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## PERCEIVED SOCIAL WORKER COMPETENCY FOR ADDRESSING LOSS AMONG CHILDREN

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PERCEIVED SOCIAL WORKER COMPETENCY FOR  
ADDRESSING LOSS AMONG CHILDREN

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Adriana Lopez Cota  
Catalina Herrera

May 2022

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May 2022

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## ABSTRACT

Social workers provide services in an array of settings which greatly include providing supportive services and resources to children and families. Studies have shown that although social workers are generally trained for comprehensive services, grief and loss have been seemingly left out of social work education and training, leaving many social workers incompetent to address clients presenting with grief/loss (Boss, 2006, Griesse et al., 2017, Murty et al., 2015). Unfortunately, this leads to inadequate social work services for many children presenting with grief/loss (Lenhardt, 1997). This study will take a quantitative approach to gather information on the perceived competence of undergraduate and graduate social work students to uncover the limitations and barriers that students face for receiving adequate training and education in addressing grief and loss among children. The findings for this research will serve to develop current curriculum and training for schools of social work to include grief/loss education and training.

## ACKNOWLEDGEMENTS

Thank you to my loving family for giving me guidance and strength to achieve what I thought I could not.

-Adriana Lopez Cota

I want to thank my fiancé for always being an inspiration for me to keep going. Also, thank you to my family for always supporting me and encouraging me through this journey.

-Catalina Herrera

## DEDICATION

As we work toward progressing the social work field, we dedicate this work to all the grieving youth who feel unseen and unheard.

-Adriana Lopez-Cota and Catalina Herrera

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## CHAPTER ONE

### INTRODUCTION

#### Problem Formulation

Loss is an ambiguous term that can encompass more than loss by death, including, but not limited to, loss by means of incarceration, foster care, natural disasters, divorce, immigrating, and an onset of chronic illness (Pataky & Parent, 2018; Walker & Shaffer, 2007). Any type of loss can be life-altering for a developing child. Properly addressing loss among children is important for life-long positive cognitive development. Studies show that children that experience loss are at higher risk of juvenile incarceration, depression, anxiety, and other mental health and social challenges (Castex, 1992; Griesse et al., 2017; Pataky & Parent, 2018; Walker & Shaffer, 2007). Loss is natural and common in any sector of the world, yet little has been done to adequately address loss and provide appropriate grieving interventions that promote positive cognitive development after a child experiences a loss (Pataky & Parent, 2018).

In a study conducted by Walker & Shaffer (2007) among incarcerated youth in the Indianapolis Juvenile Correctional Facility revealed that a staggering 99% of the surveyed incarcerated children had experienced one or more losses before being incarcerated, providing evidence of the extending necessity for social workers to address loss among children to promote positive development

after a loss. Social workers will often encounter youth who have experienced loss and it is vitally important for grieving children to be provided with appropriate skills that should be provided and supported by social workers.

Various factors can account for social workers not having the ability to adequately assess and provide proper interventions to children who are experiencing loss while receiving social work services. For instance, more often observed in impoverished U.S. public school systems, school social workers do not have enough resources or funding to provide grief counseling or peer counseling to students (Pataky & Parent, 2018). In other instances, a child's loss is not appropriately addressed because social norms deem the loss as insignificant (O'Brien et al., 1991; Pataky & Parent, 2018). For example, immigrant students are often left to grieve on their own when experiencing the loss of the life left behind (Castex, 1992). This type of loss is commonly labeled as a victory for finding a new home rather than a loss of a prior one. Therefore, these types of common losses may go unacknowledged by teachers and social workers that result in unacknowledged grief due to societal norms deeming the same or similar types of losses as insignificant, often referred to as disenfranchised grief (Pataky & Parent, 2018). Additionally, schools of social work often provide a small range of course material or courses dedicated to educating social workers on how to adequately address any type of loss among children, leading to a significant number of practicing social workers failing to properly address loss (Kramer et al., 2003).

Disenfranchised grief is important to recognize when addressing losses among children. Unfortunately, many school children experience the process of grieving alone when social support is a key role in grief resolution (Lenhardt, 1997). By overlooking the need of grief intervention for loss among children, children are often left with unresolved grief that often results in the inability to move forward (Pataky & Parent, 2018), and social workers frequently are not provided the necessary skills to provide competent services. Widening the spectrum and education of loss and grief creates an opportunity for needed interventions among grieving children.

Currently, some U.S. schools are administering support for children experiencing death related loss, but there is a lack of intervention for children experiencing non-death related loss, or ambiguous loss (Pataky & Parent, 2018). By acknowledging loss through a broadened lens, social workers can develop and apply appropriate interventions among children. Both societal and professional validation of all types of loss creates opportunities for children to legitimize disenfranchised loss and receive necessary support (Lenhardt, 1997). Children with loss often face barriers when seeking support for unidentified grief. It is essential for social workers to eliminate barriers and create opportunities for proper child grief interventions. By initially providing educational courses for social work students about how to adequately assess, address, and intervene with any type of significant loss among children, barriers for providing support to children experiencing loss can be reduced and properly acknowledged.

## Purpose of the Study

The purpose of this study is to measure the levels of perceived competency that social workers have for addressing loss among children as they enter the field of social work practice. The core values of a social worker entail the ability to address people experiencing challenges, which includes loss, to promote their well-being and life-long coping skills (Sewpaul & Jones, 2004). In concordance with this statement, grieving children are more susceptible to endure unidentified loss and grief (Lenhardt, 1997). Unfortunately, a significant number of social workers are not receiving the proper training they need to adequately address the grieving child client base that they may encounter while working in the field (Kramer et al., 2003). To effectively address the issue of the perceived competence of social workers to adequately address loss among children, research should be used to develop and analyze the barriers and limitations for providing social workers a comprehensive curriculum that includes services for grieving children. It is important that social workers can assess and utilize the best evidence-based practices when providing interventions to children. The impending acknowledgment of the issues relating to social workers' ability to competently address loss among children by schools of social work is needed to better serve grieving children and allow for consideration for implementing a complete curriculum that would include preparing social workers to address, assess, and apply suitable interventions to grieving children.



The research method that will be utilized in this research study is a quantitative approach. A survey will be administered on-line to qualifying participants. A quantitative research design will be utilized in this study due to a limited time frame, and current restrictions for face-to-face survey distribution due to the COVID-19 pandemic. Additionally, a quantitative approach allows for the discretion of source of participant information which may result in more authentic data gathering.

### Significance of the Project for Social Work

The proposed study is significant for the development of social work practice in that it will address the limitations and needs for providing a comprehensive curriculum that will allow for proper skills building among social workers who endeavor addressing loss among children and families. By examining the perceived competence of social workers' abilities to address loss among children, schools of social work can consider developing a curriculum that will allow for better service outcomes and a comprehensive system of care in the social work profession.

Considering the trauma and array of emotions a loss can cause, not amply preparing social workers going into the field with the skills to adequately address loss among school children can have a negative impact on treatment interventions and service outcomes for grieving children and families. Furthermore, social workers often report insufficient training received by schools of social work in regard to addressing grieving clients (Kramer et al., 2003),

which can negatively impact clients and families in need of services, and the prospects for the social work profession. Social work incompetency can lead to improper care and application of inappropriate interventions. Equipping social workers with the skills to properly address, assess, and apply suitable interventions for children experiencing loss can improve client outcomes and services. Additionally, a lack of skills and access to adequate intervention tools and services for clients can result in burnout, stress, and other mental health challenges for social workers, especially for those who work with addressing loss (Lee & Miller, 2013).

The lack of curriculum in schools of social work impedes social workers to provide adequate, and suitable interventions to children experiencing loss. The perceived competence of social workers who address loss among children will be addressed to examine any lack of skills, knowledge, and training for application of adequate and appropriate interventions for grieving children. The examination for a lack of preparation for social workers to address loss among children, will allow for a consideration for implementation of accessible courses and material in schools of social work.

If social workers were to be initially equipped with the necessary intervention skills to properly address children experiencing loss, the grieving children would be more likely to continue to move forward with healthy cognitive development. Furthermore, providing youth with the skills to properly grieve will prepare them for inevitable future losses. This study would then address the

following question: What is the perceived competence of social worker students in their ability to address loss among children?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter includes a synthesis of relevant studies that explain and analyze the limitations and needs to prepare competent social work students to address loss among children. The first subsection of this chapter will identify the needs for grieving children including subsubsections of the benefits of social worker interventions, and training. The last subsection in this chapter will include an examination of two theories guiding the conceptualization in this study.

#### Needs for Grieving Children

A meta-analysis by Rosner et al. (2010) consisting of over 1,073 children discovered that of the control groups without suitable interventions analyzed, 75% of the participants dropped out and of the intervention groups analyzed, only 18% of participants dropped out. This meta-analysis provides an implication to the significant need for suitable and adequate interventions for positive service and treatment outcomes when addressing grieving children. Several interventions can be applied by social works for grief services among children which can include a combination of several evidence-based practices. The benefits and need for these applications of interventions by social workers is

essential when addressing child grief. Social worker competency is also critical for the positive service and treatment outcomes among grieving children.

### Benefits of Social Worker Intervention

Greise et. al. (2017) revealed that with the application of suitable interventions among grieving children, 60% of the participants in the study showed progression from initially demonstrating disruptive levels of grief-related distress. Additionally, Griese et al. emphasizes the critical public health need for childhood grief intervention due to an extensive number of communities offering an inadequate system for support after a loss. As social workers, the application of appropriate interventions for treatment is vital for positive treatment and service outcomes. Quinn-Lee (2014) explains that a combination of peer counseling, family interventions, and individual counseling are necessary for successful intervention outcomes. Furthermore, social workers who provide a comprehensive set of competencies are imperative for addressing, assessing, and treating children who are experiencing a loss.

### Social Work Training for Addressing Loss Among Children

The imperative training and skills building that social workers receive while attending a school of social work, intends to adequately prepare social workers for a broad and diverse spectrum of provisions that require service and support. As social workers, some of the standards for practice include providing developmentally appropriate services, to advocate for accessibility of essential services, enhance the well-being, provide resources and support to build

autonomy, and develop policies that promote the welfare of the service population (Sewpaul & Jones, 2004). Unfortunately, a divergence from these standards is commonly found within social workers who endeavor addressing, assessing, and treating children experiencing any type of loss. Quinn-Lee (2014) raises the concern that grieving children are often “forgotten mourners.” A national study for healthcare social workers, revealed that 31% of the participants felt that their school of social work did not adequately prepare them for providing suitable services to grieving families or dying persons (Kramer et al., 2003). This lack of skills can cause a variety of difficulties to attain services, applications of unsuitable interventions, and double grievances.

Moreover, providing a comprehensive curriculum to prepare social workers to competently address loss can provide not only a beneficial outcome for the service community, but for the practicing social workers as well. Self-awareness is a fundamental aspect of a social worker. A comprehensive curriculum that addresses loss can also facilitate the development of self-awareness for social workers to improve their practices and prevent from integrating subjective methods of interventions and experiences that could negatively impact services and treatment outcomes (Murty et al., 2015).

Addressing Loss by Death. Loss by death can be defined as an identifiable loss caused by the interminable physical and emotional presence of another person due to unexpected or anticipated death. Unexpected loss by death can include loss by suicide, homicide, and accidents, while anticipated

death can include loss of an elderly person or a prolonged ill person. Although unexpected and anticipated loss can provoke different emotions within the grieving individuals, both types of loss by death can be traumatic (Hospice of the Valley, 1997) and should be adequately addressed by social workers who are properly trained with the skills and guidance to provide support and appropriate services to children and their families.

Addressing Ambiguous Loss. Ambiguous loss is a term often defined as unclear types of losses that can cause long-term chronic stressors due to the ambiguous elements that cause the loss (Boss, 2006; Rockefeller, 2002). Boss (2006) categorizes ambiguous loss into two types: physical absence with psychological presence and physical presence with psychological absence. Physical absence with psychological presence can include loss by natural disasters, deployment of a family member, incarceration, missing persons, and more, while physical presence with psychological absence can include loss by immigration, divorce, foster care, onset of a disability and onset of chronic illness. These types of losses are important for social workers to recognize and address professionally, as the traumatic events caused by these types of losses are equally or of the same importance as loss by death.

#### Studies Focused on Social Workers Addressing Loss Among Children

There is a notable gap in grief services and research regarding a comprehensive application of grief care to children experiencing loss. Furthermore, this section will review the benefits of having available resources

for grieving children. Lastly, implications social workers face while providing grief services while in the field, along with competency deficits when addressing loss among children will be examined.

It is recommended by the National Center of School Crisis and Bereavement to provide additional resources for students experiencing grief to cease additional stressors (Quinn-Lee, 2014). Investing in additional resources is necessary for creating a safe and supportive space to encourage children to flourish. For example, children spend a large amount of time in the care of a school system whereby social workers can be the first line of contact for a grieving student (Castex, 1992). Studies have shown interventions, such as group therapy, individual counseling, and family interventions, can create a supportive network and outlet to help resolve children experiencing grief (Lendardt, 1997; Quinn-Lee, 2014). Group therapy interventions are reputable among adults but lack research for application among children (Lendardt, 1997). It is essential for children to have equitable access to grief care to have their grief professionally addressed and receive a comprehensive support system to facilitate public needs (Griese et al., 2017). By taking the time to educate children and families of the common grieving process, counselors may be better able to assist a child through their individual grieving process with the extra support from the parents and families.

Adequate training in loss is essential to providing grief services. Currently, professionals often fail to identify grief reactions among children, providing



evidence of the lack of competency in the subject of loss and grief among social work curriculum (Lendhardt, 1997; Griese et al., 2017).

Inadequate training pertaining to interventions assisting children experiencing loss are evident (Quinn-Lee, 2014). Social workers have limited learning accessibility to provide grief support while in practice (Quinn-Lee, 2014), adding to the issue of grief going unidentified among children and families (Griese et al., 2017). An analysis regarding the end-of-life context within social work textbooks found minimal content regarding grief, loss, and bereavement (Kramer et al., 2003). The study analyzed 50 current and most frequently used books in schools of social work about grief and loss care. It was reported 64% of 270 undergraduates received general competency regarding death and 60% of 98 graduate programs provided education regarding death and grieving (Kramer, et al., 2003), further demonstrating the need for grief informed professionals within the social work profession. It is important to remember that loss is not prejudice and can be encountered through all stages of life.

### Theory Guiding Conceptualization

In order to conceptualize the ideas presented in this study, the Five Stages of Grief Model and the Stages of Cognitive Development are applied.

The Five Stages of Grief Model proposed by Kubler-Ross (1969), provides a framework that helps understand and predict the stages of grieving that an individual may endure. The five stages of grief include denial, anger, bargaining, depression, and acceptance (Kubler-Ross, 1969). It is important to note that the

Five Stages of Grief are interchangeable, and every individual may go through any stage at a different time with a different severity (HDSA, 2015). Kubler-Ross (1969) explains that children often see loss as “impermanent,” which makes children likely to have some of the same reactions to loss by death and ambiguous loss. In the Kubler-Ross (1969) study, children were analyzed to start building a concept of loss at 5 years-old and could experience stages of denial, anger, and acceptance. Although Kubler-Ross (1969) stated that many parents do not speak to or teach their children about death at young ages, a young child can still have their own understanding of the loss. Therefore, the Five Stages of Grief Model can help outline and identify the grieving processes of a child who has experienced a loss.

Piaget’s Stages of Cognitive Development explains how a child may develop their own cognitive views, beliefs, and perceptions of the world using four stages to identify the development of behaviors and knowledge that a child may have from infancy into adulthood (Huitt, W. & Hummel, J. 2003). The five stages of cognitive development are the sensorimotor stage (infancy), the preoperational stage (toddler and early childhood), the concrete operational stage (elementary and early adolescence) and formal operational stage (adolescence and adulthood). The cognitive development of a child is important to their behavioral, social, and mental health that often transitions into adulthood. Provided that a child’s cognitive development is affected by learning and socializing with their environment, the concept of death and how they will cope

with loss at any period in their life is influenced by the interactions, support and skills provided to them at the time that they might experience loss as children. Although this theory does not provide social workers an interventive approach, it supports the need to acknowledge loss among children.

### Summary

This study will examine the limitations and barriers for social workers to competently address loss among children after graduating from a school of social work. The need for social workers to adequately address loss among children in practice is extensive and imperative. Although there is some current curriculum that provides some insight on child development and the importance of addressing trauma and loss, as well as, material on how to address grief caused by death, past studies show that there may continue to be a lack of training and content provided to social workers while in a school of social work. The studies examined in the literature provide insight to the need to adequately prepare social workers to address, assess, and apply suitable interventions to grieving children. The Five Stages of Grief Model, and the Coping Stages of Cognitive Development offer awareness and understanding for the need to develop a comprehensive curriculum to include how social workers can address loss among children. This study aims to develop and look for a solution to improve service delivery and treatment outcomes for social work practitioners who encounter grieving children.

## CHAPTER THREE

### METHODS

#### Introduction

This study explores the competency of social workers regarding loss among children and any barriers in providing services to grieving children. This chapter provides detailed information describing how the study was conducted. The following sections are addressed in this chapter: study design, sampling, data collection and instrument, procedures, protection of human subjects, and data analysis.

#### Study Design

The purpose of this study is to analyze the perceived competence and preparation of Bachelor of Arts Social Work (BASW) students and Master's in Social Work (MSW) students to address loss among children. To explore competency among social workers addressing loss among children, this study will examine any limitations and barriers in a four-year university social work curriculum regarding addressing grief/loss. Due to the lack of current research that focuses on social worker preparation for addressing loss among children, an exploratory design will be applied within this study.

This study will use a quantitative research approach to collect data by utilizing a survey method with both multiple choice and open-ended questions to

accumulate data from the participants. BASW and MSW level students from a four-year university will be recruited to participate in the study. Conducting a survey for this study allows for anonymity of the participants, which allows for the added probability of honest responses from the participants, and the objective interpretation and analysis of the data by the researchers. Given the time constraints for this study, administering surveys allowed for acquiring sufficient data from participants in a limited time frame. An exploration of social work student knowledge on the topic will provide the researchers information regarding aptitude when addressing loss among children. Additionally, identifying any limitations and barriers social work students report for adequately addressing loss among children can help in furthering research and educational needs for adequately preparing social workers to provide well-rounded services.

Although administering a survey in this study provides some benefits for data collection, it also provides some limitations. For instance, the interpretation of questions or concepts in the survey may differ between participants which can cause confusion and unintended answers. Additionally, a common limitation found with surveys is unanswered questions, which can cause a considerable measure of missed or skewed data. Another limitation due to current COVID-19 CDC restrictions and guidelines is electronic accessibility and reliability to complete surveys. Some participants might not be able to access surveys or experience technological issues while participating in the survey, causing an

indeterminable amount unanswered questions due to lack of access and internet reliability.

### Sampling

This study will employ a convenience sampling approach of social work students currently of previously enrolled in a four-year university. The sample selection targeted currently enrolled BASW and MSW students. With approval, the researchers will invite students within all social work cohorts to participate in the online survey that will be accessible on the *Qualtrics* website. Researchers will also email social work students using the snow-ball sampling method. The goal is to receive 300 participants for this study.

### Data Collection and Instrument

Quantitative data will be collected using the *Qualtrics* online survey platform. The quantitative design for this study will include the variable: *Level of Competency of Social Work Students* to explore the extent that the current four-year university social work curriculum, training, and experience affects social work students for competently addressing loss among children. For participation recruitment, the researchers will dispatch fliers via email and verbally ask for participation via Zoom to both BASW and MSW students at a four-year university. Each participant will complete the survey at their own discretion.

To ensure that the questions in the survey are reliable and valid, the researchers adapted questions from a previous research survey conducted by

Daffenbaugh (2008). Deffenbaugh utilized multiple recognized and developing instruments, including the Texas Revised Inventory of Grief (TRIG), scales found in the Death Counseling Survey (DCS), the Grief Counseling Experience and Training Survey (GCETS) and the Multicultural Counseling Competencies (Awareness, Knowledge, and Skills) to generate the questionnaire that was used to generate the questions in this study's survey. Both researchers prudently chose the questions adapted for this study. Furthermore, the questions in the survey were discussed with a research professor and the research supervisor of this study prior to the distribution of the questionnaire.

Social work students are the most appropriate target for data collection within this study. The process for participating in this study included requiring all the participants to be provided with an informed consent form, an explanation of the limits of confidentiality, and an introduction of the study before completing the survey. Demographic information such as age, religious preference, gender, race/ethnicity, current and previous education, income level, personal experience with loss, present employee or intern status and approximate years of experience is collected at the beginning of the survey.

The next portion of the survey will ask multiple choice questions, open-ended questions and Likert scale questions regarding competency levels, barriers of social work curriculum, experience, training, and limitations for competently addressing loss among children. Researchers compiled questions utilizing well-founded frameworks, concepts, previous research, and information

regarding addressing grief/loss and how to provide adequate interventions to grieving children.

### Procedures

Due to current COVID-19 CDC guidelines and restrictions, participants will be recruited utilizing electronic fliers distributed by email and Zoom classroom meetings with the permission of professors in the BASW and MSW programs at a four-year university. The fliers provide the option for participants to complete the research study questionnaire utilizing a hyperlink to initiate the survey session on the *Qualtrics* website. The researchers will allow time to explain the study and address participant questions when providing fliers through email and Zoom.

Researchers will inform participants that the approximate duration of the survey session will be about 15 minutes. Participants will be provided with information on confidentiality and its limits for completing the survey. Participants will be thanked for their contribution to the study by utilizing a “Thank You” message at the end of the questionnaire and will be made aware of the benefits of the study for future social work practice and where to access the results after the research is completed.

### Protection of Human Subjects

As a way to mitigate COVID-19, all surveys will be done virtually via email and online. Any information gathered for this study is to remain anonymous and



confidential. All participants will be provided with information on the limits of confidentiality and anonymity for participating in this study. Participants will not be asked for their names at any time during survey completion. Participants will be asked to sign the informed consent form before completing the survey by either clicking "I agree to participate in this study" or "I DO NOT agree to participate in this study." All informed consent forms and completed surveys are stored in a locked, password protected computer where they will remain until being deleted 1 year after the study has ended.

### Data Analysis

Quantitative data will be collected for the purpose of this study. Demographic information will be analyzed from the sample characteristics utilizing descriptive statistics. Statistical analysis will be conducted to study self-reported competencies along with curriculum preparation pertaining to grief and loss among four-year university social work programs. The researchers will use SPSS software to analyze the relationship between demographic variables and its impact on competency.

### Summary

This study will examine the limitations and barriers of social workers to address loss among children. Furthermore, this study will explore factors that will contribute to the development of schools of social work for both undergraduate and graduate programs to include or expand materials and courses for preparing

social workers to competently address loss among children. The information gathered from student participants help identify needed developments for social work curriculum to improve and develop social work and mental health services for grieving children. The quantitative approach used in this study facilitates the process for gathering relevant data in the limited timeframe provided.

## CHAPTER FOUR

### DATA ANALYSIS

#### Introduction

This chapter provides an analysis of the data collected for the purpose of examining the perceived competence of social work students addressing loss among children. A total of 71 participants anonymously completed the survey corresponding to this study. Participants were all current and past MSW and BASW students from California State University, San Bernardino. The data collection period occurred from March 2021 to mid-October 2021. This chapter includes descriptive statistics, presentation of findings, and summary of results.

#### Descriptive Statistics

##### Participant Demographics

A total of 71 students participated in this study. Table 1 displays the demographic characteristics of all the participants in this study. This table includes gender, race/ethnicity, age, religion, current student status, current year as a social work student, undergraduate degree, employment status, and yearly income. In this sample, 59 (83.1%) participants identified as female and 12 (16.9%) identified as male. Race and Ethnicity included 41 (57.7%) participants identified as Hispanic/LatinX, 13 (18.3%) identified as White/Caucasian, 4 (5.6%) Identified as Asian/Pacific Islander, 9 (12.7%) identified as African American, four

(5.6%) identified as two or more races/ethnicities. The participant ages ranged from 18 to 56 years and older ( $M = 30.50$ ,  $SD = 9.55$ ). Of the associated religions, 22 (31%) participants identified as Christian/Protestant/Baptist, 17 (23.9%) identified as Catholic, one (1.4%) identified as Muslim, 7 (9.9%) identified as Atheist/Agnostic/Antitheist, 23 (32.4%) identified no religious preference, and one (1.4%) preferred not to answer.

The participants in this study were 15 (21.1%) BASW students, 36 (50.7%) MSW part time students, 19 (26.8%) MSW full time students, and 1 (1.4%) MSW Alumni. For current year as MSW or BASW student, 32 (45.1%) of participants were 1<sup>st</sup> year students, 13 (18.3%) were 2<sup>nd</sup> years students, 20 (28.2%) were 3<sup>rd</sup> year students, and 3 (4.2%) were 4<sup>th</sup> year students. Three participants identified as Alumni and it is not clear if two participants answered in error. Of the participants that indicated a current status as a MSW student or Alumni, it was indicated that 15 (21.1%) received a BASW, 17 (23.9%) received a sociology bachelor's degree, 26 (22.5%) received a psychology bachelor's degree, and 16 (22.5%) indicated receiving an "other" bachelor degree not listed as a response. Participant employment status identified as 27 (38%) employed full-time, 24 (33.8%) identified as employed part-time, two (2.8%) identified as self-employed, 17 (23.9%) identified as not currently employed, and one (1.4%) identified as other. Yearly income of sample included four categories: 28 (39.4%) identified \$0 - \$19,999, 16 (22.5%) identified \$20,000 - \$39,999, 13 (18.3%) identified \$40,000 - 59,999, and 14 (19.7%) identified \$60, 000 and up.

Table 1. Demographics

Variable	Frequency (N)	Percentage (%)
Gender		
Female	59	83.1
Male	12	16.9
Race/Ethnicity		
Hispanic/LatinX	41	57.7
White/Caucasian	13	18.3
Asian/Pacific Islander	4	5.6
African American	9	12.7
Two or more Race/Ethnicity	4	5.6
Age		
18-25	16	22.5
26-35	31	43.7
36-45	16	22.5
46-55	5	7.0
56 and Older	2	2.8
Religion		
Christian/Protestant/Baptist	22	31.0
Catholic	17	23.9
Muslim	1	1.4
Atheist/Agnostic/Antitheist	7	9.9
No Religious Preference	23	32.4
Prefer not to Answer	1	1.4
Current Student Status		
BASW Student	15	21.1
MSW Student - Part Time/Pathway (3-year Program)	36	50.7
MSW Student - Full Time (2-year Program)	19	26.8
MSW Alumni	1	1.4
Current Year as a Social Work Student		
1 or Junior Status		
2 or Senior Status	32	45.1
3	13	18.3
4 or more	20	28.2
Alumni	3	4.2
	3	4.2

<hr/>			
Undergraduate Degree			
	Social Work	15	21.1
	Sociology	17	23.9
	Psychology	26	22.5
	Other	16	22.5
<hr/>			
Employment Status			
	Employed Full-time	27	38.0
	Employed Part-time	24	33.8
	Self-Employed	2	2.8
	Not Currently Employed	17	23.9
	Other	1	1.4
<hr/>			
Yearly Income			
	\$0 - \$19,999	28	39.4
	\$20,000 - \$39,999	16	22.5
	\$40,000 - 59,999	13	18.3
	\$60, 000 and up	14	19.7
<hr/>			

#### Grief Counseling Experience and Training Scale, Revised (GCETSR)

Survey Question 21 consisted of twenty statements regarding experience, training and competency. The sample size of this question included 65 of the 71 participants. Participants were provided with a likert scale (Strongly Agree, Agree, Somewhat Agree, or Do Not Agree) for each statement. To summarize responses for Survey Question 21 (Table 2), variables for the likert scale were redefined as follows: “Strongly agree” = 4, “Agree” = 3, “Somewhat Agree” = 2, and “Do Not Agree” = 1. The GCETSR (Figure 1) was generated by summing the scores of each respondent. A score of 80 indicates a high level of perceived competence, experience, and training from respondents, while a score of 20 indicates no perceived competence, experience, and training from respondents. The range of responses on the GCETSR in this study was 43 (from 22 to 65),

M=38.6, and SD= 11.187. This suggests that on average, respondents had a substandard level of perceived competency, experience, and training.

Table 2. Survey Question 21: Responses

Variable	Frequency (N)	Percentage (%)
I have professional training in addressing children presenting with grief/loss.	Strongly Agree – 4	5.6
	Agree – 4	5.6
	Somewhat Agree – 14	19.7
	Do Not Agree – 45	63.4
I will receive some professional training for addressing grief/loss as a social worker.	Strongly Agree – 16	22.5
	Agree – 19	26.8
	Somewhat Agree – 19	26.8
	Do Not Agree – 13	18.3
My university currently provides a comprehensive social work curriculum that includes grief/loss education.	Strongly Agree – 4	5.6
	Agree – 12	16.9
	Somewhat Agree – 25	35.2
	Do Not Agree – 26	36.6
I have many opportunities at my university to further my education and knowledge about grief/loss.	Strongly Agree – 4	5.6
	Agree – 10	14.1
	Somewhat Agree – 28	39.4
	Do Not Agree – 24	33.8
I practice addressing loss/grief using role play as the client or the social worker.	Strongly Agree – 3	4.2
	Agree – 10	14.1
	Somewhat Agree – 19	26.8
	Do Not Agree – 35	49.3
I can monitor my grief/loss skills and competency through consultation and supervision with a professional.	Strongly Agree – 18	25.4
	Agree – 18	25.4
	Somewhat Agree – 18	25.4
	Do Not Agree – 13	18.3
I regularly attend workshops and training to further my knowledge on addressing grief/loss.	Strongly Agree – 0	0
	Agree – 4	5.6
	Somewhat Agree – 10	14.1
	Do Not Agree – 53	74.6
I have experience working with children who present with grief/loss.	Strongly Agree – 7	9.9
	Agree – 9	12.7
	Somewhat Agree – 18	25.4
	Do Not Agree – 33	46.5
I feel competent to provide counseling to children presenting with grief/loss.	Strongly Agree – 1	1.4
	Agree – 8	11.3
	Somewhat Agree – 23	32.4

	Do Not Agree – 35	49.3
I feel competent in working with children who have lost their homes.	Strongly Agree – 4	5.6
	Agree – 10	14.1
	Somewhat Agree – 26	36.6
	Do Not Agree – 27	38.0
I feel competent in working with immigrant children.	Strongly Agree – 5	7.0
	Agree – 10	14.1
	Somewhat Agree – 25	35.2
	Do Not Agree – 26	36.6
I feel competent in working with children who have lost a loved one to death (not including suicide).	Strongly Agree – 5	7.0
	Agree – 14	19.7
	Somewhat Agree – 24	33.8
	Do Not Agree – 24	33.8
I feel competent in working with children who are in the foster care system.	Strongly Agree – 11	15.5
	Agree – 10	14.1
	Somewhat Agree – 31	43.7
	Do Not Agree – 15	21.1
I feel competent in working with children who have lost a pet.	Strongly Agree – 8	11.3
	Agree – 23	32.4
	Somewhat Agree – 27	38.0
	Do Not Agree – 9	12.7
I feel competent in working with children who have lost a loved one to incarceration.	Strongly Agree – 8	11.3
	Agree – 10	14.1
	Somewhat Agree – 26	36.6
	Do Not Agree – 23	32.4
I feel competent in working with children who have lost a loved one to suicide.	Strongly Agree – 4	5.6
	Agree – 10	14.1
	Somewhat Agree – 21	29.6
	Do Not Agree – 32	45.1
I feel competent to assess the mental health status of a child presenting with grief/loss.	Strongly Agree – 4	5.6
	Agree – 19	26.8
	Somewhat Agree – 21	29.8
	Do Not Agree – 23	32.4
I have sufficient knowledge about grief counseling theories, models, and interventions to apply with children presenting with grief/loss.	Strongly Agree – 2	2.8
	Agree – 8	11.3
	Somewhat Agree – 20	28.2
	Do Not Agree – 37	52.1
I can assess for unresolved grief/loss among children.	Strongly Agree – 3	4.2
	Agree – 10	14.1
	Somewhat Agree – 19	26.8
	Do Not Agree – 35	49.3



I can provide an array of grief/loss community resources for children and their families.	Strongly Agree – 7	9.9
	Agree – 10	14.1
	Somewhat Agree – 25	35.2
	Do Not Agree – 25	35.2

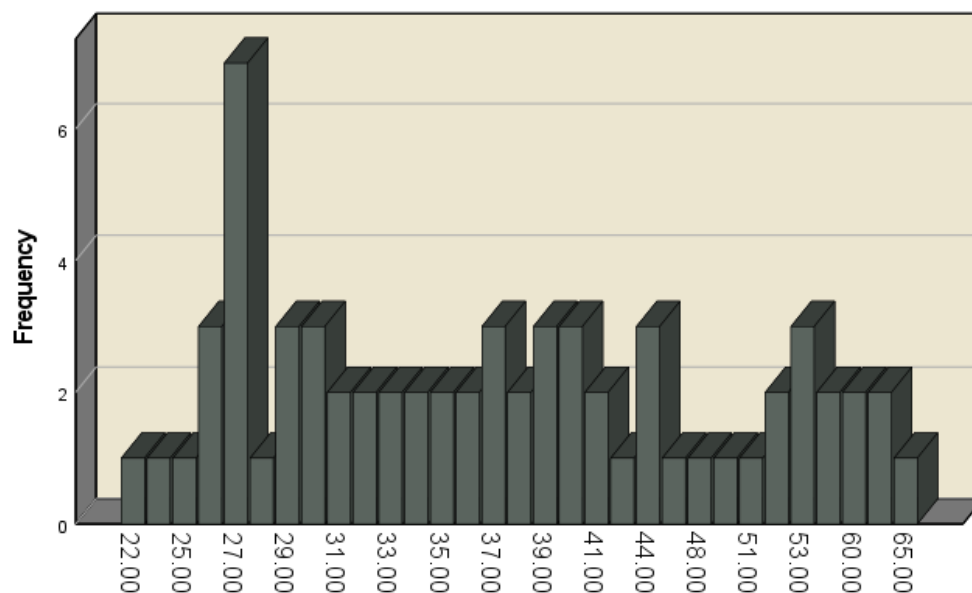


Figure 1. GCETSR Scores

#### Participant Course and Field Experience

As this study is attempting to identify preparedness and experience of social work students towards grief and loss among children, participants were asked to identify course completion, personal experience with loss, professional training/development, social work field experience, social work field experience with children, along with pursuit of additional credential services such as the Pupil Personnel Services Credential (PPSC).

Pertaining to courses completed for grief/loss, of the respondents 57 (80.3%) identified 0 courses completed, 8 (11.3%) identified 1 course completed, 4 (5.6%) identified 2 courses completed, 0 identified 3 courses completed, 8 (11.3%) identified 4 or more courses completed. Participants were asked the number of courses they have completed with material including grief/loss, 40 (56.3%) reported 0 courses completed, 9 (12.7%) reported 1 courses completed, 12 (16.9%) reported 2 courses completed, 2 (2.8%) reported 3 courses completed, 8 (11.3%) reported 4 or more courses completed with grief/loss material. Participants were asked if they ever experienced a significant loss to assess personal experience of loss, 58 (81.7%) reported yes and 13 (18.3%) reported no to loss experience.

To analyze social work field experiences, participants were asked for information of professional training in grief/loss, years of experience in social work and years of experience with children. When participants were asked about the number of hours of professional development training for grief/loss completed, 48 (67.6%) reported 0 hours. Respondents were asked to report amount of social work field experience in years, 21 (29.6%) reported less than one year of field experience, 44 (62.0%) reported 1-10 years of experience, 4 (5.6%) reported 11-20 years of experience, 0 reported 21-30 years of experience, one (1.4%) reported 31 or more years of experience in the social work field. Participants were assessed of the amount of social work field experience with children, 31 (43.7%) indicated 0 years of experience, 35 (49.3%)

indicated 1-5 years of experience, 3 (4.2%) indicated 6-10 years of experience, 1 (1.4%) indicated 11-15 years of experience, 0 indicated 15 or more years of experience. The sample was also asked if participants were interested in PPSC or accumulating hours to obtain PPSC to assess interest in school based social work careers post-graduation. 28 (39.4%) reported yes to interested in PPSC and 36 (50.7%) reported no interest. When asked if sample is currently accumulating hours towards PPSC, 11 (15.5%) reported yes and 60 (84.5%) reported no to currently accumulating hours for PPSC.

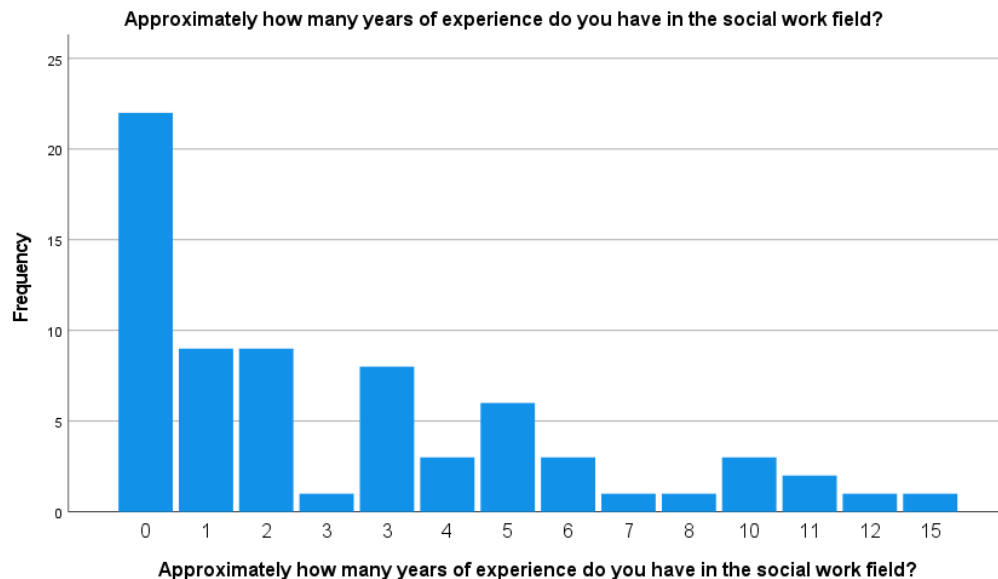


Figure 2. Years of Experience in Social Work

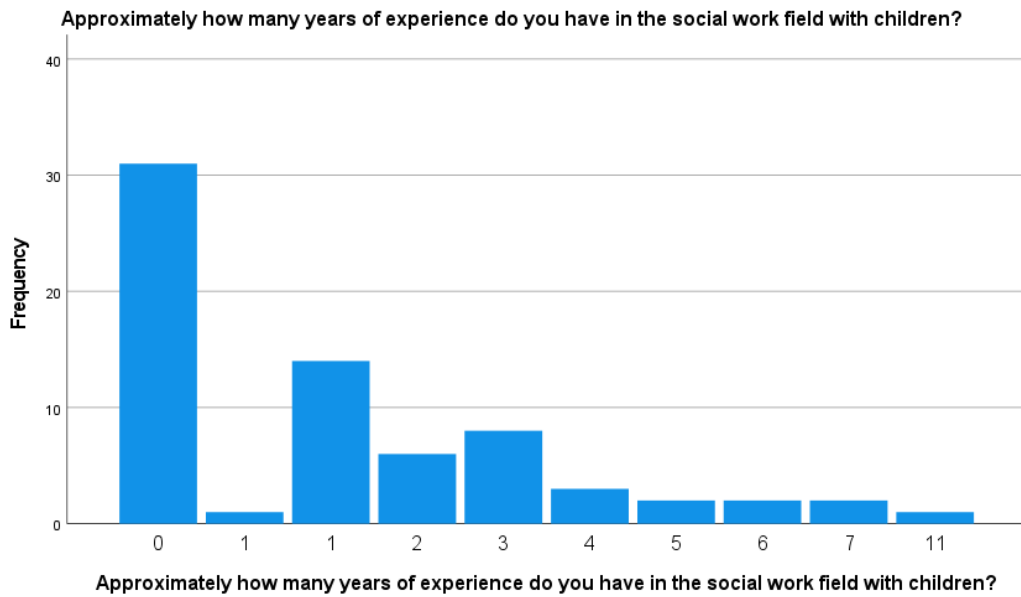


Figure 3. Years of Experience in Social Work with Children



Figure 4. Courses Completed on Grief and Loss

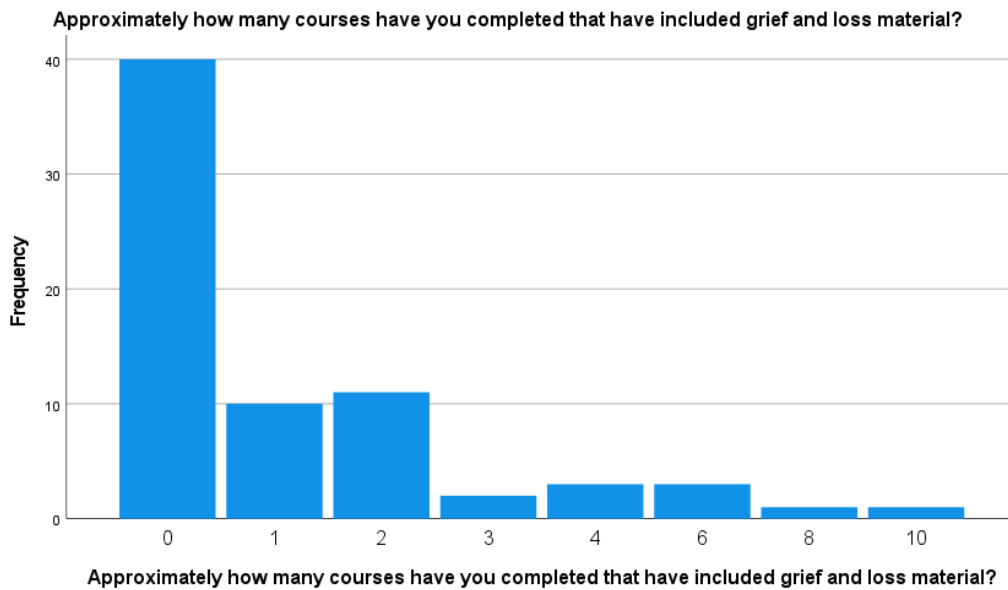


Figure 5. Courses Completed with Grief and Loss Material



Figure 6. Hours of Professional Development on Grief and Loss

## Presentation of Findings

Two correlation tests were generated for the purpose of analyzing the independent variables that effect GCETSR scores. Table 3 shows the correlation test for five independent variables (years of experience in the social work field, years of experience with children in the social work field, hours of professional development training completed on grief and loss, number of courses completed on grief and loss, and number courses completed that included grief and loss material) and GCETSR scores. Although the correlation test in Table 3 revealed no significant relationship between years of experience in the social work field to GCETSR scores ( $r(65)=.203$ ,  $p=.104$ ), the test revealed a significant correlation between GCETSR scores and the remaining variables. Participants with higher GCETSR scores reported more years of experience with children in the social work field ( $r(64)=.306$ ,  $p=.014$ ), hours of professional development training completed on grief and loss ( $r(65)=.348$ ,  $p=.004$ ), number of courses completed on grief and loss ( $r(65)=.519$ ,  $p<.001$ ), and courses completed that included grief and loss material ( $r(65)=.587$ ,  $p<.001$ ). The positive Pearson coefficients indicate that higher GCETSR scores (or higher perceived competency), are linked to participant with higher levels of experience, education, and training on grief and loss.

Similarly, Table 4 demonstrates the correlation test for question 20 (Appendix A) and GCETSR scores. This correlation test revealed that participants with lower GCETSR scores reported lower levels of familiarity with

the Kubler Ross's Stages of Grief ( $r(65)=-.262$ ,  $p=.035$ ), Integrated Grief Therapy for Children ( $r(65)=-.477$ ,  $p<.001$ ), Trauma Focused Cognitive Behavioral Therapy ( $r(64)=-.417$ ,  $p<.001$ ), Peer Counseling ( $r(65)=-.335$ ,  $p=.006$ ), Four Tasks of Mourning ( $r(64)=-.303$ ,  $p=.015$ ), Family Systems Theory ( $r(65)=-.411$ ,  $p<.001$ ), and Boss's Ambiguous Loss ( $r(65)=-.288$ ,  $p=.020$ ). A negative Pearson coefficient indicates that low GCETSR scores are correlated to lower levels of familiarity with models and concepts having to do with grief and loss. An additional correlation test was generated to analyze the relationship between current year as a social work student (MSW, BSW and alumni), and GCETSR scores. This test showed no significance in correlation ( $r(65)=.108$ ,  $p=.390$ ).

Table 3. Correlations Test for GCETSR, Participant Experience, and Number of Training/Courses Completed

Correlations							
		Grief Counseling Experience and Training Scale, Revised	Approximately how many years of experience do you have in the social work field?	Approximately how many years of experience do you have in the social work field with children?	Approximately how many hours of professional development training have you completed for grief and loss?	Approximately how many courses have you completed on grief and loss?	Approximately how many courses have you completed that have included grief and loss material?
Grief Counseling Experience and Training Scale, Revised	Pearson Correlation	1	.203	.306*	.348**	.519**	.587**
	Sig (2-tailed)		.104	.014	.004	<.001	<.001
	N	65	65	64	65	65	65
* Correlation is significant at the 0.05 level (2-tailed)							
** Correlation is significant at the 0.01 level (2-tailed)							

Table 4. Correlations Test for GCETSR and Concepts/Models

<b>Correlations</b>									
How familiar are you with the following concepts and models?									
		Grief Counseling Experience and Training Scale, Revised	Kubler Ross Stages of Grief	Integrated Grief Therapy for Children	Trauma Focused Cognitive Behavioral Therapy	Peer Counseling	Four Tasks of Mourning	Family Systems Theory	Ambiguous Loss (Boss)
Grief Counseling Experience and Training Scale, Revised	Pearson Correlation	1	-.262*	-.477**	-.417**	-.335**	-.303*	-.411**	-.288*
	Sig (2- tailed)		.035	<.001	<.001	.006	.015	<.001	.020
	N	65	65	65	64	65	64	65	65
* Correlation is significant at the 0.05 level (2-tailed)									
** Correlation is significant at the 0.01 level (2-tailed)									

Independent sample t-tests were conducted for the purpose of assessing the relationship of demographic questions 4, 9, 10 and 17 (Appendix A) and GCETSR scores. Question 4 asked participants about their sex. As no participant identified as “Other,” the variables were defined as “Male” and “Female.” The independent sample t-test for sex and GCETSR scores indicated no significant findings,  $t(65-1)=.125$ ,  $p=.251$ . Questions 9 asked participants what their religious preference was. For the purpose of this analysis, the variables were redefined as “Religious” and “Not Religious.” No significant findings were indicated in the independent sample t-tests for religious and GCETSR scores,  $t(65-1)=.261$ ,  $p=.523$ . Questions 10 asked if hours were being accumulated for the Pupil Personnel Services Credential (PPSC). The variables for this question did not need to be redefined as it was a closed question. The independent sample t-test conducted for analyzing a relationship between whether the respondents were



accumulating hours for the PPSC showed no significant findings,  $t(65-1)=-.386$ ,  $p=.772$ . A final independent sample t-test was generated for whether a significant loss was experienced by the respondent. The test showed no significant findings for whether a significant loss was experienced by the respondent to GCETSR scores,  $t(65-1)=-.440$ ,  $p=.880$ .

### Summary

A total of 71 respondents participated in this study; however, only 65 of the total respondents completed the GCETSR. The demographics of respondents varied in age, sex, race/ethnicity, religious preference, income, and current student status. The GCETSR was created utilizing the summation of answers for Survey Question 21. The GCETSR scale was utilized as the dependent variable representing level of perceived competence for addressing loss among children. Low scores in the GCETSR determined lower levels of perceived competence and high scores determined higher levels or perceived competence. Correlation tests for years of experience in social work, years of experience in social work with children, hours of professional development training in grief and loss, number courses completed with grief and loss material, number of courses completed on grief and loss and various models/concepts were run to examine the influence of each variable on GCETSR scores. Additionally, independent sample t-test were generated for sex, religion, PPSC hours attainment, and experiencing a significant loss to examine the impact of participant demographic on GCETSR scores.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This study examined social work students from a four-year university and their perceived competency for addressing loss among children as they are soon to enter the social work profession. This chapter discusses the study's findings and their connection to existing literature on addressing loss among children. This chapter will also present strengths and limitations of this study along with research implications. Furthermore, recommendations for social work, practice, policy and future research will be discussed. Lastly, a conclusion and implications pertaining to this social work issue will be addressed.

#### Discussion

The purpose of this study was to explore the perceived competency of social work students from a four-year university in their ability to address loss among children. This study utilized Daffenbaugh's (2008) GCETS assessment to evaluate self-reported competency of addressing loss and grief in addition to gathering personal and professional education and experience. After analyzing the data, the participants reported substandard levels of perceived competence indicating lower levels of awareness, knowledge, and understanding in grief and loss counseling.

Frequency reports showed significant correlations with 4 of the 5 independent variables reported. Interestingly, years of experience in the social work field being the only one that did not show significant correlation with the GCETSR scores of participants. It can be inferred that testing a student population could result in overall less on the field job experience due to academia pursuits.

A significant correlation of participants scoring higher GCETSR scores along with an increased number of years of experience in social work with children, hours of professional development, courses on grief/loss, courses including grief/loss. This finding demonstrates the increased need for professional preparedness in grief and loss in a four-year university social work curriculum. Participants with high perceived competency are linked to participants with higher levels of experience, education, and training. These findings should be taken into consideration due to the vast majority of participants reporting themselves to have low competency and preparedness of this social work issue as they enter the professional work field.

It was reported in the literature review the importance of being able to recognize loss and grief especially among children due to crucial developmental stages (Huitt & Hummel, 2003; Lenhardt, 1997). The literature also suggested there to be substantial information of grief interventions with children but minimal empirical support to further substantiate support for children experiencing grief and loss (Rosner et al., 2010). Although the importance remains, the social work curriculum does not reflect the level of preparedness needed and there is a

continued emphasis on the importance of addressing the gap between MSW curriculum and this significant life issue (Murty et al., 2015). Murty et al. (2015) goes on to explain if staff are not prepared in addressing loss, they “may carry their own fear of death into these discussions inhibiting an in-depth examination on how death, dying, and loss impact individuals, families, and the larger community. A single course on death and dying is available in some social work programs but may not be provided at all.” This finding is consistent with extensive literature reporting on the importance of some level of preparedness in addressing grief and loss prior to entering the professional work field (Murty et al., 2015; Kramer et al, 2005).

Our findings suggest that students felt an overall underprepared perceived competence in their ability to address loss among children. Participants who felt more prepared also reported more awareness of grief models, theories, and intervention for grief and loss. Our findings align with the literature demonstrating there is a need for more education of this social issue to provide social workers with necessary skills to assess and intervene children with grief or loss symptoms.

### Strengths and Limitations

The purpose of examining strengths and limitations in this study is to examine credibility and the generalization of findings and consider what needs to be improved for future studies regarding ambiguous loss among children.

### Strengths

This study had several strengths that facilitated in examining the need and utilization of this study for future research. Two major strengths were identified in this study. The first strength was the demographic variation of participants. Although all students were from a four-year university, the demographics of participants varied in age, race/ethnicity, religion, sex, income, employment status, student status and experience with a significant loss. This allowed for the analyzation of perceived competency for addressing ambiguous loss among children among a diverse sample. Varied demographics among participants also offers validity for major findings in this study. Another strength is that this study was cost effective and versatile due to the process of acquiring data using a survey to gather data.

### Limitations

It is important to examine the limitations of this study to consider the development of future research. Four major limitations were identified in this study. The first limitation of this study was the small sample size of 71 participants with all participants being from a four-year university which provides no external validity in this study. In other word, this does not allow for the findings in this study to be generalizable across different populations of social workers addressing grief and loss. The second limitation in this study was the limited time frame to gather data. Data was gathered from March 2021 to November 2021 which limited the amount of accessible data gathering. Another limitation found

was the reliability of survey questions. Although definitions for grief and loss were defined in this paper, respondents were not provided with a definition of *loss*, *grief*, *ambiguous loss*, *significant loss*, or other ambiguous terms found in the survey; therefore, varied understanding and bias on the subject matter may have impacted how each participant responded to survey questions. Additionally, the survey was extensive and asked participants to several minutes to complete. Extensive surveys can often lead to incomplete surveys and/or further the reliability of data provided. Lastly, there is not enough previous or ongoing research on social workers addressing ambiguous loss among children. Most research examining grief and loss target the adult population, hospice social workers, and loss by death. Furthermore, many grief and loss theories, concepts, and models are not often studied among children, providing minimal conceptualization guiding current practice and research.

#### Recommendations for Social Work Practice, Education, and Research

Grief and loss are topics that almost all social workers will need to address one or more times in their careers. This study can be used for guiding future research involving addressing grief and loss among children, and for the ongoing development of social work practice and education. Currently, there is substantial interventions and services for grief and loss but insufficient research for effective implementation into social work practice. Research aids in the development of practice theories and models. Without sufficient research on grief and loss among children, it is likely that this population will not be adequately addressed

and overlooked. As social workers, there is a responsibility to continue developing practice through feedback and research.

As an ethical standard and core principle of social work, competency is vital for effective and ethical practice. For that reason, it is imperative that schools of social work incorporate grief and loss into current curriculum. If current curriculum is not fitting for grief and loss material, schools of social work can include a grief and loss elective for undergraduate and graduate students to provide students with the opportunity to further their knowledge on an unavoidable topic in social work practice. Furthermore, social work agencies whose specialized population includes children and families can provide training for grief and loss to expand the level of competency for providing effective and comprehensive services.

### Conclusion

As we guide the development of social work practice, it is important for schools of social work and social work agencies provide more materials, curriculum, exposure, and trainings for preparing students to competently address grief and loss among children. This study shows the importance of experience, education, and knowledge for future social workers to appropriately address grief and loss. It is our duty as social works to continue striving for a well-rounded practice that can aid in an array of issues including grief and loss.

APPENDIX A  
SURVEY



## **Addressing Loss Among Children**

1. What is your current student status?
  - a. BASW Student
  - b. MSW Student – Part Time/Pathway (3-year program)
  - c. MSW Student – Full Time (2-year program)
2. What is your current year as a Social Work Student?
  - a. 1 or Junior Status
  - b. 2 or Senior Status
  - c. 3
  - d. 4 or more
3. If currently enrolled as a MSW student, what was your major for your undergraduate degree? (Check multiple for double majors)
  - a. Social Work
  - b. Sociology
  - c. Political Science
  - d. Administration
  - e. Child Development
  - f. Psychology
  - g. Public Health
  - h. Other \_\_\_\_\_
4. What is your sex?
  - a. Female

- b. Male
  - c. Other
  - d. Prefer not to answer
5. What is your current age in years?
- a. \_\_\_\_\_
6. What is your current employment status?
- a. Employed Full-time
  - b. Employed Part-time
  - c. Self-employed
  - d. Not currently employed
  - e. Other \_\_\_\_\_
7. What is your yearly income?
- a. \$0-\$19,999
  - b. \$20,000-\$39,999
  - c. \$40,000-\$59,999
  - d. \$60,000 and up
8. Which of the following race/ethnicity do you identify with? (Check all that apply)
- a. Hispanic/LatinX
  - b. White/Caucasian
  - c. African American
  - d. Native American

- e. Other \_\_\_\_\_
- f. Prefer not to answer

9. What is your religious preference?

- a. Christian
- b. Catholic
- c. Jewish
- d. Buddhist
- e. Muslim
- f. Hindu
- g. Mormon
- h. Atheist
- i. I do not have a religious preference
- j. Other \_\_\_\_\_
- k. I prefer not to answer

10. Are you currently accumulating hours for your Pupil Personnel Services (PPS) Credential?

- a. Yes
- b. No

11. If "No" to question 8: Are you interested in achieving a PPS Credential in the future?

- a. Yes
- b. No

12. Approximately how many years of experience do you have in the social work field? \_\_\_\_\_ years
13. Approximately how many years of experience do you have in the social work field with children? \_\_\_\_\_ years
14. Approximately how many hours of professional development training have you completed for grief and loss? \_\_\_\_\_ hours
15. Approximately how many courses have you completed on grief and loss? \_\_\_\_\_ courses
16. Approximately how many courses have you completed that have included grief and loss material?
- a. \_\_\_\_\_ courses
17. Have you ever experienced a significant loss?
- a. Yes
- b. No
18. In one to two sentences, how do you define loss?
- a. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
19. Which of the following best describes you regarding addressing loss among children?
- a. I feel incompetent about addressing loss among children and need to learn a lot more.

- b. I feel like I know somewhat about addressing loss among children but do not feel competent and still need to learn more about it.
- c. I feel like I have a great deal of knowledge about loss and feel competent about addressing loss among children.
- d. I feel like I have been amply trained and educated about loss and feel highly competent in addressing and teaching about loss among children.

20. How familiar are you with the following concepts and models?

	Very familiar	Moderately familiar	Slightly familiar	Not familiar at all
Kubler Ross Stages of Grief	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Integrated Grief Therapy for Children</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma-Focused Cognitive Behavioral Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Peer Counseling</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Four Tasks of Mourning (Mastrangelo & Wood)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Family Systems Theory</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ambiguous Loss (Boss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. How much do you agree with following statements?

	Strongly Agree	Agree	Somewhat Agree	Do Not Agree
<b>I have professional training in addressing children presenting with grief/loss.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will receive some professional training for addressing grief/loss as a social worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>My university currently provides a comprehensive social work curriculum that includes grief/loss education.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have many opportunities at my university to further my education and knowledge about grief/loss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I practice addressing loss/grief using role play as the client or the social worker.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can monitor my grief/loss skills and competency through consultation and supervision with a professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I regularly attend workshops and training to further my knowledge on addressing grief/loss.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have experience working with children who present with grief/loss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>I feel competent to provide counseling to children presenting with grief/loss.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel competent in working with children who have lost their homes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel competent in working with immigrant children.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel competent in working with children who have lost a loved one to death (not including suicide).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel competent in working with children who are in the foster care system.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel competent in working with children who have lost a pet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel competent in working with children who have lost a loved one to incarceration.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel competent in working with children who have lost a loved one to suicide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel competent to assess the mental health status of a child presenting with grief/loss.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have sufficient knowledge about grief counseling theories, models, and interventions to apply with children presenting with grief/loss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I can assess for unresolved grief/loss among children.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can provide an array of grief/loss community resources for children and their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Agree	Agree	Somewhat Agree	Do Not Agree
<b>I have professional training in addressing children presenting with grief/loss.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will receive some professional training for addressing grief/loss as a social worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>My university currently provides a comprehensive social work curriculum that includes grief/loss education.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have many opportunities at my university to further my education and knowledge about grief/loss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I practice addressing loss/grief using role play as the client or the social worker.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can monitor my grief/loss skills and competency through consultation and supervision with a professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



<b>I regularly attend workshops and training to further my knowledge on addressing grief/loss.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have experience working with children who present with grief/loss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel competent to provide counseling to children presenting with grief/loss.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel competent in working with children who have lost their homes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel competent in working with immigrant children.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel competent in working with children who have lost a loved one to death (not including suicide).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel competent in working with children who are in the foster care system.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel competent in working with children who have lost a pet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel competent in working with children who have lost a loved one to incarceration.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I feel competent in working with children who have lost a loved one to suicide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel competent to assess the mental health status of a child presenting with grief/loss.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have sufficient knowledge about grief counseling theories, models, and interventions to apply with children presenting with grief/loss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I can assess for unresolved grief/loss among children.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can provide an array of grief/loss community resources for children and their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Survey revised from Daffenbaugh's (2008) doctoral dissertation.

APPENDIX B  
INFORMED CONSENT

## INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate the competency of BASW and MSW students at California State University, San Bernardino for addressing loss among children. This study is being conducted by Adriana Lopez-Cota and Catalina Herrera, both graduate students in social work, under the supervision of Dr. Carolyn McAllister, the Director and Associate Professor, CSUSB School of Social Work. This study has been approved by the Institutional Review Board at CSUSB.

**PURPOSE:** The purpose of this study is to determine the perceived levels of competence of social work students to address loss among children and families. This research will focus on the information participants provide on their knowledge of grief/loss interventions for children and families, awareness of grief/loss theories and models, education, personal experience with grief/loss and field experience to measure levels of competency for addressing loss among children and families.

**DESCRIPTION:** Participants will be asked to complete a questionnaire about their experience, training, education, and perceived level of competency for addressing loss/grief among children and families. Participants will also be asked to answer a few demographic questions.

**PARTICIPATION:** Your participation within this study is completely voluntary. You may participate, skip, or refuse to answer any questions you do not wish to answer. You can freely withdraw from participation in this study at any time. You are encouraged to ask any questions or raise any concerns at any time about the nature of this study.

**CONFIDENTIALITY/ANONYMITY:** At no time during this study will any real names be used or asked for. Therefore, the study will remain completely anonymous. All the data gathered by each survey will be stored in a locked, password protected computer where they will remain until 1 year after the research has ended. The possible submission of this paper may be used for future studies in where no other information of yours will be used of or disclosed except for the data submitted and analyzed in the research paper.

**DURATION:** The survey will take approximately 15 minutes to complete.

**RISKS:** There are no anticipated risks in participating in this study beyond those experienced in everyday life. If at any time in participating in this study you feel uncomfortable answering any questions, you may refuse to answer or conclude your participation in the study.

**BENEFITS:** Participation in this study can provide possible benefits for social work students as the study results can offer knowledge to develop and strengthen future Social Work education, experience, and training.

**CONTACT:** If any pertinent questions about this research or any concerns arise at any time during this study, you may contact the Director and Associate Professor, CSUSB School of Social Work, Dr. Carolyn McAllister at [cmcallis@csusb.edu](mailto:cmcallis@csusb.edu)

**RESULTS:** The findings from this study can be obtained after June 2022 by accessing CSUSB's John Pfau Library – ScholarWorks Database at <https://scholarworks.lib.csusb.edu/>.

**CONFIRMATION STATEMENT:**

I understand that I must be 18 years of age or older to participate in your study.  
I have read and understand the consent document and agree to participate in your study.

**BY CLICKING "NEXT" AND VOLUNTARILY CHOOSING TO CONTINUE TO ANSWER THE FOLLOWING QUESTIONS AND STATEMENTS, I AM AGREEING TO PARTICIPATE IN THIS STUDY.**

APPENDIX C

INSTITUTIONAL REVIEW BOARD APPROVAL LETTER



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March 28, 2021

**CSUSB INSTITUTIONAL REVIEW BOARD**  
Administrative/Exempt Review Determination  
Status: Determined Exempt  
IRB-FY2021-124

Carolyn McAllister Adriana Lopez Cota, Catalina Herrera  
CSBS - Social Work, Users loaded with unmatched Organization affiliation.  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, California 92407

Dear Carolyn McAllister Adriana Lopez Cota, Catalina Herrera:

Your application to use human subjects, titled "Perceived Social Worker Competency for Addressing Loss Among Children" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

**Important Notice:** For all in-person research following IRB approval all research activities must be approved through the Office of Academic Research by filling out the [Project Restart and Continuity Plan](#).

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at [mgillespi@csusb.edu](mailto:mgillespi@csusb.edu). Please include your application approval number IRB-FY2021-124 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair  
CSUSB Institutional Review Board

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## ASSIGNED RESPONSIBILITIES

This study will be conducted, analyzed, presented, and written by two collaborating researchers, Adriana Lopez-Cota, and Catalina Herrera. Both researchers will continue to work as a partnership throughout the research project including the writing process, data collection and entry, and presentation of findings.