grief and were asked to document their reactions (Hunt, 2007). All four assignments address both the clinically appropriate knowledge and the self-reflective areas of grief education.

Servaty-Seib & Tedrick Parikh (2014) discussed using a service-learning course to integrate grief counseling education. They completed a study with graduate counseling students enrolled in a service-learning group course (Servaty-Seib & Tedrick Parikh, 2014). Participants worked with the psychoeducational support program BRIDGe (By Remembering I Develop & Grow), which focused on helping grieving families process their loss in an eight-session initiative (Servaty-Seib & Tedrick Parikh, 2014). The effectiveness of the service-learning course was measured in two ways. First was a supervisor evaluation of the participant's skills, such as group facilitation, ethical practice, accurate information on grief, and comfort with discussing grief. The second measure was the Counseling Situations Questionnaire (Kirchberg & Neimeyer, 1991) which measured the students' perception of the course (Servaty-Seib & Tedrick Parikh, 2014). The authors found that students who participated in the service portion of the course had higher scores on their supervisor evaluation and indicated that the course was useful and enhanced the participant's clinical skill development and confidence in their clinical skills (Servaty-Seib & Tedrick Parikh, 2014). This research study highlighted another approach to grief counseling education that benefits graduate counseling students and the community.

Counselor educators who choose to instill grief counseling education into their graduate counseling programs need to heed the literature that has shown the importance of processing emotions throughout the course. Given the sensitive topic, it is uncertain how graduate counseling students may react to grief counseling education and what personal losses may affect their engagement in the course (Harrawood et al., 2011). Maglio and Robinson (1994) completed a meta-analysis of research studies examining the effect of grief education on death anxiety. They found that overall the participant's death anxiety increased after receiving grief counseling education (Maglio & Robinson, 1994). They contributed the increase in anxiety to the lack of

emotional processing because the participants now had an increased awareness of grief but did not have the opportunity to reflect on their initial reactions (Maglio & Robinson, 1994).

Overall, much like teaching other graduate counseling courses, infusing grief counseling education takes intention and incorporating best practices (Association for Counselor Education and Supervision [ACES], 2016). Educators have developed several classroom strategies to help graduate counseling students grasp essential topics about grief and loss and ways to effectively help their future clients process and cope. This study will dive deeper into counselor preparedness to understand if, and how, professional counselors are using several factors, like formal graduate counseling training, to develop their preparedness to counseling clients grieving a death.

Grief Education in Other Helping Fields

Other helping professions recognize the need for grief education and are responding to that need by implementing grief and loss into a standardized curriculum. Dickinson and Field (2002) conducted a research study examining how medical schools in the United States (US) and the United Kingdom (UK) prepped their students for death-related issues like end-of-life care. Out of the 122 US medical schools participating in this research study, 112 programs reported covering some aspect of grief education in their curriculum; 20 out of 24 programs in the UK implemented grief education in their training (Dickinson & Field, 2002). Twenty medical schools in the US had a standalone course for death-related issues while three programs in the UK offered a separate course for this topic (Dickinson & Field, 2002). The most popular topics covered in a curriculum in medicals for the US were attitudes towards death and dying, communication with dying patients, and advance directives (Dickinson & Field, 2002). On the other hand, the most popular topics covered in participating UK medical schools were attitudes

towards death and dying, symptom relief in advanced terminal illness, and communication with family members of dying patients (Dickinson & Field, 2002). While these results are an improvement from previous studies by Dickinson (1976), the authors emphasized additional grief education was needed to adequately train medical students to identify the needs of grieving patients and their families (Dickinson & Field, 2002).

Eckerd (2009) sent surveys to 187 psychology department chairs or coordinators in the Midwestern region of the United States to identify how many programs were offering a death, dying, or bereavement (DD&B) course in the past five years. Out of the 161 participants, Eckerd (2009) found that 20.5% of the participating colleges and universities offered a DD&B course in the past five years and 18 of those colleges or universities reported their DD&B course was an advanced-level course. Eckerd (2009) pointed out the similarity between these results of psychology programs and the research study completed by Dickinson and Field (2002) on medical schools infusing grief education into their curriculum. However, a limitation of Eckerd's (2009) study is the low response rate and excluding the sample size remaining to one region of the United States. Therefore, more research with psychology departments across several regions is needed to understand better how psychology students are receiving grief education.

The social work profession also faced challenges in preparing students to be equipped to work with clients having death-related concerns (Kovacs & Bronstein, 1999). Social workers in oncology units and hospice settings reported: "inadequate training in death and dying issues in their Master of Social Work (MSW) courses overall" (Walsh-Burke & Csikai, 2005, p.15). However, in 2001, the Society for Social Work Leaders in Healthcare began to develop competencies for social workers in area of bereavement, grief and loss, and palliative care by reviewing literature and consultations from experts in the field (Gwyther et al., 2004; Taylor-

Brown, Blacker, Walsh-Burke, Christ, & Altilio, 2001). These competencies aimed to inform better how master's-level social work programs trained students to discuss dying and bereavement with their client and continue to influence social work programs (Taylor-Brown et al., 2001).

Generally, several other helping professions are recognizing the impact grief education has on the interactions may have with clients, patients, and their families. The counseling profession continues to decipher what grief counseling education contributes to the counseling profession and how to infuse this much-needed topic further into the curriculum. This continuous conversation appears to occur in other helping professions as well.

Professional Counselors

Professional counselors provide a variety of services in their counseling profession and work with a diverse clientele. It is not uncommon for professional counselors to encounter grieving clients and determine the most appropriate plan to assist these clients with their presenting concerns. In this section, I cover how prepared professional counselors believe themselves to be when counseling clients grieving a death.

Preparedness in Grief Counseling

With limited research on how graduate counseling programs are infusing grief education into the curriculum, preparedness professional counselors have in providing grief counseling was questioned. Ober et al. (2012) conducted research study surveying 369 professional counselors on their self-perceived competencies in providing grief counseling, and the training received as a graduate counseling student. Results showed that more than half of the participating professional counselors (54%) did not receive a specific grief education course as a graduate counseling student. Regarding competencies, participants rated themselves highest on personal

competencies and lowest on skills and knowledge competencies (Ober et al., 2012). This indicates that although professional counselors believed they possessed enough self-awareness to work with grieving clients, they were not equipped to implement grief theories or techniques appropriate for this population (Ober et al., 2012). Since this study is one of the first research studies to examine grief counseling competencies, the limitations are significant. First, the Grief Counseling Competencies scale (Charkow, 2000) used in this study has yet to be validated or published but shows promise for developing into a well-known scale used by counselor educators (Ober et al., 2012). Additionally, the lack of diversity in the sample hinders how generalizable these results are to professional counselors of color (Ober et al., 2012). However, this study set a framework for future research to gather more data, specifically from the Grief Counseling Competencies scale, to support the need for a valid and reliable measure.

Smith (2003) looked further into how grief counseling education, counselor self-efficacy, and first-hand experiences with grief influenced professional counselors' ability to process death both in their professional and personal lives. Results indicated that professional counselors with a higher awareness of their beliefs and attitudes towards death had higher confidence in their competency in working with grieving clients (Smith, 2003). Also, findings showed that specific training on grief and overall counseling skills played a role in how counselors perceived their skills in providing grief counseling (Smith, 2003). Even though the measures in this study were self-perceived, some suggestions are several factors influence counselor self-efficacy, such as grief counseling education. However, it is still unclear what aspects of grief counseling education impact competency and how educators can standardize grief counseling education to enhance and expand competency.

Previous research conducted by Kirchberg, Neimeyer, and James (1998) and Kirchberg and Neimeyer (1991) also examined how professional counselors felt working with clients with death-related concerns. However, those authors looked at empathy and comfort level rather than knowledge and skills competencies. In both studies, Kirchberg et al., (1998) and Kirchberg and Neimeyer (1991) looked at graduate counseling student's responses to client scenarios involving both death-related and non-death related concerns. They found that participating graduate counseling students ranked client scenarios related to terminal illness, suicide, and death of a child as the most distressing situations for them (Kirchberg & Neimeyer, 1991; Kirchberg et al. 1998).

However, in their more recent study, Kirchberg et al. (1998) found that although graduate counseling students ranked death-related scenarios as more uncomfortable than non-death scenarios, the participants responded with the same level of empathy regardless of the client scenario, suggesting that level of comfort does not determine the quality of the counseling services. This hopeful finding is cautioned by the overall level of empathy on all client scenarios being lower than the minimally adequate level indicated by the Carkhuff Rating Scale (Carkhuff, 1969). This leads one to question what additional variables contribute to empathy in various client scenarios, specifically in death-related scenarios.

Piece by piece, literature is investigating how prepared professional counselors believe themselves to be it comes to grief counseling and working with grieving clients. Gaps in the literature include consistent measures assessing perceived preparedness from the perspective of the professional counselor and their clients. Also, longitudinal studies are needed to follow graduate counseling students from when they are in training and receive grief counseling

education to when they are practicing as professional counselors. This may provide a clear insight into the specifics of grief counseling education that translate into the counseling sessions.

CACREP Counseling Graduate Programs

Prevalence

Currently, there are 781 CACREP-accredited master's-level counseling programs. (CACREP, 2018). Out of the 781 programs: 322 programs are Clinical Mental Health Counseling/Mental Health Counseling, 259 programs are School Counseling, 80 programs are Rehabilitation/Clinical Rehabilitation Counseling, 46 programs are Marriage, Couple, and Family Counseling, 23 programs are Clinical Mental Health Counseling and Clinical Rehabilitation Counseling, 24 programs are Student Affairs/ Student Affairs and College Counseling, 10 are Addiction Counseling programs, 10 are Community Counseling programs, six are Career Counseling programs, and one is a Gerontological Counseling program (CACREP, 2018). Additionally, there 54 graduate counseling programs in the process of receiving accreditation (CACREP, 2018), showing a trend of more graduate counseling programs desiring to standardize their curriculum to fit the CACREP standards.

Although it is challenging to identify how many graduate counseling students are completing program requirements and graduating each year, there have been attempts to look at the number of graduates from a CACREP-accredited program versus a non-CACREP counseling program. Chibbaro, Boes, and Snow (2008) looked at the graduation rates of School Counseling programs in the state of Tennessee. They found that from the 1995-2002 period, consistently more graduate counseling students graduated from a non-CACREP counseling program than a CACREP-accredited program (Chibbaro et al., 2008).

Chibbaro et al. (2008) cautioned against this finding due to the additional requirements graduate counseling students must meet to graduate. This may cause students to choose to attend another program or withdraw from the CACREP-accredited program. Also, Chibbaro et al. (2008) gathered this information from the Association of Colleges for Teachers in Education (AACTE) database, which stopped publishing this data in 2002. Further, it was optional for counseling programs to even submit their graduation rates. This suggests that a substantial amount of data could be missing and skew the original findings. A more accurate and current database or data collection is needed to determine how CACREP-accredited programs influence retention and graduation rates.

Benefits

With an increase in counseling programs seeking accreditation, many are looking at the benefits graduate counseling students are receiving that contribute to counselor preparedness. McGlothlin and Davis (2004) surveyed the perceived benefits professional counselors and counselor educators had towards the 2001 CACREP core curriculum standards. They found that both participant groups saw the Helping Relationship and Human Growth and Development standards as the most beneficial core curriculum standards (McGlothlin & Davis, 2004).

However, professional counselors perceived Career Development and Research and Program Evaluation as the least beneficial standards, while counselor educators perceived Career Development and Assessments as the least beneficial core curriculum standards (McGlothlin & Davis, 2004). While these findings coincide with the earlier studies examining the perceived benefits of the 1994 CACREP core curriculum standards (Smaby & D'Andrea, 1995; Schmidt, 1999) we still do not know how professional counselors and counselor educators perceive the benefits of CACREP outside of the classroom. Also, there is not a clear connection between the

graduate counseling training and professional counselor's preparedness in the field. Future research to explain how effective CACREP is in developing prepared professional counselors is needed.

Another perceived benefit of CACREP-accredited programs is the strong correlation between CACREP and the National Counselor Examination (NCE). Adams (2006) conducted a research study to determine if CACREP test-takers scored higher on the NCE than non-CACREP test takers. NCE scores were collected from the National Board of Certified Counselors (NBCC) database between the years of 1995-1999. The scores were restricted to only include test takers in states where a passing score on the NCE was required for licensure and test takers that were in the last semester of their graduate training or within 12-months post-graduation (Adams, 2006). The limitations were set to minimize confounding variables, such as motivation and professional experience (Adams, 2006). The results showed a positive indication that CACREP test takers tended to score higher on the NCE than non-CACREP test takers, suggesting that graduates of CACREP programs appear to have higher counselor competency (Adams, 2006). The limitations previously stated warrant further research, including more recent test scores. However, this study does show a clear benefit of CACREP programs.

Standard Changes

In 2016, the most recent CACREP standards were released. The evolution of CACREP, beginning in 1981, has unfolded alongside the changes happening in the counseling profession. Bobby (2013) discussed the development of the CACREP standards and the introduction of specialties. Determining which specialties to include, revise, and remove involved difficult conversations and several stakeholders weighing in to ensure that the counseling profession was well represented. In the 2009 CACREP revision, the Standards Revision Committee (SRC)

adopted several changes including merging Community Counseling and Mental Health Counseling standards; merging College Counseling and Student Affairs into one set of standards; removing Gerontological Counseling; and including new standards for Addiction Counseling (Bobby, 2013). Also, the SRC infused criteria for crisis response and disaster preparedness into the standards. While continuous revisions are needed to help counseling programs best prepare rising professional counselors, some still believe the CACREP standards are missing essential elements (Urofsky, 2013).

Troutman and Packer-Williams (2014) discussed the CACREP standards ambiguous language and direction on educating graduate counseling students to work with the LGBTQ+ community. They noted the value the profession places on multicultural competency but a lack of clarity of regarding all aspects of multiculturalism, including sexual orientation and gender identity (Troutman & Packer-Williams, 2014). Others have also discussed how CACREP addresses multicultural competency and professional counselor's values and beliefs, specifically in religious colleges and universities. Sells and Hagedorn (2016) responded to Smith and Okech's (2016) criticisms of CACREP's lack of consideration for sexual minorities compared to religious institutions when creating and revising standards. Sells and Hagedorn (2016) acknowledged that the CACREP-accrediting body focuses on counseling programs, not the institution housing these programs and regardless of the type of institution, all counseling programs are held to same ACA Code of Ethics (2014). However, the authors did recognize the need for all counseling programs to incorporate stronger multicultural components in their curriculum to enhance professional counselor's competency to work with individuals from all types of populations.

While there continues to be discussion over the CACREP standards and ensuring that all communities and aspects of counseling are represented, grief counseling is not yet part of that conversation. It is unclear if the SRC has ever considered adding grief counseling to the CACREP standards, or if the committee received feedback from professional counselors or counselor educators about adding grief counseling. However, CACREP is beginning to have conversations about including grief counseling into its next revised The Association for Adult Development and Aging (AADA) has developed a Grief Counseling Competencies Task Force. The goal of this task force is to develop standard grief counseling competencies applicable for professional counselors and advocate for CACREP to include grief counseling guidelines in the next revision of CACREP standards (A. E. Crunk, personal communication, February 14th, 2019). Adding grief counseling to the CACREP standards will open the conversation about grieving individuals and how best to obtain the knowledge and skills professional counselors should have when working with this population.

Five-Stage Model of Adult Skill Acquisition

The literature surrounding professional counselor's ability to counsel clients grieving a death measures several different constructs, such as competency, self-efficacy, comfort, and empathy (Kirchberg et al., 1998; Kirchberg and Neimeyer, 1991; Ober et al., 2012; Smith, 2003). The inconsistent measurements have led me to step back and use Dreyfus and Dreyfus' (1986) Five-Stage Model of Adult Skill Acquisition as a developmental model that can frame perceived preparedness as an overarching conceptual framework for this study. This model highlights skill development but does not isolate one's development to any particular factor (e.g., formal education, personal experience, clinical work). Since many educators and researchers are weary of the effectiveness of grief counseling and uncertain about the formal steps counselor educators

are taking to educate graduate counseling students on grief and loss, I use this model to conceptualize how prepared professional counselors believe themselves to be, while understanding the natural progression of skill development.

Using the Five-Stage Model of Skill Acquisition (Dreyfus & Dreyfus, 1986), I am recognizing that professional counselors can align within any of the stages in regard to their perceived preparedness in grief counseling, which could be different than their perceived preparedness in their clinical experiences with other populations. By having this model as a framework, I can focus solely on professional experiences with grieving individuals and rely on the definition developed for each stage as a tool to understand what may be hindering full skill development for this population. Further, I can tie in the experiences of professional counselors' clinical work with this population and their formal educational training to try to better understand why each professional counselor may align with one stage over another.

Chapter Summary

Overall, the trajectory of grief counseling and grief has pushed forward. Research is indicating that there are benefits to grief counseling and incorporating grief counseling education into graduate counseling curriculum. In this chapter, I discussed the literature surrounding the development of grief counseling and the effectiveness and current best practices. I also examined the historical overview of grief counseling education and the impacts that has on professional counselors and members of other helping professions. Further, I covered the present research available pertaining to counselor preparedness with clients grieving a death. Lastly, I reviewed the prevalence of CACREP programs and the trajectory of its standards.

There have been several surveys examining which factors contribute to graduate counseling students and professional counselor's perceived preparedness when counseling

grieving clients. However, there remains several components surrounding grief counseling and grief education that have yet to be agreed upon as validated measures or best practices. I hope to contribute more substantial data about counselor preparedness for professional counselors working with grieving clients and what aspects are they relying on to effectively provide grief counseling. In the next chapter, I discuss my method to collect and analyzing data for this study.

Chapter 3: Research Methodology

In this chapter, I explain the steps I took to explore how professional counselors believed themselves to be prepared when they counseled clients grieving a death. I used conventional content analysis, a qualitative methodology, as my methodology for this study to answer the following research questions:

1. What experiences contribute to professional counselors' perceptions of preparedness when counseling a client grieving a loss due to a death?
2. How prepared do professional counselors believe themselves to be when counseling clients grieving a loss due to a death?
3. What prepares professional counselors in their master's counseling program to counsel clients experiencing grief related to a death?

Aligning with my constructivist paradigm as a researcher (Lincoln & Guba, 1985), content analysis process provided the most appropriate approach to understanding participants' perceived preparedness related to counseling clients grieving a death. I begin this chapter by discussing the attributes of qualitative research, along with an overview of content analysis and conventional content analysis. Then, I explain the procedures I used to identify participants and collect and analyze the data for this study.

Qualitative Research

Qualitative research is a methodological framework used to explore multifaceted experiences of human life through descriptions, stories, and visuals (Merriam, 2009). A foundational belief of qualitative research is the idea that individuals have the capacity to share their experiences of the world around them, and, from those experiences, researchers can better understand a phenomenon or new perspective (Creswell, 2013; Merriam, 2009). Through this

approach, researchers are not aiming to impose their beliefs or perspectives onto their participants but instead learn how their participants have experienced a specific engagement or activity (Merriam, 2009).

There are several reasons qualitative methodology is the best approach to understanding professional counselors' perceived preparedness to counseling clients grieving a death. First, there is limited literature introducing a specific theory or phenomena regarding preparedness or effectiveness in grief counseling or grief counseling education and preparation. Thus, it was essential that this study explore counselors' experiences surrounding those constructs as a bottom-up approach. Without having a valid measure or framework that assesses counselor preparedness in grief counseling, I sought to learn some of the foundational pieces that could enhance the process of how researchers look at grief counseling and grief counseling education and preparation (Creswell, 2013).

Second, the current literature examining grief counseling and grief counseling education and preparation were mostly quantitative studies and scholars indicated methodological design was a limitation of their studies (Hannon & Hunt, 2015; Ober et al., 2012). While these studies examined professional counselors reported knowledge pertaining to grief counseling, I could not find any studies that investigated how professional counselors implemented their grief education into practice, nor what contributed to their perceived preparedness in working with grieving clients. In using a quantitative approach, there is a lack of depth about factors (e.g., grief education, professional development, professional experience, personal loss) professional counselors are relying on in their work and if these factors are contributing to their perceived preparedness. By using this approach, I looked closely at the experiences of professional

counselors in their work with grieving clients and was able to contribute to a larger body of literature surrounding grief counseling and grief counseling education and preparedness.

Content Analysis

For this study, I used conventional content analysis to describe professional counselors' perceived preparedness when counseling clients grieving a death. In the Data Analysis section, I further explain how I used conventional content analysis (Hsieh & Shannon, 2005) to analyze the data collected. However, in this section, I provide a historical context of content analysis, the advantages and limitations of content analysis, and why conventional content analysis aligned well with the purpose of this study.

Content analysis has been shown to be a useful and appropriate approach in qualitative research (Elo et al., 2014; Elo & Kyngas, 2008; Hsieh & Shannon, 2005; Merriam, 2009). The versatility content analysis provides allows researchers to adapt this approach to a variety of populations, constructs, and settings. Also, content analysis is flexible for researchers to use in both qualitative and quantitative research studies (Vaismoradi, Turunen, & Bondas, 2013). This broad research method has been used to draw in substantial amounts of data to identify patterns and trends that can eventually lead to a more solid structure around a certain phenomenon, which aligns well with the intentions of this research study.

Although several researchers provide background information on content analysis (Elo & Kyngas, 2008; Hsieh & Shannon, 2005; Vaismoradi et al., 2013), I align with Hsieh and Shannon's (2005) approach to utilizing content analysis. Hsieh and Shannon (2005) defined content analysis as "a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" (p. 1278). For this study, I used a conventional content analysis approach. Hsieh and Shannon

(2005) described conventional content analysis as using an exploratory nature to generate codes, categories, and themes from the participant's experiences shared during data collection. This is contrary to directed content analysis, where researchers begin the data collection and data analysis phase with pre-existing codes, categories, and themes from literature and/or previous research studies (Hsieh & Shannon, 2005). Since I am focusing on how professional counselors perceive their preparedness when working with grieving clients, and not factoring in established themes, the conventional content analysis is the more appropriate approach for this study.

Also, conventional content analysis is an advantageous methodology for this study because I am seeking to set the framework for potential future concept development (Hsieh & Shannon, 2005). This is slightly different than other methodologies, such as phenomenology or grounded theory, which seek to set the foundation for theory development, which is out of the scope for content analysis. Heish and Shannon (2005) explained that "… these methods share a similar initial analytical approach but go beyond content analysis to develop theory or a nuanced understanding of the lived experience" (p. 1281). The aim of this research study is to explore the preparedness of professional counselors by understanding their experiences counseling clients grieving a death to then generate future implications of concepts or ideas that will be applicable to counselor educators (e.g., counseling considerations, assessment instruments).

The process of obtaining data to code and categorize the participant's experiences into digestible themes is a main component of content analysis (Hsieh & Shannon, 2005; Vaismoradi et al., 2013). A key action step of content analysis is examining the communication of the participants, which can be completed in a variety of ways, such as noting how a participant is communicating, specific words or phrases stated frequently, and which words appear more often in a specific context (Hsieh & Shannon, 2005; Vaismoradi et al., 2013). This process was ideal

for exploring the experiences of professional counselors in their work with clients grieving a death, because I spent an in-depth amount of time absorbing the essences details about what the participants conveyed.

Although I did not establish pre-existing themes from a specific theory or phenomenon related to counselor preparedness in grief counseling, I did use Dreyfus and Dreyfus (1986) Five-stage Model of Skills Acquisition as a theoretical framework for my data analysis. I explain the findings of this study through this model in the Discussion section, as supported by Hsieh and Shannon (2005) who encourage that any theories or models related to the main subject of the study (i.e., professional counselor preparedness in counseling clients grieving a death) be discussed at the end of the study. In the following section, I describe the advantages and limitations of content analysis.

Advantages and limitations of content analysis. Like all research methodologies, there are advantages and limitations to content analysis. Hsieh and Shannon (2005) stated that content analysis opens the door to obtain "direct information" (p. 1279) from the participants without imposing a theory or model onto their experience. The focus of the study can be on participants' experiences rather than constricted to one specific mindset. Mayring (2000) described content analysis as the process of developing new material towards a specific phenomenon and contributing to an area of the literature that may be sparse or outdated. The findings from a research study with a content analysis methodology can bring light to concepts and ideas that can enhance our field of study.

Elo and Kyngas (2008) described a key advantage of content analysis as the large amount of data collected in these types of studies. The substantial amount of data can mean discovering new findings from a diverse sample that can highlight several aspects of a specific phenomenon

(Elo & Kyngas, 2008; Kondracki & Wellman, 2002). Another strength of content analysis is the flexibility during the data collection process while maintaining a structured procedural framework (Vaismoradi et al., 2013). There is a balance of control and direction between the researcher and participants, which could enhance the opportunity for participants to share their unique perspective while still maintaining rigor within the research design.

There are anticipated limitations for using content analysis for this study. Hsieh and Shannon (2005) pointed out that it can be challenging for researchers to fully understand a phenomenon using content analysis, specifically conventional content analysis. Since I did not use pre-conceived themes, I relied on the participants to inform me of a broader context that had yet been categorized into concepts. Elo and Kyngas (2008) noted that another limitation is the large amount of data that is often involved with content analysis; it can feel overwhelming to researchers. Elo and Kyngas (2008) also indicated that content analysis can rely too much on the researcher's subjective abilities to analyze data. Researcher subjectivity and limited structured guidelines when analyzing the data may be daunting for the researcher. This can lead to ambiguity and vague research reports (Elo& Kyngas, 2008). This specific limitation is reflective of qualitative studies overall and not just pertaining to content analysis (Creswell, 2013). I explain my steps to promote trustworthiness later in this chapter to combat some of the limitations mentioned in this section. Next, I describe the participants and recruitment process.

Participants

Selection

After the Institutional Review Board (IRB) approved this study, I began to recruit participants. Participants were professional counselors with clinical experience counseling a client grieving a death. I used a criterion sampling method in my recruitment for participants for

this study. Criterion sampling is a method often used in qualitative research (Creswell, 2007; Elo et al., 2014) and involves identifying a set of criteria that participants must meet to participate. By using this method, researchers can still focus on the experiences of their participants, but after they have intentionally established the criteria of interest for the study. For this study, the criterion for participation included (a) professional counselors who have graduated from a CACREP-accredited counseling program, (b) counselors who have, professional clinical experience providing individual counseling to clients who are grieving the death of a person significant to them, and (c) professional counselors who do not work at setting where the majority of the clients are presenting with grieving the death of another individual. I aimed to recruit 10-14 participants for this study to bring in a strong sample size while meeting the rigorous expectations regarding sample size of peer-reviewed journals for future publications. While the ideal sample size for qualitative research is dependent on the methodology and *saturation*, which is the repetitiveness in data that solidifies completion (Elo et al., 2014), studies with similar research questions or research topics as this dissertation study have used a sample size within this range (Harrawood et al., 2011; Servaty-Seib & Parikh; 2014).

Eleven professional counselors participated in this study. Nine participants identified as female and two participants identified as male. Racially and ethnically, nine participants identified as White or Caucasian, one participant identified as Latinx, and one participant identified as Asian. Pertaining to age, two participants were between the ages of 25-29, one participant was between the ages of 30-34, four participants were between the ages of 35-39, one participant was between the ages of 40-44, two participants were between the ages of 45-49, and one participant was between the ages of 50-54.

All participants graduated from a CACREP-accredited masters-level counseling program. The year participants graduated from their counseling program ranged between 1994 and 2018. Eight participants identified as Clinical Mental Health Counselors and three participants identified mainly as School Counselors. One of the participants mentioned that they recently transitioned to Clinical Mental Health from being a School Counselor but identified as a School Counselor for the purposes of this study.

Data Collection

Recruitment

One of the recruitment methods for this study was to send invitation emails to various points of contact at mental health agencies and professional associations nationally. My emails to the points of contact asked that they forward my invitation email to the individuals in their setting that may qualify to participate and would have an interest in this study. I requested that the individuals who were qualified and interested email me directly. I also identified counseling email lists might provide additional access to the population of interest. My invitation emails to the professional email lists asked qualified and interested individuals to contact me directly. Lastly, I used the snowball sample technique, in which I asked participants of the study to provide the contact information of other potential participants who meet the criteria for this study (Noy, 2008).

The invitation email (Appendix A) included a description of my study, my contact information, my dissertation advisor's contact information, and information pertaining to the $15 gift card incentive for participants provided at the completion of their interview. Upon receiving emails from individuals interested in participating, I responded via email and included a questionnaire (Appendix B) to ensure that participants met the criteria for this study. If

participants passed the screening process, I scheduled an interview with the participants on a first-come first-serve basis.

I offered each participant the option to complete the interview either face-to-face or via ZOOM Pro, an end-to-end encrypted video conferencing software. Video conference technology provided me with the ability to interview distant participants living in a variety of settings increasing the diversity of my sample, including years of experience, client populations, and formal training. All 11 participants elected to complete the interview via ZOOM Pro.

Data Gathering

Prior to beginning the interview, I requested that each participant read and sign the informed consent form (Appendix C). This ensured that I was following ethical guidelines of this institution's IRB and the ACA Code of Ethics (2014). The informed consent included information about the purpose of the study, what the participants could expect, and potential risks. Further, the informed consent notified participants that they could stop and withdraw from the interview at any time without penalty. Also, the limitations of confidentiality were clearly outlined. Participants interviewing via Zoom received the informed consent via email directly after they initiated interest in participating. They were asked to read, sign, and return the signed informed consent back to me using the institution's secure carrier system or provide a verbal agreement to participate in the study via the recorded interview.

The primary method of data collection was semi-structured interviews (Appendix D). Hsieh and Shannon (2005) noted that using open-ended prompts is an effective method of gathering data for a qualitative conventional content analysis study. The authors also mentioned probing as another effective method in data collection (Hsieh & Shannon, 2005). Probing is dependent on the participant's comments but allows the researcher to better understand the

participant's experience by expanding the content they are sharing (Hsieh & Shannon, 2005). Semi-structured interviews provided flexibility during each interview and allowed for each participant to share meaningful experiences without substantial guidance from me. Each interview was adapted to the participant's experiences, and I asked follow-up questions/prompts and used probing to ensure I understood each participant, as well as to deepen and enrich the quality of response.

I facilitated semi-structured interviews with each participant (Hsieh & Shannon, 2005) which lasted approximately 60 minutes. I recorded each interview to assist in the transcription and data analysis process. I used a pre-established interview guide as my protocol. I provided an overview of the study and asked participants if they had any questions before beginning. Before the end of the semi-structured interview, I asked a set of pre-established demographic questions. Throughout the data collection process, I continued to check my interview guide for consistency and trustworthiness by meeting regularly with my committee chair to review and debrief on how the participants are responding to the questions.

I used the recording features on ZOOM Pro and saved those recordings on a password-protected file on my computer. To protect the participant's identity and maintain confidentiality (ACA, 2014), I asked each participant to assign themselves a unique pseudonym at the beginning of each interview (Orb, Eisenhauer, & Wynaden, 2001). This was to help ensure each participant remembered that their data would be held in confidence, felt that their interview reflected their unique experiences, and that they had ownership of the data. If they did not want to or were unable to pick a pseudonym, I assigned one. I used the pseudonyms in all transcripts and will be using them throughout future dissemination of this data (Orb et al., 2001). Once I stored the data

on my laptop and a password-protected external hard drive, I deleted all recordings from the online recording storage of ZOOM.

To assist with the transcription process, I utilized Rev.com, a secure transcribing service. Rev.com transcribed each interview verbatim. The transcribers ensured that the data would remain confidential, and they signed a provided non-disclosure agreement (Appendix G). As I received each transcribed interview, I listened to each interview while simultaneously reading the provided transcript. This helped me check for accuracy and make any needed edits. I also sent each participant a copy of their interview transcript to verify that they were well-represented (Creswell, 2013). I will destroy all hard copies and electronic files pertaining to this study after three years, as per IRB requirements.

Immediately after the interview, I sent all participants a $15 Amazon gift card via email. Sending the gift card electronically helped me keep track of who received the compensation. I reminded the participants about the gift card at the beginning of the interview and ensured them that they would receive the gift card regardless if they completed the entire interview or a portion of the interview. I also confirmed the participant's email address prior to beginning the interview. Next, I discuss the data analysis process.

Data Analysis

Hsieh and Shannon (2005) adapted several of the seven "classic steps" (p. 1285) of content analysis developed by Kaid (1989) to align with conventional content analysis. Those original seven steps were: (1) formulate the hypotheses or research questions to be answered, (2) select the same to be analyzed, (3) define the categories to be applied, (4) outline the coding process and train the coder who will implement it, (5) implement the coding process, (6) determine reliability and validity, and (7) analyze the findings of the coding process (Kaid,

1989). The development of these steps was made for traditional content analysis, which tended to be quantitative studies. However, Hsieh and Shannon's (2005) adaptation of this process recognizes qualitative content analysis studies, specifically conventional content analysis.

For the purposes of this study, I used the Hsieh and Shannon's (2005) qualitative procedures for data analysis, which include: (1) outlining the coding process and the coder training, (2) implementing the coding process, (3) determining trustworthiness, and (4) analyzing the findings of the coding process. For step one, I looked at the coding process holistically and planned how I would engage in coding throughout. Following's Hsieh and Shannon's (2005) framework for conventional content analysis, I explain the outline for the coding process.

After the interviews were transcribed by Rev.com, I first immersed myself in the data and engaged in a process called *memoing*. Hsieh and Shannon (2005) described this process as reading the data multiple times to gain a bigger picture of the experiences of the participants and noting key words or phrases that jump out. After I read the interviews in their entirety, I re-read them, highlighted key words or phrases, and typed brief notes as comments within the interview document. I completed this process after the completion of each interview.

Next, I generated a collection of codes from each interview (Hsieh & Shannon, 2005). I thoroughly reviewed every line of each interview repeatedly to ensure I was capturing codes that accurately represented the interview. Hsieh and Shannon (2005) described the process that starts with a substantial amount of codes which then funnel down into categories or codes grouped in related clusters. Categories included written statements that summarized the grouped codes. Hsieh and Shannon (2005) eluded that initial coding may begin with a subset of data, but eventually the codes generated are applied to rest of the data collection. As I reviewed each interview, I integrated the set of codes while also developing new codes that I implemented into

my previously coded transcripts. This process kept me immersed in the data to develop a more accurate conceptualization of the participant's experiences. My data collection and analyses processes were ongoing until I reached a point of saturation, a frequent practice for content analysis studies (Elo et al., 2014; Elo & Kyngas, 2008). Lincoln and Guba (1985) described saturation as the point of the research study when the data collected was no longer providing additional information to answer the research questions.

While I was collecting data, I used several techniques to organize the coding process. Dedoose (2018) is a software built to store and organize various forms of data collection and coding methods. With Dedoose, I was able to upload the transcription files and assign codes and categories. This was crucial as I began to integrate a set of codes for each interview and needed to revise and reorganize previously established codes. Hsieh and Shannon (2005) encouraged researchers using conventional content analysis to create tree diagrams to visualize the funneling system beginning with a wide set of codes and narrowing down to categories, then eventually themes. I created tree diagrams with codes for each interview, then proceeded to enter those codes to the transcripts stored on Dedoose. Throughout the data analysis process, I revised the previously entered codes applied in the initial coding process.

In addition to interpreting the data myself, I met with a peer debriefer who was not involved in the study. This peer debriefer looked at my coding process and provided feedback on how I funneled the codes into categories and themes. While this peer debriefer was not involved in the design of this study, she has experience and training in qualitative research and received clear guidelines of her role in the analysis. She provided an objective perspective which gave me an additional and a unique viewpoint into the interpretation process (Morse, 2015).

Step four of the data analysis procedures, analyzing the findings of the coding process, involved looking at the context of the data and defining the meaning of the participant's experience. Hsieh and Shannon (2005) provided specific steps to take in this stage, which include: (a) articulate specific definitions for each category and themes, (b) infuse examples of the category and themes throughout the Findings section, and (c) look at the findings through the lens of theories that are relevant to the data and explain in the Discussion section.

I condensed and organized my findings in a clear manner to report the themes, along with definitions and a rationale for each theme. I include the tree diagrams I created (Hsieh & Shannon, 2005) in my reports of the findings in the Findings section of this dissertation. To engage in member checking, all participants received a summarized report of the data analysis for approval. I also worked with my committee chair to check my interpretation and definitions for accuracy.

Finally, I used the Five-Stage Model of Skill Acquisition (Dreyfus & Dreyfus, 1986) to understand the development of the participant's skills and perceived preparedness when counseling clients grieving a death. I took the participant's description of their clinical experiences and perceived preparedness and reflected on the guidelines of each of the steps in this model. I was able to look at my findings through this model and identify patterns and understand which clinical experiences tended to fall on any particular stage. By waiting until after my coding process was complete, I did not attempt to fit my participants' experiences into any of the stages, but better understand the depth of the factors that played a role in how the participants developed the skills to counsel grieving individuals and how prepared they believed themselves to be. In the next section, I explain how I maintained trustworthiness throughout this dissertation.

Trustworthiness

Step three of the data analysis procedure is determining trustworthiness (Hsieh & Shannon, 2005; Kaid, 1989). Promoting trustworthiness in a research study can demonstrate rigor and intentionality to other researchers (Lincoln & Guba, 1985). Elo and colleagues (2014) stressed that researchers tend to look for trustworthiness in qualitative research studies in general, but especially in content analysis studies. When the trustworthiness of research studies is examined by other scholars, often the reliability and validity of the study is looked at closely to decide if the researchers were thorough in their research design (Merriam, 1998). Without an established trustworthiness process, it can be difficult for researchers' work to be accepted by others in the field, especially qualitative studies (Merriam, 1998). For those reasons, I have incorporated five strategies to promote trustworthiness in this dissertation.

Bracketing

I was intentional about bracketing my personal subjectivity throughout the study (Fischer, 2009). Prior to conducting the study, my committee chair conducted an interview with me as participant. This experience, as a participant of my own study, assisted me to better understand my personal and professional experiences related to grief related to death. I did not want my personal beliefs, values, and attitudes that might inhibit the participants from sharing their experiences during the interview process (Fischer, 2009). The bracketing interview also increased my empathy for my future participants and helped me refine my interview prompts. I also engaged in journaling at the beginning of the recruitment phase, before and after each interview, and throughout the analysis phase (Chenail, 2011). This process was to set aside time for me to externalize my thoughts, feelings, and ideas that arose as I was moving through this stage of the dissertation. As new roadblocks and frustrations appeared, journaling was a safe

avenue to release my feelings that did not involve the participants or the data analysis process. Journaling added rigor to my study, because I was able to acknowledge my assumptions, biases, and influences on the dissertation and strategize how I would maintain an appropriate objective perspective throughout this process (Chenail, 2011; Vaismoradi et al., 2013).

Peer Debriefing

Another strategy I used to enhance trustworthiness was participating in peer debriefing. Morse (2015) defined peer debriefing as a method to "prevent bias and aid conceptual development (p. 1215). I worked with a peer debriefer, not directly connected to this study, throughout the data analysis process. I provided this peer debriefer with my initial codes, categories, and definitions, in addition to the de-identified transcripts. The peer debriefer had time to review my procedures, data, and my initial data analysis and provided feedback. As I continued with the data analysis process, I kept in contact with the peer debriefer to receive additional feedback and a new perspective of the data collection. In addition to working with an outside peer debriefer, I met with my committee chair regularly to discuss the process of determining my codes, categories, and themes. I wanted input during the data analysis process to ensure I was keeping the broader picture of the study in mind when looking at each interview individually and collectively.

Member Checking

I used member checking after I began to develop categories and themes (Creswell, 2013). After I received the transcript of the interview and completed an initial check for errors, I sent the transcript to the participant for review. I wanted to ensure that the experiences shared by the participant during the interview were represented accurately. Five of the 11 participants responded to my request for member checking. Three of these five participants stated that the

transcript was accurate. The other two participants sent back the revised transcript using track changes. Most changes involved correcting specific acronyms and clarifying erroneous text due to the transcriber's (i.e., Rev.Com) inability to correctly hear and transcribe the participant's verbal responses. Additionally, once I completed my initial analysis, I sent my findings to the participants. I asked them to check to see if the analysis accurately represented their experiences and to provide any feedback or suggestions to clarify how I had documented their perspectives. This process helped me gauge how closely my interpretation of participants' experiences matched their perspectives of their experiences. Only one participant responded and stated that my initial analysis did align with her clinical experiences and her reflection of the interview.

Audit Trail

Lastly, I kept an extensive audit trail throughout the dissertation process (Merriam, 1998). I documented the entire data collection and data analysis process in my research journals or memos. I noted how I was developing and defining the categories and themes, and my decision-making process during the analysis phase. Forming this audit trail allowed me to review and reflect on my cognitive processing during specific times of the data analysis phase and remain aware of external factors that were influencing my decisions. Further, my peer debriefer had access to my audit trail as another method of checking my data analysis for biases (Morse, 2015).

Researcher's Positionality

Although I have taken detailed steps to maintain trustworthiness, it is important to acknowledge my positionality on this study. By acknowledging my experiences with grief and loss, I am identifying my biases around striving to incorporate grief counseling more in the classroom. Not only am I a professional counselor and soon-to-be counselor educator, but I am a

grieving individual. My mother died when I was a teenager. After the death of my mother, I displayed my grief by staying busy and making sure that my performance at home and school was close to perfect. My coping was also a silent cry for help. However, my family and friends saw my striving and perfectionism as an exceptional way of adapting to my profound loss. Instead of others leaning in, checking in on me, and ensuring I was grieving in a healthy manner during this trying time, I was seen as the one that was staying strong and the one who could be relied upon to help others. I learned to keep my emotions guarded, a behavior that continues today. I am aware of my tendency to refrain from being vulnerable to others, so I have to make the extra effort to explore my emotions as they develop throughout this continuous process. I also had to rely on my committee chair and peer debriefer to prompt and probe me to discuss the feelings that would arise throughout interviews and during the data analysis.

Looking forward, I am motivated to train graduate counseling students to become competent professional counselors who believe they are prepared to address the needs of grieving individuals. I used my limited formal education on grief counseling as a reminder that I cannot assume that counseling programs will address this topic inside the classroom. Instead, I plan to develop research studies that will help me and others best prepare counselors-in-training. I am using the findings from this dissertation study as a stepping stone to help guide where to direct my future research. I hope to accentuate the need for grief counseling training by conducting quality research that is accessible to counselor educators and supervisors.

Chapter Summary

In this chapter, I discussed the methodological approach to answering the study's research questions. I also went into further detail about why qualitative research, specifically conventional content analysis, fits well for this study. I then explained in specific detail the

procedures used to collect and analyze data. Finally, I described the strategies I used to maintain trustworthiness. In the next chapter, I present the study's findings.

Chapter Four: Findings

I report findings from this dissertation study through five themes that explored the perceived preparedness of professional counselors when counseling clients grieving a death of a person significant to them. I used conventional content analysis as the guiding methodology to collect and analyze the interviews of 11 professional counselors with experience counseling clients grieving a death of a person significant to them. I transcribed each interview and read each multiple times and highlighted salient codes. I identified some of the codes directly from participants, while I identified other codes to represent a collection of thoughts from participants' words or phrases (Hsieh & Shannon, 2005). I clustered these codes into categories, and the categories informed the themes. The data analysis process produced 150 codes (Appendix H), which funneled into 13 categories that informed five themes. These five themes were identified as follows: ***Personal Dynamics of the Professional Counselor; Missing Preparation & Desired Training; Perceived Professional Counselor Responsibilities; The Client-Counselor Relationship;*** and ***Revolving Systemic Factors***. Participants provided their own pseudonym, and these are used to identify each participant throughout this study as follows: "Sarah," "Beth," "Tracy," "Katie," Denver," "Carter," "Alexandria," "Violet," "Francis," "Sandra," and "Joanna." In the remainder of the chapter, I present each theme in descriptive detail with the codes underlined and the categories italicized. At the end of each theme, a visual coding tree of the analysis is presented.

Overview of Themes

In this chapter, I describe each of the five themes connected through the codes and categories that emerged from the analysis using selected quotes from the participants. Since the purpose of this study was to explore the perceived preparedness professional counselors have

when counseling a client grieving a death, the first theme, ***Personal Dynamics of the Professional Counselor***, highlights a major influence of perceived preparedness. This is the way professional counselors experience and reflect on their personal loss and grief. Next, ***Missing Preparation & Desired Training***, is the missing external formal and informal opportunities professional counselors desired to have in order to obtain additional knowledge in grief and grief counseling. The third theme, ***Perceived Professional Counselor Responsibilities***, explains the responsibility counselors believe they have to enhance their preparedness to counsel clients grieving a death. Further, ***The Client-Counselor Relationship***, examines how the client's losses and grieving process alters the perceived preparedness of the counselor and their counseling approach. Finally, the last theme, ***Revolving Systemic Factors***, involves ongoing factors experienced by the client, counselor, and community that are present in the counseling relationship.

Theme 1: Personal Dynamics of the Professional Counselor

The first theme, ***Personal Dynamics of the Professional Counselor***, covers the intrapersonal characteristics of the professional counselor and the internal factors that influence their perceived preparedness in counseling grieving clients. Participants discussed how their personal loss and willingness to process their grief played a role in how comfortable and prepared they were when counseling grieving clients. This theme is informed by two categories, namely *professional counselor's personal losses* and *counselor's perception of death and grief*. *Professional counselor's personal losses* are the participants' personal experiences with death-related losses and how their grieving process had influenced their perceived preparedness counseling grieving clients. The *counselor's perceptions of death and grief* are the participants'

perspectives of the dying process and their attempt to understand the grieving process as it informs their clinical work. Table 4.1 is an example of the coding process for theme one.

Professional Counselor's Personal Losses

Participants discussed aspects of their personal loss of a person significant to them or how they witnessed a loved one who was grieving the death of another and how observing that experience informed them of their clients' grieving experience. Alexandria spoke about not being able to fully understand the grieving process until she had experienced her own death-related loss. Joanna talked about feeling like a "fraud" to her grieving clients when she first became a counselor, because she had not experienced a death-related loss earlier in her professional career. Their experiences led me to identify the code imposter, because of the participants' thoughts that they were not the right person to discuss their clients' grief without having experiencing a death-related loss themselves.

Several participants spoke about increased empathy and ability to connect with their clients after they engaged in healthy coping skills to help them process their loss. Tracy recalled losing her mother as an adult and believed that she was able to connect to her students who had also experienced the loss of their mothers. Katie reflected on losing her father while she was counseling several clients grieving the death of their parent(s) and having to utilize several strategies to remain present and empathic. "I did my own work and counseling ... and I don't know if it's because I felt more connected to the process, because they were both mourning the loss of a parent, and I know what that feels like." Further, Francis kept in mind the ethical responsibility for professional counselors to be self-aware and address intrapersonal conflicts when they arise,

Table 4.1: Theme One: ***Personal Dynamics of the Professional Counselor***

Categories	Codes	Excerpts
Professional Counselor's Personal Loss	Connection	"…I don't know if it's because I felt more connected to the process, because they were both mourning the loss of a parent, and I know what that feels like."
	Imposter	Alexandria spoke about not being able to fully understand the grieving process until she had experienced her own death-related loss. Joanna talked about feeling like a "fraud" to her grieving clients when she first became a counselor, because she had not experienced a death-related loss earlier in her professional career.
	Comfort Level	"The client had even said once, she had commented once about how I don't seem terribly comfortable with this…I think I probably just needed to work on myself a little bit more, too.
	Self-Awareness	"I realized that pretty quickly, in dealing with my first patient because part of our ethical code is to be self-aware and be mindful of our own reactions. I processed my own grief and that helped."
Professional Counselor's Perception of Death & Grief	Natural Evolution	"I kind of expect this natural evolution of yeah we're gonna lose a parent because of the age process. And I think maybe it was a little shifted for me because we're not supposed to lose a child.
	Process	"Every student grieves differently. For some students they want to be back in class. They appreciate the distraction. Some of them would rather come to my office and have a cool down."
	Universality	"… the universality of grief and that everyone is going to experience it across their lifetime."
	Perspective	"So, I have realized that I look at things a little more differently. I'm able to bring that perspective up in recovery team meetings and treatment team meetings and open up other clinicians or team members' eyes too."

"I realized that pretty quickly, in dealing with my first patient because part of our ethical code is to be self-aware and be mindful of our own reactions. I processed my own grief and that helped." The connection these participants made with their clients seemed to be derived from their ability to remain aware and reflect on their loss in order to develop a level of empathy they believed was needed to process their clients' grief. Professional expectations, along with the desire for introspection in the grief process, seemed to have a positive impact on their clinical work.

Additionally, participants spoke about their hesitation to focus on their grief and to process their loss. Hesitation has, in turn, led these participants to feel reluctant to discuss grief with their clients and question their capability to counsel these clients. Violet spoke about wanting to reflect more on her discomfort regarding her grief, so she feels more comfortable discussing this process with her clients. She identified this self-focused goal because her former clients could tell she was uncomfortable with this topic. "…the client had even said once, she had commented once about how I don't seem terribly comfortable with this…I think I probably just needed to work on myself a little bit more, too." Beth also reflected on the beginning of her career and her unwillingness to talk about grief with her clients. "'In the beginning, I think because my own stuff, I just didn't always wanna go there." The level of discomfort within the participants seemed to hinder their perceived preparedness in grief counseling and their motivation to process grief with their clients. However, the participants' awareness was apparent, so the gap between awareness and action to press into this level of discomfort remained unseen.

Professional Counselor's Perceptions of Death and Grief

The next category is the *professional counselor's perception of death and grief*. This includes counselors' perception of what both the dying and grieving process entails and how

these perceptions influence their professional counseling experiences. Tracy recognized that as a counselor she would inevitably encounter grieving clients. “This is going to be something that comes up no matter what, it doesn't matter. If you are in counseling, you are going to deal with someone who is grieving.” Alexandria acknowledged that grief was an experience that everyone would eventually encounter, “… the universality of grief and that everyone is going to experience it across their lifetime.” Francis spoke about the need to provide more attention to her clients’ grief and her attempts to remind colleagues to consider clients’ grief when conceptualizing presenting problematic behaviors. “So, I have realized that I look at things a little more differently. I'm able to bring that perspective up in recovery team meetings and treatment team meetings and open up other clinicians or team members' eyes, too.” Lastly, Sandra highlighted how different the grieving process can be for each person, especially for children, and how important it is to allow each student to process grief in his/her own unique manner, “every student grieves differently.” For some students, they want to be back in class. “They appreciate the distraction. Some of them would rather come to my office and have a cool down.” Sandra’s experiences with her students’ various needs to cope with their losses led to the code “process” as each student conceptualized the loss differently and needed a different therapeutic approach from Sandra.

Other participants spoke about tension they felt when their clients shared losses that contradicted their own perception of death. This was notable when participants spoke about clients grieving the death of a child. Both Katie and Carter talked about counseling clients grieving the death of a child, and the challenges they faced due to a lack of experience, preparedness, and their personal outlook on the dying process. Katie spoke about societal expectations and beliefs that children are supposed to die sequentially after their parents. “I kind

of expect this natural evolution of yeah we're gonna lose a parent because of the age process. And I think maybe it was a little shifted for me because we're not supposed to lose a child." Carter reflected on how difficult it can be for him to relate to his clients grieving a death of a child, not only because it causes him to identify his perceptions of the dying process, but also because he has not experienced the death of a child and did not possess a level of preparedness to counsel individuals with that experience.

This theme, ***Personal Dynamics of the Professional Counselor,*** depicts the influential role participants' losses had in their professional experiences with clients grieving a death. In each counseling session, the participants' grieving process and perception of death and the dying process were present as the participants attempted to address their client's grief. It also was the participants' desire to address their grief that either complemented their perceived preparedness or became a barrier to participants understanding and empathizing with their client's grieving process. Figure 4.1 visually conveys the theme, categories, and selected codes related to ***Personal Dynamics of the Professional Counselor***.

Theme 2: Missing Preparation & Desired Training

The second theme, ***Missing Preparation & Desired Training***, highlights the missing grief-related components participants perceived they did not receive as graduate counseling students, as well as, the informal and formal opportunities they hoped to gain now in their professional clinical career. Participants reflected on their preparation to counsel clients grieving a death, along with the continuing education they would like to have available in their current work setting. This theme was informed by three categories, namely *formal training*, *supervision,* and *preferred professional development*. I first describe *formal training,* which captures the material and content pertaining to grief and grief counseling taught while the participants were

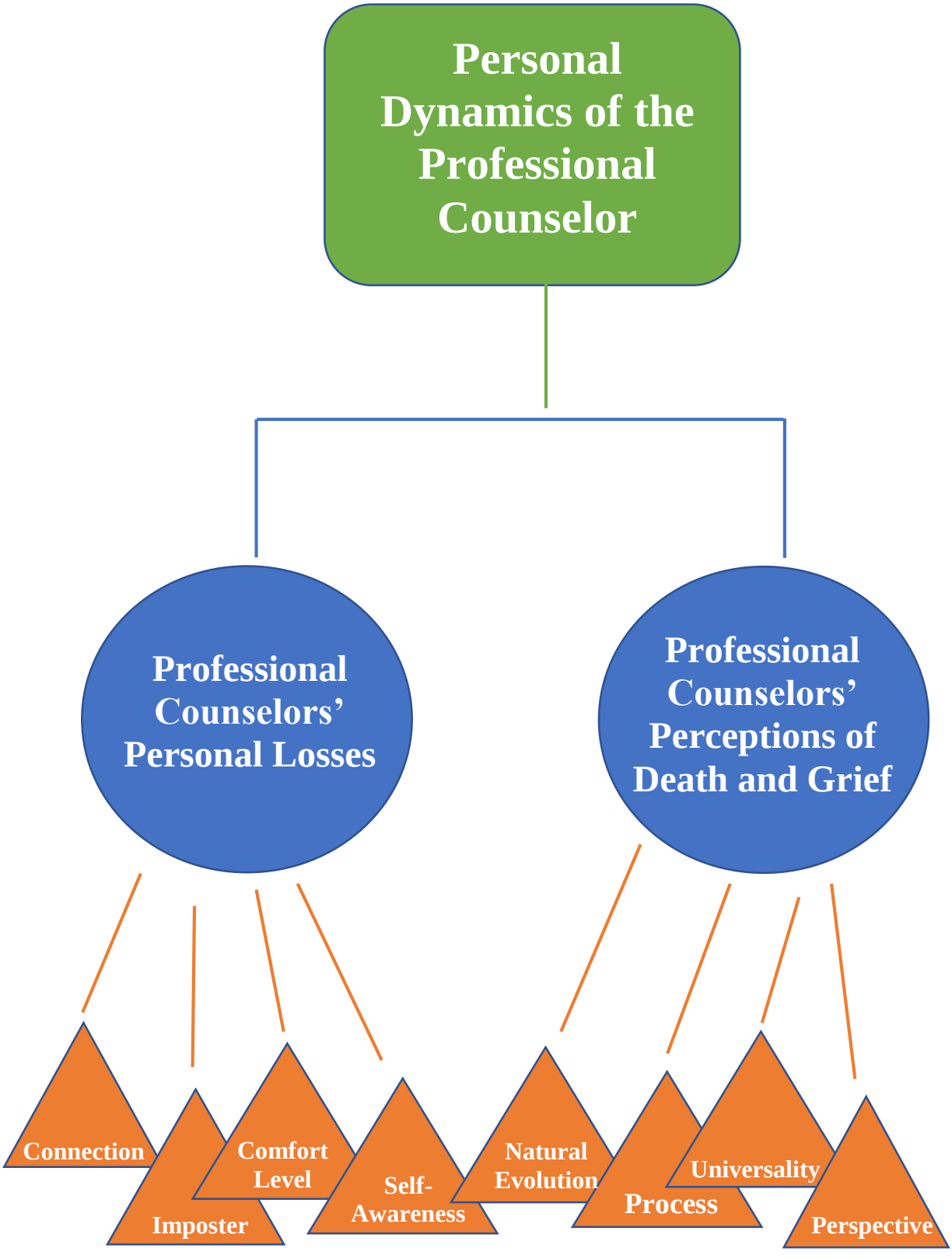

Figure 4.1. Theme One Coding Tree: ***Personal Dynamics of the Professional Counselor***

graduate students and the contribution their formal training had towards their perceived preparedness. Next, *supervision* depicts the more intimate conversations participants chose to have with their supervisors both pre- and post-graduation about their clients grieving a death. Finally, the category *preferred professional development* denotes participants reflecting on material they did not learn about grief and grief counseling in graduate school and continuing education opportunities they are hoping will be available to them now at their work setting. Table 4.2 is an example of the coding process for theme two.

Formal Training

Every participant talked about the master's-level counseling training they received, and all participants stated that there was at least one aspect of grief counseling they were still unprepared for or unsure of after graduating from their counseling master's program. Nine participants said that grief and loss and grief counseling were mentioned briefly in one of their graduate counseling courses, but a standalone course was not offered. Two participants reported that their master's-level counseling program did offer an elective in grief and loss, but they chose not to take the course. These experiences led to the label of "limited education," because participants connected their lack of class discussions centered around grief and loss to a sense of unpreparedness as they began to counsel grieving clients. Beth spoke to the broader grief and loss conversations in her graduate counseling program, but, without specific strategies or techniques, she still felt unprepared to work with this population.

> I think maybe the issue of grief was touched on here and there... [it] would have been nice to have … a little more emphasis or focus or really maybe even a whole class on, "what do you do with these clients?"

Table 4.2: Theme Two: ***Missing Preparation & Desired Training***

Categories	Codes	Excerpts
Formal Training	Limited Education	"I think maybe the issue of grief was touched on here and there... [it] would have been nice to have … a little more emphasis or focus or really maybe even a whole class on, "what do you do with these clients?"
	Learning Preferences	"It's such a specific thing and we didn't talk about it enough in class. But I am very much also an experiential learner … I don't know if it would've made much of a difference for me."
Supervision	Supervision Process	"She was just like, 'Of course. Why wouldn't this be hard? Why wouldn't this be sad or why wouldn't you be feeling unprepared if you have not worked with anyone in this position, before?'"
	Collaboration	"I think personally I feel like supervision and collaboration are important parts for all of us in this field, so I appreciate that with all my clients, but particularly having that insecurity about providing... competent, useful services."
	Insight	"In addition to being experienced and having all sorts of degrees, he had the personal experience that he could share with me and kind of help me to understand the client's perspective and ways of working with the case."
Preferred Professional Development	Interventions	"I wish I was prepared to work through a few interventions over a couple sessions, that I could feel more confident to allow that person to unpack whatever they're feeling. Like, a four-hour training. That includes role plays..."
	Assessing Needs	"I would want to know how to be with the client and establish sort of a safe environment to process those sorts of issues, just being able to assess what a client's needs are about that issue."

Several participants talked about the desire to have more preparation in their program but had difficulty identifying when in their program would be the most appropriate time to discuss this topic. Tracy talked about how overwhelming training was when she was a counseling graduate student. Adding one more course to the curriculum would add more to a counseling graduate student's plate. "It's like what would they cut out if they put that in? I also think you're getting so much information you don't even know what to do with it until you have that student in front of you." Joanna reflected on her master's-level counseling program and the sporadic conversations pertaining to grief counseling. However, Joanna also discussed her optimal learning style as experiential, so she was unsure if more conversation pertaining to grief counseling would have been helpful for her. "It's such a specific thing and we didn't talk about it enough in class. But I am very much also an experiential learner … I don't know if it would've made much of a difference for me." The excerpts from Tracy and Joanna informed my code, learning preferences, due to their discussion of preferred learning style and course sequencing in their master's-level counseling program.

Supervision

Several participants spoke about receiving effective preparation during their clinical supervision while in their master's-level counseling program and post-graduation. It was during supervision that participants felt comfortable admitting their uncertainty about grief and how to best engage with their clients grieving a death. This led to the code, supervision process, because of strong influence the participant's supervisory experiences had on their perceived preparedness in grief counseling. Beth talked about her supervisor validating her challenges when counseling clients grieving a death. "She was just like, 'Of course. Why wouldn't this be hard? Why

wouldn't this be sad or why wouldn't you be feeling unprepared if you have not worked with anyone in this position, before?'" Denver highlighted supervision to be a collaborative approach to the counseling process. "I think personally I feel like supervision and collaboration are important parts for all of us in this field, so I appreciate that with all my clients, but particularly having that insecurity about providing... competent, useful services."

Some participants expressed gratitude for their supervisors' strong awareness of grief and loss and their ability to provide specific strategies to implement in the counseling session. Francis talked about one of her first clinical supervisors, who specialized in grief counseling. "She opened my mind up to the fact that grief and loss are at the core of a lot of mental health issues, whether it's… losing a job or losing sight of who you thought you were going to be." Additionally, Denver's clinical supervisor brought his personal loss, as well as grief counseling interventions, into the supervisory session to help prepare Denver. Denver surmised, "In addition to being experienced and having all sorts of degrees, he had the personal experience that he could share with me and kind of help me to understand the client's perspective and ways of working with the case." The participants' recall of gaining additional knowledge related to grief and loss through their supervisors' personal and professional experiences informed the code, insight, as the participants' supervisors seemed to play an instrumental part in their enhanced preparedness in grief counseling.

Preferred Professional Development

The final category, *Preferred Professional Development*, captures the intricacies participants hope to learn about grief counseling at their current work setting. Many participants talked about the importance of professional development but identified that their site provided limited continuing education. As Denver talked about both of his current work settings, he

indicated that he desired additional professional development in grief counseling. “I wish I was prepared to work through a few interventions over a couple sessions that I could feel more confident to allow that person to unpack whatever they're feeling. Like, a four-hour training. That includes role plays...” Violet also spoke about how she would like for her work setting to discuss the complexities of grief and how to counsel a client in a vulnerable time. “I would want to know how to be with the client and establish sort of a safe environment to process those sorts of issues, just being able to assess what a client's needs are about that issue.”

Overall, the participants’ preparation in grief and loss was minimal, and there was more guidance desired after participants began to counsel clients grieving a death. The gap between formal training and application resulted in participants’ reflection of low-perceived preparedness compared to the training they had hoped to receive. Figure 4.2 visually conveys the theme, categories, and selected codes related to ***Missing Preparation & Desired Training*****.**

Theme 3: Perceived Professional Counselor Responsibilities

The third theme, ***Perceived Professional Counselor Responsibilities***, depicts the awareness participants had in noticing the gaps in their preparedness and how that lack of preparedness influenced their decision of whether or not they engaged in available professional development. I divided the themes into two categories: *recognizing limited preparedness* and *the decision to engage in ongoing learning*. First, *recognizing limited preparedness* was when the participants recognized they were not as prepared to be counseling grieving clients as they initially believed. Second, the *decision to engage in ongoing learning* elucidated the factors that played a role in the participants’ decision to seek out (or not) more education on grief and grief counseling. Table 4.3 is an example of the coding process for theme three.

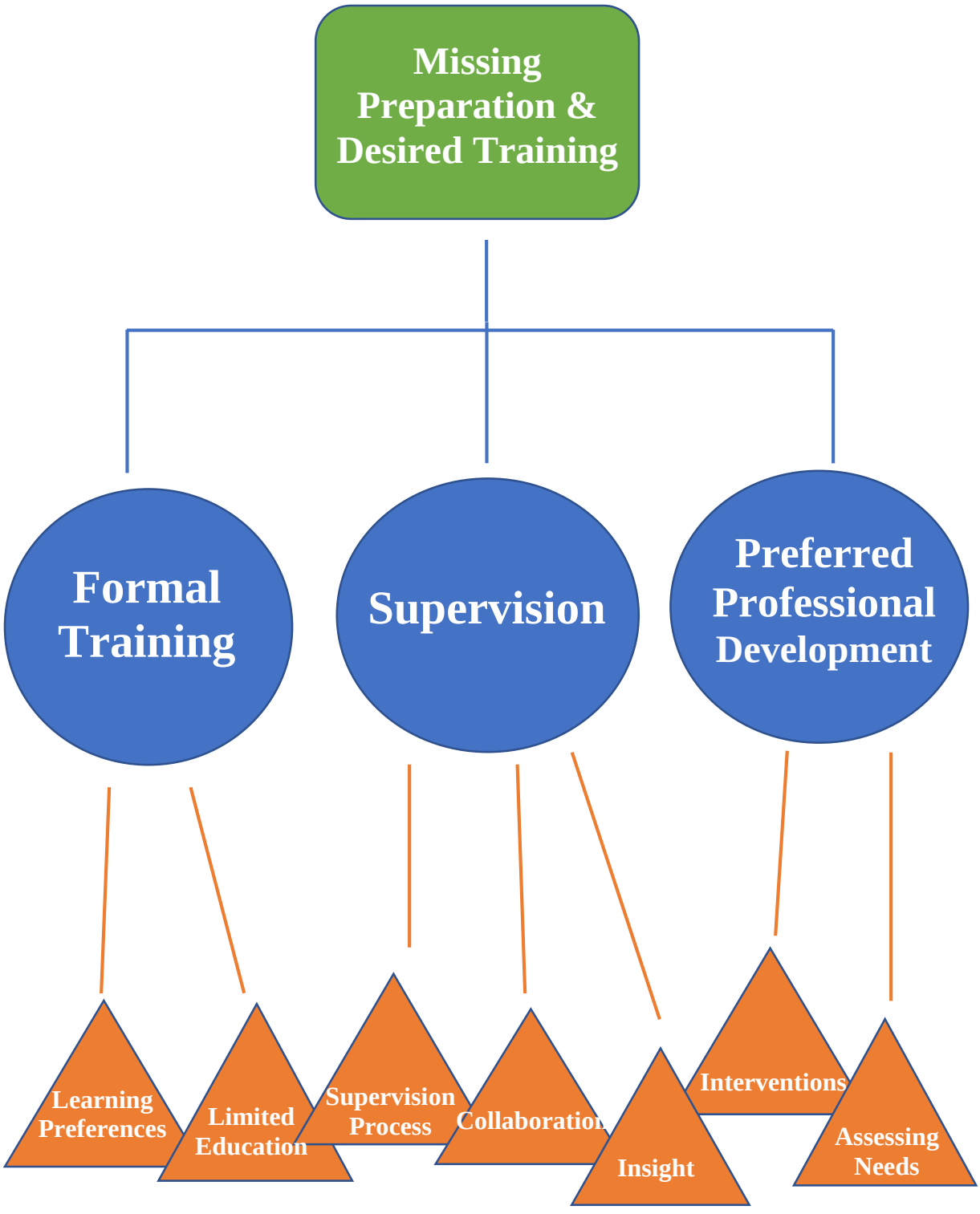

Figure 4.2. Theme Two Coding Tree: ***Missing Preparation & Desired Training***

Table 4.3: Theme Three: ***Perceived Professional Counselor Responsibilities***

Categories	Codes	Excerpts
Recognizing Limited Preparedness	Ill-prepared	"When it was solely grief and loss, that was the area or the client I definitely felt the least prepared for. I definitely felt ill-prepared when I first encountered grief and loss in working with my clients."
	Empathy	"I do not feel like I was very prepared, at all for how to handle grieving clients. I had never had a child that had lost their parent and I didn't know what to do or what to say."
	Uncertainty	"I think I always felt a little bit ... Not inadequate, but almost like, am I really the best person for you? I don't know what it's like to be in this situation."
The Decision to Engage in Ongoing Learning	Obligation	"I also felt this is not a choice for me not to do this. I still feel like it's on me as the counselor to seek out what I need for whatever client I have."
	Continuing Education	"I've taken several webinars and courses now on how to work with grieving children, how to work with grieving parents. I've got book resources, just kind of having my toolkit."
		"… I know there are always workshops. I get flyers about workshops, about things related to either grief and loss or any manner of other things. And I should probably go do one myself, actually."
	Personal Choice	"So, nothing prevents me from going except interest, higher priorities, I guess."

Recognizing Limited Preparedness

In addition to participants sharing their classroom experiences in their master's-level counseling program, they discussed moments when they recognized how unprepared they were to counsel a grieving client. Denver conversed about clients that came to see him for a variety of presenting concerns and believed he was the most unprepared when they focused on their loss and grieving process. "When it was solely grief and loss, that was the area or the client I definitely felt the least prepared for. I definitely felt ill prepared when I first encountered grief and loss in working with my clients." His experiences were similar to Beth who spoke to her partial preparedness to do grief counseling and how the lack of readiness left her speechless at times with her students who were grieving the death of their parents. "I do not feel like I was very prepared at all for how to handle grieving clients. I had never had a child that had lost their parent, and I didn't know what to do or what to say." It was common for participants to believe they were ill-prepared to provide counseling services to grieving clients, because they had not experienced a similar death-related loss. Reoccurring conversations surrounding the disconnect and inexperience led to the code empathy. Participants believed they could only convey empathy to a specific point mainly due to their lack of experience grieving the same type of loss.

However, they believed they needed more empathy to counsel their clients efficiently. In addition, Joanna questioned her fit for her clients because of her limited preparedness and lack of her personal loss at that time. "I think I always felt a little bit ... Not inadequate, but almost like, am I really the best person for you? I don't know what it's like to be in this situation." The participants' conversations surrounding their perceived ill-preparedness and feeling loss in the best next step to proceed with a grieving client led to the code uncertainty. The participants

frequently mentioned believing they were ill-prepared to counsel several grieving clients and lacking the competencies to work with this population.

The Decision to Engage in Ongoing Learning

All of the participants recognized the moment they realized they were unprepared to be counseling a client grieving a death and their decision to increase their preparedness in grief counseling. Several participants decided that it was their responsibility as a professional counselor to seek out opportunities to enhance their knowledge of the grieving process and the best approach to take in the counseling session. Tracy reflected on her early experiences as a school counselor and her decision to learn more about grief counseling, "I also felt this is not a choice for me not to do this. I still feel like it's on me as the counselor to seek out what I need for whatever client I have."

Beth realized that she needed to find outside resources that she could refer to as she saw more grieving clients. "I've taken several webinars and courses now on how to work with grieving children, how to work with grieving parents. I've got book resources, just kind of having my toolkit." The code obligation was informed by Tracy, Beth, and several other participants by their internal beliefs that they needed to learn more grief and loss content in order to be a more effective professional counselor. Additionally, the code continuing education emerged from the participants' excerpts of engagement in learning opportunities related to grief and grief counseling. This all-encompassing label highlighted the several routes participants took to gain more knowledge in grief and loss.

Contrary, there were participants that believed they were unprepared to counsel clients grieving a death but had not sought out professional development on this topic. Violet reflected on the opportunities available to her to learn more about grief and loss. "… I know there are

always workshops. I get flyers about workshops, about things related to either grief and loss or any manner of other things. And I should probably go do one myself, actually." Further, Denver talked about the nature of his work setting and how the majority of his clients are in a crisis after experiencing a traumatic event. These experiences influenced him to seek professional development on crisis counseling. "So, nothing prevents me from going except interest, higher priorities, I guess." Katie also explained that she tends to participate in workshops or webinars that focus "either on multicultural competency or trauma." Katie and Denver's decision to seek professional development unrelated to grief and loss appeared to be influenced by their work setting. However, this decision appears to be autonomous, which led to the code personal choice. Neither Katie nor Denver stated that their work setting required them to seek out specific professional development topics, but rather it was a decision they made.

After participants recognized they obtained limited knowledge from their master's-level counseling programs, they decided to pursue and engage in additional educational opportunities pertaining to grief and loss. Several participants sought the need to inform themselves on this topic and made intentional efforts to increase what they already knew. Conversely, some participants spoke to the decision to find professional development unrelated to grief and loss and the advantages and disadvantages to their choice. Although the decision to engage or not engage in continuing education related to grief and loss, these collective perceptions of ill-preparedness in grief counseling were apparent. Figure 4.3 visually conveys the theme, categories, and selected codes related to ***Perceived Professional Counselor Responsibilities*****.**

Theme 4: The Client-Counselor Relationship

The fourth theme, ***The Client-Counselor Relationship***, constitutes the internal and external factors both the clients and the participants brought into the counseling room that altered

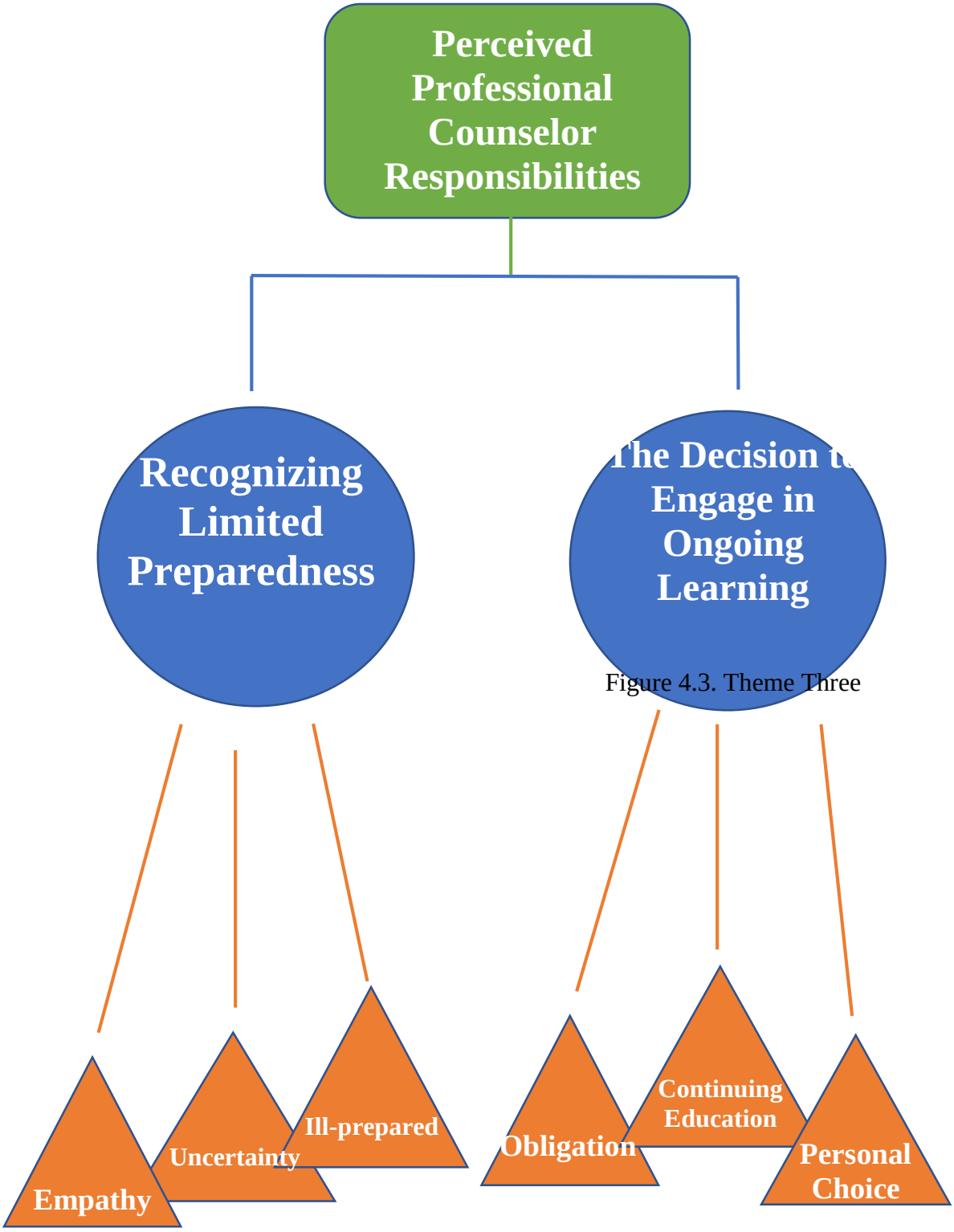

Figure 4.3. Theme Three

Figure 4.3. Theme Three Coding Tree: ***Perceived Professional Counselor Responsibilities***

the participant's perceived preparedness. Three categories informed the development of this theme. The first category, *compounded losses,* is how the dynamics of the grieving clients and their losses influenced participants' perceived preparedness. Next, *setting the therapeutic environment for grief* highlights the strategies and interventions several participants used to encourage conversations about grief. Lastly, *infusing theoretically-based practices* looks at the theoretical concepts or evidence-based practices participants implemented in the counseling session. Table 4.4 illustrates the coding process for theme four.

Compounded Losses

It was not just the type of loss endured by clients that influenced the participants' perceived preparedness, but also the complexity of their losses. Participants discussed clients that were grieving the death of another person, but factors such as the manner of death, age of the individual and of the client, secondary losses, and the number of losses the client has experienced altered how prepared the participants believed they were and the dynamics of the client-counselor relationship. Further, participants described their experiences of grieving the death of their clients, which added another level of complexity to their grieving processes.

Carter talked about a current client who recently lost her sister but felt that she had been grieving her sister's near-death years ago after a serious automobile accident. Carter recalled the client grieving her sister,

> She was in a terrible car accident nine years' prior that left her quadriplegic and with significant brain injury, so she felt like the sister died nine years ago…but then had to watch her slowly die over the course of the last nine years, and she physically died in May. I do not want to unpack that scenario or that experience and not have the competence to pack it back in there.

Table 4.4: Theme Four: ***The Client-Counselor Relationship***

Categories	Codes	Excerpts
Compounded Losses	Anticipatory Grief	"She was in a terrible car accident nine years prior that left her quadriplegic and with significant brain injury, so she felt like the sister died nine years ago…but then had to watch her slowly die over the course of the last nine years, and she physically died in May…"
	Professional Loss	"A male who was actually in our facility left…he relapsed and overdosed, and then his significant other came into our facility and discussed it. We're [the staff] a little bit more removed from them, but it impacts us."
	Re-grief	"She was nine when it happened. I received the student when she was 12. So still a lot of processing but it was a delicate process because the student was a ... she engaged in self-harm."
	Secondary Losses	"She was kind of the caretaker…They had a great relationship. He had a problem with the TV or remote she had run over and help him. So that loss of role which left her without that kind of ongoing interaction."
Setting the Therapeutic Environment for Grief	Validating	"I think it's more like validating that I see this grief is overwhelming, and whatever it is that's going on. And then I allow them the space to tell me what they notice and feel."
	Authentic Feelings	"It's about being able to hold the space and be with the feeling, which at my core as a counselor is big. Be able to be with a feeling and let it do what it wants to do."
	Holding the Space	"Beginning grief work was just kind of being there and holding the space. I've openly cried in sessions with my clients, just because they've been so emotional and it's, you know, you empathize so much more."
Infusing Theoretically-based practices	Affect	"I'm sort of going into some DBT, some dialectical behavioral therapy, trying to figure out her emotional side and her rational side."

Table 4.4 (Continued)

Categories	Codes	Excerpts
	Meaning	"And so, the idea is to use, recovery oriented cognitive therapy, help empower them, build connections, improve their identity and find meaning and hope in their lives that hopefully they will be able to sustain a little better with recovery outside of the hospital."
	Grounding Techniques	I have used grounding techniques, guided imagery, and body scan type to depict the connection between thoughts and feelings and the way that it affects everything else in how we relate to the world around us."

The grieving process for Carter's client appeared to begin prior to the death, and the years leading up to death seemed to cause significant distress for this client. This excerpt led to the code anticipatory grief as the client was expressing grief symptoms prior to her sister's death as she wrestled with losing aspects of her sister as a result of the car accident. Carter also experienced counseling a patient who was grieving the death of his own former patient and reflected on the grief he experienced as well. "A male who was actually in our facility left…he relapsed and overdosed, and then his significant other came into our facility and discussed it. We're [the staff] a little bit more removed from them, but it impacts us." Carter's experience of enduring a loss of a patient mirrored other participants who faced a loss of a client, patient, or student to death. The participants' explanations of their process for grieving a death of individuals they had grown to know in a professional setting informed the development of the code professional loss. Although the participants admit they grieved the deaths of their clients, patients, and students, a professional boundary was in place that led to different expression of grief compared to their personal loss of individuals closer to them.

Sandra discussed a former student who experienced the loss of her father at an early age but was still processing that loss years later. “She was nine when it happened. I received the student when she was 12. So, still a lot of processing, but it was a delicate process because the student was a ... she engaged in self-harm.” The experience of Sandra’s student recycling through the grieving process led to code re-grief because of the additional processing this student worked through as she grew older and understood more about the death of her father. Sandra appeared to be prepared to address this phenomenon as it informed her decision to take a gentle approach with this particular student. Further, Katie spoke about a client whose primary loss was the death of her father, but it was the secondary losses that seemed to bother her client more.

> She was kind of the caretaker…They had a great relationship. He had a problem with the TV or remote she had run over and help him. So that loss of role which left her without that kind of ongoing interaction.

Joanna remembered counseling a grieving client who was missing her support system more than the individual who died. “She lost her partner, and it felt hard to address her grief because what was missing in her life was more support from her family, from the other people in her social circle.” Secondary losses emerged as a code to reflect the additional losses clients endured as a result of the death of a person significant to them.

Setting the Therapeutic Environment for Grief

Many of the participants talked about their intentionality to create a quiet, non-judgmental therapeutic environment for clients to express their grief. Several participants spoke of the importance of validating and allowing their clients to feel heard in order to gain their trust. Katie reflected on allowing her clients to become attuned to their grief and identify their grieving process. “I think it's more like validating that I see this grief is overwhelming, and whatever it is

that's going on. And then I allow them the space to tell me what they notice and feel." Joanna talked about honoring one's authentic feelings and not having the pressure to "change" a client's grief. "It's about being able to hold the space and be with the feeling, which at my core as a counselor is big. Be able to be with a feeling and let it do what it wants to do." Beth conceptualized the beginning of grief counseling as creating space for the clients to grieve and not be afraid to express her reactions to their losses. "Beginning grief work was just kind of being there and holding the space. I've openly cried in sessions with my clients, just because they've been so emotional and it's, you know, you empathize so much more."

Infusing Theoretically-based Practices

The last category, *Infusing Theoretically-based Practices,* covers the theories and evidence-based practices participants used when counseling clients grieving a death. Participants spoke about learning theories and interventions from their master's-level counseling programs, discussing theories with their supervisors, and receiving theoretical-based practice through additional trainings. Both Carter and Violet talked about using Dialectical Behavior Therapy (DBT) as one theoretical approach to counseling grieving clients. Carter explained using DBT with a client who was having a tough time expressing her emotions after the death of a sibling. "I'm sort of going into some DBT, some dialectical behavioral therapy, trying to figure out her emotional side and her rational side." Violet also incorporated DBT and Feminist Theory in her work with grieving clients. "So, my role at that agency was providing DBT, that we had this really strong dialectical behavior therapy program at the agency, and so that is my orientation, primarily, informed somewhat by feminist counseling, as well." Carter and Violet's use of DBT with clients grieving a death highlights their focus on affect, a code informed by the participants' conceptualization of their clients' grief. Additionally, Francis used a combination of multiple

cognitive therapies to address client's grief and other presenting concerns to reframe any distorted thinking to empower change.

> And so, the idea is to use recovery oriented cognitive therapy, help empower them, build connections, improve their identity and find meaning and hope in their lives that hopefully they will be able to sustain a little better with recovery outside of the hospital.

Sarah explained how she takes on a person-centered approach with clients grieving a death but incorporates grounding techniques to connect their thoughts and feelings together. "I have used grounding techniques, guided imagery, and body scan type to depict the connection between thoughts and feelings and the way that it affects everything else in how we relate to the world around us."

The dynamics of the client-counselor relationship were unique and important aspects related to professional counselors' beliefs about their preparation regarding grief counseling. Many of these dynamics surface after establishing a therapeutic relationship and gaining a firm understanding of the client's loss and their grieving process. From there, participants incorporated intentional techniques and counseling approaches create a safe space for authentic expression of their client's cognitive thoughts and affect. Figure 4.4 visually conveys the theme, categories, and selected codes related to ***The Client-Counselor Relationship.***

Theme 5: Revolving Systemic Factors

Finally, the last theme, ***Revolving Systemic Factors***, is the ongoing occurrences involving the clients, participants, and communities in which they live and work. Several participants spoke about other constant factors that contributed to their perceived preparedness over which they had little control. Three categories informed this theme: *community connections, cultural considerations,* and *work settings structure. Community connections* are the outside

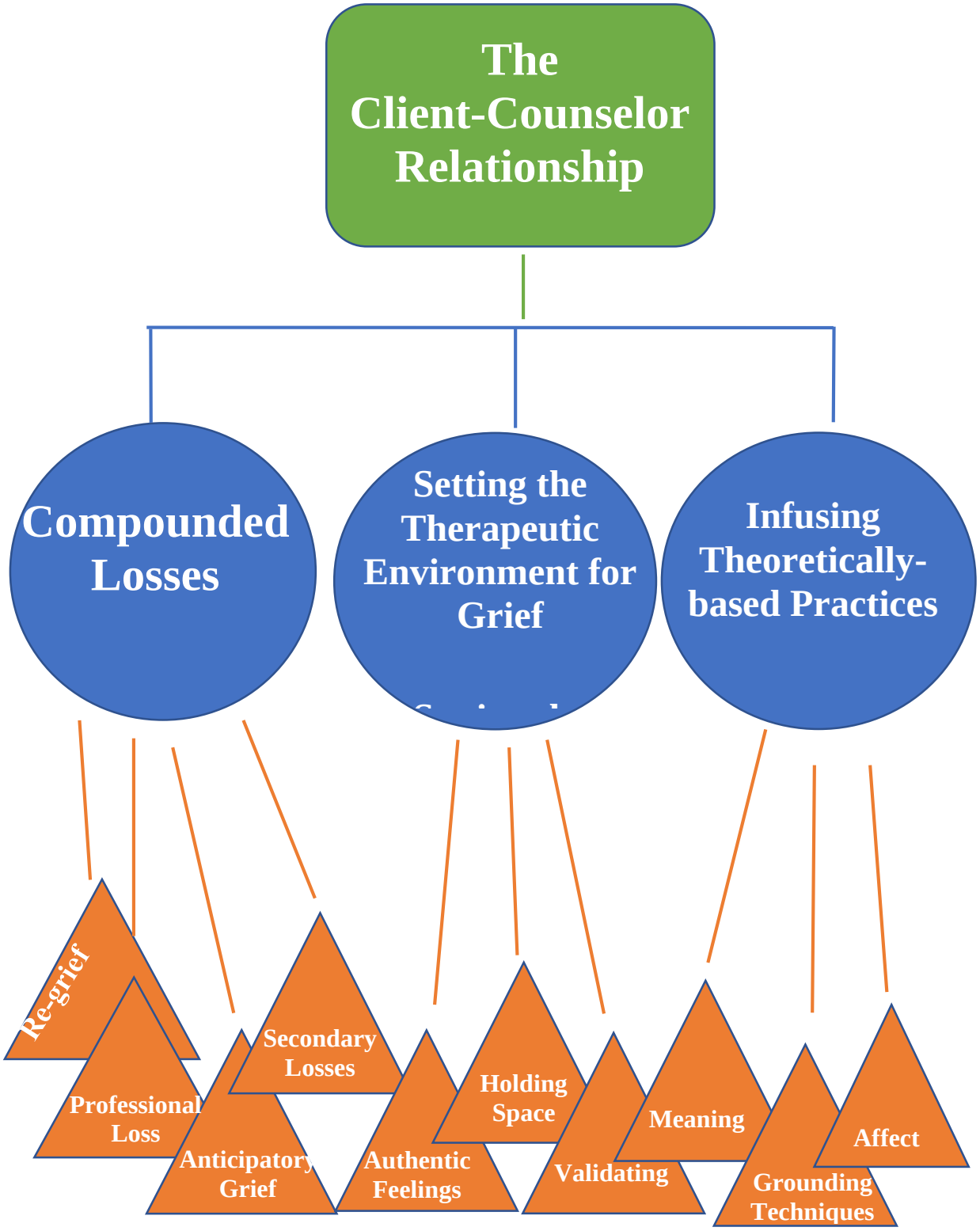

Figure 4.4. Theme Four Coding Tree: ***The Client-Counselor Relationship***

resources participants relied on when they were not prepared to address the needs of their clients grieving a death. The second category, *cultural considerations,* acknowledges the considerations several participants had for their client's culture and the participant's own values and beliefs towards what they considered a loss. Finally, the last category, *structure of work settings*, brings awareness to the organization of the participant's former or current work setting and organizational values related to grief and grief counseling. Table 4.5 illustrates the coding process for theme five.

Community Connections

As the participants discussed perceived preparedness, they highlighted community resources that were beneficial to their understanding of grief and grief counseling. Further, the more resources participants were aware of, the better prepared they believe they were to refer or inform their grieving clients on what to expect as they grieved. Four of the participants spoke about local hospice centers that provided grief counseling services to the community and the relationships the participants built to have a trusted referral for their clients. Alexandria commented, "Our local hospice has some fabulous grief counseling that's available to families," while Tracy noted local hospice staff involvement in the schools. "You can get almost everything you need there, and they'll come out to schools, they'll run grief groups in schools. That is always, to me, a really good resource if you are located in the city." Sandra talked about a strong relationship with a professional counselor who works at a local hospice near her. Sandra mentioned this professional counselor facilitated grief groups with her students, and she often consulted with her to learn more about grief and loss.

Table 4.5: Theme Five: ***Revolving Systemic Factors***

Categories	Codes	Excerpts
Community Connections	Hospice	"Our local hospice has some fabulous grief counseling that's available to families."
	Referral	"I frequently refer to grief support groups in town. I know hospice is there, but there are some other things out there as well."
Cultural Considerations	Diverse Needs	"I learn more from my clients than I can learn in a book in that they're diverse and their diverse needs, and I try to pay attention to the cultural implications around grief."
	Judgments	I had to refrain from judging. Like holding my back own judgments, personal judgments, of what I think people should do or where they should be."
	Relationships	"Because of my experiences with substance use, I imagined that it wasn't just grieving his father's death, but also grieving the loss of his father while he was still alive. I felt much more capable of handling that part…"
Work Settings Structure	Academics	"I was doing classroom lessons, but the school was also much more academically driven, so pulling kids out for things like groups and stuff it was like so impossible."
	Availability	"My availability just to pull kids for topic-based groups as opposed to crisis-based groups…scheduling became more and more difficult."
	Organizational Procedures	"It may not be typical that when you do those brief intakes, you may not get them assigned to your case load should they decide to pursue individual counseling."

The hospice counselor reached out to the district. So, her program has a cooperative agreement with REDACTED public schools. So, I said, 'Yes, this would be fantastic. Come on in.' She is usually my referral source for students who are going through grief.

In addition to connections to local hospice centers, Katie spoke about finding grief support groups in her community that were a better fit for her clients. "I frequently refer to grief support groups in town. I know hospice is there, but there are some other things out there as well."

Cultural Considerations

Participants talked about their considerations of both the clients and their own cultural background and how these may influence their preparedness and counseling approach. Francis stressed how important understanding her clients' culture was to her and how that process has helped her become more prepared to address their grief. "I learn more from my clients than I can learn in a book in that they're diverse and their diverse needs, and I try to pay attention to the cultural implications around grief." Beth also spoke about integrating cultural considerations into her clinical practice. "I'm always aware of cultural dynamics and being up to date on all the things that are available."

Along with attempting to understand the cultural differences of their clients, participants reflected on their definition(s) of loss and the circumstances they use to determine the significance of the loss. Sarah spoke of having to self-reflect on her biases, especially when she had a client who began to receive counseling services after the death of his mother and grandmother but appeared to be more upset about the death of his cat. "I had to refrain from judging. Like holding my back own judgments, personal judgments, of what I think people should do or where they should be." In her work with clients in recovery from substance use, Joanna spoke about feeling more prepared to address a client's non-death loss, because she could

connect it to his substance use, which she perceived to be a significant loss that she needed to address. “Because of my experiences with substance use, I imagined that it wasn't just grieving his father's death but also grieving the loss of his father while he was still alive. I felt much more capable of handling that part…” Joanna’s professional clinical experiences with individuals diagnosed with substance use informed her clinical conceptualization of grief. She was keenly aware that one of her client’s priorities was to address his father’s death, but she understood that the culture of the relationship this client had with his father before his death was just as important to discuss.

Work Settings Structure

When talking about systemic factors that influenced their ability to become more prepared in grief and grief counseling, participants talked about current and former work settings and how the organizational culture set a tone for the need to be prepared for issues associated with grief and grief counseling. None of the participants worked in a setting where clients were primarily grieving; instead, they provided counseling services to clients with a variety of presenting concerns. Tracy and Alexandria spoke about their experiences as school counselors and the institutional restraints they faced when attempting to provide counseling services to grieving students. Tracy talked about how the academic mission of the school where she worked out ranked other services provided in the school. “I was doing classroom lessons, but the school was also much more academically driven, so pulling kids out for things like groups and stuff it was like so impossible.” Alexandria also talked about the challenges to take students out of class to conduct ongoing grief groups. “My availability just to pull kids for topic-based groups as opposed to crisis-based groups…scheduling became more and more difficult.”

Sarah and Carter both spoke to the fast-paced feel of their work setting and how limited time with their clients makes it difficult to effectively and fully engage in their grief. Sarah explained that grieving clients she met during intake sessions did not always transition to her caseload. “It may not be typical that when you do those brief intakes, you may not get them assigned to your case load should they decide to pursue individual counseling.” Carter’s work setting at a short-term detox and rehabilitation center does not have grief counseling as an available option for patients. “People come in, and they're just grieving, and we recommend grief counseling for them, but we don't have that specialty on our unit.” Participants who worked at a setting that had rigid parameters and restrictions of services provided was labeled with the code organizational procedures. It was in these work settings that participants recognized the limitations they had to engage with grieving clients and ability to be prepared to address their needs long-term.

The culmination of community connections, culture, and work setting structure is relevant when participants reflect on the systemic role grief and loss have on their perceived preparedness. Although no one factor played a stronger role than another, the participants recognized these constant elements as influential for them and their clients. The power these factors had was both positive and hindering in the participants’ fluctuating perception of their preparedness when counseling clients grieving a death. Figure 4.5 visually conveys the theme, categories, and selected codes related to ***Revolving Systemic Factors.***

Chapter Summary

In chapter four, I reported the findings from my interviews of professional counselors’ exploring their perceived preparedness when counseling clients grieving a death of another individual. After a conventional content analysis of 11 interviews with professional counselors nationwide, I

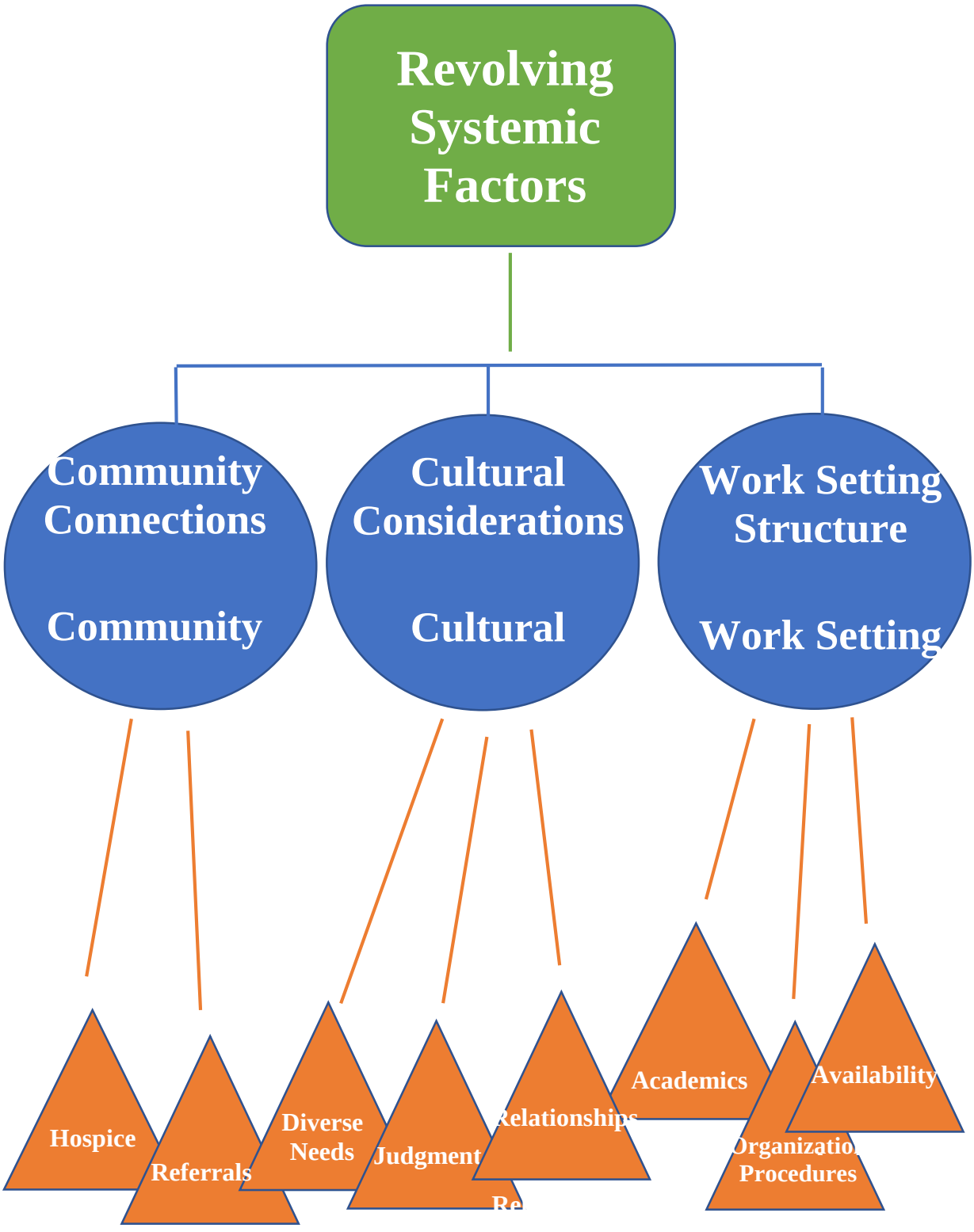

Figure 4.5. Theme Five Coding Tree: ***Revolving Systemic Factors***

identified five major themes: Personal Dynamics of the Professional Counselor; Missing Preparation & Desired Training; Perceived Professional Counselor Responsibilities; The Client-Counselor Relationship; and Revolving Systemic Factors. For each theme, I presented categories that provided context and support to the development of that theme. Additionally, I included excerpts from participants that highlighted the nature of each category and theme, as well as showed patterns between the participants. Finally, I provided visual representations that show a clear connection of each theme and the overall findings. These themes interconnect to show the complex experiences professional counselors have when they encounter grieving clients. A culmination of personal loss, integrated training and supervision, client relationships, and systemic factors all play an integral role in professional counselors' perceived preparedness in grief counseling. The combination of the professional counselors' interpersonal experiences and the conceptualization process of loss and grief shifted over a period of time as these professional counselors engaged in ongoing learning and advocated for more support and accessibility to grief resources. In chapter five, I provide a discussion of findings in relation to the study's research questions and theoretical framework. I also discuss the study's implications for professional counselors and counselor educators, suggestions for future research, limitations, and my final reflections as the primary researcher.

Chapter Five: Discussion

In Chapter Five, I discuss and apply the findings to the study's research questions and theoretical framework, the Five-Stage Model of Adult Skill Acquisition (Dreyfus & Dreyfus, 1986). Discussing the findings through these lenses will connect the findings to the intent and purpose of this study. Further, I provide implications directed toward several stakeholders within the counseling profession, along with future research recommendations. In addition, I identify several limitations of this research study and offer my final researcher reflections. I begin by addressing the findings through the lens of the study's research questions.

Findings Address Research Questions

The purpose of this research study was to explore professional counselors' perceived preparedness in counseling clients grieving a death of a person significant to them. The specific research questions developed for this study were:

1. What experiences contribute to professional counselors' perceptions of preparedness when counseling a client grieving a loss due to a death?
2. How prepared do professional counselors believe themselves to be when counseling clients grieving a loss due to a death?
3. What prepares professional counselors in their master's counseling program to counsel clients experiencing grief related to a death?

Research Question One

This section connects the findings to the first research question: What experiences contribute to professional counselors' perceptions of preparedness when counseling a client grieving a loss due to a death? Aspects of four of the five themes provide answers to research question one: ***Personal Dynamics of the Professional Counselor*** (Theme 1), ***Perceived***

Professional Counselor Responsibilities (Theme 3), ***The Client-Counselor Relationship*** (Theme 4), and ***Revolving Systemic Factors*** (Theme 5). The first theme, ***Personal Dynamics of the Professional Counselor***, comprises the interpersonal features professional counselors possess which influence their perceived preparedness in counseling clients grieving a death. Participants discussed their individual experiences with grief and loss and the connections they were able to make with their grieving clients that better prepared them to address their clients' grief. For example, Katie and Francis reflected on experiencing their losses and having a better understanding of the grief their clients were facing and ways to approach the subject with them in a sensitive manner. Both participants noted that their level of empathy and perceived ability to relate with grieving clients only grew after experiencing their own loss. At first glance, having a professional counselor who has processed their own grief is seen as a direct advantage to their grieving clients (Hayes, Yeh, & Eisenberg, 2007); however, there are still separations between deep empathy and perceived preparedness. Studies previously mentioned in Chapter Two emphasized that, although professional counselors did have strong perceived personal competencies or awareness towards grief counseling, their skills and knowledge competencies were low (Ober et al., 2012; Smith, 2003). The similarities between these studies and this study's findings represents a gap between the intersection of personal experiences and perceived competency. Further, there is an oversight about the connection between perceived competency and effectiveness, meaning researchers are still unsure if strongly perceived preparedness means professional counselors are providing clinical services effectively.

The findings also illustrate the outcomes when professional counselors are unable or unwilling to process their own grief. Violet reflected on her hesitation to engage in her grief and, therefore, believed she was ill-prepared to talk about grief and loss with her clients. She, and

other participants, discussed having a subconscious barrier that prevented them from focusing on their clients' grief (Brooke, 2015). Participants were unable to explain in detail this impediment that stopped them from moving past the surface level and discussing grief with their clients. However, a few of the participants were aware that their conscious decisions not to discuss or participate in their clients' grieving processes contributed to them believing they were ill-prepared to counsel grieving clients. It was clear that participants' attitude and actions towards death and grief dictated their capacity to approach grief in the counseling session (Harrawood et al., 2011). Often, the participants who were least likely to talk about grief with their clients described feeling uncomfortable reflecting on their own grief and mortality. Other researchers have found that professional counselors must possess a certain comfort level with discussing grief in order to counsel grieving clients effectively (Bugen, 1980; Kirchberg et al., 1991; Servaty-Seib & Tedrick Parikh, 2014). This study's findings suggest that the first step to determining perceived preparedness and competency is to assess for a professional counselors' comfort in their personal losses even before they begin to evaluate their comfort level to discuss grief with a client. These findings highlight the influence personal dynamics of professional counselors have in their perceived preparedness with grief counseling. Professional counselors' loss and grieving process can be present throughout their clinical practice and determine if and when they approach grief with a client.

The third theme, ***Perceived Professional Counselor Responsibilities***, conveys the participants recognizing their limited preparedness in grief counseling and the steps they took or did not take to enhance their preparedness. Although each participant believed they were unprepared to counsel grieving clients, they took different routes to decide if they would engage in continuing education. Several participants, such as Tracy and Beth, participated in numerous

professional development opportunities centered around grief and loss to better prepare themselves for their clients and students. They both believed they were responsible for their clients' well-being and decided to seek external groups to become more informed. These participants had a perceived responsibility to supplement their limited awareness of grief counseling and an apparent intrinsic motivation to seek out opportunities to enhance their understanding. The participants could not recall when they gained this sense of responsibility or intrinsic motivation to pursue professional development in grief counseling but believed the first priority in their role as a professional counselor was to protect their clients from harm, even if that meant protecting clients from their incompetence.

Counselor educators often stress safeguarding the well-being of clients to counseling graduate students, as it is a priority for our profession (ACA, 2014). However, Li, Lampe, Trusty, and Lin (2009) noted that counselor educators do not have a uniform definition of "impairment," which can make it challenging to assess counseling graduate students or professional counselors for their potential to neglect client safety or worse cause client harm. Swank, Lambie, and Witta's (2011) study examined the lack of a reliable or valid instruments available for counselor educators to measure competency, adding to the challenges of ensuring future professional counselors have the foundational skills and knowledge needed to counsel various client needs effectively. Their findings are supported by the lack of a valid and reliable grief counseling competencies scale available in the counseling profession. Although Ober and colleagues (2012) attempted to develop a scale, researchers never validated this scale. Therefore, it is difficult to assess counseling graduate students' development in the skills and knowledge needed to engage in grief counseling.

On the contrary, Denver and Katie explained a similar perceived responsibility to increase their preparedness in grief counseling; however, they discussed their decision to not participate in professional development on grief and loss. Both participants identified the nature of their counseling work settings and client populations as factors in their choice to seek out specific professional development topics unrelated to grief. For Denver and Katie, their counseling work setting highly advertised the resources to serve one type of population, such as victims of a sexual assault or clients with substance use disorder. A second consideration for them was the fact that a majority of their clients did not bring up grief of a death-related loss as often as other mental health concerns, so they pursued more professional development related to their clients' presenting needs. The process of deciding to seek out grief and loss education differed among participants as they sought to decipher the most appropriate continuing education to prepare them to counsel more of their clients. Also, the participants' experiences and decision-making process also highlighted their definitions of grief. While the particular scope of this study focused on death-related grief, these findings revealed a silo mentality some of the professional counselors appeared to have as they considered grief and loss a separate and unrelated experience or issue when assessing clients and conceptualizing diagnoses and treatment plans. Boss and Yeats (2014) stressed the importance of helping professionals acknowledging that grief can appear as a result of a variety of losses beyond the death of a person. It is possible that several of these participants, such as Katie and Denver, were not recognizing their clients' grief, because it was not a death-related loss. By having a narrow focus and perception of grief and loss appearing in one particular way, professional counselors deter from seeking professional development on this topic, creating more of a gap in their perceived preparedness.

The fourth theme, ***The Client-Counselor Relationship***, displays the experiences participants had with clients grieving a death and the aspects of those relationships that influenced their perceived preparedness. When participants were unsure of the most appropriate approach to address grief with their clients, they relied on other non-grief interventions and techniques to create a therapeutic alliance. Participants discussed first creating a therapeutic environment for their clients to express their grief authentically. The process of establishing a safe client-counselor relationship eased participants' anxiety because they were more prepared to respond to their clients using basic counseling skills. Grief and loss researchers Holmes (2013) and Kosminsky and Jordan (2016) also support the process of creating a therapeutic environment for clients in order to develop a strong client-counselor relationship. This is especially vital for grieving clients as professional counselors must stay attuned to their clients' authentic responses to the loss. Counselor awareness and patience can generate a therapeutic discussion of their clients' grief promoting the ability to advance to an even more intimate level with them (Neimeyer & Jordan, 2013). In addition to relying on fundamental counseling skills, participants discussed incorporating counseling theories and techniques previously used with non-grieving clients. Participants relied on more familiar counseling theories, such as Dialectical Behavioral Therapy (DBT), as their fallback strategy in order to treat grieving clients. Although DBT is not a theory typically connected to grief and loss, participants stated that the theory's focus on acceptance and behavior modification (Dimeff & Linehan, 2001) was well suited to their clients' needs, and their advanced understanding of this theory led them to see themselves as more prepared.

In addition, clients' compounded losses added another level of complexity and altered the participants' perceived preparedness, which ultimately affected the client-counselor relationship.

It was often clients who were grieving the loss of multiple people or experiencing a traumatic loss that revealed the participants' lack of preparedness. This is not uncommon as compounded and complex losses are more challenging for professional counselors to navigate. Additional psychological issues can arise as a result of a compounded loss that put additional strains on the client-counselor relationship (Boelen, 2016). Further, the participants' grief over the death of their clients, patients, and students was discussed as another factor that had a role in their preparedness and an added complexity to their loss.

As professional counselors attempt to conceptualize their clients' grief and determine the best approach to guide them along an arduous and often painful process, they encounter client concerns not adequately addressed by using basic counseling skills and therapeutic approaches. Boelen, De Keijser, and Smid (2015) stressed the importance of professional counselors normalizing grief to their clients but made it clear that having the ability to discern when a client's grief becomes problematic is just as crucial. Additional counselor preparedness is needed to recognize when clients' grieving processes are no longer adaptive and to know the best measures to address the complexity of their grief and subset behaviors (Boelen et al., 2015). The findings of this study implied that the majority of the participants did not perceive themselves to have this level of preparedness and believed their inability to determine when a client's grief was maladaptive negatively affected the client-counselor relationship.

The last theme, ***Revolving Systemic Factors***, includes elements participants highlighted when they talked about the ongoing external dynamics influencing their perceived preparedness. Participants acknowledge that factors in their professional counseling system were not often in their control and influenced by decisions made on a macro-level, but they were also aware that these systemic factors influenced their perceived preparedness in grief counseling. Many

participants reflected on their former and current professional counseling systems as instrumental in their approach to discussing grief with clients and their decisions to refer grieving clients. Whether a participant worked at a short-term in-patient behavioral hospital that hindered them from examining a client's grief or at a school that prioritized academics over mental health, participants reflected on their attempts to have more conversations about grief and loss but found themselves stalled by administrators in those systems.

Further, participants identified systemic barriers, such as funding priorities and work culture, as roadblocks for them to become more prepared to address grief and loss with clients or students. Lack of available funding prevented opportunities for the participants to seek professional development outside of their professional setting. Participants interpreted this limited funding as evidence of the lack of urgency their colleagues and administrators had in becoming more prepared in effectively treating issues of grief and loss. It appeared that the focus and priority of the participants' counseling paradigm, at times, did not align with the participants, resulting in them having to advocate for more education in grief counseling. Lentz and Schwartz (2012) noted that counselors would often have to advocate for changing their clinical work setting in order to be productive and avoid burnout, which could include requesting needed professional development to serve their clients better.

This work culture often led participants to refer grieving clients and students to established community resources with a reputation for serving clients experiencing grief and loss. The participants believed the professional counselors at these agencies could better address the clients' needs than they were able to with their limited resources and time. The ACA Code of Ethics (2014) states that professional counselors must determine their competency to help their clients and refer to appropriate resources if needed. Along with the referral, a couple of

participants discussed networking with their community resources as another way to increase their preparedness in grief counseling. In all, the findings from this theme bring awareness to systemic aspects that can encourage or deter professional counselors from seeking opportunities to heighten their preparedness in grief counseling.

Research Question Two

The second research question was: How prepared do professional counselors believe themselves to be when counseling clients grieving a loss due to a death? Two of the five themes respond to this question: ***Perceived Professional Counselor Responsibilities*** (Theme 3) and ***Revolving Systemic Factors*** (Theme 5). I begin with the third theme, ***Perceived Professional Counselor Responsibilities***, which depicts a strong connection between participants' involvement in their professional development and perceived preparedness in grief counseling. Participants were able to identify the missing knowledge from their formal training and were intentional on supplementing those gaps by engaging in a variety of external resources, such as workshops, conferences, webinars, and trainings. The correlation between participants attending additional professional development and believing they were more prepared to counsel grieving clients was clear and straightforward. However, there were also clear distinctions between the participants' willingness to finding professional development in grief and loss and their perceived responsibility to do so.

It was prevalent that the participants' attitudes towards discussing grief and loss were the main factors in their decision to seek continuing education on this topic area. Previous research by Kirchberg and Neimeyer (1991) and Kirchberg and colleagues (1998) revealed that it was more likely for novice counselors to have a resisting attitude and hesitation to discuss grief and loss with clients. However, the findings of this study suggest that even more experienced

counselors still held an avoidant attitude towards discussing grief and loss which resulted in them not participating in grief-related professional development. Waldrop (2011) believed that societal influences play a key role in individual attitudes towards grief and loss, which carries over into one's professional clinical work. While several of the participants confirmed they were uncomfortable with discussing grief and loss, it is unclear if they believed that their attitudes towards engaging in dialogue on this topic were solely interpersonal or as result of their cultural backgrounds and learned responses to grief. While the motivation to seek professional development in grief counseling varies among participants' perceived responsibilities and attitudes towards discussing grief and loss, these findings did imply that participating in professional development contributed to their perceived preparedness to counsel clients grieving a death.

Lastly, theme five, ***Revolving Systemic Factors***, showcases several aspects that are indicative of the participants' perceived preparedness when counseling grieving clients. The participants described these ongoing factors as opportunities for them to gain more insight about grief and loss or as barriers to providing adequate services to their grieving clients. One factor participants described was their clients' cultural backgrounds. Culture plays a significant role in individuals understanding and expressing their grief (Doughty et al., 2013; Waldrop, 2011). Several participants mentioned that they kept cultural considerations in their mind as they attempted to understand a client's grief and used appropriate learning opportunities to understand a client's cultural makeup better. Having multicultural competencies is a priority for the counseling profession (Ratts et al., 2015), and professional counselors must develop skills in order to demonstrate effective counseling. The effort expended by several participants to understand the role their clients' culture contributed to their grieving process resulted in

enhanced preparedness to address the grief of a different client identifying with a similar cultural background as their previous client.

Additionally, participants mentioned access to grief and loss community resources as another systemic factor proven to be instrumental in their perceived preparedness. Not only did participants use these resources as referral sources for clients, but they utilized the resources for themselves as consultants and educational opportunities to expand their knowledge in grief and grief counseling. In addition to ACA's (2014) stand on making appropriate referrals, Ho Chan and Tin (2012) described this focus on networking and referrals as *practice competence*, as participants look outward on a macro-level to enhance and apply their knowledge and skills. The process participants took to locate these community resources proved meaningful as they were able to add external referral suggestions for clients needing additional support outside the scope of counseling.

Research Question Three

Lastly, for research question three, which asked what prepares professional counselors in their master's counseling program to counsel clients experiencing grief related to a death, I connect factors from three of the five themes: ***Missing Preparation & Desired Training*** (Theme 2), ***The Client-Counselor Relationship*** (Theme 4), and ***Revolving Systemic Factors*** (Theme 5). The second theme, ***Missing Preparation & Desired Training***, focuses on the foundational grief and loss content missing from the participant's master's-level counseling program and related material they still hope to learn as professional counselors. Nearly all of the participants stated that their master's-level counseling program did not adequately cover grief and grief counseling, and, therefore, they graduated from their program ill-prepared to counsel clients grieving a death. This finding is supported by other scholars who have found that graduate counseling students are

not receiving sufficient education on grief/loss and grief counseling (Hannon & Hunt, 2015; Low, 2003; Ober et al., 2012; Wass, 2004). As participants reflected on their experiences counseling this population, many spoke to not having consistent and ongoing class discussions on this topic; they were not taught appropriate grief and loss counseling strategies and interventions, specifically for long-term care. Participants were unaware of available evidence-based practices and relevant considerations when developing treatment goals for grieving clients long-term. The limited awareness participants had of evidence-based grief practices equates to a lack of literature explaining best approaches in grief counseling (Altmaier, 2011; Breen, 2011). Although there is some research examining empirically-supported counseling practices for children (Haine et al., 2008; Morgan & Roberts, 2010), the majority of the participants primarily worked with adults. Therefore, their experiences supported researchers' claims of limited resources focused on and available for learning to counsel grieving adults.

To supplement missing classroom preparation, participants reflected on their site supervision while enrolled in their master's-level counseling practicum and internship experiences and post-graduation supervision as an attempt to enhance their perceived preparedness in grief counseling. The grief and loss content participants believed they did not receive in the classroom, they sought out in their supervisory relationships. Some sought more direction from their supervisors due to their assumption that their supervisors had more counseling experiences and may have had more interactions with grieving clients. Bernard and Goodyear (2014) stressed that the supervisory process can be instrumental in one's counselor development, and we should not discount this relationship as a learning environment. The supervision process for many of the participants was significant in their counselor development and future clinical work with grieving clients. These findings expose a gap in formal counselor

training but pinpoint supervision as another method of education outside the classroom and beyond graduation.

The fourth theme, ***The Client-Counselor Relationship***, is included in this research question to highlight the theoretical counseling approaches and practices participants used in their counseling sessions with clients grieving a death. Although most of the participants indicated they had not learned specific grief theories and models in their master's-level counseling programs, they did utilize other theories and techniques learned from their master's-level counseling programs. A few examples of counseling theories participants used were DBT and cognitive-behavioral therapy (CBT). Participants stated they used these theories in particular because (1) they had more preparation on these theories during their formal training and (2) their perspective on grief aligned well with the major tenets of these theories. Both theories involve accepting where the clients are presently, but then working to reframe their thoughts and emotions to change a maladaptive behavior (Beck, 1995; Dimeff & Linehan, 2001). Participants found these theories most helpful when clients had misplaced blame or guilt as a result of the loss or were engaging in harmful behaviors to cope with their grief. In addition to not learning applicable grief theories and models, a couple of participants mentioned missing out on learning about nearby community resources related to grief and loss from their faculty. Those participants reflected on feeling lost when they needed to refer grieving clients, because their faculty did not guide them on the process of finding reputable grief community resources. This missing *practice competence* (Chan & Tin, 2012) was a barrier for participants' perceived preparedness.

The integration of the content participants learned from their formal training, along with their clinical experiences, seemed to enhance their perceived preparedness over some time as participants began to rely more on their previous clinical experiences than their formal training.

Described in Gibson, Dollarhide, and Moss's (2010) Professional Identity Development Model, there is a natural transition from them relying solely on their formal education to an intuitive ability to conceptualize clients. Participants further along into their career had a challenging time recalling exact specifics of their formal training in grief counseling but instead stated that they used prior clinical experiences to become more prepared. Regardless of how often participants infused content learned from their master's-level counseling program, every participant acknowledged that the presence of more grief and loss content in their academic preparation could have helped them become more prepared to counsel this population. These findings bring attention to participants' recollection of limited grief content available in their master's-level counseling programs and reliance on additional preparation in order to provide more valuable counseling to their grieving clients.

Finally, the fifth theme, ***Revolving Systemic Fact*ors**, connects with this research question, because of the participants' attention to their clients' cultural backgrounds. Many of the participants talked about learning the importance of considering their clients' cultures as a graduate student in their master's-level counseling programs. This follows the Multicultural and Social Justice Counseling Competencies (Ratts et al., 2015) endorsed by the counseling profession pushing counselor educators to ensure counseling graduate students possess the knowledge, attitudes, and skills to become culturally competent professional counselors. The participants discussed using their clients' cultures as a way to talk to their clients about their loss and grief responses. The participants also used their clients' differing cultures as a reminder to be self-aware and mindful that grief can look different for each client (Koblenz, 2016). Though the ability to conceptualize culture is not specific to the participants' grieving clients, this is an example of participants utilizing material learned in their master's-level counseling program and

the ways cultural considerations have added to their perceived preparedness in counseling this population.

Five-Stage Model of Skill Acquisition

In this section, I present the findings through the study's theoretical framework, the Five-Stage Model of Skill Acquisition (Dreyfus & Dreyfus, 1986). I used this framework as a guide to understanding the participants' perception of their development in effective grief counseling, along with the factors which influenced their perceived preparedness. While I did not seclude participants to one particular stage, I reflected on their experiences and perceived preparedness through each stage to identify patterns and themes.

As a recap from Chapter Two, Dreyfus and Dreyfus (1986) developed the Five-Stage Model of Skill Acquisition to visualize the process of skill development. In the Novice stage, individuals rely heavily on the instructions and guidance of others. Every task has a "right" or "wrong" approach, and individuals believe they need to know the correct answer before they proceed with engaging in a certain skill (Dreyfus & Dreyfus, 1986). Next, during the Advanced Beginner stage, individuals shift from depending on guided instruction and more on previous experience using a particular skill (Dreyfus & Dreyfus, 1986). The third stage, Competence, is where individuals create their own decision-making process for best strategies to implement their skill, which infuses their foundational knowledge, experience, and situational factors (Dreyfus & Dreyfus, 1986). This can often be a stage filled with anxiety and tension as counselors recognize that the "rules" of their skill may not apply in every scenario, and they will need to use other judgments to decide the most appropriate action steps. Proficiency, the fourth stage, involves counselors beginning to believe they are more capable of using their skill without reverting to their instructional guide (Dreyfus & Dreyfus, 1986). There is less tension between the way

individuals believe they should execute a skill and demonstrating a skill after considering context and environmental factors (Dreyfus & Dreyfus, 1986). Finally, the Expertise stage is a continuation of counselors considering all options, previous experiences, and contexts but with more of an ease and natural intuition (Dreyfus & Dreyfus, 1986).

Several patterns became evident in the participants' skill development in grief counseling through this model. Beginning with the Novice stage, participants early in their career focused on the uncertainty and confusion they felt when a client was grieving a death, because they were unsure of their role in the clients' counseling processes and approaches to proceed after they revealed their loss. They relied heavily on the topics learned in their master's-level counseling training program as a guide, even if the subject matter was unrelated to grief (Dreyfus & Dreyfus, 1986). Participants discussed the process of "starting over" with each new grieving client, because, while they had a basic understanding of grief, they were missing gaps in their knowledge that could have applied to their client. Once the participants began to feel at ease with a grieving client and prepared to counsel them, they would receive another grieving client whose loss differed from their previous clients, causing them to believe they were now ill-prepared again to counsel them effectively. It was clear that participants demonstrating characteristics aligning with both the Novice and Advanced Beginner stages could only see grief through the lens of one client at a time (Dreyfus & Dreyfus, 1986). Although they were able to identify the client's immediate concerns, it became challenging for participants to imagine grief as an encompassing experience that involves several considerations (Koblenz, 2016). Participants' behaviors in these stages highlighted their limited awareness of the grieving process and their mindset to employ more concrete responses and interventions when counseling this population (Dreyfus & Dreyfus, 1986).

Moving forward in the model, participants demonstrating behaviors more aligned with the Competence and Proficiency stages had more clinical experience with clients grieving a death. They too shared feelings of discomfort and confusion but believed they were more prepared now after counseling grieving clients for five or more years. When asked to explain their awareness of their perceived preparedness developing over time, many eluded to having a better understanding of the grieving process, recognizing that grief would look different for each client (Doka, 2002), and setting the therapeutic environment for their clients' grief was the best first step (Neimeyer & Jordan, 2013). Participants no longer saw grief as a legalistic event but more of complex ongoing experience. Participants further in their career viewed grief as a long-term process influenced by the clients' relationships to the deceased individual (Neimeyer, 2000), the manner of death, cultural considerations (Waldrop, 2011), and the clients' responses to such a significant loss.

These external factors participants considered coincide with the grief literature that empathizes focusing beyond grief symptoms and attempting to process other elements that play a vital role in the ways we express our grief (Doughty & Hoskins, 2011; Knott, 1979; Kunkel et al., 2014; Neimeyer et al., 2014). Although the participants continued to feel some tension between their assumptions and beliefs of the grieving process and their clients authentic grieving process, they were learning to take a step back and first understand the impact the loss was having on their clients holistically before diving into their more advanced counseling skills (Dreyfus & Dreyfus, 1986).

Another pattern in the findings was the evolution of the participants' perceived preparedness after years of clinical experience. Although no participant self-identified as a grief counseling "expert," a few participants seemed to naturally conceptualize grief and engage with

their clients without hesitation, suggesting that they may align with the Expertise stage (Dreyfus & Dreyfus, 1986). These participants possessed *cognitive complexity*, a term Granello (2010) referred to when individuals can collect information, synthesize, and view their presenting issue from multiple, often ambiguous, lenses. The participants who closely aligned to the Expertise stage reflected on staying comfortable in the uncertainty of the grieving process in order to absorb their clients' perceptions of their loss(es) and integrate related knowledge previously gathered from outside sources.

While the participants believed they gained more insight into the grieving process through their experiences counseling grieving clients, seeking outside continuing education contributed equally to their perceived preparedness. Participants spoke about retrieving grief strategies and insights from multiple sources over a long period of time. They recognized the complexities of grief, similar to participants associating with tenets of the Competence and Proficiency stages, but took a step further and gathered more information to fully conceptualize their clients' grief (Dreyfus & Dreyfus, 1986). These participants sought out professional development on both foundational understandings of grief and loss, as well as specific attributes to the grieving process, such as grieving a death by suicide and anticipatory grief.

The moment these participants realized they were unprepared to address a new client's grief, they engaged in continuing education until they believed they were more prepared to address that type of death-related loss. This repeated cycle of having limited preparedness, searching for additional resources and professional development, and implementing new content with their clients over the years led these participants to possess characteristics closely aligned with the Expertise stage. Granello's (2010) belief that it can take 10 or more years of experiences before professional counselors can take on a relativistic mindset (McAuliffe and Lovell, 2006)

supports this study's findings. Figure 5.1 is a visual representation of the salient patterns participants demonstrated throughout each stage.

Limitations

As with any research study, there were limitations. In addition to the limitations discussed earlier, other limitations emerged as the study developed. Limitations included the lack of participant diversity (i.e., race, ethnicity, and gender), missed questions on the interview guide, lack of specific questions, and the exploration of clients grieving a non-death loss. I begin by discussing the participants' limited diverse backgrounds.

White female clinical mental health counselors comprised the majority of the participants in this study. Although my efforts to recruit a diverse sample were thorough and intentional, racial, gender, and professional backgrounds were mostly homogenous. While the participants' shared experiences were fruitful and added much to this study, without a more diverse sample, there is a lack of varied participant opinions and perspectives that could have generated more dialogue on this topic. Responses from individuals with varying cultural perspectives may have brought forth additional data that could have further enriched the findings in this study. Future research with underrepresented identities of the population could help in gathering a more holistic picture of counselor preparedness in grief counseling.

Another limitation of this study may have been unasked questions beyond the preplanned interview guide. An inherent part of the interview method was to probe and ask additional questions. This is an organic process and resulted in valuable data; however, more probing questions could have contributed more to this study. While several of these spontaneous questions arose after several interviews were completed, I did not ask every participant these questions, which resulted in a missed opportunity to gain a broader perspective.

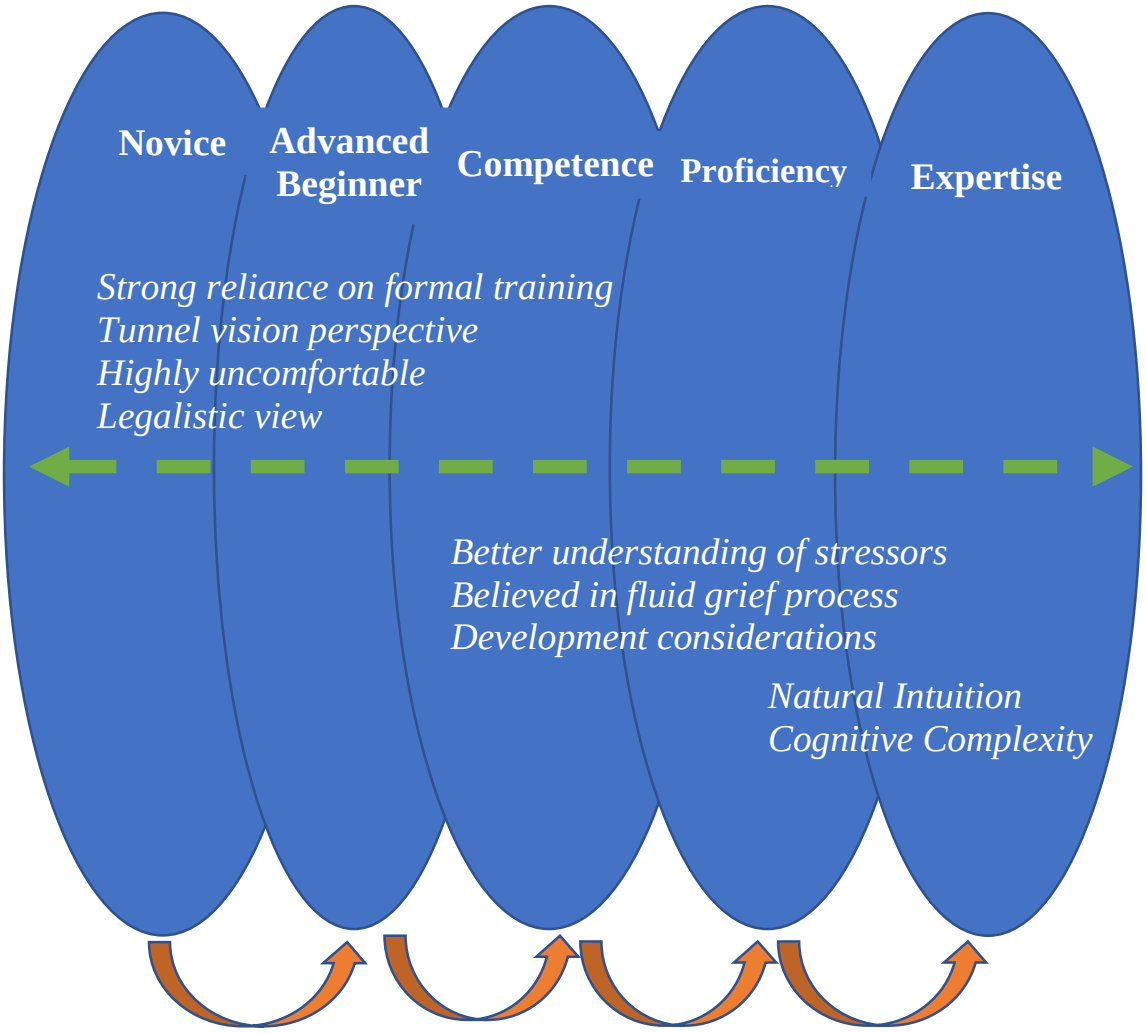

Figure 5.1: ***Implementation of the Five-Stage Model of Skill Acquisition***

This figure represents a visualization of the notable patterns that emerged from the participant's experiences. Patterns of skill development appeared across the five stages and was influenced by the participant's years of professional clinical experiences.

Additionally, while this study explored counselor preparedness, it did not explore specific constructs related to preparedness, such as competency, self-efficacy, and confidence. This decision not to include an empirically-supported qualitative measure was due to the lack of valid or reliable measures or interview protocols pertaining to counselor preparedness in grief counseling. Further, another limitation was the exclusion of professional counselors with experience counseling clients grieving a non-death loss. This elimination from the participant sample prevented the opportunity to compare professional counselors' experiences engaging with several types of losses and a deeper look into counselor preparedness.

Implications

The findings of this qualitative study are not generalizable to all counselor educators, counseling graduate students, administrators, professional counselors, or researchers. However, I offer implications that can inform changing the current methods that professional counselors currently use to support grieving individuals and approaches to advocating for stronger grief counseling education and preparedness.

Education

Counselor Educators. The participants' experiences and their cognitive and emotional connections to their training as counseling graduate students are impactful and beneficial when counselor educators reconsider the most effective approach to train counseling graduate students. All of the participants indicated that their counseling faculty did not cover grief and grief counseling adequately. As a result, participants expressed not understanding how to proceed with grief counseling after clients disclosed their grief due to experiencing a loss. The participants believed they were prepared to address the acuteness of their clients' grief and empathize with the loss but were unclear of appropriate measures to take to address clients' prolonged grief

symptoms, over extended counseling sessions. The efforts to enhance preparedness in grief counseling can begin with educating counseling graduate students in the steps to proceed with helping clients to process their grief after the initial, intense period.

Counselor educators can address this gap by intentionally incorporating classroom conversations about grief and loss across several courses throughout the program. Under the current CACREP standards (2015), there are eight core areas that counseling programs are required to include in their curriculum for entry-level professional counselors. Those eight core areas are: (1) Professional Counseling Orientation and Ethical Practice, (2), Social and Cultural Diversity, (3) Human Growth and Development, (4) Career Development, (5), Counseling and Helping Relationships, (6), Group Counseling and Group Work, (7) Assessment and Testing, and (8) Research and Program Evaluation. As counselor educators revisit and revise their curriculum, using the eight core areas can make infusing grief counseling more manageable and intentional. The result of purposeful incorporation of grief in several counseling courses can help graduate counseling students learn the grieving process through multiple lenses.

Ambrose, Bridges, DiPietro, Lovett, and Norman (2010) discussed best strategies for student learning. They believed that when students were able to connect freshly learned content with previous relevant knowledge (i.e., previous courses), they were able to more readily retain that knowledge (Ambrose et al., 2010). However, these authors suggested that students may not easily activate their prior knowledge without some provocation from their instructors. This suggests counselor educators must be intentional about creating opportunities to discuss their prior knowledge in grief and loss in order to absorb the new grief-related content (Ambrose et al., 2010). This infusion may help counseling graduate students conceptualize grief as a complex ongoing experience involving several factors and considerations. Further, by having multiple and

varied conversations about grief across courses, counselor educators can assess for their students' attitudes towards grief and loss and introduce varying class activities to help counseling graduate students become more self-aware and process their thoughts, emotions, and experiences. An example of this is a grief timeline, which allows students to visualize all of their personal losses, including death and non-death, from birth to present time. Counselor educators can then ask students to reflect on their cognition and affect towards those losses and any changes in their reactions depending on the type of loss and their development at the time of the loss. Further, students can process their exposure to grief from their attachment figures and the messages they received informing their perception on grief and loss. This activity can be facilitated once or several times across various courses to evoke an empathic response from students and inform them of different grieving processes and modes of expression through several contexts.

In addition to infusing grief counseling into core counseling courses, counselor educators can use utilize practicum and internship courses to continue more advanced conversations focused on grief and grief counseling. Counseling graduate students enrolled in practicum are in the beginning stages of their counselor development but may already have exposure to grieving clients (Hannon & Hunt, 2015). Referring to Dreyfus and Dreyfus's (1986) Skill Acquisition Model, practicum students may often be in the Novice stage and dependent on their instructor or supervisor(s) for more guidance. As counseling practicum students are beginning to apply theory to practice, this would be an ideal opportunity for counselor educators to re-introduce grief-related literature, counseling resources, or experienced counselors (e.g., guest speakers) more versed in grief counseling into the classroom. These intentional efforts can supplement grief content not addressed in other courses and model effective strategies to increase preparedness.

For counseling graduate students completing their internship, counselor educators can place higher expectations and evoke more dialogue about grief counseling during class. When planning for these courses, counselor educators can establish grief and loss as a designated topic for one or more of the classes. Instructors can use devoted time to continue to educate counseling graduate students on foundational knowledge in grief and loss while allowing time for students to solely discuss their grieving clients. Abrams and Shapiro (2014) identified several benefits for instructors using case studies in an educational space, such as students learning to collaborate in large group discussion and conceptualize theoretical concepts, as well as identifying unique multicultural and developmental nuances for each client. Further, Fink (2013) explained the advantages of role-plays when instructors are unable to provide a "doing experience" (p.121). Role plays can serve as additional preparation for interns but also engage counseling graduate interns without a current client grieving a death. Selected class topics, case studies, and role plays enhance the learning experience for counseling graduate students and further prepare them in this topic area.

Finally, counselor educators may consider mandating counseling graduate students to participate in personal counseling. Several participants mentioned experiencing a death-related loss that impacted their work as a professional counselor, but it was unclear the types of external resources participants sought to help them navigate the process. The benefit of personal counseling as a counselor-in-training has been an ongoing discussion among counselor educators and researchers (Ieva, Ohrt, Swank, & Young, 2009; Roach & Young, 2007). Many see the act of partaking in personal counseling in the beginning stages of one's counselor development as resulting in improving one's psychological functioning, enhancing reflexivity, and learning how to bracket personal issues when counseling clients (Kumari, 2011; Malikiosi-Loizos & Ivey,

2012). Implementing a programmatic expectation for counseling graduate students to focus on life events that could impede future clinical work, such as a death-related loss, can create the opportunity for them to engage in their grieving processes and become better counselors.

Counseling Graduate Students. Although revising curriculum can create a substantial shift in preparedness, students share accountability in their own preparation process. Students are responsible for asking for more knowledge, resources, and experiences in this area. Limited class time makes it impossible for any counselor educator to teach all content related to various grief counseling scenarios. So, it is imperative that counseling graduate students take on some responsibility in their education and seek out additional knowledge and experiences outside of the classroom (Schreiner & Louis, 2011).

One approach for counseling graduate students is to take appropriate action steps to enhance their learning environments. Ambrose and colleagues (2010) and Fink (2013) all have explained the importance of student motivation in their learning. If students are not motivated to direct their learning, they will not take responsibility to engage in the class content. Therefore, it is important for counseling graduate students to reflect on their perceived preparedness in grief counseling and seek out opportunities to increase their knowledge and hone their skills. Examples of this include researching grief-related literature and sharing with classmates and instructors, choosing grief and loss for class papers or project topics, and being intentional in asking their faculty to role play grief and grief counseling more in the class setting. Counseling graduate students cannot solely rely on their instructors to direct their learning but instead need to reflect on areas requiring further development and seek out opportunities to grow.

Another approach for counseling graduate students to enhance their preparedness is to become involved with professional organizations. Engagement with counseling associations

helps connect counseling graduate students to a network of professional counselors who are more experienced with grief counseling and can provide a wealth of information that they may not receive in the classroom. Further, as students join professional organizations, they are introduced to conferences and workshops geared towards grief counseling and the overall grief and loss process. This practice can increase future professional counselors' competency in grief and establish personal responsibility for finding opportunities to increase their competency in all aspects of their profession throughout their career.

CACREP Administration. Currently, the 2016 CACREP (2015) standards do not mention grief and loss, and grief counseling is not a required core or specialty area counselor educators in CACREP-accredited programs must cover. The omission in these standardized guidelines used by hundreds of accredited counseling graduate programs may be problematic for professional counselors. Counselor educators rely on CACREP to guide minimum curriculum requirements essential for counseling graduate students. Over the years, CACREP standards have integrated other counseling specialties, such as addictions and crisis counseling. The counseling profession has recognized that these issues are prevalent and professional counselors cannot avoid these issues and, therefore, need additional education and training related to these topics. The findings of this study suggest the need for CACREP to revisit the current standards and consider adding grief and loss into the curriculum guidelines.

A potential strategy for CACREP is to work alongside counselor educators and professional counselors with expertise in grief and grief counseling. This collaboration can bring forth fruitful conversations about appropriate CACREP standards revisions and aspects of grief counseling pertinent for graduate counseling students. Currently, the Association for Adult Development and Aging is sponsoring a separate task force with the focus on discussing and

solidifying grief counseling competencies for professional counselors (A. E. Crunk, personal communication, February 14th, 2019). The outcomes from this task force can directly inform CACREP about the intricacies of grief counseling and the essential skills and knowledge all professional counselors should possess to effectively serve this population.

From participants' experiences, coupled with previous research (Doughty Horn et al., 2013; Low, 2004), it is becoming clearer that counselor education programs are not addressing grief and grief counseling systematically, and counseling graduate students are not receiving the appropriate material or academic experiences to comprehensively counsel grieving clients effectively. Now that discussions surrounding the 2023 CACREP standards revisions are beginning to take place, this is an ideal time for CACREP and the revisions task force committee to consider including grief counseling as a counseling specialty. The work of the task force will set the expectation for all CACREP-accredited master's-level programs to reflect on their current curriculum and strategize potential ideas to meet the revised minimum CACREP standards. Without support from CACREP, grief counseling will likely continue to go unaddressed in program curriculum, which would likely result in more underprepared professional counselors continuing to believe they are unable to provide competent and holistic services to this population.

Clinical

Professional Counselors. Since professional counselors have a direct and an influential impact on grieving clients, the implications for them are crucial. First, professional counselors need to reflect on their preparedness in grief counseling and any limitations they identify in providing counseling services for this specific concern. Ronnestad and Skovholt (2003) indicated that professional counselors will need to reflect on their interpersonal development and

knowledge competencies throughout their career, regardless of their years of clinical experience. The ACA Code of Ethics (2014) also expects professional counselors to remain conscious of their competencies and self-aware of any experiences that could interfere with preventing harm to their clients. Reflecting and recognizing limited preparedness is vital to seek professional development to become more educated in grief counseling (Ronnestad & Skovholt, 2003). It can be detrimental to clients if professional counselors assume they are fully prepared to address grief in a counseling session but have significant incompetency (Swank et al., 2011). Instead, professional counselors should reflect on their formal and informal training and determine one's level of competency before counseling their next grieving client. Once they have determined their level of preparedness and current competency, professional counselors can seek out opportunities to gain insight and learn suitable techniques and counseling approaches.

One opportunity to increase their preparedness in grief counseling is to pursue appropriate professional development. By participating in related professional development, professional counselors can become immersed in fresh research and contemporary practices applicable for their clients, while creating a network of other professionals more experienced (Gibson et al., 2010). This community can be helpful for novice professional counselors to become connected with colleagues who have more knowledge and skills in grief counseling. There are a variety of organizations and associations with available programs, workshops, conferences, and webinars that center around grief and loss (e.g., ADEC, The Dougy Center, National Alliance for Grieving Children). Further, professional counselors can seek out resources that are applicable for a diverse client population (e.g., age, gender, race) and varied types of death-related losses (e.g., loss of a parent, child, sibling, spouse). Professional organizations, such as ADEC, can be an additional resource that provides professional counselors evidence-

based practices in grief counseling (ADEC, 2019). Moreover, with more intentionality behind learning and implementing evidence-based practices in grief counseling, stronger counselor services are provided to clients grieving a death (Ober et al., 2012).

As professional counselors seek and participate in continuing education regarding grief and loss, they will be able to justify the need for more professional development to their colleagues and employers. Several of the participants discussed their work culture and organizational structure as a barrier for them to find and partake in grief counseling workshops and training. However, as more professional counselors reflect on their level of preparedness and recognize the gap in their knowledge of grief counseling, they will develop a strong rationale to advocate for more preparation in this area. Consistent advocacy by professional counselors can reframe the mindset of mental health agencies and schools and their views on grief counseling, resulting in more efforts to educate and prepare professional counselors.

Finally, licensure boards can be another change force for professional counselors to become more prepared in grief counseling. Licensing boards in several states require licensed professional counselors to obtain specific continuing education units (CEUs) on an ongoing basis before they are able to renew their license (e.g., ethics and supervision). By adding a minimum requirement of CEUs focused on grief and loss within a renewal time period, licensed professional counselors will be required to participate in ongoing training in this specific area of counseling.

Supervisors. In tandem with counselor educators, supervisors are the next line of accountability when it comes to assessing competencies and ensuring that professional counselors are being productive and maintaining client safety (Bernard & Goodyear, 2014). Although all participants spoke to missing important grief counseling content throughout their

formal clinical training, several mentioned their supervisors as sufficient resources to enhance their preparedness in counseling clients grieving a death. Post-graduation supervision can provide opportunities for professional counselors to reflect on their limited preparedness and receive guidance and direction on more effective strategies to counsel this particular population. Supervisors can open more conversations and push their supervisees to conceptualize their clients and their grieving process.

In order for supervisors to have an intentional dialogue about grief counseling, they must first reflect on their competency in grief counseling. From there, they can educate themselves in areas for which they may be lacking and can be more prepared to address the gaps their supervisees may have. Additionally, when supervisors are engaging in professional development, they are modeling appropriate steps to take to develop one's competency in any area of counseling but especially grief counseling. Supervisors can miss key thoughts, emotions, or behaviors in their supervisees' grieving clients if supervisors are ill-equipped to counsel grieving clients themselves. This potential oversight supports the need for supervisors to improve their competency in grief counseling to then be better prepared to discuss grieving clients with their supervisees.

Future Research

While the findings of this study provide insight into perceived preparedness, there are additional questions that warrant future research. It is imperative for researchers to continue to delve into grief counseling and methods to best prepare professional counselors to engage effectively with clients grieving a death. The first research opportunity is to conduct this study again with the intention to attract and recruit more diverse participants. Majority of the participants identified as White or Caucasian females, so there was a lack of cultural perspectives

that could have enriched the data. Recruiting more male professional counselors and professional counselors of color could strengthen this study and add different perspectives to professional counselors' perceived preparedness in grief counseling.

Another potential research opportunity is to examine professional counselors' current practices included in their clinical work with grieving clients. With limited literature on the best practices professional counselors use with grieving children, adolescents, and adults available, we, as a counseling profession, do not have a clear understanding of the frequency professional counselors are using grief techniques. The participants discussed theoretical orientations and counseling practices they used when counseling grieving clients but did not focus on specific grief counseling interventions. It would be beneficial to survey professional counselors who are intentionally using a grief model or practices specifically for their clients grieving a death. From these data, professional counselors and counselor educators could have a better understanding of the nuances that separates grief counseling from a traditional counseling approach and specific constructs that need to be investigated.

Another issue for researchers to investigate may be counselor educators' understanding of grief counseling and the efforts they take to infuse grief counseling curriculum into their classrooms. Only one of the participants was a counselor educator, so findings did not provide thorough insight into potential factors encouraging or hindering their decision to discuss grief and grief counseling in their classrooms. Humphrey (1993) mentioned several factors that prevented counselor educators from including grief and grief counseling into their curriculum. These included funding, lack of faculty interest, course sequencing, and lack of student interest. It would prove helpful to have current data on this matter and determine if these factors continue to prevent counselor educators from implementing grief and grief counseling more into the

classroom. Researchers also could look into how prepared counselor educators believe they are to teach grief counseling. The findings from this future study help to uncover if there is a possible correlation between professional counselors thinking they are ill-prepared to counsel grieving clients and counselor educators being unprepared to educate on this topic. The findings from this type of research could better inform counselor educators on more concise information professional counselors need to know to best work with grieving clients.

An unexpected outcome that appeared throughout interviews in this study was the supervisor's role in discussing and preparing the participants to effectively engage with and counsel their grieving clients. Thus, another potential research idea is to explore the impact supervisors have on professional counselor preparation when counseling clients who are grieving a death. Supervisors played a vital role for professional counselors who did not believe they received adequate training on grief and grief counseling during their master's-level training program. Conducting additional research on the support professional counselors need from supervisors is crucial as counselor educators depend on supervisors to assess for client well-being, gatekeeping, and competency in grief counseling. These findings could be used to inform current supervisors on the lack of preparedness their supervisees possess and can address their knowledge and competencies in this area.

Researcher's Final Reflections

As I reflect on the journey of completing my dissertation, I am in awe of my growth as a researcher and the transformation of one large idea into a concise and achievable study. In the beginning stages of this study, I did not anticipate how I would be affected by the experiences participants would share. Their honesty and vulnerability have confirmed my long-standing concerns with grief counseling education in graduate counseling programs. Their insights also

generated more questions and considerations for grief counseling, overall, and helped define clearer steps counselor educators can follow to incorporate this important topic into the curriculum. I am reminded that the universality of grief extends well beyond the counseling session, as both client and professional counselor wrestle to understand the impact of a significant inevitable event. The steps several of the participants have taken to address their grief are encouraging and remind me of the complex, life-changing, day-to-day moments we all experience after someone dies.

I found myself conflicted with some of the participants' perspectives on grief and the ways they choose to enhance their preparedness. A key time that I caught myself responding to the participants' responses was when they would recognize they were ill-prepared to counsel their grieving clients but did not seek continuing education to learn more about grief and loss. I found myself becoming irritated at the clear disconnection between recognized incompetency and action to address the incompetency. Listening back during those specific interviews, I realized that I probed more about the decision not to engaged in any type of professional development related to grief. I wanted to try my best to understand why grief and loss was not a perceived priority to those participants when they had current clients grieving the death of an important person. Also, reflecting on my memos, I noticed I expressed a lot of frustration with these participants, but, beyond frustration, I noted feeling worried and concern that the participants' clients were not receiving the best care and service possible.

Throughout this process, I have been forced to reflect on own grief experience when I would see my journey appear in the participants' statements and later during the data analysis phases. An outcome of conducting this study is that I feel more connected to the ways I handled my grief and the efforts I took to stay afloat when all I wanted to do was sink. In these past nine

months, I have experienced my bursts of grief, death anniversaries, and sweet memories of key individuals who are no longer here. During this time, I also was completing this study, which made my attempts to reduce subjectivity difficult. During a few of the interviews, I found myself triggered when the participants spoke about losing a parent and having to counsel clients grieving the death of a parent. I remembered my own memories coming to the forefront of my brain as the participants were sharing their experiences. These were memories of having to mask my grief as a child and young adult, because I was not in a physical place that I considered safe enough to be vulnerable with others. I connected with the participants' struggles to maintain composure and strong boundaries from clients grieving a loss similar to ours, because we just wanted to share our loss and grieving process. In order to remain present during the interviews, I acknowledged when those thoughts or memories would occur and bracket them to a time when I knew I was in a space to address what was coming up for me.

Outside of the interviews, I spent more time journaling, memoing, retreating to my coping skills, seeking my own personal counseling, and being vulnerable with others who knew how much this study "hit home" for me. I am delighted in the outcomes of this study. Not just the findings, but rather the conversations generated, ideas sparked, questions answered, and the genuine passion others have expressed toward grief counseling and grief counseling education and preparedness. As such, I am more equipped to have these thought-provoking conversations with other professional counselors, counselor educators, and administrators. I hope for a day when grief and loss are concepts covered in courses across all counseling graduate programs.

Chapter Summary

In Chapter Five, I interpreted the findings through each of the study's research question, as well as through the lens of the study's theoretical framework, Five-Stage Model of Adult Skill

Acquisition (Dreyfus & Dreyfus, 1986). Next, I explained the implications for counselor educators, graduate counseling students, CACREP administrators, professional counselors, supervisors. Along with implications, I provided suggestions for future research to improve professional counselors' perceived preparedness. Finally, I described the study's limitations and my final reflections as the primary researcher.

Overall, this study can be a contribution to this profession by revisiting the approaches professional counselors are taking when counseling clients grieving a death. While earlier studies support the findings of this study, there is additional research needed to determine effective steps to prepare counseling graduate students better to counsel this population. With a focused look into training and curriculum, future professional counselors will be more equipped to address their clients' needs and grow in their competency on the grief and grief counseling.

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Appendices

Appendix A

Recruitment Email

Hello,

My name is Jillian Blueford, and I am a Doctoral Candidate in the Counselor Education Ph.D. program at the University of Tennessee, Knoxville. I am conducting a research study for completion of my dissertation.

I am studying the professional counselors and their perceived preparedness when counseling clients who are grieving a death. The University of Tennessee Institutional Review Board has approved this study (*UTK IRB-18-04822-XP*). Participation will consist of one qualitative, open-ended interview, which will last approximately 60 minutes. All participants will receive a $15 gift card. Participants may withdraw from the study at any time without penalty and will still receive the $15 gift card. All interviews will be de-identified for confidentiality. Results of this study will help in the completion of my dissertation and future publications and presentations.

Participants must meet the following criteria:

- Graduated from a CACREP-Accredited master's-level counseling program
- Have professional experiences (post-graduation) counseling clients who have identified that they are grieving the death of a person significant to them
- Do not have professional counseling experiences at a work setting where the primary focus of your counseling is treating clients who are grieving a death (i.e., hospice agencies, hospitals, and bereavement centers)

If you are interested in participating in this study or you have any questions, please feel free to contact me via email at jbluefor@vols.utk.edu or by phone at (407) 421-1780. If you have any

questions and/or concerns, you may also contact my Committee Chair, Dr. Joel F. Diambra at jdiambra@utk.edu

Thank you and I look forward to hearing from you!

Jillian M. Blueford, M.A., NCC

Appendix B

Screening Questions for Initial Email Responses

Hello,

Thank you for expressing interests in participating in this research study. Before we schedule a time to conduct the interview, I ask that you answer the screening questions below:

1. When did you graduate with your master's degree in counseling (month and year)?
2. Was your primary institution CACREP accredited at the time of your graduation?
3. Have you provided counseling services to individuals who reported their primary clinical concern was that they were grieving the death of a person significant to them?
4. Do you currently, or have you previously worked at a setting where the primary focus of your counseling is (was) treating clients grieving a death?

You may respond to the questions in this e-mail or attach a word document. Once I have received your response, I will follow up to schedule an interview. Please let me know if you have any questions or concerns.

Thank you,

Jillian M. Blueford, M.A., NCC

Appendix C

Perceived Preparedness for Counseling Grieving Clients Resulting from a Death: A Content Analysis of Professional Counselors' Experiences

Consent Form

You are invited to participate in an interview for a research study. My name is Jillian Blueford, and I am a Doctoral Candidate at the University of Tennessee, Knoxville. I am conducting this interview as a part of my dissertation for completion of a Ph.D. in Counselor Education.

Purpose

The purpose of this study is to understand how prepared professional counselors believed themselves to be when counseling clients grieving a death. I am interested in learning about the experiences professional counselors have when engaging grieving clients and their preparation process to provide counseling services to this population.

Procedures

This interview will include open-ended questions/prompts related to your experiences counseling clients grieving a death. The interview will last approximately 60 minutes. Our conversation will be audio- or video-recorded and transcribed into a text document. Additionally, I may take written notes during our interview for later reference.

Confidentiality

I will present information gathered from the interview, possibly including direct quotes, as a part of the final study results and discussion. However, I will take rigorous measures to protect your identity. These measures will include replacing your name with a pseudonym and storing information from the interview on a password-protected computer. Further, I will keep

paper-copies of the interview transcription in a locked box, to which only I will have the key. Only my Committee Chair, Dr. Joel Diambra, and I will have access to the full set of data from the interview. The audio- or video-recordings will be deleted after they have been transcribed and checked for accuracy. I will maintain interview transcription copies going forward for potential use in future studies, presentations, or publications. I will label transcriptions with your pseudonym and continually protect these files in the manners described above (i.e., electronic files on a password-protected computer; physical copies in a locked box).

To maintain confidentiality, I will only use pseudonyms when identifying information in any research report, presentation, or publication. I will present demographic information tied to your interview but will use your pseudonym and omit any identifying information you might provide. I ask that you refrain from using full names or identifying information during this interview to further protect your identity and the identity of others. If you do use names, I will omit these.

Risks, Benefits, & Rights

While there are no perceived direct risks involved with this interview, it is possible that you may feel uncomfortable while discussing some of your experiences. If you do not feel comfortable moving forward at any point, you have the right to stop the interview at any time. Further, you have the right to skip any question that you do not feel comfortable answering. You also have the right to withdraw from the study after the completion of the interview, thereby revoking my permission to use or present the information you have provided. If you decide to stop the interview or withdraw from the study, I will respect and comply with your request. I will confirm your request to withdraw from the study by e-mail. You also have the right to obtain a copy of the interview transcript.

Other than the compensation explained below, this study is not expected to provide direct benefits to you. Your participation will help create new understandings about counselor preparation, and These understandings may be helpful to those involved in counselor training and development such as clinical supervisors and counselor educators. In addition, improved training may result in better direct care to clients.

Compensation

As a participant in this study, you will receive one $15 gift card. You must participate in the interview to receive the gift card, however, if you begin the interview but do not finish, you will still receive the $15 gift card. Also, if you complete the interview but revoke my ability to use it, you will still receive the $15 gift card.

Contact Information

If you have any questions or concerns about the interview, feel free to contact me by email at jbluefor@vols.utk.edu. Dr. Joel Diambra, Associate Professor of Counselor Education at UT, will serve as my Committee Chair and faculty advisor throughout this process. You may contact Dr. Diambra by email at jdiambra@utk.edu. If you have questions about your rights as a participant, you may contact the University of Tennessee IRB Compliance Officer at (865) 974-7696 or utkirb@utk.edu.

Consent

By signing and dating this document, I indicate that I have read and understand the above information, and I am offering my consent to participate in this study.

Participant's Name (printed): _____Date: _____

Participant's Name (signature): _____ Date: _____

Interviewer: _____ Date: _____

Appendix D

Interview Protocol: Perceived Preparedness for Counseling Grieving Clients Resulting from a Death: A Content Analysis of Professional Counselors' Experiences

Interview Time: Date:

Location:

Interviewer:

Participant:

Pseudonym:

Contact Method (circle one): In Person Web-Conference

Introductory Statement

Hello, my name is Jillian Blueford, and I am a third-year Doctoral Candidate at the University of Tennessee, Knoxville. I am conducting this interview as a part of my dissertation for completion of a Ph.D. in Counselor Education. The overarching focus of this interview is your perceived preparedness when counseling clients grieving a death of another individual. The interview should last approximately 60 minutes. Your participation is completely voluntary, and you have the right to stop the interview at any time. The recording will be transcribed, but I will use a pseudonym rather than your name before presenting this information to anyone else. Do you have any questions or concerns? Are you ready to begin the interview?

Demographic Questions

Age: Gender: Race and/or Ethnicity:

1. How many counseling jobs have you held since graduating?
2. How long have you served in your current position?
3. Briefly describe the agency for which you currently work.

4. Briefly describe the populations you serve.
5. Approximately how many grieving clients (grieving as a result of a person's death) have you provided professional counseling services to?

Interview Questions/Prompts

1. Tell me about your experiences counseling clients grieving a death.
2. Describe the preparation you received to counsel grieving clients grieving a death.
    a. What were the sources and timing of the preparation you describe?
3. Talk about a time when you felt best prepared to counsel a client grieving a death?
    a. What was it about preparation process contributed to you feeling best prepared?
4. Talk about a time when you felt ill-prepared to counsel a client grieving a death?
    a. What was it about preparation process contributed to you feeling ill-prepared?
    b. Explain what efforts, if any, you have taken to further address your level of preparedness counseling clients grieving a death.
5. Is there anything else you want to add about your experiences or preparedness related to counseling clients grieving a death?

Thank you for taking the time to participate in this study. After this interview has been transcribed, I will follow up with you via e-mail to ask you to review the transcription of our interview and respond on the accuracy of the experiences you shared. You should expect to hear from me within the next two weeks. In the meantime, please feel free to e-mail me if you have any questions or concerns.

Appendix E

Member Check – Interview Transcript E-mail

Hello,

Thank you for your recent participation in my research study of professional counselors' experience and perceived preparedness counseling clients grieving a death. As mentioned in the informed consent, this interview was audio- or video-recorded with recorder and transcribed verbatim by Rev.com. Attached you will find the transcript of your interview. Please look through the transcript for any statements that you believe were not accurately represented. I want to make sure that the experiences reflected on this transcript are the experiences you intended to share. Please send any revisions on this transcript back to me within a week.

Once the week has past, I will assume you have sent me all your revisions or that you had none. Thank you again for your participation.

Sincerely,

Jillian M. Blueford, M.A., NCC

Appendix F

Member Check - Initial Thematic Analysis E-mail

Hello,

Thank you again for your participation in my research study of professional counselors' experience and perceived preparedness counseling clients grieving a death. I have completed my initial analysis, which include my first thematic impressions of the data.

Please review the attached document, and send any thoughts, concerns, or questions back to me within a week. Once the week has past, I will assume you have sent me all your thoughts, concerns, or questions or that you had none. Thank you again for your participation.

Sincerely,

Jillian M. Blueford, M.A., NCC

Appendix G

Non-Disclosure Agreement

CLIENT NON-DISCLOSURE AGREEMENT

This CLIENT NON-DISCLOSURE AGREEMENT, effective as of the date last set forth below (this "Agreement"), between the undersigned actual or potential client ("Client") and **Rev.com, Inc.** ("Rev.com") is made to confirm the understanding and agreement of the parties hereto with respect to certain proprietary information being provided to Rev.com for the purpose of performing translation, transcription and other document related services (the "Rev.com Services"). In consideration for the mutual agreements contained herein and the other provisions of this Agreement, the parties hereto agree as follows:

1. Scope of Confidential Information

1.1. "Confidential Information" means, subject to the exceptions set forth in Section 1.2 hereof, any documents, video files or other related media or text supplied by Client to Rev.com for the purpose of performing the Rev.com Services.

1.2. Confidential Information does not include information that: (i) was available to Rev.com prior to disclosure of such information by Client and free of any confidentiality obligation in favor of Client known to Rev.com at the time of disclosure; (ii) is made available to Rev.com from a third party not known by Rev.com at the time of such availability to be subject to a confidentiality obligation in favor of Client; (iii) is made available to third parties by Client without restriction on the disclosure of such information; (iv) is or becomes available to the public other than as a result of disclosure by Rev.com prohibited by this Agreement; or (v) is developed independently by Rev.com or Rev.com's directors, officers, members, partners, employees, consultants, contractors, agents, representatives or affiliated entities (collectively, "Associated Persons").

2. Use and Disclosure of Confidential Information

2.1. Rev.com will keep secret and will not disclose to anyone any of the Confidential Information, other than furnishing the Confidential Information to Associated Persons; provided that such Associated Persons are bound by agreements respecting confidential information. Rev.com will not use any of the Confidential Information for any purpose other than performing the Rev.com Services on Client's behalf. Rev.com will use reasonable care and adequate measures to protect the security of the Confidential Information and to attempt to prevent any Confidential Information from being disclosed or otherwise made available to unauthorized persons or used in violation of the foregoing.

2.2. Notwithstanding anything to the contrary herein, Rev.com is free to make, and this Agreement does not restrict, disclosure of any Confidential Information in a judicial, legislative or administrative investigation or proceeding or to a government or other regulatory agency; provided that, if permitted by law, Rev.com provides to Client prior notice of the intended disclosure and permits Client to intervene therein to protect its interests in the Confidential Information, and cooperate and assist Client in seeking to obtain such protection.

3. Certain Rights and Limitations

3.1. All Confidential Information will remain the property of Client.

3.2. This Agreement imposes no obligations on either party to purchase, sell, license, transfer or otherwise transact in any products, services or technology.

4. Termination

4.1. Upon Client's written request, Rev.com agrees to use good faith efforts to return promptly to Client any Confidential Information that is in writing and in the possession of Rev.com and to certify the return or destruction of all Confidential Information; provided that Rev.com may retain a summary description of Confidential Information for archival purposes.

4.2. The rights and obligations of the parties hereto contained in Sections 2 (Use and Disclosure of Confidential Information) (subject to Section 2.1), 3 (Certain Rights and Limitations), 4 (Termination), and 5 (Miscellaneous) will survive the return of any tangible embodiments of Confidential Information and any termination of this Agreement.

5. Miscellaneous

5.1. Client and Rev.com are independent contractors and will so represent themselves in all regards. Nothing in this Agreement will be construed to make either party the agent or legal representative of the other or to make the parties partners or joint venturers, and neither party may bind the other in any way. This Agreement will be governed by and construed in accordance with the laws of the State of California governing such agreements, without regard to conflicts-of-law principles. The sole and exclusive jurisdiction and venue for any litigation arising out of this Agreement shall be an appropriate federal or state court located in the State of California, and the parties agree not to raise, and waive, any objections or defenses based upon venue or forum non

conveniens. This Agreement (together with any agreement for the Rev.com Services) contains the complete and exclusive agreement of the parties with respect to the subject matter hereof and supersedes all prior agreements and understandings with respect thereto, whether written or oral, express or implied. If any provision of this Agreement is held invalid, illegal or unenforceable by a court of competent jurisdiction, such will not affect any other provision of this Agreement, which will remain in full force and effect. No amendment or alteration of the terms of this Agreement will be effective unless made in writing and executed by both parties hereto. A failure or delay in exercising any right in respect to this Agreement will not be presumed to operate as a waiver, and a single or partial exercise of any right will not be presumed to preclude any subsequent or further exercise of that right or the exercise of any other right. Any modification or waiver of any provision of this Agreement will not be effective unless made in writing. Any such waiver will be effective only in the specific instance and for the purpose given.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed below by their duly authorized signatories.

CLIENT

Print Name:_____

By: _____
Name:
Title:
Date:

Address for notices to Client:

_____
_____
_____
_____

REV.COM, INC.

_____

By: Cheryl Brown
Name: Cheryl Brown
Title: Account Manager
Date: June 4, 2018

Address for notices to Rev.com, Inc.:

222 Kearny St.
STE 800
San Francisco, CA 94108

Appendix H

Coding Word Cloud

This word cloud provides a visual representation of the codes identified through the data analysis process. The font size of the code word/s symbolize/s the frequency that particular code appeared among all of the transcripts.

Vita

Jillian M. Blueford was born in Chicago, Illinois, to James and Barbara Blueford. She earned a Bachelor of Science degree in Psychology from the University of Central Florida in 2013 and a Master of Arts in Counseling from Rollins College in 2016. Jillian's clinical professional background includes working in a variety of settings such as a hospice bereavement center, a psychiatric behavioral hospital, as an independent counselor for the Tennessee Department of Children Services, and finally as a professional counselor for ASPIRE, The University of Tennessee outreach program for college students from rural Appalachian areas. Jillian is a member of several program associations, including the American Counseling Association, Association for Counselor Education and Supervision, and the Association for Death Education and Counseling. Jillian has received several accolades throughout her doctoral studies, including the Marianne Woodside Outstanding Role Model Award, recognition as an Association for Counselor Education and Supervision Emerging Leader Fellow, and acceptance into the Counselor Education & Supervision Journal Fellows program. She also received a grant from the American Counseling Association Foundation for the UT's Grief Outreach Initiative's inaugural grief camp, *Camp Aliya.* Jillian will begin serving as a Clinical Assistant Professor at the University of Denver in July 2019.