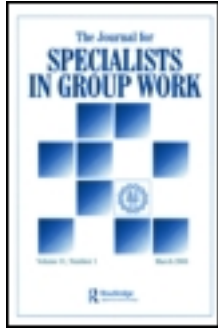


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Effectiveness of a Group for Parentally Bereaved Children

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This study investigated the effects of a 6-week support group for middle school parentally bereaved children on self-esteem, depression, and problem behavior as well as self-beliefs about abilities to cope with loss. The Solomon four group design was used with data analyzed by using a two way analysis of variance (ANOVA) to determine the effect of the intervention as well as any interaction and/or pretest effects. No statistically significant differences were found. Self-reports of group members and observations of the group leader suggested that the group did have a positive effect on members. Limitations are cited, and suggestions for future research are discussed.

One of the most devastating experiences that can occur in a child's life is the death of a parent. In 1994, it was estimated that 809,000 children younger than 18 had experienced the death of a parent (U.S. Bureau of Census, 1994).

Potential consequences of unresolved grief include major mental health issues in adulthood as well as thwarted personality (Berlinsky & Biller, 1982; Siegel, 1985). Unresolved grief may contribute to the loss of self-esteem, to increased depression, and to increased inappropriate behavior (Costa & Holliday, 1994; Goldman, 1994; Meyer, 1991; Quarmby, 1993; Siegel, 1985). Loss of self-esteem, depression, and inappropriate behavior are all well documented in the literature as characteristics related to bereavement in children. Nevertheless, these three characteristics have not been used as a basis for investigating the effectiveness of interventions with bereaved children. In fact, despite the literature suggesting consequences of unresolved grief, there is little recorded experimental research in this area. The purpose of this study

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was to investigate the effect of a support group for children who had experienced the death of a parent.

The literature suggests various interventions for bereaved children, including individual counseling, family counseling, and group counseling or support groups. The peer group intervention is one of the recommended intervention programs for bereaved children (Jacobs, Harvill, & Masson, 1994; Pennells & Smith, 1995; Tonkins & Lambert, 1996; Webb, 1993; Yalom, 1985; Zimpfer, 1991). The use of group intervention for parentally bereaved children is recommended because it relieves the child's sense of isolation as it provides an opportunity for sharing common experiences with others. This sense of commonality (Jacobs et al., 1994) and universality (Yalom, 1985) is therapeutic and provides a place where it is safe to practice skills such as expressing feelings as well as simply talking about the person who died. It normalizes the death experience because it is all right to talk about the death; others have experienced it and have survived and gone on with their lives. These advantages of relieving the sense of isolation, normalizing the experience, and developing and practicing coping skills can only occur in a group setting (Zambelli & DeRosa, 1992).

This study examined the effectiveness of a peer support group on the children's self-esteem, depression, behavior, and self-reported ability to cope with the death in children who had experienced the death of a parent. Although there has been limited research in the area of the effectiveness of peer support groups for bereaved children, recommendations have been made as a result of this limited research. Of these recommendations, the following were included in this study: inclusion of control groups (Quarmby, 1993; Tarakoff, 1991), all participants experienced the same death (parent) (Tarakoff, 1991; Zimpfer, 1991), narrower age span of participants, and groups occur in familiar environments (Bertola & Allen, 1988).

The research questions for this study were the following:

1. What effect does participation in a support group for parentally bereaved children have on self-esteem?
2. What effect does participation in a support group for parentally bereaved children have on their level of depression?
3. What effect does participation in a support group for parentally bereaved children have on their problem behavior?
4. What effect does participation in a support group for parentally bereaved children have on self-beliefs about their ability to cope with loss?

METHOD

Participants

There were 9 male and 8 female participants—all of whom were Caucasian. All 17 participants were students in the same suburban, Midwestern, middle-class, middle school. There were 6 participants in the fifth and seventh grades and 5 participants in the sixth grade. Age ranged from 10 years to 12 years 9 months. There were 9 participants in the intervention group and eight in the control group. Participants were selected from a demographic information form all students are required to fill out at the beginning of each school year. One of the items of information requested is the name of the original parent, which often provides the information that a parent has died. Names were also contributed by teachers who had direct knowledge of a death in the family. The size of the intervention group was based on recommendations from Corey and Corey (1992) and Masterman and Reams (1988). Participants were of similar age as recommended by Pennells and Smith (1995).

All participants had experienced the death of a parent more than 2 years prior to the study. The average age at the time of death was 6. The majority (71%) of the participants experienced the death of their father. All but two participants had been living in the same house with the parent who died. The two participants that had not been living with the parent who died had regular visits with him or her. A majority of the surviving parents (58.8%) have remarried or have a significant other living in the home. The causes of death were suicide, cancer, and auto accidents. None of the participants were with their respective parent when the death occurred.

Instrumentation

Piers-Harris Self-Concept Scale (PH) (Piers & Harris, 1996). This is a norm-referenced, self-report measure designed to assess self-concept in children and adolescents. It consists of 80 first-person declarative statements that require a "Yes" or "No" response to indicate whether the statements describe how he or she feels. Epstein (1985) and Jeske (1985) reported that the PH is a well-documented, psychometrically useful instrument for research.

Children's Depression Inventory (CDI) (Kovacs, 1992). The CDI is a 27-item self-report instrument designed to measure depression in children and adolescents aged 8 to 17. Each item contains a three-choice response format (0, 1, 2), reflecting one's increasing severity of depression. Respondents are asked to select the statement from each group that describes him or her for the past 2 weeks. Kavan (1990) reported that the CDI is a valid research instrument to determine childhood depression having a test-retest reliability of .87 for 1 week (Saylor, Finch, & Spirito, 1984).

Child Behavior Checklist (CBCL) (Achenbach, 1991a, 1991b, 1991c). The CBCL was first developed for the purpose of assessing the competencies and problems of children and adolescents through the use of ratings and reports by different informants. The parent and teacher forms consist of 118 items related to behavior problems scored by parents on a 3-point scale, ranging from *not true* to *often true* of the child. The validity of the Teacher Report Form (TRF) was found to be high (.85) when compared to the Conners Revised Teacher Rating Scale (Conners, 1989). The Youth Self-Report (YSR) consists of 120 items and is designed to provide standardized self-report data on adolescents' competencies and problems, and it can be compared to data from teachers on the TRF and parents on the CBCL.

Support Group Rating Scale (SGRS). This instrument was author-constructed based on 15 years of experience facilitating children's bereavement groups. It was designed to measure the effectiveness of participation in the group by giving the participants an opportunity to express their thoughts, feelings, and experiences related to their bereavement. To be specific, this rating scale measured the effectiveness of the bereavement group's participation in easing the sense of isolation experience by bereaved children, normalizing the loss experience, and providing opportunities to practice newly acquired coping skills. The SGRS consisted of 14 statements (e.g., "I can talk about how I feel"; "I think I know how to cope with the loss"). For each statement, the child was to circle the choice that best described how often the statement is true for him or her from the following choices: always, at least once a day, at least once a week, about once a month, never. The SGRS was piloted on members of a bereavement support group that was not part of this study and found to have a test-retest reliability coefficient of .87. The internal consistency of the SGRS using Cronbach's alpha was .73.

Design and Procedure

The research design for this study was the Solomon four-group design (Heppner, Kivlighan, & Wampold, 1992). This is a combination of the pretest-posttest control group design and the posttest only design:

| | | | |
|---|----------------|---|----------------|
| R | 0 ₁ | X | 0 ₂ |
| R | 0 ₃ | | 0 ₄ |
| R | | X | 0 ₅ |
| R | | | 0 ₆ |

where R = random assignment, 0 = test (pre- and posttest), and X = support group intervention.

The participants were randomly assigned to four groups. Measurement procedures for each group were that the participants, their teachers, and their parents were involved in the same manner.

In Group 1, the participants completed the preintervention tasks of responding to the PH, the CDI, the YSR form of the Child Behavior Checklist (CBCL), and the SGRS. Parents and teachers completed the appropriate form of the CBCL. The group then participated in the six sessions of the support group intervention. At the completion of the intervention, all instruments used in the preintervention tasks were completed again by participants, parents, and teachers.

In Group 2, the participants, parents, and teachers completed the same instruments as Group 1 both before the 6-week intervention and after the intervention. Group 2 did not participate in the support group intervention.

Group 3 participated in the support group intervention but only completed the instruments at the end of the 6-week period. Group 4 only completed the instruments at the end of the 6 weeks and did not participate in the group sessions. Participants in the groups that did not receive the intervention were invited to participate in a support group at a later date.

Treatment

The independent variable was participation in the bereavement support group. The intervention group met for six weekly sessions for 40 minutes each week. The groups were lead by the first author who has advanced training in both group work and bereavement and has 23 years of experience working individually and in groups with those who have experienced death. The content of the sessions was selected to

represent the goals for bereaved support groups as suggested by Pennells and Smith (1995).

Support Group Content

The first session set the atmosphere for a productive group experience. Participants became acquainted, established the group rules, and shared with each other who had died in their lives. Each participant created a folder in which to keep all the materials for all the sessions. The folder had pictures drawn or taken from magazines that were representative of the person who died as well as the participants themselves. One of the goals identified by Pennells and Smith (1995) is to increase the reality of the death, and Parrish (1994) indicated open discussion about the deceased parent's life and death would be helpful in increasing the reality of the death. The activities in Session 1 began this process.

The objective of Session 2 was to provide information about the feelings associated with the grieving process. This supported Pennells and Smith's (1995) goal of providing opportunities to voice fears and concerns and to acquire new knowledge. During the second session, participants created a list of all the possible feelings that could be associated with the death of a parent and then talked about the ones that related to them. This provided opportunities to share with others their fears and worries and to know that they were not alone.

Session 3 was designed to have the participants become knowledgeable about the grieving process (Pennells & Smith, 1995) by building on the feelings that had been identified in the previous session and learning how feelings occur at different times for different people as part of the process of grieving. This provided a means for the participants to begin to withdraw from the deceased, which is another goal identified by Pennells and Smith (1995).

Memories was the theme of the fourth session. It was designed to provide participants with a safe environment to talk about their deceased parents. Each participant brought in and/or shared a memory about his or her deceased parent. This supported Pennells and Smith's (1995) goals of withdrawing from the parent, increasing the reality of the death, and freely talking about his or her feelings related to the death.

The objective of Session 5 was to encourage and provide practice in ways to discuss grief with other members of their families. Participants were asked to draw a picture of their families before and after the death of the parent and to identify major differences other than the absence of the parent. The participants then shared ways they had previously found successful in discussing their feelings with family members as

well as why they were reluctant to do so. They then developed a plan to try to share feelings with members of their families and practiced this with each other. The activities in Session 5 supported Pennells and Smith's final goal which is to have participants readjust and make new relationships and to adapt to new family roles.

During Session 6, participants were able to develop appropriate ways to respond to the feelings of grief through discussions of all they had learned and experienced over the last 6 weeks. Throughout the activities of all the sessions, there was an emphasis on the creation of a safe environment to share feelings, concerns, and hopes which has been identified as a need for bereaved children (Krementz, 1982; Pennells & Smith, 1995; Yalom, 1985; Zambelli & DeRosa, 1992).

RESULTS

Data from the PH, CBCL, and the CDI were analyzed using a two-way analysis of variance (ANOVA) to determine the effect of the intervention as well as any pretest sensitivity and any interaction. The results of the ANOVA failed to indicate any statistically significant effects or interactions.

Research Question 1: Participation in a support group for parentally bereaved children did not significantly effect their self-esteem ($F = .919$, $df = 1$, $p = .871$).

Research Question 2: Participation in a support group for parentally bereaved children did not significantly affect their levels of depression ($F = .749$, $df = 1$, $p = .749$).

Research Question 3: Participants in a support group for parentally bereaved children did not significantly affect their behavior as reported by their teachers ($F = 3.435$, $df = 1$, $p = .087$), by their parents ($F = .517$, $df = 1$, $p = .49$), and by themselves ($F = .496$, $df = 1$, $p = .494$).

The data from the SGRS was analyzed using the Wilcoxon matched-pairs signed-rank test. This test is commonly selected as a nonparametric test to be used in designs that involve two samples of ordinal data (Hinkle, Wiersma, & Jurs, 1988). First scores on SGRS were analyzed by comparing pretest and posttest responses. The increase from pretest to posttest scores on Item 13 ("I think I know how to cope with loss") was statistically significant ($p = .042$). This could indicate a sensitivity effect from pretesting. Next, the Wilcoxon matched-pairs signed-rank test

was used to compare between intervention and control groups. There were no significant differences between groups on any of the 14 items.

Research Question 4: Participation in a support group for parentally bereaved children did not significantly effect their self-beliefs about their ability to cope with loss.

DISCUSSION

Participants in a support group for parentally bereaved children showed no statistically significant changes in self-esteem, depression, behavior, or ability to cope with loss.

One of the closure activities in the final session was for the participants to complete four sentence stems. Although the responses to the sentence stems were not analyzed statistically, the responses seem to indicate that participation in the support was beneficial to the children. The sentence stem responses indicated that the sense of isolation was addressed through this group experience as it was often mentioned in the responses. The sense of commonality was mentioned eight times in the responses, and the normalizing of the situation is addressed in 18 responses.

There are some possible explanations for the lack of statistically significant changes in this study. The group sizes were small, making it difficult for small changes to achieve statistical significance. Increasing the sample size would have decreased the standard error and increased the power of the test (Hinkle, Wiersma, & Jurs, 1988). The length of the group intervention (6 weeks) may have been too short to demonstrate change on the standardized instruments. Interventions that are too short in duration may contribute to a lack of research that shows statistically significant effects (Piers, 1996). For the sense of community to develop and to allow time for growth, a longer time period may be required.

The developmental nature of childhood bereavement may have influenced the effect of this study. The cyclical and repetitive nature of childhood bereavement could also have influence the effect of this study. It is possible that the support group intervention triggered changes that were just beginning to manifest themselves when the posttests were taken. Perhaps a 6-week or 6-month follow up would demonstrate significant changes. It also is possible that the standardized instruments used are too general to capture the specific change targeted by the bereavement support groups.

An observation by the facilitator was that some of the most insightful responses came from participants who seemed not to participate to their fullest, or they even seemed ambivalent to the experience. This observation, if accurate, supports the belief that a benefit of group participation is the vicarious learning that occurs (Yalom, 1985).

The failure of this study to show a statistically significant effect of participation in a support group for parentally bereaved children should not deter further study in this area. Because the belief that children actually grieve is a relatively new concept (Zimpfer, 1991) and few studies have been done to determine program effectiveness, further study is warranted. The number of participants could be increased by drawing participants from several schools while holding the size of the group to five or six participants. Investigations should employ multiple dependent measures that should reflect the specific objectives of the support group. Instruments designed specifically to examine bereavement issues should be developed.

In addition to standardized and self-report measures, an analysis of in-group comments and pre- and postgroup interviews with participants might yield more information about the effects of these support groups. Similar to this, pre- and postintervention interviews with bereaved children's family members could indicate any effects of the group on participants' interactions with their family systems.

Despite the lack of statistically significant changes on the standardized measure, the authors believe that there is evidence from participants' self-reports and facilitator's observations that the peer support group helped the participants cope with the death of a parent. Further efforts to investigate the precise effects of similar support groups would appear to be necessary.

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