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The Self-Perceived Grief Competency of Masters Level Therapists

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THE SELF-PERCIEVED GRIEF COMPETENCY
OF MASTERS LEVEL THERAPISTS

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

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

by
Emily Rae DeVries

June 2018

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ABSTRACT

Bereavement is an experience that most people will encounter multiple times across their lifetime. Some people who experience grief are going to seek support in this process from a therapist. The NASW Code of Ethics suggests that social workers only practice in fields in which they are competent. This study will look at the self-perceived grief competency of master's level therapists. Demographic data and a survey designed to measure the competency of a master's level therapist was utilized to collect data to measure the self-perceived grief competency. Data collected was analyzed using descriptive statistics, one-way between groups ANOVA, and correlation analysis. The results of this study were mixed. Overall, there was no significant difference between MSWs, MFT and other therapists in their grief experience. However, among other significant findings, years in the field is associated with higher levels of training and experience. Further research will be needed to better assess for preparedness. However, findings suggest the importance of training social workers to adequately meet the needs of grieving individuals in lieu of years of experience.

TABLE OF CONTENTS

ABSTRACT	iii
CHAPTER ONE: INTRODUCTION	
Problem Formation	1
Purpose of the Study	4
Significance of the Project for Social Work	6
CHAPTER TWO: LITERATURE REVIEW	
Introduction	8
Ethical Practice of Grief Therapy	8
End of Life Content in Text and in the Classroom.....	9
Past Research	11
Theories Guiding Conceptualization	13
Summary	15
CHAPTER THREE: METHODS	
Introduction	16
Study Design	16
Sampling.....	17
Data Collection and Instruments.....	17
Procedures	19
Protection of Human Subjects	19
Data Analysis.....	20
Summary	21

CHAPTER FOUR: RESULTS	
Demographics.....	22
Findings	24
CHAPTER FIVE: DISCUSSION	
Introduction	26
Discussion	26
Limitations.....	27
Recommendations for Social Work Practice, Policy, and Research	28
Conclusion	29
APPENDIX A: DEMOGRAPHIC INFORMATION.....	30
APPENDIX B: GRIEF COUNSELING EXPERIENCE AND TRAINING SURVEY AND INTERVIEW GUIDE.....	32
APPENDIX C: INFORMED CONSENT	35
APPENDIX D: DEBRIEFING STATEMENT	37
APPENDIX E: DEMOGRAPHIC TABLES	39
APPENDIX F: INSTITUTIONAL REVIEW BOARD APPROVAL	42
REFERENCES.....	44

CHAPTER ONE

INTRODUCTION

Problem Formation

In 2014, over two million people died in the United States. Some of these people died from long-term illnesses such as cancer, heart disease, and diabetes. Others died from short-term illnesses like influenza and pneumonia. Still others had deaths that were sudden and unexpected like stroke, suicide, murder, and accidents (Kochanek, Murphy, Xu, & Tejada-Vera, 2016). Many of these people left behind loved ones after their deaths who experience grief as they come to terms with the death.

In reference to grief, the words bereavement and mourning are often utilized. The Merriam-Webster Dictionary provides a definition of these words. Grief is “a deep and poignant distress caused by or as if by bereavement” (Grief, n.d.). Bereavement is “the state or fact of being bereaved or deprived of something or someone...especially: the loss of a loved one by death” (Bereavement, n.d.). Mourning is “a period of time during which signs of grief are shown” (Mourning, n.d.). The word grief will be utilized in this paper to address these three terms with the following definition: the experience of a person following the death of a loved one.

Death and the grief that follows is not an unusual occurrence in the general population throughout their lifetimes. It would come as no surprise that

some of these individuals will seek out additional supports such as support from a therapist. Not all grieving individuals will need additional support from a therapist, however, some will have resiliency, a support system, and/or coping skills that will support them through their experience of grieving. Some grieving individuals will seek out additional support from a trained professional such as a therapist. Some people may be able to cope well on their own, while others will need varying amounts of support.

Bereavement is a life stressor that is very likely to occur multiple times across a person's lifetime. Periods of grief lasting several months are typical, however in some cases this time period is elongated. In these cases yearning for the person who died, intrusive thoughts about the death, emptiness and hopelessness, and other difficulties can arise (Neimeyer and Currier, 2009).

Because of the fact that most people in the world will be touched by the experience of grief at some point in their lives, it is important for therapists to be knowledgeable about what it means to grieve and how best to support a grieving individual. Grief can be experienced by clients from all ethnicities, races, sexualities, genders, socio-economic statuses, etc so it is important for therapists to be competent in this area no matter what their area of specialty is.

In the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) bereavement is discussed as a differential diagnosis for at least one condition. The DSM 5 includes intense yearning and longing for the person who died, intense emotional pain, and recurrent thoughts of the person who died or

the death as typical responses in bereavement (American Psychiatric Association, 2013, 194). The DSM-5 discusses these responses as some of the expected responses when an individual is bereaved. Even these expected responses could potentially lead to an individual being unable to cope with the loss in an adaptive way and lead a person to seek support from a therapist.

Sometimes bereavement goes a step further than what is expected from a grieving individual. In the DSM-5 they propose several conditions for further study. One of these conditions is Persistent Complex Bereavement Disorder. This proposed diagnosis would apply to individuals whose grief goes beyond what would be expected based on culture, religion, or age.

There are many different groups of people who would be concerned about this issue. One of these groups is the potential clients. If a client comes to a therapist for services they should expect them to be knowledgeable or to seek out knowledge or refer them to someone who is knowledgeable about the particular area in which they are seeking services. Another is the therapists or service providers, as they should want to be knowledgeable about the potential issues their clients may come to them needing support. Lastly, this researcher is concerned about this issue as it is an area they are passionate about. It is important to understand this problem further because it is important to provide competent services to grieving clients who seek out therapeutic services. The findings of this study may point out an area in which many clinicians are either competent or lacking competence.

Purpose of the Study

The purpose of the research study was to assess the self-perceived preparedness and competency of master's level therapists to provide grief counseling services. Many people die each day and the people they leave behind will experience grief in some form. Kouraitis & Brown (2011) note that loss is often recurring and occurs throughout a person's lifetime and that it is a part of their existence. If we understand that loss frequently occurs and is likely going to affect the clients we see in some way shape or form, then we must understand the importance of the skill of providing counseling for grieving individuals. Ober, Granello, & Wheaton (2012) state that supporting clients as they adjust to the grief and loss they experience is an important skill for counselors, and that it will become even more important in the future.

Grief counseling is a critical skill for all masters level therapists as grief is an issues that does not discriminate. The service of grief counseling is needed, however there is evidence that suggests that not all counselors have been able to engage in adequate training nor are they comfortable in providing grief counseling (Ober, Granello, & Wheaton, 2012, 150) Kees (1988) and Mastrogianis (1999) found that increased training in grief counseling can increase the therapist's comfort level and coping skills that are needed when working with grieving clients.

This problem was studied using a quantitative approach. Bereavement is an experience that most people will encounter multiple times across their lifetime.

Some people who experience grief are going to seek support in this process from a therapist. The NASW Code of Ethics suggests that social workers only practice in fields in which they are competent. This study will look at the self-perceived grief competency of master's level therapists. Demographic data and a survey designed to measure the competency of a master's level therapist was utilized to collect data to measure the self-perceived grief competency. Data collected was analyzed using descriptive statistics, one-way between groups ANOVA, and correlation analysis. The results of this study was mixed. Overall, there was no significant difference between MSWs, MFT and other therapists in their grief experience. However, among other significant findings, years in the field is associated with higher levels of training and experience. Further research will be needed to better assess for preparedness. However, findings suggest the importance of training social workers to adequately meet the needs of grieving individuals in lieu of years of experience.

Demographic data and information regarding grief competency were collected as quantitative data was obtained through a survey. This quantitative data was utilized to address the initial research questions. This data collection method was used in order to obtain the information needed to complete the study.

Significance of the Project for Social Work

This study is important to social work because the NASW code of ethics discusses the importance of competency in the areas of service we provide to clients. This is listed as a responsibility to the client. The NASW code of ethics encourages social workers to provide competent services across all areas in which they practice. They also encourage them to not represent themselves as competent in an area in which they are not (National Association of Social Workers, 2008). This study will serve to study master's level therapists of several different educational backgrounds, including Masters of Social Work.

The results of this study could be used by the social work community in order to determine if their current curriculum is adequate to provide competency for grief counseling. A study by Kramer, Hovland-Scafe, & Pacourek (2003) analyzed the fifty current texts used most frequently in social work programs. The purpose of this analysis was to determine how much of the texts contained end of life content. This study found that end of life content made up only 3.35% of the total content of the 50 books studied. The determination was made that there are deficiencies and opportunities for growth in the end of life content found in current social work textbooks (Kramer, Hovland-Scafe, & Pacourek, 2003). A lack of coverage of end of life in social work textbooks would seem to indicate that social work students may not be adequately prepared to provide services to grieving individuals. It is important for master level therapists to be prepared to provide these services and to be able to competently provide grief and loss

services. If masters level therapists are ill prepared to provide these services it may negatively affect the client.

The research questions which were addressed in this study are “What is the self-perceived grief competency of masters level therapists?” as well as, “What factors influence the self-perceived grief competency of masters level therapists?” The hypothesis is that masters level therapists will self-report low self-perceived grief competency and that this will be influenced by the amount of grief related trainings and classes attended by the therapist.

CHAPTER TWO

LITERATURE REVIEW

Introduction

In this chapter previous literature surrounding the area of grief will be covered. Among these topics will include previous research on therapist's competency in this area. The main topics covered will be ethical practice of grief therapy, end of life content in texts in the classroom, and past studies on the competency of therapist's in providing grief and loss services.

Ethical Practice of Grief Therapy

It is important, when considering the provision of therapy to grieving individuals to understand the ethics of providing those services. As social workers, we should first look to the National Association of Social Worker's Code of Ethics. Included in this code of ethics is a section on social workers' responsibilities to clients. The NASW Code of Ethics says, "Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience" (2008). This is important within the realm of grief counseling because many people might be providing the service without being or feeling competent in this area.

The NASW Code of Ethics goes on to say that if standards do not exist in regards to a new area of practice social workers need to tread carefully and educate themselves, do research on the topic, consult with others, and seek supervision in order to make sure they provide competent services for clients (National Association of Social Workers, 2008). While grief services are not an emerging area of practice, the rest still applies. It is important for individuals to seek out training in this area if they will be providing grief services.

Gamino and Hal Ritter (2009) specifically discuss the ethical practice of grief counseling. They discuss that ethical practice for grief counseling is helping clients and their families but also following professional standards and traditions. Gamino and Hal Ritter (2012) further discuss the ethical imperative of providing competent grief services. They note that competent grief counselors will recognize countertransference as it occurs. They can understand the feelings that are being brought up and why they are coming up, they can use their personal feelings to better understand a person's grief, and can seek supervision when needed (Gamino and Hal Ritter, 2012). This can lead us to understand that ethically providing grief services is about both competency and following professional standards.

End of Life Content in Text and in the Classroom

One important thing to look at when considering the competency of current masters level therapists is to look at their past schooling. Several studies

have been completed looking at the classroom content and textbook content in masters-level classes.

Cicchetti, McArthur, Szirony, and Blum (2016) completed a study whose participants were all students who were attending an accredited masters-level rehabilitation counseling program across four states. Part of the demographic information required the students to self-report the course offerings in the program. Per these reports it was discovered that most schools did not offer courses in grief theories or grief interventions. More than 89% of participants stated they had not taken a course in grief theories, and more than 92% had not taken a course in grief intervention (Cicchetti, McArthur, Szirony, & Blum, 2016).

Breen, Fernandez, O'Connor and Pember (2012) took another approach in understanding the grief and loss content in courses. They looked at multiple graduate health professional programs including medicine, nursing, counseling, psychology, social work, and occupational therapy. Through reviewing course documents, interviewing teaching staff, and interviewing final year students they were able to gain the information needed to determine the grief and loss content in the courses. The programs were analyzed when separated into fields of study. The findings of this study indicated that within the six courses, one included a unit focused on grief and loss (Breen, Fernandez, O'Connor and Pember, 2012). They found that within nursing, medicine, and occupational therapy end of life issues were discussed, not so much bereavement or grief. There also seemed to be strong differences between the lecturer's perspective on what the courses

cover and what the students felt was covered by the courses (Breen, et al., 2012).

Kramer, Hovland-Scafe, and Pacourek (2003) analyzed the texts used in social work programs to determine the end of life (EOL) content in the texts. The texts to be analyzed were determined based on the current texts most frequently used in social work programs. It was found that EOL content made up only 3.35% of the total content of the fifty books studied. The authors determined that there were ten critical content areas that should be covered by the social work textbooks. It was determined, based on the content analysis and quantification, that there are significant shortfalls and room for improvement in regards to the social work texts and their end of life content (Kramer, Hovland-Scafe, & Pacourek, 2003).

Past Research

Several authors have looked into the competency of masters level therapists or students when providing services to grieving individuals. Cicchetti, McArthur, Szirony, and Blum (2016) completed a study whose participants were all students in an accredited masters-level rehabilitation counseling program. A survey was used to determine the student's competency in providing grief services. A survey tool called the GCCS which is a redesigned version of the Death Competency Scale (DCS) was used for this survey. The DCS was determined to have content validity based on the feedback of twenty-seven

family grief experts. This survey was used to determine the counselor's view of their training related to treating individuals who are grieving. Overall results indicate that the students perceive themselves as having limited competency. This compares with the scores in conceptual knowledge and skills which were at the low end (Cicchetti et al., 2016).

Mitchell and Murillo (2016) surveyed students in both bachelors and masters level Social Work programs. The authors utilized the DCS in order to determine student's perceptions of their preparedness to work with grieving clients. The student's scores on the DCS were compared with various demographic information including age, gender, race, current level of education, current class cohort, and previous experience among other things (Mitchell & Murillo, 2016). The results of this analysis indicated that students lack a feeling of competency when it comes to providing grief counseling (Mitchell and Murillo, 2016). The majority of students surveyed (61%) indicated that they have not had a class that focused on grief and loss and over one-third (35.8%) indicated that they had not taken a class that included grief and loss in a significant way (Mitchell & Murillo, 2016).

Deffenbaugh (2008) took a different route and surveyed Licensed Professional Counselors (LPCs), that is, individuals who have already graduated from a masters level therapy program and have become licensed. Deffenbaugh (2008) utilized the DCS as a survey tool to determine the self-perceived grief competencies of LPCs. The author compared the demographic information of her

participants with their scores on the DCS. Deffenbaugh's results showed that increased professional experience and training with grief had a positive, strong, and linear relationship with the scores on the DCS. The results also showed that the LPCs surveyed feel they have the general skills and experiences needed to work with grieving clients, but they lack the specific training. Respondents indicated a low level of knowledge of specific grief counseling theories and models as well as "regular attendance at in-service, conference sessions, or workshops that focus on grief in counseling" (Deffenbaugh, 2008, 159). Since the LPCs on average did not attend trainings and lack knowledge on specific grief counseling theories, Deffenbaugh posited that those surveyed must have gotten their information elsewhere, perhaps in their graduate courses. Fifty percent of respondents indicated that they had not completed a course on grief and twenty-seven percent indicated not taking a class that significantly included grief/death content (Deffenbaugh, 2008).

Theories Guiding Conceptualization

Worden (2009) discusses attachment theory and its connection with grief counseling. Worden shares that attachment behavior has a goal of maintaining a bond with a person, and that situations such as death can cause reactions when the bond is threatened. Attachment theory provides a structural framework in which to understand the reactions a person can have when grieving a person who died. Worden (2009) goes on to say that there is evidence that all humans

grieve a loss to one degree or another. Evidence of this has been found by anthropologists who have studied other societies, their cultures, and their reactions to the death of a person they cared about. Anthropologists report that among most cultures there is some sort of attempt to get the person who died back or a belief in an afterlife and thus the ability to see that person again. (Worden, 2009).

Worden (2009) goes on to discuss the feelings that can occur during grief which are broad and varied. Worden discusses multiple feelings common among people who are grieving. Worden identifies that sadness is among the most common feelings felt by grieving individuals. Sometimes this feeling is shown through crying, but not always. He notes that in many cases sadness can be exhibited in the form of anger which is sometimes directed at the doctor, the funeral director, family, friends, and god (Worden, 2009). Guilt about the death is frequently experienced and is usually irrational, but at times it can be rational. Shock occurs more typically when a death is sudden. The feeling of relief occurs more frequently after a long illness, after a lot of suffering, or when the relationship with the person who died was difficult. While many different feelings are common, some people report a feeling of numbness or a lack of feeling about the death or the person who died. Numbness frequently occurs when a person is overwhelmed by any different feelings all at once (Worden, 2009).

Summary

This chapter outlines previous literature in the area of grief. These topics included previous research on therapeutic competency, coverage of end of life content in class texts, and ethical practice of grief counseling. These items will all come together to provide an understanding of the research and current standards in the provision of grief services.

CHAPTER THREE

METHODS

Introduction

This chapter describes the preparedness of therapists to provide services to grieving individuals. It also describes what might be useful in increasing the preparedness of therapists to provide services to grieving individuals. Included in this chapter you will find the details of how this study will be completed. Study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis will be included in this chapter.

Study Design

The purpose of this study is to explore the preparedness of therapists to provide services to grieving individuals. It also explores the ways in which a therapist seeks to increase their knowledge and competency in providing services to grieving individuals. This is an exploratory research project because it aims to further explore the preparedness of therapists to provide services to grieving clients.

A survey was utilized through an online survey tool known as Qualtrics. Quantitative research was completed in order to eliminate researcher bias. The use of an online survey will allow the survey to be completed by a larger sample size. A larger sample size allows research to be more easily generalized. The

research questions are “What is the self-perceived grief competency of masters level therapists?” and “What factors influence the self-perceived grief competency of masters level therapists?” which will be measured quantitatively. The hypothesis is that masters level therapists will self-report low self-perceived grief competency and that this will be influenced by the amount of grief related trainings and classes attended by the therapist.

Sampling

The sample from which the data was collected is a number of master level therapists currently practicing. Selection criteria include the individual having obtained a masters degree in a therapeutic program. The individual needs to be currently employed in a role in which they provide mental health services. They can be pre-licensed or licensed. The sample was chosen based on a convenience sampling due to access to participants. A sample of 51 participants responded to the study.

Data Collection and Instruments

Information regarding demographics was collected for each participant. These include gender, age, race/ethnicity, years of experience, degree completed, licensure status, religious background, hours spent learning about death/grief, and self-perceived grief counseling competence. Demographic variables of interest are years of experience, degree, licensure status, hours

spent learning about death/grief, and self-perceived grief counseling competence. These demographic variables are independent variables and were obtained via an adapted version of the demographic questionnaire used in Deffenbaugh's 2008 research on the self-perceived grief counseling competencies of licensed professional counselors (see appendix A). Degree completed, licensure status, and hours spent learning about death or grief are nominal, categorical. Years of experience and self-rating of grief counseling competence are interval/ratio.

The "Grief Counseling Experience and Training Survey" used by Deffenbaugh in her 2008 research on the self-perceived grief counseling competencies of licensed professional counselors (see appendix B) was utilized to obtain the dependent variable.

Deffenbaugh (2008) utilized the "Grief Counseling Experience and Training Survey" (GCETS) which she had modified from an already existing survey called the "Sexual Orientation Counselor Competency Scale" (SOCC). The modified survey was piloted with twenty-one individuals providing mental health services in order to assess for reliability and validity. Deffenbaugh (2008) also utilized a demographic questionnaire which she created. Deffenbaugh created this survey to gain demographic information from LPCCs and LPCs who she was surveying. The wording of the demographic questionnaire had to be changed in several places in order to generalize the questions to include all

masters level therapists instead of specifying a particular type of therapist (Deffenbaugh, 2008).

Procedures

Before data was collected approval was gotten through the Internal Review Board at CSUSB. Data was collected through a survey hosted by Qualtrics through California State University, San Bernardino (CSUSB). The link was provided to participants should they agree to participate in the study. Participation may be solicited through e-mail, individual contact, and word of mouth. Data collection took place at participant's leisure, and anywhere they might have access to the internet, as the survey was administered online. Data was stored on a password protected flash drive and analyzed using IBM SPSS statistical analysis software. The data was collected between 4/18/2017 and 3/16/2018.

Protection of Human Subjects

Confidentiality and anonymity was protected by offering the survey online and not collecting identifying information such as name or date of birth. Not collecting identifying information ensures that the information will not be attributed to the participants. All data obtained will be placed on a password protected computer. Participants were presented with an informed consent form (see appendix c) which informed them that their participation in the study was

voluntary. The informed consent also discussed the benefits and risks of participating in the survey. A debriefing statement (see appendix d) was provided at the end of the survey.

Data Analysis

Quantitative data was collected for the purposes of this research study. The quantitative data was analyzed using IBM SPSS statistical analysis software. The analysis of the data began by utilizing descriptive statistics to look at the demographic information that makes up the sample population. Populations will be described using descriptive statistics. Independent variables consist of age, gender, race or ethnicity, years of experience, degree, licensure status, religious background, hours spent in trainings or classes focusing on death/grief, and self-perceived grief counseling competency. Comparisons between dependent and independent variables were completed to look at any correlations between the data.

Statistical analysis was utilized to look at the relationships between dependent and independent variables. Since the dependent variable, the grief competency score, has a level of measurement of interval/ratio. The dependent variables vary between nominal, categorical and interval/ratio. Gender, race/ethnicity, degree completed, licensure status, religious background, and hours spent learning about death or grief are nominal, categorical. Age, years of experience, and self-rating of grief counseling competence are interval/ratio. A

one way between groups ANOVA was utilized when comparing a nominal, categorical independent variable with the interval/ratio dependent variable. A correlation analysis was used to compare an interval/ratio independent variable with the interval/ratio dependent variable.

Summary

This chapter includes the details of this study about the self-perceived grief competency of masters level therapists. Study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis were covered.

CHAPTER FOUR

RESULTS

Demographics

The sample consisted of 51 masters level therapists. The participating therapists were found using convenience sampling. The participants were 92.2% female, and 7.8% male. There was a much higher percentage of females than males. The age range of the participants was 23-64, with the mean being 37.22 ($M=37.22$, $SD=9.768$). Over half of the respondents identified as White/Caucasian (60.8%), nearly 20% of the respondents identified as Hispanic/Latino (19.6%), nearly 10% of respondents identified as Black/African American (9.8%), nearly 8% identified as Multiracial (7.8%), and one person did not answer (2%). No respondents identified as Asian-American, Pacific Islander, or Other. Respondents religion was not particularly varied, with the majority of the respondents identifying as either Christian (56.9%) or Catholic (19.6%) and a smaller percentage identifying as None (17.6%) or Other (5.9%). No respondents identified as Jewish, Buddhist, Muslim, or Hindu. The respondents' years of experience in the field ranged from 1 to 40 ($M=9.41$, $SD=7.526$). All respondents held a master's degree or higher, 20 had a Master's Degree of Social Work (MSW) (39.2%), 16 had a masters in Marriage and Family Therapy (MFT) (33.3%), and 15 had another degree (29.4%). For those who listed Other, they were provided the opportunity to list what the degree was in. The degrees listed

included Masters of Science, Licensed Professional Counselor, Masters of Arts or Science in counseling, Masters of Arts, Masters of Science in Education, PhD, both MSW and MFT, National Certified Counselors, and Masters in Professional Counseling. The licensure status varied between respondents. 27 respondents were fully licensed (i.e. LCSW or LMFT) (52.9%), while 20 were unlicensed (i.e. MFT-I or ACSW) (39.2%), and 4 were other (7.8%). Respondents who listed other were invited to describe what other meant for them. Their responses included no license, emergency licensed school counselor, NA (for the PhD), and MS Education. Most respondents had spent 20+ hours learning about death and/or grief (49.0%). 9 respondents had spent 0-5 hours (17.6%), 10 respondents had spent 6-10 hours (19.6 %), 5 respondents had spent 11-15 hours (9.8%), and 2 respondents had spent 16-20 hours (Bereavement is an experience that most people will encounter multiple times across their lifetime. Some people who experience grief are going to seek support in this process from a therapist. The NASW Code of Ethics suggests that social workers only practice in fields in which they are competent. This study will look at the self-perceived grief competency of master's level therapists. Demographic data and a survey designed to measure the competency of a master's level therapist was utilized to collect data to measure the self-perceived grief competency. Data collected was analyzed using descriptive statistics, one-way between groups ANOVA, and correlation analysis. The results of this study was mixed. Overall, there was no significant difference between MSWs, MFT and other therapists in their grief

experience. However, among other significant findings, years in the field is associated with higher levels of training and experience. Further research will be needed to better assess for preparedness. However, findings suggest the importance of training social workers to adequately meet the needs of grieving individuals in lieu of years of experience. Tables describing the demographics were created as shown in appendix E.

Findings

A one-way between-groups ANOVA was conducted to explore the impact of degree type on total grief experience and training. Participants were divided into three groups, MSW, MFT, and Other. There was no significant difference in total grief experience and training for MSW, MFT, and Other clinicians: $F(2, 48) = .876, p = .423$.

A Pearson correlation coefficient found a small, positive relationship between years of experience in the mental health field and grief experience and training, $r = .289, p = .040$, with high levels of experience in the mental health field associated with high levels of grief experience and training.

A Pearson correlation coefficient found a large, positive relationship between hours spent learning about death and/or grief and grief experience and training, $r = .709, p = .000$, with high levels of hours spent learning about death and/or grief associated with high levels of grief experience and training.

A Pearson correlation coefficient found a large, positive relationship between total grief experience and training and self-perceived grief counseling competency, $r=.739$, $p=.000$, with high levels of total grief experience and training associated with high levels of self-perceived grief counseling competence.

CHAPTER FIVE

DISCUSSION

Introduction

This final chapter focusses on the results from the 51 respondents and looks at the self-perceived grief competency of masters level therapists. The results, limitations, and recommendations for social work practice will be discussed.

Discussion

The research questions asked in this research project were: “What is the self-perceived grief competency of masters level therapists?” and “What factors influence the self-perceived grief competency of masters level therapists?” The study hypothesized that masters level therapists will self-report low self-perceived grief competency and that the amount of grief related trainings and classes attended by the therapist will impact the levels of self-perceived grief competency.

The research results note no distinct difference between the various masters level therapist’s (i.e. MSW, MFT, Other) results for self-perceived grief competency when looking at the types of masters degree. It was discovered that the more experience a person has in the mental health field, the more grief experience and training a person will have. In addition to this, the more grief

experience and training a person has, the more likely they are to have a high level of self-perceived grief counseling competence.

The study completed by Cicchetti et al. (2016) found that masters level students self-reported low competency in treating grieving individuals. Mitchell and Murillo (2016) also indicated that both masters and bachelors level students reported feeling they have a lack of competency with regards to providing grief counseling. Due to these results it was hypothesized that respondents would self-report low levels of competency in providing services to grieving individuals.

Deffenbaugh (2008) studied the self-perceived grief competency of a specific group of licensed masters level therapists, Licensed Professional Counselors (LPCs). Deffenbaugh's (2008) results indicated that the more professional experience and training a respondent had, the higher score they would receive with regards to death competency. Deffenbaugh's (2008) results are consistent with the results from this study.

Limitations

One of the limitations of this study was that the study sample was small due to access to survey participants. The majority of the respondents were from a relatively small geographical area, as they were obtained through convenience sampling. Potentially the instruments utilized to obtain the data could also be a limitation as they only provided information that was self-reported by the survey

sample. Finally, the time constraints of the survey were a limitation, as the time in which information was gathered was limited.

Recommendations for Social Work Practice, Policy, and Research

The recommendations that arise from this research include that masters level therapists should continue to seek out training in the area of grief and loss as increased training in grief and loss was found to have a positive relationship with increased self-perceived grief competency. Competency is a requirement for social workers under the NASW code of ethics for any area in which they practice (National Association of Social Workers, 2008). In the year 2014 alone, more than two million people died in the United States. These deaths had a wide variety of causes (Kochanek et al., 2016) and they left behind people who will experience grief as they come to an understanding of their loss. Of course, not all grieving individuals will seek support from a social worker or therapist, but some will. Bereavement is a stressor that will most likely occur multiple times across a person's lifetime. Neimeyer and Currier (2009) discussed that while grief can typically last several months, sometimes that grieving period will take longer. Sometimes a grieving individual can experience additional stressors including intrusive thoughts, yearning, emptiness, hopelessness, and other difficulties (Neimeyer and Currier, 2009). Since grief and loss affects so many people it is important for social workers to be competent in this area, as they will likely come into contact with grieving individuals throughout their career.

Conclusion

In conclusion, we have found that the more experience a masters level therapist has, the more training they have received in grief and loss, and that the more training they receive in grief and loss the more competent they feel in providing services. This survey could be replicated again in the future to confirm any results obtained.

APPENDIX A
DEMOGRAPHIC INFORMATION

Demographic Information:

1. Gender: 1) Male, 2) Female, 3) Other: _____
2. Age: _____
3. Race/Ethnicity: 1) Black/African American, 2) Asian-American,
3) White/Caucasian, 4) Hispanic/Latino, 5) Native American, 6) Pacific
Islander, 7) Multiracial, 8) Other
4. Years of experience in the mental health field: _____
5. Degree Completed: 1) MSW, 2) MFT, 3) Other: _____
6. Licensure status: 1) Licensed, 2) Intern (i.e. MFT-I or ACSW), 3) Other: ____
7. Religious Background: 1) Jewish, 2) Protestant, 3) Buddhist, 4) Catholic,
5) Muslim, 6) Hindu, 7) None, 8) Other: _____
8. Approximately how many hours have you spent learning about the subject
of death and/or grief? 1) 0-5, 2) 6-10, 3) 11-15, 4) 16-20, 5) 20+
9. Please rate your grief counseling competence by noting the appropriate
answer below. (1) I feel I need to learn a great deal more before I would
call myself competent. (2) I still have much to learn in order to call myself
competent. (3) I feel comfortable with my knowledge and skill level. (4) I
am highly competent, I could teach others.

Level of measurement for 2, 4, and 9 are interval/ratio.

Level of measurement for 1, 3, 5, 6, 7, and 8 are nominal (categorical).

Adapted from Deffenbaugh (2008)

APPENDIX B
GRIEF COUNSELING EXPERIENCE AND TRAINING SURVEY
AND INTERVIEW GUIDE

Grief Counseling Experience and Training Survey

Using the scale, rate the truth of each item as it applies to you by circling the appropriate number,

1	2	3	4	5
Not at All True		Somewhat True		Totally True

1. I have received adequate clinical training and supervision to counsel clients who present with grief. _____
2. I consistently check my grief counseling skills by monitoring my functioning and competency via consultation, supervision, and continuing education.
3. I have a great deal of experience counseling clients who present with grief.
4. At this point in my professional development, I feel competent, skilled and qualified to counsel clients who present with grief.
5. I have a great deal of experience counseling persons who experienced loss of a loved one to suicide.
6. I have a great deal of experience counseling children who present with grief.
7. I regularly attend in-services, conference sessions, or workshops that focus on grief issues in counseling.

8. I feel competent to assess the mental health needs of a person who presents with grief in a therapeutic setting.
9. I have a great deal of experience with facilitating group counseling focused on grief concerns.
10. Currently, I do not have sufficient skills or training to work with a client who presents with grief.
11. I have done many counseling roleplays (as either the client or counselor) involving grief concerns.
12. I have sufficient knowledge of grief counseling theories and models.

Level of measurement is interval/ratio.

Adapted from Deffenbaugh (2008)

APPENDIX C
INFORMED CONSENT



California State University, San Bernardino
 Social Work Institutional Review Board Sub-Committee
 APPROVED 5/18/18 VOID AFTER 5/18/2018
 IRB# 52199 CHAIR [Signature]

College of Social and Behavioral Sciences
 School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the self-perceived grief competency of masters-level therapists. The study is being conducted by Emily DeVries, a graduate student, under the supervision of Dr. Armando Barragán, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to examine the self-perceived grief competency of masters-level therapists.

DESCRIPTION: Participants will be asked of a few questions including demographic information as well as questions to measure grief competency.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take 5 to 10 minutes to complete the survey. Should you agree to participate in the focus group, it will last 60-90 minutes.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Barragán at (909) 537-3501.

RESULTS: Results of the study can be obtained from the Pflin Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2018.

AUDIO RECORDING: If the participant chooses to participate in the focus group, they consent to being audio recorded.

This is to certify that I have read and agree to the above and I am 18 years or older.

Place an X mark here _____

Date _____

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University - Bakersfield • Channel Islands • Chico • Dominguez Hills • Fullerton • Fresno • Hayward • Humboldt • Long Beach • Los Angeles
 Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Stanislaus • Sutter

APPENDIX D
DEBRIEFING STATEMENT

Debriefing Statement

The study that has just been completed is intended to learn more about the self-perceived grief competency of masters level therapists. This study was conducted by Emily DeVries under the supervision of Armando Barragan, Professor of Social Work at California State University, San Bernardino. No deception has been involved in this study.

Thank you for participating in this study. Please contact Armando Barragan at armando.barragan@csusb.edu with any questions, comments, or concerns about this study. The results of this study will be available at _____ one the study has been completed.

Community Resources:

- **Victorville Crisis Walk-In Center**

12240 Hesperia Road, Suite A, Victorville, CA 92395

Referrals: (760) 245-8837

General information: hdcwic@starsinc.com

- **Community Crisis Response Team (CCRT)** Hesperia, CA 92345

Phone: (760) 956-2345 • Fax: (760) 956-3761

*Pager number (760) 734-8093 (24 hours a day, 7 days a week)

- **St Mary's Hospital**

Grief Recovery Group (760) 242-2311, ext. 4232

APPENDIX E
DEMOGRAPHIC TABLES

	Mean	Standard Deviation
Age	37.22	9.768
Years of Experience in Mental Health	9.41	7.526

		N	(%)
Gender	Male	47	(92.2%)
	Female	4	(7.8%)
Race/Ethnicity	Black/African American	5	(9.8%)
	White/Caucasian	31	(60.8%)
	Hispanic/Latino	10	(19.6%)
	Multiracial	4	(7.8%)
	Missing	1	(2%)
Religious Background	Christian	29	(56.9%)
	Catholic	10	(19.6%)
	None	9	(17.6%)
	Other	3	(5.9%)
Highest Degree Completed	MSW	20	(39.2%)
	MFT	17	(33.3%)
	Other	14	(27.5%)
Licensure Status	Fully Licensed	21	(41.2%)
	Unlicensed	20	(39.2%)

	Other	10	(19.6%)
Hours spent learning about the subject of death and/or grief?	0-5 hours	9	(17.6%)
	6-10 hours	10	(19.6%)
	11-15 hours	5	(9.8%)
	16-20 hours	2	(3.9%)
	20+ hours	25	(49%)
What best describes your grief counseling competence?	I feel I need to learn a great deal more before I would call myself competent.	7	(13.7%)
	I still have some to learn in order to call myself competent.	22	(43.1%)
	I feel comfortable with my knowledge and skill level and would call myself competent.	13	(25.5%)
	I am highly competent, I could teach others.	9	(17.6%)

APPENDIX F
INSTITUTIONAL REVIEW BOARD APPROVAL

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) Emily Devries
Proposal Title The Self-Perceived Grief Competency
of Masters Level Therapists
SW1771

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

.....
Proposal is:

- approved
 to be resubmitted with revisions listed below
 to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
 missing informed consent debriefing statement
 revisions needed in informed consent debriefing
 data collection instruments missing
 agency approval letter missing
 CITI missing
 revisions in design needed (specified below)



Committee Chair Signature

5/19/2017

Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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