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## Addressing Traumatic Loss and Grief within Inner City High Schools

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# Addressing Traumatic Loss and Grief within Inner City High Schools

Jena Henry, B.A.S. Psychology

MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
St. Catherine University and the University of St. Thomas  
St. Paul, Minnesota  
In Partial Fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members  
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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

### Abstract

Experiences of trauma, loss, and grief have been shown to increase the likelihood of developing serious mental health difficulties and to decrease academic performance, which in turn can be harmful to an individual's success. This research study examined the perceived prevalence of traumatic loss and grief within inner city high schools, as well as the methods used by inner city high school social workers to address traumatic loss and grief experienced by students, through the use of an online mixed-methods survey.

Results showed that all participants perceive a percentage of their student population have experienced traumatic loss and grief, some reporting rates as high as 95%. Findings also showed the sample frequently identifies students in need of traumatic loss and grief services through referral, assessment, and building relationships. However, school social workers lack a standardized method for identifying youth in need of services. Many participants reported providing school-based traumatic loss and grief interventions that were brief in nature, however also reported referring students on to other school professionals or to outside resources. Lastly, findings demonstrated that participants find school-based traumatic loss and grief services to be beneficial to the student population. There are implications to the research findings, including the small sample size and low response rate, however the research sparks numerous questions regarding school-based services for trauma, loss, and grief.

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### **Addressing Traumatic Loss and Grief within Inner City High Schools**

Public health officials have identified community violence as one of the most significant health issues facing America's inner city youth today (Parson, 2006; Stein, Jaycox, Kataoka, Rhodes, & Vestal, 2003). Youth from all racial, ethnic, and socioeconomic groups are impacted by community violence, but poor, urban, and minority adolescents are hit the hardest (McCart et al., 2007; Stein et al., 2003; Udell, 1995). According to the sourcebook of Criminal Justice Statistics (2010), cities with a population of 250,000 and over have an average of 275.2 violent crime arrests per 100,000 people. These rates were nearly double that of cities with a population of 10,000 or less (Sourcebook of Criminal Justice Statistics Online, 2010). Not only is community violence a contributor to traumatic loss and grief experiences, but increased risks of illness and disease are also contributors. The environments of many inner city communities increase adolescents' likelihood of experiencing trauma, loss, and grief (Hooyman & Kramer, 2006; Parson, 1996). The trauma symptoms adolescents experience impede their abilities to process the traumatic event and the loss (Hooyman & Kramer, 2006; Saltzman et al., 2002). Advances in our understanding of the effects of traumatic loss and grief show that adolescents often go on to experience future distress, a high risk for chronic mental health problems, negative educational outcomes, and intergenerational violence (Hooyman & Kramer, 2006; Murphy, Pynoos, James, 1997).

### **Understanding Traumatic Loss and Grief**

Loss experiences can become traumatic when they occur unexpectedly, repeatedly, or violently (Crenshaw, 2005; Hooyman & Kramer, 2006; Jenkins, Wang, & Turner, 2014). When traumatic loss occurs posttraumatic stress symptoms interrupt the

ability to grieve (Crenshaw, 2005; Hooyman & Kramer, 2006; Jenkins, Wang, & Turner, 2014; Mannarino & Cohen, 2011). Often thoughts and emotions associated with the loss are so anxiety provoking that an individual will avoid the thoughts associated with the loss, and will therefore be unable to process their grief (Crenshaw, 2005; Jenkins, Wang, & Turner, 2014; Mannarino & Cohen, 2011). Even happy memories associated with the lost person, or object, may become so anxiety provoking that the traumatized individual avoids thinking about the loved one at all (Jenkins, Wang, & Turner, 2014; Mannarino & Cohen, 2011). Trauma symptoms such as sleep difficulties, loss of interest in social activities, and difficulties concentrating can be experienced during normal grieving processes, but core trauma symptoms are less common. The core trauma symptoms present in traumatic grief are intrusive re-experiencing of the loss, intense psychological distress, avoidance of loss reminders, avoidance of reminders of the loved one lost, physical and mental hyperarousal, hypervigilance, and angry outbursts (Hooyman & Kramer, 2006; Jenkins, Wang, & Turner, 2014; Mannarino & Cohen, 2011).

According to Hooyman & Kramer (2006), the primary traumatic losses are relational loss and the loss of self-identity. Relational loss entails the loss of a valued relationship, while loss of self-identity occurs when an individual loses their former perception of self. Loss in general can cause one to lose their concept of self-identity because the self is produced and influenced by the outside world, social interactions, and valued relationships (Handsley, 2001; Udell, 1995). It is important to remember that traumatic loss does not just occur because of death, but can also involve repeated relocations, abuse, immigration, severe and persistent mental illnesses, substance dependence, injury, abandonment, foster care placement, or incarceration. Additionally,

as described by Udell (1995) the individual does not need to witness the primary loss in order to be traumatized. Individuals can also be traumatized by a number of factors associated with the loss, including the manner in which they discover, or find out about the loss (Udell, 1995).

After a primary traumatic loss occurs, a series of adverse life changes typically follow (Hooyman & Kramer, 2006; Saltzman et al., 2002). These are called secondary losses and often involve housing, familial, financial, or educational losses (Hooyman & Kramer, 2006; Saltzman et al., 2002). These losses provoke even greater negative social and emotional outcomes for children and adolescents who may not know how to access support services (Hooyman & Kramer, 2006). It is also important to recognize that children who experience loss will go on to grieve that same loss again during each stage of their development (Hooyman & Kramer, 2006). This means that a significant loss experienced in childhood, if not processed successfully, may contribute to continued grief and mental health difficulties later in life (Hooyman & Kramer, 2006).

### **Prevalence of Adolescent Traumatic Loss in Inner Cities**

Within inner cities there are many factors that contribute to heightened rates of traumatic loss and grief, which include high rates of community violence as well as illness and disease (Hooyman & Kramer, 2007; Jenkins, Wang, & Turner, 2014; Saltzman et al., 2002). Nearly 6.9 million youth attend inner city schools where community violence is a threat to their physical health, emotional health, and education (Council of the Great City Schools, 2013). While overall there are declines in violent crime rates, the rates of community violence among 12-19 year olds is still higher than all other age groups (Stein et al., 2003). Data from the U. S. Department of Health and

Human Services (2011) report that the average youth gun homicide rate for the 50 largest metropolitan areas was 14.6 deaths per 100,000 youth aged 10-19 years, compared to 5.0 nationally in 2006 and 2007. In Cincinnati, Detroit, Miami, Washington D.C., Baltimore, Oakland, and St. Louis the rate ranged from 30 to 50 homicide deaths per 100,000 youth aged 10-19 (U.S. Department of Human Services, 2011). In 2007, New Orleans had the highest rate of youth homicide deaths, which reached 106 per 100,000 (U.S. Department of Human Services, 2011). These high rates of adolescent homicides illustrate the many frequent and sudden losses among family members and peers within inner city communities. Although homicide rates represent a significant portion of traumatic loss, they are not entirely representative of the amount of traumatic grief adolescents in inner cities experience. It is estimated that 20% of youth who encounter other types of community violence experience posttraumatic symptoms and grief, yet most of these youth are not identified nor provided with psychological support services (Saltzman, Steinberg, Layne, Aisenberg, & Pynoos, 2002).

Another component less frequently discussed in literature are health issues associated with inner city and impoverished communities (Blankfield, Goodwin, Jean, & Stange, 2002; Jenkins, Wang, & Turner, 2014). Research shows that inner city, high poverty community populations experience increased rates of obesity, chronic medical problems, and emotional difficulties in comparison to individuals in rural and suburban areas (Blankfield, Goodwin, Jean, & Stange, 2002). Additionally, inner city communities are often comprised of individuals who may not have access to medical services. This plays a role in undiagnosed health problems, as well as increased health issues (Blankfield, Goodwin, Jean, & Stange, 2002; Kataoka, Stein, Jaycox, et al., 2003).

Within a sample of 403 African American inner city school children grades 6 to 8, Jenkins, Wang, & Turner (2014), found three of four children reported at least one death of a close family member or friend. Interestingly, deaths were more than twice as likely to have occurred from illness and disease as from violence (Jenkins, Wang, & Turner, 2014). This information on inner city systemic health issues aid in understanding inner city youths' experiences of trauma, loss, and grief.

### **Impacts on Mental Health and Education**

Trauma and grief have negative impacts in many areas of adolescents' lives and are concerning to professionals who work to improve the futures of today's youth (Hooyman & Kramer, 2006; Mannarino & Cohen, 2011; Saltzman et al. 2001; Walker & Shaffer, 2007). Previous research found a significant relationship between traumatic grief and the development of chronic depression, anxiety, and posttraumatic stress disorder (Harrison & Harrington, 2001; Hooyman & Kramer, 2006; Saltzman et al. 2001; Walker & Shaffer, 2007). Depression and anxiety are often markers for risk-taking and delinquent behavior during adolescence (Draper & Hancock, 2011; Harrison & Harrington, 2001; Hooyman & Kramer, 2006; Jenkins, Wang, & Turner, 2014). Draper and Hancock (2011) found children parentally bereaved before the age of 16 were significantly more likely to display delinquent behavior than those who experienced parental death after the age of 16. Walker and Shaffer (2007) also suggest there is a correlation between inner city youth experiences of repetitive loss and the presence of delinquent behavior and negative life outcomes, such as incarceration. Indianapolis Grief and Loss Consulting and Educational Services found that 99% of 133 incarcerated youth

surveyed had experienced repetitive losses before incarceration (Walker & Shaffer, 2007).

Experiencing traumatic loss and grief is also associated with a disruption in education and youth with untreated mental health problems are at risk of negative school outcomes (Draper & Hancock, 2011; Hooyman & Kramer, 2006; Kataoka, Stein, Jaycox, et al., 2003; Powers, Webber, & Bower, 2011; Saltzman et al., 2001; Samide & Stockton, 2002). Grieving students frequently miss extended periods of class or are pushed to resolve their grief by prematurely returning to the classroom (Samide & Stockton, 2002). When returning to school, grieving adolescents often have difficulty concentrating on classroom material and withdraw from social situations (Kataoka, Stein, Jaycox, et al., 2003; Samide & Stockton, 2002). Failure in school has been shown to increase individuals' likelihood of dropping out, experiencing unemployment or underemployment, and poverty (Parson, 1994; Saltzman et al., 2001; Samide & Stockton, 2002).

### **Resiliency Factors**

While adolescents living in inner city communities experience an increased risk of experiencing traumatic grief, there are also factors of resilience which aid in coping with the trauma and loss. These factors include socioeconomic status, personal competence, and social supports (Hester & Taylor, 2011; Hooyman & Kramer, 2006). While all three factors of resilience play a large role in the ability to cope with traumatic loss, social support systems are considered easiest to alter and therefore can relatively quickly provide comfort to those in need. Unfortunately, after a loss many family members and peers are unable to offer help at a time when youth most need the social

support and structure, often because family members and peers are preoccupied with their own grief (Hooyman & Kramer, 2006). Youth are also often separated from family members and other social supports during instances of caregiver loss if they are placed in alternative housing, such as foster homes. For these reasons, grieving adolescents often rely on supplementary support from outside sources.

### **Relevance to School Social Workers**

Schools and their social workers are a significant source of support for students who come into the classroom dealing with the effects of any mental health issue, including loss and grief. School social workers have the ability to provide traumatic loss and grief focused services that are confidential, accessible, safe, engaging, and empirically supported (Hooyman & Kramer, 2006; Powers, Webber, & Bower, 2011; Saltzman et al., 2001; Saltzman et al., 2002). The purpose of this study is to determine how high school social workers address traumatic loss and grief related issues while working with inner city students. In order to gain a better understanding of current school-based procedures for addressing trauma and grief, previous research has been examined and is discussed within the literature review.

### **Conceptual Framework**

Models of the adolescent developmental process, grief theory, and person-in-environment serve as the contextual frameworks for this research. It is not surprising that youth are so greatly impacted by experiences of loss, as attachment figures and relationships are central to development (Erikson, 1963). During the adolescent developmental stage individuals seek to develop a sense of identity by challenging the authority of caregivers and family members (Erikson, 1963; Hooyman & Kramer, 2006).

These struggles help them form a sense of individuality and competence, but also emotionally separate them from loved ones (Erikson, 1963; Hooyman & Kramer, 2006). While this is a natural part of the adolescent developmental stage, it becomes much more complex when trauma, loss, and grief are present in the youth's life (Erikson, 1963; Hooyman & Kramer, 2006). For this reason, traumatic loss and grief focused interventions must be sensitive to the unique developmental needs of adolescents.

Since grieving adolescents often sense that they are alone and believe their grief is unique, many traumatic loss and grief focused interventions use a group based approach. It is thought that group therapy helps normalize the thoughts and emotions associated with traumatic grief in providing social support from both the facilitator and peers (Toseland & Rivas, 2012). Additionally, since attachment needs may not be met due to the experience of a loss, adolescents may rely on others to have attachment needs met (Erikson, 1963). It is important that positive support systems are found in order to get attachment needs met, and school social workers are able to fill this role or refer students on to other support networks.

Investigation of the prevalence of trauma and grief experienced by youth in inner cities has stimulated interest in developing therapeutic approaches to treating children and adolescents within those communities. In the past, overarching grief and trauma theories declared it was best to move on, forget the event occurred, and to refrain from discussing the loss (Massat et al., 2008). However, recent grief and trauma theories suggest the opposite (Dent, 2005; Hooyman & Kramer, 2006; Massat et al., 2008). Current research on grief supports using cognitive-behavioral (CBT) and narrative therapy, and focuses on maintaining a connection to positive memories through



continuing bonds (Hooyman & Kramer, 2006; Massat et al., 2008). Empirical research has found maintaining some kind of mental bond with deceased caregivers comforts youth and assists youth with grieving processes (Dent, 2005). Continuing bonds may also assist individuals with maintaining aspects of their identity formed prior to the loss (Dent, 2005; Hooyman & Kramer, 2006; Massat, et al., 2008). By talking to professionals about the loss, children and adolescents gain an understanding of their feelings (Hooyman & Kramer, 2006). This reduces the likelihood of experiencing confusion, a sense of abandonment, and anger related to the loss, as well as responsibility for the loss (Schilling, Koh, & Gilbert, 1992).

The research study also uses the person-in-environment framework when examining the impact of the inner city location on experiences of traumatic loss and grief. The social work perspective of person-in-environment is based on the notion that an individual and their behavior is not fully understood without consideration for the many aspects of that person's environment (Miley, O'Melia, & DuBoise, 2011). This includes an individual's social, familial, economic, and physical environment, etc. This perspective is central to the social work profession and is ideal for examining how inner city environments, economic levels, culture, and other systemic issues, impact youth's experiences of traumatic loss and grief. These frameworks have been used to conceptualize the needs of inner city youth who have experienced traumatic loss and grief, along with findings from previous research.

### **Literature Review**

Despite traumatic loss and grief experiences amongst adolescents in inner cities being quite common, very little research has focus on this topic. This may be due to the

newly theorized universality of posttraumatic symptom treatments studied on other populations. Until recently, child trauma treatments were developed and researched for specific types of traumatic experiences, or “silo” treatments. This changed when researchers found that the majority of children in these studies experienced multiple types of trauma (Mannarino & Cohen, 2011). Therefore, treatments that successfully target posttraumatic symptoms from one type of traumatic loss are now considered to successfully treat youth who have experienced other forms of traumatic loss (Mannarino & Cohen, 2011). Due to these findings, we can turn to the multiple studies that have examined interventions due to war and natural disasters, as well as community violence, to develop a better understanding of effective traumatic loss and grief interventions.

Few studies have focused solely on adolescents and traumatic grief, therefore research on interventions with children have been included in this literature review as well. It should also be noted that the majority of studies that focus on youth experiences of trauma, loss, and grief primarily focused on symptoms of PTSD and depression, but rarely included measures related to grief. Research on effective school-based interventions have focused on the use of cognitive-behavior therapy, narrative therapy, mixed methods, and alternative methods.

### **Cognitive-Behavioral Therapy**

Cognitive-behavior therapy (CBT) is widely used with youth who have experienced traumatic grief. These interventions typically use psychoeducation, stress management, cognitive coping, and behavior management training to help youth alter their beliefs about themselves in relation to the trauma experience. While there is little empirical evidence specifically on the use of CBT with traumatic loss and grief, the

studies that have been performed have found it to be successful at reducing symptoms of PTSD as well as traumatic grief.

Barron, Abdallah, and Smith (2013) conducted research on a school-based trauma recovery program within a city encountering ongoing community violence in war-torn Palestine. Participants reported experiencing trauma related to neighborhood gunfire, seeing a dead body, witnessing sexual assault, and seeing someone beaten. The trauma recovery program, Teaching Recovery Techniques (TRT), focused on normalizing children's trauma experiences and responses to loss. The Children's Revised Impact of Events Scale (CRIES-13), which measures the presence of PTSD symptoms, was administered to 40 different classrooms and 10 children within each class were chosen to participate in the study. Fourteen groups of 10 Palestinian students, aged 11-13, participated in randomly assigned intervention and wait-list groups facilitated by two trained counselors. The intervention group received the TRT program while the control group received the school health education curriculum. Ninety students were in the intervention group, while 50 were in the wait list group. Four self-report measures were used to assess students' levels of PTSD, depression, traumatic grief, school performance, and exposure to traumatic events. Comparisons of perceptions of students, parents, and teachers were provided through the Strength and Difficulties Questionnaire.

Prior to the program, 53 students in the intervention group were above the cutoff for diagnosis for PTSD, while post-program results showed 28 students were above the cutoff. The TRT intervention group showed significant reductions in posttraumatic stress, traumatic grief, negative school impact, and mental health difficulties between the two groups post-test scores. Meanwhile the wait-list group showed no significant

difference between pre and post-intervention measures. The CBT intervention had a significant impact on the well-being of the students immediately after the group treatments, but the study did not examine long term effects.

Malone (2012) also found CBT to be a successful intervention within the school system through studying the efficacy of the Adolescent Grief and Loss (AGL) group while working with teen girls who experienced the sudden death of a peer. The nonrandomized sample consisted of 20 girls, 15 to 18 years of age, who lived in low income neighborhoods. The AGL group met for 60 minutes during school, once per week, for six weeks, and contained three main phases (Malone, 2012). The first phase focused on developing a safe environment, while the second phase focused on normalizing the girls' thoughts, feelings, and behaviors related to the loss and grief (Malone, 2012). The final phase focused on building coping skills to continue through life (Malone, 2012). The standardized 83-item survey, Loss Response List, was administered to measure the girls' grief responses pre- and post-group treatment (Malone, 2012). The posttest measures were given at the final session, 30 days after the last session, and 60 days after the last session (Malone 2012). Demographic information revealed that the girls experienced as many as 6 or more peer deaths within the last two years, 28 deaths total, and that all the deaths were sudden (Malone, 2012). The research found a significant reduction in the self-reported emotional grief and social grief response scores after participation in the 6-week AGL group, and this was maintained 60 days after the last session (Malone, 2012). Malone (2012) also added that the rapport and openness modeled by the group facilitator was an important element of the group model.

This facilitated a trusting atmosphere which provided the ability for the adolescent girls to share their trauma and loss experiences (Malone, 2012).

### **Narrative Therapy**

Narrative therapy is also often used with individuals who experience trauma and grief. The goals of narrative therapy are to assist individuals who experience traumatic grief in making meaning of the loss experience, provide social validation for the account, and to lessen the anxiety and anguish associated with certain images or meanings (Neimeyer, Burke, Mackay, & Van Dyke Stringer, 2009). Kalantari, Yule, Dyregrov, Neshatdoost, and Ahmadi (2012) studied the efficacy of the Writing for Recovery intervention while working with adolescent Afghani refugees attending Iranian schools. Writing for Recovery, originally developed by the Children of War Foundation for adolescents who have experienced trauma, has now been expanded for working with individuals who experience traumatic loss. The program is administered within the schools over a course of three consecutive days. Each day consists of two 15-minute sessions where students reflect on their feelings and thoughts about their traumatic event. They also write about advice they would give to another person in the same situation as themselves. In the last writing they are asked to imagine that 10 years have passed and are to write about what they learned from their experience of traumatic loss.

Kalantari et al. (2012) screened 88 bereaved Afghani students, aged 12-18, using the Traumatic Grief Inventory for Children (TGIC) and from those with the highest pre-test score, 64 were randomly assigned to experimental or control groups. Within the experimental group 29 students attended all three consecutive days, while all 32 students attended the non-experimental group. The results showed a significant decrease in the

experimental group's TGIC post-test scores from 56.3 to 44.9 ( $p < 0.001$ ) while it slightly increased from 49.9 to 53.9 in the control group. Additionally, in the experimental group, lower scores were found on all but two TGIC items and in the control group eight items showed lower scores. This research not only supports the use of narrative therapy, but also supports the use of very brief interventions. However, the study did not check on the long-term effects of the intervention and therefore it is unknown if the program had long lasting effects.

### **Mixed Methods: Trauma-Focused CBT and CBITS**

Multiple studies focus on using both CBT and narrative therapy practices while working with adolescents experiencing traumatic grief. Recently a form of therapy was constructed to incorporate practices from these two treatment styles, to be used with children and adolescents. This new treatment, trauma-focused CBT, incorporates education on coping skills, processing of trauma, and challenging inaccurate thoughts related to the trauma and loss. Saltzman et al. (2001) studied the efficacy of TF-CBT with inner city youth who experienced community violence. Saltzman et al. (2001) screened a sample of 812 inner city students between the ages of 11 and 14 for trauma exposure and distress. Of this larger sample, 26 youth participated in the manualized group TF-CBT intervention. The students in the sample completed a Community Violence Exposure Survey which assessed the range of violent events within the community and the youth's direct exposure to violence and life loss (Saltzman et al., 2001). They also completed a PTSD questionnaire, self-report depression survey, grief screening scale, and the UCLA Trauma-Grief Screening Interview (Saltzman et al., 2001). The sample's grade point average (GPA) was also used to assess school performance. Saltzman et al. (2001) found

posttraumatic stress symptoms and complicated grief scores decreased significantly after the TF-CBT treatment. Additionally, there was significant improvement in GPA within the sample post-treatment and a pre-post reduction in PTSD symptoms was correlated with pre-post improved GPA (Saltzman et al., 2001). Further research on school-based TF-CBT is needed, but the use of TF-CBT in community based environments has been widely supported by empirical research (The National Child Stress Network, 2013).

Another study focused on the effects of a school-based 10-session TF-CBT group in comparison to a CBT only group while working with youth who experience traumatic loss during Hurricane Katrina. Salloum and Overstreet (2012) used a randomized design to evaluate the effects of the Grief and Trauma Intervention (GTI) originally designed to be used with youth who experienced community violence. The study compared effects of the GTI group, which used coping skills and narrative processing (TF-CBT), and another using only coping skills techniques. The sample consisted of 70 African American children, 6-12 years old, from four different schools within New Orleans, Louisiana. Results showed a significant decrease in posttraumatic symptoms from pre-treatment to the 12 month follow up in both groups. Based on the reliable change index, there was symptom improvement for both groups, 70% of children in the TF-CBT group and 60% of coping skills group improved. Pre-treatment, 18 children in the TF-CBT group were above the cutoff score on the UCLA-PTSD Index while only 2 were at the 12 month follow up. Meanwhile in the coping skills group, 13 children were above the cutoff score on the UCLA-PTSD index while only 3 were above the score at the 12 month follow up. Post-hoc analyses also revealed a significant decrease in traumatic grief from pre-treatment to post-treatment and was maintained in the 12 month follow up. Within the

TF-CBT group 68.75% (n=22) demonstrated traumatic grief symptom improvement and 0% (n=0) deteriorated, while in the coping skills group 55.17% (n=16) demonstrated symptom improvement and 3.45% (n=1) deteriorated. These results indicate both of the TF-CBT and coping skills treatments are effective at decreasing posttraumatic symptoms and traumatic grief and have long lasting effects, but the TF-CBT treatment may be slightly more effective. Results indicate that it may not be necessary for all children to retell their trauma narrative in great detail. These findings must be further researched because facilitators reported that many of the participants in the coping skills only group did retell their traumatic loss experiences, despite that not being a formal method within the treatment.

An additional form of TF-CBT has recently been developed specifically for schools, labeled Cognitive-Behavioral Intervention for Trauma in Schools [CBITS]. CBITS was originally developed for use in an inner city school mental health clinic with a multicultural student population. This intervention method uses CBT skills in a group format, while also exposing youth to the trauma memory through the use of drawing or writing (Kataoka, Stein, Jaycox, Wong, Escudero, Tu, Zaragoza, & Fink, 2003). Kataoka et al. (2003), performed research on this intervention with 198 Latino immigrant elementary and middle school aged youth. All of the participants reported exposure to violence and clinically significant symptoms of PTSD and/or depression, as measured by the Child PTSD Symptom Scale (CPSS) and the Children's Depressive Inventory (CDI). Additionally, their caregivers provided consent for their participation in the study. Randomized sample groups were formed into an intervention group (152 participants) and a waitlist group (46 participants). The sample groups did not differ significantly in



demographics, PTSD, depression, or life experiences of trauma. Clinicians providing the CBITS groups were master's level school psychiatric social workers and received 16 hours of training on the intervention and 2 hours per week of supervision to ensure the CBITS model was being followed (Kataoka et al., 2003).

Following the intervention, both groups' levels of PTSD and depression were again measured via the CPSS and CDI. Findings showed the intervention group's average CPSS scores dropped from 19 to 13 and the waitlist group's dropped from 18 to 16. The intervention group's average CDI scores dropped from 16 to 14 and the waitlist group's average score remained at 16. Findings suggest CBITS is successful at reducing both PTSD and depression symptoms, but may be a better resource for addressing PTSD (Kataoka et al., 2003). Additionally, in follow-up symptom scores when controlling for treatment condition it was found that treatment methods might need to be tailored to specific genders and ethnic groups, even within Latino culture (Kataoka et al., 2003). Another limitation was that symptom changes were modest and on average remained in the clinical range at short-term follow up (Kataoka et al., 2003).

### **Alternative Methods**

Incorporating art and creativity into traumatic grief counseling has also been shown to be beneficial for youth. Art serves as a valuable tool for clients who use a number of ways to express themselves and who need therapeutic activities to be engaging (Finn, 2003). Salloum and Overstreet (2012) incorporated developmentally responsive activities such as drawing, collage, and book building within their TF-CBT narrative processing for youth after hurricane Katrina. Williams and Lent (2008) looked at the use of scrapbooking as a way to continue relational bonds with lost family members. They

performed a case study with an eight year-old boy who came to counseling after the sudden death of his father. They found the scrapbook provided the child with a developmentally appropriate way to share his story and helped him make meaning of his grief experience by providing narration to photographed memories (Williams & Lent, 2008).

Another study looked at the incorporation of art in school-based group work for 11-13 year olds (Finn, 2003). This was a case study made up of five students who displayed a variety of behavior problems at school. Two therapists facilitated the group and sessions occurred during the school day for one hour, for nine weeks. The group used visual art, poetry, drama, and music during the group process. Evaluation of the group's worth was based on comments made during the sessions, such as "being able to express my feelings openly", which indicated the participants perceived the group to be beneficial to them (Finn, 2003). These qualitative self-report studies offer support for the use of alternative treatments, but unfortunately do not offer empirical evidence. Despite this limitation, creative methods of therapy help engage adolescents in the treatment process and teach youth new ways to cope with their trauma and grief.

As shown by the previous studies, there are numerous school-based trauma and grief support services that are effective at improving the emotional and academic well-being of youth struggling with traumatic grief (Malone, 2012; Saltzman et al., 2001). Additionally, studies that measure the long-term effects of trauma and grief-focused interventions reveal changes in symptoms of traumatic grief are long lasting, even if the treatment itself is brief. While this information is incredibly valuable to school social workers, it is still unclear how often these services are offered to adolescents in need and

which interventions are primarily used in the school setting, if any. With education funding cuts, school-based services focusing on students' social and emotional needs are falling by the wayside.

Instead of providing school-based services, many education departments choose to refer students to community-based programs. While these programs also use evidence based treatments, they are not as accessible to students and are therefore underutilized (Manning, 2009). As cited by Manning (2009), according to the National Institute of Mental Health, 5-7% of children receive mental health services even though approximately 20% have a diagnosable condition. Additionally, research has shown that the main reason children do not receive mental health services is because of transportation issues (Manning, 2009). This gap would likely be reduced if students were provided with school-based mental health resources.

### **Research Question and Hypotheses**

By studying the perspectives of inner city school social workers, the study aims to gain more information on whether or not school-based traumatic loss and grief services are available to students in need. The study explores the methods of identifying students who experience traumatic loss and grief symptoms and the types of school-based interventions available to those students. The primary research question asks: How do school social workers address traumatic loss and grief experienced by inner city high school students? Sub-questions ask: How are students in need of traumatic loss and grief related services identified within the school system? What methods of intervention are utilized by inner city high school social workers with this population of students? How do these school social workers perceive their ability to identify students in need? And do

they perceive school-based traumatic loss and grief services to be beneficial to students?

Hypothesis #1 states: inner city high school social workers perceive their ability to identify students in need of services to be unsuccessful. Hypothesis #2 states: the majority of inner city high school social workers do not provide school based traumatic loss and grief interventions. Hypothesis #3 states: inner city high school social workers perceive school-based traumatic loss and grief interventions to be beneficial to students in need. Within the following paper the methods used to study these research questions and hypotheses, as well as the findings and implications, are discussed.

## **Methods**

### **Research Design**

In order to gain information on the manners in which inner city high school social workers identify students in need of services related to traumatic loss and grief, the services being provided to this population of students, and the perceptions on the success and level of benefit of these processes, the voices of inner city school social workers needed to be heard. In order to hear these voices and the experiences of this population of social workers; a mixed-methods online survey was created by the principal investigator, along with suggestions from the research chair and committee members. The research is considered to be descriptive in nature (Monette, Sullivan, & DeJong, 2011). In other words, the goal of the research is to explore and describe reality (Monette, Sullivan, & DeJong, 2011).

Additionally, the research was performed with the assumption that the information gathered could be used to improve services for inner city high school students who are struggling with traumatic loss and grief, and therefore the study is

considered to be applied research (Monette, Sullivan, & DeJong, 2011). Applied research is designed with the assumption that at least one group of people will benefit from the research (Monette, Sullivan, & DeJong, 2011). This research aims to benefit inner city high school students who experience trauma, loss, and grief, as well as inner city high school social workers who may want to improve the traumatic loss and grief services provided to students in need. The study also asked respondents to assess their ability to identify students in need of services and the degree of benefit from those services. These assessments added a small component of evaluation to the research study. Evaluation research focuses on evaluating the use of specific methods in order to plan future interventions, monitor existing programs, and determine how effective programs reach their goals (Monette, Sullivan, & DeJong, 2011).

### **Protection of Human Subjects**

Within the realm of social research it is highly important to use recruitment and research processes which protect subjects from social or psychological harm (Monette, Sullivan, & DeJong, 2011). In preventing social or psychological harm, it is imperative the participant is fully informed of expectations for their participation, risks of participating, and the manner in which their participation will remain confidential (Monette, Sullivan, & DeJong, 2011). The consent form (Appendix A), available to participants prior to beginning the survey, provided information on the research study which could have influenced participants' decisions to participate (Monette, Sullivan, & DeJong, 2011). No deception was used in this study, meaning that participants were informed of all aspects of the study prior to their participation (Monette, Sullivan, & DeJong, 2011). In order to better ensure respondents understood the nature of the study,

participants were asked to reflect on three open ended questions after reading the consent form. These reflective questions were provided in order to increase participants' understanding of their involvement in the study and to help them make an informed decision on whether or not they wanted to partake in the study. The reflective questions asked, "What is this research studying? What are the risks and benefits associated with participating in this research study?", and "How will confidentiality of participant information be ensured?" After reflecting on the questions, individuals were given the option to click "yes" to participate and "no" to end the survey. Through choosing "yes", participants provided their consent for involvement in the study and they were directed to the 20-question survey.

At times individuals feel pressured to agree to participate in a study, despite not understanding exactly what will be expected of them while participating (Monette, Sullivan, & DeJong, 2011). This was avoided through using an online survey because an individual can choose not to participate after reading the consent form without feeling pressured to continue. Additionally, within the consent form, individuals were reassured that their choice not to participate in the study would not reflect badly on them or cause a rift in their relationship with the investigator nor the University of St. Thomas and St. Catherine's University (Appendix A). Through use of an online survey individuals were also granted anonymity, and thus the principle investigator was unaware of who did, or did not, participate. The anonymity of responses contributes to the high level of confidentiality.

The right to confidentiality is a key value within social research (Berg & Lune, 2012; Monette, Sullivan, & DeJong, 2011). In upholding that value, participants were

informed of the confidentiality processes within the consent form, which ensured any identifying information collected within the survey and sampling processes would not be revealed to anyone other than the principle investigator and the research chair. For this reason, exact locations of the inner city schools at which the social workers were employed, are not included in this report. Instead, those locations have been categorized into the East Coast, Midwest, and West Coast. Additionally, participants were informed that all identifying information gathered, such as school location or social worker e-mail, would be stored in a password protected computer and purged before June 1<sup>st</sup>, 2014. The Institutional Review Board of the University of St. Thomas reviewed the processes of this research study, acknowledges the study abides by standards of protecting participants from harm, and approved the collection of data.

### **Data Collection Instrument**

Online survey research was selected as the method for performing this research due to the potential to reach a large national sample population in a fairly short period of time and at a low cost (Monette, Sullivan, & DeJong, 2011). Online surveys also provide anonymity to respondents and flexibility in formatting quantitative and qualitative questions (Monette, Sullivan, & DeJon, 2011). Since surveys are typically able to reach a large population their findings have potential for generalizability (Monette, Sullivan, & DeJong, 2011). The cons to using an online survey include that the sample may not be representative of the greater population of inner city high school social workers and there is no opportunity to investigate further into the information provided by respondents (Monette, Sullivan, & DeJong, 2011).

The online survey was created via the Qualtrics research program, available at [www.qualtrics.com](http://www.qualtrics.com). The survey designed and administered via Qualtrics contained the consent form and 20 mixed quantitative and qualitative questions, as well as closed-ended and open-ended questions (Appendix B). Quantitative data involves data in the form of numbers and counts, whereas qualitative data involves words and descriptions (Berg & Lune, 2012; Monette, Sullivan, & DeJon, 2011). Generally, quantitative data is regarded as being more easily measured and analyzed while qualitative is more in-depth and descriptive (Berg & Lune, 2012; Monette, Sullivan, & DeJong, 2011). Additionally, quantitative data is considered to be deductive whereas qualitative data is often used in research that is inductive (Monette, Sullivan, & DeJong, 2011). Many of the quantitative questions were structured as closed-ended questions which provided respondents with a fixed set of responses to choose from, while the qualitative questions required respondents to write their own open-ended responses (Monette, Sullivan, & DeJong, 2011). However, closed-ended questions also offered an open-ended response via a text box. This ensured that respondents' individual experiences, not already included in closed-ended questions, would be recognized within the research (Monette, Sullivan, & DeJong, 2011). This then offers the ability to code answers into appropriate categories (Monette, Sullivan, & DeJong, 2011).

Within the survey, respondents were first asked to answer a series of quantitative questions regarding their age, gender, race, location, education, licensure, and years of experience in the school social work field (Appendix B). These questions were used to gain information on the demographics of the sample population. Quantitative questions were also included in the survey, which provided set answers questions 12, 15, 16, 17,



and 19 (Appendix B). The questions read, “Do the students you work with experience traumatic loss and grief? What barriers do you encounter when identifying students in need of services? Do you provide trauma and grief focused interventions to adolescents within your school? Which modalities and frameworks apply to your interventions? Are there any barriers that prevent you from offering traumatic grief services at your school?” Two ordinal quantitative questions, 14 and 20, were formatted using Likert scales, asking respondents to rate their perception of their ability to identify students in need of services related to traumatic grief and the perceived degree of benefit of the services they provide. Quantitative nominal and ordinal questions provided an “other” response which allowed respondents to type responses into a text box. The combination of quantitative and qualitative formatting provides the convenience of closed-ended questions for most respondents but also allows less common responses to be revealed (Monette, Sullivan, & DeJong, 2011).

Qualitative questions were also situated throughout the survey and encouraged respondents to write responses within a text box. The principal investigator chose to use qualitative questions in order to allow respondents to offer information from their unique experiences and because it was not possible for the researcher to predict all of the possible answers to some of the questions (Berg & Lune, 2012; Monette, Sullivan, & DeJong, 2011). Questions 8, 11, 13, 18, and 21 were qualitative in nature (Appendix B). The questions read, “Please explain the demographics of the student population within your school (race, age, socioeconomic status, ethnicity, etc.), please explain your understanding of the term traumatic grief, how do you identify students in need of traumatic grief focused services? Which interventions do you perceive to be most

beneficial to students experiencing traumatic grief?” and “Please provide a brief explanation for your answer to question 20 [degree of benefit from services].” The qualitative questions provided a clearer understanding of the social workers’ school environments, their experiences working with youth affected by traumatic loss and grief, and the methods they use to identify and serve students in need of traumatic loss and grief services. The inclusion of qualitative questions allows the language, perceptions, and experiences of respondents to naturally emerge and thus researchers collect information that would have otherwise been missed through the sole use of quantitative questions (Berg & Lune, 2012). The processes of analysis used for both the qualitative and quantitative data will be described within the data analysis section of this report.

### **Participant Recruitment and Data Collection**

During the data collection process, purposive sampling and snowball sampling were utilized to recruit potential online survey participants. Purposive sampling occurs when the investigator uses their own judgment to recruit participants who they believe will best serve the purposes of the study (Monette, Sullivan, & DeJong, 2011). The principle investigator chose a very specific sample of social workers who needed to have current or previous employment within inner city high schools. Due to the very specific qualifications of the sample and purposive sampling process, the findings are not generalizable to other populations of social workers (Monette, Sullivan, DeJong, 2011). Initial purposive sampling occurred as 17 school districts and social work departments within the Council of Great City Schools were contacted via e-mail and telephone and asked to participate in the research study. Inclusion in the Council of Great City Schools was essential because it signified that the school district is considered to be located within

a city large enough to be considered an inner city (Council of Great City Schools, 2013). This form of purposive sampling resulted in one school district's social work department agreeing to pass the survey on to their high school social workers. The other 16 school districts and social work departments either were unresponsive or stated the research study would need to be processed through their districts' individual institutional review boards (IRB). Due to time constraints, limited resources, and the desire to gain information from inner city high school social workers in multiple school districts, the IRB processes were not initiated.

Purposive sampling was also conducted at the national conference for the School Social Workers of America Association in Chicago, IL. Recruitment took place via informative flyers handed out to attendees and placed on an information table. Flyers as well as e-mail signup sheets were placed on tables during the opening ceremony and placed in three different workshops allowing participants to voluntarily sign up to receive access to the survey via e-mail. Of the approximately 500 individuals attending the conference, 17 signed up to receive access to the survey via e-mail. Survey e-mails were sent out the week following the conference and three reminder e-mails were sent out up until the closure of the survey two weeks after the initial e-mail was sent. Of the 17 individuals who signed up to receive the survey via e-mail, one person completed the survey.

In between efforts of purposive sampling, snowball sampling also was used to recruit participants. Snowball sampling occurs when the researcher starts with a few participants who fit their sample characteristics and are willing to participate, who then direct the researcher to other potential participants (Monette, Sullivan, & DeJong, 2011).

The snowball sampling process began with contacting known inner city high school employees in hopes they could reach out to other district social workers. Survey information was also promoted through two different social media outlets: LinkedIn and Facebook. The survey was posted on the LinkedIn wall of various network groups, including: School Social Workers, Network of Professional Social Workers, and American Council of School Social Workers. The survey was also posted on the Facebook wall of the principal investigator. These outlets allowed the principle investigator to reach individuals and to encourage those individuals to reach out to inner city high school social workers or other employees, with the plan that they could also pass on the survey. While many individuals on these social media websites replied that they knew social workers who worked with adolescents, most of those social workers were not working with youth in the school context. Potential participants' anonymity was maintained throughout this process.

Additionally, snowball sampling was used within the purposive sampling efforts as well. This is because participants were asked to invite other inner city high school social workers to participate via survey e-mails and the informational flyers. Both the purposive and snowball sampling efforts resulted in very few responses, however the exact response rate is not known because the number of individuals who viewed the online call for participants is unknown.

### **Data Analysis**

Prior to data analysis, the data set was exported from Qualtrics to both the Statistical Package for Social Sciences (SPSS) and Microsoft Excel spreadsheets. Within these programs, the data was coded and analyzed. The SPSS program was used to

complete frequency and descriptive distribution tables, while Microsoft Excel was used to create bar graphs and pie charts. Importing the data directly from the Qualtrics program assisted with minimizing data transferring errors and reduced the time needed for data cleaning. The processes of analyzing the data varied depending on the nature of the question, however frequency and descriptive statistics were used to analyze the data for both quantitative and qualitative data.

Frequency distributions, such as raw data distributions and simple frequency distributions, were used to analyze data from questions 2, 3, 4, 9, 10, 12, 13, 14, 17, and 20. Frequency distributions are typically one of the first steps taken with data sets and allow researchers to look at the range of values reported for each variable (Monette, Sullivan, & DeJong, 2011). The raw data distributions, or tables, contain all of the values studied for the variable listed and provide viewers with basic information regarding the sample's characteristics (Monette, Sullivan, & DeJong, 2011). Raw data distributions were used to examine the sample's range and mean age, as well as years of experience working within inner city high schools. Simple frequency distributions were used to provide viewers information on participants' licensure statuses, gender, and race. Simple frequency distributions differ from raw data distributions in that they list each value of a variable only once, along with the number of cases that have that value (Monette, Sullivan, & DeJong, 2011).

Content analysis was used for the analysis of qualitative questions 8, 13, 16, 18, and 21. Both focused and open coding were used to analyze the qualitative data. Questions 8, "Please describe the demographics of the student population within your school", 13 "How do you identify students in need of traumatic grief focused services?",

and 21 “Please provide a brief explanation to question 20 [degree of benefit of services]” were initially approached with an open coding system. The open coding system allowed the principal investigator to depend on the written responses in order to find guidance on creating focused codes later in the analysis process (Padgett, 2008). Within question 8, responses on race and socioeconomic status were noticed within the written responses. From there, focused codes were created by the investigator to rate schools as “Majority Students Caucasian” and “Majority Students of Color”. These codes were developed from reported percentages of race in each response. The perceived distributions of race is discussed further within the findings section and can be viewed in Figure 2.2.

Additionally, the codes “High Poverty”, “Medium Poverty”, and “Low Poverty” were derived from responses on the percentage of students eligible for free/reduced lunch, Title I eligibility, and poverty level. Question 18 “Which interventions do you perceive to be most beneficial to students experiencing traumatic grief? Please provide a brief explanation” was initially approached with a focused coding system. The question provided the researcher with the focus of “interventions” and therefore any intervention reported was highlighted. These responses were then grouped into intervention categories and placed within a frequency distribution chart. The data was coded solely by the principle investigator, therefore no inter-rater reliability tests were performed.

Data distributions have also been displayed in graph format. The graph format was chosen for various data distributions to assist viewers in identifying and summarizing patterns within the data that may not be as easily seen via distribution tables (Monette, Sullivan, & DeJong, 2011). No cross-tabulation analyses were completed as the study was intended only to describe reality and evaluate perceptions of procedures in place.

Additionally, with the low number of responses cross-tabulations would not have been beneficial for the data analysis process (Monett, Sullivan, & DeJong, 2011).

## **Findings**

### **Sample Characteristics**

Sample population characteristics were analyzed using frequency distributions and descriptive statistics. The sample consisted of 19 inner city high school social workers from 8 different U.S. cities within the Midwest, East, and West Coast. Of the 19 responses, only 12 surveys were completed and therefore a total of 12 respondents' information was analyzed and included within the findings. The 12 participants who submitted the survey were from 6 different U.S. cities. As viewed in Figure 1.1, 11 respondents reported working within inner city school districts in the Midwest area of the United States and 1 reported working within on the West Coast. As previously discussed, the names of these cities will not be revealed in order to maintain respondents' right to confidentiality. All twelve participants reported completing graduate school. Nine participants were licensed social workers and 3 unlicensed (Figure 1.2). Of the nine licensed social workers, 5 reported clinical licensure (LICSW and LCSW), two reported graduate level licensure (LGSW), one reported licensure in independent social work (LISW), and one did not respond (Figure 1.2).

Figure 1.1

*Participant School Location, Bar Chart*

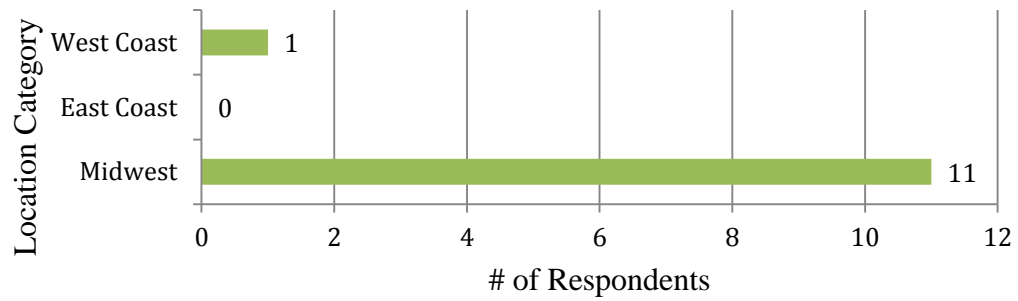


Figure 1.2

*Participant Licensure Status, Bar Chart*

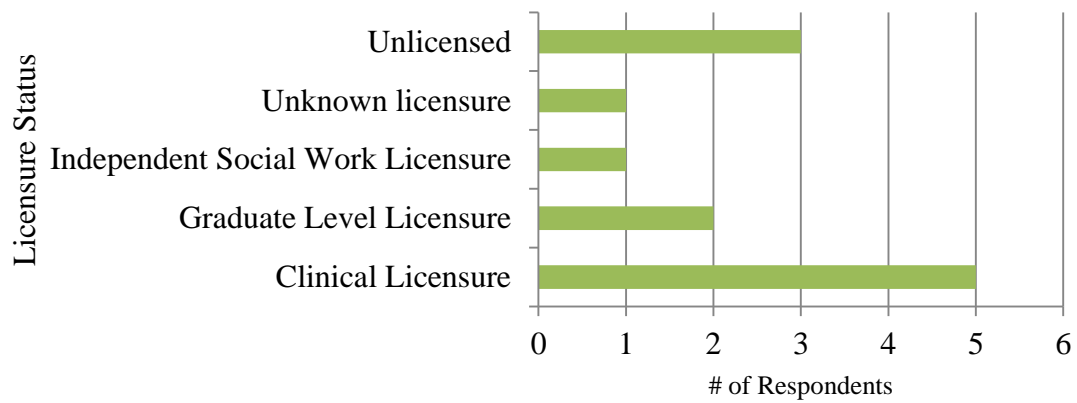


Table 1.1

*Participant Age, Frequency Distribution*

Age	
26	Mean: 36.67
27	Mode: 30, 34, 46
30	Median: 34
30	
31	
34	
34	
41	
45	
46	
46	
50	



A raw data distribution table was created to analyze the age of the sample population (Q2). The age of the sample ranged from 26 years to 50 years, with a mean age of 36.67 years and median 34 years (Table 1.1). A simple frequency distribution table was created for findings from question 3, which asked participants to report on their gender. Ten respondents identified themselves as female, while only 2 respondents identified themselves as male (Table 1.2). No respondents identified themselves as transgender (Table 1.2).

Table 1.2

*Participant Reported Gender, Grouped Frequency Distribution*

Answer	Response	%
Female	10	83%
Male	2	17%
Transgender	0	0%
Prefer not to disclose	0	0%
Other	0	0%
Total	12	100%

Participants’ years of experience working within inner city high schools varied greatly, ranging from just 7 months to 20 years (Table 1.3). One participant did not respond to this question. The median years of experience working within inner city high schools was 6.86 years amongst respondents and the mode was 3 years (Table 1.3). Participants also reported the length of time they had worked in their current school. This ranged from 6 months to 12 years with the mean being 3.4 years (Table 1.4). A simple frequency distribution was also created to analyze the racial characteristics of the participants (Table 1.5). In Table 1.5 it is noted that 10 respondents reported identifying as Caucasian, 1

Hispanic, and 1 Native American and Hispanic (Table 1.5). None of the respondents identified as African American, Asian, or Pacific Islander (Table 1.5).

Table 1.3

*Participant Years of Experience within Inner City High Schools, Frequency Distribution*

# of Years	
.6	Mean: 6.86
1	Mode: 3
3	Median: 5
3	
3	
7	
8	
11	
12	
20	
Not Provided: 2	

Table 1.4

*Participant Years at Current School, Frequency Distribution*

# of Years	
.5	Mean: 3.17
.6	Mode: 1, 3
1	Median: 2
1	
1	
2	
3	
3	
3	
11	
12	
No Information Provided: 1	

Table 1.5

*Participant Race, Grouped Frequency Distribution*

Race	Response	%
African American	0	0%
Asian	0	0%
Caucasian	10	83%
Hawaiian Native / Pacific Islander	0	0%
Hispanic / Latin American	1	8.5%
Hispanic and Native American	1	8.5%
Other	0	0%
Total	12	100%

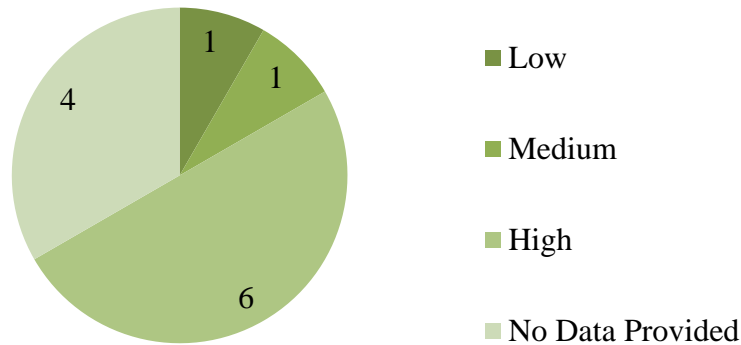
**School and Student Demographics**

Within question 8, participants reported information regarding the characteristics of the inner city high school students they currently work with. This information, provided within a text box, was coded by the principle investigator. Focused coding was used to pull out themes related to socioeconomic status and race. Within these responses, it was found that the majority of schools (6) have high levels of poverty amongst students, 1 reported medium levels, and another reported low levels (Figure 2.1). These themes were noticed through reports on the percentage of students receiving free and reduced lunches, levels of poverty, and Title I eligibility. From the themes regarding poverty levels, an ordinal level poverty scale was created which includes high, medium, and low levels of poverty. Six respondents reported high levels of poverty. This was seen through 5 responses of at least 85% of the student population being qualified for free and reduced lunch, and 1 response of “very low socioeconomic status”. There was one response of medium poverty rates which noted “50% of students were receiving free and reduced lunch” and one response of low poverty stating the school was not eligible for

Title I funding. Three respondents provided no data on the socioeconomic status of the student population. These findings are displayed in Figure 2.1.

Figure 2.1

*Reported Poverty Level of School Population, Pie Chart*



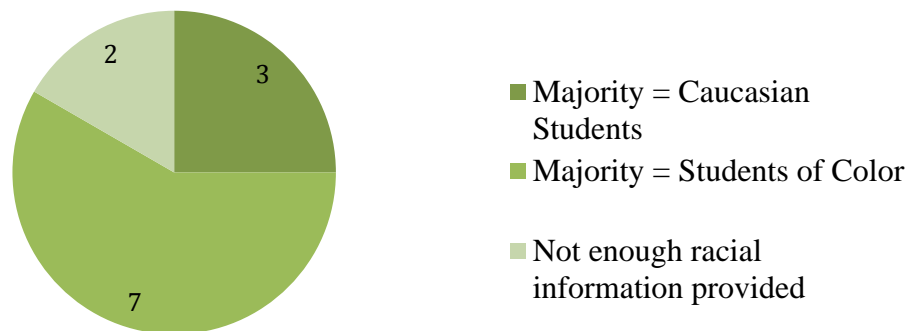
It was also found that the majority of the participants’ schools (7) have student populations primarily made up of students of color (Figure 2.2). Within question 8, participants provided qualitative information on the racial demographics of the student population within their inner city school. Participants reported school populations comprised of African American, Asian, Caucasian, Hispanic/Latin American, Hmong, Native American, and “international students”. Of 11 responses from the 12 total participants, 10 respondents provided approximate percentages of the racial demographics of the schools they work within. These responses were then coded into two separate categories which labeled schools as “Majority = Caucasian Students” or “Majority = Students of Color”. One response noted that 50% of the school’s population were students of color. This response was coded as “Majority Students Caucasian” because Caucasian students still represented the largest racial group within the school. The respondent who did not provide percentages wrote “Latino”, which was coded as

“Majority Students of Color”. According to this coding procedure, student populations within 3 of the participants’ schools were “Majority Students Caucasian” and 7 have student populations comprised primarily of students of color. Two participants did not provide information on the racial demographics of the student population. The findings from question 8 describing inner city student populations as students of color and racially diverse fit with demographic reports of inner city youth throughout the nation.

Also of interest were three responses to question 8, which provide supplementary information on the population inner city high school social workers frequently work with. One participant noted that 22% of the student population are English language learners. A second participant stated that 80% of the student population is comprised of international students and another participant reported many students were undocumented immigrants. These descriptions of student populations by the inner city high school social work participants suggest that inner city high school social workers are not only assisting students with losses related to community violence experienced within the United States, but also with losses and grief associated with migration, transit, and resettlement processes (Potocky-Tripodi, 2002).

Figure 2.2

*Reported Racial Demographics within School, Pie Chart*



**Perceptions on the Prevalence of Traumatic Loss and Grief Experiences**

Participants also reported their perceptions on the prevalence of traumatic loss and grief experienced by the student population they work with. Through question 12, participants were asked to mark “Yes”, “Not Sure”, or “No” in response to, “Do the students you work with experience traumatic loss and grief?” Of these responses, all participants chose “Yes”. Participants were then asked to provide the approximate percentage of students they work with who experience traumatic loss and grief. Ten participants provided a qualitative response, which ranged from 5% to 95%, and three participants did not provide a qualitative response. These responses can be viewed within the raw data distribution in Table 3.1. It is remarkable that all participants recognized that a portion of their students experience traumatic loss and grief, however the perceived percentage of students experiencing traumatic loss and grief varied immensely according to responses. It is unknown why these perceptions on the levels of traumatic loss and grief varied so greatly among participants, but this will be explored within the discussion.

Table 3.1

*Participant Perceptions on the Prevalence of Traumatic Loss and Grief*

Respondent	Question 12	% of Students
1	Yes	50%
2	Yes	10-15%
3	Yes	95%
4	Yes	5%
5	Yes	95%
6	Yes	25%
7	Yes	70%
8	Yes	At least 5%
9	Yes	80%
10	Yes	50% or more
11	Yes	Not Provided
12	Yes	Not Provided
Total Responses	12	10

**Identifying Students in Need of Traumatic Loss and Grief Focused Services**

Questions 13 and 14 focused on the processes of identifying students in need and the perceived ability of those processes to successfully identify students. Question 13 asked participants, “How do you identify students in need of traumatic grief focused services?”, and allowed respondents to provide a qualitative response within a text box. These responses can be viewed within Table 4.1. Within these responses three themes were identified through open coding: relationships, referrals, and assessments. Five of twelve participants mentioned relationships within their responses, 8 of 12 mentioned referrals, 4 of 12 mentioned assessments. Within these themes, sub-themes were focused coded. Sub-themes within relationships include building relationships with the student, parents, community, and school staff. Sub-themes within referrals provided information on how the referrals were made and include receiving recommendations from school staff, student in need, assessments, and parents. One response did not provide a referral source. Sub-themes within assessment included 1-to-1 work and the Strengths and Difficulties Questionnaire (SDQ). The SDQ is an assessment tool often used by mental health professionals to assess emotional symptoms, conduct problems, hyperactivity/inattention, peer relations, and pro-social behaviors (Goodman, 2001). No information was provided by respondents on whether or not the SDQ was a standardized assessment provided to all students within their schools, however one respondent shared that students are referred for services based on SDQ scores (Table 4.1). Table 4.1 reveals referral sub-themes were mentioned 13 times, relationship sub-themes 9 times, and assessment sub-themes only 4 times. Due to the findings, it is inferred that respondents most heavily rely on referrals to identify students in need of traumatic loss and grief

services, especially from school staff (6 responses) and the student in need of services (4 responses). Additionally, it appears relationships with school staff, students, and family members are also significant sources of information (Table 4.1).

Within question 14, participants were asked to rate their success in identifying students in need of traumatic loss and grief focused services. An ordinal scale was provided which read, “1 -Very Successful”, “2 - Somewhat Successful”, “3 - Not Sure”, “4 - Unsuccessful”, and “5 - Other (please describe below)”. Responses revealed that the majority of participants believed their ability to identify students in need of traumatic loss and grief services is somewhat successful (7/12 responses, 58%, Table4.3). One participant was unsure of their ability to identify students in need of services, 2 believed they were very successful, and 2 believed they were unsuccessful. Therefore 9 participants perceive identification abilities to be generally successful, 2 unsuccessful, and 1 not sure. These responses imply participants’ identification processes are generally perceived to be more successful than not. Hypothesis #1 stated inner city high school social workers generally perceive their abilities to identify students in need of school-based traumatic loss and grief services as unsuccessful. The null hypothesis stated inner city high school social workers generally perceive their abilities to identify students as successful. Since 9 of 12 respondents shared their ability to identify students was either “Somewhat Successful” or “Very Successful”, the null hypothesis was not rejected and therefore hypothesis #1 was not supported by participants’ responses.



Table 4.1

*Identification of Students and Perceived Success of Identification Processes*

Respondent	Response	Perceived Success of Identification Process	Qualitative Themes and Sub-Themes
1	“By getting background <i>information from the students, parents, community members, past social workers.</i> ”	Somewhat Successful	<i>Relationship:</i> Students, Family, Community
2	“Developing a <i>relationship</i> and knowledge of students already on my special education caseload”	Somewhat Successful	<i>Relationship:</i> Students
3	“Identified through <i>referrals from other school staff</i> (classroom teachers, aides, administration) or <i>student self-referral</i> . Usually short term <i>1 on 1 work</i> with student to assess issues/needs.”	Somewhat Successful	<i>Referrals:</i> School Staff, Student in need  <i>Assessment:</i> 1 on 1 meeting
4	“ <i>Self-identification, staff or parent referral</i> ”	Unsuccessful	<i>Referrals:</i> Student in need, Staff, Family
5	“ <i>Students reporting</i> incidences of grief & loss; <i>students exhibiting symptoms</i> of PTSD”	Somewhat Successful	<i>Referrals:</i> Student in need
6	“Through <i>relationship</i> building with our students. With our small school size and high staff to student ratio it allows us to get to know our students differently than most school systems. As a staff we also have two <i>staff meetings</i> each day where staff are able to bring any students up to the team for discussion. This <i>allows the staff to be informed</i> on how our students are doing and it also allows us to follow up with them if there is a concern.”	Somewhat Successful	<i>Relationship:</i> Student, Staff  <i>Referral:</i> Staff
7	“Usually we identify students in need of services through <i>communication with the family/host family or partner organization in their home country</i> ”	Not Sure	<i>Relationship:</i> Family, Staff
8	“ <i>Referrals</i> from teachers and through SDQ”	Unsuccessful	<i>Referrals:</i> Staff  <i>Assessment:</i> SDQ
9	“When I am meeting <i>with student's individually</i> and they discuss a traumatic event or loss in their life and the impact it's had on them and their family. Discuss how that loss and grief affects their daily life, school/education, work, family, etc. I also receive <i>referrals from teachers and other school staff.</i> ”	Very Successful	<i>Relationship:</i> Student  <i>Referrals:</i> Staff

10	“We have a <i>referral</i> system where students can access a social worker even if they are not on a regular caseload. Most students are <i>referred by teachers gained the information from the student or family member.</i> ”	Very Successful	<i>Referrals:</i> Student in need, Staff, Family
11	“ <i>Referral SDQ</i> ”	Somewhat Successful	<i>Referrals:</i> Assessment  <i>Assessment:</i> SDQ
12	“Symptoms interfere with ability to be successful in school, they are <i>referred</i> for mental health services, we learn about it through our <i>assessment</i> ”	Somewhat Successful	<i>Referral:</i> Not Provided  <i>Assessment:</i> Not Provided

Table 4.2

*Identification Process Response, Frequency Distribution*

Identification Process	# of Responses
<i>Relationships</i> mentioned	<b>9</b>
--Student	4
--Staff	2
--Family	2
--Community	1
--Not Provided	0
Total Respondents:	<b>5</b>
<i>Referrals</i> mentioned	<b>13</b>
--Student in Need	4
--Staff	6
--Family	2
--Not Provided	1
Total Respondents:	<b>8</b>
<i>Assessments</i> mentioned	<b>4</b>
--1-on-1 meeting	1
--SDQ	2
--Not Provided	1
Total Respondents:	<b>4</b>

Table 4.3

*Perceptions on Success of Identification Processes, Frequency Distribution*

Ordinal Response	# of Responses	% of Responses
1- Very Successful	2	17%
2- Somewhat Successful	7	58%
3- Not Sure	1	8%
4- Unsuccessful	2	17%
Total	12	100%

**School-Based Interventions Provided**

Hypothesis #2 states: inner city high school social workers do not provide school-based traumatic loss and grief interventions, but do perceive school-based traumatic loss and grief interventions to be beneficial to students. This hypothesis was tested through questions 16, 17, 18, and 20. Within these questions, participants were asked to report on the school-based traumatic loss and grief interventions they provide and on the perceived degree of benefit for students.

Question 17, asked participants to mark the treatment modalities and frameworks they use with students who have experienced traumatic loss and grief. Participants were asked to mark all that apply from a list of 12 responses, including: cognitive behavioral therapy, narrative therapy, arts based therapy, mindfulness, continuing bonds, breaking bonds, strengths-based framework, ecological framework, therapy that is congruent with developmental needs, group based therapy, individual based therapy, and other. These responses were selected as potential answers from the information provided within the reviewed literature on providing treatment to children and adolescents who experience trauma, loss, and grief. Therefore these methods were considered to be research-based, empirical methods. Since there are other options for empirical treatments as well, an “other” option was provided in which respondents could write in their response. Only one response was written, “Yoga Calm”. It is important to note that the first two respondents could only mark one treatment modality for question 17. This was a mistake which occurred during survey creation and was changed during the data collection process. The following 7 respondents were able to mark all that applied. For this reason, responses are not an entirely accurate portrayal of all of the modalities used by participants. However,

Table 5.1

*Participant Reports of Interventions and Perceptions on Most Beneficial Interventions*

Respondent	Provide Interventions Quantitative (Q16)	Interventions Qualitative (Q16)	Interventions Quantitative (Q17)	Most Beneficial Qualitative (Q18)
1	Yes	“ <i>Cognitive Behavioral Therapy, Individual Therapy, Yoga Calm, Social Skills Groups</i> ”	Yoga Calm	Relationship
2	Yes	“ <i>Individual and group sessions. Brief treatment focused and often not in adequate depth for many students.</i> ”	CBT	No Response
3	Yes	“ <i>Short term one to one work with referral to outside services if asked for/accepted by parent or if child old enough, referral to agencies they can access independently.</i> ”	CBT	CBT
4	No	“ <i>Though I would meet with them, I would refer them to other therapists or support groups to focus on this healing.</i> ”	No Response	No Response
5	No	“ <i>Other staff provide a grief/loss group.</i> ”	No Response	No Response
6	Yes	“ <i>Daily conversations if needed... able to work independently if needed... able to seek therapy at the clinic next door.</i> ”	CBT, Arts Based Therapy, Strengths-Based Framework, Individual Therapy	No Response
7	Yes	“ <i>School Counseling sessions</i> ”	Individual Therapy	Not Sure
8	Yes	“ <i>CBITS Groups</i> ”	CBT, Mindfulness, Group Based Therapy, Individual Therapy	Individual Therapy CBITS
9	Yes	“ <i>Individual meetings, referrals to grief &amp; trauma resources, utilize our mental health clinic on-site</i> ”	CBT, Strengths-Based Framework, Therapy congruent with developmental needs, Group Based Therapy, Individual Therapy	Individual Therapy
10	No Response	No Response	No response	No Response
11	Yes	“ <i>Anger coping, CBITS</i> ”	CBT, Strengths-Based Framework, Ecological Framework, Therapy congruent with developmental needs, Group Based Therapy, Individual Therapy	CBT Strengths-Based Framework
12	Yes	“ <i>Grief groups, individual work. Trauma-focused CBT and similar interventions</i> ”	CBT, Mindfulness, Strengths-based Framework, Group Based Therapy, Individual Therapy	Relationship CBT

responses are still beneficial for examining the use of specific modalities within inner city high schools. Within Table 5.1 nominal responses to question 17 are provided, and frequency distributions are provided in Table 5.2. In column “% of Total Respondents Who Selected This Option” of Table 5.2 it is seen that of the total nominal responses selected by participants was 27. It is seen that 26% of these responses were CBT, 0% Narrative Therapy, 4% Arts Based Therapy, 7% Mindfulness, 0% Continuing Bonds, 0% Breaking Bonds, 15% Strengths-Based Framework, 4% Ecological Framework, 7% Therapy Congruent with Developmental Needs, 11% Group Based Therapy, 22% Individual Therapy, and 4% Other/Yoga Calm (Table 5.2). In Column, “% of Total Respondents Who Selected This Option”, it is seen that 7 (86%) respondents reported the use of CBT, 0 Narrative Therapy, 1 (12.5%) Art Based Therapy, 0 Continuing Bonds, 0 Breaking Bonds, 4 (50%) Strengths-Based Framework, 1 (12.5%) Ecological Framework, 2 (25%) Therapy Congruent with Developmental Needs, 3 (37.5%) Group Based Therapy, 6 (75%) Individual Therapy, and 1 (12.5%) Other/Yoga Calm (Table 5.2). These findings report that a majority of participants providing traumatic loss and grief focused services use CBT (86%) and the strengths-based framework (50%). Additionally, a majority of respondents (6) report the use of individual therapy (75%) while 3 (37.5%) use group based therapy within their school. The findings suggest many of the participants provide school-based therapeutic interventions. Additionally, the interventions provided are empirically based and supported for use with children and adolescents who experience trauma, loss, and grief.

Table 5.2

*Participant Intervention Response, Frequency Distribution*

Response	# of Responses	% of Total Respondents Who Selected This Option	% of Total Response Selections
Nominal Q16: --Yes --No Total Respondents	9 2 11	82% 18%	X
Nominal Q17: --CBT --Narrative Therapy --Arts Based Therapy --Mindfulness --Continuing Bonds --Breaking Bonds --Strengths-Based Framework --Ecological Framework --Therapy Congruent with Developmental Needs --Group Based Therapy --Individual Therapy --Other: --Yoga Calm Total Respondents Total Response Selections	7 0 1 2 0 0 4 1 2 3 6 1 8 27	86% 0% 12.5% 25% 0% 0% 50% 12.5% 25% 37.5% 75% 12.5%	26% 0% 4% 7% 0% 0% 15% 4% 7% 11% 22% 4% 100%
Coded Qualitative Q18: --CBT, Including CBITS --Individual Therapy --Relationship --Strengths-Based --Not Sure No Response Total Respondents Total Response Selections	4 2 2 1 1 5 7 15	56% 28% 28% 14% 14%	27% 13% 13% 7% 7% 33% 100%

Key intervention phrases from responses to question 16 (Table 5.1) and not represented within question 17, provide information on the length of school-based traumatic loss and grief focused interventions. Two participants reported their interventions were “brief” and “short term”. Additionally, CBT is typically considered a brief therapeutic model, lasting approximately 6-15 sessions (Beck, 2011). These findings suggest participants’ primarily utilize brief interventions.

### **Referral Procedures**

Question 16 asked participants, “Do you provide traumatic loss and grief focused interventions to adolescents within your school?” Participants were given the options of replying “Yes” or “No”. Participants who answered “No” were encouraged to explain why they do not provide traumatic loss and grief interventions. Participants responding “Yes” were asked to provide a brief explanation of the services they provide. Of 12 total participants, nine replied “Yes”, two “No”, and one did not respond. Thus, 82% of respondents report providing traumatic loss and grief interventions while 18% of respondents do not (Table 5.2). Participants sharing qualitative responses regarding their provision of school-based traumatic loss and grief services reported a range of explanations of services. These responses underwent content analysis and can be reviewed in Table 5.2.

While 82% of participants shared they provide traumatic loss and grief related services, 55% of participants shared they would refer the student to another professional either on-site or in the community. Words italicized in Table 5.1, within the column labeled, “Interventions, Qualitative Response (Q16)”, signify key referral themes. Content analysis of these key themes provide additional information regarding referral practices. Participants who reported not providing services stated, “Though I would meet with them, I would refer them to other therapists or support groups to focus on this healing” and “Other staff provide a grief/loss group” (Table 5.1). Furthermore, several respondents who stated they provide traumatic loss and grief interventions (Respondents 3, 4, 6, & 9) shared they would also refer students to outside resources or on-site mental health clinics (Table 5.1). These findings suggest that while 82% of participants report

providing school-based traumatic loss and grief related services, many participants rely on other professionals to provide therapeutic interventions.

**Perceived Degree of Benefit from School-Based Traumatic Loss and Grief Services**

Question 20 asked respondents, “To what degree do you believe it is beneficial to offer traumatic loss and grief focused interventions to inner city adolescents within the school setting?” Responses were collected via an ordinal scale, providing answers “Very Beneficial”, “Beneficial”, “Somewhat Not Beneficial”, “Not Beneficial”, “Not Sure”, and “Other”. The response rate of the ordinal responses can be viewed in Table 6.1. Findings show that 82% of respondents claim school-based traumatic loss and grief focused services are “Very Beneficial” to inner city adolescents, 9% “Beneficial”, and 9% “Not Sure” (Table 6.1). These findings suggest participants, in general, view services to be beneficial and therefore part two of hypothesis #2, “inner city high school social workers perceive services to be beneficial”, is supported.

Table 6.1

*Perceived Degree of Benefit from School-Based Interventions*

Degree of Benefit	Response #	Response %
Very Beneficial	9	82%
Beneficial	1	9%
Somewhat Not Beneficial	0	0%
Not Beneficial	0	0%
Not Sure	1	9%
Other- Text Box	0	0%
Total	11	100%

Additional information on participants’ perceived degree of benefit from school-based traumatic loss and grief services are provided within Table 6.2. Seven participants provided qualitative responses for question 21. These responses were approached with an



open coding system, in which multiple themes were discovered regarding perceived degree of benefit from school-based traumatic loss and grief services. Themes pulled from respondents who perceive services to be “Very Beneficial” and “Beneficial” include that services are beneficial because a large population of the students worked with have experienced trauma and grief, these experiences negatively impact their education, schools provide an easy way for students to access resources, and relationships formed through the provision of services causes students to build relationships with staff/peers which increases educational success (Table 6.2). Additionally, one participant replied, “...it meets their needs.” Another participant shared that it is beneficial to offer services, however there are not trained clinicians within the school to address traumatic loss and grief (Table 6.2). This brings up a need for school social workers to be trained in carrying out interventions related to trauma, loss, and grief.

One participant shared concerns about the provision of school-based traumatic loss and grief services. The participant checked “Not Sure” for question 20 and within question 21 shared thoughts about cultural differences in managing grief and trauma (Table 6.2). They shared, “Counseling for trauma and grief can be a westernized method of managing grief.” This response brings up an important consideration for inner city high school social workers, especially since inner city student populations typically are very culturally diverse. These responses can be viewed within Table 6.2.

Table 6.2

*Participant Perceptions on the Degree of Benefit from School-Based Traumatic Loss and Grief Services, Qualitative Data (Q 21)*

Very Beneficial
R1: “I work mainly with students in special education. <b><i>Most of these students have experienced trauma and grief at some point in their lives.</i></b> ”
R2: “Many students, including many more I’m sure I’m unaware of, [who] have experienced trauma that is unidentified or is identified, but there is <b><i>not a trained clinician</i></b> to address it. Immigrant refugee populations, which are high in <u>participant’s school</u> , in particular need trauma informed care... Many students have experienced abuse and domestic violence at earlier stages of their lives which ... causes them to shut down, act out, or otherwise act in a maladaptive way at school.”
R3: “ <b><i>Schools are an easy way to access students right away</i></b> , so it is beneficial to offer them here for ease and convenience to student and family. It would also be beneficial to tie in assisting with the symptoms of grief and loss to the student’s education and progress in school.”
R4: “Students build connections with school staff in order to be more successful in school and in getting their education. By having the time to process when they need to since they most <b><i>likely are not receiving any services in the community</i></b> for their grief and trauma.”
R5: “Very beneficial, because it <b><i>meets their needs.</i></b> ”
Beneficial
R6: “There is an <b><i>overwhelming need</i></b> [for traumatic loss and grief services] and school based services can often <b><i>reach those student who have the most limited resources.</i></b> ”
Not Sure
R7: “We do find that the cultural differences in managing trauma and grief vary widely. It is difficult to provide <b><i>culturally appropriate services</i></b> to our students. Counseling for trauma can be a <b><i>western method of managing grief.</i></b> ”

**Discussion and Implications**

The goal of this study was to explore methods inner city high school social workers utilize to address student traumatic loss and grief. As discussed in the introduction and literature review, inner city adolescents are particularly vulnerable to experiencing traumatic loss and grief due to their environments, and with that are at risk of developing posttraumatic stress symptoms, chronic depression, and anxiety. Participant reports on the rates of inner city students experiencing traumatic grief were very scattered, which coincides with the small amount of literature conducted on the topic (Council of Great City Schools, 2013; Hooyman & Kramer, 2006; Jenkins, Wang,

Turner, 2014; Saltzman et al., 2002). Jenkins, Wang, & Turner (2014) provide the most recent and thorough information on this topic, in which they found approximately three-quarters of African American children had experienced at least one loss of a friend or family member. The figures gathered by Jenkins, Wang, & Turner (2014) coincide with some reports within this research, however this sample reported a large range of responses from 5% to 95%. This may demonstrate that the amount of loss varies by inner city community and that professionals have different levels of awareness of traumatic loss experiences. Further research may focus on variances in the levels of loss experienced in relation to inner city communities' characteristics, or school social workers' perceptions on the prevalence of traumatic loss and grief in comparison to rates reported by inner city youth.

Findings from this study also provide descriptive information on how participating inner city high school social workers address traumatic loss and grief issues within their schools, their perceptions on the success of identification of students, and the degree of benefit of services. The research found that participants perceive their efforts of identifying students in need of traumatic loss and grief services to generally be successful. Participants also report providing brief school-based traumatic loss and grief interventions, as well as referring students to other school professionals and community resources. Lastly, participants report a perception that school-based traumatic loss and grief focused interventions are beneficial to their inner city student population. These statements generalize the responses provided by participants as there are also responses that deviate from these findings.

Many participants report identifying students in need of traumatic loss and grief services through staff referral and through student-self disclosure. Other responses reported less frequently were parental and community referrals, as well as mental health assessments. While three main themes emerged, there appear to be no standardized process of identifying students in need of services. It is not known if standardized identification processes would be beneficial to students, but it could potentially increase inner city school social workers' ability to assess greater quantities of students for mental health difficulties. A standardized process would provide inner city school social workers with a structured process for identification, which may increase efficiency and cohesion of services among districts. Furthermore, findings show participants rely heavily on teachers to notice irregularities in students' behaviors, while teachers may not be properly trained to do so and may be less aware of internalized mental health difficulties.

The majority of respondents, 8 of 12, shared they perceive their identification processes to be successful. This finding did not support hypothesis #1, which states: inner city high school social workers perceive their ability to identify students in need of services to be unsuccessful. This was surprising due to barriers school social workers face when identifying students who are in need of services in general. The barriers often reported are due to large student populations, lack of staff training, or lack of collaboration with community systems (Powers, Webber, & Bower, 2011). Future research may focus on the details of identification processes and the perceived success of specific identification processes. This could lead to a successful standardized identification process, more community and family systems involvement, and greater efficiency of identifying students in need of traumatic loss and grief.

Findings also suggest the majority of participants provide traumatic loss and grief services through the use of brief individual therapy methods, especially CBT methods. This finding did not support hypothesis #2, which states: the majority of inner city high school social workers do not provide school based traumatic loss and grief interventions. This finding is surprising due to the difficulty of delivering specialized services for school social workers who manage large case loads and deal with limited school resources. Most participants shared that traumatic loss and grief services were carried out through individual sessions, which may be unrealistic in large school settings. Additionally, literature shares that group therapy is very effective for the developmental needs of adolescents (Barron, Abdallah, & Smith, 2013; Finn, 2003; Hooyman & Kramer, 2006; Malone, 2012; Samide & Stockton, 2002; Schilling et al., 1992). Responses show CBT, mixed methods (TF-CBT and CBITS), and relationships formed with the students are considered to be the most beneficial interventions. No participants reported using narrative therapy. This is likely due to participants reporting the use of brief interventions and narrative therapy is typically carried out for a long period of time (Miley, O'Melia, & DuBoise, 2011). Additionally, no participants reported using theories of continuing or breaking bonds. This is likely because participants were unfamiliar with the terminology.

While the majority of participants reported using therapeutic interventions, many also shared they refer students on to other professionals. Two responses discuss referrals to other on-site professionals, and four report referrals to off-site resources. While the majority of participants provide school-based interventions, many also reported referring students to off-site resources. As stated by one respondent, school-based services are

often “brief-treatment focused and often not in adequate depth for many students.” While this perception was shared multiple times within the findings, reviewed literature on brief interventions claim brief CBT is beneficial and has long lasting effects on mental health improvements of children and adolescents (Barron, Abdallah, & Smith, 2013; Salloum & Overstreet, 2012; Samide & Stockton, 2002; The National Child Traumatic Stress Network, 2013). This may represent a need for school social workers to be trained in the successful use of brief loss and grief interventions. In order to gain more details on the methods of intervention used, future research should gain information on specific processes utilized, the length of school-based brief interventions, and the success rates of those interventions.

Hypothesis #3 states: inner city high school social workers perceive school-based traumatic loss and grief interventions to be beneficial to students in need. Hypothesis #3 was supported as 9 participants report services as “Very Beneficial”, 1 “Beneficial”, and 1 “Not Sure”. No participants report services as “Not Beneficial”. These perceptions appear to support previous research, which report CBT, narrative therapy, art based therapy, and other alternative methods decrease trauma and grief symptoms (Barron, Abdallah, & Smith, 2013; Finn, 2003; Malone, 2012; Murphy, Pynoos, & James, 1997; Salloum & Overstreet, 2012; Saltzman et al., 2002; Samide & Stockton, 2002; Schilling et al., 1992; The National Child Traumatic Stress Network, 2013; Williams & Lent, 2008). The participant who responded “Not Sure”, shared concerns of trauma, loss, and grief interventions being westernized methods, which may not be beneficial to students from non-westernized countries. This response suggests school social workers may need to find alternative routes of addressing traumatic loss and grief with students who have

culturally specific needs. This goes back to theories of continuing vs. breaking bonds with those lost. In westernized culture, those who have lost are urged to move on quickly, or “break the bond” (Dent, 2005; Hooyman & Kramer, 2006; Massat et al., 2008). Meanwhile, many other cultures have much longer grieving processes in which “continuing the bond” is considered acceptable (Hooyman & Kramer, 2006). While the concern of culturally competent school-based services is legitimate, previous research on the use of CBT and narrative therapy methods have been conducted in non-westernized cultures, such as Palestine and Iran, where methods were considered to be beneficial (Barron, Abdallah, & Smith, 2013; Kalantari et al., 2012). However, Kataoka et al. (2003), also report the impact of trauma services varied among Latino ethnic groups. Future research may gain information on school-based traumatic loss and grief services that are considerate of students’ cultural norms, values, and beliefs regarding traumatic loss and grief.

The findings provide valuable descriptive information on how respondents address traumatic loss and grief within their school of employment. Additionally, the findings offer numerous questions and concerns for future research regarding the provision of school-based traumatic loss and grief focused interventions. While the findings provide valuable information and cause professionals to ask further questions, it is important to recognize that the findings are not generalizable to the greater population of inner city high school social workers. The findings are not generalizable due to the small sample population and low response rate. These factors cause one to question the representativeness of the sample (Monette, Sullivan, & DeJong, 2011). Since the sample is small, it may not accurately reflect the distribution of relevant variables in the target

population (Monette, Sullivan, & DeJong, 2011). Such variables may include professionals' years of experience, race, awareness of the mental health complications related to traumatic loss and grief, knowledge of interventions related to traumatic grief, number of students on one's caseload, and general systemic issues within the school environment.

The response rate is also a concern for the representativeness of the sample. While the exact response rate is unknown, the principal investigator conducted extensive purposive and snowball sampling efforts which resulted in a very small sample size of only 12 completed surveys. The low response rate decreases generalizability because those who chose to complete the survey may differ in some systematic way (Monette, Sullivan, & DeJong, 2011). It is possible that those who chose to respond to the online survey are more familiar with issues related to traumatic loss and grief, or consider the topic to be more important, and therefore provide more services related to these issues. It is also possible that those who did not respond are too busy with other tasks to respond to a survey which has no direct benefit for them. Since previous research on how inner city high school social workers address traumatic loss and grief is very limited, it was not possible to check for the nonresponse bias (Monette, Sullivan, & DeJong, 2011).

### **Conclusion**

Inner city adolescents are at an increased risk of experiencing symptoms related to trauma, loss, and grief. With that they are at risk for experiencing educational and developmental difficulties which go on to increase the likelihood of negative life outcomes. Findings show that all participants identify a portion of their student population as having experienced traumatic loss and grief, which demonstrates this is an



issue many inner city social workers encounter at varying degrees. From the findings it appears inner city high school social workers are assisting this population of youth through identifying students in need of services, providing school-based traumatic loss and grief interventions that are brief in nature, and referring students to outside resources. We cannot conclude that the interventions are effective or culturally responsive. The percentage of students within inner city high schools who experience mental health issues related to traumatic loss and grief also continues to be unclear.

While these findings cannot be generalized, they are still considered to contain valuable descriptive and evaluative information. Future research should focus on the previously discussed topics in order to benefit the development of standardized procedures. Preferably researchers would also be able to access student populations directly in order to assess for mental health needs and to obtain information on the prevalence of traumatic loss and grief, as well as perspectives on the effectiveness of services. With heightened focus on this area of study, inner city high school social workers can gain more information on what is being done to assist this population of youth and where improvements are needed in their own interventions related to traumatic loss and grief.

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## Appendix A

## CONSENT FORM

UNIVERSITY OF ST. THOMAS AND ST. CATHERINE UNIVERSITY  
Addressing Adolescent Traumatic Loss and Grief within Inner City High Schools  
528294-1

I am conducting a study about school social workers' methods of addressing adolescent traumatic grief within inner city high schools. I invite you to participate in this research. You were selected as a possible participant because you are an inner city high school social worker who may have experience working with adolescents who experience trauma and loss, and with that traumatic grief. Please read this form and if you have any questions regarding the nature of this study, please feel free to contact the principle investigator or the research advisor.

This study is being conducted by principle investigator, Jena Henry, under the supervision of Karen Carlson, Ph. D. in Social Work and School of Social Work Professor at the University of St. Thomas and St. Catherine University.

**Background Information:**

The purpose of this study is to gain a better understanding of how inner city high school social workers are addressing traumatic grief within the school setting. The research also aims to study the barriers related to providing school-based services to adolescents who experience traumatic grief.

**Procedures:**

Before you agree to participate in this study, I will ask you to read this consent form and reflect on the three open ended questions at the end of this consent form. If you are unable to answer these questions and have concerns about completing the survey, do not continue on. If you do not have any further concerns or questions about the study, and you agree to participate, then click on the hyperlink provided within the recruitment e-mail. By clicking on the hyperlink you will then begin the mixed methods Qualtrics survey on addressing traumatic grief within inner city high schools. Upon beginning the survey you will be asked to complete demographics information and then will go on to answer both quantitative and qualitative questions regarding your work with adolescents who have experienced traumatic loss. The survey should take no more than fifteen minutes of your time.

**Risks and Benefits of Being in the Study:**

The study has no risks involved. There are no direct benefits involved for participating in this study.

**Compensation:**

You will receive no payment for participating in this study.

**Confidentiality:**

The records of this study will be kept confidential. In any sort of report published, it will not be possible to identify participants in any way. The data will be recorded on a master spreadsheet created within Microsoft Excel. This document will not identify participants by name, or name of school, but will instead refer to participants by number in order to keep information confidential. The Excel document will be viewed by the primary researcher and research chair. Qualitative responses will be transcribed and analyzed through content analysis. Additionally, survey responses will be included within the final research paper and presentation, but no identifying factors (such as name and location of school) will be included with this data. Data will be stored on a password protected computer, only accessible by the primary researcher. All data records will be destroyed upon completion of the research project, by June 1st, 2014.

**Voluntary Nature of the Study:**

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until the completion of the mixed methods Qualtrics survey. Should you decide to withdraw data collected about you, the data will not be used in the study. You are also free to skip any questions on the survey.

**Reflective Open Ended Questions:**

In order to help you judge your understanding of the nature of this study, reflect on the following open-ended questions. If you are unable to answer these questions, please do not continue on with the study. Review the consent form and contact the principle investigator if you need more information. If you are able to answer these three questions and agree to participate in this study, please continue on to take the Qualtrics survey.

1. What is this research studying?
2. What are the risks and benefits associated with participating in this study?
3. How will confidentiality of participant information be ensured?

**Contacts and Questions**

If you have any further questions, please e-mail me at [REDACTED]. Additionally, you may contact my research advisor, [REDACTED], at [REDACTED] or [REDACTED]. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

**Please save a copy of this consent form to keep for your records.**



## Appendix B

## Schedule of Online Mixed Methods Survey: Addressing Traumatic Loss and Grief within Inner City High Schools

**In order to participate in this research study, you must first review the consent form. The consent form provides important background information which will help you make an informed decision about your participation in this study. In order to review the consent form, please open this document: consent form. If you have any questions or concerns regarding this survey, please contact the principle investigator. Now that you have reviewed the consent form, do you agree to participate in this research study? By clicking "Yes" you will be directed to the survey.**

- Yes
- No

**Q1 What is your age?**

**Q2 What is your Gender?**

- Female
- Male
- Transgender
- Prefer not to disclose
- Other \_\_\_\_\_

**Q3 What is your Race?**

- African American
- Asian
- Caucasian
- Hawaiian Native / Pacific Islander
- Hispanic / Latin American
- Native American / Alaskan Native
- Other \_\_\_\_\_

**Q4 Location of the inner city high school you are employed at (City/State):**

**Q5 Highest Level of Social Work Education Completed:**

- Bachelor's Degree
- Graduate School
- Doctorate Program

**Q7 Are you a licensed social worker? If so, please list the license you hold (example: LSW, LGSW, LICSW, etc.).**

- No
- Yes \_\_\_\_\_

**Q8 Please explain the demographics of the student population within your school (race, age, socioeconomic status, ethnicity, etc.)**

**Q9 Approximately how long have you been an inner city school social worker?**

**Q10 Approximately how long have you worked within your current school?**

**Q11 Please explain your understanding of the term, traumatic grief.**

**Q12 Do the students you work with experience traumatic loss and grief?**

- No
- Not sure
- Yes (Below, please state the approximate percentage of students you work with who have experienced traumatic loss and grief?) \_\_\_\_\_

**Q13 How do you identify students in need of traumatic grief focused services?**

**Q14 How do you perceive your ability to identify students in need of traumatic grief services?**

- Very Successful
- Somewhat Successful
- Not sure
- Unsuccessful
- Other (Please describe below) \_\_\_\_\_

**Q15 When identifying students in need of traumatic grief focused interventions, what barriers do you encounter? Please check all that apply**

- Not enough staff to identify students in need
- Too many students in need of services
- Lack of communication between staff members
- Lack of staff training on trauma and grief symptoms
- No barriers exist
- Other (Please describe below) \_\_\_\_\_

**Q16 Do you provide trauma and grief focused interventions to adolescents within your school?**

- No (Please provide a brief explanation of why you do not provide these services)  
\_\_\_\_\_
- Yes (Please provide a brief explanation of these services)  
\_\_\_\_\_

**Q17 If you marked “Yes” on Question 16, which treatment modalities and frameworks apply to your traumatic grief focused interventions within inner city high schools? Please mark all that apply.**

- Cognitive Behavioral Therapy
- Narrative Therapy
- Arts Based Therapy
- Mindfulness
- Continuing Bonds
- Breaking Bonds
- Strengths-Based Framework
- Ecological Framework
- Therapy that is congruent with developmental needs
- Group Based Therapy
- Individual Therapy

- Other \_\_\_\_\_

**Q18 Which interventions do you perceive to be most beneficial to students experiencing traumatic grief? Please provide a brief explanation.**

**Q19 Are there any barriers that prevent you from offering traumatic grief services at your school? Please check all that apply.**

- Lack of funding
- Not enough (or no) employee training
- Inability to identify students in need of services
- Overwhelming amount of students in need of services
- Lack of staff to provide interventions
- Not enough student interest
- Other (Please indicate below) \_\_\_\_\_

**Q20 To what degree do you believe it is beneficial to offer trauma and grief focused interventions to inner city adolescents within the school setting?**

- Very Beneficial
- Beneficial
- Somewhat Not Beneficial
- Not Beneficial
- Not sure
- Other \_\_\_\_\_

**Q21 Please provide a brief explanation for your answer to Question 20.**