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The Effect Of Grief And Loss Training For Student Counselors On Grief Counseling Comfort Level In Two Educational Settings

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THE EFFECT OF GRIEF AND LOSS TRAINING FOR STUDENT COUNSELORS ON GRIEF COUNSELING COMFORT LEVEL IN TWO EDUCATIONAL SETTINGS

by

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DISSERTATION

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Approved by:

Advisor	Date

DEDICATION

Bana her zaman inanan, koruyucu melegim ve annem Saadet Karadag-Sertgoz'e...

To my guardian angel and mom Saadet Karadag-Sertgoz, who always believes in me...

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CHAPTER I

Introduction

Loss is a universal phenomenon that has a significant impact on individuals (Bremner, 2006; Humphrey, 2009). As emphasized by Malkinson (2007), "The experience of loss is overwhelming, at times traumatic and changes us forever" (p. 1). One of the most difficult losses in one's life is death of a loved one, but grief can also result from the loss of a pet through death, loss, or separation (Wright, 2007).

Loss, grief, and other paleontology related terms are defined in many ways in the literature. It is important to go over some of those definitions to clarify the way they apply to this study. Humphrey (2009) defines loss as real or perceived deprivation of something, which can be death or non-death related, deemed meaningful. Grief is the personal or interpersonal experience of loss that is experienced by sorrow, distress, and other unpleasant emotions. Grief has multiple dimensions which involve physical, emotional, cognitive, and behavioral responses at the individual, social, cultural, and historical level (Humphrey, 2009).

Individuals may grieve over many different types of loss such as a person, an identity, a job, a house, or a pet Moreover, the loss can be sudden (e.g. accident, lay off) or expected (e.g. chronic illness, foreclosure). Although loss may have different causes, losing a loved one has a great impact on an individual's life.

Loss of a loved one deteriorates individuals' meaning systems, in other words, the way they understand the world around them. After a significant loss, individuals need to restructure their meaning system and come to terms with the new life after the loss (Field, Gal-Oz, & Bonanno, 2003; Hagman, 1995). Most people have the resilience and the support to deal with loss without any professional help (Bonanno, 2004) while some go through more severe and

prolonged symptoms of grief (Worden, 2002). Although loss is a normal part of life, loss related issues such as the inability to successfully adapt to the loss or prolonged symptoms of depression and anxiety create a need for therapeutic interventions. In other cases, counseling can be utilized in the acute phase of grief in which individuals struggle with the traumatic transition. For this reason it is important to provide student counselors with training that focuses on grief and loss to help them increase their effectiveness when working with their clients.

The empirical studies regarding the effectiveness of grief counseling have been conflicting. Kato and Mann (1999) reviewed eleven quantitative studies, completed between the years of 1975-1992. The studies that were included in the meta-analysis required random assignment to treatment and control groups and similar recruitment procedures. They included individual, family, and group modes of counseling and compared the measurements of depressive, somatic, and other psychological symptoms across the studies before and after treatment. The meta-analysis found a global effect size coefficient of .114, a significantly low number in comparison to standards for effect sizes for therapeutic treatments. The authors defined standard effect sizes as .20 for small effect size and .50 and .80 for medium and large effect size respectively (Kato & Mann, 1999).

The effect sizes of the studies were significantly low although they used different methods of analysis. The authors suggested various reasons for these low values: the grief counseling may actually not be working; the limited number of sessions in the studies prevented detection of a stronger result in the studies; and methodological problems such as small samples, instrumental problems (i.e. reliability, validity), high drop-out rates, and lack of control for variables such as gender, the expectedness of the loss, and time of the loss. Furthermore, assessment tools were also listed as a possible source of the low effect size. The assessment tools

used in the studies mostly measured a variety of symptoms, but were not developed specifically for grief. The assessments used had been developed to measure improvements in depressive, somatic, and psychological symptoms, but did not investigate the other domains of grief such as adaptation, coping, and relationships.

Problem Statement

Although grief and loss are prevalent issues in the therapy setting, counselors sometimes overlook the symptoms of grief. Furthermore, they may not recognize the significance of the loss on the client's presenting issues especially when the grief is experienced about a n on-death related situation (Humphrey, 2009). However, the pain, the suffering, and all other grief reactions can be experienced as severely in a non-death situation as in a death situation (Humphrey, 2009).

Moreover Kirchberg and Neimeyer (1991, as cited in Humprey, 1993) tested the assumption that death and dying issues are perceived as more difficult for counselor trainees to deal with. The results of the study supported the assumption and revealed that counselors in training indeed reported more discomfort dealing with loss and/or death issues than other issues (Humphrey, 1993). Similar studies regarding the comfort level of the beginning counselors suggested similar results as they show great discomfort dealing with death related grief and loss issues of their clients (Kirchberg, Neimeyer, & James, 1998).

Rosenthal and Terkelson (1978) revealed an alarming reality with their research on school counselors (Rosenthal, 1981). They found that the majority of school counselors are dealing with grief issues in their practice while little was being done to help the school counselors to acquire necessary skills (Rosenthal, 1981). The school counselors that participated in the study admitted that "while they did not feel adequately trained to work in the area of death

and grief, they were doing so" (p. 204). Rosenthal (1981) replicated the previous research with 564 school counselors and found similar results.

The lack of death education and grief counseling in the counselor training curriculum was again emphasized in Freeman and Ward's (1998) article. Surveys of psychology, counseling, and other health professional programs found that training requirements did not include death and dying issues (Dickinson, Sumner, & Frederick, 1992; Hunt & Rosenthal, 2000).

It should also be noted that the grief and loss related courses or training programs, if they are included in the counselor education programs, mostly include death related grief and bereavement and do not cover non-death related grief and loss issues. In the light of the information above, it is clear that the lack of grief and loss education has been a growing concern for student counselors. Students and professionals are expected to facilitate the growth and change of their clients. Not understanding the loss or appreciating the effects of grief may result in hindrance of positive therapeutic outcome (International Work Group on Death Dying and Bereavement, 1992). Grief and loss appears prevalently in the counseling setting both as a major or an underlying issue. In both circumstances, it is crucial for student counselors to be prepared and appropriately trained to help their clients' grieving process.

Purpose of the Study

Whether death or non-death related, grief issues appear frequently in counseling settings (Humphrey, 1993). Consequently, it is essential for counselor preparation programs to include grief counseling training in their curricula. While there is a growing need for grief counseling in the profession, there is little information in the literature regarding the content or method of grief counseling training in counselor education programs (Humphrey, 1993).

The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2011) accredits master's and doctoral degree programs in career counseling, college counseling, community counseling, gerontological counseling, marital, couple, and family counseling/therapy, mental health counseling, school counseling, student affairs, and counselor education and supervision. However, their 2009 standards do not require a specific course on grief counseling or mention grief counseling as a knowledge or skills/practice requirement.

A national study conducted by Humphrey (1993) served as an inspiration for this study. Humphrey's study included 135 counselor education programs nationwide. Some of the questions asked in the study include the following (Humphrey, 1993):

> 1. What is the opinion of counselor educators regarding the importance of teaching grief counseling in counselor preparation programs?
> 2. Is grief counseling being taught in counselor preparation programs?
> 3. How is grief counseling addressed in the curricula of counselor preparation programs which do include training in grief counseling? (p. 335)

The results indicated that 70.4% of the participants believed in the importance of teaching grief counseling and 81.5% confirmed that grief counseling was being addressed (as a part of other coursework) in their program. However, only 33.3% of the programs indicated offering a distinct course in grief counseling (Humphrey, 1993).

The purpose of this study was to develop a grief counseling training program from the rational emotive behavioral perspective that will address both death and non-death related loss and grief issues of clients. The training program, which was delivered in two different educational settings (online and in-class), targeted student counselors in order to help them increase their comfort level in dealing with their clients' grief and loss issues in practice.

Research Questions

Research Question 1: Does grief counseling training affect the grief counseling comfort level of student counselors?

Research Question 2: Does the effect of grief counseling training on student counselors' counseling comfort level differ according to the setting of the training (in-class vs. online)?

Research Hypotheses

Hypothesis 1: Grief counseling training will have a significant effect on grief counseling comfort level of student counselors.

Hypothesis 2: The effect of the grief counseling training will be greater in the traditional in-class training setting than in the online setting.

Definition of Terms

Loss: Loss is a real or perceived deprivation of someone or something deemed significant, meaningful, and cared for (Humphrey, 2009). Loss may occur as a result of death or non-death circumstances. Retirement, acquiring disability and infertility can be listed as examples of non-death related losses.

Grief: Grief is defined as a group of reactions that are experienced as a result of loss (Stroebe, Hansson, Stroebe, & Schut, 2001). The reactions to loss are primarily emotional, behavioral, physiological, cognitive, and spiritual in nature.

Student Counselors: In this study, student counselors refer to the graduate students who are pursuing their master's degree education in the Counselor Education program at a Midwest urban university. The terms student counselors, counseling trainees, and counselors in training will be used interchangeably.

Cognition: Cognition is a mental process that includes processing, comprehension, remembering, judging, thinking, and problem-solving ("The Psychology Dictionary ", 2011)

Affect: Affects are emotions or feelings that are manifested by facial expression, tone of voice, body language, and verbal communication ("The Free Dictionary," 2011).

REBT: Rational Emotive Behavior Therapy is one of the first cognitive behavior therapies (Corey, 2009). Cognitive Behavioral Therapy is a therapeutic approach that combines cognitive and behavioral principles in a time-limited treatment. The basic principles of CBT are that individuals' distorted, irrational, or maladaptive conditions create their emotional disturbance and behavioral symptomology, which can be modified by the implementation of cognitive, emotional, and behavioral techniques (Corey, 2009). REBT uses the A (activating event)-B (Beliefs)- C (Behavioral and emotional consequences) model to explain the reciprocal relationship between thoughts, emotions, and behaviors.

Online Education: Online education is a method of training that is computer-mediated and involves online communication that "is delivered through audio and visual technology to the students who are separated by place or time" (Wantz et al., 2004, p. 327)

Grief Counseling: Grief counseling is "the application of therapeutic process, based on specific theoretical knowledge about the nature of grief, to assist persons dealing with real or perceived loss" (Humphrey, 1993; p. 334).

Counseling self-efficacy: *Self-efficacy* refers to people's perception and judgment of their capacities to perform certain tasks. Unlike the trait-factor perspective, self-efficacy beliefs are not like unitary or global traits but rather are dynamic, ever-changing self concepts that are about particular performance domains (Brown, 2003; Lent, 2005). These beliefs are affected by environmental conditions (e.g., level of education, social support). Self-efficacy mainly develops

through four types of learning experiences, which are personal performance accomplishments, vicarious learning, social persuasion, and physiological and affective states (Lent, 2005; Lent, Brown, & Hackett, 1994).

People's interpretations of personal and environmental factors influence their levels of self-efficacy. Hence, personal accomplishments are one of the greatest influences on it (Lent, 2005). In other words, self-efficacy is strengthened when the individual experiences success in his or her performance and it is weakened when there are repeated failures (Zunker, 2002). Counselor self-efficacy is described as the counseling student's perception and judgment of successfully performing counseling skills (Johnson, Baker, Kopala, & Kiselica). Counseling students' self-efficacy is found to be affected by the level of training. (Leach, Stoltenberg, McNeill, & Eichenfield, 1997)

Grief counseling comfort: Grief counseling comfort can be defined as the counselor's self-perceived comfort as opposed to discomfort in assisting their clients with grief and loss issues. The level of comfort in dealing with grief and loss may affect the counselor's potential apprehension regarding the ability to support the grief-distressed client (Kirchberg & Neimeyer, 1991).

Kirchberg and Neimeyer (1991) stated that discomfort could take many different forms for different counselors, such as performance anxiety, incapacitating sadness, shock, and helplessness.

Assumptions

- The counselors in training, who are subjects in this research, are believed to have a fundamental knowledge in counseling skills, theory, and techniques.

- The participants are assumed to respond accurately and honestly to the evaluative instruments.

- The participants are assumed to have the mental and cognitive capability to comprehend the content of the training and complete the questionnaires.

- It is assumed that scales and questionnaires used in the study accurately measure the components that are relevant to this study.

Limitations

- This research is limited to the grief and loss issues of adult clientele. Children's and adolescents' specific issues regarding grief and loss are excluded from the research.

- This research is limited to counseling master's students, who are in the advanced stage of their program, at an urban university located in the Midwestern United States.

- This study is limited to the students who have consented to participate in the study and who have completed all three sessions of the training.

- This study relies on paper and pencil instruments, which are subject to socially desirable responses.

- The confounding variables that may influence grief counseling comfort level will not be accounted for by this study.

Summary

This chapter introduced the problem to be addressed in this study. Research variables, questions, hypotheses and definition of terms were described. The basic assumptions and limitations of the study were presented. Chapter II presents the literature review and existing research on loss, grieving, loss and grief counseling, grief counseling training, and online and in-class education in the counseling field.

CHAPTER II

Review of Literature

Introduction

Loss is a perceived or real deprivation of something or someone that is meaningful to the individual (Humphrey, 2009). Grief is defined as a primarily emotional, behavioral, physiological, cognitive, and spiritual reaction to loss (Boelen, van den Bout, & de Keijser, 2003; Stroebe et al., 2001). Different dimensions of grief present themselves as (Stroebe et al., 2001): (a) affective manifestations, including depression, despair, and dejection, anxiety, guilt, anger, sadness, jealousy, fear, shame, relief, powerlessness, hostility, helplessness, hopelessness, losing interest in joyful activities, and loneliness; (b) behavioral manifestations, including agitation, crying, outward expression of emotion, physical activities, increase in alcohol/smoking, and social withdrawal; (c) cognitive manifestations, including preoccupation with thoughts of the deceased, lowered self-esteem, self-reproach (remorse), a sense of unreality, fantasizing, apathy, dreams, confusion, problems with memory/concentration, and attempts to understand the loss; (d) physiological and somatic manifestations, including low appetite, fatigue, sleep disturbances, headaches, muscular aches, nausea, tenseness, energy loss and exhaustion, somatic complaints, physical complaints similar to those the deceased endured, and susceptibility to illness and disease; and (e) spiritual manifestations, including searching for meaning or making sense of the situation, and a change in spiritual behaviors, feelings, or beliefs (as cited in Bocchino, 2008).

Types of Losses

Loss experiences are far broader than loss through death of a loved one. As Humphrey (1993) listed, real or perceived non-death situations can create grief symptoms that are similar to

death related grief. Separation (i.e., leaving home for college, relocation), infertility, termination of a relationship, chronic illness, disability, the coming out process for homosexuals, and more are all seen as creating the experience of loss and consequently grief reactions among individuals (Humphrey, 1993).

Conceptualization of Grief and Loss

Humphrey (2009) lists nine critical guidelines for conceptualizing loss and grief. 1) Every grieving experience is unique and every individual grieves differently. Despite the existence of universal grief stages (e.g., shock, denial, anger) every grief experience is affected by individuals' world, culture, religion, and personality. Therefore, it is more important to focus on the idiosyncratic nature of an individual's grief. 2) Grief occurs in and affects multiple contexts of individual, familial, social, cultural, and historical dimensions. Loss affects different aspects of individuals' lives. Humphrey (2009) writes, "Grieving involves a continual process of negotiation among the various sociocultural influences specific to that person and to the environment in which she or he lives" (p. 8). 3) Nonlinear grief models are preferred over universal stages of bereavement. Grieving individuals do not follow a linear model of stages of grief. Rather, they may go through the stages not following an ultimate order and sometimes going through the same stages multiple times. There is no ideal way of grieving. Different styles reflect the diverse nature of individuals. 4) Promote and encourage continuing bonds of connection, rather than broken bonds. Instead of insisting that individuals should put things behind them or move on, the focus should be on revising, refining, or altering the individual's relationship with the lost person. It is important to find a different way of connecting while, at the same time, accepting the reality of loss. 5) Recognize that grieving is a natural response to a loss which may have complications. As mentioned before, every individual grieves differently

and a lack of grief could be a natural response for that individual's culture and background. Therefore, it is important to avoid labeling a possibly natural reaction as pathological while being aware of possible barriers to adjusting to loss. 6) Acknowledge that individuals play an active role in their adaptation process to their loss. Linear or stage models tend to view individuals as passive in terms of adjusting to loss. However, individuals are active participants in a dynamic process of adaptation. Consequently, mental health professionals should emphasize functionality, survivorship, strength, resilience, potentiality, competence, empowerment, and resourcefulness. 7) Recognize the significance of meaning reconstruction as a critical part of the adjustment process. Individuals shape and understand their world through their philosophical and spiritual beliefs, personal and social identities, the nature of relationships, and expectations about how the future will unfold. When loss (e.g., loss of a child, sudden loss) shatters a person's meaning structure, it is imperative to help the individuals to make sense of their loss and to develop alternative perspectives regarding the perception of loss. 8) Recognize that grief does not end but changes. Grief should not be perceived as a journey, with a beginning and an end. The intensity of grief may change over time and yet it can still be harder at certain times (e.g., birthdays, anniversaries, holidays). Humphrey explains, "Grief and grieving change as people confront, avoid, accommodate, assimilate, or integrate their losses into their lives over a lifetime, but their grief does not end…" (p. 14). 9) Tailor your treatment according to the needs of individuals. One-size-fits-all interventions will not be as effective when dealing with unique needs of grieving individuals. Mental health professionals should acknowledge the impact of personality and idiosyncratic nature of each person's grieving, as well as multiple social, cultural, and familial influences on i ndividuals' adjustment to loss while organizing their treatment plans.

Responses to Loss

Regardless of the nature, the reposes to death and non-death related losses have a lot in common (Humphrey, 2009). Individuals who are grieving experience sadness, deprivation, pain, avoidance, anger, fear, anxiety, denial, despair, disbelief, loss of meaning, and disconnection (Bremner, 2006; Humphrey, 2009). Individuals attempt to reorganize their meaning structure and world after the loss. They try to make sense of the loss especially when the loss does not fit their beliefs, values, assumptions, and expectations—in other words, their meaning structures (Neimeyer, 2001). When individuals have other losses in their lives, the new loss can bring thoughts and feelings from the old losses (Humphrey, 2009).

Grief Models and Theories

Freud was the first person to publish a bereavement theory (Freud, 1922). According to Freud, grief is a normal process after a loss but could be pathologic if the person could not fully detach him or herself from the deceased. He stated that a healthy recovery is possible only when the person emotionally disengages him or herself from the deceased and return back to pre-loss functioning (Wright & Hogan, 2008).

Lindemann's contributions have an important role in grief and bereavement literature. His studies and observations have helped mental health professionals to differentiate normal grief and abnormal grief reactions (Wright & Hogan, 2008). Lindemann listed some of the normal grief reactions as somatic disturbances, preoccupation with the image of the deceased, guilt, disorganized behavior, etc. (Lindemann, 1944). On the other hand, delay in the grief reaction, self-destructive behavior, agitated depression, sleep disturbance, self-blame, and some other reactions were determined to be the manifestations of abnormal grief reactions

(Lindemann, 1944). Lindemann (1944) explained the recovery process as freeing oneself from emotional bonds to the deceased and establishing new relationships and interests.

Bowlby, the father of attachment theory, was the first person to base his conclusions on empirical evidence (Wright & Hogan, 2008). Bowlby made a connection between the type of attachment among the deceased and the loved one and intensity of the grief reactions (P. M. Wright & Hogan, 2008). Bowlby was also the first to propose a progressive or linear course of grieving involving phases.

The first phase of Bowlby's model is associated with numbness and shock (Bowlby, 1973). Individuals exhibit outbursts of extremely intense distress and/or anger and are likely unable to comprehend the full impact of the death. These initial responses are believed to protect the ego and serve as defense mechanisms by blunting the emotions of grieving individuals (Wright & Hogan, 2008). The second phase of grieving is characterized by searching and yearning (pining) for the deceased to return. The grieving individuals go through several emotions such as sadness, anxiety, anger, self-reproach, confusion, and loss of security. The grief reactions in Stage 3 are characterized by despair and disorganization as individuals must learn to adjust to life without the loved one. Individuals who enter the fourth phase are believed to have successfully completed the first three phases. At Phase 4, they begin, to a lesser or greater degree, the process of reorganization and recovery. Not being able to successfully move through and complete stages results in separation-induced depressive symptoms.

Kübler-Ross (1969) also suggested a linear model that described the experience of grief through five stages. Her grieving model has been widely used in death research and studies. Kübler-Ross described five stages that people experiencing loss would go through. Her stages were denial, anger, bargaining, depression, and, finally, acceptance (Kubler-Ross, 1969).

Parkes, a student and colleague of Bowlby, introduced the concept of unique grieving. His studies with widows showed that grief is a multidimensional process that involves a complex tapestry of emotions (Parkes, 1998 as cited in Wright & Hogan, 2008). As explained by Wright and Hogan (2008), "He conceptualized grief as a series of shifting pictures that presented for a time and then faded out while the next phase faded in, only to peak and give way to the next wave" (p. 352).

Worden (2002) approached grieving from a task model and stated that grievers should go through four distinct tasks of mourning throughout the course of bereavement. His first task for mourning is to accept the reality of the loss. He explains that when there is a loss, there is a common feeling that it has not happened. So the first step is to fully accept the reality that the person is dead and will not return (Worden, 2002). People who are in denial and refuse to believe that the death is real get stuck in the first task of the grieving process. Individuals who complete the first task will begin to work on the second task, which is to work through the pain of grief. It is important to acknowledge and work through the pain, which can be literal or emotional. People in the second task will also be dealing with anxiety, anger, guilt, and loneliness (Worden, 2002).

The third task, adjusting to an environment in which the deceased is missing, involves three areas of adjustments that individuals need to make (Worden, 2002). External adjustments involve the impact of loss on day-to-day functioning and adjusting to the environment without the presence of the deceased. Internal adjustments refer to the ways in which the bereft need to redefine their own sense of self, self-definition, self-esteem, and sense of self-efficacy. Spiritual adjustments are also necessary after loss, indicating that loss challenges one's spiritual beliefs, values, and assumptions about the world (Worden, 2002).

The final task, to emotionally relocate the deceased and move on with life, was initially phrased as withdrawing emotional energy from the deceased and reinvesting in another relationship. Parkes felt a need to change the fourth task because while he was inspired by Freud's work on grief, which focuses on detaching the bonds from the deceased, he realized that individuals do not detach from the deceased but rather find ways to develop continuing bonds with them (Worden, 2002). The main task of the grievers in this stage is to find an appropriate place for the deceased in their emotional life that will enable them to go on living effectively in the world.

The concept of grief has transitioned from Freud's dogmatic "detaching from the deceased" perspective. New grief researchers focus on maintaining but transforming the relationship with the deceased. A continuing bonds model underscores the importance and relevance of supporting the bereaved to continue their bond to their deceased loved ones (Klass, Silverman, & Nickman, 1996).

The bereavement model's dual process of coping (Stroebe & Schut, 1999), describes the ways that individuals come to terms with the loss of a close person. This model explains grief as a process in which a bereaved individual alternately experiences and avoids suffering during the same period of time (Wright & Hogan, 2008). This aspect of the model separates it from stage models that see grief in a linear fashion with one stage ending and another beginning. Stroebe and Schut (1999) theorized that to cope with suffering, the bereft oscillate between two distinct ways of coping with loss: "Loss-orientation refers to the concentration on, and dealing with, processing of some aspects of the loss experience itself, most particularly, with respect to the deceased person" (p. 212). Restoration-orientation refers to attempts to sort through various

secondary losses and find ways to cope with these changes, such as doing new things and having new relationships (Stroebe & Schut, 1999).

Effectiveness of Grief Counseling

There are debates about the effectiveness of grief counseling in the literature. Park (1980, as cited in Worden, 2002) found that therapeutic interventions in grief can reduce the risk of psychiatric and psychosomatic disorders. He continues that grief therapy is especially important for individuals who do not have a strong support system and who are at risk for various reasons. Larson and Hoyt (2007) were criticized for advocating for grief counseling and supporting the idea that most or all bereaved people should be considered candidates for treatment (Bonanno & Lilienfeld, 2008). Bonanno and Lilienfeld (2008) highlight that most people are resilient and can overcome the consequences of a loss on their own and even if not, interventions can be effective only if they are appropriately tailored.

On the other side of the spectrum, some authors (Bonanno & Lilienfeld, 2008) advocate for grief counseling under special circumstances. They believe that grief interventions are necessary only for individuals who exhibit extreme or complicated grief reactions (Bonanno & Lilienfeld, 2008). The Center for Advancement of Health (CFAH, 2003) took the debate to a further realm. In their report they concluded that "the evidence from well-conducted studies of interventions . . . c hallenges the efficacy and effectiveness of grief interventions for those experiencing uncomplicated bereavement. This evidence also indicates that concerns are warranted about the potential of interventions to cause harm to some individuals" (CFAH, 2003, p. 72, as cited in Larson and Hoyt, 2007).

When reviewed carefully, the debate over the effectiveness of grief counseling is on shaky ground due to questionable research designs and meta-analysis. As clearly explained by Larson and Hoyt (2007),

> The 38% finding, which has swept over the death studies field like a veritable TIDE-al wave, appears to have no basis in fact. It is based on a meta-analysis that has never been published, using a statistic that itself has never been published or reviewed by the methodological community and that seems on its face to be obviously flawed. A blind post hoc peer review of Fortner's (1999) study by national experts confirmed these startling conclusions. (p. 350)

A meta-analysis which included 35 studies including 2,284 participants and analyzed the treatment and control groups individually to determine the standardized mean-change scores was studied by Allumbaugh & Hoyt (1999). The studies reviewed assessed general psychological distress (depressive and anxiety symptoms) in the participants. Unfortunately the effect size coefficient for this meta-analysis was .43, a relatively low number for social science research, but still higher than some other meta-analyses. The two factors found to be increasing the effect size were the length of time since death before beginning treatment and recruitment versus self-referred treatment. The results favored the individuals who began the therapy sooner after the loss and attended more sessions and the individuals who were self-referred (Allumbaugh & Hoyt, 1999). Allumbaugh & Hoyt (1999) explains the difference for self-recruitment by pointing out that self-recruited individuals may likely have more severe symptoms and could be more invested in the process of counseling.

Despite the contradicting studies and opposing opinions about the effectiveness of grief counseling, the parties agree on the fact that grief counseling facilitates the grieving and adaptation process especially for complicated or prolonged grief situations (Currier, Neimeyer, & Berman, 2008).

Cognitive Behavioral Therapy for Grief and Loss

From the cognitive perspective, a loss through death is an uncontrollable adverse external event that changes one's belief system and its related emotions and behaviors (Malkinson, 2001). Grief is a process that involves the combination of emotional, cognitive, and behavioral adaptation to the consequences of the loss.

In traditional therapies (i.e., Lindeman, Kübler-Ross), the emotional dimension is the focus of intervention (Malkinson, 2001). The presence or absence of certain emotions such as anger, depression, shame, guilt, or shock are the main indicators of grief. They are used to differentiate short- and long-term bereavement outcomes as well as normal and complicated forms of bereavement (Malkinson, 2001). For this reason, most traditional interventions apply cathartic techniques to help the bereaved person cope with these emotions (Volkan & Searles, 1981; Worden, 2002). Cognitions are seen only as the byproducts of emotional disturbance. Thus, therapists can easily neglect the cognitive aspects of grief due to their tendency to emphasize emotions as central to the process of grieving.

The cognitive perspective holds that there is a relationship between individuals' emotions and behaviors and their cognitive evaluations about themselves, the world, and the future. Death or non-death related losses are assumed to have a significant impact on an individual's most fundamental assumptions or assumptive world as well as their fundamental cognitive structures or schemata and their belief system (Malkinson, 2001).

Individuals' belief systems and other cognitions are challenged as they experience loss. The greater the loss, the greater its impact on the belief system and cognitions. For that reason, grief related cognitions should be identified, included, assessed, and treated along with other intrapsychic structures to have more functional and satisfying outcomes (Malkinson, 2001).

According to the cognitive approach, distorted thinking is the source of emotional disorders including psychopathological grief. The distorted thinking—in other words, negative cognitive evaluations (automatic thoughts) of oneself, the world, and the future—leads to excessive emotional reaction (such as depression). Maladaptive cognitive processes tend to occur during stressful life events. Beck (1976) refers to these maladaptive thinking patterns as cognitive distortions and Ellis (1977) as irrational beliefs. Beck argues that cognitive distortions are result of errors in thinking that stem from one's schemas. Schemas can be described as memory structures that are formed with birth and are filled with one's experiences and learning. Schemas are greatly affected by upbringing and family. Ellis, on t he other hand, explains irrational beliefs as irrational demands one makes of oneself, others, and the world. These two approaches share some basic assumptions: first, that thoughts are conscious and people can be aware of their thoughts with appropriate training and attention; and second, that thoughts affect the way we feel, and we can change or modify the way we feel and react to the events by intentionally changing our thoughts (Dobson & Dobson, 2009). Cognitive approach argues that an accurate and objective world exists independently of our awareness of it (Dobson & Dobson, 2009). More accurate appraisal of the world (free from egos, self-esteem, etc.) indicates better mental health. On the contrary, misperceiving or misjudging events and cues may lead to some negative emotional and behavioral consequences. Individuals who distort the reality or meaning of the events—or in other words, who distorts the world around them—are more likely to have mental and emotional problems than individuals who are more realistic (Dobson & Dobson, 2009). Some very common cognitive distortions include all or nothing thinking ("I have to have an A in all my classes or I am not successful"), overgeneralization ("I couldn't get the job and I will never find a job"), catastrophising ("If I cannot find an apartment this will be the end of the

world"), and should statements ("I should be beautiful, I should be thin"). From a cognitive perspective, complicated grief is defined as persistent distorted, irrational beliefs over a course of time that results in dysfunctional emotional and behavioral consequences (Beck, 1976). These consequences usually appear in the form of depression or anxiety (Malkinson & Ellis, 2000).

From time-limited stage models of grief perspective, grief therapy is aimed at assisting the bereaved to work through the grief stages and to reach a completion so that a full resumption of life could take place. However, grief is now recognized as being a far more complicated and lifelong process of struggling to find the balance between having continuing connections with the deceased and having a meaningful and functional life. The notion that grief is a linear process that ends with the individual's acceptance of the loss or completing the stages successfully has not been empirically supported (Malkinson, 2001).

Ramsay's (1979) pathological grief model was one of the first reported behavioral models to be applied effectively in individual therapy with complicated grief. He used the flooding techniques as the focal point of his model (Ramsay, 1979). The flooding techniques are used to enable the expression of painful feelings. Other behavioral techniques such as exposure therapy and guided mourning focuses on the changes in observed behavior and give less attention to cognitive components of the grief process.

Understandably, the interventions applied have been related to the theoretical models from which they are derived. For example, most stage models explain treatment interventions aimed at resolution of grief and "letting go" of the dead person or the loss. However, more contemporary models and theories have redefined the process of dealing with loss. They focus on the meaning reconstruction at the intrapersonal level and pay attention to the emotional and interpersonal life of the bereaved.

From the constructivist perspective, people need to identify a meaning for their life experiences (Neimeyer, 2004). As stated by Neimeyer (2004), people are striving for a meaningful life narrative, which is defined as ''an overarching cognitive-affective behavioral structure that organizes the 'micro-narratives' of everyday life into a 'macro-narrative' that consolidates our self-understanding, establishes our characteristic range of emotions and goals, and guides our performance on t he stage of the social world" (p. 53-54). Significant loss, whether through the loss of a loved one or loss of projects, places, or possessions, presents a challenge to the meaning world of the individuals (Neimeyer, 2001). When the loss does not make sense for our meaning world we begin to change, adapt, or revise it. This perspective initiated the shift from assisting bereaved persons to adapt to a new reality that excludes the deceased towards assisting them to reconstruct new meanings in their lives (Neimeyer, Keese, & Fortner, 2000). Moreover, the psychosocial context in which the loss has been experienced has become an important part of grief counseling (Malkinson, 2001).

Cognitive Behavioral Therapy (CBT) is based on the premise that emotional disturbance and behavioral symptomology are maintained as a result of distorted, irrational thinking or maladaptive cognitions, which can be modified with the use of a variety of cognitive, emotional, and behavioral techniques (Corey, 2009; Malkinson, 2007). Homework assignments play an important role in CBT because they are seen as tools to facilitate change and transformation between sessions. There are various intervention techniques utilized in cognitive and cognitive behavioral therapies aimed at assisting clients to cope with loss and to reorganize their relationship with the living and the dead. Some of these intervention techniques are guided imagery, exposure techniques, thought-stopping with refocusing, dialogue with repetitive thoughts, rational emotive imagery for avoidance, storytelling, systematic and thematic

genograms with grief and loss, grief rituals, cognitive restructuring, breathing exercises, and skill acquisition (Humphrey, 2009; Malkinson, 2001, 2007).

Rational Emotive Behavior Therapy

Corey (2009) writes that Rational Emotive Behavior Therapy (REBT) "is one of the first cognitive behavior therapies and today continues to be a major cognitive behavioral approach" (p. 275). REBT was first developed in 1955 by Albert Ellis who was initially trained as a psychoanalyst (Dryden & Neenan, 2004). The basic assumption of REBT is that the way people interpret events and situations contributes to their own psychological problems, as well as to their specific symptoms (Corey, 2009; Ellis & Grieger, 1977).

There are six basic principles of REBT (Dryden & Neenan, 2004). First, we should assess and identify cognitions to understand the way people act and feel. In other words, it is not the events or situations but the rigid and extreme views of people on these events and situations that create the emotional and behavioral disturbance. Second, cognitions, emotions and behaviors interact significantly and have a reciprocal cause-and-effect relationship. Third, cognitive and emotional change is facilitated by behavioral change, and emotional change is possible through cognitive and behavioral change (Dryden, 1999). Fourth, REBT therapists help their clients to dispute and change their irrational beliefs about themselves, others, and the world. Therapists utilize an active and directive approach to facilitate the change process. Fifth, REBT does not place a great emphasis on the client-therapist relationship. Certain therapeutic conditions such as empathy, congruence, and respect are important, but they are not sufficient for change. Clients should be committed in the process of identifying, challenging, and changing their irrationals thoughts by using various cognitive, emotional, and behavioral techniques for change to occur and to be maintained. Finally, clients need to be dedicated to the process and will have to work

hard to achieve and maintain cognitive change, which will lead to emotional and behavioral change.

REBT argues that human beings are born with a potential for both rational and irrational thinking. The more we become removed from the objective and accurate world, the more irrational we become. People have the capacity for self-preservation, happiness, loving, communion with others, growth, and self-actualization. People also have a t endency toward destructive patterns such as avoidance, procrastination, endless repetition of mistakes, self-blame, and avoidance of actualizing growth potential. It is believed that individuals originally learn irrational beliefs from significant others during childhood; however, we also create irrational dogmas ourselves. For example, individuals learn that approval from others is desirable for the things that we do or want, but when they begin to construct irrational ideas about this desirable commodity it subsequently results in disturbances when approval is not received (Dryden & Neenan, 2004). For example: I passed my exam, and my mom verbally praised me. I passed another exam, so my mom should praise me again; if she does not praise me she does not love me.

A-B-C Framework

The A-B-C framework provides a tool for understanding the interaction of events, cognitions, and behavioral and emotional outcomes (Corey, 2009; Dryden & Neenan, 2004).

A: *Activating Event, fact-* "'A's can refer to events that occurred in the past, those that are occurring in the present or those that may occur in the future. In addition, all these events may be actual or inferred and external or internal" (Dryden, 1999, p. 5).

B: *Beliefs* about the activating event. Beliefs are evaluative and can be rational or irrational. Rational beliefs are flexible, consistent with reality, and logical, and they result in

functional emotional and behavioral consequences. Irrational beliefs are rigid, inconsistent with reality, and illogical, and they result in dysfunctional emotional and behavioral consequences. Some examples of irrational beliefs are demands (e.g., "Everyone must like me"), awfulizing (catastrophizing) (e.g., "It is the end of the world if I cannot pass this exam), and over-generalizing (e.g., "I cannot do anything right").

C: *Emotional and behavioral consequences*. If the person holds irrational beliefs about the event, the emotional and behavioral consequences will be negative. Some of the negative emotions are depression, anxiety, unhealthy anger, hurt, guilt, shame, and unhealthy envy. Some of the negative behaviors are avoiding, withdrawing, begging, controlling, and attacking.

While we think that the events cause the emotions and behaviors, A, the activating event, does not directly cause C, the emotional and behavioral consequences. Instead, it is our beliefs, B, about the activating event that lead to the constructive or dysfunctional consequences.

Believing that human beings are largely responsible for creating their own emotional reactions and disturbances, and showing people how they can change their irrational beliefs that directly cause their disturbed emotional and behavioral consequences, is at the heart of REBT.

Ellis (1996, 2001 as cited in Corey, 2009) believed that people can change their irrational beliefs, emotions, and behaviors. When people stop focusing on the activating event and begin disputing their irrational beliefs about that event, they will achieve their goal.

After defining and describing the A-B-C with the client, the next step is D.

D: *Disputing*. D is the application of cognitive, behavioral, and emotional methods to help clients challenge their irrational beliefs or thoughts. There are three components of this process: detecting, debating, and discriminating. The first step to change irrational beliefs is to detect them. Therapists help their clients to gain awareness regarding the nature of their thoughts.

Then clients debate their dysfunctional beliefs by engaging in logical and empirical questioning. Finally, clients learn to discriminate irrational (self-defeating) beliefs from rational (self-helping) beliefs.

The disputing process or cognitive structuring (Corey, 2009) is the lengthiest part of therapy. During this period, the therapists teach their clients the premise of A-B-C and how irrational beliefs can lead to unhealthy consequences. When clients have some awareness about their irrational thoughts, they begin to learn how to dispute them. The main goals of this stage are to understand that the irrational beliefs are false, illogical, and unproductive and that the rational alternative beliefs are true, sensible, and productive. When individuals begin to make that differentiation, they can commit themselves to strengthening their rational beliefs and weakening irrational beliefs by using a range of cognitive, emotive, and behavioral techniques (Dryden, 1999).

As individuals learn and master how to dispute their irrational beliefs, they reach an effective philosophy in life.

E: *Effective Philosophy, which has a practical side.*

If clients are successful in doing this, they also create F.

F: *A new set of feelings.*

Instead of feeling anxious and depressed, we feel sorry and disappointed about adverse events in a healthy way.

Common Techniques of REBT

The Rational Portfolio. In this technique individuals learn to develop a portfolio of arguments that both support their target rational belief and contradict their target irrational belief.

It is important for therapists to give clear instructions on creating the portfolio and practice in the session until clients feel comfortable doing it on their own (Dryden, 1999).

Repetition. In every session, clients should be encouraged to repeat the disputing process until it becomes second nature. Changing irrational thoughts is a long process since they are mostly automatic and rooted in early memories. Therefore, the more they repeat the disputing process, the more they strengthen their conviction in their new rational beliefs (Dryden & Neenan, 2004).

Rational Self-Statements. This technique is mostly used to strengthen new rational beliefs. The clients are asked to make a written note of these newly worded rational self-statements. Then they are encouraged to repeat these rational self-statement for ten minutes each day as persuasively as they can, first repeating these self-statements out loud, then as a whisper, and finally as sub-vocal speech.

Rational Emotive Imagery. Dryden (1999) explains REI as "an imagery technique designed to help your client practice changing her target irrational belief to its rational equivalent while at the same time imagining a relevant activating event as vividly as possible" (p.132). The technique involves a) having clients imagine a disturbing event along with one or more irrational beliefs and unhelpful emotions about the imagined event; b) encouraging clients to change or reform these unhelpful emotions (therapists can explain the process as "using the mind's eye" for constructive purposes); c) asking clients to identify the thoughts that helped them to change these unhelpful emotions; and d) encouraging clients to practice changing their unhealthy negative emotions to their healthy equivalents by changing her irrational beliefs to rational beliefs (Dryden, 1999; Humphrey, 2009).

Thought-Stopping with Refocusing. In this technique, individuals are instructed to use abrupt, startling action to interrupt automatic, repetitive, and irrational thoughts followed by refocusing the thoughts in another and rational direction. This technique should be practiced in the session with the client so that the procedure can be fine-tuned for individual needs. The clients can use clapping, slapping something, or shouting "stop" aloud to interrupt the unwanted thoughts.

Breathing Exercises. Deep breathing exercises have been used to control and reduce stress in different therapeutic approaches (Humphrey, 2009). The premise of the breathing exercises is that when people are stressed they tend to use shallow, rapid breathing, which impairs elimination of carbon dioxide and leaves individuals fatigued and more physically stressed (Humphrey, 2009). In sessions, clients are shown different ways to engage in deep breathing. They rehearse the breathing exercises with the therapist until they become competent in them. The therapists can utilize their creativity to spice up this technique, such as adding soothing background music.

Homework assignments. Homework assignments are a big part of the REBT approach since the work for changing irrational thoughts should not be limited to sessions. The homework assignments should be agreed upon with the client and be consistent with the therapeutic goals. The assignments should be an extension of the work in the session and be clearly explained to the clients. Exercising in the session or providing some examples of how to do the assignments will increase the likelihood of clients completing them. It is also important to discuss the possible obstacles to completing the assignments and explore solutions to those obstacles (Dryden, 1999).

REBT in Grief Counseling

Loss is an adverse event that can lead to rational or irrational beliefs for grievers. The REBT approach in grief related issues helps to make the distinction between healthy emotional consequences (e.g., sadness and sorrow) and unhealthy consequences (e.g., depression and anxiety) (Malkinson, 2001). Grief is a normal and healthy reaction to a real or perceived loss. From the REBT perspective, grief is a process of experiencing the emotions related to loss while searching for a new meaning inlife without the lost person, object, experience, identity, or function, and it is also a process of restructuring one's irrational thinking into a more rational, realistic mode (Malkinson, 2001).

Grief, as in any adverse event, creates negative emotions that can be experienced as sadness, frustration, and pain. However, when individuals have irrational beliefs about the experience of loss (e.g., "I am worthless without my job"; "My life will be miserable without my husband"), the emotions could be disruptive such as depression, despair, horror, and self-deprecation. The REBT describes complicated grief as a dysfunctional coping with a loss and defines it as "prolonged and persistent over time with distorted, irrational beliefs as the dominant set of cognitions affecting the intensity of emotional consequences" (Malkinson, 2007, p. 89) . The REBT conceptual framework is a process that helps the bereaved person organize his or her disrupted belief system into a form of healthy acceptance (e.g., "I can still have a meaningful life despite my physical limitations"; "Getting divorced is a painful experience, but I can meet new people and have new connections") (Malkinson, 2001).

The application of the REBT approach to grief counseling begins with a detailed assessment of the client's perceptions of the activating event (A). While exploring with the client the personal meaning of the loss event or of the lost person, both the therapist and the client

begin identifying the client's loss-related irrational beliefs (B) that lead to unhealthy emotional consequences (C).

Once the irrational beliefs and their emotional (e.g., anxiety), behavioral (e.g., avoidance), and physiological (e.g., breathing difficulties, heart palpitations) consequences are identified, the therapist explains and teaches the client the connections between beliefs (B) and consequences (C) while exploring and practicing appropriate, healthier (rational) cognitive, emotional, behavioral, and physiological grief responses (Malkinson, 2007).

Development of Grief Counseling Training

Death or non-death related grief and loss issues appear frequently in the counseling setting (Hunt & Rosenthal, 2000). Moreover, grief and loss can be an underlying issue for many different concerns. Couples facing infertility, breaking up from a romantic relationship, immigration, relocation, acquiring a disability, and many other experiences may result in grief reactions and can present as an issue in the counseling setting.

When considered from a broader perspective, grief and loss can be an issue for many clients. Considering the fact that counselors get very limited training on the issues of grief and loss (Humphrey, 1993; Hunt & Rosenthal, 2000), it is crucial to develop and deliver grief counseling training. The training should be developed in a way to help counselors to be prepared to facilitate clients' grieving processes for any type of loss related issues.

Online Learning in Higher Education

As technology becomes more and more part of daily life, its involvement in higher education is inevitable. As the economic recession continues to put pressure on t he administrations of higher education to reduce overhead costs and technology continues to grow rapidly, online education and the growth of electronic communication, particularly the use of the

Internet, in higher education is becoming more popular (Lao & Gonzales, 2005). Technology is being used in many aspects of education from communication to grading, collaboration, printing, presentation, and publication (Nelson, Palonsky, & McCarthy, 2010).

Wantz et al. (2004) indicated that distance learning literature focuses on two categories. Computer assisted training is defined as "a teaching modality that incorporates the use of computer software in addition to the traditional classroom environment" (p.327). The other category is computer-mediated and online communication, which "is delivered through audio and visual technology to the students who are separated by place or time" (p. 327). In this study, the terms online education and online training will be used interchangeably.

Some of the universities that offer online programs in the United States are the University of Phoenix Online, Davenport University, Capella University, Walden University, Baker College Online, Seton Hall University, Argosy University, and Regent University. In addition to the universities listed above, many other universities are offering online classes in their regular programs. The 2010 Sloan Survey of Online Learning that was conducted by Allen and Seaman (2010) reveals that approximately 5.6 million students were enrolled in at least one online course in Fall 2009 in more than 2,500 colleges and universities nationwide. The online enrollment as a percentage of total enrollment increased from 9.6 in Fall 2002 to 29.3 in Fall 2009 (Allen & Seaman, 2010).

Online learning is becoming more popular for many reasons, including accessibility for underserved populations and students living away from campus, alleviating classroom capacity constraints, flexibility for working or parent students, and cost effectiveness (Glass, Daniel, Mason, & Parks-Savage, 2005; Singh & Pan, 2004). The convenience and flexibility of online education makes online programs more appealing to graduate students, the majority of whom are

working full-time or accommodating their family's needs while getting an education. With online education, learning can take place anytime and anywhere and resources are not limited to campus libraries but are accessible through the online article databases and catalogs.

One other important strength of online programs is their ability to reach to the academic community, including those with physical disabilities, without the limitations of physical space (Lao & Gonzales, 2005). Universities in the United States provide distance education to students throughout the world. Several universities have collaborated by offering online classes (Lyons, 2004). Furthermore, it is seen as a cost effective alternative to traditional in-class education (Wantz et al., 2004). It helps to increase the revenue of the universities by decreasing the cost of maintaining larger classrooms, overhead charges, and all other campus maintenance costs.

However, providing a high quality education with the use of technology may be a difficult task because the nature of teaching has become more complex. Providing the most updated software to both students and faculty can create some barriers. Moreover, not having an instructor present in the classroom presents a challenge for controlling and monitoring cheating, student motivation, student progress, and testing (Wantz et al., 2004). With this new era of virtual training, educators are forced to change their ways of teaching (Webber, 2003). Studies reveal that some faculty are not properly trained to make the shift from the traditional face- to-face classroom setting to the online academic forum (Care & Scanlan, 2001; Palloff & Pratt, 2001 as cited in Lao & Gonzales, 2005).

In light of these studies, it can be concluded that one of the main focuses of the future of higher education instructors should be on adapting to new teaching practices as well as developing web-based curricula (Care & Scanlan, 2001; Palloff & Pratt, 2001 as cited in Lao & Gonzales, 2005). Therefore, it is evident that training and/or recruiting faculty who are able to

deliver courses online with the same integrity and effectiveness as in traditional in-class courses will be a growing trend for universities. Furthermore, to meet quality standards, higher education institutions must continually assess their approaches to teaching, curriculum development, and other aspects of higher education to remain competitive with other institutions (Lao & Gonzales, 2005).

Integration of Technology in Counselor Education

Incorporating computers into counselor education was first initiated in the 1980s (Granello, 2000). Educators began to investigate potential benefits as well as downfalls of online learning. They also explored which courses might be more appropriate or even more effective when a technological component is integrated. As any new development, this idea encountered some resistance, especially from untrained faculty who did not see the potential benefits of technology in counseling and the lack of available and easy-to-use software related to counseling (Granello, 2000).

In the 1990s internet and personal computers became more easily accessible, a t rend reflected in the integration of technology into counselor education programs. Professional organizations such as the American Counseling Association (ACA), the Association of Counselor Educators and Supervisors (ACES) and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) published guidelines and procedures about the use of technology in counselor training and practice (Granello, 2000).

Today, studies indicate that technology has become an important part of counselor education (Quinn, Hohenshil, & Fortune, 2002; Wantz et al., 2004). Parallel to the technological developments in higher education, counselor education programs have begun to integrate distance learning in their program development. Wantz et al. (2004) examined 127 c ounselor

education programs that were accredited by CACREP for their use of technology in counselor education. Of those 127 programs, 42% indicated that they use distance learning as a part of their program. 47% of the respondents who are not currently using distance learning indicated that they are planning to implement it into their program sometime in the future. In the same study, Blackboard and WebCT were found to be the most commonly used computer software for distance education. Another significant finding of the study was participants' perception regarding the importance of distance education. 34% of the participants revealed that they find distance learning equally as important as the traditional in-class education whereas 66% revealed that they find distance learning less important than the traditional in-class education.

Quinn et al.'s (2002) study with 44 c ounselor education programs accredited by CACREP revealed that technology was in some way integrated into the courses that were offered. The course most often offered online was Research and Program evaluation (11%), followed by Internship and Human Growth & Development (9%).

The Efficacy of Online Counselor Education

The number of studies that have investigated the efficacy of the delivery of instruction in counselor preparation programs are very limited (Flamez, 2010). Flamez (2010) included 64 master's students who were enrolled in CACREP accredited counselor education programs. She examined instructional preferences, learning styles, and education climate of online versus in-class training in counselor education. Her results suggested no statistically significant difference among academic self-perception, students' perception of atmosphere, and students' social self-perceptions between online or in-class groups. Moreover, she found that participants favored online courses in perception of learning and perception of teachers (Flamez, 2010).

Hayes and Robinson (2000) studied students' attitudes about the use of technology in counselor education. Forty-four master's counseling students who were enrolled in the introductory graduate counseling techniques course were asked to fill out surveys to measure students' attitudes about computer-assisted instruction. The results indicated a positive attitude toward computers and multimedia instruction (Hayes & Robinson III, 2000).

Another study by Hayes, Taub, and Robinson (2003) focused on the effects of online training on students' counseling skills development. Seventy-three master's counseling students who were enrolled in the introductory counseling communication skills course participated in the study. The students were taught the introductory counseling communication skills course in three different treatment conditions (high-tech multimedia, low-tech multimedia, and traditional instruction). Their skills were evaluated by using The Global Scale for Rating Helper Responses (Gazda, Asbury, Balzer, Childer, & Walter, 1977). The results found no statistically significant difference among students' counseling skills development across the three treatment groups (Hayes, Taub, Robinson III, & Sivo, 2003).

As stressed by Granello (2000), counselor educators need to be open to the possibilities of using computers in training. It is reasonable to conclude that in the future computers and the use of the internet will continue to impact the training methods and clinical practice of the counseling profession. An example to support this argument is the Capella University (2011), which offers a full online counselor education graduate program that is accredited by CACREP (Capella, 2011).

Issues Related to Online Learning in Counselor Education

Along with the numerous benefits of online education, there have been various issues raised regarding the implementation of online learning in counselor education (Schifter, 2000; Wantz et al., 2004; Wilczenski & Coomey, 2006).

The type of courses that can be taught online has been a concern for counselor education faculty. Many argue that practice-based courses such as techniques, practicum, and internship are not suitable for online education (Wantz et al., 2004).

Another issue regarding the subject matter was the effort and time that need to be spent for the development of online classes. The Wantz et al. (2004) study about incorporating distance learning into counselor education programs revealed that 52% of the participants spent 100-500 hours developing an online course. Considering the hours that are needed to develop an online course, it is not hard to understand the faculty's concern for the workload that comes with online training (Schifter, 2000). The faculty reported to have concerns about spending more time developing an online course than a traditional in-class course without compensatory salary increases (Rockwell, Schauer, Fritz, & Marx, 1999).

Supervision is a very important part of counselor training (Bernard & Goodyear, 2004). The main purposes of supervision are to improve professional development of the counselors in training, promoting counselor competencies, promoting accountable counseling services and programs, and ensuring client welfare (Bernard & Goodyear, 2004; Bradley & Ladany, 2001). Providing such a vital part of counselor training online is another concern listed by the participants of the Wantz et al.'s (2004) study. 28% of the participants revealed that they have "concerns about the transition from face-to-face to distance learning in terms of students getting

quality training, supervision, and being able to adequately assess students' progress (e.g., 'readiness' for professional practice)" (p. 337-338).

One final issue in the use of online training in counselor education is its applicability to the nature of counselor training. Counseling as a profession requires a high level of human interaction. Teaching a profession that is based on social interaction online has some inherent issues. The nature of student-to-student or student-to-professor interaction in online counselor training courses is different from face-to-face interaction (Wilczenski & Coomey, 2006). Students may not be able to ask their questions as soon as they arise because of the logistical hindrances. Students may not develop the practice skills that are very important in the counseling profession. Students may also lose their motivation in the learning process or become frustrated with the lack of human contact.

Using technology in higher education is still a work in progress and will continue to raise concerns for various reasons. On the other hand, it would be naïve to think that teaching methods will remain the same in the future. The trends are pushing towards utilization of virtual tools in education; therefore, overcoming the barriers in the integration of technology will remain a focus of counselor education.

Summary

Chapter II focused on the literature and existing research relevant to this study. The grief and loss literature, their definition, history of grief models, and effectiveness of grief counseling were discussed. Cognitive behavioral approach and Rational Emotive Behavior Therapy were explored in terms of addressing grief and loss issues. Lastly, a brief history of distance learning and distance learning in counselor education was covered in the literature review.

Chapter III describes the design of the study, issues regarding validity, research setting, preliminary procedures, participants, selection method, instruments, and interventions that will be used in this study.

CHAPTER III

Methodology

This chapter presents research design, independent and dependent variables, setting, and procedure for evaluating the effects of grief counseling training on student counselors' grief counseling comfort level.

The participants were recruited from the Counselor Education master's program at an urban state university in Michigan. The participants were limited to the counseling students who have successfully completed introduction to counseling and theories of counseling courses and who are enrolled in group, practicum, techniques, and internship classes.

All participants (in-class and online) attended a pre-study informative group meeting, which described the study procedures and amount of time involved. During this pre-study group meeting, participants completed the consent form, the demographic questionnaire, and pre-test criterion instruments. The pre-test was used to establish baseline information for the group participants' levels of self-efficacy and grief counseling comfort level. This informative group meeting was held on six different days to accommodate the conflicting schedules of the students. The students were assigned to two treatment conditions based on their preference to increase the participation rate.

The training program was held in three sessions of three hours each. The in-class group met once a week for three weeks and completed the training at the end of three weeks. The online group was also given three weeks to complete the training, but they had flexibility in viewing the course materials online (for each session, they had one week to review). The post-study evaluation was held in the classroom for the in-class participants. The online group was provided with the post-test materials via email. They were asked to fill out the instruments and

mail, email, or leave them in the researcher's mailbox at the university. The participants were provided multiple methods of returning the post-test to protect confidentiality and allow flexibility. The post-test was used to determine the differential effects of grief counseling training on the counseling students' grief counseling comfort level and counseling self-efficacy.

At the completion of the study, it was expected that counseling students would have higher level of comfort in dealing with grief and loss issues of their clients and it was expected that the results would be higher in the in-class group.

Research Designs

This study used different research designs for each hypothesis. A quasi-experimental, one group pretest-posttest design was used to test Hypothesis 1. Table 1 shows the research design that was used for Hypothesis 1. A total number of 30 participants were included in the study.

The one group pretest-posttest design was used to compare the differences between pre-training grief counseling comfort levels and post-training grief counseling comfort levels of the participants. The demographic questionnaire and CSES was also administered in the pre-test with CSQ.

The pre-test was administered before the three weeks training program and the post-test was administered after the training program. The tests were administered in multiple sessions to accommodate the schedules of the students.

Table 1

Pretest-posttest Design for Hypothesis 1

Research Group	Pre-test	Experiment (Training)	Post-test
Treatment Group 1 (In-class and Online)	O_1	X	O_2

Another type of quasi-experimental design, post-test only two treatment groups design (the nonequivalent, post-test only design), was used to analyze Hypothesis 2. Table 2 shows the research design that was used for Hypothesis 2. The post-test only two treatment groups design was used to compare the differences between the grief counseling comfort level between online and in-class groups after the training.

The CSQ post-test was compared for online and in-class groups to evaluate the effects of the grief counseling training among the two groups. Overall 30 participants were included in the study and each group had 15 participants.

Table 2

Post-Test Only Two Treatment Groups Design for Hypothesis 2

Research Group	Experiment (Setting of the Training)	Post test
Treatment Group 1	X_1 (In-class)	O_1
Treatment Group 2	X_2 (Online)	O_2

Issues of Validity

There are various factors that can affect the validity of a research design (Campbell, Stanley, & Gage, 1963). In this study maturation, history, instrumentation, statistical regression, and testing factors will be discussed as they are deemed to be affecting internal validity for the pretest-posttest designs.

History

History refers to any external event occurring prior to the time of the study that might affect the outcomes of the study. Campbell and Stanley (1963) described history as "the specific events occurring between the first and second measurement in addition to the experimental variable" (p. 5). The effects of unique intrasession history events are hard to control for the purpose of this study. Therefore, no extra remedy was planned for controlling the effects of the unique intrasession history events.

Maturation

Maturation is found to be another factor that is affecting the internal validity. Maturation refers to internal factors of the participants including growing older, growing hungrier, growing more tired, and the like that may affect the internal validity of the study (Campbell et al., 1963). This term is used to cover all biological or psychological processes of the participants that may influence results independent from external factors (Campbell et al., 1963).

Testing

The effect of the pre-test on the post-test is also a factor that can affect internal validity. There is always the chance that participants might have learned from taking the pre-test and thus perform better in the post-test as the result of such learning rather than as a result of the intervention. Anastasi suggests that students who take achievement or intelligence tests are found

to do better on the second administration (as cited in Campbell & Stanley, 1963). A similar effect is also noted for personality tests. The anonymity of the participants, the nature of the instrument, the participants' desire to be socially acceptable, and so on will all have an impact on the results of the study. It is again hard to control for the effects of learning and socially desirable responses in a study. In an attempt to control for socially desirable responses, the participants were assured of the anonymous nature of the study and encouraged to give honest responses. The effects of learning on the outcomes of the study were controlled by the type of instruments used. The instruments of this study were based on s elf-perceived responses rather than objective data. Therefore, the learning from the pre-test is not expected to have a significant effect on the results of the post-test.

Instrumentation

Instrumentation is another source of error because the changes in the calibration of a measuring instrument or in the observer may affect the results of the measurement (Campbell et al., 1963). This study controls for the instrumentation error by using standardized printed tests instead of using observers, which may raise objectivity issues. However, issues regarding the validity and reliability of the instruments were discussed further in the study.

Variables

Independent Variable

Grief Counseling Training Program. The grief counseling training program consisted of three sessions of three hours each (nine hours total). The learning objectives of each session are explained as follows:

Session 1:

- Participants will be able to define terms such as grief, loss, death, bereavement, and mourning.

- Participants will be able to have general knowledge regarding different grief theories and models such as Stage Models (e.g., Bowlby, Kübler-Ross), Task Model (Worden), and non-linear models (e.g., The Dual Process Model, Stroebe & Schut; The Two-Track Model, Rubin)

- Participants will be introduced to some widely used assessment tools for grief (e.g., Texas Revised Inventory of Grief, Faschingbauer, Zisook, & DeVaul, 1987; Grief Experience Questionnaire, Barrett & Scott, 1989; Inventory of Complicated Grief, ICG, Prigerson et al. 1995; Hogan Grief Reaction Checklist, Hogan, Greenfield, & Schmidt, 2001; Brief Symptom Inventory, BSI, Derogatis and Melisaratos 1983; Core Bereavement Items, CBI, Burnett et al. 1997).

- Participants will explore their self-awareness about their feelings and thoughts about grief and loss through handouts and homework assignments.

Session 2:

- Participants will increase awareness about multicultural issues in grief and loss counseling by exploring the answers of questions such as, "Does every culture grieve in the same way?", "What might be the role of spirituality in grief and loss issues?", and "What intervention strategies might work better with certain cultures?"

- Participants will review the basics of the Cognitive Behavioral approach in dealing with grief and clients' loss issues. Subjects such as definition of grief and loss through the CBT perspective and basic principles of CBT in grief and loss will be discussed.

- Participants will be introduced to the Rational Emotive Behavior Theory (REBT) and A-B-C Model.

Session 3 (in-class):

- Participants will be provided with further and more specific information about implementation of the REBT A-B-C model for grief and loss.

- Participants will be introduced to some of the CBT-REBT techniques (e.g., rational emotive imagery, telling and retelling the story of loss, responsibility pie, therapeutic grief rituals, and breathing lessons) that can be used to assist clients with their grief and loss issues.

- Participants will enhance their learning by practicing some of the techniques and activities in the form of dyads and triads.

Session 3 (online):

- Participants of the online class will be given an assignment to meet with a family member or a friend after the third session and practice the techniques for 1.5 hours.

The learning objectives of the training remained the same for the first two sessions for both in-class and online setting. However, it changed slightly for the last session. The last session was based on life demonstration of the techniques that were discussed in prior sessions. Since the online setting would not allow for live demonstration, the session objectives of the training were modified. Details about the training materials may be found in Appendix C.

The setting of the training (in-class vs. online). The setting of the training refers to the method and the environment of the training. The in-class training refers to traditional training where students and the instructor meet at a classroom and the training is held face-to-face.

Online training refers to using technology such as computer, internet, and necessary software to deliver the training. The course materials are posted online to software that the students have access to and the communication between students and instructor is held through e-mails.

Dependent Variable

Grief Counseling Comfort. In this study, grief counseling comfort is defined as the counseling students' comfort level in working with clients who have grief and loss issues. Comfort can be defined as lack of or low anxiety and discomfort in helping clients with their loss issues, increased self-confidence in the ability of applying various CBT-REBT techniques and strategies to grief and loss, and increased sense of grief counseling competency.

Covariate Variable

Counseling Self-efficacy. Counseling self-efficacy is described as the counseling student's expectation and confidence to successfully implement counseling skills and be effective in helping their clients (Johnson, et al., 1989).

<div align="center">

Research Questions and Hypotheses

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Research Question 1: Does grief counseling training affect grief counseling comfort level of student counselors?

Hypothesis 1: Grief counseling training will have a significant effect on grief counseling comfort level of student counselors.

Null Hypothesis $\mu 1 = \mu 2$

Alternative Hypothesis $\mu 1 \neq \mu 2$

Research Question 2: Does the effect of grief counseling training on student counselors' counseling comfort level differ according to the setting of the training (in-class vs. online)?

Hypothesis 2: The effect of the grief counseling training on the grief counseling comfort level will be greater in the traditional in-class training setting than in the online setting.

Null Hypothesis $\mu 1 = \mu 2$

Alternative Hypothesis $\mu 1 \neq \mu 2$

Setting

In-class training sessions were held at a state university located in the central part of a large urban metropolitan area. The university consists of 13 schools and colleges offering more than 400 major subject areas to over 32,000 graduate and undergraduate students. The university's easily accessible location and support for accommodating the sessions by providing rooms were the main reasons behind the selection.

The online training sessions were recorded via Echo360 and uploaded to shared software (Blackboard) on a weekly basis. The students accessed the training materials through this software and emailed the instructor with their questions and concerns.

Participants

Characteristics of the Participants

The participants of this study were recruited from a Midwestern urban university's Counselor Education master's program. The presumed description of participants was a mixed gender sample, with mostly female counselors in training as is found in the population. The main criteria for eligibility included master's level counselors in training who must already have completed the "Introduction to Counseling" and "Theories in Counseling" courses and be in the more advanced level in the program (enrolled in group counseling, techniques of counseling, practicum, and internship). The rationale for this limitation was to make sure that the participants have at least the basic knowledge about counseling skills, ethics, and theories.

Sample Size

The necessary sample size was determined prior to collecting data. There are three factors that affect the sample size in a study: Alpha level, effect size, and power (Hair Jr, Black, Babin, Anderson, & Tatham, 2006). Alpha level refers to the probability of making a Type I error (rejecting the null hypothesis when the null hypothesis is true). The researcher chose to use the alpha level as $\alpha = .05$, a standard level in social sciences research (Gay & Airaisan, 2003; Newton & Rudestam, 1999). This alpha level translated into the acceptance of the risk that 5% of the time or less, the researcher may falsely identify a relationship between the variables. Effect size pertains to the quantitative value that is used to estimate the direction and magnitude of an effect of a treatment, a difference between two treatment groups, or any other numerical comparison or contrast (Keppel & D, 2004). There are different ways to calculate effect size (e.g. Cohen's *d*, Chi-square, f value), but because of the statistical analysis (paired samples and independent samples t-test) chosen for the study, Cohen's *d* was used for effect size estimate (Faul, Erdfelder, Buchner, & Lang, 2009). Cohen's *d* defines small effect size as d = 0.2, small effect; d = 0.5, medium effect; and d = 0.8, large effect. Based on the effect sizes that were determined in similar studies (Chao, Wei, Good, & Flores, 2011; Manese, Wu, & Nepomuceno, 2001; Smith, 2001), the researcher chose to use a large effect size of d= .7. The power refers to the probability that the test will accurately reject the null hypothesis when the null hypothesis is false. As the power increases, the probability of rejecting the null hypothesis when the null hypothesis is false increases. Therefore, the researcher chose the power level as .95 (large power for behavioral research). Depending on the given alpha level, effect size, and power, and by using the GPOWER 3.1.4 software (Faul et al., 2009), the ideal sample size for the study was

determined as N= 29 for paired samples t-test and N= 220 (n=110 x 2 groups) for independent samples t-test.

Selection Method

The main targeted sample group was counseling students who were in the more advanced stage of their master's program. For this purpose, the researcher used convenience the sampling method to access the overall participants of the study. The students who are enrolled in Group Counseling, Techniques in Counseling, Practicum, and Internship courses were included in the study. The students were provided with the written informed consent and were explained that participation in the study was completely voluntary and that they could choose to quit the study at any time. The risks and benefits of participating in the study were explained in the consent form. The total number of the students registering for these four courses varies from 50 to 70 each semester. However, 47 students agreed to participate in the study in the initial recruitment process. Seventeen of these 47 participants were eliminated from the study due to a number of reasons (i.e., withdrawal, not completing all the sessions, not filling out the post-test). The study was completed with 30 participants who were equally divided into online and in-class groups. The limitations of using a small sample size will be reviewed in the discussion. The students who agreed to participate in the study were placed in online and in-class settings based on their preferences.

<div align="center">

Treatment Procedure

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Before the training

The students were contacted in their classroom in regard to their consent to participate in the study. The students who agreed to participate in the study were administered the instruments in their classrooms after their lecture.

Students that participated in the study were compensated for their participation. Table 3 shows the compensation chart for the participants.

Table 3

Compensation Chart for Participants

	Introduction to Group Work	Techniques of Counseling	Counseling Practicum	Counseling Internship
In-class Training	• Extra 3 points in the class • Parking Reimbursement • Snacks and soda in the class • Training Completion Certificate	• Extra 5 points in the class • Parking Reimbursement* • Snacks and soda in the class • Training Completion Certificate	• Using the training hours towards their practicum required hours (in the "other" category) • Parking Reimbursement • Snacks and soda in the class • Training Completion Certificate	• Using the training hours towards their internship required hours (in the "other" category) • Parking Reimbursement • Snacks and soda in the class • Training Completion Certificate
Online Training	• Extra 3 points in the class • $10 gift card • Training Completion Certificate	• Extra 5 points in the class • $10 gift card • Training Completion Certificate	• Using the training hours towards their practicum required hours (in the "other" category) • $10 gift card • Training Completion Certificate	• Using the training hours towards their internship required hours (in the "other" category) • $10 gift card • Training Completion Certificate

50

In-Class

The in-class training was delivered in three sessions of three hours each. The instructor and the participants met at a room located at one of the university buildings located on campus once a week for three weeks. The training materials included power point presentations, class discussions, handouts, and group practices. The sessions were video recorded via Echo360 to be used for the online training. The participants' verbal consent was asked prior to the recording.

Online

The online training was delivered through the university's software program (Blackboard) that all the students had free access to. For the consistency of the training content of the in-class and online groups, video recordings of the in-class training were used as the training material. The recordings were made via Echo 360 program, which allowed the voice of the researcher and the power point presentation to be recorded together to create a real time teaching atmosphere. The video recordings from the in-class sessions were uploaded to Blackboard every week and students were given one week to review the materials.

All the training materials were the same for both groups. The online group was also provided with the same handouts and power point presentations.

Instruments

The researcher contacted the authors of the CSQ and CSES via email and obtained permission to use them in the study. The copy of the emails can be found in Appendix A. Also, the copy of the instruments can be found in Appendix B.

Demographic Questionnaire

At the pre-study group meeting, all participants completed a self-report demographic questionnaire as a part of the pre-test batteries. The demographic questionnaire was adapted from

Deffenbaugh, (2008) and involved general questions such as age, race, and occupation along with general counseling and grief counseling questions such as how competent they feel about their skills and if they have taken any courses specific to or related to grief and loss.

Counseling Situations Questionnaire - Subscale for Level of Grief Counseling Comfort

The CSQ (Kirchberg & Neimeyer, 1991) is a 15 item self-report questionnaire used for the purpose of assessing counselors' comfort level in various hypothetical scenarios they might encounter in practice. The instrument is a 5-point Likert-Type scale in which the responses range from 1 (least distressing) to 5 (most distressing). The overall score for the questionnaire ranged from 15 to 75, with lower scores indicating higher comfort level and higher scores indicating lower comfort level. Respondents were asked to rank the scenarios according to their "level of comfort in handling these problems as counselors." Five of the 15 items represented death related scenarios (e.g., a 60-year-old widow presents with grief over recently deceased spouse) and 10 of them represented non-death related scenarios (e.g., a 37-year-old male professional presents for counseling following arrest for DWI). Reliability and validity data for this instrument were not gathered or reported by the authors. Therefore, the test-retest reliability analysis was conducted at the end of the current study. A test-retest reliability coefficient of .73 was found (Pearson).

Counseling Self-Efficacy Scale

The Counseling Self-Efficacy Scale (CSES) consists of 20 items regarding individual and group counseling knowledge and skill competencies (Melchert, Hays, Wiljanen, & Kolocek, 1996). The items were derived from the literature regarding the knowledge and skill competencies needed by counselors. The instrument is a 5-point Likert-Type scale in which the responses range from 1 (agree strongly) to 5 (disagree strongly). Some of the items are worded negatively to help protect against acquiescent response bias (e.g. "I'm not able to apply behavior

change skills effectively"). Items that are worded negatively (1, 2, 5, 7, 8, 13, 15, 16, 18, and 20) need to be scored inversely. The higher scores indicate higher self-efficacy. The content validity of the instrument was addressed by asking three licensed psychologists to review the content of the instrument. Internal consistency correlation coefficient for the measure was found as .93 (Cronbach Alpha). Furthermore, as stated by Melchert et al. (1996), considerable empirical support was found for the reliability and validity of the instrument.

Data Collection

The participants of the study were asked to fill out the demographic questions, Counselor Self-Efficacy Scale (CSES), and Counseling Situations Questionnaire (CSQ) - Subscale for Level of Grief Counseling Comfort in the beginning of the study at the informative group meetings. The same participants were administered the Counseling Situations Questionnaire (CSQ) - Subscale for Level of Grief Counseling Comfort and Counselor Self-Efficacy Scale (CSES) one more time after the training.

To protect anonymity, the participants were provided with a code (e.g., W1201) to put on the answer sheets and asked to keep the code until the end of the study. They were assured that individual responses were not the focus of the study. The code was used to exclude the participants' pre-test scores from the analysis if they did not complete the study and/or participate in the post-test measurement.

The in-class group filled out the questionnaire after the final session of the training. The online group returned the questionnaires in three ways: 1) filled them out online and emailed them from an anonymous email account. 2) left it in the researcher's mailbox. 3) mailed it to researcher's address.

Data Analysis

The statistical analysis for this study was analyzed using the Statistical Package for the Social Sciences software (SPSS, 2007) for Windows, version 16.0. S tatistical analysis of data will include a number of statistical procedures including descriptive statistics, paired-samples t-test, independent-samples t-test, and ANCOVA with the use of pre-test CSQ scores as a covariate.

Test for the assumption of normal distribution and homogeneity of variance, and effect size calculations are also provided as a p art of the analysis. The statistical analysis for each hypothesis is presented in Table 4.

Table 4

Statistical Analysis of Hypotheses

Research Question and Hypothesis	Variables and Instruments	Statistical Analysis Method
	Demographic Questions	Descriptive Statistics
Research Question 1: Does grief counseling training affect grief counseling comfort level of counselor's in training? Hypothesis 1: Grief counseling training will have a significant effect on grief counseling comfort level of counselor's in training.	Independent Variable: Grief Counseling Training Dependent Variable: Grief Counseling Comfort Covariate: Counselor Self-Efficacy Instruments: Counseling Situations Questionnaire (CSQ) - Subscale for Level of Grief Counseling Comfort & Counselor Self-Efficacy Scale (CSES)	Paired Samples T-Test & ANCOVA
Research Question 2: Does the effect of grief counseling training on counselor counseling comfort level differs according to the setting of the training (in-class vs. online)? Hypothesis 2: The effect of the grief counseling training will be greater in the traditional in-class training setting than in the online setting.	Independent Variable: Classroom setting (in-class vs. online) Dependent Variable: Grief Counseling Comfort Instrument: Counseling Situations Questionnaire (CSQ) - Subscale for Level of Grief Counseling Comfort	Independent Samples T-Test

Summary

Chapter III described the research setting, description of participants, research questions, statistical hypotheses, treatment procedures, method of analysis, and criterion instruments to be

used in this study. Chapter III also presented a description of the research design, research questions and hypotheses, and statistical analyses utilized. In addition, this chapter provided an overview of the research questions and the independent and dependent variables. Chapter IV will present the results of the statistical analyses and description of the findings from the data collected for this study.

CHAPTER IV

Results

This study was designed to measure the effect of REBT grief counseling training on counseling students' grief counseling comfort level as well as comparing the two different settings of training (online and in-class) in terms of their effect on students' comfort level. This chapter will describe the results of the data collected via demographic questionnaire, counselor self-efficacy questionnaire, and Counseling Situations Questionnaire (CSQ) - Subscale for Level of Grief Counseling Comfort. In addition to these results, the descriptive and frequency statistics will be provided regarding the demographics of the participants. Independent-samples t-test, paired-samples t-test, and ANCOVA were used for the analysis of the data. An alpha level of .5 was used for all the analyses conducted.

Research Question 1: Does grief counseling training affect grief counseling comfort level of counselors in training?

Research Question 2: Does the effect of grief counseling training on counselor counseling comfort level differ according to the setting of the training (in-class vs. online)?

Descriptive Statistics

Gender

Frequency statistics for the gender of the participants show that 80% of the participants were female and 20% were male. Below, Table 5 shows the frequency distribution of the gender of the participants.

Table 5

Frequency Distributions for Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
male	6	20.0	20.0	20.0
female	24	80.0	80.0	100.0
Total	30	100.0	100.0	

Age

Descriptive statistics show that the age range of the participants ranges from 22 to 62 with a mean of 40.37. Table 6 shows the range, mean, and std deviation of the participants' ages.

Table 6

Descriptive Statistics for Age

	N	Minimum	Maximum	Sum	Mean	Std. Deviation
age	30	22	62	1211	40.37	13.090

Ethnicity

40% of the participants identified themselves as African American/Black and 46.7% identified as White/Caucasian with the remaining participants identifying as Multiracial (6.7%), Asian American (3.3%), and Hispanic/Latino (3.3%). Table 7 shows the distribution of the ethnicity of the participants.

Table 7

Frequency Distributions for Ethnicity

	Frequency	Percent	Valid Percent	Cumulative Percent
African American	12	40.0	40.0	40.0
White	14	46.7	46.7	86.7
Multiracial	2	6.7	6.7	93.3
Asian American	1	3.3	3.3	96.7
Hispanic	1	3.3	3.3	100.0
Total	30	100.0	100.0	

Education

The participants of this study are students in the counseling master's program. All 30 participants in the study have a minimum of an undergraduate degree with 30% of them already having a graduate degree. Table 8 shows the distribution of the educational degrees of the participants.

Table 8

Frequency Distributions for Education

	Frequency	Percent	Valid Percent	Cumulative Percent
bachelors	21	70.0	70.0	70.0
masters	9	30.0	30.0	100.0
Total	30	100.0	100.0	

Area of Concentration

The counseling programs across the United States offer different concentrations in counseling such as community counseling, substance abuse counseling, and school counseling. 53.3% of the participants are specializing in community counseling, 23.3% in school counseling, 20% in art therapy and community counseling combined, and 3.3% in community and school combined. Table 9 shows the distribution of the specialty areas of the participants.

Table 9

Frequency Distributions for Area of Specialty

	Frequency	Percent	Valid Percent	Cumulative Percent
community	16	53.3	53.3	53.3
school	7	23.3	23.3	76.7
C & S combined	1	3.3	3.3	80.0
Comm & art comb.	6	20.0	20.0	100.0
Total	30	100.0	100.0	

Employment

40% of the participants reported being employed full-time, 30% being employed part-time, and the remaining 30% being unemployed. Table 10 shows the frequency of the employment status for the participants.

Table 10

Frequency Distributions for Employment

	Frequency	Percent	Valid Percent	Cumulative Percent
full-time	12	40.0	40.0	40.0
part-time	9	30.0	30.0	70.0
not working	9	30.0	30.0	100.0
Total	30	100.0	100.0	

Course Focusing on Grief Counseling

The participants were asked to report the number of courses that they completed that focused specifically on grief and/or loss. 80% of the participants reported that they have not completed any course that focused specifically on grief and/or loss, 13.3% reported completing one course, and 6.7% reported competing two courses. Table 11 shows the frequency of the completion of the courses that focused on grief and loss.

Table 11

Frequency Distributions for Grief/Loss Focused Course

# of courses	Frequency	Percent	Valid Percent	Cumulative Percent
0	24	80.0	80.0	80.0
1	4	13.3	13.3	93.3
2	2	6.7	6.7	100.0
Total	30	100.0	100.0	

Course Infused/Included Grief and Loss

The participants were also asked to report the number of courses that they completed which infused/included grief and/or loss issues. 43% of the participants reported that they have not completed any course that infused/included grief and/or loss issues, and 57% of the participants reported that they have completed at least one course that that infused/included grief and/or loss. Table 12 shows the frequency of the completion of the courses that included grief and loss issues.

Table 12

Frequency Distributions for Grief/Loss Included Course

# of courses	Frequency	Percent	Valid Percent	Cumulative Percent
0	13	43.3	43.3	43.3
1	7	23.3	23.3	66.7
2	3	10.0	10.0	76.7
3	4	13.3	13.3	90.0
4	1	3.3	3.3	93.3
5	2	6.7	6.7	100.0
Total	30	100.0	100.0	

Professional Development

Participants in the study were asked to report the number of professional development hours (i.e., seminars, workshops) they have completed on the subject of grief and/or loss. The majority of the participants (86.7%) reported not completing any professional development hours

while 14.3% reported completing some professional development hours about grief and loss.

Table 13 shows the frequency distribution of the professional development training participation.

Table 13

Frequency Distributions for Grief/Loss Professional Development Hours

# of Hours	Frequency	Percent	Valid Percent	Cumulative Percent
0	26	86.7	86.7	86.7
2	2	6.7	6.7	93.3
25	1	3.3	3.3	96.7
29	1	3.3	3.3	100.0
Total	30	100.0	100.0	

The Counseling Competency

The participants were asked to rate their perceived overall counseling competency by choosing one of the following answers: (1) I feel I need to learn a great deal more before I would call myself competent. (2) I do not feel comfortable with my knowledge and skill level. (3) I still have much to learn in order to call myself competent. (4) I feel comfortable with my knowledge and skill level. (5) I am highly competent, I could teach others.

The answers indicated that 53.3% of the participants think they still have much to learn in order to call themselves competent and 40% of them think they feel comfortable with their knowledge and skill level. Table 14 shows the frequency distribution of the answers regarding the perceived overall counseling competence.

Table 14

Overall Counseling Competence

	Frequency	Percent	Valid Percent	Cumulative Percent
need great deal	1	3.3	3.3	3.3
still have much to learn	16	53.3	53.3	56.7
comfortable	12	40.0	40.0	96.7
highly competent	1	3.3	3.3	100.0
Total	30	100.0	100.0	

Grief Counseling Competence

The participants were also asked to rate their perceived grief counseling competency by choosing one of the following answers: (1) I feel I need to learn a great deal more before I would call myself competent. (2) I do not feel comfortable with my knowledge and skill level. (3) I still have much to learn in order to call myself competent. (4) I feel comfortable with my knowledge and skill level. (5) I am highly competent, I could teach others.

The answers indicated that 10% of the participants reported the need to learn a great deal more before they would call themselves competent, 20% reported not feeling comfortable with their knowledge and skill level, and 66.7% reported they still have much to learn in order to call themselves competent. Table 15 shows the frequency distribution of the answers regarding the perceived grief counseling.

Table 15

Grief Counseling Competence

	Frequency	Percent	Valid Percent	Cumulative Percent
need great deal	3	10.0	10.0	10.0
not comfortable	6	20.0	20.0	30.0
still have much to learn	20	66.7	66.7	96.7
comfortable	1	3.3	3.3	100.0
Total	30	100.0	100.0	

Testing of the Assumptions

Normal Distribution

Normal distribution refers to testing on the data rely on normally distributed populations (A. P. Field, 2005). Both the Kolmogorov-Smirnov and Shapiro-Wilk tests suggest that the data from CSQ and CSES meet the assumption of normal distribution ($p > .05$). Table 16 shows the K-S and Shapiro-Wilk test for normality.

Table 16

Tests of Normality

	Online/In-class	Kolmogorov-Smirnov(a)			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
CSQPost	online	.179	15	**.200(*)**	.920	15	**.190**
	in-class	.118	15	**.200(*)**	.951	15	**.539**
CSES Post	online	.148	15	**.200(*)**	.923	15	**.215**
	in-class	.184	15	**.182**	.912	15	**.146**
CSQPre	online	.158	15	**.200(*)**	.953	15	**.579**
	in-class	.176	15	**.200(*)**	.903	15	**.106**
CSES Pre	online	.116	15	**.200(*)**	.980	15	**.972**
	in-class	.171	15	**.200(*)**	.939	15	**.374**

* This is a lower bound of the true significance.

a Lilliefors Significance Correction

Figures 1, 2, 3 and 4 also show the plots of the expected and observed distribution for the data.

Figure 1

Expected and Observed Value for CSQ Pre-Test

Normal Q-Q Plot of CSQ Pre-Test
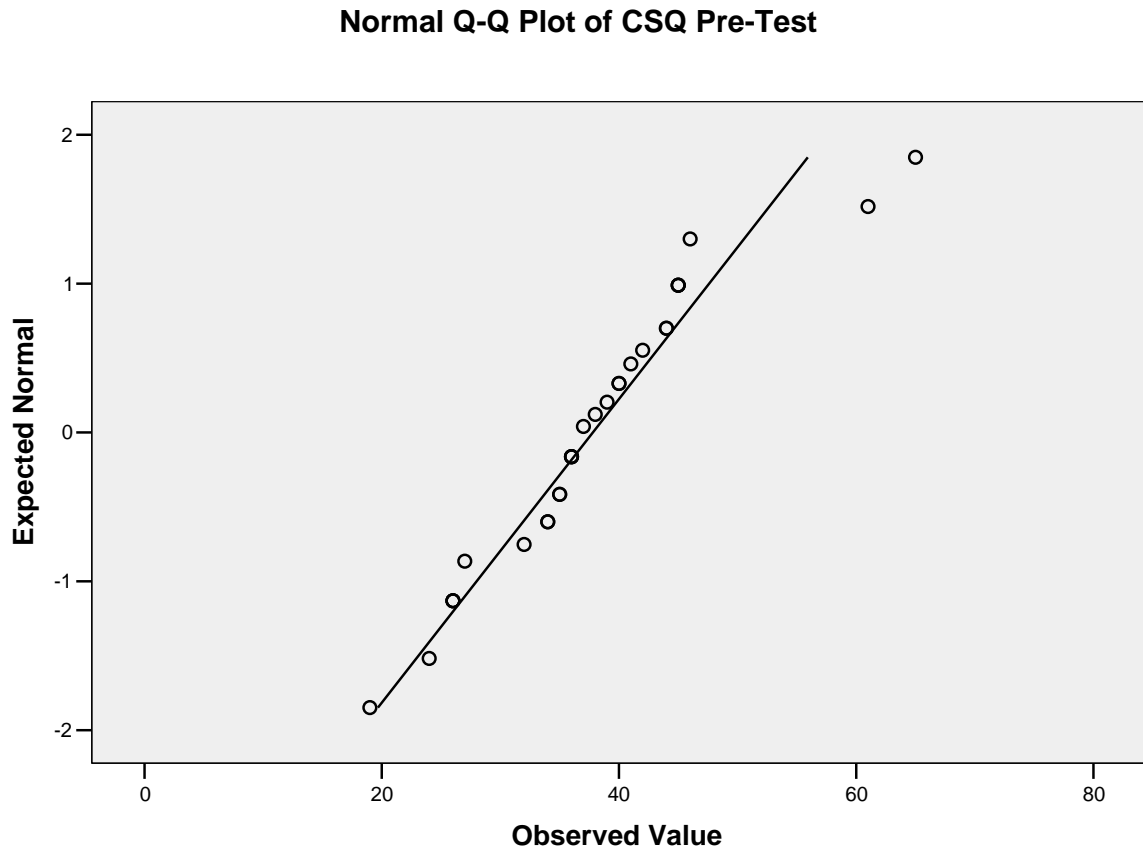
Figure 2

Expected and Observed Value for CSQ Post-Test

Normal Q-Q Plot of CSQ Post-test
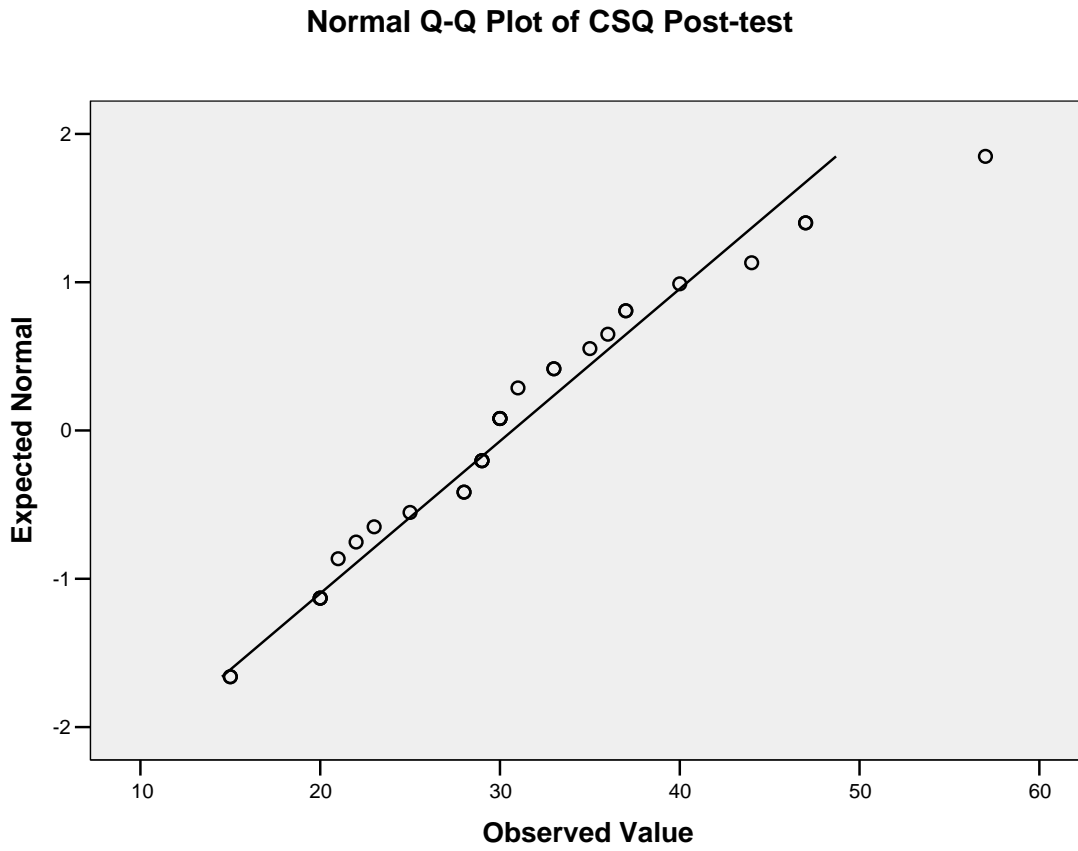
Figure 3

Expected and Observed Value for CSES Pre-Test

Normal Q-Q Plot of CSES Pre-Test
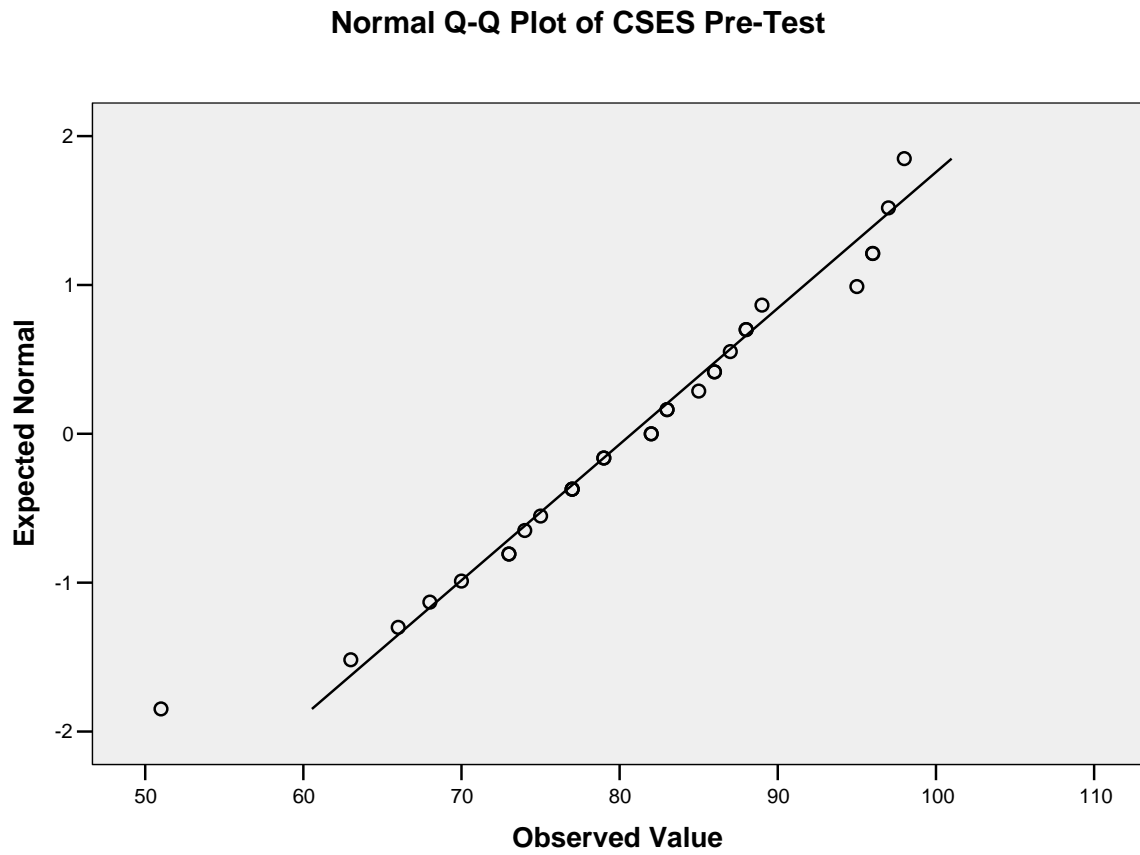
Figure 4

Expected and Observed Value for CSES Post-Test

Normal Q-Q Plot of CSES Post-Test
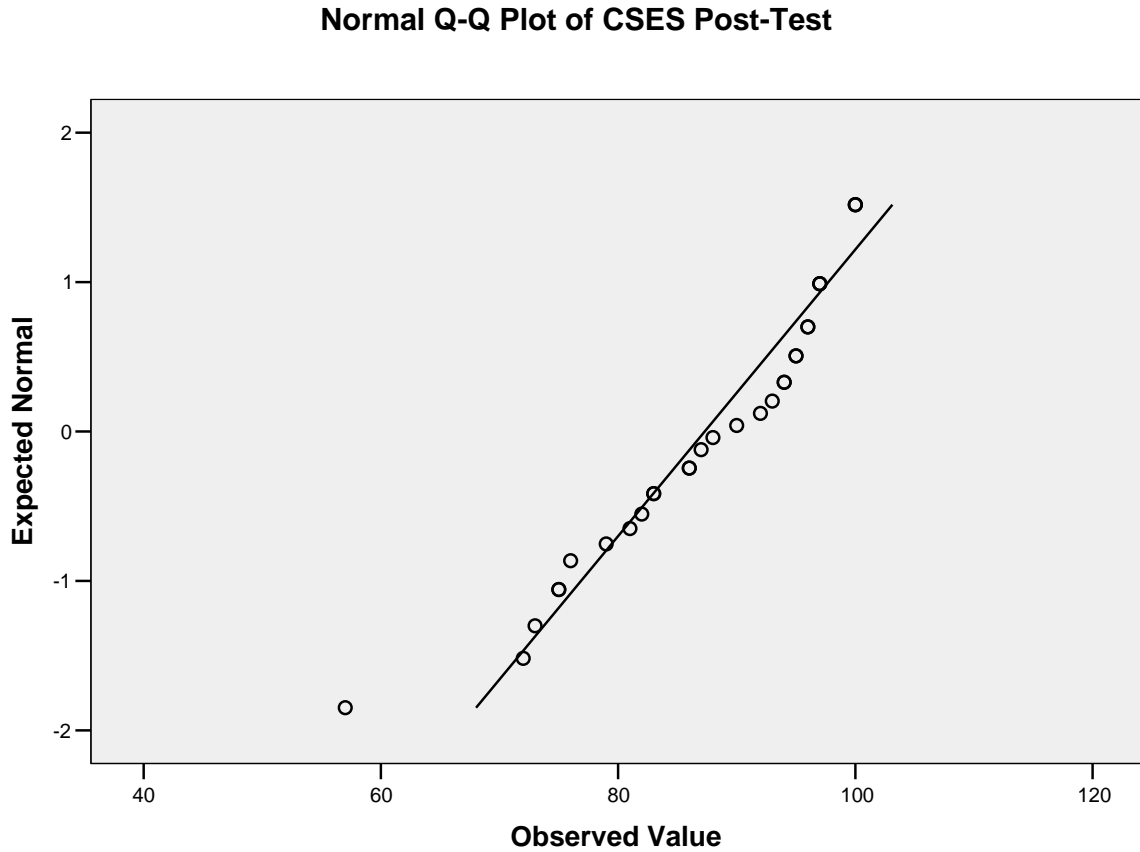
Homogeneity of Variance

Homogeneity of variance assumes that the variance is the same throughout the data (A. P. Field, 2005). The results of Lavene's test indicated that the data met the assumption of homogeneity F $(1,28) = .28$, p > .05, $F (1,28) = .23$, p > .05, $F (1,28) = .99$, p > .05 and $F (1,28) = .27$, p > .05. Table 17 shows the Lavene's test for homogeneity of variance for the data.

Table 17

Test for the Homogeneity of Variance

		Levene Statistic	df1	df2	Sig.
CSQ Post	Based on Mean	1.178	1	28	**.287**
	Based on Median	1.264	1	28	.270
	Based on Median and with adjusted df	1.264	1	27.727	.271
	Based on t rimmed mean	1.152	1	28	.292
CSES Post	Based on Mean	1.451	1	28	**.239**
	Based on Median	.864	1	28	.360
	Based on Median and with adjusted df	.864	1	24.897	.361
	Based on t rimmed mean	1.200	1	28	.283
CSQ Pre	Based on Mean	.000	1	28	**.992**
	Based on Median	.001	1	28	.980
	Based on Median and with adjusted df	.001	1	27.860	.980
	Based on t rimmed mean	.000	1	28	.999
CSES Pre	Based on Mean	1.238	1	28	**.275**
	Based on Median	.768	1	28	.388
	Based on Median and with adjusted df	.768	1	25.734	.389
	Based on t rimmed mean	1.056	1	28	.313

Hypothesis 1

Null Hypothesis 1: Grief counseling training will not have a significant effect on grief counseling comfort level of counselors in training.

$$\mu_{\text{pre-test scores}} = \mu2_{\text{post-test scores}}$$

Alternative Hypothesis 1: Grief counseling training will have a significant effect on grief counseling comfort level of counselors in training.

$$\mu1_{\text{pre-test scores}} \neq \mu2_{\text{post-test scores}}$$

Hypothesis 1 was tested by using a pre-test-post-test two-treatment groups design. In order to test the hypothesis, pre-training scores and post-training scores of the Counseling Situations Questionnaire were compared by using a paired samples t-test. The results of the t-test indicate that there was a statistically significant difference between the grief counseling comfort level pre-training scores (M= 37.8, SD=9.80) and post training scores (M= 30.7, SD= 9.73). This result shows that the null hypothesis was rejected (t (29) = 5.491, p = .000), suggesting that grief counseling training had a statistically significant effect on grief counseling comfort level of counselors in training. Table 18 shows the descriptive statistics of the paired samples t-test and Table 19 shows the results of the t-test for the analysis of hypothesis 1.

Table 18

Paired Samples Statistics

	Mean	N	Std. Deviation	Std. Error Mean
CSQ Pre-test	37.8000	30	9.80288	1.78975
CSQ Post-test	30.7000	30	9.73139	1.77670

Table 19

Paired Samples T-Test for Hypothesis 1

		Std.	95% Confidence		t	df	Sig. (2-tailed)
	Std.	Error	Interval of the				
Mean	Deviation	Mean	Difference				
			Lower	Upper			
CSQ Pre – CSQ Post	7.10000	7.08252	1.29309	4.45534	9.74466	5.491	29	**.000**

Note: The table has a "Paired Differences" span over Mean/Std. Deviation/Std. Error Mean/Difference columns.

Effect Size for Hypothesis 1

The effect size of the study was *d*= .7, which is considered a medium-high effect size for Cohen's *d*.

Counseling Self-Efficacy

The results from the t-test suggested that training had a statistically significant effect on the comfort level of the students; however, students' overall counseling self-efficacy is assumed to interfere in their grief counseling comfort level.

The result of the ANCOVA test, where the scores of the counseling self-efficacy questionnaire were used as the covariate, rejects the null hypothesis $F(1,57) = 5.09$ $p < .05$. This further investigation suggests that training had a statistically significant improving effect on students' grief counseling comfort level, despite their initial counseling self-efficacy levels. Table 20 shows the results of the ANCOVA test.

Table 20

The Analysis of Covariance for Self-efficacy and the Grief and Loss Training

Dependent Variable: Counseling Comfort Level

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	983.334(a)	2	491.667	5.282	.008
Intercept	2291.621	1	2291.621	24.618	.000
CSEff	227.184	1	227.184	2.441	.124
Training	474.518	1	474.518	5.098	**.028**
Error	5305.916	57	93.086		
Total	76673.000	60			
Corrected Total	6289.250	59			

R Squared = .156 (Adjusted R Squared = .127)

Additional analysis was also conducted to investigate a possible training effect on the students' overall counseling self-efficacy since literature argues that counseling students' self-efficacy is affected by the level of training they receive (Leach et al., 1997).

The results of the t-test indicate that there was a statistically significant difference between the counseling self-efficacy pre-training scores (M= 80.7, SD=10.94) and post-training scores (M= 87.3, SD= 10.42). This result suggests that grief counseling training had a statistically significant effect on counseling self-efficacy of counselors in training (t (29) = -3.73, p = .001). Table 21 shows the descriptive statistics of the paired samples t-test and Table 22 shows the results of the t-test for the analysis of hypothesis 1.

Table 21

Statistics for CSES T-Test

	Mean	N	Std. Deviation	Std. Error Mean
CSES Pre-test	80.7667	30	10.94085	1.99752
CSES Post-test	87.3000	30	10.42593	1.90351

Table 22

Paired Sample T-Test for CSES

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
CSES Pre-CSES Post	-6.53333	9.59430	1.75167	-10.11590	-2.95076	-3.730	29	**.001**

Hypothesis 2

Null Hypothesis 2: The effect of the grief counseling training on the grief counseling comfort

level will be the same in the traditional in-class training setting as in the online setting.

$$\mu_{\text{ in-class scores}} = \mu 2_{\text{ online scores}}$$

Alternative Hypothesis 2: The effect of the grief counseling training on the grief counseling

comfort level will be greater in the traditional in-class training setting than in the online setting.

$$\mu 1_{\text{ in-class scores}} \neq \mu 2_{\text{ online scores}}$$

Hypothesis 2 was tested by using a post-test only two treatment groups design. In order to test hypothesis 2, the post-test Counseling Situations Questionnaire scores of the online group were compared to the post-test Counseling Situations Questionnaire scores of the in-class group by using an independent samples t-test. The results of the t-test indicate that there was not a statistically significant difference between the online group (M= 27.4, SD=8.0) and in-class group (M= 33.9, SD= 10.45) in terms of their grief counseling comfort levels after the training. This result shows that the null hypothesis was accepted (t (28) = -1.9, p = .068). Table 23 shows the descriptive statistics of the independent samples t-Ttest and Table 24 shows the results of the t-test for the analysis of hypothesis 2.

Table 23

Independent Samples Statistics

	Online/In-class	N	Mean	Std. Deviation	Std. Error Mean
CSQ Post	online	15	27.4667	8.02555	2.07219
	in-class	15	33.9333	10.45717	2.70003

Table 24

Independent Samples T-Test for Hypothesis 2

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
CSQ Post-test	Equal variances assumed	1.178	.287	-1.900	28	.068	-6.46667	3.40355	-13.43852	.50518
	Equal variances not assumed			-1.900	26.244	.068	-6.46667	3.40355	-13.45959	.52625

Effect Size for Hypothesis 2

The effect size of the study was $d=-.7$, which is considered a medium-high effect size for Cohen's d.

Summary

Chapter IV presented the results of the study. The descriptive statistics regarding the demographics of the participants such as age, gender, ethnicity, and education were provided. The results of the assumptions tests for normality and homogeneity were presented before providing the detailed results of the hypotheses. Finally, results of the two hypotheses were presented. The results indicated that the first null hypothesis was rejected and the second null hypothesis was accepted. Chapter V will provide the discussions and limitations about the results of the study as well as suggestions for further research.

CHAPTER V

Discussion

Purpose of the Study

Loss is a normal part of human life and can be extended beyond the loss of a loved one. Breaking up from a relationship, moving, a job change, retirement, acquiring a disability, and many other major losses in life may result in a grief experience and even complicated grief in some cases.

Experiencing a significant loss may have a broad impact on individuals (Stroebe et al., 2001). Feelings of anger, depression, guilt, shame, and sadness are mostly accompanied by behavioral symptoms such as avoidance, isolation, crying, social withdrawal, and fatigue. Loss can sometimes be so traumatic, unexpected, or intense that the whole meaning world of the person can be shattered by the experience. Individuals might be preoccupied with the loss most of the time, lose their self-esteem, question the meaning of the loss, and perceive the loss as unreal, and memory and concentration problems may occur. Furthermore, grief may also be experienced physiologically with manifestation such as through low appetite, fatigue, sleep disturbances, and headaches.

Considering the excruciating effects of significant losses in individuals' lives, it is important to provide the best support to those in need. Counselors frequently encounter grief and loss related issues in their practices. The lack of adequate training in the subject matter and subsequent failure to understand and appreciate the death, dying, and bereavement will most likely result in unsatisfactory, insufficient, and even harmful interventions with clients (International Work Group on Death, Dying, and Bereavement, 1992). As stated earlier, perceived loss can be a result of many non-death related experiences such as divorce or

retirement and non-death related losses can be as significant as death related losses (Humphrey, 2009). Nonetheless, non-death related losses are not easily recognized by counselors (Humphrey, 2009). Moreover, even when recognized, counselors report a great deal of discomfort in dealing with the grief issues of their clients (Humphrey, 1993).

While there may be various factors related to discomfort (such as unresolved personal issues with previous losses or low self-efficacy), lack of training is a major factor. The training on grief counseling and/or death education within master's counseling courses is minimal for mental health and school counselors (Freeman & Ward, 1998). Most counselor education programs do not provide specialized training in specific courses on grief and loss. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) does not require a specific course on grief counseling or mention grief counseling as a knowledge or skills/practice requirement in its 2009 standards. Humprey's study (1993) provided an important statistic regarding the status of grief and loss training in the counselor education programs and reveals that out of 135 programs only 33.3% of them indicated offering a distinct course in grief counseling.

The purpose of this study was to develop and deliver a grief and loss counseling program from the REBT perspective in order to improve counselors' grief counseling comfort level. Since non-death related losses are as important as death related losses, the content of the training was designed to address both death and non-death related losses. While developing a specific course on grief and loss is crucial, this study was designed to explore another component in counselor education. Incorporating technology in higher education has become a hot topic as the use of technology is spreading dramatically. Internet and social media are widely used in many areas of life, including higher education.

Education field benefits from use of technology in many ways from communication to teaching, grading, collaboration, printing, presentation, and publication (Nelson et al., 2010). Wantz et al. (2004) categorized the use of technology in education into two main components: Computer assisted training and computer-mediated and online communication. Online training has as many opponents as supporters. The major strengths of online training are its time and place flexibility, accessibility to underserved populations, ability to create international academic collaborations, and cost effectiveness (Glass et al., 2005; Singh & Pan, 2004). However, it has been criticized for the quality of services provided; issues regarding security, control, and monitoring; and lack of human interaction, which is a critical element in the learning process.

Counselor education has its share in all these arguments in terms of the amount or type of technology that should or should not be included in the training of counselors. Wantz et al.'s study (2004), which found that 42% of the 127 counselor education programs use distance learning as a part of their program, showed how legitimate these arguments were. The counseling filed has its unique issues regarding online training. Counselor education faculty is concerned about online training's applicability to the nature of counselor training. Counseling is a practice-based expertise, and the training programs are designed to have both theoretical and clinical components. The major concern is that the practice-based courses such as techniques, practicum, and internship are not suitable for online education (Wantz et al., 2004). Besides, teaching a profession that is mostly based on human interaction raises another concern. Online training is highly likely to create barriers to developing the practice skills that are very important in the counseling profession.

Despite all of the concerns listed above, the internet and other technologies have been, and will, continue to be a part of counselor education. For this reason, the question is how

effective online training is at teaching a social field that is strictly related to human interaction and face-to-face communication. Therefore, this study focused on the comparison of computer-mediated training and traditional in-class training in addition to the development and delivery of grief counseling training.

Results and Findings

Characteristics of Participants. The participants of this study were recruited from the Counselor Education master's program of a Midwestern urban university. Forty-seven participants agreed to participate in the study. However, 17 participants were eliminated from the study due to various reasons such as not completing the sessions, not participating in the study, not completing the instruments. The study was completed with 30 participants of whom 15 were in the online group and 15 in the in-class group.

80% of the participants were women, which is equal to N= 24. The age of the participants ranged from 22 to 62. This information indicated that the inequality of the gender is similar to the 2010 annual report of the Bureau of Labor Statistics, which revealed that 71.2% of counselors are women. Moreover, the wide range of the age provides diversity among the participants in their life and job experiences.

The majority of the participants were Caucasians (N= 14), followed by African Americans (N= 12). Sixteen participants were specializing in community counseling, seven were in school counseling, six were in art therapy-community counseling combined, and one was in school-community combined.

80% of the participants (N= 24) reported that they have not completed any courses *specifically focused* on grief and loss issues in counseling. The other six participants reported completing one or two courses about the subject. The following question revealed that 43.3%

(N= 13) of the participants have not completed any courses that *infused/included* grief and/or loss. As discussed before, counseling students reported not feeling competent and comfortable dealing with grief and loss issues of their clients due to lack of adequate training. Hence, this information provides a very important basis for this study by supporting the literature.

The final part of the demographic questionnaire was focused on t he participants' perceived general counseling competency and grief counseling competency. Sixteen of the 30 participants (53.3%) reported that they think they still have much to learn in order to call themselves competent in overall counseling, and 12 of them (40%) reported being comfortable with their skills. However, the results were much different for grief counseling competency. Twenty of the 30 (66.7%) participants reported they still have much to learn to call themselves competent in grief counseling, and only one participant (3.3%) reported being comfortable with his/her grief counseling skills.

The results are consistent with the literature about the lack of grief counseling training and low comfort level of novice counselors (Humphrey, 1993). Being comfortable with grief and loss issues is crucial for various reasons. First of all, counselors who feel more comfortable are more likely to be better trained in the subject since comfort level and competency are affected by the level of training. Counselors who feel comfortable might be more open to discussing issues with their clients. They are more likely to present themselves as competent and expert in the subject. In return, there is a higher possibility of creating a better working relationship, providing more effective counseling services, and having better therapeutic outcomes.

Hypothesis 1. Hypothesis 1 w as driven from the research question "Does grief counseling training affect grief counseling comfort level of counselors in training?". The null hypothesis was "Grief counseling training will not have a significant effect on grief counseling

comfort level of counselors in training." The alternative hypothesis was "Grief counseling training will have a significant effect on grief counseling comfort level of counselors in training."

This hypothesis was tested with a pre-test-post-test two-treatment groups design. Thirty participants were administered the Counseling Situations Questionnaire- Subscale for Level of Grief Counseling Comfort before and after the three weeks grief and loss training. The CSQ is a 15 item, 5-point Likert-Type scale in which lower scores indicate higher levels of comfort. A paired-samples t-test was used to analyze data.

The results of the analysis suggested that the three weeks grief counseling significantly improved the grief counseling comfort level of the participants (M= 37.8 vs M= 30.7; t (29) = 5.491, p = .000). The effect size of the study was high in the positive direction (ω^2= .7). For this study, larger effect size indicates that the training was very effective in improving the grief comfort level. Moreover, the power of this study was also large (.9), which means the probability that the test has accurately rejected the null hypothesis when the null hypothesis is false is very high.

The literature about the grief counseling comfort is very limited. Kirchberg and Neimeyer's study (1991), which involved the development of CSQ- Subscale for Level of Grief Counseling Comfort, found that death and non-death related issues created discomfort in novice counselors. They further suggested that death related issues created a greater discomfort among beginner counselors. The Kirchberg et al. (1998) study revealed that while death related issues created great discomfort, some non-death related issues such as clients presenting with AIDS, and life-threatening cancer, also created significant discomfort. Another important conclusion that can be drawn from these two studies is that relatively limited professional training in grief

and death, as well as limited clinical experience (new graduates), leads to higher levels of counselor discomfort with grief and loss.

The present study supports the previous studies and shows that formal training in grief and loss can decrease counselors' level of discomfort dealing with their clients' grief and loss issues. As reported by the studies, death related loss issues are ranked higher in the list in terms of discomfort. With this in mind, Humphrey (2009) stated that non-death related issues can be as traumatic and significant as death related issues. Moreover, many inexperienced counselors may face difficulty recognizing the signs of grief in their clients when working with non-death related issues. Therefore, the grief and loss training in this study covered both death and non-death related issues.

In the beginning, counseling self-efficacy was introduced to the study for its potential interfering effect on comfort level. Rejecting the null hypothesis and finding significant effect usually does not require further assessment. Nonetheless, an analysis of covariance was conducted to rule out the possible interfering effect of counseling self-efficacy on the results. The Counseling Self-Efficacy Scale was administered to the participants before and after the training. Analysis of Covariance (ANCOVA) was used to analyze self-efficacy to support the paired-samples t-test findings. ANCOVA results turned out "statistically significant" as expected ($F(1,57) = 5.09$ p $ < .05$). This finding suggests that the difference between the pre-test grief counseling comfort level and post-test comfort level is solely based on the improving effect of the training and is not affected by participants' perceived counseling self-efficacies.

The main purpose of this study was to develop a grief and loss training program from the rational emotive behavioral perspective and deliver it to counseling students to improve their grief counseling comfort level. However, the pre- and post-test data from CSES were analyzed to

explore the effect of the grief and loss training on overall counselor self-efficacy. Self-efficacy is one's belief, perception, and judgment in being able to successfully perform and complete a task. Self-efficacy is not a static domain and can change with personal performance accomplishments, vicarious learning, social persuasion, and physiological and affective states (R. W. Lent, 2005; R.W. Lent et al., 1994).

Based on the literature, professional training improves self-efficacy, and hence the effects of the grief and counseling training were also explored. The results of the paired-sample t-test revealed that participants' overall counseling self-efficacy increased with the grief and loss training (t (29) = -3.73, p = .001). While the content of the training does not intend to improve overall counseling skills, the positive effects of the training can be explained with the positive effect of professional training on improving self-efficacy. In other words, while grief and loss does not cover all counseling domains, it has a significant space in the clinical setting. Therefore, receiving professional development training in the subject matter might have impacted counselors' overall perception of success. Moreover, the training was intended to cover general information about grief and loss (such as theories, history, cultural issues) and also provide some concrete strategies, tools, and applications that counselors can apply with their clients. Consequently, the training made it possible for participants to transfer these new skills to other issues of the clients which in return might have improved their counseling self-efficacy.

Hypothesis 2. Hypothesis 2 was drawn from the research question "Does the effect of grief counseling training on counselor counseling comfort level differ according to the setting of the training (in-class vs. online)?". The null hypothesis was "The effect of the grief counseling training on the grief counseling comfort level will be the same in the traditional in-class training setting as in the online setting." And the alternative hypothesis was "The effect of the grief

counseling training on the grief counseling comfort level will be greater in the traditional in-class training setting than in the online setting."

This hypothesis was tested with post-test only two-treatment groups design (the nonequivalent, post-test only design). This design was used to compare the post-training comfort level of the in-class and online group participants to see if there is a significant difference between the two scores in favor of the in-class group. An independent-samples t-test was used to analyze the data.

The result of the study suggests that the null hypothesis was accepted. There was not a statistically significant difference between the online and in-class group in terms of their grief counseling comfort level after the training (M= 33.9 vs M= 27.4; t (28) = -1.9, p = .068). In other words, the grief counseling training was as effective for the online group as it was for the in-class group. The effect size of the study was high in the negative direction (ω^2 = -.7), which means that the online group had a better improvement in their comfort level than the in-class group. On the other hand, the power of this study was small (.4), which means the probability that the test has accurately rejected the null hypothesis when the null hypothesis is false is very low. In other words, the null hypothesis might have been accepted even though the null hypothesis was wrong.

As previously stated, the literature about the effectiveness of online training in counselor education is very limited. Most studies focus on the attitudes of the students or the instructors about online training, yet the actual comparative studies about the training effectiveness between in-class and online group in counseling are very limited. A major study by Hayes et al. (2003) explored the effects of online training on students' counseling skill development. The results suggested that the skill development of the students were the same regardless of the amount of technology that was used in the delivery of the course. The study provided some important

information for the field; however, some of the design flaws should be pointed out. The sample size of the study (N=74) is still small for generalizability. The distribution of the participants to the treatment groups was unequal (Treatment 1= 30, Treatment 2= 14, and Treatment 3/control= 29). The five sections of three treatment groups were taught by five different instructors, which may have created discrepancies in the curriculum. Overall, while this study shows similar finding to the current study, the design flaws of the study may have jeopardized the generalizability of it.

Flamez (2010) summarizes Watson's study (2005) by reporting that online technology self-efficacy is closely related to the age and the previous online training experience of the participants. The younger and more experienced participants, who have previously taken three to five online courses, showed higher online technology self-efficacy. 70% of the participants in this study are below the age of fifty, and the counselor education program that the participants were recruited from offers at least one mandatory online and multiple combined courses, which indicates experience. The relatively young age of the participants and their prior experience with online training might have played a biased role in favor of the online group.

Nonetheless, results of this study should not be perceived as an answer to the debate about the applicability of online education to counselor education programs. The counselor education program is a combination of theoretical and clinical courses. The courses in the program involve papers, projects, and exams to enhance and monitor the learning process. However, the scope of this study was one "theoretical" course that was delivered in three weeks and did not include any out-of-class assignments or exams.

It should also be noted that the online group received a copy of the audio and video (power point presentations) recordings of the lectures that were presented in the in-class sessions.

The online group was able to listen to the voice of the instructor while watching the power point presentations, and they could also listen to the discussions between the participants and the instructor. This setting is different than solely uploading the reading materials and asking the students to review them, which is more isolated. Therefore, recording live presentations and having the online group review them might have simulated a similar atmosphere to the in-class environment.

On the other hand, this study shows some promising results for the use of online training in counselor education. Some major benefits of online education are its flexibility and providing opportunity to reach underserved populations, as well as students living away from campus, working students, and parents. Second, it reduces the overhead and maintenance costs by using very limited sources, creating cost effectiveness. Moving higher education beyond the classroom limits creates academic collaboration across national affiliations. In return, the quality of the studies is improved and the scope of the academic studies is broadened. While further studies are needed to back up the results, this study might provide some valuable information for counselor education faculty and administration.

Limitations of the Study

The participants of this study were recruited from a Midwestern urban university's Counselor Education master's program. A total number of 30 counseling graduate students were used for the study. The sample size estimate for the paired-sample t-test came as 29, which was met by the current number. However, the estimate for the independent-samples t-test was n=110. The small sample size for the testing of the second hypothesis is definitely a limitation for this study. The small sample size also affected the power of this study and resulted in a relatively

small power (0.4), which means the probability that the test has accurately accepted the null hypothesis when the null hypothesis is true was low.

The study was conducted with two different quasi-experimental designs. The first hypothesis was tested by using pre-test-post-test two-treatment groups design. The second hypothesis was tested by using post-test only two-treatment groups design. By not randomly assigning the participants, the design was compromised. Quasi-experimental designs, although commonly used in the social sciences, raise issues with internal validity.

The procedure for the study also had some limitations. The in-class group met three times over the course of three weeks and received the lectures face-to-face. However, technological tools such as power point presentations and short videos were used as a part of the lecture. Besides, most of the out-of-class communications were made through e-mails. The use of technology to a certain extent might have jeopardized the true in-class setting. As stated earlier, the online group received the pre-recorded (taken from the live in-class presentation) courses via Blackboard. The use of live presentations might have jeopardized the true online setting.

There were two questionnaires used in this study. The Counseling Situations Questionnaire-Subscale for Level of Grief Counseling Comfort (Kirchberg & Neimeyer, 1991), which was used to measure grief counseling comfort level, is a 15 item self-report questionnaire. The validity and reliability data were not reported by the authors, but reliability testing was completed after the study. The test-retest reliability coefficient was found to be .73, which is considered high reliability. However, instrumentation can still be considered as a limitation.

Suggestions for Future Research

This study provides a base for future studies. The literature regarding the effectiveness of online training in counselor education is very limited. Despite the limitation of the current study,

the results show some promising opportunities for future studies. Integration of online training to counselor education is still an ongoing debate, and studies involving these two components are much needed. Another issue about online education and counselor education is the type of courses that are eligible to be taught online. Studies that look into different types of courses (theoretical and clinical), and their effectiveness when taught online could provide huge benefits to the field of counselor education.

This study involved 30 graduate counseling students from one university. It is recommended that the study be replicated with larger and diverse samples to provide more generalizable results.

The main purpose of this study was to develop a grief counseling training from the rational emotive behavioral perspective to help novice counselors in improving their grief counseling comfort level. The effectiveness of the training was measured by CSQ, a self-report questionnaire. The same study can be expanded by including a standardized test to measure the actual knowledge that was retained from the training. Moreover, a clinical follow-up can also be used to measure the skill improvement. Since counseling is a clinical practice which measures success by therapeutic outcome, a longitudinal study can be conducted to measure the change in the grief counseling skills before, shortly after, and long after the training. Clinical observations, clients' satisfactions scales, and other measurement methods could be used to support the study.

The content of the training was mainly focused on the cognitive behavioral approach, and the participants were provided with tools and strategies that were drawn from the REBT perspective. This study could be repeated with different approaches that are used to help with grief and loss issues. A more expended content might improve the effectiveness of the training.

Conclusion

Providing the best possible and most effective counseling services to their clients is one of the most important duties of counselors. While success and effectiveness in counseling can be a result of various factors, the competency and efficacy of counselors play an undeniable role in the process. The literature shows that counselors deal with grief and loss issues on a regular basis in their practices and yet do not feel comfortable and fully equipped to help their clients. This low level of comfort can best be attributed to the lack of training about grief counseling in counselor education programs. Unfortunately, most counseling courses discuss grief and loss on a superficial basis, and do not offer a specific course on grief and loss. Not feeling comfortable in delivering grief counseling services can lead to many unwanted consequences, including being more prone to providing ineffective counseling services. Therefore, developing a grief counseling training program for counseling students and new professionals was the main purpose of this study. The results showed that the training programs significantly improved the grief comfort levels in students. Overall counseling self-efficacy also improved significantly after the training. The training was not developed to cover all aspects of counseling skills or areas and yet had an improving effect in counseling self-efficacy.

Another very important issue in higher education is on the value of online training and its effectiveness. Counseling education literature has very limited information about the subject, which makes it even more relevant to study since the use of online training in counselor education is increasing across the nation. The counseling profession is based on human interaction, and training professionals online thus raises many ethical questions regarding the quality of the training programs as well as counseling services provided by professionals who graduated from online programs. Hence, the second purpose of this study was to deliver the grief

counseling training in two educational settings and compare the outcome for two groups. The results supported the literature that argues that the setting of the training does not change the effectiveness of the training. Both the online and the in-class group improved their comfort level after the training, and the difference between the comfort levels of the two groups were not statistically significant.

The study provides valuable information, but is not free from some shortcomings. The main limitation of this study is the small number of participants. It is suggested that the study should be expanded to larger groups in multiple settings. Another limitation of the study comes from the non-random research designs. The participants were put into online and in-class groups based on their preferences to increase participation and accommodate the schedules of the participants. It is suggested that the study should be repeated with a true experimental design to eliminate the disadvantages of quasi-experimental designs.
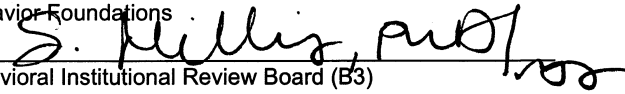
APPENDIX A: CONSENT FORM AND PERMISSION FORMS

WAYNE STATE UNIVERSITY

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NOTICE OF EXPEDITED APPROVAL

To: Selin Sertgoz
Theoretical & Behavior Foundations

From: Dr. Scott Millis
Chairperson, Behavioral Institutional Review Board (B3)

Date: March 06, 2012

RE: IRB #: 024012B3E

Protocol Title: The Effect of Grief and Loss Training for Student Counselors on Grief Counseling Comfort Level in Two Educational Settings

Funding Source:

Protocol #: 1202010593

Expiration Date: March 05, 2013

Risk Level / Category: Research not involving greater than minimal risk

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The above-referenced protocol and items listed below (if applicable) were **APPROVED** following *Expedited Review* Category (#6 #7)* by the Chairperson/designee *for* the Wayne State University Institutional Review Board (B3) for the period of 03/06/2012 through 03/05/2013. This approval does not replace any departmental or other approvals that may be required.

- Revised Protocol Summary Form (received in the IRB Office 02/29/2012)
- Protocol (received in the IRB Office 02/02/2012)
- Behavioral Research Informed Consent (dated 02/29/2012)
- Data collection tools: Demographic Questionnaire, Describe Your Loss, Texas Revised Inventory of Grief (TRIG), Grief Experience Questionnaire, Inventory of Complicated Grief, Hogan Grief Reactions Checklist, Brief Symptom Inventory (BSI), Core Bereavement Items (CBI), How to Stop Awfulzing and Start Writing Worksheet, Automatic Negative Thoughts, Loss Experiences Timeline, and Decision Balance Sheet

---

° Federal regulations require that all research be reviewed at least annually. You *may* receive a *"Continuation Renewal Reminder"* approximately two months prior to the expiration date; however, it is the Principal Investigator's responsibility to obtain review and continued approval *before* the expiration date. Data collected during a period of lapsed approval is unapproved research and can never be reported or published as research data.

° All changes or amendments to the above-referenced protocol require review and approval by the IRB **BEFORE** implementation.

° Adverse Reactions/Unexpected Events (AR/UE) must be submitted on the appropriate form within the timeframe specified in the IRB Administration Office Policy (http://www.irb.wayne.edu//policies-human-research.php).

NOTE:

1. Upon notification of an impending regulatory site visit, hold notification, and/or external audit the IRB Administration Office must be contacted immediately.
2. Forms should be downloaded from the IRB website at **each** use.

*Based on the Expedited Review List, revised November 1998

The Effect of Grief and Loss Training For Student Counselors on Grief Counseling Comfort Level in Two Educational Settings

Behavioral Research Informed Consent

Title of Study: The Effect of Grief and Loss Training For Student Counselors on Grief Counseling Comfort Level in Two Educational Settings

Principal Investigator (PI):   Selin Sertgoz
Theoretical and Behavioral Foundation
313-377-0657

Purpose

You are being asked to be in a research study of effectiveness of grief and loss counseling training because you are enrolled in the Counseling Master's program, you have completed Intro to Counseling and Theories of Counseling classes and you are at the more advanced stage of your program. This study is being conducted at Wayne State University. The estimated number of study participants to be enrolled at Wayne State University is about 50. **Please read this form and ask any questions you may have before agreeing to be in the study.**

In this research study, you are being asked to participate in a grief and loss counseling training program to improve counselors' comfort level in dealing with grief and loss issued in their practices. Studies have shown that whether death or non-death related, grief issues appear frequently in counseling settings. However, it has been revealed that counselors in training reported more discomfort dealing with loss and/or death issues than other issues. Consequently, it is essential for counselor preparation programs to include grief counseling training in their curricula. While there is a growing need for grief counseling in the profession, there is little information in the literature regarding the content or method of grief counseling training in counselor education programs.
The purpose of this study is to develop a grief counseling training program from the rational emotive behavioral perspective which will address both death and non-death related loss and grief issues of clients. The training program will target student counselors in order to help them increase their comfort level in dealing with their clients' grief and loss issues in practice.

Study Procedures

If you agree to take part in this research study, you will be asked to participate in the grief and loss training that will take three weeks (3 hours each and 9 hours total). The training program will be delivered in two different settings. One of the settings is traditional in-class where the investigator and the participants will meet on main campus once a week for three weeks. The in-class sessions will be video and/or audio recorded to be used for the online class. Other setting will be online where students will access the recorded classes via blackboard. The selection of the participants to these two training settings will be determined randomly. The time and commitment required for each setting is described below:

In-Class Training Participants:

The Effect of Grief and Loss Training For Student Counselors on Grief Counseling Comfort Level in Two Educational Settings

1. Filling out the pre-test materials before the training (approx. 30 minutes)
2. Participating in the grief and loss training consecutively for three weeks on campus. Each session will take 3 hours and total duration of the training will be 9 hours. The sessions will be video and/or audio recorded to be used for the online training.
3. Completing the assignments between the training sessions (approx. 3-4 hours)
4. Filling out the post-test materials after the training (on the final day of the training)
5. The overall time requirement for the study will be approx. 14-15 hours. The students are required to participate every session and complete all the assignments to qualify for certificate of completion.

Online Training Participants

1. Filling out the pre-test materials before the training (approx. 30 minutes)
2. Participating in the grief and loss training consecutively for three weeks online. Each session will take 3 hours and total duration of the training will be 9 hours. The sessions from the in-class training will be uploaded on blackboard every week and students will have one week to review the sessions and complete the assignments.
3. Completing the assignments between the training sessions (approx. 3-4 hours)
4. Filling out the post-test materials after the training (materials will be posted on blackboard)
5. The overall time requirement for the study will be approx. 14-15 hours. The students are required to review every session and complete all the assignments to qualify for certificate of completion.

In-class & Online Training Participants

1. Participants will complete Demographic Questionnaire, Counseling Situations Questionnaire - Subscale for Level of Grief Counseling Comfort and Counseling Self-Efficacy Scale
2. Participation in the study is voluntary and there is no penalty (e.g. course grade) for refusing to participate.
3. To protect the confidentiality:
   a. All information that is collected will be stored in locked cabinets in the primary investigator's office. The only document that will contain participants' names is the consent form, which will be separate from the rest of the materials. The information obtained from this research project may be used in future research and published. However, participants' right to privacy will be retained. No individuals will be identifiable from the data collected. Audio and video taped records, notes, and transcriptions will be kept in a locked, safe place. Such records will be erased or destroyed when the study is completed.
   b. To protect the anonymity, the participants will be provided with a numerical code to put on the demographic sheet, questionnaires, and study measures. Each participant will be provided with the same code, that was used on their instruments, on a piece of memo card and they will be asked to carry the card with them until the end of the study The same numerical code will be used for the post-assessment. The numerical code will be used to exclude the participants' pre-test scores from the analysis if they have not completed the study and/or participated in the post-test measurement. No indicators will be used to match the identification of the participants with their answers to the questionnaires. After analysis the principal researcher will destroy all documentations.

The Effect of Grief and Loss Training For Student Counselors on Grief Counseling Comfort Level in Two Educational Settings

Benefits

The possible benefits to you for taking part in this research study are:
- The comfort and competency level of counseling students are expected to improve as a result of this training.
- Participants are expected to have more knowledge, tools and strategies to help their clients with grief and loss issues.
- Participants will be provided with a training specific to grief and loss which is not covered in the counselor education program.
-

Risks

By taking part in this study, you may experience the following risks: Due to the sensitive nature of the training subject, you might experience emotional distress (e.g. feelings of sadness, sorrow). In case of such experience you can contact your primary care physician or the places listed below for emotional support.
- Counseling and Psychological Services (CAPS)
  5521 Gullen Mall
  Room 552 Student Center Building
  Detroit, Michigan 48202
  Phone: 313-577-3398
- Wayne County Mental Health Department
  (800) 241-4949 or TTY (866) 870-2599

The principal investigator will take all the necessary precautions to prevent the breach of confidentiality. However, due to the social nature of the study (e.g., classroom setting where participants can interact) there is a risk of potential breach of confidentiality. There may also be risks involved from taking part in this study that are not known to researchers at this time.

Study Costs

Participation in this study will be of no cost to you.

Compensation

You will not be paid for taking part in this study. However some other compensation methods will be applied for participating in the study. Please refer to Table 1 for details.

Table 1. THE COMPENSATION CHART FOR PARTICIPANTS

	CED 7000 Introduction to Group Work	CED 7040 Techniques of Counseling	CED 7150 Counseling Practicum	CED 7020 Counseling Internship
In-class Training	• Extra 3 points in the class • Parking Reimbursement* • Snacks and soda in the class • Training Completion Certificate	• Extra 5 points in the class • Parking Reimbursement* • Snacks and soda in the class • Training Completion Certificate	• Using the training hours towards their practicum required hours (in the "other" category)** • Parking Reimbursement* • Snacks and soda in the class • Training Completion Certificate	• Using the training hours towards their internship required hours (in the "other" category)** • Parking Reimbursement* • Snacks and soda in the class • Training Completion Certificate
Online Training	• Extra 3 points in the class • $10 gift card*** • Training Completion Certificate	• Extra 5 points in the class • $10 gift card*** • Training Completion Certificate	• Using the training hours towards their practicum required hours (in the "other" category)** • $10 gift card*** • Training Completion Certificate	• Using the training hours towards their internship required hours (in the "other" category)** • $10 gift card*** • Training Completion Certificate

* Parking fees will be reimbursed after each training session to the one cards of the participants.

** Counseling Practicum and Counseling Internship instructors will be informed about the number of hours that each student completed in the study in order to validate their participation and weekly logs.

*** Gift cards will be mailed to the participants after completion of the study.

ALL THE PARTICIPANTS, WHO HAVE COMPLETED THE STUDY, WILL BE PROVIDED WITH A CERTIFICATE OF COMPLETION SIGNED BY THE DEPARTMENT AND INVESTIGATOR.

Submission/Revision Date: 02/29/12

Protocol Version #: 2

Page 3 of 6

Participant's Initials _____

The Effect of Grief and Loss Training For Student Counselors on Grief Counseling Comfort Level in Two Educational Settings

Confidentiality

All information collected about you during the course of this study will be kept confidential to the extent permitted by law. You will be identified in the research records by a code name or number. Information that identifies you personally will not be released without your written permission. However, the study sponsor, the Institutional Review Board (IRB) at Wayne State University, or federal agencies with appropriate regulatory oversight [e.g., Food and Drug Administration (FDA), Office for Human Research Protections (OHRP), Office of Civil Rights (OCR), etc.) may review your records.

When the results of this research are published or discussed in conferences, no information will be included that would reveal your identity.

Video/audio recordings of the sessions will be used for research or educational purposes, and your identity will be protected or disguised. All the recordings will be erased or destroyed after the study.

Voluntary Participation/Withdrawal

Taking part in this study is voluntary. You have the right to choose not to take part in this study. If you decide to take part in the study you can later change your mind and withdraw from the study. You are free to only answer questions that you want to answer. You are free to withdraw from participation in this study at any time. Your decisions will not change any present or future relationship with Wayne State University or its affiliates, or other services you are entitled to receive.

The PI may stop your participation in this study without your consent. The PI will make the decision and let you know if it is not possible for you to continue. The decision that is made is to protect your health and safety, or because you did not follow the instructions to take part in the study

Questions

If you have any questions about this study now or in the future, you may contact Selin Sertgoz at the following phone number [313 377 0657]. If you have questions or concerns about your rights as a research participant, the Chair of the Institutional Review Board can be contacted at (313) 577-1628. If you are unable to contact the research staff, or if you want to talk to someone other than the research staff, you may also call (313) 577-1628 to ask questions or voice concerns or complaints.

The Effect of Grief and Loss Training For Student Counselors on Grief Counseling Comfort Level in Two Educational Settings

Consent to Participate in a Research Study

To voluntarily agree to take part in this study, you must sign on the line below. If you choose to take part in this study you may withdraw at any time. You are not giving up any of your legal rights by signing this form. Your signature below indicates that you have read, or had read to you, this entire consent form, including the risks and benefits, and have had all of your questions answered. You will be given a copy of this consent form.

_____   _____
Signature of participant   Date

_____   _____
Printed name of participant   Time

_____   _____
Signature of person obtaining consent   Date

_____   _____
Printed name of person obtaining consent   Time

APPROVAL PERIOD

MAR 0 6 '12   MAR 0 5 '13

WAYNE STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD

_____
Participant's Initials
HIC Date: 08-11

RE: The Counselor Self-Efficacy Scale

From: **Melchert, Timothy** (timothy.melchert@marquette.edu)
Sent: Thu 10/27/11 10:47 PM
To: Selin Sertgoz (selinsertgoz@wayne.edu)

Dear Selin,

Thank you for your interest in possibly using this scale. Yes, you have our permission to use the scale in your research.

Best wishes to you in completing your dissertation research.

Tim Melchert

Tim Melchert, Ph.D.
Assistant Vice Provost for Graduate Programs
Associate Professor, Department of Counselor Education and Counseling Psychology
Marquette University

-----Original Message-----
From: Selin Sertgoz [mailto:selinsertgoz@wayne.edu]
Sent: Thursday, October 27, 2011 10:29 AM
To: Melchert, Timothy
Subject: The Counselor Self-Efficacy Scale

Dear Dr. Melchert,

I am a PhD student in the counselor education program at Wayne State University, Michigan.

Right now I am working on my dissertation and I am interested in developing a grief counseling training program for the counseling students. I'd like to measure the effectiveness of my training on various variables including their self-efficacy. I am planning a pre and post test design and compare the results. I'd like to see if their self-efficacy is playing a role on their comfort level in dealing with grief and loss issues.

During my literature review, I have noticed the instrument that you and your colleagues have developed for counselor self-efficacy. I believe that the counselor self-efficacy scale would be very beneficial for my study. Is it possible for me to utilize your instrument in my dissertation?

Sincerely yours,

Selin Sertgoz

Re: Counseling Situations Questionnaire (Grief counseling comfort)

From: **Robert Neimeyer** (neimeyer@mac.com)
Sent: Sat 10/29/11 11:51 AM
To: Selin Sertgoz (selinsertgoz@wayne.edu)

```
You have it, my friend. Best of success.

Bob N.
--
Robert A. Neimeyer, Ph.D.
Department of Psychology
400 Innovation Drive, Rm 202
University of Memphis
Memphis, TN 38152-6400

iPhone: (901) 494-1806
Fax: (901) 678-2579

http://web.me.com/neimeyer



Visit my web site for information on my scholarship, presentations,
books and media, and more.


To submit to Death Studies, go to:
http://mc.manuscriptcentral.com:80/udst

On Oct 28, 2011, at 3:01 PM, Selin Sertgoz wrote:

>
> Dear Dr. Neimeyer,
>
> The questionnaire was included in your article so I have a copy of
> it. I just wanted to get you permission to use it in my study.
>
> Thank you for your support,
>
> Selin
>
> ----- Original Message -----
> From: "Robert Neimeyer" <neimeyer@mac.com>
> To: "Selin Sertgoz" <selinsertgoz@wayne.edu>
> Sent: Thursday, October 27, 2011 4:42:08 PM
> Subject: Re: Counseling Situations Questionnaire (Grief counseling
> comfort)
>
> Hmm. Yes, if I can find it! I'm currently in Australia, however, and
> so can't even look for it. The easiest way to obtain a copy, I
> suspect (if it is not included as an Appendix to the article) would be
> to request a copy of Tom Kirchberg's dissertation from the University
> of Memphis, probably available electronically nowadays.
>
> Best of success with the study,
>
```

bl135w.blu135.mail.live.com/mail/PrintMessages.aspx?cpids=5d6d030a-0224-11e1-981b-002264c2075...

1/3

```
> Bob N.
>
>
> --
> Robert A. Neimeyer, Ph.D.
> Department of Psychology
> 400 Innovation Drive, Rm 202
> University of Memphis
> Memphis, TN 38152-6400
>
> iPhone: (901) 494-1806
> Fax: (901) 678-2579
>
```
> http://web.me.com/neimeyer
```
>
> Visit my web site for information on my scholarship, presentations,
> books and media, and more.
>
>
> To submit to Death Studies, go to:
```
> http://mc.manuscriptcentral.com:80/udst
```
>
> On Oct 27, 2011, at 11:40 AM, Selin Sertgoz wrote:
>
>>
>>
>> Dear Dr. Neimeyer,
>>
>> I am a PhD student in the counselor education program at Wayne State
>> University, Michigan.
>>
>> Right now I am working on my dissertation and I am interested in
>> developing a grief counseling training program for the counseling
>> students. I'd like to measure the effectiveness of my training on
>> various variables including their grief counseling comfort level. I
>> am planning a pre and post test design and comparing the results.
>> I'd like to see if my training will have any positive affect on
>> their comfort level in dealing with their clients' grief and loss
>> issues.
>>
>> During my literature review, I have noticed the Counseling
>> Situations Questionnaire (Sub-scale of Grief counseling comfort),
>> which was published in the article Reactions of Beginning Counselors
>> to Situations Involving Death and Dying in 1991, that you and Dr.
>> Kirchberg have developed. I believe that this questionnaire would be
>> very beneficial for my study. Is it possible for me to utilize your
>> instrument in my dissertation?
>>
>> Sincerely yours,
>>
>> Selin Sertgoz
>>
>>
>
```

RE: Utilizing some materials from Karen Humphrey's book

From: **Catherine Brumley** (CBrumley@counseling.org)
Sent: Fri 2/24/12 3:48 PM
To: Selin Sertgoz (selinsertgoz@wayne.edu)

Dear Selin Sertgoz,

Thank you for your permission request. Please accept this e-mail as official
permission to use the requested material in your dissertation for educational
purposes. Permission is granted for one time use only. Use of this material in
subsequent editions, foreign language translations, derivative works, other
formats (known or developed in the future) or media must be requested
separately. ACA must be credited in your publication as the publisher and
copyright holder of all requested material in the manner required by law.

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

Suggested credit line: "Reprinted from (name, volume, date of issue) page #. ©
(date of publication) The American Counseling Association. Reprinted with
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translation, or future editions.

Sincerely,
Catherine Brumley

Catherine Brumley | Editorial/Production Assistant, Publications
Rights & Permissions
ph 703-823-9800 x330 | 800-347-6647 x330
fx 703-823-4786 | web counseling.org

-----Original Message-----
From: Selin Sertgoz [mailto:selinsertgoz@wayne.edu]
Sent: Sunday, January 22, 2012 9:55 PM
To: Catherine Brumley
Subject: Utilizing some materials from Karen Humphrey's book
Importance: High

Dear Cathrine,

We talked on the phone on Friday regarding using some of the materials from
Karen Humphrey's book for my dissertation.

The detailed information is below;

Title of the Dissertation: The Effect of Grief and Loss Training For Student Counselors on Grief Counseling Comfort Level in Two Educational Settings

Location: Wayne State University, Detroit MI

Purpose of the study: This study aims to develop a grief counseling training program from the rational emotive behavioral perspective which will address both death and non-death related loss and grief issues of clients. The training program will be delivered in two different educational setting (online and in-class) and it will target student counselors in order to help them increase their comfort level in dealing with their clients' grief and loss issues in practice.

When: March-April 2012

Participants: Counseling Master's Program students (Approx. 50-60 students)

The book which I would like to use in the study: Humphrey, K. M. (2009). Counseling strategies for loss and grief. Alexandria, VA: American Counseling Association.

Pages and Details of the materials:
p. 74 Box 4.1
p. 75 Figure 4.3
p.107 Figure 4.4
p.110 Figure 4.5
p.111 Helpful questions
p.153-155 Table 5.1

The materials above will be used only for educational purposes and as a part of my PhD dissertation.

Hope to hear from you soon

Regards

Selin Sertgoz (PhD candidate)

bl135w.blu135.mail.live.com/mail/PrintMessages.aspx?cpids=056dead1-5eff-11e1-b8a2-00215ad9a7a...

2/2

APPENDIX B: INSTRUMENTS

Participant Code:

DEMOGRAPHIC QUESTIONNAIRE

Please take a moment to answer some demographic questions. Remember, these answers *will not be used to track you individually*, but will be used only in an aggregate fashion.

1. What is your gender? _____Male   _____Female   ____Other

2. What is your age? _____

3. What is your race/ethnicity?

    _____ Black/African-American   _____ Asian-American

    _____ White/Caucasian   _____ Hispanic/Latino

    _____ Native American   _____ Pacific Islander

    _____ Multiracial   _____ Other (please explain) _____

4. What is your highest educational degree? _____

5. Major field of study (i.e. school counseling, community counseling)?

    _____

6. Do you hold any professional Counseling Licensure? ____ Yes ____ No

7. If "Yes" please indicate (_____)

8. Are you currently working: _____Full-time   _____Part-time   _____Not at all

9. In which work setting do you currently work? (Choose all that apply)

    _____ Employee Assistance Program   _____ Community Agency

    _____ College Counseling Center   _____ Private Practice

    _____ Professor   _____ Hospice

_____ School Counseling _____ Other _____

10. How many courses did you complete which *focused specifically* on grief and/or loss?

_____

11. How many courses did you complete which *included or infused* grief and/or loss content in the course in a significant way?_____

12. Approximately, how many professional development hours (i.e. workshops, seminars) have you earned on the subject of grief and/or loss? _____

13. Please rate your *overall counseling competence* by circling the appropriate answer below.
    (1) I feel I need to learn a great deal more before I would call myself competent.
    (2) I do not feel comfortable with my knowledge and skill level.
    (3) I still have much to learn in order to call myself competent.
    (4) I feel comfortable with my knowledge and skill level.
    (5) I am highly competent, I could teach others.

14. Please rate your <u>grief counseling competence</u> by circling the appropriate answer below.
    (1) I feel I need to learn a great deal more before I would call myself competent.
    (2) I do not feel comfortable with my knowledge and skill level.
    (3) I still have much to learn in order to call myself competent.
    (4) I feel comfortable with my knowledge and skill level.
    (5) I am highly competent, I could teach others.

Participant Code:

Counseling Situations Questionnaire Subscale for Level of Grief Counseling Comfort

Please rate your answers from 1 to 5 with 1 being the least distressing counseling situation and 5 being the most distressing counseling situation.

	Least distressing 1	2	3	4	Most distressing 5
1. A 35-year-old male presents with recent diagnosis of AIDS.					
2. Male homosexual couple presents for relationship counseling.					
3. Female presents with recent diagnosis of terminal illness.					
4. A 32-year-old female presents with history of childhood incest.					
5. A 32-year-old male presents with thoughts of suicide.					
6. Parents present with grief over death of 9-year-old child from leukemia.					
7. A 20-year-old female presents for counseling following date rape.					
8. A 60-year-old widow presents with grief over recently deceased spouse.					
9. A 30-year-old divorced female presents with physical abuse from alcoholic boyfriend.					
10. A 24-year-old male presents complaining of relationship difficulties with 40-year-old girlfriend.					
11. A 37-year-old male professional presents for counseling following arrest for DWI.					

12. A 30-year-old male presents with complaint of inability to maintain personal relationships with women.					
13. A 45-year-old male presents with career-related stress.					
14. Mother presents with preschool child's behavioral problems.					
15. Husband and wife present with marital problem.					

Note. From "Reactions of Beginning Counselors to Situations Involving Death and Dying" by T. M. Kirchberg, and R.A. Neimeyer, 1991), Death Studies, 15, p. 606. Copyright 1991 by Death Studies. Reprinted with permission.

Participant Code:

The Counselor Self-Efficacy Scale

Please rate your answers from 1 to 5 with 1 agree strongly and 5 being disagree strongly.

	Agree Strongly 1	Agree Moderately 2	Neutral/ uncertain 3	Disagree Moderately 4	Disagree Strongly 5
1. My knowledge of personality development is adequate for counseling effectively.					
2. My knowledge of ethical issues related to counseling is adequate for me to perform professionally.					
3. My knowledge of behavior change principle is not adequate.					
4. I am not able to perform psychological assessment to professional standards.					
5. I am able to recognize the major psychiatric conditions.					
6. My knowledge regarding crisis intervention is not adequate.					
7. I am able to effectively develop therapeutic relationship with clients.					
8. I can effectively facilitate client self-exploration.					
9. I am not able to accurately identify client affect.					
10. I cannot discriminate between meaningful and irrelevant client data.					

	Agree Strongly 1	Agree Moderately 2	Neutral/ uncertain 3	Disagree Moderately 4	Disagree Strongly 5
11. I am not able to accurately identify my own emotional reactions to clients.					
12. I am not able to conceptualize client cases to form clinical hypotheses.					
13. I can affectively facilitate appropriate goal development with clients.					
14. I am not able to apply behavior skills effectively.					
15. I am able to keep my personal issues from negatively affecting my counseling.					
16. I am familiar with the advantages and disadvantages of group counseling as a form of intervention.					
17. My knowledge of principles of group dynamics is not adequate.					
18. I am able to recognize the facilitative and debilitative behaviors of group members.					
19. I am not familiar with the ethical and professional issues specific to group work.					
20. I can function effectively as a group leader/facilitator.					

Note. From "Testing Models of Counselor Development with a Measure of Counseling Self-Efficacy" by T. P. Melchert; V. L. Hays; L. M. Wiljanen and A. K. Kolocek, 1996) Journal of Counseling and Development 74, 6; p. 640. Reprinted with permission.

APPENDIX C: TRAINING MATERIALS

Grief and Loss
from REBT
perspective

Presenter: Selin Sertgoz
PhD candidate

2   Grief and Loss Training

In case you need it...

○ Counseling and Psychological Services (CAPS)

5521 Gullen Mall
Room 552 Student Center Building
Detroit, Michigan 48202
Phone: 313-577-3398

○ Wayne County Mental Health Department

(800) 241-4949 or TTY (866) 870-2599

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SESSION I

Objectives

- Participants will be able to define terms such as grief, loss, death, bereavement and mourning.
- Participants will be able to have general knowledge regarding different grief theories and models.
- Participants will be introduced to some assessment tools for grief.
- Participants will explore their self-awareness about their feelings and thoughts about grief and loss through handouts and homework assignments.

Definition of the terms

- Loss
  - A real or perceived deprivation of something that is meaningful to the person experiencing the loss (Humphrey, 2009).
  - Loss can be both death or non-death related.
- Grief
  - The personal and interpersonal experience of loss (Humphrey, 2009).
  - Grief is multidimensional (cognitive, behavioral, affective; personal, social, cultural, historical).

Definition of the terms *cont'd*

- Bereavement
  - A period of sorrow following the death of a significant other (Humphrey, 2009, p. 6).
- Mourning
  - Socially prescribed practices or outward expressions of grief (Humphrey, 2009, p. 6).

Many faces of loss

- http://www.youtube.com/watch?v=T991mN8ApPM

Types of Losses

- Death
- Separation, divorce, breakups
- Acquiring disability
- Mental disorder
- Addiction
- Sexual dysfunction
- Violent loss (e.g., rape, abuse, murder)

Humphrey, 2009

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Types of Losses *cont'd*

- Natural and human caused disasters
- Job loss, career changes, retirement
- Loss of possession (e.g., foreclosure)
- Relocation, immigration
- Loss of freedom (e.g., incarceration)
- Miscarriage, abortion
- Oppression

Humphrey, 2009

Reactions to loss

- Cognitive
  - Difficulty in comprehending and finding meaning after a loss.
  - Derealization, confusion and preoccupation.
  - Difficulty concentrating and making decisions.
  - Sense of lost identity or merger of identity with the deceased loved one.
  - Uncertainty about the future.

Bonanno and Kaltman, 2001

Reactions to loss *cont'd*

- **Emotional**
  - Dysphoria
  - Anger
  - Irritability
  - Hostility
  - Sadness
  - Fear
  - Loneliness
  - Devastation
  - Anxiety
  - Depression
  - Shame
  - Guilt

Bonanno and Kaltman, 2001

Reactions to loss *cont'd*

- **Behavioral**
  - Social withdrawal and isolation.
  - Social role disruptions.
  - Low job performance.
  - Difficulties initiating and maintaining intimate relationship.

Bonanno and Kaltman, 2001

Reactions to loss *cont'd*

○ Physiological
- Shortness of breath
- Palpitations
- Digestive difficulties
- Loss of appetite
- Sleep difficulties
- Restlessness

Bonanno and Kaltman, 2001

Class Activity

○ Describe your loss
○ List of feelings

Major Models and Theories in Grief and Loss

- **Freud (1922)**
  - First person to publish a bereavement theory.
  - Mourning is a process where the emotional bonds to the deceased are severed.
  - Normal mourning ends and person can invest in new relationships when the mourner detaches from the deceased.

  Wright & Hogan, 2008

Major Models and Theories in Grief and Loss *cont'd*

- **Lindemann (1944)**
  - His studies helped to differentiate normal grief and abnormal grief reactions.
  - Normal grief reactions are somatic disturbances, preoccupation with the image of the deceased, guilt, disorganized behavior.
  - Abnormal grief reactions are delay in the grief reaction, self-destructive behavior, agitation, depression, sleep disturbance, self-blame.

  Wright & Hogan, 2008

Major Models and Theories in Grief and Loss *cont'd*

- Bowlby (1973)
  - Father of the attachment theory.
  - There is a connection between the type of the attachment among the deceased and the loved one and intensity of the grief reactions.
  - First person to offer a progressive or linear course of grieving: Numbness & shock, searching for the deceased to return, disorganization and restructuring & recovery.

Wright & Hogan, 2008

Major Models and Theories in Grief and Loss *cont'd*

- Kübler-Ross (1969)
  - Proposed a widely used stage model for grief.
  - Denial, anger, bargaining, depression, and, acceptance.

Wright & Hogan, 2008
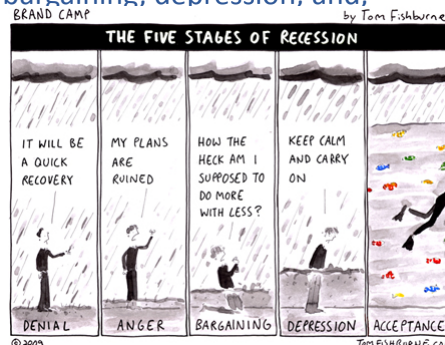
Lecture from Kübler-Ross

- http://www.youtube.com/watch?v=H6yvJ MWnJE&feature=relmfu

Major Models and Theories in Grief and Loss *cont'd*

- Worden (2002)
  - Proposed Task Model for grief
    - accepting the reality of the loss,
    - working through the pain of grief,
    - adjusting to an environment in which the deceased is missing (external, internal and spiritual),
    - emotionally relocating the deceased and move on with life.

Major Models and Theories in Grief and Loss *cont'd*

- Stroebe & Schut (1999)
  - The Dual Process Model of Coping with Grief
    - Originally developed to understand coping with the death of a loved one.
    - Loss orientation: Focusing on the loss experience itself.
    - Restoration orientation: Focusing on adjusting to the substantial changes that are secondary consequences of loss.
    - Oscillation: Alternation between loss and restoration orientation.

Major Models and Theories in Grief and Loss *cont'd*

- Rubin (1999)
  - The two track model of bereavement
    - Track I: "Outcome" track which focuses on the biopsychosocial reactions to grief. How is people's functioning affected by loss experience?
    - Track II: Ways to transform the relationship with the deceased to create new meaningful relationships

(Rubin, Malkinson, Witztum, 2012)

Assessment of Grief

- The Texas Revised Inventory of Grief (Faschingbauer, 1981)
- Grief Experience Questionnaire (Barrett & Scott, 1989)
- Inventory of Complicated Grief, ICG (Prigerson et al. 1995)
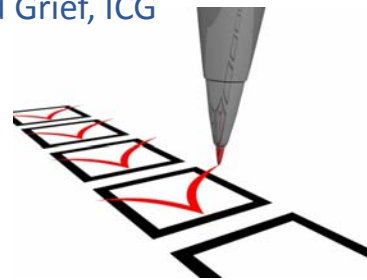
Assessment of Grief *cont'd*

- Hogan Grief Reaction Checklist (Hogan, Greenfield, & Schmidt, 2001)
- Brief Symptom Inventory, BSI (Derogatis and Melisaratos 1983)
- Core Bereavement Items, CBI (Burnett et al. 1997)

SESSION II

Objectives

- Increase awareness about multicultural issues in grief and loss counseling.
- Participants will review the basics of Cognitive Behavioral approach in dealing with grief and loss issues. The topics such as definition of grief and loss through CBT perspective and basic principles of CBT in grief and loss will be discussed.
- Participants will be introduced to the Rational Emotive Behavior Theory (REBT) and A-B-C Model.

Multicultural Issues in Grief and Loss

- Does every culture grief the same way?
- Stage models

Spirituality

- Religion's effect on grieving.
  - Judaism
    - Funerals are generally performed as soon after death as possible because there is a belief that the soul begins a return to heaven immediately after death. There is also a belief that the body is a holy repository of the soul and should be treated and cared for with respect (Lobar, Youngbrut, and Brooten, 2006, p.45).

○ Death, Dying, Bereavement –Judaism (Begin 3:00)

http://www.youtube.com/watch?v=H6vtyKX99v4&feature=relmfu

Spirituality *cont'd*

○ Religion's effect on grieving.

- Islam
  ○ At the time of death it is believed that the soul is exposed to God. There is a belief about afterlife, and Islam dictates that the purpose of the worldly life is to prepare for the eternal life (Lobar et. al., 2006, p. 45).

Death, Dying, Bereavement –Islam (begin 9:45)

http://www.youtube.com/watch?v=XRiyYJUkECg

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Spirituality *cont'd*

○ Religion's effect on grieving.
- Christianity
  ○ Death, and grief is interpreted very differently in the different sectarians.
- Buddhism
  ○ Death is an opportunity for improvement in the next life. To enter death in a positive state of mind and surrounded by monks and family helps the deceased to become reborn on a higher level (Lobar et. al., 2006, p. 45).

○ Death, Dying, Bereavement- Catholicism (begin 4:00-10:00, begin 12:20)
http://www.youtube.com/watch?v=HR2jI4mOAts&feature=relmfu

○ Death, Dying, Bereavement- Buddhism (begin 6:00-17:00)
http://www.youtube.com/watch?v=R6MZcoHxCZs&feature=relmfu

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Spirituality *cont'd*

- Religion's effect on grieving.
  - Hinduism
    - Laws of **karma and reincarnation** suggest that each birth is linked to actions taken in previous births, and that births and deaths are part of a cycle that each person is seeking to transcend through the accumulation of good Karmas (actions) ultimately leading to liberation of the soul (Lobar et. al., 2006, p. 45).

Spirituality *cont'd*

- Life after death
- Faith and destiny
- Continuing ties with the deceased

Cultural varieties in grieving

- Muted grief
  - Balinese culture (one should be calm in order for God to hear the prayers).
  - One is supposed to forget the deceased.
- Violent Grief
  - Kaluli of Papua New Guinea (men may show their grief with anger and aggression).
  - Many deaths are considered to be caused by somebody (even some that are natural or accident).

Cultural varieties in grieving *cont'd*

- Excessive grief
  - Egyptian culture (major loss should result in years of mourning and constant suffering).
  - Society supports the continuing pain and suffering.
- Somatization
  - Chinese culture (experience of physical pain, weakness and discomfort).
  - Physical complaints may serve as a distraction from the thoughts of loss or may lead to obsessive connection with the loss.

Some cultural traditions

○ Asian Culture

- Family members may wear white clothing or headbands for a period of time.
- Somatization might be used for the expression of grief, since mental illness is often considered a disgrace to the family (Lawson, 1990).

Some cultural traditions *cont'd*

○ African American Culture

- Death rituals for African Americans vary widely, due to the diversity in religious affiliations, geographic region, education, and economics (Perry, 1993).
- Story Telling as a way of grieving.
- Putting the next foot forward (positive memories or recall, personal or self-growth, strength-seeking, using support, and life-oriented).

Some cultural traditions

- African Americans *cont'd*
  - Emotional expression varies, with some African Americans crying and wailing while others are silent and stoic (Hines Smith, 2002).
  - Large gatherings and an expressed obligation to pay respects to the deceased as common.

Some cultural traditions

- Latino/ Hispanic Culture
  - Mexican American college students were found to express their grief more outwardly and display more physiologic reactions compared to Anglo college students (Oltjenbruns, 1998).

Some cultural traditions

- Latino/ Hispanic Culture *cont'd*
  - Latino death rituals are described as heavily influenced by Catholic beliefs where spirituality is very important and there is a continuing relationship between the living and the dead through prayer and visits to the grave.

Some cultural traditions

- Latino/Hispanic Culture *cont'd*
  - Women express their sorrow and pain openly by crying whereas men may act according to "machismo" by staying strong and not showing overt emotion.
  - There is preference for burial rather than cremation.

Multicultural interventions

- Put your own cultural values aside.
- Learn the clients' grieving traditions.
- Show respect to differences.
- Consider the role of spirituality.

Cognitive Behavioral Approach

- Basic principles
  - There is a relationship between individuals' emotions and behaviors and their cognitive evaluations about themselves, the world, and the future.
  - The distorted thinking, in other words negative cognitive evaluations (automatic thoughts) of oneself, the world, and the future leads to excessive emotional reaction (such as depression).

Cognitive Behavioral Approach

- Basic principles
  - Emotional disturbance and behavioral symptomology are maintained as a result of distorted, irrational thinking or maladaptive cognitions, which can be modified with the use of a variety of cognitive, emotional, and behavioral techniques (Corey, 2009; Malkinson, 2007).

An example

	You've had a bad day, feel fed up, so go out shopping. As you walk down the road, someone you know walks by and, apparently, ignores you.	
Situation:		
	Unhelpful	**Helpful**
Thoughts:	He / She ignored me - they don't like me	He / She looks a bit wrapped up in themselves - I wonder if there is something wrong?
Emotional Feelings:	Low, sad and rejected	Concerned for the other person
Physical:	Stomach cramps, low energy, feel sick	None - feel comfortable
Action:	Go home and avoid them	Get in touch to make sure they are OK

http://eliteclinics.com/CBT.html

What is Cognitive Therapy

- http://www.youtube.com/watch?v=gdFovvVJpr8 (begin 1:40)

Automatic Thoughts

- Come to us spontaneously.
- They can be ideas, beliefs, images and memories.
- They are based on our cognitive schemas.
- Plausible and we think that they are true.

Examples of AT sheet

Distorted Automatic Thoughts

- Fortune telling (e.g., I will be alone forever)
- Labeling (e.g., I am a looser)
- Discounting the positives (e.g., The test was easy anybody could do that)
- Personalize (e.g., Everything is my fault)
- Overgeneralize (e.g., All men cheat)

Distorted Automatic Thoughts

- All or nothing thinking (e.g., It was a complete waste of time)
- Catastrophic thinking (e.g., My life is a disaster, I can never get over this loss)
- Awfulizing (e.g., It will be the end of the world if I fail this test)

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CBT and Grief

- A loss through death is an uncontrollable adverse external event that changes one's belief system, emotions and behaviors (Malkinson, 2001).
- Grief is a process that involves the combination of emotional, cognitive and behavioral adaptation to the consequences of the loss.

CBT and Grief

- From a cognitive perspective, complicated grief is defined as persistent distorted, irrational beliefs over a course of time that results in dysfunctional emotional and behavioral consequences (Beck, 1976).
- Pathological grief occurs as a result of distorted thinking.

Some of the distorted thinking examples in grief

- I can never live without him/her.
- It is all my fault that she/he left me.
- The pain will never go away.
- I will never be normal again.
- It is all my fault that I/we lost…… I deserve to suffer.
- I will never find another job.

Rational Emotive Behavior Therapy

- REBT was first developed in 1955 by Albert Ellis.
- The way people interpret events and situations contribute to their own psychological problems, as well as to their specific symptoms (Corey, 2009; Ellis & Grieger, 1977).

What is REBT

- http://www.youtube.com/watch?v=gDFDEF5V-DM&feature=fvsr (00:30-8:00)

Basic Principles of REBT

- It is not the events or situations but the <u>rigid and extreme views of people</u> on these events and situations that create the emotional and behavioral disturbance.
- Cognitions, emotions and behaviors interact significantly and have a reciprocal cause-and-effect relationship.

(Dryden & Neenan, 2004)

Basic Principles of REBT

- Cognitive and emotional change is facilitated by behavioral change and emotional change is possible through cognitive and behavioral change .
- Clients can dispute and change their irrational beliefs about themselves, others and the world.

(Dryden & Neenan, 2004)

Basic Principles of REBT

- Clients should be committed in the process of identifying, challenging and changing their irrationals thoughts.
- Clients need to be dedicated to the process and will have to work hard to achieve and maintain cognitive change which will lead to emotional and behavioral change.

(Dryden & Neenan, 2004)

A-B-C Framework of REBT

- A: *Activating Event, fact*
- B: *Beliefs*
  - Beliefs are evaluative and can be rational or irrational.
- C: *Emotional and behavioral consequences*.
  - Depression, anxiety, unhealthy anger, hurt, guilt, shame and unhealthy envy.
  - Avoidance, withdrawal, begging, controlling and attacking.

D-Disputing

- *D: Disputing*
  - Detecting, debating and discriminating
  - The disputing process or cognitive structuring (Corey, 2009) is the lengthiest part of the therapy.
  - The main goals of this stage are to understand that the irrational beliefs are false, illogical and unproductive and that the rational alternative beliefs are true, sensible and productive.

D-Disputing

- Some statements or questions that clients can ask/tell themselves:
  - Why all the people have to like me?
  - If I couldn't get the job I want, it is not the end of the world, it is just inconvenient.
  - Failing on the project that I have been working on does not make me worthless.
  - What is the worst that could happen if she rejects me.

E-F

- E: *Effective Philosophy*
- F: *A new set of feelings*

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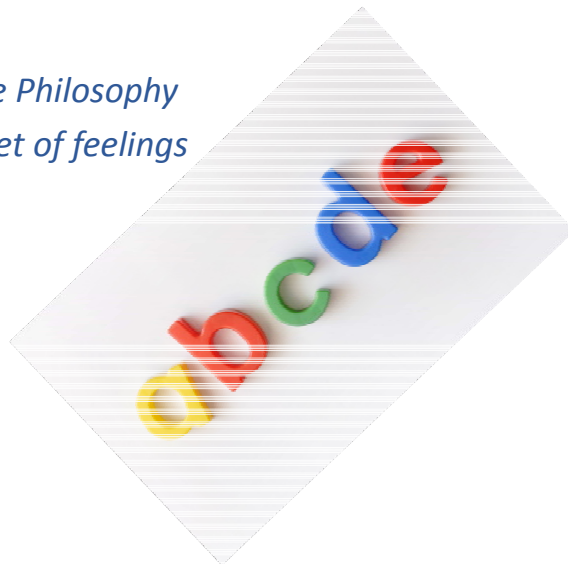
Class Activity

- ABCDE Worksheet

SESSION III

Objectives

- Implementation of REBT A-B-C model to grief and loss.
- Participants will be introduced to some of the CBT-REBT techniques and activities that can be used to assist clients with their grief and loss issues.
- Participants will enhance their learning by practicing some of the techniques and activities in the form of dyads and triads.

REBT and Grief

- Grief is a normal and necessary reaction to loss; however, the human tendency to think irrationally tends to increase following a death event (Malkinson, 1996).
- REBT distinguishes between appropriate and inappropriate reactions to loss.
- The goal is to change the irrational thoughts into more rational ones for a functional grieving process.

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A-B-C Model Applied to Grief

- "A"ctivating event
  - My wife passed away.
  - I lost my job.
  - I lost my vision.
  - I am incarcerated.
- "B"eliefs
  - I cannot live without my… (job, status, wife, freedom).
  - It is all my fault.
  - Things will never be good.
  - I will suffer for the rest of my life.

A-B-C Model Applied to Grief

- Emotional "C"onsequences
  - Depression
  - Anxiety
  - Panic
  - Fear
  - Shame
  - Guilt
- Behavioral "C"onsequences
  - Isolation
  - Withdrawal
  - Hostility

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Class Activity

- Form groups of 2 and practice A-B-C Model with an example of loss.

CBT-REBT techniques for grief and loss

Rational Emotive Imagery

- Intense mental practice to change unhealthy emotional reactions to more healthy and adaptive emotions.
- Implementation
  - Preparation
  - Application
    - Build an image, scale the image, reduce image intensity, check in, evaluate client thinking, repeat activity
  - Follow-Up

Humphrey, 2009 p.64-65

Double Standard Dispute

- When the clients engage in awfulizing, overgeneralizing or catastrophising, ask them whether they would recommend that their best friend hold this same thinking pattern or would they assess their friend in the same way. When they say no, then help them to see that this action indicates the presence of a double standard.

http://myauz.com/ianr/articles/lect6rebtellis.pdf

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Responsibility Pie

- Loss at times may creates the feelings of shame and guilt for the grieving individual.
- A careful and objective examination of the situation yields a more accurate appraisal of the responsibility that the individual has.

Humphrey, 2009 p.71

Responsibility Pie *cont'd*

- Implementation
  - Explore the seriousness of the situation that evokes shame/guilt.
  - Construct a Responsibility Pie.
  - Weigh personal responsibilities.
  - Self-forgiveness.

  Humphrey, 2009 p.71-72

Defense Attorney

- Suggest the client to play a role as a defense attorney whose job is to defend him/her.
- Can be given as an assignment or in-session exercise.
- Can be used to dispute the irrational thoughts about loss.

Humphrey, 2009 p.73

Loss Experience Timeline

- Client writes a record of loss events and responses in a chronological timeline.
- The first part of the exercise is prepared by the client as a homework assignment and then discussed with the counselor.

Humphrey, 2009 p.74

Loss Experience Timeline *cont'd*

- Counselor pays attention to cognitive, emotional and behavioral responses to loss, themes and patterns, lifestyle changes, cultural and familial influences, unaddressed loses, disrupted meaning constructs, types of the losses, primary and secondary losses, resilience and more.

  Humphrey, 2009 p.74-75

Class Activity

- Practice loss experience timeline

Objects of Connection

- Grieving individuals likely to connect to an object that belonged to the lost person or remind them the lost person/object/situation.
- These objects play a role in maintaining the continuing bonds with the lost person/object/situation.

Humphrey, 2009 p.85

Objects of Connection *cont'd*

- Implementation
  - Ask about the objects of connection.
  - Validate objects of connection.
  - Explore the meaning and function of them.
  - Address resolution of problem areas and facilitate transition.

Humphrey, 2009 p.87-89

Therapeutic Grief Rituals

○ Grief rituals are symbolic activities that help the griever process and express the meaning inherent in loss.

○ Rituals facilitate the transitional stage, healing and restoration after the loss.

○ Some examples to grief rituals are: lighting candles, sharing memories, creating a memory box and planting a tree).

Humphrey, 2009 p.90

Therapeutic Grief Rituals *cont'd*

○ Implementation

- Determine the goal and purpose of the grief ritual
- Determine the themes, issues and symbols
- Determine which aspects of separation/disconnection and continuing bonds/continuity should be covered and how their integration should be covered in the grief ritual.

Humphrey, 2009 p.90-91

Therapeutic Grief Rituals *cont'd*

- Implementation
  - Select the basic elements and structure of the grief ritual.
  - Consider a plan for the emotional impact of the grief ritual.
  - Implementation of the ritual.
  - Review and explore the results of the ritual.

Humphrey, 2009 p.91-92

Therapeutic Writing

- The writing can be structured, directed or spontaneous.
- Clients may choose the topic that they want to write about or may be guided by the counselor.

Humphrey, 2009 p.94

Therapeutic Writing *cont'd*

- Writings can be in the form of journaling, essay, poetry, letters, story telling and art.

Humphrey, 2009 p.94-99

Prescription to Grieve

- A structured, time-limited activity that allows the clients go set limits on the time and context of grief expression on the daily schedule.
- This time limited perspective helps the clients to gain control over their grief instead of being held hostage by intrusive emotionality of it.

Humphrey, 2009 p.106

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Prescription to Grieve *cont'd*

○ Implementation

- The counselor writes out a "script" for the client specific to his/her needs.
- The prescription can be refilled or rewritten according to the changing needs of the client.
- Time, setting and activities for the Rx is determined by client with the help of counselor.
- At the end of each activity the client is encouraged to tell her/himself to back to his/her daily activities.

Humphrey, 2009 p.107-08

Prescription to Grieve *cont'd*

ABC123 Counseling Center
4903 Hall Rd, Detroit, MI 48201

For: Daisy Miller   Date:

Rx: Muscle relaxation exercise

Once Daily X 30 minutes

                           Refill: 3X

_____

            Selin Sertgoz, M.A., PhD Candidate

Humphrey, 2009 p.107

Decisional Balance

- This activity helps the clients to evaluate their cognitive, emotional and behavioral patterns and decide whether if they want to stay the same or change.

Humphrey, 2009 p.109

Decisional Balance *cont'd*

- Some circumstances where this activity can especially be affective are:
  - When clients recognize they have reached an impasse in their adaptation to loss
  - When clients verbalize ambivalence regarding their potential for change.
  - When secondary gain consistently interferes with healthy adaptation to loss.

Humphrey, 2009 p.109

Decisional Balance *cont'd*

◦ Decision Balance Sheet
- Helpful questions to explore changing or not changing.

The Rational Portfolio

◦ Individuals learn to develop a portfolio of arguments that both support their target rational belief and contradict their target irrational belief.

◦ It is important for therapists to give clear instructions as to how to create the portfolio and exercise in the session until clients feel comfortable doing it on their own (Dryden, 1999).

Systematic Desensitization

- Based on the classical conditioning.
- Clients are encouraged to imagine more anxiety-arousing situations at a time and become less sensitive to the anxiety-arousing situation.
- Implementation:
  - Relaxation training
  - Development of the anxiety hierarchy
  - Systematic desensitization proper

(Corey, 2009)

In Vivo Exposure

- Clients are encouraged to expose themselves to anxiety provoking situations in real life rather than simply imagining these situations.
- Therapist may accompany the clients during the exposure in some cases.

(Corey, 2009)

Breathing and Muscle Relaxation

- Breathing exercise
  - http://www.youtube.com/watch?v=tRw18bu6tv8
- Progressive muscle relaxation
  - http://www.youtube.com/watch?v=HFwCKKa--18

Describe Your Loss*

Loss: Describe your loss, when it occurred, and the circumstances surrounding it

_____

_____

_____

_____

Feelings: Which feelings have you been experiencing? How intense are they?

_____

_____

_____

_____

Thinking: Describe any changes in thinking following your loss, for example, being preoccupied with loss, being distracted and unable to concentrate, having difficulties with memory, thinking about suicide.

_____

_____

_____

_____

Behavior: Use the following questions to help you describe any changes in your behavior. Have you been able to meet your daily responsibilities? What have you been doing to cope with your loss? Has your behavior been impulsive or self-defeating, for example, driving recklessly, picking fights with friends or co-workers, bingeing on alcohol, drugs, food, gambling, work?

_____

_____

_____

_____

Self-care: Has there been a change in your appetite or eating patterns? Has your sleep been affected by your loss? Have you maintained your relationships, or have you been withdrawing yourself from other people? Have you continued to pursue your favorite hobbies and recreational activities?

_____

_____

_____

_____

* Perlman, A. (2002). *Rational emotive behavior therapy: Grief (Revised).* Center City, MN: Hazelden Publishing. Reprinted with permission. No further reproduction authorized without written permission from the publisher.

TABLE 5.1

Feelings List for Loss and Grief Experiences

AFRAID	irked	quiet	mystified	alarmed
alarmed	irritated	relaxed	perplexed	discombobulated
apprehensive	livid	relieved	pessimistic	disconcerted
awed	mad	serene	puzzled	perturbed
cautious	outraged	soothed	stagnant	rattled
desperate	patronized	tranquil	stuck	restless
defensive	peeved	unmoved	torn	shocked
dread	perturbed	unruffled	trapped	startled
fearful	pissed (off)		troubled	surprised
foreboding	provoked	CONFIDENT	uncertain	troubled
frightened	rebellious	able	undecided	uncomfortable
guarded	resentful	able-bodied	uneasy	uneasy
intimidated	sabotaged	bold	unsettled	unnerved
mistrustful	steamed	certain	unsure	unsettled
nervous	stifled	competent		upset
panicked	upset	complete	DISCONNECTED	
petrified	used	empowered	alienated	EXCITED
reluctant	vengeful	fulfilled	alone	amazed
scared	vindictive	hopeful	aloof	astonished
shy		open	apathetic	eager
stunned	ANXIOUS	positive	bored	energetic
suspicious	apprehensive	proud	cold	enthusiastic
terrified	concerned	safe	detached	invigorated
timid	disquieted	satisfied	distant	lively
overwhelmed	distressed	secure	distracted	passionate
vulnerable	disturbed	steady	indifferent	vibrant
wary	fearful	sure	lonely	
worried	ill at ease		numb	FATIGUED
	nervous	CONFUSED	perplexed	beat
ANGRY	perturbed	ambivalent	removed	burnt out
abused	restless	awkward	ungrounded	depleted
agitated	stressed	baffled	uninterested	exhausted
aggravated	tense	bewildered	upset	lethargic
annoyed	tormented	bothered	withdrawn	listless
boiling	troubled	caught	worked up	sleepy
cranky	uneasy	conflicted		tired
enraged	worked up	dazed	DISINTERESTED	weary
exasperated	worried	directionless	bored	worn out
exploited		disorganized	cold	
frustrated	CALM/GOOD	distracted	indifferent	GRATEFUL
fuming	at ease	distrustful	insensitive	appreciative
furious	at peace	doubtful	lifeless	moved
harassed	balanced	dull	neutral	thankful
hateful	collected	flustered	preoccupied	touched
hostile	composed	foggy	reserved	
humiliated	contented	hesitant	tired	GUILTY
incensed	harmonious	immobilized	weary	ashamed
indignant	in harmony	indecisive		chagrin
infuriated	in balance	lost	DISTURBED	condemned
irate	peaceful	misunderstood	agitated	conscience-stricken

(Continued on next page)

TABLE 5.1 *(Continued)*

Feelings List for Loss and Grief Experiences

WEAK	incompetent	OTHER HELPFUL WORDS
anemic	lame	_____
debilitated	limp	_____
dismayed	insecure	_____
engulfed	overcome	_____
faint	overpowered	_____
feeble	overwhelmed	_____
flaccid	sensitive	_____
fragile	shaky	_____
guarded	spineless	_____
helpless	swamped	_____
hopeless	wimpy	_____
incapacitated	wishy-washy	_____

in this regard and the functionality of those skills (e.g., distraction is a skill that can be used in a functional or dysfunctional manner; substance abuse is usually an unhelpful emotion regulation method). Teach emotion regulation skills where appropriate. These might include distraction, thought-stopping, or imagery (e.g., putting feelings under lock and key, envisioning relaxing scenarios, or rational emotive imagery). The ability to label emotions accurately is helpful with emotion regulation because it improves recognition of differing levels of arousal. Mindfulness-based practices are highly recommended in this regard. Many counseling professionals regularly introduce grieving clients to mindfulness procedures early in therapy so that they can practice these before moving into more distressing emotional material. Counselors also can help clients build their tolerance for emotional discomfort by encouraging them to "stay with the feeling" whenever some emotion is approached.

5. Connect Emotions, Thoughts, and Behavior

Sometimes clients do not see the connection between their emotions, thoughts, and behavior. It may be painfully obvious to everyone else that Terry's angry acting out is connected to the multiple losses he has recently endured (e.g., family members displaced, homelessness, illness of primary caretaker), but Terry may not have a clue. People may also not understand that their emotional reactions in the present loss situation are more reflective of prior loss experiences—old wounds. Identifying a pattern of emotional reactions and linking these to thoughts and behavior facilitate functional loss adaptation.

6. Promote Acceptance of All Emotions

Grieving clients sometimes avoid their feelings because they fear "unacceptable" emotions or subscribe to myths about emotions (e.g., anger is depression turned inward). Normalizing and legitimizing all emotions, both positive and negative, enhance self-understanding and facilitate client motivation for change. Counselors encourage clients to view emotions as rich sources of information distinct from truth or personhood.

7. Allow Time for Emotional Processing

Counselors should carefully consider the time element when assisting clients with emotional processing. Rushing through emotional material or disrupting the process because of time

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Counseling Strategies for Loss and Grief

TABLE 5.1 (*Continued*)

Feelings List for Loss and Grief Experiences

GUILTY	**HURT**	callous	restored	fidgety
(*Continued*)	aching	chilled	pacified	frazzled
contrite	agonized	dazed	soothed	irritable
convicted	aggrieved	dead		jittery
culpable	alienated	drugged	**SAD**	nervous
criminal	anguished	empty	abandoned	overwhelmed
embarrassed	cut	hardened	alienated	restless
illegitimate	battered	inured	defeated	stressed out
mortified	bereaved	insensitive	dejected	tense
penitent	bruised	paralyzed	demoralized	
punished	crushed	shocked	depressed	**STRONG**
remorseful	damaged	stunned	despondent	able
resentful	devastated	uninterested	devastated	capable
shame	grief-stricken	unemotional	disillusioned	certain
sinful	heartbroken		disappointed	competent
wicked	humiliated	**PLEASURE**	discouraged	earnest
	injured	amused	disheartened	enduring
HAPPY	lonely	bliss	dismayed	firm
alive	miserable	contented	down	fixed
appreciated	pained	delight	drained	hardy
cheerful	punished	ecstacy	empty	invulnerable
confident	stabbed	enjoyment	forlorn	keen
delighted	tortured	euphoria	gloomy	mighty
ecstatic	traumatized	glad	heavy-hearted	muscular
elated	wronged	happy	helpless	prepared
encouraged	wounded	joyful	hopeless	secure
energized		jubilant	hurt	sound
enthusiastic	**LOVE**	satisfaction	lonely	sturdy
excited	acceptance	thrill	melancholy	sure
fulfilled	adoration	tickled	miserable	unyielding
grateful	adulation		mournful	unbeatable
gratified	affinity	**REGRETFUL**	pessimistic	
hopeful	agape	ashamed	pitiful	**VULNERABLE**
joyful	attachment	apologetic	rejected	empty
jubilant	closeness	bitter	sorrowful	fatigued
optimistic	connection	disillusioned	tearful	fragile
pleased	devotion	guilty	unappreciated	guarded
relieved	fondness	humbled	uncared for	helpless
satisfied	friendliness	remorseful	unhappy	hesitant
thrilled	infatuation	sorrowful	unwanted	incapable
uplifted	intimacy	sorry	wounded	inferior
	kindness/kindly		wretched	insecure
HOPEFUL	liking	**RELIEVED**		leery
eager	passion	appeased	**STRESSED**	overwhelmed
expectant	regard	calmed	anxious	paralyzed
encouraged	trust	comforted	cranky	pathetic
optimistic		consoled	distressed	sensitive
positive	**NUMBNESS**	freshened	distraught	shaky
upbeat	apathetic	rested	edgy	weak

EXAMPLES OF AUTOMATIC NEGATIVE THOUGHTS (ANTs)

One of the basic assumptions of the cognitive model that underlies much of the broader positive psychology model is that the way we think about things is important in determining how we feel. Further, there are times when are thoughts are unhelpfully negative. Recognising these ANTs is the first step in learning to change them (see Managing Automatic Negative Thoughts). Here are some of the more common types of negative thoughts.

(1) **Overgeneralisation**: Coming to a general conclusion based on a single event or one piece of evidence. If something bad happens once, you expect it to happen again and again. Such thoughts often include the words "always" and "never".

> E.g. *I forgot to finish that project on time. I never do things right.*
> *He didn't want to go out with me. I'll always be lonely.*

(2) **Filtering (Selective Abstraction)**: Concentrating on the negatives while ignoring the positives. Ignoring important information that contradicts your (negative) view of the situation.

> E.g. *I know he [my boss] said most of my submission was great but he also said there were a number of mistakes that had to be corrected…he must think I'm really hopeless.*

(3) **All or Nothing Thinking (Dichotomous Reasoning):** Thinking in black and white terms (e.g., things are right or wrong, good or bad). A tendency to view things at the extremes with no middle ground.

> E.g. *I made so many mistakes. If I can't do it perfectly I might as well not bother. I won't be able to get all of this done, so I may as well not start it. This job is so bad…there's nothing good about it at all.*

(4) **Personalising:** Taking responsibility for something that's not your fault. Thinking that what people say or do is some kind of reaction to you, or is in some way related to you.

> E.g. *John's in a terrible mood. It must have been something I did.*
> *It's obvious she doesn't like me, otherwise she would've said hello.*

(5) **Catastrophising:** Overestimating the chances of disaster. Expecting something unbearable or intolerable to happen.

> E.g. *I'm going to make a fool of myself and people will laugh at me.*
> *What if I haven't turned the iron off and the house burns down.*
> *If I don't perform well, I'll get the sack.*

(6) **Emotional Reasoning:** Mistaking feelings for facts. Negative things you feel about yourself are held to be true because they feel true.

> E.g. *I feel like a failure, therefore I am a failure.*
> *I feel ugly, therefore I must be ugly.*
> *I feel hopeless, therefore my situation must be hopeless.*

(7) **Mind Reading:** Making assumptions about other people's thoughts, feelings and behaviours without checking the evidence.

> E.g. *John's talking to Molly so he must like her more than me.*
> *I could tell he thought I was stupid in the interview.*

(8) **Fortune Telling Error:** Anticipating an outcome and assuming your prediction is an established fact. These negative expectations can be self-fulfilling: predicting what we would do on the basis of past behaviour may prevent the possibility of change.

> E.g. *I've always been like this; I'll never be able to change.*
> *It's not going to work out so there's not much point even trying.*
> *This relationship is sure to fail.*

(9) **Should Statements:** Using "should", "ought", or "must" statements can set up unrealistic expectations of yourself and others. It involves operating by rigid rules and not allowing for flexibility.

> E.g. *I shouldn't get angry.*
> *People should be nice to me all the time.*

(10) **Magnification/Minimisation:** A tendency to exaggerate the importance of negative information or experiences, while trivialising or reducing the significance of positive information or experiences.

> E.g. *He noticed I spilled something on my shirt. I know he said he will go out with me again, but I bet he doesn't call.*
> *Supporting my friend when her mother died still doesn't make up for that time I got angry at her last year.*

NB: The good news is these unhelpful thoughts can be changed. See the "Managing Unhelpful Thoughts" tip sheet for some ideas about where to start.

And if you think you'd benefit from a more detailed explanation of unhelpful thinking and how to manage it, consider Dr. Sharp's "The Happiness Handbook" as well as The Happiness Institute's series of happiness workbooks.

The How to Stop Awfulizing and Start Writing Worksheet

A Activating Event	B Beliefs/Thoughts	C Consequences	D Dispute	E Evaluate Effects
What happened?	What's the Critic saying to you? (This isn't just words; sometimes the Critic uses memories or pictures. Write about those, too.) What is it trying to make you think or believe? What did you think or worry about that made you feel so bad?	Your feelings as the Critic talks	Looking at the Critic's assertions more carefully and disputing them. See questions below.	Checking in to see how you feel.

What evidence do I have that _____ is true?
What evidence do I have that _____isn't true?
Is there another explanation?
If the feared statement is true, then *realistically*, what's the worst thing that can happen?
What would I tell a friend if she said these things to me?
What would that mean about me if this were true?
What effects are these thoughts (the Critic's words) having on me?

Is it reasonable for me to be so hard on myself for this?
What would happen if I changed the way I was thinking?
If it's really a problem, what can I do to make it better? (Should I take a class? Join a writing group? Practice my writing more?)
If I had to prove my statement to a scientist, could I really provide enough data to convince him or her? How good is my proof?**
** Beck, J. S. (1995). *Cognitive therapy: Basics and beyond.* Guilford: New York.

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The How to Stop Awfulizing and Start Writing Worksheet

Example

A Activating event	B Beliefs/thoughts	C Consequences	D Dispute	E Evaluate Effects
What happened?	What's the Critic saying to you? (This isn't just words; sometimes the Critic uses memories or pictures. Write about those, too.) What is it trying to make you think or believe?	Your feelings as the Critic talks	Looking at the Critic's assertions more carefully and disputing them	Checking in to see how you feel.
Example:	*Example:*	*Example:*	*Example:*	*Example:*
Received a rejection slip	I don't know why I even bother sending out queries, I always get rejection letters. Obviously I don't have any talent and I just look stupid to everyone who sees my work. I should just give up and admit I'm no good.	Hopeless, depressed, hurt, angry, worthless	What evidence do I have that I'm a failure? Well, all these rejection letters. What evidence do I have that I'm not? Well, my friends say they like my stories, and I did win that award back in college... What if I never got published? Would it kill me? No, but I'd feel bad. I guess I have to focus on how much I enjoy writing...	Well, I bother because I really care about my writing and would like to get published. But I write for myself first, because I enjoy it. As much as I want to get published, it's a process and I'm going through the same thing most writers do--even the ones I admire the most! I just have to keep working to get better. Maybe I could go to that writing conference I heard about...

- Did anything bother you as you review the timeline and, if so, what bothered you?
- When you look back over your timeline, what things are encouraging or give you hope?
- What did you notice that you had not noticed before about your life and your loss experiences?

BOX 4.1

Client Instructions for Preparing a Loss Experiences Timeline

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Step 1: Make a rough timeline of your life

You will need some paper and a pencil. You might use legal size paper but standard notebook paper is OK. Using a pencil allows you to rearrange/erase material easily. Some people find it helpful to do this on the computer.

First, draw a line across a piece of paper lengthwise and label the far left end as "Birth" and the far right end as "Today." Add corresponding dates. This is a timeline of your life.

Think back over your life, noting events and experiences that stand out for you. Insert a mark at the appropriate place on your timeline for each event. Typical markers might include places you lived or people you lived with, jobs, education/school information, and transitional or notable events (e.g., illness, grandfather's death, immigration, military service, birth of a child, first drug use, mother's remarriage, first communion, an injury, an accomplishment, or a move). Label each marker *above the line* and include your date and age. These markers will help you visualize your life's story.

Birth ────┬──────┬──────┬──────┬──────→ Today

Using the markers as reference points, recall any events involving loss (death-related and nondeath-related) that occurred and note them on the timeline *below the line*. Go back as far as you can. Include any kind of event in which you experienced loss, *even those that might seem insignificant*; for example, friendship loss; divorce; illness/injury; sister leaving home; lost my doll; sexual/emotional abuse; death of a family member, neighbor, or pet; loss of a prized possession. Describe these events on your timeline with just a few words and include your approximate age. When you have finished go back over your timeline and see if you remember other loss events or need to rearrange things.

Step 2: Explore your unique history of loss

Next you will complete the Loss Experiences Timeline form (see Figure 4.3) using the life timeline you already completed as a reference. List the loss events you remembered in chronological order in the first column along with your approximate age when this experience occurred. Then, answer the questions in the remaining columns. Take your time. Be very honest with yourself and be open to this experience. There is no right or wrong way to do this exercise, so just let things come to you.

Take both your life timeline and your completed Loss Experiences Timeline to your next therapy session. You and your counselor will use it as a basis for discussion.

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Loss Experiences Timeline for: _____ Date: _____

What loss did you experience and how old were you?	What thoughts and feelings did you experience?	How did you cope at the time?	Who was involved in this experience and how were they involved?	What message did you get about this loss and about grieving?	What impact do you think this loss had on you at the time?	How do you view this loss and its meaning or impact today?
Lost Big Bird doll—5 years old	Angry, upset, betrayed, confused.	Tantrums.	Mom was upset with me and wouldn't go look for it. Then, she gave me another one.	Important things can be replaced.	Not much.	Insignificant.
Grandpa B died—8 years old	Sad, lonely.	Cried, talked about it with Mom.	Mom listened to me and reassured me, but I still felt lonely.	Old people get sick and die.	Felt huge at the time because so many changes happened after that.	Beginning of bad times for us—life would have been better if he had not died.
Dad left and Mom started drinking—9 years old	Abandoned, angry, lonely, confused, and resentful. Sometimes stuffed my anger, sometimes not. My fault my Dad left.	Stayed away and avoided Mom; acted out at school.	No one was there for me; I was absolutely alone.	You cannot count on anyone to be there for you; don't expect anyone to stay; bury your feelings.	Began distancing myself from others. Blamed myself for Dad leaving and life turning to crap.	Have problems with intimacy because I don't trust that anyone I care about will stay around.
Foster placement (lost my family)—10 years old	Rejected, disconnected, angry, sad, and hurt.	Kept my distance; acted out; trouble in community, picked fights with foster parents.	Foster parents yelled and disciplined but didn't care; social worker too busy to notice.	No one will be there for you or understand; keep your distance; keep true feelings to yourself.	More distance from others; felt betrayed by Mom's drinking and giving me to foster care.	Same as above.
Mother started drinking again, went to live with uncle and aunt—12 years old	Angry, resentful, disappointed; don't expect much of others.	Distanced myself, busy with school and jobs.	Mom let me down; aunt and uncle tried to love me.	Don't know.	Further distancing from people; even people who loved me.	Don't trust anyone.

FIGURE 4.3

Loss Experiences Timeline

Loss Experiences Timeline for:_____   Date:_____

What loss did you experience and how old were you?	What thoughts and feelings did you experience?	How did you cope at the time?	Who was involved in this experience and how were they involved?	What message did you get about this loss and about grieving?	What impact do you think this loss had on you at the time?	How do you view this loss and its meaning or impact today?

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behavior to reach a preferred outcome (see Figure 4.5). The approach relies on systematically eliciting from clients their own distinct list of perceived benefits and disadvantages for each side of the change versus not-change dilemma. It is important that counselors refrain from making their own suggestions or subtly attempting to lead the client to any "right" conclusions. Such coercive and manipulative behavior on the part of the counselor is the quickest way to disaster. Instead, the counselor's role is to respectfully and nonjudgmentally collaborate with the client in exploring the factors that both block change and promote change from the client's perspective.

Effective use of Decisional Balance relies on open-ended questions that evoke "change talk" (Miller & Rollnick, 2002, p. 23), reveal areas of concern, and promote further exploration. Note and underscore self-motivational statements (those that support problem recognition, concern, intention to change, optimism). It is important to help clients elaborate on their answers by using reflection and follow-up directives, such as "Tell me more about X," "What else?" or "Give me an

CONTINUING AS I AM NOW	CHANGING
Benefits/Advantages (Pros)	**Benefits/Advantages (Pros)**
Less responsibility	Improved relationships with family and friends
Easier to deal with people not expecting much from me	See myself as competent and able
As bad as it is, what I know is less scary than what I don't know	Handle emotions better, especially anger
Keep people at a distance	Have some control in my life and of myself
Don't have to face the possibility of failure	Pursue a job/career that I want
Less painful emotionally	Be more independent
Not sure I am ready to make any more changes	Get a life!
	Be happy!
Costs/Disadvantages (Cons)	**Costs/Disadvantages (Cons)**
No end to the emotional pain	Might fail
Friends and family will get fed up and leave me, so I will be more isolated	Might not be able to handle my emotions
Never know if I could make something better out of this	Disappointment—might discover I am not tough enough to handle this problem
Stay in limbo—stuck	Might not be better after all
Hate seeing myself as "disabled"	Might find I am not the man I thought I was
End up a drunk, or in jail, or on the streets	Painful to give up the dreams I had before I lost my leg
More painful emotionally	Might disappoint others if I fail

FIGURE 4.5

Decisional Balance Sheet

Note. This Decisional Balance Sheet was prepared by a man who lost both legs and an arm. The client has made a good physical recovery but remains focused on his losses to the exclusion of a focus on rebuilding his life. Since he mentioned feeling "stuck" several times, the counselor decided to use the Decisional Balance Sheet to help him explore his ambivalence about change.

Decision Balance Sheet: Questions Helpful in exploring change/not changing

	Continuing as I am Now	**Changing**
Benefits/Advantages (Pros)	• What about the current situation seems to be working for you right now? • What do you like about things as they are? • What is helpful about the current situation? • What is the best that could happen if you do not change? • What is helpful about focusing all your energy on what you have lost? • What would other people say is beneficial to you about not changing? • What is it about your drinking that seems to help you deal with the grief?	• How would you like things to be different? • What would be a good thing about making a change? • If you could make this change immediately, by magic, how might things be better for you? • What do you see as the advantages of this change? • What might be the best thing that could happen of you make these changes? • What is the worst that could happen if you are successful in making these changes? • If you did attempt to make some changes, what could go wrong?
Costs/Disadvantages (Cons)	• What concerns you the most about changing? • What makes you think you need to do something about this situation? • What do you think will happen if you don't change- if you continue as you are? • What is the cost to you of the current situation? • What about the current situation does not seem to be working for you? • What exactly are the problems with the current situation? • What is the worst that could happen if you do not make some changes? • If you continue as you are, what will your life be like in 5-10 years?	• What concerns you most about attempting to change this situation? • What might be the cost to you of making these changes? • What might be the impact on others if you make these changes? • If you decide to make this change, who might be unhappy about this and why?

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ABSTRACT

THE EFFECT OF GRIEF AND LOSS TRAINING FOR STUDENT COUNSELORS ON GRIEF COUNSELING COMFORT LEVEL IN TWO EDUCATIONAL SETTINGS

by

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Loss, whether death or non-death related, is a life-changing experience. When people grieve over their significant loss, they go through a multitude of emotional, behavioral, physiological, and cognitive changes that can be disruptive at times. Counselors report encountering various loss-related issues with their clients, yet novice counselors in particular do not feel comfortable dealing with these issues. Therefore, the purpose of this study was to develop a grief and loss training program from a Rational Emotive Behavioral Theory perspective for counselors to improve their comfort level in grief counseling.

The literature highlights the increasing trend of online training in higher education. With advancing technology and globalization, online training is becoming more and more prevalent in every aspect of higher education. Counselor education is adapting to this trend by including more online courses in the curricula. The effectiveness of online training has been studied widely in the past ten years. However, literature regarding effectiveness of online training in counseling is very limited. Therefore, this study also tried to provide some information about the effectiveness of online counseling courses by comparing the effectiveness of grief and loss training in online and in-class settings.

Thirty counseling master's students were included in the study. The grief counseling training was delivered in three weeks, and the first hypothesis was tested with a pre-test-post-test two-treatment groups design by using Counseling Situations Questionnaire - Subscale for Level of Grief Counseling Comfort. The results indicated that grief counseling training has a statistically significant effect on the grief comfort level of counseling students. The training was also found to improve the students' overall counseling self-efficacy. The second hypothesis was tested with a post-test only two-treatment groups design. The results showed that the online group, which received the grief and loss training online, and the in-class group, which received the training in the traditional in-class setting, showed no statistically significant difference in their grief counseling comfort level. This shows that both groups improved their grief counseling level with the training regardless of the setting of the training.

AUTOBIOGRAPHICAL STATEMENT

She was born in Istanbul, Turkey in 1981 as the only child of her family. She received her Master of Arts degree from Marmara University / Istanbul in Human Resources Management in June 2006 and Bachelor of Arts degree from Istanbul University /Istanbul in Psychology in June 2003. While doing her PhD. in counselor education, she worked as a graduate research assistant at Wayne State University until May 2012. Prior to her last occupation, she worked as Graduate Teaching Assistant and Psychologist at Istanbul Bilim Universitesi (Istanbul Science University) in department of psychology since 2007, as Clients Relations Specialist at Sabanci University Executive Development Unit since 2005 and as Training Support Offices at Ernst & Young Istanbul since 2004. She has been participated various research studies such as the domestic abuse project that is owned by UNICEF, European Union, Social Services and Child Protection Foundation of Turkey. She got married in May 2012 and moved to Pittsburgh to live with her husband. She is currently searching for her dream job as a counselor and educator.