Exploring the Experiences of Bereavement and Counselling among Young People who are Bereaved

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Exploring the Experiences of Bereavement and Counselling among Young People who are Bereaved

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Abstract

Exploring the Experiences of Bereavement and Counselling among Young People who are Bereaved

The aim of the present study was to gain an understanding of the experiences of bereavement and counselling among young people who are bereaved. A mixed methods design was used. Participants were young people (N=8), aged 9 to 15 years (Mean=10.33, SD=2), who had experienced the death of a family member and were attending counselling, their parents (N=7) and counsellors who worked with bereaved young people (N=6). Data were collected in two phases. During the first phase 32 individual interviews were conducted with young people and their parents at four time points from initial referral to several months after the start of counselling. These interviews consisted of qualitative questions, visual scales and quantitative measures to examine levels of grief and trauma, psychosocial wellbeing, coping efficacy and openness to communicate. The second phase of data collection involved conducting individual qualitative interviews with counsellors to explore their perceptions of childhood bereavement and the processes involved in counselling bereaved young people. Quantitative and qualitative data were initially analysed using descriptive statistics and thematic analysis respectively. Secondly, patterns were identified from the overall data. The third stage of analysis was based on a cross-case analysis of two participants, while the final stage of analysis involved integrating the data from the previous stages. The findings highlight the individuality of the experience of bereavement. A range of factors that influence young people's adjustment to bereavement was identified. Counselling was perceived to be helpful in a number of ways, such as communication and behaviour and in multiple settings. As well as methodological issues, the findings are discussed in relation to practical implications for the provision of therapeutic interventions for bereaved young people. The findings highlight the potential of using multiple methods for further research with a broader range of bereaved young people and other bereavement interventions.

Chapter 1:   Introduction

1.0   Overview

The aim of the present study is to gain an understanding of the experiences of bereavement and counselling of young people who are bereaved following the death of a family member. The focus of the study is the young person: their adjustment to bereavement, their experience of counselling and the factors which may influence their adjustment and experiences, particularly in relation to their family context. The study explores young people's experiences of bereavement and counselling from multiple perspectives and examines the potential role of counselling for young people who are bereaved. This opening chapter considers issues relevant to childhood bereavement and the role of counselling for young people who are bereaved, specifically bereavement reactions, factors which influence adjustment to bereavement, and the context of the young people's experiences of bereavement. Key concepts that are central to the study are defined and an outline of the chapters in the thesis is presented.

1.1   Childhood Bereavement and Counselling

Childhood bereavement affects a large number of young people every year in Ireland. It was estimated that in 2011, 3,360 Irish 16 year olds may have experienced the death of one or both parents and a similar number may have experienced the death of a sibling. Overall, between 36,000 and 60,000 Irish young people have experienced a significant bereavement (Irish Hospice Foundation, 2012). Given the numbers of young people who are bereaved each year, there is an interest among researchers and practitioners to understand how young people are affected by bereavement and to identify the best ways to help young people cope with bereavement.

When young people are bereaved they may experience a range of common reactions which are considered normal in the first two years after a death (Kaplow, Layne, Pynoos, Cohen and Lieberman, 2012). However, there is also the risk of young people experiencing prolonged or complicated grief. Young people's grief is related to their developmental stage, so children and young people of different ages grieve

differently (D'Antonio, 2011). Brewer and Sparkes (2011) suggest that research investigating the experiences of bereaved young people is useful to understand the processes and nature of bereavement over time. Exploring young people's experiences of bereavement may also enable a greater understanding of the role of counselling for young people who are bereaved.

While support for young people following the death of a loved one is critical, in some cases young people receive inadequate support from their families and friends (Kirk & McManus, 2002). A young person may be referred to counselling or psychotherapy following the death of a loved one. While research suggests that counselling and psychotherapy are helpful for young people with specific psychological problems (e.g. Morris, 2012; Reynolds, 2012; Weisz & Weersing, 1997), little is known about the role of counselling or psychotherapy for young people who are bereaved. In general, there has been a move towards evidence-based therapeutic interventions in recent years, however, little is known about what is behind change which occurs during psychotherapy for young people (Abbass, Rabung, Leichsenring, Refseth & Midgley, 2013). Furthermore, young people's experiences of bereavement services, including counselling and psychotherapy, are not well understood. The present study seeks to address these issues by exploring young people's experiences of counselling following bereavement.

Contextual factors, such as the nature of the death (Kranzler, Shaffer, Wasserman & Davies, 1990) or the quality of the relationship between a caregiver and young person (Wolchik, Ma, Tein, Sandler & Ayers, 2008), play a role in young people's adjustment to bereavement. Contextual factors also influence the effectiveness of psychotherapeutic or counselling interventions for young people (Lis, Zennaro & Mazzeschi, 2001; Weisz, 2014). Therefore, research in the field of counselling for young people who are bereaved needs to address the factors which may influence their adjustment and their experience of counselling. The present study specifically focuses on the influence of family and school-related factors. Exploring the factors that influence young people's adjustment will contribute towards understanding the role of counselling for young people who are bereaved.

1.2   Key Concepts

The concepts of grief, bereavement and counselling are referred to repeatedly throughout this study. In the literature definitions of grief and bereavement vary. The use of the terms counselling and psychotherapy also highlights a lack of consistency in how these concepts are defined and in some respects it is difficult to distinguish between them with absolute clarity. However, it is important to clarify the definitions that will be used for the purposes of the present study.

1.2.1   Bereavement, grief and mourning.

The term bereavement refers to the objective situation of the loss of someone significant (Stroebe, Hansson, Stroebe & Schut, 2001), while grief is defined as the response to the loss of a relationship of attachment (Bowlby, 1980). For example, a young person experiences a bereavement when their grandparent passes away and the thoughts and feelings that follow as a result represent their experience of grief. Responses to grief may be psychological (e.g. distress), behavioural (e.g. aggression) and physical (e.g. illness) (Strobe et al., 2001). Research has also raised the issue that these responses may depend on the specific culture in which an individual lives and that there may be further consequences of grief than these responses, such as continuing relationships with others and the creation of a narrative about the loss (Strobe et al., 2001). Some definitions of grief specify the response as severe and prolonged distress (Weiss, 2001). In some literature, grief is used interchangeably with mourning, especially by psychoanalysts (Stroebe et al., 2001). However, for the purposes of this study, mourning is defined as the social behaviours or expressions of grief that are based on the society or culture in which an individual lives (Strobe et al., 2001).

1.2.2   Therapy, counselling and psychotherapy.

The terms counselling, psychotherapy and therapy are often used interchangeably. Although there are similarities between them, there are also differences. Kazdin (2002) highlights the fact that there are over 550 different child and adolescent therapy techniques. The emergence of psychotherapy for children may be traced back to Freud's ideas about the critical importance of a child's early years (Weisz & Gray, 2008). Other forms of therapy followed, including behavioural therapy and cognitive therapy. These therapies were integrated with the child focused work of

Meichenbaum (Meichenbaum & Goodman, 1971) to create cognitive-behavioural therapy for children. Since then there have been further significant developments in child psychotherapy and other therapeutic interventions for young people.

As counselling and psychotherapy are central to the present study, it is important to define the concepts for the purpose of the study. Counselling may be defined as:

> A principled relationship characterised by the application of one or more psychological theories and a recognised set of communication skills, modified by experience, intuition and other interpersonal factors, to clients' intimate concerns, problems or aspirations. Its predominant ethos is one of facilitation rather than of giving advice or coercion (Feltham & Dryden, 2004, p.51).

This definition centres on the relationship between the counsellor and the client and facilitation through the use of psychological theories and communication skills (Feltham & Dryden, 2004). Weiss and Weisz (1990) use a definition of psychotherapy which includes a focus on adaptive as well as maladaptive behaviour and contains a wider range of methods, including counselling:

> any intervention designed to alleviate psychological distress, reduce maladaptive behaviour or enhance adaptive behaviour, through counselling, structured or unstructured interaction, a training program, or predetermined treatment plan (p.643).

This definition of psychotherapy for young people is very relevant to the present study as it recognises the importance of addressing distress and behaviour. However, it does not focus on the relationship between the therapist and the young person as the definition of counselling does. Kazdin and Weisz (1998) use the general term therapy to refer to psychosocial interventions which include diverse approaches to treatment, including traditional psychotherapy, behavioural and cognitive therapies, and family therapies. This definition, while acknowledging the psychosocial aspects of functioning that may be addressed during therapy, is too broad in the context of the present study which focuses on individual therapeutic interventions.

The descriptions of therapy, psychotherapy and counselling above demonstrate the difficulties in distinguishing between the terms. In fact, Feltham and Dryden (2004) suggest that there are so many overlaps between counselling and psychotherapy, that

there is no meaningful difference between the two. The focus of the present study is on individual counselling and psychotherapy for young people who have been bereaved. Both terms are used throughout the study. These terms reflect Feltham and Dryden's (2004) definition of counselling and Weiss and Weisz's (1990) definition of psychotherapy for young people as outlined above. However, where a study refers to psychotherapy or counselling specifically, the relevant term is reported as is used in the literature.

1.2.3   Children and young people.

In the literature referred to in this study, the term young people is often used to refer to children and adolescents. Throughout this thesis, the term young people is used to refer to children and adolescents up to 18 years of age. However, where a study uses the term young people or children specifically, these terms are used in the reporting of the study. Swadener and Polakow (2011) argue that there has been a shift in emphasis from research on or about children to research with children. They argue that research with children often uses unique methodologies to understand and represent children's perspectives accurately and sensitively. Even young children have increasingly become involved in research projects as participants through the use of age-appropriate methods (e.g. Clark, 2010). In childhood research in general, there has been a trend in recent years towards involving children in research not just as research participants but also as co-researchers throughout all stages of the research process. Lundy, McEvoy and Byrne (2011) argue for a rights-based approach to the engagement of children in research.   Whether children and young people are participants or co-researchers, their voices are central to the research process.   It has been argued that research with young people should focus on their unmediated voices, without intervention from adults (Swadener & Polakow, 2011). In the field of childhood bereavement research there is a growing awareness of the need to include young people directly in research (Brewer & Sparkes, 2010).   Young people's experiences are at the centre of the present study, therefore, their participation in the research is of critical importance.

1.3   Outline of chapters in the present study.

Chapters 2 and 3 provide the theoretical and empirical background to the present study. Chapter 2 addresses bereavement in childhood by looking at bereavement

models and young people's reactions to bereavement. The factors which influence young people's bereavement are considered. There are many different models of grief and bereavement which influence the way in which this area is conceptualised. Some models may help to understand young people's grief and bereavement, however, there is no specific model that focuses on understanding young people's bereavement. Chapter 3 critically examines the interventions available for young people who are bereaved. While several types of intervention are considered, the focus of the chapter is on counselling or psychotherapy for young people, in particular for those who are bereaved. Chapter 3 also describes the rationale for the present study and presents the aims and objectives. The rationale for the choice of a mixed methods design is outlined. Chapter 4 describes the research design and the methodology used to meet the objectives of the present study. The study is divided into two phases: one in which data were collected from young people who were bereaved and their parents and the second in which data were collected from counsellors who work with bereaved young people. Mixed methods were used to collect data using both quantitative scales and qualitative interviews. The rationale for the choice of a mixed methods design is outlined in this chapter. There were four stages of analysis, which are outlined in this chapter. Chapters 5 and 6 present the findings of the present study. Chapter 5 presents a summary of the qualitative and quantitative findings from the initial analysis of data from both phases of the study. It continues to describe the patterns identified during the second stage of analysis and the findings from the cross-case analysis. Chapter 6 describes the overall integration of the findings.   In the final chapter of the thesis the findings are discussed in relation to the study's framework and objectives and previous research. Methodological issues are described. Finally, the practical implications of the findings and implications for future research are considered.

Chapter 2:   Bereavement in Childhood – Theory and Evidence

2.0   Overview

As outlined in the introduction, the general aim of the present study is to gain an understanding of the experiences of bereavement and counselling of young people who are bereaved. To provide a context for the present study, the following chapter presents an overview of the effects of bereavement in childhood, factors which influence young people's adjustment to bereavement and the pertinent empirical evidence. There are several models which describe grief and mourning processes and coping with bereavement. This chapter will outline and critically consider the contribution that these models make to understanding young people's experience of bereavement.

2.1   Prevalence of Childhood Bereavement

Before examining the nature of grief and bereavement reactions it is important to consider the numbers of young people affected by these experiences. Corr and Corr (1996) argue that there are no reliable data related to the frequency and nature of childhood bereavement. However, it is generally reported that an estimated 3.5% of young people (approximately 2.5 million) in the United States have experienced the death of a parent (Social Security Administration, 2000). Additionally, many young people experience the loss of a grandparent, sibling or close friend. Some studies in the UK and US report that one out of seven children loses a parent to death before the age of 10 (Webb, 2002).

Fauth, Thompson and Penny (2009) examined the background characteristics, experiences and outcomes of bereaved children and young people using data from a survey based on a nationally representative sample of five to 16 year olds living in Great Britain (Green, McGinnity, Meltzer, Ford & Goodman, 2005). They found that 9.5% of young people were reported to have experienced the death of a parent/sibling, or a friend, or both. Breaking down the figures showed that 3.5% of young people were reported as having experienced the death of a parent/sibling, while 6.3% were reported to have experienced the death of a close friend. These figures are low compared to the US statistics (Social Security Administration, 2000)

which report that 3.5 to 4% of young people under 18 years have experienced the death of a parent. However, the figures in this study are similar to those found in a previous study of the mental health of children and adolescents in Great Britain, carried out by the Office of National Statistics (Meltzer, Gatward, Goodman & Ford, 2000). This reported that 3% of five to 15 year olds had been bereaved of a parent or sibling and 6% had experienced the death of a friend.

While in Ireland there are no statistics to show the number of young people who are bereaved each year after the death of a parent or sibling, as mentioned in Chapter 1, it was estimated that in 2011 3,360 of Irish 16 year olds had experienced the death of one or both parents and a similar number had experienced the death of a sibling (Irish Hospice Foundation, 2012). Given the numbers of young people who are bereaved each year, there has been an effort by researchers and practitioners to understand how young people are affected by bereavement. The following sections outline several models that help to provide an insight into how young people grieve.

2.2   Models of Grief and Mourning

While there is no one dominant theoretical paradigm in the field of grief and bereavement research (Centre for Advancement of Health, 2004), a range of theoretical perspectives have been proposed as frameworks for understanding the impact of bereavement and coping with bereavement. Many of these models were developed to help understand adult bereavement, although in most instances, they also give an insight into childhood bereavement. While a comprehensive discussion and evaluation of models is outside the scope of the present study, an overview will be given.

To explore young people's experiences of bereavement and counselling, it is helpful to critically examine key models of bereavement which may be relevant to their experiences. Table 1 outlines key models in terms of their focus and their relevance to childhood bereavement.

Table 1 *Models of Bereavement and Coping*

Model	Focus of Model	Relevance to Present Study
Grief Work model (e.g. Freud 1917)	Necessity of working through grief; separation from deceased	Originally did not apply to children; compares children's grief to reaction to separation; necessity of grief work for children questioned
Stage Theory models (e.g. Bowlby, 1980, Kubler-Ross, 1969)	Stages that people go through when bereaved; problems related to failure to progress through stages	Based on children's experiences of separation; reference to recovery and continuing relationship with deceased; sequencing of symptoms of grief is questioned; no emphasis on coping with bereavement
Two Track model (Rubin, 1981, 1999)	Bereavement process and outcome; reactions to grief and impact on functioning and continuing relationship with deceased	Understanding of biopsychosocial reactions to grief and influence on functioning; reference to continuing attachment to the person who died; implications for counselling interventions; not designed with young people in mind
Task model (e.g. Baker, Sedney & Gross, 1992)	Task-focussed; coping with bereavement	Specifically designed for young people; reference to continuing relationship with the deceased; implications for guiding therapeutic work with young people
Meaning Reconstruction model (Neimeyer, 2001)	Meaning that people make of their loss; personal construction of their relationship	Not designed with young people in mind; recognises the wider context of meaning making; reference to continuing a bond with deceased; potential use of narrative in counselling setting with young people
Dual Process model (Stroebe & Schut, 2001)	Integrative model of coping with bereavement	Recognises stressors associated with the loss as well as those due to consequences of bereavement; recognises social context of grief.

Looking at the relevance and focus of the models in Table 1 suggests that the Task Model (Baker, Sedney & Gross, 1992), the Two Track Model (Rubin, 1981, 1999), Neimeyer's (2001) Meaning Reconstruction Model and the Dual Process Model (Stroebe & Schut, 2001) have most relevance to understanding young people's experiences of bereavement, coping and the factors that affect adjustment to bereavement. However, while the focus of this section is on models with most relevance to the research question, it is important to understand the evolution of models of grief and bereavement over time, as this explains the shift in focus of more

recent models. Early grief models were generally based on psychoanalytic theory and the concept of grief work, based on facing painful realities (Parkes, 2001). Psychoanalytic models refer to Freud (1917)'s work which suggests that during mourning individuals withdraw libido from the lost object, which is the person who has died, and reinvests libido in a new object. The basis of this behaviour is the drive to reduce the psychological and emotional distress caused by the loss (Kato & Mann, 1999). Grief work models were based on adult bereavement and considered children's grief as a reaction to separation (Worden, 1991). The grief work model of mourning dominated the field of bereavement for decades, however it was not supported with solid empirical evidence (Stroebe & Stroebe, 1987), and many reviews highlight the limitations of the grief work approach (e.g. Bonanno & Kaltman, 1999). Recent research in the field of bereavement has questioned the prominence of grief work as the process through which people resolve their grief (Neimeyer, 2004). Furthermore, the distinction between working through memories of traumatic events and working toward a new meaning suggests a shift in emphasis (Bonanno & Kaltman, 2000).

Rather than considering bereavement in terms of psychological work, stage theories of grief are based on different stages that individuals go through when they are bereaved. These models of bereavement are based on the concept that almost all people who have been bereaved experience grief in phases, beginning with a period of intense distress and followed by recovery over time (Wortman & Silver, 1989). Kubler-Ross's stage model (1969) caused a surge in interest in death and dying and is often used as the foundation for procedures and protocols in education settings (Webb, 2002). Kubler-Ross argues that individuals who are bereaved go through the following five stages: denial, anger, bargaining, depression and acceptance. Bowlby's (1980) model of bereavement is also based on stages. Bowlby argues that grief is based on young people's experience of separation. The response to grief results in a progression through a series of stages: shock, searching, depression and reorganisation or recovery. However, critics of stage theories have cited several reasons for arguing that stage theories have limited generalisability. Wortman and Silver (1989) highlight survey data that suggest that the sequencing of symptoms of grief is not perfect. These models do not take into account the thoughts and behaviours used by people to cope with bereavement and the influence of coping on

adjustment.   Baker, Sedney and Gross(1992) further argue that models that focus on stages in the grief process provide a series of descriptive "snapshots" of the bereavement process at various time points, but they cannot be converted into specific clinical interventions easily. Instead they argue in favour of a model that specifies what has to be done for the person to move on to the next phase of the grief process.

Grief work models and stage models are seminal in terms of their influence on theory and practice in the field of grief and bereavement. However, the following sections of this chapter outline models that are more relevant to the present study due to their focus on bereavement processes, including psychosocial reactions, their emphasis on coping, their acknowledgement of a continuing relationship with the person who died or their focus on young people. As well as these models of bereavement, the present study makes particular reference to the Bioecological model of development (Bronfenbrenner, 1977) due to its recognition of the context of young people's development. Of particular interest in the present study is the development of young people in the context of their family and school settings. All models examined in the following sections were selected for their potential contribution to understanding young people's experiences of bereavement and the implications of these models for therapeutic bereavement interventions.

2.2.1   Task models.

Rather than describing grief in terms of stages, Worden (1991) describes "tasks" that people who are bereaved need to undertake in order to adjust to bereavement: to accept the reality of the loss, to work through the pain of grief, to adjust to an environment in which the deceased is missing and to emotionally relocate the deceased and move on with life. Worden's (1991) task model is a dynamic model as it implies that the bereaved person must actively work through some tasks. While recognising that most people who are bereaved report that they work through their grief, Stroebe and Schut (2001) point out that not all people undertake these tasks and those that do may not undertake them in a set order.

Worden (1996) argues that his four grief tasks of mourning may apply to children, but are based on their cognitive, emotional and social development. Other

researchers have applied Worden's tasks of mourning to children and have suggested different numbers of tasks. However, Worden (1996) argues that additional tasks are not needed; instead his four tasks should be modified to take the age and development of the child into account. Reflecting Worden's work and agreeing that a more detailed model of the grief process than one based on stages is useful, Baker, Sedney and Gross (1992) propose a model where the grief process is described as a series of tasks that must be accomplished by young people over time. The tasks follow Bowlby's (1980) stages, as previously described. Early tasks include understanding that someone has died and what this means, therefore developmental differences in cognitive abilities effect how young people negotiate these tasks (Baker et al., 1992). The tasks involved in the middle phase of mourning are accepting and acknowledging the reality of the loss, re-evaluating one's relationship with the person who has died and confronting the psychological impact of the loss. Finally, the later tasks in the grieving process include incorporating the loss and the new relationship with the deceased into his/her own identity and returning to age-appropriate developmental tasks. While their model is based on completion of tasks over time, Baker et al. (1992) highlight that the tasks may not be completed from early to late in a linear fashion. The young person may regress to earlier tasks during the mourning process. They argue that this is particularly the case at key developmental milestones. The young person will also have to learn to cope with painful feelings that emerge in relation to the loss over their lifetime (Baker et al., 1992).

This type of model of bereavement may be helpful in guiding clinical interventions with young people who are bereaved. Linking psychological tasks with specific phases of the grief process may help the therapist to devise short-term treatment goals, thus promoting a more adaptive approach to grief. Based on her bereavement counselling work, Webb (2002) argues that maintaining an ongoing relationship with the person who has died may help young people cope with stresses.

While this model specifically addresses young people's bereavement, its focus on tasks is not central to this study. This model highlights the continuing relationship a young person may have with the deceased. It differs from other models that emphasise disengagement as a goal of resolving grief and reflects an alternative

model of bereavement to the psychoanalytic model. However, this study is more interested in models which address interpersonal aspects of bereavement and the impact of bereavement on psychosocial aspects of functioning.

2.2.2 Two-Track Model.

While the Task Model is based on coping with bereavement, the Two-Track Model of Bereavement (Rubin, 1981, 1999) addresses the bereavement process and its outcome, as outlined in Table 1. It is based on two distinct responses to death. The first is the disruption in functioning following a bereavement, a concept which is a strong indicator of the response to loss in the months following a death. The second response is the way in which the person who has died is remembered and conceptualised. A visual representation of the model in clinical use is shown in Figure 1.

▪ **Track I: Functioning**	▪ **Track II: Relationship to the Deceased**
▪ Anxiety	▪ Imagery and Memory
▪ Depressive Affect and Cognitions	▪ Emotional Distance
▪ Somatic Concerns	▪ Positive Affect vis-à-vis Deceased
▪ Symptoms of a Psychiatric Nature	▪ Negative Affect vis-à-vis Deceased
▪ Familial Relationships	▪ Preoccupation with Loss and the Lost
▪ General Interpersonal Relations	▪ Idealisation
▪ Self-esteem and Self-worth	▪ Conflict
▪ Meaning Structure	▪ Features of Loss Process (Shock, Searching, Disorganisation and Reorganisation)
▪ Work	▪ Impact on Self-perception
▪ Investment in Life Tasks	▪ Memorialisation and Transformation of the Loss and the Deceased

Figure 1 *The Two-Track Model of Bereavement – A Multidimensional View (Rubin, 1999)*

Track 1 is an outcome track and describes the biopsychosocial reactions to bereavement (Stroebe & Schut, 2001). This domain includes competencies and problems in functioning after a loss. The adaptive goal associated with this domain is a return to a level of functioning that allows the bereaved person to manage and live in a new reality without the deceased person. The second domain is based on the unique emotional bond that the bereaved person has with the deceased and what it involves (Malkinson, Rubin & Witztum, 2006). This track describes how the

attachment to the deceased changes and a new bond to the deceased is established (Stroebe & Schut, 2001). While this model was not developed for young people who are bereaved, the key elements in its two domains have implications for understanding young people's experience of bereavement. The first track highlights the disruption in functioning that young people may experience in terms of biopsychosocial reactions to bereavement. The second track has implications for young people's continuing relationship with the person who died. Both tracks may help understand what is involved in a young person returning to a normal level of functioning. The Two Track model is important insofar as it identifies and differentiates between two dimensions that are caused by the specific stressor, bereavement. However, it does not focus on the coping process (Stroebe & Schut, 2001) and does not offer an analysis of cognitive structures or processes. This model, however, suggests that there is a dynamic aspect of the attachment bond which is an addition to earlier models (Stroebe & Schut, 2001). The model also has implications for counselling interventions; it can be applied in therapeutic interventions by clinicians by focusing on functioning or the relationship with the person who died.

2.2.3   Meaning Reconstruction Model.

In contrast to focusing on stages or tasks, Neimeyer (2001) suggests that meaning reconstruction is central to grieving and argues that one's reaction to bereavement is influenced by personal, familial and social factors. Neimeyer proposes six principles to help in the construction of a theory of coping with bereavement: 1) validation of beliefs, 2) the personal nature of grief, 3) focus on grief as something we do, 4) reconstruction of the personal world of meaning, 5) the functions of grief feelings in terms of meaning-making efforts and 6) location of the person who is grieving in the social context. In terms of adaptation to loss, a person who is bereaved would explore these principles. Stroebe and Schut (2001) emphasise the importance of extending analysis from intrapersonal to interpersonal in the development of our understanding of adaptive coping. Adaptation involves an ongoing process of examination of the meaning of the person who has died to the bereaved person and a personal construction of their relationship. Coping with grief involves meaning reconstruction and renegotiation over time (Stroebe & Schut, 2001).

Meaning making can also be the focus of grief in the context of the family. Meaning is construed between family members while the process of coming to terms with bereavement is continuing. Family members may try to cope with their loss by talking to each other. In this way they begin to attach meaning to their loss (Nadeau, 2001) and try to make sense of their reality. The meanings that families attach to their loss influence how they will grieve. The meaning that young people attach to their loss is, therefore, influenced by their family. Neimeyer's (2001) assertions that bereavement reactions are influenced by personal, familial and social factors also suggest that the wider context of a young person has implications for their experience of grief.

Looking at a meaning reconstruction model in terms of young people who are bereaved supports a different way of thinking about young people's experience of bereavement. It acknowledges that children find it important to continue a bond with the person who has died (Oltjenbruns, 2001). However, while social construction models, such as the meaning reconstruction model, have been a significant development in the study of bereavement Stroebe and Schut (2001) argue that there is a need for a bereavement-specific rather than general model of adaptive coping.

2.2.4 Dual Process Model of coping with bereavement.

Stroebe and Schut (2001) propose a Dual Process Model to describe the ways that people cope with the loss of someone close to them. The model encompasses the stressors associated with bereavement, the cognitive strategies employed to cope with bereavement and the dynamic process of oscillation. The latter component differentiates this model from previous ones. When people experience grief, they have to deal with numerous different stressors. Loss oriented stressors are those related to the loss itself, while restoration stressors are those that are secondary and occur as the consequence of the bereavement (Stroebe & Schut, 1999). Both orientations are associated with distress and anxiety and both are involved in the coping process. Oscillation refers to the alternation between loss and restoration oriented coping. Figure 2 illustrates loss oriented and restoration stressors and oscillation between them. Confrontation and avoidance of these stressors is dynamic and changes over time (Stroebe & Schut, 2001). Therefore, the Dual Process model is a dynamic coping process.
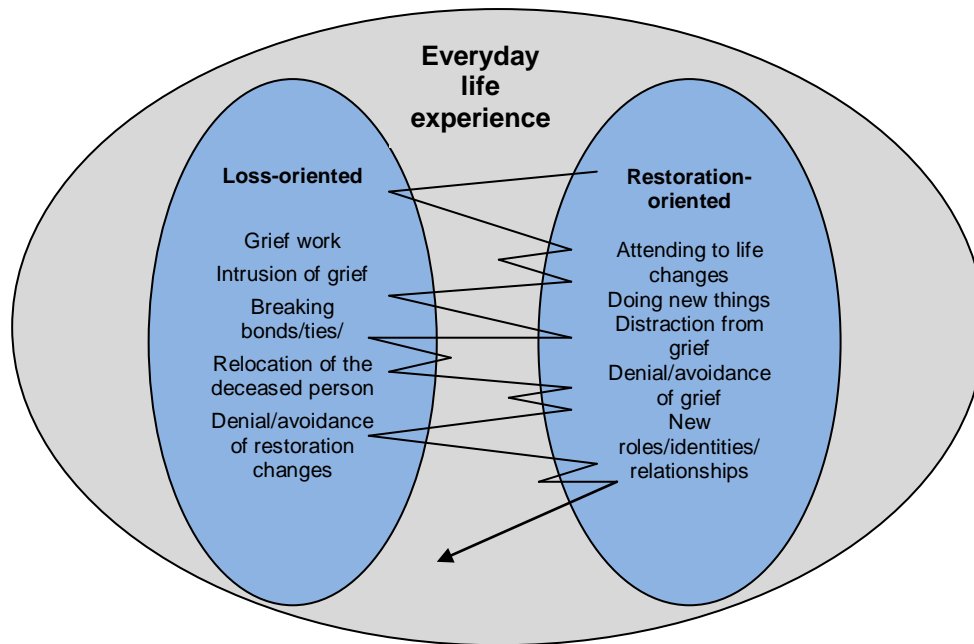
Figure 2 *Dual Process Model of Coping with Bereavement.* **(Copyright Stroebe and Schut, 2001.)**

Attachment is a key component in the loss orientation and as the bereaved person focuses on the lost relationship, they use positive and negative meaning reconstruction to cope with the loss.

Stroebe and Schut (1999) argue that the grief work model has limitations in term of universal application, for example, in terms of gender and cultural differences. Stroebe and Schut (2001) argue that the Dual Process model furthers understanding of the grieving process. They argue that it can explain complicated grief, describes both male and female grief and can be used to examine the social context and cultural differences of grief and coping with grief. While this model was developed for adults who have experienced the death of a partner, Stroebe and Schut (2001) suggest that it could be applied to other types of death. From the perspective of young people who are bereaved this model could help to understand their reactions to bereavement. Young people have to cope with the stressors related to the loss of someone in their family, as well as the stressors associated with the death, such as a change in daily life. Based on this model, young people would move between coping with the death and coping with the changes associated with the death. The model's emphasis on coping processes has implications for young people's experience of bereavement and suggests that coping skills may be an important factor. The Dual Process model is based on interpersonal coping. Since people grieve in families or small groups, lack of congruence in the way of grieving could

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lead to poor adaptation among the bereaved people (Stroebe & Schut, 2001). This is relevant to the concept of the bereaved individual experiencing grief in the context of their immediate and wider settings. The wider contextual settings of bereaved young people are addressed in the following section.

2.2.5   Bioecological Model.

It is important to recognise that young people do not experience bereavement in isolation. Therefore, the environment and settings in which they experience bereavement should be taken into account. Bronfenbrenner (1977) proposes an ecology of human development, which is the study of mutual accommodation between individuals and the changing environment in which they live and grow, as illustrated in Figure 3. This model emphasizes the significance of context and of viewing a person's development as a joint function of characteristics of the person and the environment. Young people who are bereaved are developing in the context of their immediate settings and in the greater social context.

In Bronfrenner's ecological theory, the microsystem refers to the relationships between an individual and their immediate settings. In the case of young people, their immediate settings include their families, home and school, as shown in Figure 3. The belief systems of significant others, for example, parents, teachers and friends may maintain reciprocal interaction with the developing person (Bronfenbrenner, 1995). For young people the mesosystem may include the interactions between family, school and friends. Exosystems that may impact a young person's immediate settings include the media and government agencies. Young people who are bereaved are affected by changes in their immediate settings and the greater societal context. Of relevance to the present study in the aftermath of a family death is the interaction between the school and the young person's family. How teachers and parents respond to the death may influence the young person's experience of bereavement.

Macrosystem
Attitudes and ideologies of the culture

Exosystem

Mesosystem

Microsystem

Friends of family

Neighbors

Family

School

The individual
Sex
Age
Health
etc.

Health services

Peers

Church group

Neighborhood play area

Mass media

Legal services

Social welfare services

Chronosystem
Patterning of environmental events and transitions over the life course; sociohistorical conditions

Time
(Sociohistorical conditions and time since life events)

Figure 3 *Bronfenbrenner's Model of Ecology.* **© 2008 Copyright McGraw Hill Higher Education**

Bronfenbrenner reconceptualised the micro and macro settings from his original ecological model to form a bioecological model that also accounted for time (Bronfenbrenner, 1995). Bronfenbrenner and Ceci (1994) outline two propositions that define the "bioecological paradigm" (p.572). The first proposition asserts that a person's development in childhood and later years occurs through processes of interactions between the person and the people, objects and symbols in his/her immediate environment. The second proposition is that the strength, direction and content of the interactions, or "proximal processes" (p.572), vary depending on the biopsychological characteristics of the person, the immediate and extended environment and the nature of the outcomes being considered (Bronfenbrenner & Ceci, 1994). Therefore, the extent that the processes affect development is influenced by a range of factors in the person and his/her environment.

There is much support for thinking about the bereaved child in terms of their interconnecting settings. Many researchers see parental death as a concept that

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involves multiple stressors that occur before and after the death and affect multiple settings in a child's life (Wolchik et al., 2008). The death of a parent can cause a decrease in economic resources, a change in living situation and less social contact with friends and neighbours. As will be described in the following chapter, the death of a partner and the stressors associated with it can cause a parent to be less supportive to their children or to spend less time with them. They may also reinforce positive behaviour in children less frequently (Wolchik et al., 2008).

Overall, Bronfenbrenner's bioecological model emphasizes the significance of context and of viewing development as a joint function of characteristics of the person and the environment. The family is the primary, most efficient and most effective, agent for promoting child development. Potentially stressful transitions and turning points in the family, such as the death of a family member, can have a huge impact on children's lives (Moen & Erickson, 1995).

2.2.6   Theoretical context for the present study.

The review of models of bereavement, grief and coping with bereavement suggests that there is no model which provides a framework for understanding young people's experiences of bereavement specifically. The Two-Track Model of Bereavement (Rubin, 1981, 1999), the Dual Process Model (Stroebe & Schut (2001) and the Meaning Reconstruction Model (Neimeyer, 2001) have aspects that are helpful in understanding young people's bereavement and the role of counselling for young people who are bereaved, while the Bioecological Model (Bronfenbrenner, 1995) sets the context of young people's experiences in terms of interactions between their settings over time. These models provide the theoretical context for the present study. While the models have been outlined in the previous sections, their contribution to the framework of the present study is summarised here.

The Two-Track Model of Bereavement (Rubin, 1981, 1999) may be useful for understanding young people's experiences of bereavement in terms of psychological, social and physical reactions and the impact on functioning. Stroebe and Schut's (2001) Dual Process Model encompasses the stressors associated with bereavement and the stressors associated with the consequences of the bereavement. Therefore, it recognises that factors other than the death itself may influence adjustment. It

includes the cognitive strategies employed to cope with bereavement, which may influence adjustment. Stroebe and Schut (2001) argue that learning how people cope or come to terms with loss enables us to understand more about the nature of grief itself. The Dual Process model includes an element related to continuing a relationship with the deceased. The other models that inform this study also recognise the importance of continuing a relationship with the deceased. The second domain of the Two-Track Model of Bereavement (Rubin, 1981, 1999) describes how the attachment to the deceased changes and a new bond to the deceased is established (Stroebe and Schut, 2001). Neimeyer's (2001) Meaning Reconstruction Model suggests that adaptation involves an ongoing process of examination of the meaning of the person who has died to the bereaved person and a personal construction of their relationship. The concept of continuing a relationship with the person who died is relevant to young people's experiences. Maintaining a connection after the death of a parent may help a child accept their new reality of life without the parent (Silverman & Worden, 1992), which is identified by Worden (1991) as an essential task of the bereavement process. The Two Track, Dual Process and Meaning Reconstruction models have implications for counselling interventions, which may help to gain an understanding of the role of counselling for bereaved young people. Counselling interventions for bereaved young people are addressed in the following chapter.

Neimeyer's (2001) emphasis on personal, familial and social factors suggests that meaning making can be the focus of grief in the context of the family. This suggests that young people's experience of bereavement is affected by the context of the experiences. When a young person experiences the death of someone close to them, the interaction between the young person and their immediate settings at the time of the bereavement and as they attend counselling sets the context for their experience of counselling and bereavement. Bronfenbrenner's Bioecological Model (1995) recognises the importance of context and the interactions between a young person and their family and other settings as they develop.

Using the framework of the models outlined here, the present study examines the experiences of young people based on an interpersonal model of coping with bereavement embedded in a wider bioecological framework. The theoretical

framework highlights the importance of the context of the young person who is bereaved and the wide range of reactions to bereavement, including psychosocial reactions, which they may experience. A defining feature of the framework is the range of factors which may influence young people's experiences. Models which address the influence of stressors on young people's experiences, their impact on functioning, and their continuing relationship with the person who died are incorporated. The range of reactions to bereavement and factors which may influence young people's experiences of bereavement are described in the rest of this chapter.

2.3   Young People's Grief and Bereavement Reactions

Young people respond in an individual way to the loss of a parent or a significant person in their lives. Each child's personal circumstances influence how she/he experiences the loss and works through it (Worden, 1996). It is difficult to describe a normal or typical grieving pattern for young people due to the scope of the impact of grief because young people do not express their grief in the same way as adults and have different emotional capacities (Tremblay & Israel, 1998). In general bereavement research, a wide range of responses have been identified following the loss of a loved one. Reactions to grief can be classified into the following dimensions: affective responses (e.g., depression, despair, anxiety); behavioural responses (e.g., crying, fatigue, social withdrawal); cognitive responses (e.g., problems with concentration) and physiological and somatic responses (e.g., loss of appetite, problems sleeping, susceptibility to illness) (Strobe et al., 2001). These responses may depend on the specific culture in which an individual lives and there may be further reaching consequences of grief than these responses, such as continuing relationships with others and the creation of a narrative about the loss (Strobe et al., 2001).

Young people's grief is related to their developmental stage, so children and young people of different ages grieve differently (D'Antonio, 2011). Furthermore, young people may grieve in spurts and may experience grief again at different developmental stages (Himebauch, Arnold & May, 2008). There is a growing body of research which suggests that there are common reactions to bereavement in young

people which are considered normal in the first two years after the death (Kaplow, Layne, Pynoos, Cohen & Lieberman, 2012). Common reactions in young people following bereavement include elevated symptoms of depression (Melhem, Walker, Moritz & Brent, 2008; Worden & Silverman, 1996), generalized anxiety (Kranzler et al., 1990), separation anxiety (Kaplow et al., 2010), behavioural problems (Dowdney et al., 1999; Kaplow et al., 2010) and posttraumatic stress (Melhem et al., 2008).

Studies which examine the reactions of young people who are bereaved have used a range of methods and have different aims and objectives. Many focus on psychiatric outcomes, while others look at non-specific disturbance and social and school adjustment (Dowdney, 2000). In the following sections some common bereavement reactions in young people will be described in the areas of affective, behavioural, cognitive, physiological and somatic reactions. While many studies describe common reactions, there is also the risk of young people experiencing prolonged or complicated grief. Research related to traumatic grief, complicated grief and the long term effects of bereavement will be reviewed. Finally, extending the scope beyond symptoms of grief, reactions to grief related to the family, to social relationships and to school are of particular interest in the present study.

2.3.1 Psychological reactions.

In examining psychological problems in young people who are bereaved, research has focused on depressive symptoms and anxiety. Childhood dysphoria is commonly reported by both young people and surviving parents in young people following the death of a parent and this finding holds across studies that use a range of sample sizes, recruitment methods and measures (Dowdney, 2000). Several studies of young people who have been bereaved have shown a link with depression (Brent, Perper, Moritz & Allman, 1992; Gray, Weller, Fristad, Weller, 2011; Harrison & Harrington, 2001; Weller et al., 1991). Melhem et al. (2011) found that young people who experienced prolonged grief reactions were more likely to experience incident depression. While some studies have reported a link between depression and the loss of a parent or close friend, Harrison and Harrington (2001) extend this link to include other close relatives, for example, grandparents. It is worth noting that in many of the earlier studies which looked at depression (e.g. Van Eederwegh,

Bieri, Parrilla & Clayton, 1982; Van Eederwegh et al., 1985) young people themselves were not interviewed and this may influence the findings. More recent studies (e.g., Cerel, Fristad, Verducci, Weller & Weller, 2006) have included data from young people themselves.

In contrast to symptoms of mild depression and dysphoria in children after the loss of a parent, the idea that young people may develop a depressive disorder has been challenged (Dowdney, 2000). Bereaved young people have been found to be more impaired in depressive symptoms, behavioural, anxiety, mood and other disorders than a community control, but less than young people with clinical depression (Cerel et al., 2006). The study by Weller et al. (1991) is one of a few that reports high rates of severe depression in bereaved young people. This study has some methodological strengths; for example, it excludes young people that were referred for psychiatric help previously and interviews both young people and their parents over time. However, the study compares the bereaved young people with depressive symptoms with children who had been admitted for treatment due to their depressive symptoms. Therefore, the findings cannot be generalised to less extreme cases. A more recent study (Gray et al., 2011) also suggests a link between depression and bereavement. It found that 25% of bereaved young people experienced a major depressive episode, compared to just 1% of the community controls. Bereaved young people were also more likely to experience a sub-syndromal depressive episode than community controls. While the study has several strengths, such as a large number of participants and the involvement of parents and young people, the study reports on findings two months after the death of a parent. Therefore, while it suggests that the death of a parent is associated with an increased risk of a major depressive episode compared to a community control group, while controlling for several risk factors, it involved young people in the very early stages of bereavement.

Looking at anxiety, a mixture of anxious and depressed symptoms has been shown in children (e.g., Kranzler et al., 1990). While there is little evidence to support bereaved young people suffering from generalised anxiety as a result of their loss (Dowdney, 2000), some anxieties related specifically to death and separation are reported. After the death of one parent, young people may be worried that their other parent will die. Young people often question whether they will die, whether the

surviving carer will be able to care for them, or wonder where they will live (Tremblay & Israel, 1998). Young people themselves, as well as their parents, report concerns related to the safety of other family members and to separation from attachment figures (Dowdney, 2000).

In terms of longer term impact of anxiety, a longitudinal study conducted with parentally bereaved young people over a six year period (Schoenfelder, Sandler, Wolchik & MacKinnon, 2011) suggests that people's fear of abandonment following the death of a parent was related to anxiety in romantic relationships during adolescence/early adulthood, which, in turn was associated with depression in adolescence/early adulthood. The study also suggests that young people who had higher quality relationships with peers, romantic partners and caregivers had fewer symptoms of depression than their peers, as reported by themselves and their caregivers. This study furthers an understanding of depressive symptoms and anxiety in bereaved young people by highlighting mediating factors and the link with fear of abandonment following the death of a parent.

In summary, reviewing the evidence related to psychological reactions in young people following the death of a parent suggests mixed findings. While the idea that young people may develop a depressive disorder has been challenged, some research (e.g. Gray et al., 2011; Weller et al., 1991) has found that bereaved young people are more likely to experience depressive episodes than community controls or depressed controls. Dowdney (2000) concludes that symptoms of anxiety and depression have been shown in young people in studies that use a range of sample sizes, recruitment methods and measures. Some of the more recent studies (e.g. Gray et al., 2011) examine young people's bereavement soon after the death, therefore focus on short-term reactions. However, others (e.g. Cerel et al., 2006; Melhem et al., 2011) follow bereaved young people over the first two to three years following the death.

2.3.2 Behavioural reactions.

While many of the studies described in the previous section focus on depression or grief, some studies which report specific psychiatric disorders report concurrent emotional and behavioural symptoms (Dowdney, 2000). In terms of behavioural problems there are conflicting findings. Silverman and Worden (1992) found few

behavioural problems in the first few months following the death of a parent and only 17% of participants had significant problem behaviour. However, a review of previous research suggests that young people may display a range of behaviours which portray a reaction to bereavement instead of verbal expression. In the aftermath of a death young people's behaviour may range from reserved or apathetic to aggressive. A risk of behavioural problems has been reported among bereaved three to six year olds who had lost a parent in the previous six months (Kranzler et al., 1990) and teachers have reported significantly more behavioural problems in bereaved school children compared to their non-bereaved peers (Dowdney, 1999).

There is also some evidence to suggest that behaviour can be linked to coping efficacy. When a young person has experienced the death of a parent and subsequently experiences uncontrollable stressors, the belief that life is uncontrollable may be reinforced (Raveis, Siegel & Karus, 1999). This can lead to low levels of coping efficacy. Low levels of coping efficacy can, in turn, discourage young people from continuing activities which involve mastery, such as sports or hobbies that they may have done before the death. This change in behaviour may cause high levels of grief to be maintained (Wolchik et al., 2008). Young people's coping and coping efficacy is of interest to the present study as it may influence their experiences of bereavement.

2.3.3 Social problems.

Research suggests that young people who have been bereaved are at risk of developing social problems and/or psychopathology (Raveis et al., 1999). These problems may extend from immediately after the death into adulthood. Increased behavioural difficulties, such as those described above, may impact on social interactions and, therefore, social functioning may be impaired in bereaved young people (Worden, 1996). Low levels of coping efficacy may also impact levels of participation in sports and activities.

In many cases, the death of someone in the family affects a child's home and daily life. Previous qualitative studies suggest that bereaved young people who have experienced the death of a sibling feel isolated and are socially withdrawn at home and with peers (e.g. Martinson & Campos, 1991). However, a recent study of young

people who experienced the death of a sibling (Gerhardt et al., 2011) suggests that bereaved siblings were generally similar to comparison classmates on nearly all social outcomes. Some sub-groups were found to differ from the non-bereaved classmates, for example, bereaved boys were found to be more sensitive-isolated by their peers. However, the study also highlighted strengths among the bereaved siblings, such as greater pro-social behaviour among the bereaved siblings. This study had several strengths; it used multiple informants – young people, parents and teachers – and had a control group. However, all participants had experienced the death of a sibling to cancer, therefore, the findings have limited generalisabilty. Furthermore, the effects found were small to moderate suggesting that the differences between the bereaved and non-bereaved young people were small. However, in a follow up study with young people after sudden parental death Brent, Melhem, Masten, Porta and Walker Payne (2012) found that the bereaved young people had lower competence than non-bereaved controls in terms of peer attachment. This study has the advantage of being a controlled, community based study conducted over several years.

Another social problem identified in previous research is a change in social network. When a child experiences the death of a parent, their social network can also be affected. Young people may also have reduced contact with friends and neighbours if the death results in a change of living situation (Wolchik et al., 2008). This may cause a loss of a sense of social relatedness, which may cause reluctance to seek help in dealing with the death. This, in turn, may make it harder for a young person to incorporate the death into their lives and may result in high levels of grief being maintained (Wolchik et al., 2008).

The potential impact of social problems on young people's adjustment has implications for the present study. Social relationships and settings are central to young people's experiences. Therefore, it is worth exploring changes in young people's social relationships and networks that occurred at the time of the bereavement and as young people attended counselling. Social functioning is an important aspect of young people's experiences in school. Impaired social functioning may also affect a child's experience of school and their performance in school, as discussed below.

2.3.4 School-related reactions.

Cognitive responses to grief include problems with memory and concentration, lower self-esteem and hopelessness. Findings in relation to school performance following a death are mixed. In some studies (e.g. Silverman & Worden, 1992) the majority of children continue to function effectively in school, while some children report that their school work suffered. Teachers of bereaved children have reported that they are less attentive than controls in the classroom (Dowdney et al., 1999).

Research findings highlight factors that influence how bereaved young people may be affected in terms of school performance. Some young people report more difficulty in concentration and distress, particularly when memories of their dead parent are evoked in school (Silverman & Worden, 1992). Silverman and Worden suggest that young people with greater levels of affective distress outside the school may be more likely to have poorer performance in school. Academic performance may be indirectly affected by bereavement by a reduction in self-worth. Stressors connected to the death of a parent may threaten a young person's self-worth; for example, when the surviving parent is less available for positive reinforcement or when a young person's behaviour is expected to change following a death. Lower self-worth may cause a young person to be less involved in esteem-building activities, such as improving academic performance (Worden, 1996).

Looking at methodological issues with research in this area shows that many studies rely on a parent's memory of child functioning before the death, which may not be accurate or may be biased. In addition, few studies use standardised instruments to measure academic performance and instead use indirect measures which may be less reliable (Dowdney, 2000). Since school is an important setting for young people and one where they spend much time, the findings related to the effect of bereavement on school performance and social relationships are important issues related to young people's experience of bereavement.

2.3.5 Reactions related to the family.

The research on the effect of grief on a young person's school performance and social relationships highlight the concept illustrated in Bronfenbrenner's (1977) bio-ecological theory that a young person's settings are an important aspect of their development. Other consequences of bereavement relate to the family and home settings. Many young people are affected by the death of a family member through changes in their daily life as other members of the family adjust to their bereavement. Silverman and Worden (1992) highlight the impact of the loss on the children's life in terms of changing roles of the surviving family members. In addition, when a child experiences the death of a parent, they may have less quality time with a surviving parent (Wolchik et al., 2008). While most research focuses on individuals' reactions to grief, understanding family grief is useful in terms of theory and the development of interventions (Nadeau, 2001). Factors related to the family that impact young people's bereavement are discussed in Section 2.4.3.

2.3.6 Continuing relationship and meaning making.

While the previous section refers to the relationships between the surviving family members, the continuing relationship with the person who has died may be part of the young person's experience. In terms of the young person's relationship with a parent who has died, the deceased parent continues to be a real presence for many children and young people make efforts to keep a connection with the deceased to make the transition to a new reality easier (Silverman & Worden, 1992). Participants in Silverman and Worden's study reported talking to their deceased parent, thinking that their deceased parent was watching them, dreaming about their parent or keeping something personal that used to belong to their parent with them or in their bedroom. In this respect, the young people continued to feel that their parent remained a strong presence and continued to have a relationship with them. In their ethnographic study to explore the experiences of bereaved young people following the death of a parent Brewer and Sparkes (2011) identified the factors that helped them to cope with their grief and found that the importance of the support from the surviving parent for the young people was supported, but the relationship that the bereaved young people had with the person who died was found to be equally important.

Neimeyer (2001) argues that grieving may be viewed as a process of reconstruction of a world of meaning following the disruption by a loss and that a search for meaning is common after the death of a loved one. The evidence for meaning making following the death of a loved one is based on findings from studies with adults (e.g. McIntosh, Silver & Wortman, 1993; Murphy, Johnson & Lohan, 2003). However, there is also a link between meaning making and coping with bereavement in studies with adolescents. Balk (1996) suggests that adolescents must understand the meaning of the death of a loved one intellectually and then integrate the meaning of the death into their view of the world. Furthermore, meaning making in families is linked with how the family reacts to the death (Nadeau, 2001), which impacts on young people in the family. Family meaning making refers to the way in which a family constructs the meaning of a death. Many family members talk to each other when they learn about the death of a member of their family. In a qualitative study using group and individual interviews, Nadeau (1998) suggests that the strategies families use to make a meaning of a death include: telling stories, using dreams, making comparisons and characterising the person who had died. This study only involved 10 families and all but one of the deaths was due to illness. Therefore, the findings may be different in families where the death is sudden or traumatic, for example, due to suicide or homicide. However, the study is helpful in understanding how families construct meaning and suggests the importance of meaning in how a family copes with the death of a loved one (Nadeau, 2001). Neimeyer (2001) argues that interventions which encourage meaning making may help with the process of finding meaning in the death of a loved one. While the literature in this field relates principally to adults, meaning making and a continuing relationship with the person who has died may also be components of interventions for young people who are bereaved. The nature of interventions is reserved for the following chapter.

2.3.7   Traumatic Grief and Complicated Grief.

The reactions to bereavement described in the previous sections often decrease over time as young people adjust to death. However, some young people experience what is known as traumatic grief. Childhood traumatic grief is used to describe a condition where trauma-related symptoms interfere with the normal bereavement process. It may follow the loss of a loved one in traumatic circumstances, or may follow death from natural causes if the child's experience of the death is traumatic

and he experiences symptoms of trauma that interfere with the normal grieving process (Cohen, Mannarino, Greenberg, Padlo & Shipley, 2002). In this type of grief, reminders of the trauma, the person who died or reminders of the changes that have resulted, such as people, places, sights and sounds, may trigger intrusive and traumatic thoughts, memories and images (Pynoos, 1992). To not have these thoughts or feelings, a young person may purposefully or automatically develop ways to avoid or numb them. Avoidance enables the young person to reduce the exposure to the trauma and reminders of the loss, while numbing enables the young person to reduce their pain and other negative feelings (Cohen et al., 2002). As discussed earlier in this chapter, Worden (1996) identifies a series of tasks associated with childhood mourning. These tasks include the child thinking about the person who has died and their relationship with that person, as well as experiencing the pain of the loss. However, young people with traumatic grief are unable to negotiate these tasks due to the continual intrusion of trauma symptoms (Cohen et al., 2002). In exploring grief in young people following bomb blasts Pfefferbaum et al. (2006) suggest a link between post-traumatic stress and grief, but their study does not examine how post-traumatic stress directly affects grief and the mourning process, nor does it examine the construct of traumatic childhood grief.

Rather than looking at traumatic grief, some researchers have examined the concept of complicated grief. Research has shown that grief can be complicated, with more intense symptoms of longer duration and may necessitate treatment. While normal grief does not get resolved, it becomes integrated and does not stop ongoing life. Complicated grief, on the other hand, causes clinically significant distress and impairment in a range of areas, such as work and relationships (Shear et al., 2011). In the past, clinicians have been cautious in using the diagnosis of complicated grief for fear of pathologising a normal condition. However, there is a current debate regarding the inclusion of an updated diagnosis of complicated grief with a view to inclusion in DSM-V. The argument for inclusion in DSM-V is based on recognising a problem and identifying suitable treatment. Shear et al. (2011) propose an updated list of criteria for complicated grief and argue that the potential benefit of a new diagnosis to identify individuals who need clinical treatment outweighs the potential harm of misdiagnosis. However, Rando et al. (2012) argue that there is no one form of complicated grief and that instead there should be a range of syndromes of grief.

They suggest that Prolonged Grief Disorder (Prigerson, Vanderwerker & Maciejewski, 2008) may be one such syndrome, while others include delayed grief and traumatic grief and other syndromes that may be differentiated from Prolonged Grief Disorder. They also argue that the term grief be expanded to relate to losses other than death. In terms of young people, in their longitudinal study of the impact of parental loss on family members Melhem, Moritz, Walker, Shear and Brent (2007) suggest that complicated grief is a clinically significant syndrome in children and adolescents. They also argue that complicated grief in young people causes functional impairment, even controlling for depression, anxiety and post-traumatic stress disorder (PTSD). Their study supports the argument that complicated grief comprises of a group of symptoms, partially independent of depression, anxiety and PTSD, that is clinically significant as higher scores indicate higher self-rated and clinically rated functional impairment. Kaplow et al. (2012) recommend the inclusion of a bereavement related disorder in DSM-V. They argue that recognising a bereavement related disorder in young people will help to differentiate between adaptive and maladaptive bereavement in young people. This will inform future research and improve knowledge of young people's reactions to bereavement.

As can be seen, the inclusion of complicated or prolonged grief in DSM-V is a contentious issue that has implications for clinical practice and research. However, while the present study is interested in understanding young people's reactions to bereavement, including levels of trauma, it does not focus on prolonged or complicated grief. Finally, it is worth noting that while some young people experience childhood traumatic grief or complicated grief, many young people experience uncomplicated bereavement after the death of a parent or other close relation through traumatic circumstances. This is supported by studies conducted by Pfefferbaum et al. (1999, 2000) which examined the effects on young people of the loss of a loved one in the Oklahoma City bombing.

2.3.8   Long-term effects of bereavement.

The bereavement reactions described to this point have mainly been based on findings from short-term studies of bereavement. There have been relatively few studies that examine the effects of grief beyond one year (Bonanno & Kaltman, 2001). Looking at longer term effects, there is some evidence that young people can

exhibit changes for between one and two years after the death. In Silverman and Worden's study (1992), for example, only 17% of children had significant problems at the first time of interview, four months after the death. However, over a two-year follow up, this study showed a continued struggle by the young people and surviving parent to cope with the death. In studies of young people bereaved by sudden parental death young people have shown prolonged grief reactions which were associated with increased functional impairment nearly three years after the death (Melhem et al., 2011), and to have less success at work and less well-developed career plans than nonbereaved controls 62 months after the death (Brent et al., 2012). It should be noted, however, that these studies were limited to those bereaved by the sudden death of a parent. Another longitudinal study (Schoenfelder et al., 2011) suggests that young people who experienced a fear of abandonment in the first year of data collection experienced anxiety in romantic relationships six years later, which was linked to depressive symptoms at six years. This study also suggests that the quality of social relationships mediated the development of depression in the young people.

While some longitudinal studies follow bereaved young people over time, much of the earlier research in child bereavement examined long term effects of bereavement by looking at outcomes in adulthood. Losing a parent at a young age has been associated with depression (e.g., Tremblay & Israel, 1998) and anxiety disorders in adulthood (e.g., Bifulco, Harris &Brown, 1992). A qualitative study conducted in Ireland examined the effect of the loss of a mother in early childhood on adult women and found that early bereavement can have a long-lasting impact (Tracey, 2013, 2008). However, there is a methodological issue with these studies as they rely on retrospective data from adults. In a review of studies of bereavement reactions, Bonanno and Kaltman (2001) highlight common findings from longitudinal studies: the death of a loved one leads to a disruption of physiological and psychological functioning in most people, but not all; there is a small minority of people whose functioning continues to be affected by the loss for many years, and finally, the evidence suggests that minimal grief in the first few months of bereavement should not be assumed to lead to delayed grief.

2.3.9 Interim summary: Bereavement reactions.

While bereavement alone does not seem to be a risk factor for developing a diagnosed psychiatric problem in the future, many bereaved children show non-clinical elevations in a range of forms of psychological distress or behavioural problems within the first year of the death (Kaplow et al., 2010). The literature suggests that bereaved young people may experience a range of common reactions, such as sadness, anxiety, grief, change in family functioning, school performance and peer relationships. A small number of young people may experience psychological symptoms, such as clinical depression, or prolonged grief. Bereaved young people may also experience a range of emotional and behavioural problems.

There has been a move in recent years away from the traditional psychiatric and clinical focus of research in this field to an interest in bereavement and its consequences from a behavioural and psychosocial aspect. The continuing relationship with the person who died has also become the focus of research (Neimeyer, 2001) and may be a part of young people's experiences. How the family grieves impacts on young people and meaning making may be part of the experience of the young person within the family (Nadeau, 2001).

Many young people adjust to bereavement and integrate their loss into their lives, even when the death is due to traumatic circumstances. However, in some cases, the young person's experience of the death is traumatic and they experience symptoms of trauma that interfere with the normal grieving process (Cohen et al., 2002). Given their reactions to bereavement some young people may need referral to a specialist (Dowdney, 2000). Relevant interventions will be discussed in the following chapter.

Young people's experiences of bereavement are central to the present study. Young people experience bereavement in the context of their family and social settings. Therefore, the growing interest in psychosocial reactions is of more interest than the more often studied outcomes, such as depression and anxiety. The diverse reactions to bereavement among young people suggest that there are many variables that may influence a young person's adaptation to bereavement. Some of the factors which may effect young people's experience of bereavement are discussed in the following sections.

2.4 Factors Influencing Young People's Adjustment and Bereavement Reactions

Bronfenbrenner's (1995) bioecological model of development is based on active and reciprocal interactions between a person and their environment. Young people who are bereaved are affected by changes in their immediate settings, for example, through the death of a family member, and they in turn also impact on their settings, for example, their relationships with other family members and their social interactions in school. They are also affected indirectly by the way death and bereavement are treated in the society in which they live. These and other factors may influence a young person's adjustment and reaction to bereavement. Understanding a young person's responses to the death of a parent requires a focus on many interacting variables (Silverman & Worden, 1992). The focus of the present study is on understanding young people's reactions to bereavement and experiences of counselling therefore, identifying factors which may influence their experiences is critically important. Some of the factors which may influence young people's experience of bereavement are discussed in the following sections. While some of the research reported in these sections dates back to the 1980s, it has informed more recent research and in some cases, for example, Bowlby (1980), it is seminal work in the field of attachment and childhood bereavement.

2.4.1 Development and age.

Mourning in children is often discussed with respect to the age of a child and it is believed that loss and grief are experienced differently by children in different developmental phases (e.g. D'Antonio, 2011). In order to understand bereavement in young people at different developmental stages, it is important to discuss children's comprehension of death and the role that comprehension of death plays in mourning (Worden, 1996). Whether young people can be said to mourn depends on the definition of mourning and the theoretical framework being applied (Webb, 2002). While mourning has been defined in a variety of different ways in the literature, most theorists agree that young people need to have developed attachments and to understand object constancy for mourning to occur. These abilities develop in young people from three to four years (Worden, 1996). However, Bowlby (1980) suggests a similarity between grief in children as young as six to nine months and adult grief. He argues that for very young children and infants the death of a primary

caregiver is experienced in terms of separation. They mourn for a parent who has died as they react to separation from a primary caregiver for other reasons. This is associated with the attachment they have formed with the parent or carer. Webb (2002) argues that infants' and young children's responses to separation may be called "grief reactions" (p. 10), but cannot qualify as mourning due to the inability to understand the finality of the loss. Children's understanding of irreversibility, causality and finality develops over time. Children of pre-school age may not understand the irreversibility of death through lack of understanding of the word *forever* (Cohen et al., 2002). This coincides with Piaget's Preoperational Stage, from the age of two to seven years when children's thinking is concrete (Webb, 2002).

Young primary school aged children see death as something physical (Cohen et al., 2002) and believe that death targets mainly those in late adulthood. During Piaget's Concrete Operational Stage from the age of approximately seven to 11 years, children's thinking is less egocentric, so they begin to see the world from other's perspective too. Improved reasoning and cognitive skills result in an understanding that death is irreversible (Webb, 2002). During Piaget's Formal Operational Stage children's thinking is logical and abstract. It may not be until this type of thinking develops that children can combine their understanding of the physical irreversibility of death with a deeper understanding of the abstract, spiritual aspect of death, which comes later (Webb, 2002). However, in a review of over 100 studies of children's understanding of death, Speece and Brent (1984) found that by seven years of age, most children have a mature understanding of death. This is earlier than the age at which Piaget argued formal operational thought was developed.

As well as differences in comprehension of death, it has been suggested that young children's grief differs from that of older children and adults (Bowlby, 1980). Their reactions are mainly somatic problems, such as sleeping problems and bed-wetting (Black, 1998). However, bedwetting is a behaviour that tends to occur more among younger children anyway. Younger children who are bereaved may show a loss of interest in activities (Van Eerdewegh et al., 1985), however, younger children may be more likely to lose interest in activities following the death of a parent as they rely more on parents for them. Infants' and toddlers' reactions also include changes in eating behaviour and difficulty being comforted. In very vulnerable children, the

experience of losing their main caregiver may result in reactive attachment disorder as the symptoms of trauma interfere with the grieving process (Cohen et al, 2002). Differences in development and maturation may result in younger children being more vulnerable to stresses due to the changes that occur in the family following the death of a parent.

Some research has suggested that younger children have higher levels of anxiety (Raveis et al., 1999) and more behavioural problems (Kranzler et al., 1990) than older children following the death of a parent. However, in Gray et al.'s (2011) study of depression after the death of a parent there were no significant effects for the age of the young person, between adolescents (13 to 18 years of age) and pre-adolescents (five to 12 years of age). Brent et al. (2012) found that age at the time of death was not related to developmental outcomes 62 months after the death of a parent. However, other research has found that certain age groups are more likely to have problems adjusting to their bereavement, for example children under the age of five and young adolescents (Bowlby, 1980; Elizur & Kaffman, 1983; Fristad, Jedel, Weller & Weller, 1993; Gray, 1987; Raveis et al., 1999; Reinherz et al, 1989). Adolescents may demonstrate some of the behaviours that are typical of adult bereavement, for example, sleep and appetite disturbance, difficulty concentrating, depression (Cohen et al., 2002). Adolescents have the cognitive skills to understand death, but may struggle with more abstract existential issues. Adolescents may search for meaning and may become angry that they have suffered this loss (Cohen et al., 2002).

As can be seen, there are mixed findings related to the impact of the age of the young person on their reactions to grief. There may be a developmentally linked shift in reactions over time based on the young person's understanding of grief. Therefore, grief and the process of mourning associated with bereavement is part of a young person's ongoing experience. Exploration of the experiences of bereaved young people of different ages may highlight issues related to development and age.

2.4.2 Type and nature of death.

While personal factors such as age may influence a young person's experience of bereavement, other factors relate to the type and nature of the death. The circumstances surrounding the death have been linked to how a young person adjusts following a death. A child may have problems adjusting when the death is sudden or unexpected, as they are not prepared for the death (Kranzler et al., 1990). In some cases the traumatic nature of the death may result in young people experiencing traumatic grief (Cohen et al., 2002), as described earlier. Children who have been warned about the death in advance have lower levels of anxiety, even compared to siblings in the family (Rosenheim & Reicher, 1985). However, even in cases where the death is expected, there are factors which affect a young person, such as the length of the illness and whether or not the child was aware that the patient was going to die (Worden, 1996). There may be stress involved in terms of changes in the young person's life and family. These stresses may counteract the benefits of advanced knowledge (Raveis et al., 1999). Even when the death is expected, Worden and Silverman (1992) found that most children were sad or confused. These findings suggest that it is worthwhile to examine the nature of the death when exploring young people's experiences of bereavement.

2.4.3 Family support and communication.

Several factors that affect how a young person copes after a death of someone close to them relate to the family. The death of a family member puts huge strain on the family unit. The family has to mourn and re-adjust to life without the person who has died. The way that children re-adjust depends greatly on how the family unit copes with the loss and change (Donnelly, 2001). Key research in the area has found that the young person's ability to cope is affected by the care and support they receive (Bowlby, 1980; Gray, 1987; Worden, 1996).

Many studies highlight the role of the surviving parent or caregiver in helping children to adjust to their loss (Christ, 2000). The risk of adjustment problems or depression in young people who are parentally bereaved has been attributed to an increased probability of inadequate care after the loss of a parent (Tremblay & Israel, 1998), to the combination of complicated grief in a surviving parent and a young person (Melhem et al., 2011) and to self-reported depressive symptoms in the

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surviving parent (Kranzler et al.,1990). In the longer term, care and affection from a surviving parent appears to protect against future depression (Saler & Skolnick, 1992).

In a study of children who experienced the death of a parent, Wolchik et al. (2008) found that stressors, such as interpersonal conflicts, family discord, changes in living situations and the quality of the relationship between a caregiver and child affect two aspects of children's grief: general grief and intrusive grief thoughts. Wolchik et al. suggest that a warm relationship between a child and their caregiver, which is responsive and consistent in discipline, may help children to feel that they can cope with controllable and uncontrollable stressors in their life. Higher levels of coping efficacy may cause a child to re-engage in activities which may reduce feelings of general grief (Wolchik et al., 2008). Brent et al. (2012) suggest that the effect of parental bereavement on adolescent developmental competencies, such as work and peer attachment is mediated by adolescent and caregiver functioning and family cohesion. The ability to rely on a supportive family following the death of a sibling has also been linked to the experience of positive outcomes by bereaved adolescents (Martinson & Campos, 1991).

Communication within the family is an influential factor. Healthy adjustment to loss is more likely when a family is open in terms of communication and expression of feelings (Black & Urbanowicz, 1987). The manner in which a parent responds to a child impacts the child's adjustment and children's levels of state anxiety and depressive symptoms are correlated with their perception of how open their surviving parent is in communication (Raveis et al., 1999). Open communication with the surviving parent and other family members appears to protect against future depression (Saler & Skolnick, 1992).

The effect of communication and relationships within the family are important considerations in young people's experiences. Social networks often enable a person to call up effective coping strategies and redefine a stressful life event in a more positive light (Schaefer & Moos, 2007). The importance of support and the necessity of interventions outside the family in some cases are discussed further in the next chapter.

2.4.4 Interim summary: Factors influencing young people's bereavement reactions and adjustment.

The age and development of a young person influences how they react to the death of someone close to them. Young children have been found to have higher levels of anxiety (Kranzler et al., 1990), more behavioural problems, a loss of interest in activities (Van Eerdewegh et al., 1985) and more somatic problems (Black, 1998). Adolescents have the cognitive skills to understand death, but may question death more (e.g. Cohen et al., 2002). However, Gray et al. (2011) has found no difference in a specific outcome in relation to age. Research suggests that many of the differences between age groups can be attributed to changes in developmental stage and comprehension of death, irreversibility and finality, which change over time. Young people's experiences of bereavement and counselling, which are at the centre of the present study, may change over time.

The nature of the death may also influence how a young person adjusts to bereavement. Young people may have problems adjusting when the death is sudden or unexpected (Kranzler et al., 1990). However, even when a death is expected, the young person may be impacted by other related factors, such as length of illness or changes in the family (Worden, 1996). The support received following the death of a loved one is also a factor in young people's adjustment. A young person's experience of bereavement is impacted by inadequate care after the loss of a parent (Bilfulco et al., 1992), depressive symptoms in the surviving parent (Kranzler et al., 1990), stressors and the quality of the relationship between a caregiver and young person (Wolchik et al., 2008). A young person is also impacted by the way the family unit copes with the loss and change associated with the loss. A warm relationship between a child and their caregiver, as well as open communication in the family may improve coping self-efficacy and reduce feelings of grief (Wolchik et al., 2008).

The review of previous research shows that factors that influence young people's experiences relate to the young people themselves, to the death and to the family and social context. Kaplow et al. (2012) argue that grief and mourning must be explored within the broader context of individual and socio-environmental factors that

contribute to adjustment or poor adjustment in order to differentiate features of positive and poor adjustment. In the case of poor adjustment young people may be referred to a bereavement intervention, such as counselling. This will be discussed in the next chapter.

2.5 Issues with research examining young people's bereavement reactions and factors that influence their experience of bereavement.

A review of the literature summarised in this chapter illustrates the range of bereavement reactions in young people who are bereaved and the number of factors that influence young people's grief. However, it is important to address the quality of the research in this field to have confidence in the findings as they inform the present study. The empirical research in the area of child bereavement shows that there are many conflicting findings, for example, some studies highlight the high prevalence of depression among bereaved young people, while others report low levels; some studies find a decrease in school performance while others that school work is unaffected by bereavement. These differences may be due in part to conceptual and methodological issues.

A particular challenge, and possibly a source of the variation in the literature is the terminology applied and the fact that different researchers use terms in different ways. In studies which looked at depression in young people, for example, Van Eerdewegh et al. (1985) use dysphoria and depressive syndrome based on the experience of a specific number of symptoms. Other researchers (e.g. Harrison & Harrington, 2001) measure depressive symptoms with a specific standardised instrument. However, Raveis, Siegel and Karus (1999) argue that the tests used to record children's depressive symptoms and state anxiety may not pick up more subtle symptoms of maladjustment.

When evaluating the literature related to child bereavement it is important to compare the type of sample of young people involved, their ages and the settings in which the studies have been carried out (Kaplow et al., 2012). Many early studies which looked at the effects of bereavement on children focussed on a specific behavioural or psychiatric problem or solely on clinical samples (e.g. Black, 1978, Gray, 1987). Therefore, the findings are related to young people who presented with

a symptom or were receiving an intervention. The findings in such studies cannot be applied to general populations of young people who are bereaved. Many studies also used outcome measures that focused mainly on whether or not children displayed psychiatric symptoms (e.g. Silverman & Worden, 1992). Focusing on psychiatric symptoms does not reflect the range of bereavement reactions in young people and recent findings that suggest the importance of psychosocial reactions in terms of adaptation to bereavement (e.g. Wolchik et al., 2008).

As well as being undermined by the nature of the assessment, the source of the data should be considered. In many cases in earlier research, young people did not participate in the research themselves, instead information about children was obtained from parents (e.g. Van Eerdewegh et al., 1982). This may have resulted in reporting bias. However, in other research (e.g. Silverman and Worden, 1992; Schoenfelder et al., 2011), young people themselves were participants in the research. Furthermore, recent research often involves multiple informants, such as the young people and their adult caregivers (e.g. Brent et al., 2012), or young people and teachers (e.g. Gerhardt et al., 2011).

Another issue relates to the short-term nature of the findings of the effects of bereavement on young people. Where the young people participated in research soon after the death, a longer follow-up may show different outcomes (Raveis et al., 1999). In contrast, some longitudinal studies (e.g., Silverman & Worden, 1992; Brent et al., 2012) followed young people up to several years following the death. The findings from longer term research are important as young people's reactions may change over time.

A final issue in this body of research is the challenge of establishing that the death was the cause of the behavioural and other reactions that followed it. In studies where bereavement was linked to a psychological problem in young people following the death, in many cases the relationship was correlational. Schoenfelder et al. (2011), for example, suggest that romantic attachment anxiety mediates depressive symptoms in young adulthood, however, the two variables were assessed concurrently. Therefore the causal direction cannot be confirmed. Many studies are cross-sectional, comparing bereaved and non-bereaved children. Again, while the

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results of these types of studies may show a correlation between the death of a family member or friend and depressive symptoms, the relationship cannot be said to be causal (Harrison & Harrington, 2001).

It is important to consider the contribution of this body of work to the area of childhood bereavement. Kaplow et al., (2012) highlight the growing body of research that provides insight into young people's bereavement reactions. However, there are still gaps in the literature in relation to young people's reactions, specifically to their experiences, rather than specific outcomes. Interestingly, in a review of the literature on the effects of parental death on young people, Tremblay and Israel (1998) found "an incomplete understanding of children's grief responses, and thus of appropriate treatment goals" (p.424). This link between grief reactions and interventions is critical for research in this area. Research designed to gain an understanding of the factors that influence adjustment to bereavement and the nature of bereavement interventions, including the present study, will result in a better understanding of the grief reactions of young people.

2.6   Summary and Conclusions

In considering the theoretical and empirical context for the present study a number of issues emerge as important. To begin, there are many different models of grief and bereavement which influence the way in which this area is conceptualised. Recent models of bereavement and coping with bereavement emphasise the importance of the young person's continuing relationship with the deceased. Some bereavement models are based on coping models and include the stressors associated with bereavement, as well as the cognitive strategies employed to cope with bereavement. Making sense of the death of a loved one is central to meaning making models. The models also emphasise the personal, familial and social factors involved in bereavement. When a young person experiences the death of someone close to them, they grieve in the context of their immediate and wider settings. The present study examines the experience of bereavement using an interpersonal model of coping with bereavement embedded in a bioecological framework. The stressors associated with bereavement and the effect of bereavement on functioning are components of this framework.

Looking at the empirical literature suggests that young people react in an individual way to the loss of a parent or significant person in their life. Empirical evidence shows that common grief reactions among young people include depressive symptoms, anxiety, behavioural problems, deterioration in social functioning and changes in school performance. It is also clear from this review that many factors influence how a young person reacts to the death of someone close to them, including age and development, support and communication within the family and the circumstances of the death. Due to the multiple factors that can affect a young person's adjustment following bereavement, it is important that research in the area of childhood bereavement, including the present study, considers young people who have been bereaved in the context of their family and social systems.

Finally, a critical review of research in the area of childhood bereavement shows some contradictions between findings. This is partly explained by methodological issues as well as different definitions of the concepts and outcomes relevant to childhood bereavement. Increased understanding of young people's experiences of bereavement may inform appropriate interventions. It will be important to reflect further on these issues in considering the experience of young people in the present study. Interventions for young people who are bereaved are discussed in the following chapter.

Chapter 3:   Interventions for Young People who are Bereaved: A Focus on Counselling

3.0   Overview

As outlined in Chapter 2, when young people experience the death of someone close to them, the support that they receive is crucial to their ability to cope with the loss. Support can be provided informally, such as through family and friends, or formally through interventions, including counselling and psychotherapy. This chapter discusses the reasons for referral to therapeutic interventions. It focuses on counselling interventions for young people who are bereaved and describes models which are relevant to the therapeutic setting. Research that has been carried out to examine the impact of bereavement interventions for young people, with a specific focus on counselling or psychotherapy for young people who are bereaved is discussed. Young people's experiences of bereavement interventions are reviewed. Methodological issues that arise in the research are highlighted. Finally, the rationale for the present study is outlined and the aims and objectives of the study are described.

3.1   Reasons for Referral to Interventions for Young People who have been Bereaved

It is estimated that one in five children may require referral to a service whose focus is child bereavement (Dowdney, 2000).   Young people may be referred for therapeutic intervention following the death of a loved one for several reasons. While the main source of support for a bereaved child is the immediate surviving family, in some cases, the family's response may be insufficient or unhelpful (Kirk & McManus, 2002). Where parents are struggling to cope with the loss of a partner they may have a reduced capacity to help their children to grieve. Kirk and McManus (2002) highlight studies which suggest that young people were disappointed with their parent's reaction to their grief (e.g., O'Brien & Goodenow, 1991). Adolescents, in particular, may not talk about the death of a loved one (e.g., Harrison & Harrington, 2001).   Reluctance to seek help dealing with the death may also be due to a loss of a sense of social relatedness caused by a change of living situation following the death of a family member (Wolchik et al., 2008). When a

young person is unable to seek help to cope with bereavement, they may struggle to incorporate the death into their lives and this may result in high levels of grief being maintained (Wolchik et al., 2008). In these situations, referral to a bereavement intervention may be of benefit to the young people.

As outlined in Chapter 2, some children will show significant emotional and behavioural difficulties up to two years after the death (Currier, Holland & Neimeyer, 2007). This suggests that they may need additional support in coping with their loss. Many professional health care workers are interested in providing support to young people and their families at an early stage of bereavement in an effort to ensure that more serious long term mental health problems do not emerge in the years following the death (Currier et al., 2007). Referral to a formal support or intervention may be particularly beneficial in the case of multiple losses or traumatic death (Donnelly, 2001). Formal intervention may enable children to understand the death and the grieving process and allow them to talk about painful feelings. Interventions may help reduce the intensity of the grief response and encourage recovery, or they may help reduce the adverse physical effects of bereavement (Kato & Mann, 1999).

Unlike adults, children rarely refer themselves for therapeutic treatment or recognise signs of stress or symptoms (Kazdin, 2002). Parents' reasons for referring their children to a bereavement service may be based on a desire to know what to do in terms of their own needs, their fear for the long term effects of the bereavement on their child or for the family and because they consider that the bereavement is adversely affecting the family (Rolls & Payne, 2007). Due to the extent of childhood bereavement and the potential negative outcomes of bereavement in childhood there is an interest in the development of preventative interventions for young people who are bereaved (Sandler et al., 2010). There are many different types of bereavement interventions for young people, as outlined in the following sections.

3.2   Range of Bereavement Interventions for Young People

Specific interventions for young people who are bereaved in Ireland are presented later in this chapter to contextualise the present study. In this section UK and Irish reviews of bereavement support services (Petrus Consulting et al., 2008; Rolls &

Payne, 2003, 2004) are used to gain an understanding of the range of bereavement interventions for young people. The present study focuses on individual counselling interventions for young people who are bereaved. However, to illustrate the range of interventions available and reflecting the emphasis on group interventions in the literature, these are also described below.

The nature of bereavement care means that resources and services are provided by a variety of sectors, such as health, education, social care and voluntary sectors, with each sector being relevant at different times within the process of bereavement. A synthesis of the literature related to bereavement care services in the UK and other countries, including Ireland (University of Nottingham, 2010), suggests that it is essential to work across providers to identify gaps and overlaps in provision. The literature on the provision of bereavement support for young people tends to assume that services are a homogenous group (Rolls & Payne, 2004), however, services provided differ in terms of organisational structure, funding, users, staffing and service provision. Childhood bereavement services are either free standing services, embedded within wider services, or work as a partnership with other statutory agencies where staff work for the bereavement service as part of their existing role such as social workers (Rolls & Payne, 2004). The fact that many services are offered by voluntary organisations, whereas others are part of local authorities or health boards has implications for the management of the services and the staff that are employed.

The range of services offered to young people who are bereaved includes provision of information, advice and resources, pre-bereavement support, counselling, individual work or family and group work (Rolls & Payne, 2003). The wide range of services supports the idea that bereavement support should be offered at different levels depending on need (Petrus Consulting et al., 2008). Figure 4 illustrates a model of bereavement interventions with different levels related to the complexity of the grief and the structure of the referral process. As the grief complexity increases, so too does the structure of the referral procedures.
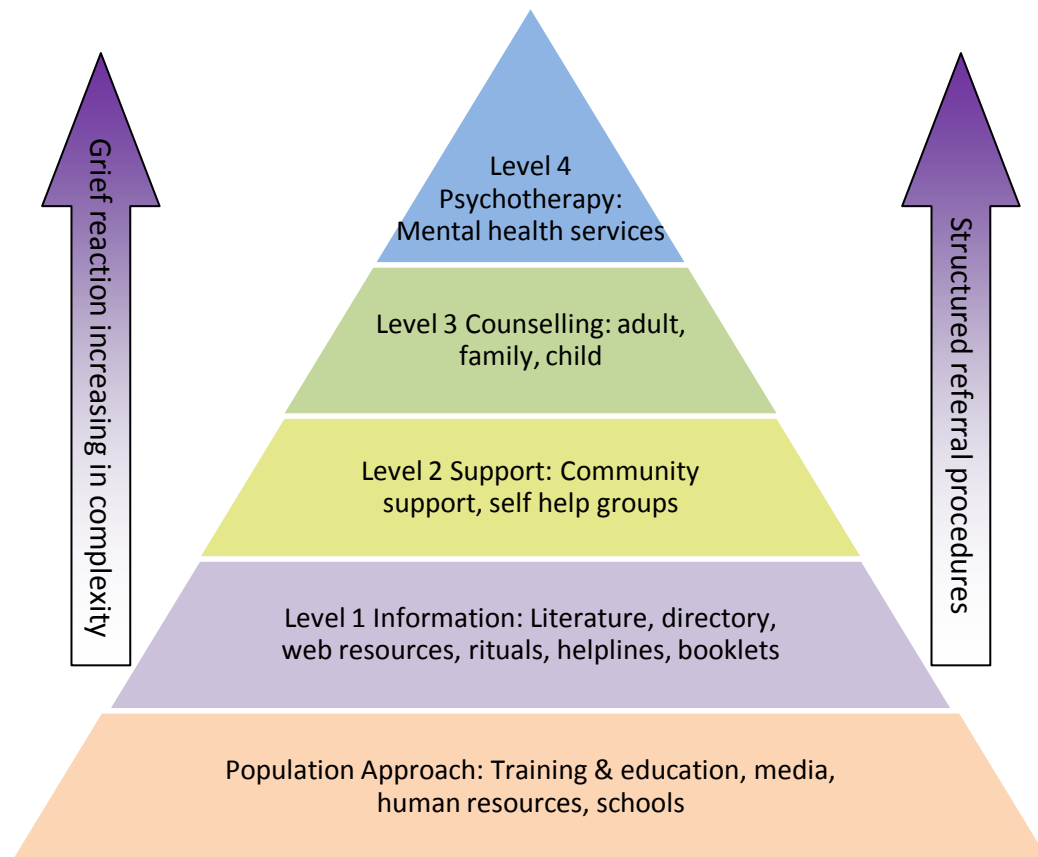
Figure 4 *Levels of bereavement support* **(Petrus Consulting et al., 2008)**

While this model applies to types of bereavement support for all individuals, not specifically for young people, it reflects the range of bereavement supports which may be available for young people. The situation of counselling and psychotherapy in the top two levels of the model in Figure 4 implies that they have more structured referral procedures and are suitable for individuals with more complex grief reactions.

Rolls and Payne (2004) highlight some common objectives in interventions for young people who have been bereaved. These include: 1) the provision of a secure place for exploration; 2) the opportunity to access feelings that are unsaid or unconscious; 3) the opportunity to help make sense of what has happened and how the young people feel; 4) the improvement of communication within the family, and 5) the opportunity to create memory and story around the death of their loved one. These objectives highlight the diverse elements involved in formal interventions for young people who are bereaved.

3.3   Group Interventions for Bereaved Young People

Bereavement services may be offered to young people and other members of the family in a group setting. Other group interventions are based on groups of young people who have experienced the death of someone close to them. In their survey of bereavement services in the UK, Rolls and Payne (2003) report that interventions were offered to both young people and their families by 96% of the services that participated, groupwork with groups of families was provided by 53% of respondents, while 45% of services provided group work with children.

There are benefits common to all types of support groups. Group interventions may normalise the experience and help in the development of coping skills in a way that other interventions do not (Zambelli & DeRosa, 1992). Peer group interventions for children following the death of a parent may relieve a sense of isolation and provide a chance for children to share their common experiences with other children who have had a similar loss (Huss & Ritchie, 1999). The feeling that other people have had common experiences can be therapeutic. Group interventions offer young people the chance to go to a safe place, talk about the person who has died and express their feelings. They may give young people the sense that they can talk about the death and to see how others have experienced and coped with death. Bereavement support groups for young people may also help to give a new social meaning to the death. However, while interpersonal difficulties may improve as the result of taking part in a support group, support groups are different from traditional psychotherapy and counselling as they do not aim to improve interpersonal difficulties. Furthermore, group support is not appropriate for some young people. In terms of peer groups, peers themselves may be unsure how to respond to bereavement or respond inappropriately (Ribbens McCarthy, 2006).

Of specific interest to the present study are counselling interventions. Therapeutic interventions for young people who have been bereaved include family therapy, bereavement groups and individual therapy (Webb, 2002). Therapeutic work with bereaved families may be based on family therapy models, such as Kissane et al.'s (2006) family focused grief therapy model, which focuses on issues of closeness, communication and ability to handle conflict within a family. While family

interventions acknowledge the context of the bereaved young person, the present study focuses on young people's experiences of individual counselling.

3.4   Individual Interventions: Counselling and Psychotherapy

Rolls and Payne (2004) describe different types of individual work with children who are bereaved, including individual assessments, one-off sessions, pre or post-group work, programmes that offer a specific fixed number of sessions and continuing long-term individual work. A number of individual sessions with a child or adolescent allows a staff member to respond to their individual needs and, therefore, requires more resources (Rolls & Payne, 2004). The type of individual work offered is related to the individual young person, the professional background of the staff and the therapeutic model used. In counselling with children, verbal counselling is often used in conjunction with other strategies (Geldard & Geldard, 2002). Children may be helped to express their grief though creative activities, including play therapy and art therapy. While the processes involved in child therapy in order to bring about therapeutic change have been suggested (e.g. Geldard & Geldard, 2002), no specific model for counselling with bereaved young people has been developed.

Within the present study's focus on counselling and psychotherapy, there is a specific interest in exploring the experiences of young people who have been bereaved. When a young person who has been bereaved attends counselling or psychotherapy, the treatment they receive is generally based on a model of therapy. Many of the approaches to counselling and psychotherapy are based on general therapeutic models, for example psychoanalytic or cognitive-behavioural approaches (Kazdin, 2002). In Rolls and Payne's (2004) review of the issues in UK bereavement service provision for bereaved young people, they report that staff in bereavement services were given training or induction in the theory to which the service subscribed, for example, the Task model (Worden, 1996), the Dual Process model (Stroebe & Schut, 2001) and the Continuing Bonds model (Klass, Silverman & Nickman, 1996).

Models of bereavement and grief were described in the previous chapter. These may be the bases of psychotherapists' or counsellors' work with bereaved young people.

Play models of therapy are outlined here for their relevance to work with young people specifically.

3.4.1 Play therapy models.

Play therapy models are not based on bereaved young people specifically, however, they are worth examining as play is often used in counselling and psychotherapy with bereaved young people. There are different types of play models. Cattanach (1995), for example, describes a drama and arts therapy model that emphasises the centrality of play in children's lives. West (1996) describes four therapeutic stages that children in play therapy generally move through. As a child develops trust in their therapist and becomes sure of being accepted in the play area, the intensity of their feelings may decrease and they may begin to talk about their concerns. Over the course of therapy positive feelings become stronger. Other approaches to play therapy include filial therapy and directive play. Filial therapy is an evidence-based approach to therapy that uses non-directive play. While the child plays, the therapist reflects back to the child their experiences (Guerney & Guerney, 1989).

One of the advantages of play therapy is that it offers counsellors and psychotherapists the opportunity to observe themes that emerge from a child's play or their symbolic world. Piaget (1962) talks about symbolic play and Cattanach (1995) describes the symbolic world that children create through play. Webb (2002), however, argues that the counsellor or psychotherapist chooses carefully what to say during play and is cautious in drawing links between the child's play and the child's life experience. Play therapy employing specific creative elements has the advantage of being specifically aimed at children. Aspects of play therapy are relevant to other counselling and psychotherapeutic models. The importance of the relationship between the young person and the counsellor is at the centre of the play therapy model, as in other models. There is also an emphasis on the therapeutic space. In all settings, however, the important factor is the provision of a safe secure environment for the young person. Play therapy may be useful with younger children and with children who are less verbal in the counselling sessions, such as when a child is reluctant to talk about the death of a loved one. Instead of trying to get children to communicate with adults verbally, play therapy enables an adult to enter a child's world. This enables adults to gain an understanding of a child's experiences and

encourages an emotional connection with the child (Guerney & Guerney, 1989). The play therapy model may be a component of a therapeutic intervention for bereaved young people, however, the model is limited in terms of age; it may not be useful when working with older children or adolescents.

While play therapy may be the basis of therapeutic work with young people, there is a lack of a therapeutic model specifically for counselling young people who are bereaved. General therapeutic models and bereavement therapy models may be incorporated into therapeutic work with bereaved young people. Therapeutic interventions and other specialised interventions for bereaved young people in Ireland are outlined in the subsequent section.

3.5 Specialist Bereavement Interventions for Young People who are Bereaved in Ireland

To set the context of the present study it is useful to examine specialist bereavement services available within Ireland, including counselling and psychotherapeutic interventions for young people who are bereaved. The range of services offered for young people who are bereaved in Ireland includes provision of information, advice and resources, individual counselling, or family and group work (National Office for Suicide Prevention (OSP), 2009). No formal review of childhood bereavement services has been carried out in Ireland, however, a review of general bereavement support and specific services for bereavement following suicide (Petrus Consulting et al., 2008) found that the level of bereavement services available to young people and children is lower than those available to adults. Furthermore, a survey of childhood bereavement services in Ireland (Carroll, 2010) found that staff working in bereavement services for children have varied access to supervision and training and that services do not work to common standards.

As reported in relation to services in the UK (Rolls & Payne, 2004), a review of the specialist services for young people who are bereaved in Ireland, as outlined in the Support for Families Directory (Family Support Agency, 2006) shows that, while some bereavement services for children in Ireland are provided by statutory bodies, many are provided by voluntary organisations and registered charities. Hospitals and hospices are examples of host organisations that offer bereavement support to young

people who are related to service-users or patients. Support in these cases may be in the form of individual, group or family interventions, for example, St. Francis Hospice in Raheny in Dublin offers counselling by its social work staff to children of clients who die under the care of the hospice (St. Francis Hospice, n.d.). Similarly, Our Lady's Hospital for Sick Children in Crumlin, Dublin, offers bereavement counselling and support to the families of children who have died in their care (Our Lady's Hospital for Sick Children Crumlin, n.d.).

Barretstown is a service which provides a group intervention by offering bereavement weekends to support families after their child has died from a serious illness (The Barretstown Camp Fund Ltd., 2012). There are several other types of group interventions for bereaved young people in Ireland, for example, the group interventions provided by the Social Work Department in Milford Care Centre in Limerick (Culhane, 2004) and the support and counselling service to families, including bereavement groups for siblings, run in the Children's University Hospital Temple Street (Children's University Hospital, n.d.). More widespread group interventions for young people who are bereaved include Rainbows Ireland and the Seasons for Growth programme. Rainbows provides peer support to help young people and adults who have experienced a death, separation or other painful transition (Rainbows Ireland, 2009), while the Seasons for Growth Bereavement Programme is a loss and grief peer-group education programme that is offered in some geographical areas in Ireland through local organisations, such as Console and the Daughters of Charity (Seasons for Growth, n.d.). These group interventions provide a safe environment in which young people can share their feelings with other young people who have had similar experiences, supported by trained facilitators.

One service that is specifically dedicated to the provision of bereavement support for young people in Ireland is the Barnardos Children's Bereavement Service. This service is aimed at children and young people who have lost someone close to them, for example, a parent or sibling, through death, and their families and offers individual counselling to bereaved young people. The Barnardos service is the focus of the present study and is described in more detail in the following section. Specialist counselling interventions like that provided by Barnardos are not common in Ireland. In their review of general bereavement support and services specific to

bereavement following suicide, Petrus Consulting et al. (2008) found that 31% of services in their study offered counselling to teenagers and 18% provided counselling for children, while the numbers of services offering psychotherapy to teenagers and children were 22% and 14% respectively. A review of support available to young people who are bereaved in Ireland (Dowling, Kiernan & Guerin, 2007) highlights the shortage of formal counselling and psychotherapeutic interventions for individual young people. In July 2012 a new network, the Irish Childhood Bereavement Network (ICBN), was formed. This network is a central hub for people in Ireland who work with bereaved children, young people and their families (ICBN, 2013). Based on a UK model, the aim of the ICBN is to facilitate easy access to high quality local and national information, guidance and support to help children to manage the impact of death and loss (Irish Hospice Foundation, 2012). Prior to the development of the ICBN a scoping study which explored the need and potential operation of a childhood bereavement network was carried out (Irish Hospice Foundation & Family Support Agency, 2012). The weaknesses identified by the ICBN scoping study included inequity and fragmentation of services particularly outside of Dublin, long waiting lists for more complex bereavement support needs, the lack of any comprehensive directory of services and the lack of any forum to exchange information and knowledge (Irish Hospice Foundation & Family Support Agency, 2012).

The most common types of intervention available are peer-group or family support, which are not tailored to the specific needs of the individual young person. Before advocating individual counselling or psychotherapy for young people who are bereaved, it is important to carry out research to understand the processes involved in such interventions and young people's experiences of them. Before embarking on new research, relevant research that has looked at counselling interventions for young people is reviewed.

3.5.1 The bereavement counselling service at the centre of the present study.

The present study was conducted in conjunction with the Barnardos Bereavement Counselling Service, which offers professional counselling in a specialised service which is focussed solely on young people who are bereaved. The Barnardos

Bereavement Counselling services include a helpline, training and consultancy, information provision and a counselling intervention. Counselling in Barnardos is based on the individual needs of each young person and their family (Barnardos, n.d). The Barnardos Bereavement Counselling service works with families to help them to support their child through the grieving process. Counsellors take into consideration the developmental stage of the young person, the young person's relationship with the deceased, the nature of the death and the family's particular circumstances (Barnardos, n.d). In contrast to many local organisations, counsellors in the Barnardos Bereavement Counselling service are trained professionals, as opposed to volunteers or facilitators. It is a national service with direct counselling and therapy in Dublin and Cork.

Some of the young people using Barnardos Bereavement Counselling for Children have experienced the death of a close family member in very traumatic and sudden circumstances, for example homicide, suicide or a road traffic accident. In these cases, counselling in the Barnardos Children's Bereavement Service may be provided as an early intervention response. Of the 216 children who attended the Barnardos Children's Bereavement Service during 2010, 75 received an early intervention service, while 141 children and young people were offered long-term counselling. When children and families are referred for long-term counselling they are placed on a waiting list until such a time as a counsellor becomes available. The Barnardos Children's Bereavement Service considers it important in many cases that there is a period of time between the death and engagement with counselling as this can influence the child's preparedness for the process (Barnardos Children's Bereavement Service Counsellor, 2011).

Young people are referred to the service through a telephone helpline, parents, social workers, general practitioners and schools. Once a family contacts the service, they are put on the waiting list unless they are seen immediately for early intervention. There is an average wait of 12 weeks for the long term treatment. The early intervention involves weekly or bi-weekly sessions, with an average of four to six sessions. The longer-term service involves 12 to 15 sessions, on average, carried out weekly, bi-weekly or more infrequently over time. While the needs of the family are taken into account, the counsellors only work with the young people therapeutically

and the focus is on individual sessions with the young people. Participation in the study from the counselling service is outlined in the following chapter.

3.6 Research on Counselling Interventions for Bereaved Young People

In order to understand the experiences of counselling among bereaved young people, it is helpful to look at research that has examined counselling and other interventions for this population. Research which identifies the processes involved in counselling and which explores young people's experiences of counselling following bereavement are of most interest to the present study. However, due to the paucity of research which explores bereavement counselling or psychotherapy for young people who have been bereaved, it is necessary to look at the results from studies of other bereavement interventions for young people, such as family and group therapy, and results from research in general counselling and psychotherapy for young people.

3.6.1 Effectiveness of bereavement interventions: Overview.

Research has been conducted into group and individual bereavement interventions using a variety of methodologies. While some research has focussed on the effectiveness of interventions in terms of outcomes, other research has examined young people's experiences of bereavement interventions. In a meta-analysis of the effectiveness of bereavement interventions for children, Currier et al. (2007) found that interventions for children who have been bereaved do not have the same positive outcomes as general psychotherapeutic interventions for children (e.g. Weisz, Weiss, Alicke, & Klotz, 1987). Interventions that were found to be effective were those where the intervention closely followed the time of the loss and those that used specific selection criteria, such as targeting young people who were perceived to have a need for an intervention. While this meta-analysis is limited by focussing on quantitative measures of participants' responses to the interventions in terms of outcome, it raises the issues of the timing of the delivery of an intervention and the importance of assessment in terms of need for treatment. It also has the advantage of strict inclusion criteria: only studies which involved a no-treatment control group were included and all interventions were aimed at enhancing adjustment to bereavement. In another meta-analysis which included studies with an uncontrolled design as well as those with a control group, Rosner, Cruze and Hagl (2010) found a larger effect size for treatments for young people who are bereaved. This analysis

concluded that treatment effects persisted over time; however, few studies provided follow up data. Both meta-analyses suggest that bereavement interventions are most effective in terms of outcomes directly relating to grief symptoms and interventions that assess for genuine need and distress in young people perform better. The interventions included in these meta-analysis ranged from group therapy (e.g. Sandler et al., 2003) to music therapy (Dalton & Grout, 2005), but included no interventions based on individual psychotherapy or counselling with young people. While some research findings are based on young people's reports, the perceptions of other people are often included in studies related to young people's bereavement. Overall, parents' perceptions of bereavement interventions suggest that they find them helpful and perceive an improvement in their children and in family communication. They may feel the burden of responsibility being relieved when a child attends a child-focussed intervention and in some cases bereavement services may identify other problems and help with further referrals (Rolls & Payne, 2007). Therefore, studies which include parents' perceptions may help to understand young people's experiences of bereavement and counselling, as well as understanding what is happening for their parents and families.

While there is a gap in the research in terms of the effects of counselling or psychotherapy for young people who are bereaved, it is important to look at the potential role of counselling or psychotherapy for young people who are bereaved. Studies which examine psychotherapy for young people following a disaster, specifically in terms of trauma, may be useful. In one such study Jaycox et al. (2010) found Trauma-Focused Cognitive-Behavioral therapy and a school based alternative reduced trauma symptoms for individual young people following Hurricane Katrina. However, there was no control group who did not receive an intervention in the study therefore, it is not possible to attribute the changes in young people's mental health conclusively. More detailed analysis of studies which explore trauma in young people is beyond the scope of the present study. However, analysis of research involving bereavement interventions is helpful in the context of the present study. Studies which examined the effectiveness of general psychotherapy or counselling may also inform the present study.

3.6.2   Effectiveness of general psychotherapy and counselling for young people.

Psychologists and psychiatrists have reported the effectiveness of psychodynamic therapy, play therapy, behaviour modification therapy and cognitive therapy (Kazdin et al., 1990). Looking at psychotherapy outcome research, meta-analyses (e.g. Lonigan, Elbert & Bennett Johnson, 1998; Reynolds, 2012) have indicated that young people with problems such as depression and anxiety-related problems who receive an intervention score better than young people in control groups. In general, meta-analyses show that behavioural treatments perform better than non-behavioural treatments for young people of all ages with externalising and internalising problems and that individual treatment has better results than group treatment (Weisz & Weersing, 1997). However, Kazdin (2002) points out that there is a huge range of treatments in use and effectiveness only applies to a number of these.

Controlled outcome evaluation studies of brief psychotherapy with children and adolescents have shown significant positive effects in general (Bloom, 2002). Weisz, Donenberg, Han and Weiss (1995) found that effect sizes for the specific problems that the intervention targeted were twice as high as effect sizes for problems that were not targeted by the treatment. Therefore, the treatments that were assessed may be specific in their effects, rather than causing an overall positive effect. Weisz et al. also found that effect sizes at follow up, which was usually about five or six months after the treatment ended, were comparable with effect sizes immediately after treatment. However, longer term effects are not well known.

A review of counselling suggests that it is a useful and positive intervention for a range of issues that young people present with (Pattison & Harris, 2006). Cognitive Behavioural Therapy (CBT) is the most widely researched intervention and has been shown to be effective in treatment specific problems, such as anxiety disorders. However, other interventions are less widely researched. Interpersonal psychotherapy offers an alternative to CBT for the treatment of depression (Reynolds, 2012). While CBT and behavioural interventions have been the subject of much research, there is some evidence to support the effectiveness of psychoanalytic psychotherapy for young people (Midgley & Kennedy, 2011). A review of interventions used to treat anxiety in young people supports treatments

which are aimed at specific anxiety disorders and which are based on individual psychotherapy (Reynolds, 2012), while interpersonal psychotherapy is an evidence-based psychotherapy found to be helpful for young people experiencing depression (Morris, 2012).

Due to recent research, many psychotherapies for young people have been classified as empirically supported treatments (Weisz, 2014). Weisz (2014) proposes a therapeutic model based on developing and testing interventions with clients, practitioners and the context for this they are intended. This has implications for the way psychotherapy and counselling are delivered.

3.6.3 Effectiveness of group bereavement interventions for young people.

In order to understand the potential role of counselling for young people who are bereaved, findings from studies of group interventions are examined to identify areas in which bereavement interventions for young people are helpful, while the methods used in such studies may help inform the methodology of the present study. Group interventions have been found to be helpful in reducing a range of outcomes, for example, anger, anxiety and behavioural problems (Morrison Tonkins & Lambert, 1996), distress (Balk, 1996), irritability (Quarmby, 1993) and for improvements in some areas, such as relationships with peers and social confidence (Quarmby, 1993). Group work has been found to be effective for young people bereaved by suicide (Pfeffer, Jiang, Kakuma, Hwang & Metsch, 2002) and for those bereaved by murder (Salloum, Avery & McClain, 2001). Bereaved young people have highlighted the importance of social support and suggest that friendships are an important part of encouraging happiness after parental death. In relation to group interventions, young people have also stressed the importance of meeting and spending time with other young people who have had similar experiences (Brewer & Sparkes, 2011).

Looking at family interventions, some studies have shown little or no difference in outcome between intervention and control groups. Kissane et al. (2006), for example, suggest that changes in depression and social adjustment in general did not differ significantly and social functioning was not improved by the intervention. However, other studies of family interventions have shown more favourable results.

Family therapeutic interventions have been found to reduce depression in parents and restlessness in children (Black and Urbanowicz, 1987), to reduce conduct problems and depressive problems in young people (Sandler, West, Baca & Pillow, 1992), to improve coping and reduce negative thoughts about stressful events (Sandler et al., 2003) and to benefit families by hearing different grief experiences from members of their own family and from other families (Kirk & McManus, 2002). Factors which affect young people's experiences of counselling and bereavement are of interest to the present study. The impact of group interventions has been found to depend on the age and gender of the young people and the time of the research (Sandler et al., 1992). While Sandler et al. (2003) found no immediate effect on mental health outcomes of bereaved children, the effects at 11 months follow up were mediated by gender, baseline level of the risk and protective factors and age.

In terms of methodology, while research based on assessing specific outcomes is often quantitative in nature, some group interventions have been explored with mixed methods (e.g. Huss & Ritchie, 1999). In some cases (e.g., Huss & Ritchie, 1999; Quarmby, 1993) while the quantitative data may not show significant change, the qualitative data highlight aspects of the interventions that are helpful. In these studies the use of qualitative interviews reveals more than analysis of quantitative scales alone.

The research related to group interventions illustrates the diverse findings related to effectiveness of the interventions for young people. Rather than focus on effectiveness, some research has examined the processes involved in bereavement interventions.

3.6.4 Research on the processes involved in interventions for bereaved young people.

In order to understand the potential role of a counselling intervention for young people who are bereaved, it is important to gain an understanding of why an intervention works and of young people's experiences of interventions. A review of the literature suggests that there is a shortage of research which explores young people's experiences of bereavement interventions (Ribbens McCarthy, 2007) and no model available to professionals working with bereaved young people based

primarily on young people's experiences (Rolls & Payne, 2007). Furthermore, little is known about what meaning young people attach to their experiences of bereavement (Brewer & Sparkes, 2011). Brewer and Sparkes (2011) argue that it is necessary to understand the processes involved in bereavement interventions and in the lives of the bereaved young people in order to identify what helps young people cope with their grief.

Looking at individual counselling and psychotherapy for young people shows that there has been an increase in interest in understanding what works for young people with psychological problems who are attending counselling and psychotherapy and how it works (Kazdin, 2002). The effect of a treatment on a young person depends on many factors or moderators on which outcome depends (Kazdin, 2002). Factors which have been reported by practitioners to influence therapeutic change include those related to the young people who attend an intervention, their parents and families, as well as the therapist themselves (Kazdin et al., 1990). Therefore, a young person's response to counselling or psychotherapy may be influenced by a combination of family, child, parent and contextual settings. While this relates to general psychotherapy and counselling and not specifically to bereavement counselling, the factors which are related to therapeutic change are relevant in bereavement interventions.

It is possible to gain some insight into the processes involved in bereavement interventions from young people and parents' experiences of group interventions. Processes include supporting and encouraging the children's expression of feelings, encouraging them to complete activities, describing memories of the parent who had died and discussions around the changes that had occurred in the family since the parent's death (e.g. Zambelli & DeRosa, 1992). Zambelli and DeRosa (1992) suggest that there are protective processes involved in support groups, which contribute to the development of control over fears and coping mechanisms. Research looking at young people's experiences (Brewer & Sparkes, 2011; Rolls & Payne, 2007) highlights the importance of social support and the benefits of meeting other young people who had experienced bereavement. Young people's reports also highlight the usefulness of a non–judgemental setting of an intervention in terms of

enabling the expression of emotion and of physical activities as a positive way of coping with the death of a parent.

In terms of individual bereavement interventions, young people have reported the benefit of talking to someone about things that they were worried about, without fear of upsetting them (Rolls & Payne, 2007). This is reflected in parents' references to specific processes involved in interventions, for example, the benefits of a child being able to talk to someone in a safe place and the perception that the experience may be fun for the young people (Rolls & Payne, 2007). Therefore, the process of talking to an independent person in a non-judgemental setting appears to encourage communication of feelings.

Rolls and Payne's (2003, 2004, 2007) studies are unique as they investigate bereavement services as a whole and the young person's experience of attending a bereavement intervention in the UK. However, while Rolls and Payne (2007) looked at young people's experience of bereavement interventions, there are few studies which look at the processes involved in individual bereavement counselling or psychotherapy for young people who have been bereaved. Brewer and Sparkes (2011) argue that it is important to understand what helps young people to cope with bereavement if the purpose of an intervention is to improve their suffering. However, few studies have asked young people what helps them cope with their grief. Of particular interest to the present study is the question of why a bereavement counselling intervention for young people works, what is going on for young people as they receive counselling or psychotherapy following a bereavement and what helps them cope with their loss. Exploring the experiences of young people who attend a counselling intervention following the death of a loved one will help to answer these questions.

3.6.5 Interim summary: Research of interventions for bereaved young people

Studies of general counselling and psychotherapy for young people suggest that young people receiving a counselling intervention have better outcomes than a control group (e.g. Weisz et al., 1995). However, Kazdin (2002) points out that there is a huge range of treatments in use and effectiveness only applies to a number of

these. Meta-analyses suggest that individual treatment has better results than group treatment (Weisz & Weersing, 1997). The interventions included in these studies are general psychotherapeutic interventions for children. However, they are relevant to the present study as interpersonal therapy focuses on one or two problems areas, which may include grief and loss (Weisz & Gray, 2008). The findings suggest that an individual counselling or psychotherapeutic intervention which specifically focuses on bereavement may be useful for young people who are struggling to cope with the death of a family member.

A review of the research of group bereavement interventions shows mixed findings. Overall, interventions used in a timely manner and aimed at specific young people may be effective in terms of young people's functioning (Currier et al., 2007). The analysis suggests that interventions aimed at young people who are already experiencing difficulty shows most benefits. Some research suggests that children's levels of several variables, including anger and behavioural problems, may be reduced through a group intervention (e.g. Morrison Tonkins & Lambert, 1996). While some studies do not show significance in terms of outcomes or symptoms, other studies that include young peoples' and parents' perceptions indicate benefit from an intervention (e.g. Rolls & Payne, 2007). Looking at family interventions shows that the findings depend on a range of variables. Sandler et al. (2003) suggest that longer term follow up and replication are needed to further explore the delay in the effect on mental health problems.

Looking at the literature related to the processes involved in counselling suggests that interventions which enable young people to discuss their feelings, to talk to someone independent of the young person's family and to attend an intervention in a secure and safe environment are of benefit to bereaved young people. Therapists themselves report that there are a number of factors which influence therapeutic change. Carrying out activities in interventions is also linked to improved coping with bereavement (Brewer & Sparkes, 2011). Finally, young people report the benefits of meeting other young people who have experienced bereavement.

3.7   Issues with Research on Interventions for Bereaved Young People

A summary of the research looking at interventions for young people who are bereaved highlights a range of methodological issues. Issues that must be considered include the research design, the gap between research and practice and participant recruitment. Addressing the issues related to differences between research and practice involves looking at the methods used in research. In terms of methodology, the randomised controlled trial (RCT) is the most widely accepted way to assess the outcomes of therapy (Weisz & Gray 2008). Both Kissane et al. (2006) and Sandler et al. (2003) used randomised controlled trials (RCT) for their studies. This method has the advantage of having a control group. However, this may not be a suitable method for some studies for a variety of reasons. The use of a randomised control trial (RCT) raises specific ethical concerns, especially where it is seen to be unethical to withhold a service from a control group (Rossi, Lipsey & Freeman, 2004). Therefore, in many cases, alternative, less rigorous methods are used. It may still be possible to discuss the effects of an intervention without a control group (Schut, Stroebe, Van den Bout & Terheggen, 2001).

The use of RCTs and other quantitative methods reflects the focus of much research on effectiveness and outcomes. General psychotherapy outcome research suggests treatments that are effective in a clinical setting. However, it also needs to address the contextual factors, including family, school and peer issues that may cause the problems, or adversely affect their treatment (Hibbs, 2001). Rather than carrying out efficacy studies of counselling or psychotherapy, it is important to include measures of improvement valued by young people, their parents and their therapists (Hibbs, 2001). These findings from general psychotherapy research may be taken into account for research in bereavement psychotherapy or counselling research. The focus on outcomes also means that the psychosocial reactions to bereavement are under-researched. Looking at these issues would enable a better understanding of the young person's adjustment to bereavement.

Some quantitative studies are limited by a small sample size (e.g. Sandler et al., 2003; Tonkins & Lambert, 1996). Sample sizes may be limited due to the difficulty in recruiting a large sample of young people who have been bereaved. Parents are naturally protective of their children following bereavement and are reluctant to

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expose them to any experiences that they feel may distress them, or may wish to avoid a study which may cause them to focus on their loss. However, some smaller studies have been carried out that have used qualitative methods to explore the effects of attending a service and the experience from the young person's perspective.

Another methodological issue relates to the provision of information about the young people by parents, teachers or others. Early studies which investigated the effectiveness of interventions for bereaved children (e.g., Van Eerdewegh et al., 1982) tended to compare children who had been bereaved with a control group of non-bereaved children by collecting information from the children's parents. There was no contact with the children themselves. Where parallel measures are not used with young people and their parents or carers, it is impossible to know the extent of the agreement between the sources and any clues to potential biases. More recent research has made use of self-report measures (e.g. Sandler et al., 2010), or asked young people questions directly (e.g. Rolls & Payne, 2007) so the young people participate themselves in the research. Brewer and Sparkes (2011) highlight the advantages of asking young people directly about their experiences of bereavement and interventions. The present study aims to address some of these methodological issues as outlined in the following section.

3.8   Rationale for the Present Study

The literature review in this chapter and the preceding chapter highlight the gaps in research of bereavement and interventions for young people who are bereaved. There is a need to better understand the impact of grief on young people, their experiences of bereavement and the potential usefulness of a counselling intervention. The issues informing the present study are highlighted here.

3.8.1   The potential role of counselling for young people who are bereaved.

Rolls and Payne (2003) raise the idea that there is uncertainty about the value of childhood bereavement services. Due to lack of conclusiveness about the effectiveness of services (Curtis & Newman, 2001) it is recommended that further research is done in this area of bereavement services, including therapeutic

interventions. Previous research suggests that counselling and psychotherapy is useful for young people with psychological problems (e.g. Weisz & Weersing, 1997), particularly when psychotherapy is designed for a specific problem. To explore counselling or psychotherapy for bereaved young people, research is needed to understand the potential usefulness of such interventions for young people who are experiencing problems adjusting to bereavement.

In terms of efficacy research, some analyses suggest that the efficacy of bereavement interventions may be low or that bereaved people may have done better without the intervention (e.g. Jordan & Neimeyer, 2003). Therefore, in terms of research and practice, there has been much interest in the area of aligning health care practice with the evidence from formal empirical research in recent years (Center for the Advancement of Health, 2004). However, efficacy studies generally focus on a specific outcome and do not aim to understand the processes involved in an intervention or other factors which may impact on the bereavement process. Little effort has been made to research what happens during psychotherapy for young people. To the author's knowledge there is no research in Ireland which examines what happens when young people who are bereaved attend counselling. Research which examines the processes involved in counselling for young people who are bereaved would address the gap in the current literature and would contribute to understanding the role of counselling or psychotherapy for these young people. Identifying the aspects of counselling that are reported to be helpful and those that may be related to change or adjustment to bereavement may help inform practice in the future.

3.8.2 The focus of research exploring bereavement and counselling.

Limitations of general child psychotherapy research discussed in the literature review include the narrow focus of research. Kazdin (2002) argues that the range of questions evaluated in child psychotherapy research is narrow and focuses on the question of the method of treatment. This may not account for the many variables, for example, child, family, parent characteristics that may influence outcome. Another problem related to the focus of research in this area is the over-emphasis on outcomes in terms of symptoms of bereavement. Most studies focus on the outcome in terms of a change in symptoms, however, this does not take into account

psychosocial issues, for example, school functioning and friendships, that may be relevant. Kazdin (2001) argues that there is no evidence to show that symptom change is a better indicator of adjustment and functioning than improvements in pro-social functioning or family relations. Other outcomes are important because they are significant to the settings in which the child functions. Therefore, there is an interest in looking at the impact of bereavement in terms of psychosocial change over time.

Young people who are bereaved are developing in the context of their immediate settings and in the greater social context. Research conducted in this field needs to address the contextual factors, including family, school and peer issues that may cause the problems, or adversely affect young people's treatment (Hibbs, 2001). When examining the factors that influence young people's adjustment to bereavement, it is also important to investigate the availability of a support system and the quality of the relationships between family members (Van Eerdewegh et al., 1985). Dopp and Cain (2012) argue that while research has examined the impact of bereavement on young people, less is known about the variables that may mediate the relationship between parental bereavement and poor adjustment.

The present study is framed by models which address these issues. The Two-Track Model of Bereavement (Rubin, 1981, 1999) is based on young people's experiences of bereavement in terms of psychological, social and physical reactions. Therefore, it recognises the impact of social factors on young people's experiences. The Dual Process Model (Stroebe & Schut, 2001) recognises that factors other than the death itself may influence adjustment. Neimeyer's (2001) Meaning Reconstruction Model suggests that young people's experience of bereavement is affected by the context of the experiences, while Bronfenbrenner's Bioecological Model (1995) recognises the importance of context and the interactions between a young person and their family and other settings as they develop. Therefore, the present study is based on gaining an understanding of young people's experiences of bereavement and counselling while taking into account their settings and factors which may influence their adjustment.

3.8.3 Young people's experiences of bereavement and counselling interventions.

As outlined in Section 3.6.4 there is a gap in the research related to understanding young people's experiences of bereavement and counselling. There is a shortage of research which asks young people directly about their experiences of bereavement services (Rolls & Payne, 2007). Rolls and Payne (2003, 2004, 2007) investigated a range of bereavement services for young people and the young person's experience of attending a bereavement service. However, their studies relate to the UK and do not focus exclusively on counselling and psychotherapy. While the research is a useful reference, it may not apply to young people living in Ireland due to the differences in service provision between the two locations. In an influential study of young people who experienced the death of a parent, Van Eerdewegh et al. (1985) emphasised that new research should include an interview with the children themselves. Rolls and Payne (2007) argue that the inclusion of young people in the research provides a means to represent their voice and enables them to potentially inform on the issue of the quality of interventions and discussions about policies that may impact them in the future. In order to better understand individual bereavement counselling for young people, this supports the need for a study to understand the experience of young people in Ireland of one such intervention. By exploring young people's experiences as they attend counselling, an insight into their experiences of bereavement will also be obtained. Brewer and Sparkes (2011) suggest that research investigating the experiences of bereaved young people is useful to understand the processes and nature of bereavement over time.

3.8.4 Use of multiple informants.

In addition to gathering information on young people's views, the benefits of using multiple informants of child and parent behaviour have also been reported. Young people and their parents report different experiences of bereavement and the use of childhood bereavement services (Rolls & Payne, 2007). Therefore, data gathered from both young people and parents would be richer than the use of data from a single source. Furthermore, the use of clinicians who practice counselling or psychotherapy with young people is a useful resource which may help to identify the types of treatments and conditions that seem to maximise change (Kazdin et al., 1990). The use of counsellors in the present study would contribute to the

understanding of the processes involved in counselling and the aspects of counselling that may help young people adjust to their loss. The involvement of parents and counsellors, as well as bereaved young people, will add depth to the understanding of young people's experiences of bereavement and counselling. The present study is framed by models which recognise the importance of the multiple factors at play in young people's experiences of bereavement. The involvement of parents and counsellors, as well as young people, reflects the contextual nature of bereavement and the microsystems that may influence young people's experiences. Involving counsellors in a study has the potential to give a different perspective and contribute to the insight into young people's bereavement as they attend counselling.

3.9 Present Study

The aims and objectives of the present study are based on the gaps in the understanding of young people's bereavement and their experiences of bereavement interventions, specifically of individual counselling or psychotherapy, and the theoretical framework of the present study.

3.9.1 Aims and Objectives.

The overall aim of the present study is to gain an understanding of young people's experiences of bereavement and counselling following the death of a family member. This will be achieved by meeting a number of specific objectives. These are:

1. To explore young people's experiences of bereavement while engaging with bereavement counselling.
2. To identify the factors that influence young people's adjustment to their loss during this time.
3. To identify any changes in self-reported psychosocial wellbeing and coping evident during the course of engagement with bereavement counselling.
4. To explore the wider family context of this experience though young people's and parents' reports.
5. To explore young people's experiences of the process of counselling.
6. To explore counsellors' perceptions of the process of counselling.

In order to meet the study's aims and objectives a mixed methods design is used. The rationale for this methodology and the structure of the present study are presented in the following chapter.

3.10 Conclusion

While many young people successfully cope with the death of someone close to them with the support of their family and friends, some may require referral to an intervention whose focus is bereavement. Counselling and psychotherapy interventions are one of a range of services available to young people who are bereaved and they may be based on a range of bereavement and therapeutic models. In Ireland few bereavement services are aimed specifically at young people or offer psychotherapeutic and counselling interventions. Where counselling or psychotherapeutic interventions have been researched, the processes involved in counselling and the impact of the counselling is not well understood. Counsellors and psychotherapists may make use of models of bereavement or general therapeutic models for young people, but there are no specific therapeutic models for children who have been bereaved. This suggests that there is a gap in knowledge of the processes involved in counselling for bereaved young people.

A review of the research of interventions for bereaved young people shows mixed results. Counselling and psychotherapy designed for a specific problem may by more useful and may also be specific in their effects. This supports the argument that therapeutic interventions for bereaved young people may be appropriate only for those young people who are experiencing problems adjusting to bereavement. Research on counselling and psychotherapy for young people in general and on interventions for children who are bereaved has highlighted limitations of the research. Limitations of child psychotherapy research include the narrow focus of research, for example, the method of treatment and change in symptoms (Kazdin, 2002). The research does not question how or why a therapy works or does not look at psychosocial issues, e.g. school functioning. The many variables e.g. child, family, parent characteristics, that may influence outcome are often ignored. The processes involved in counselling and the impact of the counselling is not widely researched.

Based on the research that has been done and the limitations of that research, there are some key issues that warrant exploration in counselling or psychotherapy for bereaved young people. Recommendations for future research in this area include involving multiple informants and the young people themselves. A focus on coping, psychosocial functioning and the factors that influence young people's experiences may offer new insights. Longitudinal research may be useful for examining the change in coping or psychosocial functioning over time. More and better evaluations of different types of bereavement interventions are needed (Ribbens McCarthy, 2006) as well as a more diverse range of methodologies for studying outcomes, including qualitative methods (Curtis & Newman, 2001). Brewer and Sparkes (2011) suggest that small scale qualitative research should be carried out to investigate the experiences of bereaved young people to understand the processes and nature of bereavement over time.

This will be the first study, to the author's knowledge, to explore the experiences of young people who have been bereaved as they attend bereavement counselling in Ireland. Some studies have looked at the experience of the young people. However, they have not looked at the young person's experience of counselling in the context of what happens during counselling and what other factors may be influencing the counselling and the experience of bereavement. The present study, which was introduced in this following chapter, aims to address some of these issues. The methodology employed to meet the aim is described in the following chapter.

Chapter 4:   Methodology

4.0   Overview

The chapter opens with the research structure, highlighting the two phases of research. The rationale for the use of mixed methods and the key principles of the pragmatic approach are described. The rationale of the use of case studies is also provided. The research design is then presented, focussing on the two distinct phases of the study. The methodology of each phase of the study is described in terms of participant recruitment, research materials and procedures for data collection. Following that the ethical issues associated with the study are discussed. Finally, the methods of data analysis are described.

4.1   Research Structure

To address the research aims and objectives in the present study, data were collected in two phases from multiple participants.

Phase 1: addressed the research questions related to young people's experiences of bereavement and of counselling. This was achieved by collecting data from young people and their parents utilising both qualitative and quantitative methods at several different time points over the course of their engagement with counselling. Quantitative data collection approaches included the use of standardised instruments to measure psychosocial factors, well-being and coping. Qualitative data collection approaches included the use of open-ended questions to explore the impact of the death, communication within the family and the experiences of attending counselling. Case studies based on both qualitative and quantitative data were employed to gain a deeper understanding of two young people's experiences.

Phase 2: addressed research questions relating to counsellors. This was achieved by collecting qualitative data from counsellors about their perceptions of counselling in one-off interviews. Some minimal demographic details about counsellors and their area of practice was also collected. Phase 2 also contributed to the research questions related to young people's bereavement and the factors which influence adjustment by addressing counsellors' perceptions of bereavement in young people while they attend counselling. The structure of the research is illustrated graphically in Figure 5.

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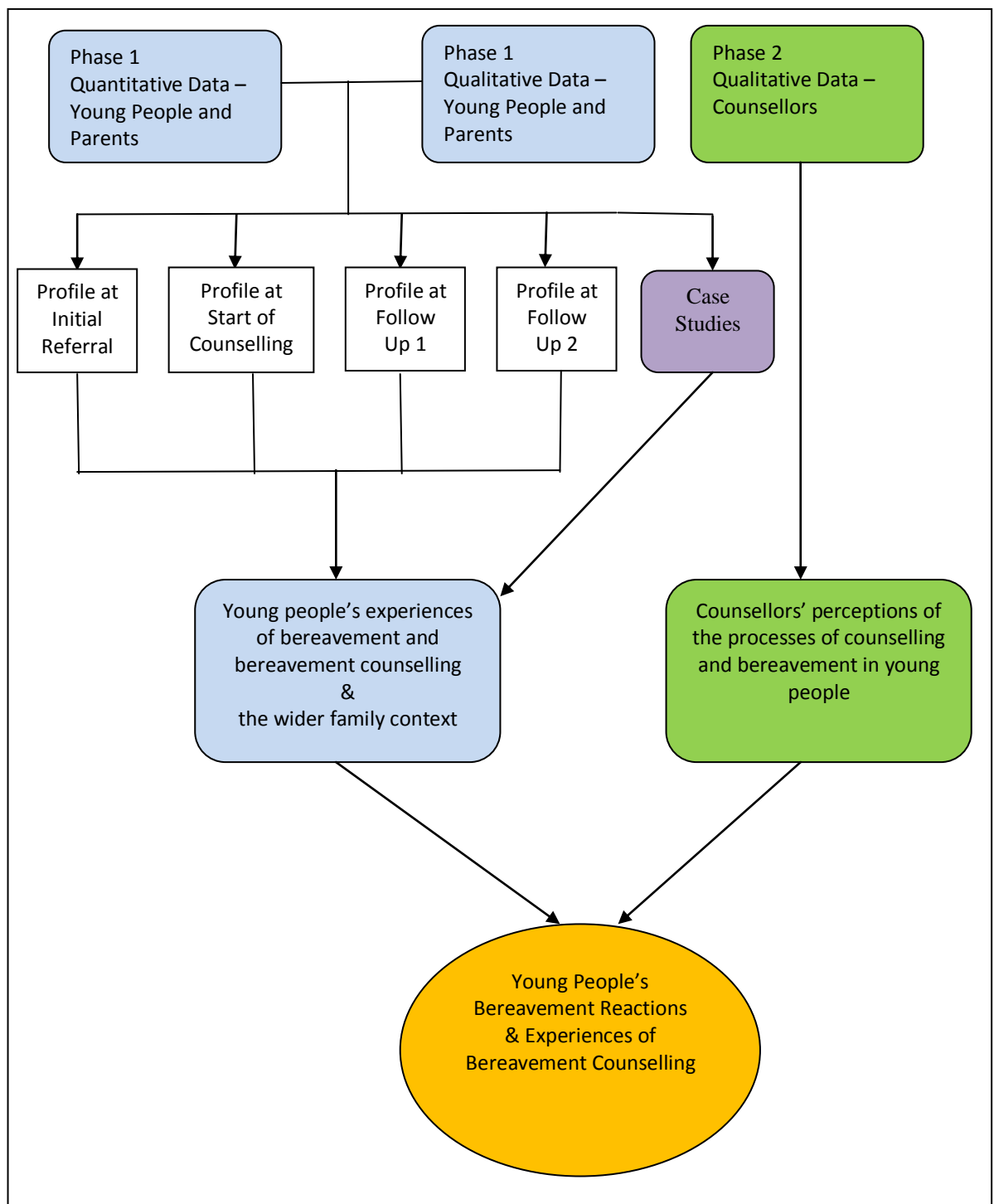
Figure 5 *Research Structure*

4.2 Methodological Approach to the Present Study

The theoretical background and rationale for the methodology are described as the use of mixed methods was integral to the research design. The rationale for the use of case studies is also outlined.

4.2.1 Rationale for mixed methods.

In recent years mixed methods research has become increasingly popular in social science and is now considered a legitimate, stand-alone research design (Tashakkori & Teddlie, 2003). In general counselling psychology research Hanson, Creswell, Clark, Petska and Creswell (2005) report an increased use of mixed methods designs. Mixed methods research designs have been introduced and guidelines have been prepared for their use in applied psychology and counselling psychology (Hanson et al., 2005). Neimeyer and Hogan (2001) argue that, although there has been much research in bereavement and grief reactions, research findings should be adapted with caution due to the mixed quality of research conducted. Suggestions for improving the quality of bereavement research include the use of multiple methods of research which are matched to the aims and objectives of the research (Center for Advancement of Health, 2003). In a mixed methods study the quantitative and qualitative aspects are planned to answer related aspects of the same research questions. The research questions are answered in both narrative and numerical forms (Teddlie & Tashakkori, 2009). In the present study the research questions contributed to the choice of research design. The quantitative data is used to examine specific factors related to bereavement and coping. The qualitative component of the study explores the processes and factors involved in counselling and bereavement that contribute to young people's experiences.

There are many advantages for the use of mixed methods. The use of an iterative phased approach that encompasses both qualitative and quantitative methods should lead to improved study design, execution and generalisability of results (Campbell et al., 2000). Neimeyer and Hogan (2001) and Stroebe (2003) recommend that both qualitative and quantitative methods are used in research in an effort to improve the quality of bereavement research and the information arising from it. Neimeyer and Hogan (2001) "advocate a stance of methodological pluralism, respecting both

numbers and narratives and the distinctive forms of understanding that each can promote" (p.113). Mixed methods analysis results in a more comprehensive technique than either qualitative or quantitative would on their own (Tashakkori & Teddlie, 2003). The researcher can use the strengths of both techniques to understand the field better. In the present study mixed methods were used to present a more comprehensive picture of the experiences of young people who are bereaved. This reflects Bryman's (2006a) rationale of "completeness" (p.106), or using both quantitative and qualitative data to bring together a more comprehensive account of the area of interest, in his scheme for integration in mixed methods research. Mixed methods research also provides stronger inferences than either qualitative or quantitative alone. The qualitative data provides greater depth to a study, whereas the quantitative data gives greater breadth. Using both together may provide results from which it is possible to make more accurate inferences than either method alone (Teddlie & Tashakkori, 2009). The complementary aspect of mixed methods research means that quantitative and qualitative methods can be combined where the results from one method are used to elaborate on results from the other method (Hanson et al., 2005).

The qualitative and quantitative components of a study may result in different or contradictory conclusions. Mixed methods may help explain discrepancies between the two types of data (Teddlie & Tashakkori, 2009). Contradictory findings may result in an examination of the assumptions underlying the components, or may result in further research. Different inferences from mixed methods research may suggest diverse perspectives. Therefore, mixed methods research allows for a greater assortment of divergent views (Teddlie & Tashakkori, 2009).

One of the main benefits of this design is that the comparison of findings across the two data types adds to the researchers' confidence in the findings. Concurrence of empirical results indicates their validity and supports the initial assumptions and the theoretical framework that is the basis of the research process (Tashakkori & Teddlie, 2003). Jordan and Neimeyer (2003) argue that well thought out qualitative data can explore bereavement specific issues that are often missed when using standardised self-report measures. In the present study, qualitative questions are used to elaborate on issues that are the focus of the quantitative scales regarding

bereavement and counselling. In addition, qualitative questions are used to explore other issues that could not be adequately addressed by a quantitative scale. Gaining an understanding of the processes involved in counselling and the key aspects of counselling is an important component of the present study. The use of qualitative questions will enable these issues to be explored. Qualitative data may examine the processes of implementation of an intervention as part of the study and, therefore, may further show the validity of findings (Campbell et al., 2000). Qualitative data is critical to understanding young people's experiences, which are central to the present study. Therefore, the qualitative component of the present study is critical in order to understand the potential role of counselling as well as the young people's experiences of bereavement. The use of questionnaires and semi-structured and structured interviews in the present study is supported by Bryman (2006a) who found in a review of social science articles based on mixed methods studies that a combination of the use of a questionnaire or structured interview to collect quantitative data and a semi-structured or unstructured interview to collect qualitative data predominated the studies reviewed.

In terms of the philosophy underpinning the mixed methods approach, Bryman (2006b) argues that research which combines qualitative and quantitative methods is based overwhelmingly on pragmatic attitudes. While there are researchers who argue against pragmatism, the field of mixed methods has evolved to a stage where there are definitions of key concepts, research designs and a range of literature related to mixed methods research. For the present study the following definition of mixed methods was identified: "research in which the investigator collates and analyses data, integrates the findings, and draws inferences using both qualitative and quantitative approaches or methods in a single study or program of inquiry" (Tashakkori & Creswell, 2007, p.4). The key principles of the pragmatic approach and their relevance to the present study are outlined in the following section.

4.2.2 Key principles of the pragmatic approach

In the past mixed methods research was criticised by theorists arguing incompatibility of the paradigms underlying qualitative and quantitative methods (Tashakkori & Teddlie, 2003). However, the number of mixed methods studies increased and specifications regarding research design for mixed methods studies

were developed. Quantitative and qualitative research is no longer regarded as incompatible and instead it is recognised that both methods can be combined (Bryman, 2006b).

Recent developments in mixed methodology have resulted in a pragmatist approach to solve the incompatibility problem and the establishment of mixed methodology as a separate field (Tashakkori & Teddlie, 2003). Pragmatism is based on the belief that the meaning of ideas and concepts should be determined by their consequences. Dewey, Peirce and James were classical pragmatists who examined practical consequences and empirical findings to understand their philosophical positions and to understand real-world phenomena (Johnson & Onwuegbuzie, 2004). Pragmatism states that the current meaning is to be determined by the experiences or consequences of belief in or use of the expression in the world (Murphy, 1990). Pragmatism rejects traditional dualism (e.g., subjectivism versus objectivism) and instead prefers a more commonsense approach based on how well philosophical dualisms solve problems.

A pragmatist approach is based on qualitative and quantitative methods as compatible, therefore suggesting that both methods can be used in research. While pragmatism is based on a distinctive philosophy, a pragmatic approach is often adopted by researchers based on the need to answer specific research questions (Bryman, 2006b). The centrality of the research question is a key manifestation of a pragmatic approach to combining qualitative and quantitative research (Bryman, 2006b). Johnson & Onwuegbuzie (2004) argue that research approaches ought to be mixed in a way that best answers research questions.   Pragmatism offers a way of mixing methodologies that may result in a better answer to the research question. It is a practical and outcome-oriented approach.

The adequacy of specific methods to answer research questions are a determinant of which methodological approach should be adopted, and may be considered more important than the paradigm that underlies the method (Teddlie & Tashakkori, 2003). In the present study it was decided that a combination of qualitative and quantitative methods were required for answering the research questions. While qualitative

methods to explore young people's experiences were critical, specific concepts, such as coping efficacy and trauma, were best assessed with quantitative methods.

While pragmatism is based on finding a middle ground between the philosophical dualisms and finding a workable solution to long-standing differences between paradigms, it also offers a pragmatic method for making methodological choices (Johnson & Onwuegbuzie, 2004). Therefore, the principles of pragmatism allow for the selection of a variety of mixed methods in the present study. Pragmatism supports pluralism, for example, it recognises that different theories and perspectives can be useful. Pragmatism acknowledges that observation, experience and experiments are all useful methods to gain an understanding of individuals and the world (Johnson & Onwuegbuzie, 2004). Another principle of pragmatism is that knowledge is seen as being constructed as well as based on the reality of the world we experience. A pragmatic approach using both qualitative and quantitative methods in the present study is suitable to gain an understanding of the experiences of bereaved young people. Case studies based on qualitative and quantitative data enabled an examination of the reality of the world the young people experienced.

One of the characteristics of pragmatism is that researchers are constantly trying to improve on past understandings and findings in a way that fits in the world in the way the researcher presently works. The present study aims to make a unique contribution to the understanding of young people's experiences of bereavement and counselling in Ireland. Therefore, the methodological approach was selected with the research questions and the participants in mind. This reflects a pragmatic approach.

4.2.3   Rationale for case studies.

The mixed methods employed in the present study were used to collect data for case studies. In this section the rationale for the use of case studies is outlined. A case study may be defined as: "an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident" (Yin, 2003, p.13). Yin (2003) further argues that the case study enquiry:

copes with the technically distinctive situation in which there will be many more variables of interest than data points, and as one result

- relies on multiple sources of evidence, with data needing to converge in a triangulating fashion, and as another result
- benefits from the prior development of theoretical propositions to guide data collection and analysis (Yin, 2003, p. 14).

Therefore, the case study is a comprehensive research strategy encompassing design, data collection and specific approaches to data analysis. Case studies have been used increasingly as a research strategy in fields such as psychology and sociology (Yin, 2003).

Rather than aiming to generalise the findings to similar cases, the case study generally aims to present a thorough description of an individual's experiences (Neimeyer & Hogan, 2001). The need for a case study is based on the desire to understand complex social phenomena, while the use of case studies enables researchers to retain the "holistic and meaningful characteristics of real-life events" (Yin, 2003, p.3). Yin's (2003) definition of case studies emphasises the context of a phenomenon and acknowledges that the context and the phenomenon in question may not be distinguishable. The context of young people's experiences of bereavement is central to the present study. In particular, the family settings and factors which may influence young people's experiences are of interest. Therefore, case studies are an appropriate method to meet the aims of the study. Baxter and Jack (2008) argue that qualitative case studies enable researchers to use multiple data sources to explore a specific phenomenon in context, which supports the use of multiple informants to explore childhood bereavement. The question of how counselling is useful may be appropriately addressed with case studies, as they are a more suitable research method for questions related to how or why than other strategies, such as survey, archives, experiment, which are used for questions related to who, what, how much or how many. This question is central to the present study's objective to understand young people's experiences of counselling and the potential role of counselling.

While a history is appropriate in the case of no access or control of actual behavioural events, a case study can examine events with the benefit of direct

observation of events, or interviews with the people involved in the events (Yin, 2003). The present study was based on collecting data from participants who had directly experienced a death or had worked directly with young people who were attending counselling, therefore, they were directly involved in the events of interest. The focus of the study was on contemporary events, how the young people were doing and their experiences of counselling at the time of research, as opposed to historical events. The study also involved no manipulation by the researcher, therefore, case studies were more suitable than other methods, such as experimental strategies when different participants are treated differently.

Case studies have the advantage of using a variety of evidence; they can include qualitative and quantitative evidence (Yin, 2003). In the present study, the case studies were based on qualitative interviews conducted with parents, counsellors and young people and scores on quantitative instruments. While case studies do not enable generalisation to a wide population in the way that statistical analysis may, they can be used to expand and generalise theories (Yin, 2003). The value of case studies is based on the meanings generated by the researcher or the reader.

In terms of bereavement research Neimeyer and Hogan (2001) argue that case studies can be used to illustrate a theory or method, or to focus on the specific features of an individual's or a family's way of mourning following a death. The use of narrative case studies is also central to Neimeyer's (2001) meaning reconstruction approach to understanding loss. The narratives of the young people, parents and counsellors in the present study create an opportunity for the reader to have an experiential understanding of the case.

While the case study differs from other methods in terms of aims, methods of data collection and type of data, Kazdin (1998) views the "case study method as interrelated with and complementary to other research methods in psychology". In the present study the use of case studies complements the individual quantitative and qualitative components of the research design.

4.3   Research Design

In conducting mixed methods research, there are several issues to consider, including where the qualitative and quantitative approaches are mixed, for example, during data collection, analysis. There are several different typologies of mixed methods research (Bryman, 2006a). These are based on dimensions which highlight different aspects of the research. These aspects include the collection of qualitative and quantitative data simultaneously or sequentially, the priority of the qualitative or quantitative data (Morse, 1991), the stage at which mixed methods are employed (e.g., data collection, data analysis, integration), or the function of the integration (Creswell, 2003).

Mixed methods are introduced in the design phase and are used in the methods and analysis and integration. The present study is based on a parallel mixed methods design, which involves the collection of qualitative and quantitative data at the same time. The analysis of the quantitative data and qualitative data was initially carried out separately. The mixed-methods element of the study incorporated a concurrent triangulation strategy (Creswell, 2003), whereby following parallel data collection the findings from the qualitative and quantitative data from two phases of data collection were integrated in the reporting of the findings. The data were also integrated during the analysis of the case studies and relational analysis. The decision to combine qualitative and quantitative methods was based on the strengths associated with a mixed methods approach, as outlined previously. The integration of the data is described in detail at the end of this chapter.

The design of the research with respect to the case studies was based on combining the qualitative and quantitative data related to two participants in the study. The study used exploratory case studies to look at bereaved young people's experiences of bereavement and counselling. A multiple-case design was employed to give an in-depth picture of the experiences of the two young people. The case was the experience of the bereaved young person who attended counselling following the death. The two cases were selected from a group of participants who were attending counselling in one service, therefore, they were bounded in terms of setting. The case studies were bounded in time; the studies were based on the experiences of young people from before they started counselling until six to eight months

following the start of counselling. The design of both phases of the research is described in the following sections.

4.3.1 Research design for research with young people and parents (Phase 1).

Young people are the principal participants of the study. Due to the emphasis on the context of the young people's experiences in the present study and the connection between young people and their settings, especially their families, the young people's parents were also invited to participate in the research.

Qualitative and quantitative methods of measurement were used in this phase of the research. Quantitative and qualitative data were collected at several time points as shown in Table 2. Collecting data at different times as the young person attended counselling enabled an exploration of changing patterns over time.

Table 2 *Time points for data collection*

Time Point	Description
IR	Initial referral (at which point families are put on waiting list)
EC	Start of engagement with counselling (approx. 3 months from referral)
FU1	First follow up (approx. 3 months from the start of treatment)
FU2	Second follow up (approx. 6 months from the start of treatment)

The quantitative component was based on a longitudinal design to examine several outcomes and issues relevant to bereavement and factors influencing bereavement. On an intrapersonal level, the quantitative measures were selected to examine changes to young people's bereavement reactions and coping. To understand what is happening in the young person's context in terms of their relationships with others, the quantitative tools included a measure of communication.

The qualitative component of this phase of the study comprised of individual structured interviews with the young people and their parents. The interview was designed to complement the quantitative assessment tools selected. Qualitative questions in parent and young person interviews were used to gain an understanding of what was happening in the young person's context in terms of their relationships

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with others. Issues discussed in interviews included friendships, parent's coping and any change in daily life that occurred while the young person attended counselling. Finally, the qualitative interviews with young people and their parents were also critical in addressing the role of counselling. This was approached by looking at the helpfulness of counselling and the elements involved in counselling, as well as a measure of satisfaction with the service. The qualitative component of this phase of the study also helped to understand the nature of counselling by addressing the issues of what happens in counselling with the young people and their parents.

4.3.2 Research design for research with professional counsellors (Phase 2).

This phase of the study used qualitative methods. Structured interviews were used to collect data from the counsellors. The interviews were designed to gather data from the participants in three key areas:

1. Therapeutic approach in the context of bereavement reactions in children and young people
2. Processes involved in counselling with children and young people who have been bereaved
3. Outcomes from counselling with young people who have been bereaved.

All three areas contributed to an increased understanding of young people's bereavement. Examining the therapeutic approach of the counsellor and the processes involved in counselling helped to understand the nature of the counselling, specifically what is happening in the counselling with the young person. In order to understand the role of counselling, this phase of the research addressed the helpfulness of counselling, the elements related to helpfulness and the responsiveness of counselling from the counsellors' perspectives. Perceived outcomes of counselling were included to further understand the impact of counselling or the role of counselling with this population. Finally, questions related to the young people's and parents' communication, coping and support were included in discussions related to the factors that influence young people's adjustment to bereavement.

4.4 Methodology for Research with Young People and Parents (Phase 1)

The following sections outline participation and recruitment, research materials and procedure for the pilot study and the main study in this phase.

4.4.1   Participants and sampling.

The participants for the first phase of the study were young people and their families who had experienced the death of a family member or someone significant in their lives and who attended the Barnardos Children's Bereavement service. The decision to recruit young people from this service was based on the review of interventions which suggested that this service uniquely provided professional counselling specifically for young people who are bereaved as its sole purpose. Service user figures from the service also indicated that a large number of young people attended their counselling service each year.

Participants were invited to take part in the research after they contacted or were referred to the Barnardos Children's Bereavement service. The telephone helpline is typically how clients come into contact with the service. The helpline personnel provide the Barnardos Children's Bereavement service team with the names and addresses of all new referrals to their service. Following initial contact with the service, clients generally have to wait for several months before their first appointment. For the present study, when a family was due to be offered their first appointment the Barnardos Children's Bereavement service administrator posted them information on the study. Two of the families, however, were invited and consented to take part while they were on the waiting list for the counselling. The protocol for data collection is included in Appendix E.

The research packs sent to potential participants included information sheets and consent forms for young children, young people and for parents (see Appendices B and C for information sheets and consent forms). The information sheets described the aims of the research and detailed what participation would involve. Issues of confidentiality and anonymity were described. The information sheet for young people was worded to reflect the age of potential participants. The information sheets and consent forms were sent to the family with a cover letter from the counselling service and a stamped addressed envelope addressed to the researcher. At this point, the researcher did not have access to any data from the service to protect client data confidentiality. Young people were invited to participate in the research themselves, but consent forms from their parents had to be signed before

they could take part. Participants who were referred to the service in both the Dublin and Cork offices were included.

Male and female young people from eight to 18 years old were eligible for inclusion in the study. Several factors influenced the age range of potential participants for the research. The age of potential participants was informed by previous research carried out with young people who are bereaved. The guidelines for the quantitative measures selected were also taken into account; the measures used are all suitable for young people of this age. The decision related to the age of the participants was also taken in conjunction with the counselling service. The most prominent age group in the counselling service at the time were eight to 12 year olds, therefore, it was important to include this group.

Eligible families were invited to participate in the research by post. During the time frame for inviting families to participate, 37 families referred to the Dublin service and 16 families referred to the Cork service were contacted. Of these 11 families returned their contact details to the researcher: eight from the Dublin service and three from the Cork service. This represents a response rate of 20.8%. Following initial contact by the researcher five families in the Dublin service and one in the Cork service agreed to take part in the research. The six families who took part in the research represent a participation rate of 11.3%. Of the five families that sent contact details to the researcher, but did not go on to participate in the research, two could not meet the researcher for logistical reasons, one did not accept the offer of counselling with the service, one young person was attending two different services at the same time and was therefore excluded and one young person did not consent to take part after her parent had completed the consent form. Demographic details of the participants are presented in Table 3.

Table 3 *Demographic details of participants*

	N	Age Range (years), mean (SD)	Gender	Location	Employment Status of Parent
Young People	8	9-15, 10.25 (2.12)	Male: 6 Female: 2	Dublin: 7 Cork: 1	
Mother	6	35-51, 39.83 (7.91)		Dublin: 5 Cork: 1	In employment: 3 Stay at home: 3
Father	1	50		Cork	In employment

As Table 3 shows, eight young people participated in the research. The young people ranged in age from nine to 15 years and comprised of two girls and six boys. The eight young people were from six different families. In one family, two brothers participated in the research and in another family a brother and a sister participated. The parent in all cases was the mother and in one case the father also participated in the research at one time point. In some cases, extended family members accompanied the young people to counselling and met the counsellor too. The five families attending the Dublin service came from Dublin and other neighbouring counties. The family attending the Cork service lived in Cork.

Data related to death were collected during the first interviews with young people and parents and are summarised in Table 4.

Table 4 *Data Related to Type of Death*

Type of death	Number of young people affected (n)	Multiple deaths	Number of young people affected (n)	Person who died	Number of young people affected (n)
Heart attack	1	One death	5	Grandparent	2
Accident	3	Two deaths	1	Father	3
Suicide	4	Three deaths	2	Uncle/aunt	4
Cancer	3			Friend	2
Alcohol related illness	2				

It is evident from Table 4 that there is some variation within the group of participants in terms of the death that they experienced. It is particularly notable that three young people experienced multiple bereavements.

Due to the timing of the study, only two children/parent dyads took part in data collection at initial referral. Some of the other participants were unavailable for data collection at all time points, therefore, there were some missing data. In total, 32 individual interviews were conducted.

4.4.2 Materials and instruments.

The materials used in the main study were selected to examine specific outcomes relevant to bereavement and to meet the objectives of the study, while maintaining the goals of the counselling intervention in mind. Interview schedules prepared for data collection with young people and their parents comprised a demographic questionnaire, several standardised instruments and open-ended qualitative questions and visual analogue scales. The schedule started with an introduction to the study, its aims and objectives and an explanation of what participation in the main study entailed. The researcher addressed the issues of confidentiality, withdrawal from the research, the independence of the research and the recording, transcription and storage of data as described for the pilot study previously. The interview schedules, including quantitative instruments, for young people and parents are attached in Appendix D. The combination of standardised instruments, open-ended questions and visual analogue scales was designed to procure the relevant information in a way that maintained the participant's interest during the interview process. The rationale for the specific quantitative scales used and for the issues addressed in the qualitative questions and visual analogues is described in each section below.

4.4.2.1 Demographic questionnaire.

The demographic questionnaire included questions related to the participants, for example name, age, the number of siblings, age of other children in the family. A number of questions related to the death were also included, such as the time since bereavement, the type and nature of bereavement and any change in living circumstances since the bereavement. The opening demographic questions helped to build up a rapport between the participant and the researcher. Other issues addressed in the demographic questions were included for their relevance to young peoples' experience of bereavement and adjustment following the death of a loved one. The nature of the bereavement has been linked to adjustment of young people who are bereaved (Kranzler et al., 1990). Family related factors, such as a change in living

circumstances or family discord have been shown to be a factor in how they cope with bereavement (e.g. Wolchik et al., 2008).

4.4.2.2 *Core Bereavement Items (Burnett, Middleton, Raphael, Martinek, 1997).*

The Core Bereavement Items (CBIs) (Burnett, Middleton, Raphael, Martinek, 1997) questionnaire is a self-report for parents that measures core bereavement phenomenology. It contains 17 items with three subscales based on a theoretical grouping of items into Images and Thoughts (Items 1-7), Acute Separation (Items 8-12) and Grief (Items 13-17) (Burnett et al., 1997). Table 5 shows sample items for each subscale. Parents indicate how much they agree with a question by selecting one of four options, for example: continuously, quite a bit of the time, a little bit of the time, never.

Table 5 *Subscales and Sample Items from the CBI*

Scale/Subscale	Sample Item
Images and Thoughts	Do you experience images of the events surrounding _____'s death?
Acute Separation	Do you find yourself missing _____?
Grief	Do reminders of _____ such as photos, situations, music, places etc cause you to feel loneliness?

The CBI scale has high reliability and face and discriminant validity. Cronbach α coefficient is 0.91 (Burnett, Raphael & Martinek, 1997). In a longitudinal study comparing bereavement phenomena in recently bereaved spouses, adult children and parents, Middleton, Raphael, Burnett and Martinek (1998) reported the following validity data: that bereaved parents scored higher than bereaved spouses, who in turn scored higher than bereaved adult children.

Previous research has highlighted the influence that the parent's grief responses have on a child's adjustment to the death of someone close to them. Therefore, it was important to measure the parent's bereavement reactions and any change in reactions over time. In examining best practices in terms of grief assessment, Altmaier (2011) includes the CBI as a commonly used tool which can be used to measure grief across all possible losses. The CBI is an appropriate instrument to use in the present study

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as it has been used frequently to measure grief phenomena in adults, for example, in their mixed methods study with bereaved parents, Lichenthal, Currier, Neimeyer and Keesee (2010) used the CBI to assess normative grief.

4.4.2.3 *Strengths and Difficulties Questionnaire (Goodman, 1997).*

Both parents and young people completed the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). This is a screening questionnaire that measures pro-social behaviour and psychopathology (Goodman, 2001). It is suitable for young people from four to 16 years of age. The scale has several different formats. In the present study, parents completed the questionnaire for each child in their family that was attending the service. Each young person also completed the self-report version of the questionnaire. Young people were given the option of completing the self-report themselves, or having the researcher read the questionnaire items to them. The scale contains 25 items (10 strengths, 14 difficulties, one neutral) spread over five dimensions: hyperactivity, emotional symptoms, conduct problems, peer problems, pro-social behaviour. Sample items for each dimension are presented in Table 6 below.

Table 6 *Subscales and Sample Items for the SDQ (Young Person Self-report)*

Scale/Subscale	Sample Item
Emotional Symptoms	I get a lot of headaches, stomach- aches or sickness
Conduct Problems	I fight a lot
Hyperactivity	I am easily distracted
Peer Problems	I have one good friend or more
Prosocial	I am kind to younger children

Table 6 illustrates the self-report version of the SDQ for young people. The informant-rated version of the scale has similar items and the same subscales. In both cases, participants indicate how true each item is for the young person by circling a number corresponding to not true, somewhat true or certainly true. The SDQ has been found to have good reliability, validity and acceptability. The Cronbach α coefficient is 0.73 for British total scores (Goodman, 2001) and 0.83 for US total SDQ scores (Bourdon, Goodman, Rae, Simpson & Koretz, 2005). Mean re-test stability after 4 to 6 months was 0.62 (Goodman, 2001).

The use of the SDQ in the present study is based on the interest in young people's psychosocial functioning after they experience a bereavement. Adjustment following bereavement may be measured in terms of pro-social functioning (Kazdin, 2001) and the importance of psychosocial reactions in terms of adaptation to bereavement has been suggested in recent research (e.g. Wolchik et al., 2008). The SDQ has been used as an outcome measure for treatment and in service evaluations (Vostanis, 2006) and as a screening measure prior to admission to child and adolescent mental health services (Mathai, Anderson & Bourne, 2002). It has been used as an index of psychosocial functioning extensively with vulnerable young people (Vostanis, 2006), therefore, is appropriate for use with bereaved young people and their parents.

4.4.2.4 Coping Efficacy Scale (Sandler, Tein, Mehta, Wolchik & Ayers, 2000).

The Coping Efficacy Scale (Sandler et al., 2000) looks at young people's general belief that they can cope with problems and emotions. This is a self-report for children with eight items. Coping efficacy has been found to be significantly related to active coping and externalizing and internalizing problems and mediates the relation between active coping and internalising problems (Sandler et al., 2000).

Table 7 *Sample Items from the General Coping Self Efficacy Scale*

Scale/Subscale	Sample Item
General Coping Efficacy	Sometimes things that people do to handle their problems work really well to make their problems better and sometimes they don't work at all to make them better. Overall, how successful have you been in handling your problems?
General Coping Efficacy	In the future, how good do you think that you will usually be in handling your problems?

Two sample items from this scale are shown in Table 7. Young people indicate what they think by circling a number from 1 to 5, where the numbers represent how well they will cope in the future, for example: not at all good, a little good, pretty good, very good and don't know. The Cronbach α coefficient for this scale is 0.89 (Sandler, 2008). Since coping is of interest to the present study, a measure of coping efficacy was used to complement young people's qualitative reports of coping. Coping efficacy was measured over time. This scale was selected as it has been used to measure young people's beliefs in their ability to handle problems effectively in

studies of child bereavement (e.g. Wolchik et al., 2008) and it has been used as a measure of young people's outcomes in evaluations of bereavement programs (e.g. Sandler et al., 2003).

4.4.2.5 Impact of Event scale (Horowitz, Wilner & Alvarez, 1979).

The Impact of Event Scale (IES; Horowitz, Wilner & Alvarez, 1979) is used to measure subjective stress related to a specific event. It is a self-report originally designed for adults, but subsequently has been used for children and adolescents. In the present study, it was administered to the young people. This scale has been used to measure post-traumatic stress disorder symptoms in bereaved children (McClatchey & Vonk, 2005). Younger children (e.g., from eight to 12 years) may be read the scale orally, while older children (12 years and over) can complete the instrument themselves if they wish. The scale has 15 items with two subscales: intrusion and avoidance. The subscales and some sample items are presented in Table 8.

Table 8 *Subscales and Sample Items in the Impact of Event Scale*

Scale/Subscale	Sample Item
Intrusion	I thought about it when I didn't mean to
Avoidance	I tried not to talk about it

For each item the young person selects their level of agreement by circling a number corresponding to not at all, rarely, sometimes or often. The reliability of the total scale was found to be high (r=0.86) and the internal consistency of the subscales was also high; Cronbach α coefficient for the intrusion subscale was 0.78 and for the avoidance subscale was 0.82. Symptoms of trauma influence how a child adjusts to the death of someone close to them. These symptoms may result when the death is due to traumatic circumstances, or when the death is not due to traumatic circumstances, but the child's reaction includes symptoms of trauma (Cohen et al., 2001). Young people attending the counselling service may display symptoms of trauma, in some cases when there has been a traumatic death in the family. The inclusion of a measure of stress or trauma was based on the literature related to children's traumatic grief and on the objectives of the counselling service.

4.4.2.6 Communication scale.

A communication scale was used for both young people and adults. The scale is a self-report that was used originally in a study which examined children's distress after the death of a parent (Raveis et al., 1999). It contains four items that ask the young person about general communication with the surviving parent, for example: *how often do you feel that you parent/carer really listens to you?* It has four responses, ranging from never to almost always and scores are calculated by summing the responses to the 4 items. In terms of reliability, Cronbach's α coefficient was 0.76. The parent's version of this scale was adapted for the present study, by inverting the questions which the young people were asked, for example: *"How often do you feel that you really listen to your child?"* The inclusion of the communication scale for both parents and children was based on the influence of communication within a family on the child's adjustment to bereavement. Children's reactions following the death of a family member are affected by their perception of how open their parent is (Raveis et al., 1999).

4.4.2.7 Visual analogue scales.

Visual analogue scales were used in the study to look at a range of issues in a different way. A visual analogue scale is a straight line, the ends of which are the extreme limits of the item to be measured, as shown in Figure 6. Visual analogue scales have been used to assess the strength of perceptions of both adults and children in many clinical and research settings (Shields, Palermo, Power, Grewe & Smith, 2003), such as for pain self-ratings in clinical settings (e.g. Stinson, Kavanagh, Yamada, Gill & Stevens, 2006). In the present study, these graphical scales, along which the young person or parent was invited to mark their response, ranged from 0 to 10. The scales were developed to address specific issues, specifically the effect of the death on the young person's family, their peer relationships and their school performance. The use of visual scales was intended to provide diversity in the methods used to gather information and therefore, maintain the participant's attention. The concept of marking a scale may help focus a young person's attention to the issues more easily than if an open ended question was used on its own. The scales for young people used bright faces at either end to depict the highest and lowest scores. The position that the young person or parent marked on

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the scale prompted a question to gain more information about the issue, as shown in Figure 6.

Overall, how much do you think _____'s death has affected your family?

On a scale from 0 to 10, where 0 is no effect and 10 is a huge effect, mark X to show where you would put yourself

0 1 2 3 4 5 6 7 8 9 10

Not at all

Very big effect
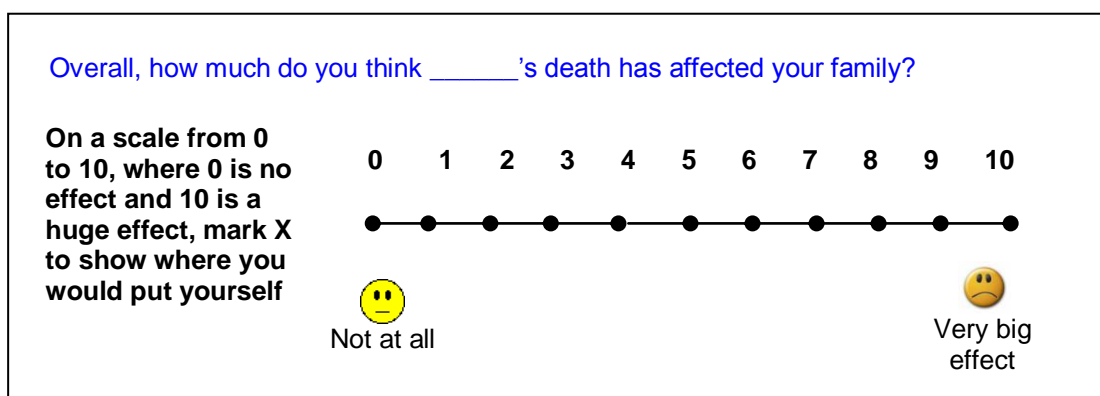
Figure 6 *Example of Visual Analogue Scale*

The researcher followed up with an open-ended question such as *"in what ways has your _____'s death has affected the family?"* This pairing of visual scales with follow up questions enabled the researcher to probe issues that are linked to young people's adjustment following bereavement; the effect on the family, the effect on school work and the effect on friendships.

4.4.2.8   Qualitative questions.

The qualitative questions were selected to investigate key issues that may influence how a young person reacts to bereavement and to understand the young person's experience of therapy (see Appendix D for interview materials including open-ended questions). The questions were based on the findings of previous research, the objectives of the counselling intervention and the aims of the present study.

The interview questions, instruments and sequencing are demonstrated in the interview protocols in Appendix D. The sequencing of the interviews is illustrated by the flow chart in Box 1 below.

```
┌─────────────────────────────────────────┐
│           Demographic questions          │
└─────────────────────────────────────────┘
                    ↓
┌─────────────────────────────────────────┐
│ Quantitative instruments, e.g. SDQ,      │
│ Impact of Event Scale, CBI. (QUAN)       │
└─────────────────────────────────────────┘
                    ↓
┌─────────────────────────────────────────┐
│         Communication scale (QUAN)       │
└─────────────────────────────────────────┘
                    ↓
┌─────────────────────────────────────────┐
│ Open-ended question related to           │
│ communication (QUAL)                     │
└─────────────────────────────────────────┘
                    ↓
┌─────────────────────────────────────────┐
│ Visual analogue scales related to impact │
│ of death, school performance, social     │
│ relationships, coping (QUAN)             │
└─────────────────────────────────────────┘
                    ↓
┌─────────────────────────────────────────┐
│ Open-ended questions related to each     │
│ visual analogue scale (QUAL)             │
└─────────────────────────────────────────┘
                    ↓
┌─────────────────────────────────────────┐
│ Qualitative questions related to         │
│ counselling: Expectations, satisfaction, │
│ helpfulness, recommendations,            │
│ improvements (QUAL)                      │
└─────────────────────────────────────────┘
```

Box 1. Schedule of interviews

Since the objectives of the study include exploring young people's experiences of counselling, participants were asked about their expectations of and satisfaction with the counselling. To explore the perceived helpfulness of counselling, participants

were asked how it was helpful. Participants were asked about what happens in counselling, the best aspects and their least favourite aspects of counselling to understand processes involved in counselling. Looking to the impact of counselling, participants were asked about the effect of counselling on communication and relationships. Since the context of young people's experiences is central to the aim of the study, participants were asked about the impact of counselling in school and at home. In relation to the factors which may influence young people's experiences of bereavement and counselling, coping and support were examined in the qualitative questions. The participant's coping and support were addressed with questions related to who supported them, help-seeking, the quality of support received and identification of who or what helped them to cope with bereavement.

The interview structure involved mixed methods of data collection. The qualitative components of the interviews and the quantitative scales were designed to complement each other. In some cases, open-ended questions immediately followed a quantitative scale. The scale used to examine communication between the young person and his/her parent or carer, for example, was followed by the following question in the interview with young people:

> *What do you think makes it harder for your mum/dad/carer to listen to you or to understand you?*

In the interview with parents the question was:

> *What do you think makes it difficult to listen to your child/children and to discuss things/problems with them?*

The visual analogue scales were followed by qualitative questions to gain further information related to the issues addressed by the scales, as described in the preceding section. By including qualitative questions and quantitative measures in the same interview, mixed methods were used concurrently to address the aims and objectives of the study. This enabled the analysis of both types of data and integration of the findings.

4.4.3   Phase 1: Pilot study.

A pilot study was conducted with young people, parents and counsellors before the main data collection. For young people and parents, the pilot interview protocol included demographic questions, proposed standardised instruments, visual analogues and qualitative questions. The pilot study was conducted between November 2007 and January 2008.

4.4.3.1   Aim of pilot study.

The aim of the pilot study was to test the interview protocols and standardised instruments and to assess the process of data collection. The appropriateness of questions and standardised scales were examined. The length of parent and young people interviews was assessed. The pilot study also offered an opportunity to gather feedback on the interview process from the participant's point of view.

4.4.3.2   Participants in pilot study.

The participants in the pilot study were families who were already engaged in the Barnardos bereavement counselling service. Four parents and five young people were interviewed. The relatively large number of participants in the pilot study is due to the fact that all the participants invited to take part accepted. The young people ranged in age from eight to 16 years old and included both boys and girls.

4.4.3.3   Interview materials for pilot study.

The materials included in the pilot study were those that were to be used in the main study. The interview schedule included the following:

- Instructions
- Demographic questions
- Standardised instruments
- Visual analogues
- Qualitative questions related to bereavement and counselling.

The instructions included a description of the study in terms of the study's aim and overall procedures. The researcher explained that the interviews would be recorded and later transcribed. The issue of confidentiality was explained in terms of what would happen to the data from interviews and the protection of their data from other people. The exceptions to confidentiality were outlined. Each participant was given

an explanation of what participation would entail for them. For the purposes of the pilot study, participants were informed that they would only be invited to take part in one interview and that the format of the interviews included questionnaires and some open-ended questions. The independence of the research from the counselling service was emphasised. The possibility of opting out of the research was given, while explaining that this would have no impact on participants' attendance at counselling.

The standardised instruments used in the pilot study were:

- Core Bereavement Items (CBIs) (Burnett, Middleton, Raphael, Martinek, 1997)
- Bereavement Coping Self Efficacy Scale (Benight, Flores & Tashiro, 2001)
- Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997)
- Impact of Event Scale (IES; Horowitz, Wilner & Alvarez, 1979)
- Communication scale (Raveis, Siegel & Karus, 1999)
- Children's Coping Strategies Checklist (Ayers, Sandler, West & Roosa, 1996).

4.4.3.4 *Data collection for pilot study.*

The parents and young people in the pilot study were interviewed individually by the researcher. In the course of the interview, several standardised instruments were completed. A counsellor from Barnardos was available during the interviews for support in the event that the participant became distressed. This was not required in the pilot.

4.4.3.5 *Results of pilot study.*

The average interview length with young people was 25 minutes and the average interview length with parents was 30 minutes. Parents and young people did not express any problems with the interview process. They were satisfied with the information provided and willing to complete the questionnaires. Based on feedback from parents and young people, the following changes were made to improve the research design:

- Consent forms, questionnaires and scales were made more child-friendly through changes in language, use of colour and pictures.

- More qualitative questions were included in the interviews.

- The Coping Strategies Checklist for Children (54 items) was replaced with the General Coping Efficacy Scale (8 items). The Coping Strategies Checklist was found to be too lengthy to complete. Coping efficacy is linked to adjustment following bereavement and the General Coping Efficacy Scale has been used in other research with young people who are bereaved.

- The Bereavement Coping Self-Efficacy Scale for parents was removed (33 items). The parents in the pilot study reported that some of the items in this scale were unclear and that they were unable to answer them. Therefore, this scale was taken out of the interview protocol for parents.

Taking away some of the lengthier scales reduced the number of quantitative items to be completed during the interview. The number of qualitative open-ended questions was increased. These changes resulted in a more balanced interview schedule and enabled participants to give a narrative of their experience of counselling. Based on the changes made during the pilot study the interview materials, information sheets and consent forms were updated for the main data collection. The procedures used in the main study are described in Section 4.4.3.

4.4.4 Procedure for main study.

The procedures involved in inviting families to participate in the present study were described in 4.4.1. When a young person and their parent were interested in taking part in the study they completed the consent forms for parents and young people and posted it to the researcher in DCU. This was the first point at which the researcher was given data in relation to participants. By sending the consent forms to DCU the independence of the research team from the counselling team was emphasised. When the researcher received a completed consent form from a young person and parent, the parent was contacted by phone to answer any questions that they had and to arrange the first interview. For subsequent interviews the researcher contacted the parent to arrange a suitable time to meet. The protocol for data collection is included in Appendix E.

As shown earlier in this chapter, there were several different time points at which data were collected. The first interviews were conducted when the young people were on the waiting list for counselling, i.e. initial referral or at the time of their first appointment for counselling, i.e. engagement with counselling. The subsequent interviews were conducted as close to three and six months since the start of counselling as possible. At each time point data were collected in individual interviews with the young person or parent in a room in the counselling service. The interviews were recorded on a digital recorder and were transcribed afterwards. Participants were given time to ask any questions they wanted before the interview. When the participant was ready, the researcher completed the interview, as shown in the interview protocol in Appendix D. During the course of the interviews participants were given the option of completing the standardised instruments and visual analogue scales themselves, or having the researcher read out the items and response options. The response options were provided on answer cards. The researcher marked off each response that the participant chose. At the end of the interview participants were given the opportunity of adding any information they wanted. They were thanked for their time. The researcher explained when she would be contacting them again for the next interview. In the case of the final interview, the participant was thanked for their contribution to the study.

Finally, in relation to the procedure for the case studies, while case studies often involve concurrent collection and analysis of data, in the present study the case studies were based on the analysis of data that had been collected earlier. Therefore, the data collected as described here formed the basis of the case studies developed for two participants. The methodology employed to analyse and present the case studies is presented at the end of this chapter.

4.5   Methodology for Research with Professional Counsellors (Phase 2)

The second phase of the present study involved interviews with professional counsellors. For ethical reasons the counsellors were not asked to answer questions about specific clients. Therefore, the data provided by counsellors were related to their therapeutic work in general with bereaved young people, rather than to the young people who participated in the first phase of the research.

4.5.1 Participants and sampling.

For this phase of the present study a purposive selection strategy was used. Potential participants were recruited through two channels. The first method of recruiting counsellors was through the Barnardos Bereavement Counselling for Children service. All counsellors who worked in the service at the time of the research were invited to take part in the research. The counsellors were posted a cover letter (see Appendix A) and an information sheet explaining the study (see Appendix B for information sheet). If they were interested in taking part in the research, or wanted to hear more about the research, they were invited to contact the researcher. During the initial phone call, the researcher arranged an interview time. When the researcher met the participant she outlined the study again and obtained their written consent to participate in the study. The consent form for counsellors is included in Appendix C.

To broaden the range of counsellors involved in the study and to increase the number of participants for this phase, participants were also approached through the Irish Association for Counselling and Psychotherapy (IACP). A research call, information statements and consent forms were compiled. Using the IACP Directory of IACP Accredited Counsellors and Psychotherapists (2008-2010), professionals who offer therapy for people who have been bereaved were identified from their service/specification description. A brief research call explaining the research and outlining the criteria was sent by post to all IACP therapists who offered bereavement services and worked with children and/or adolescents. The research call for IACP counsellors is included in Appendix A. They were invited to contact the researcher if they were interested in taking part in the research, or wanted to hear more about the research. Following the initial phone call, if the therapist was interested in taking part, the researcher met him/her. At the meeting the information sheet was provided to the participant and the consent form was signed to indicate informed consent (see Appendices B and C for the information sheet and informed consent form for counsellors). Following an initial low response rate further letters were sent to the identified therapists in an effort to encourage participation.

All of the participants in this part of the research were counsellors and psychotherapists who worked individually with young people who are bereaved.

The participants worked in a range of different organisations and settings, or privately. The inclusion criteria included: 1) working regularly with children and young people who have been bereaved, 2) working individually with clients and 3) having at least 3 years post-qualification experience. Trained facilitators and volunteers who worked in services which offered support to bereaved young people were not included in the study. People who worked in services that solely offered group support to children and young people were not included.

Six counsellors from the counselling service which the young people were attending and one who had recently left were invited to participate, that is, 7 in total. Three accepted, which represents a response rate of 42.86%. Following the second round of research calls to 69 potential participants from the IACP Directory three counsellors from this group agreed to participate, representing a response rate of 4.35%. One other participant for this phase of the research was recruited for the pilot study. He was known to be a bereavement counsellor and was purposefully selected to participate. Overall, there were seven participants in this phase.

Looking to the demographic details of the participants, all seven of the participants were counsellors working with bereaved young people at the time of the research. Three of the participants were working for Barnardos at the time of their interviews, while one had left the organisation at the time of interview. The other three participants worked for other organisations or privately. Six of the participants were female and one was male. The participants worked in Dublin and Cork. The length of time the counsellors had been working with young people who were bereaved ranged from two years to over 16 years. Descriptions of training or qualifications included Systemic training, Integrated Training, Counselling and Psychotherapy qualifications. Where provided, counsellors reported that they worked with between four and 10 bereaved young people or families every week. In terms of the ages of young people that came to them for counselling, two counsellors reported working with children from five years up to teenager, one from eight or nine years to teenager and one reported working with young people from two or three up to 18 years.

4.5.2   Materials and instruments.

The research material for the main data collection for phase 2 of the study is based on a qualitative semi-structured interview. The general open-ended questions are included in the interview protocol in Appendix D and are based on bereavement reactions in children, therapeutic approaches and observations from therapy with young people who have been bereaved. As one of the aims of the present study is to understand the potential role of counselling for young people who are bereaved, questions related to therapeutic approach were crucial. The counsellor's background in terms of counselling approach or the model of therapy they employed could inform what happens in counselling and could highlight processes involved in therapy. Asking counsellors questions based on their observations in counselling sessions offered a unique perspective on what was happening as a young person attended counselling following a bereavement. Topics addressed included bereavement reactions in young people, factors that affected bereavement reactions in young people, their methods of coping and potential factors that affected young people's experiences.   In terms of counselling processes and the impact of counselling, factors that affected the therapeutic process and change over time in bereaved young people were examined. These issues were selected to enable understanding of the factors that contribute to or challenge young people's adjustment following the death of someone close to them. Some of the questions asked of counsellors reflected topics that were addressed in the interviews with young people and their parents in the first phase of the research. This enabled comparison with young people's self-reports and parents' reports about young people's reactions and the processes involved in counselling during analysis to support or contradict findings.

4.5.3   Phase 2: Pilot study.

A pilot study was conducted for this phase of the research before main data collection was conducted. The details of the pilot study are provided in the following sections.

4.5.3.1   Pilot study overview.

The aim of the pilot study was to assess the process of data collection with counsellors, focussing on the questions asked, topics addressed and the time taken to

complete the interviews. It was an opportunity to gather feedback on the interview process from the participant's point of view. The pilot study was conducted in December 2008.

4.5.3.2   *Participants in pilot study.*

For this phase of the study one professional counsellor who worked with young people who had been bereaved was interviewed. The selection of one participant was based on the knowledge that the pool of potential participants for this phase of the research was very small and, therefore, the number of participants for the main data collection would be diminished with a larger sample size for the pilot study. The intention was to involve more participants in the pilot study if any issues arose in the first pilot interview, or if there was ambiguity in the interview protocol that subsequent interviews would clarify. However, this was not the case, so one participant for the pilot study was deemed sufficient.

4.5.3.3   *Data collection for pilot study.*

The material used for the pilot study was a structured interview with several open ended questions based on the key topics of interest to the present study. The interview protocol is included in Appendix D and is described in detail in section 4.5.2. The pilot study interview was conducted in person in the counsellor's office. The interview was recorded and transcribed.

4.5.3.4   *Results of pilot study.*

Based on the pilot study no changes were made to the interview questions, however, it was decided that the order of the questions could change depending on the content of previous answers and the flow of the interview. The interview would be semi-structured in nature rather than structured to provide the researcher flexibility in terms of the order of questions and the possibility to probe relevant topics further. The interview in the pilot study was one hour long. Since the questions used in the pilot interview were the same as those used in the main data collection, it was decided to include the pilot interview in the overall findings from counsellors in the present study.

4.5.4   Procedure for main study.

As outlined above, potential participants were invited to contact the researcher if they were interested in taking part in the study. During the initial phone call, the researcher arranged an interview time. In five cases, the researcher met the participant in person and carried out the interview in a location of their choice. In the case of the other two participants, interviews were conducted by phone. Before the interviews commenced, the researcher outlined the study and got their informed consent to participate in the study. In the case of the phone interviews, participants were posted a consent form and a stamped addressed envelope to return to the researcher. Data were collected in individual interviews with the participants. As the interviews were semi-structured, the participants were encouraged to develop issues that arose and were probed in the case of important individual topics that arose. Participants were not asked questions about individual clients. However, they used cases to illustrate their points. In all cases interviews were recorded and subsequently transcribed.

At the end of the interview participants were given the opportunity of adding any information they wanted. They were thanked for their time. The researcher gave the participants her contact details in the event that they wished to contact her in the future with questions regarding the research or with anything else they wished to add. This was to ensure that the counsellors were satisfied with the experience of participating in the research and participation did not cause them any distress. Awareness of potential distress and other ethical issues related to the study are described in the following section.

4.6   Ethical Issues

As this study deals with the issue of people who are bereaved, much consideration was given to the ethics of the research. Cook (2001) argues that the basic moral principles that underlie working as a professional at the highest ethical level include autonomy, nonmaleficence (to avoid doing harm), beneficence (trying to do good), fairness and fidelity. From the outset, one of the primary concerns of the researcher was that the study would not cause harm or distress for any young person, family member or counsellor participating in the research study. The key ethical considerations are outlined in the following sections. The ethical issues were

informed by relevant literature, ethical codes and guidelines and the values of the service and the researcher. References were made to the following documents during the course of the research: the DCU Code of Good Research (Office of the Vice President for Research (OVPR), 2008) and Guidelines on Best Practice in Research Ethics (OVPR, 2010), the Code of Professional Ethics of the Psychological Society of Ireland (PSI) (2008), the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (APA) (2002) and the Principles for Conducting Research in Barnardos (Barnardos, 2010).

4.6.1   Recruitment of research participants who are bereaved.

In terms of recruitment of participants for bereavement studies, care should be taken in identifying and approaching potential participants, the timing of the research in relation to the loss and awareness of the circumstances surrounding the loss (Cook, 2001). In the present study, the researcher sought the assistance of a bereavement counselling organisation to identify potential participants for the first phase of the research. Staff from organisations that may have provided services for the bereaved family members or their deceased relation may be seen as a trusted source (Cook, 2001). However, potential participants may feel that they will not receive treatment if they do not participate in the research. Therefore, it was important in the present study to assure potential participants that participation in the research was separate to the service being offered and that declining to participate would not affect the quality of the service received. Cook(2001) argues that alternatives to recruiting through an agency include using public documents to identify participants, however, this may be seen as impersonal and intrusive. In terms of the timing of recruitment, there is the question of how soon potential participants should be invited to take part in research. It may be argued that people who are bereaved should not be approached soon after the death. However, understanding the experience of recently bereaved people is an important aspect of bereavement research (Cook, 2001). In the present study potential participants were recruited only after they had contacted or been referred to the bereavement counselling service. Therefore, they can be seen to have processed their loss to the extent that they were in a position to recognise that they were in need of professional support to help them cope with their loss. The recruitment process also involved the counsellors identifying potential participants for the study. This

meant that any families who were seen to be too vulnerable were not approached to take part.

For the second phase of the research, in the case of the IACP counsellors, the postal details of potential participants were gained from the the IACP Directory of IACP Accredited Counsellors and Psychotherapists (2008-2010), which is available publicly. The Barnardos counsellors were contacted through the Barnardos office.

4.6.2 Appropriate research methods.

In accordance with the research guidelines of the counselling service from where the participants were recruited (Barnardos, 2010) the research methods and instruments used in the research were respectful of the language, needs and feelings of the age groups to be interviewed and their capabilities. The research was relevant to the mission and strategy of the counselling service and aimed to have no adverse affects on participants. As well as being aware of the ethical considerations in terms of potential dangers of research with bereaved people, researchers should also be sensitive to the benefits that research may bring to bereaved families (Boss, 1987). Some research has found that participants may find taking part in research to be a positive experience. The opportunity to express emotions and discuss the loss may be beneficial (Cook & Bosley, 1995).

The present study aims to understand young people's experiences of bereavement and counselling. As such, the study aims to improve knowledge in this field and to inform practice in the future. It involves young people and their families who are accessing a counselling service with a view to informing counsellors and practitioners who work with young people in the future. Therefore, the research aims to be of benefit to practitioners and researchers in this field and young people attending interventions. The methodologies used in the research were appropriate to the scope and definition of the research questions, the participants, the resources available to the research team and were based on best practice and learning from previous research in the area being studied. This is one of the principles for conducting research in Barnardos (Barnardos, 2010) which applies to all research conducted by or on behalf of the agency.

4.6.3   Informed consent.

All of the guidelines which informed this research in terms of ethics (APA, 2002; OVPR, 2010; PSI, 2008) emphasised the necessity of gaining informed consent from participants. The issue of whether or not people who are bereaved are capable of giving informed consent has been examined in several studies. The fact that reactions to bereavement vary widely between individuals has relevance to the issue of participating in research, as some may be more capable of giving informed consent than others. Due to the nature of qualitative research, it is difficult to know where the research questions may lead and, therefore, how the participants may react (Larossa, Bennett & Gelles, 1981). The best option to protect participants in this type of research is to conform to the informed consent rule, which means that participants can withdraw from the research at any time or stop the discussion at a particular point (Larossa et al., 1981). Since the present study involved an element of qualitative research, this aspect of informed consent was an integral component of the procedure for both phases of the research. As well as ensuring that consent is informed, the PSI (2008) guidelines also require that consent is voluntary. Informed, voluntary consent was requested from all participants for the present study (see Appendix C for consent forms). Before consent was requested from the participants, keys issues were explained to the participants, including the research purpose, what participation in the research would involve, confidentiality, limits of confidentiality, storage of data, recording of data and dissemination of data. The DCU guidelines (2008) suggest that for research involving participants at particular risk, for example, minors, the parents or guardians give consent and that the minor is also asked for informed consent. In the case of young people in the present study, both parents and the young person themselves gave consent if they agreed to take part.

For the first phase of the research, when families were invited to participate in the research they were given a consent form to fill out with contact details to enable the researcher to contact them. The researcher was unaware of the names of potential participants until she received the consent form in the post. When the participants met the researcher for the first time they went through the information sheet (see Appendix B for information sheets) together to ensure that the participant understood what was involved in participation. The information sheets were prepared with the specific participants in mind. Therefore, there were different information sheets for

counsellors, parents, for younger children and for older children and adolescents. This reflects the research guidelines from the counselling service (Barnardos, 2010) that the research should be explained to the potential participants in appropriate detail and using meaningful terms and the OVPR (2008) guidelines that documentation relating to the research uses language that would be understood by participants. Thus, age-appropriate language was used in the information sheets for young people and adults. The information sheet included a description of the research and the researchers, the purpose of the research, the expected duration, what would be involved and the dissemination of the findings, in accordance with the service provider's guidelines (Barnardos, 2010).

The counselling service's research guidelines (Barnardos, 2010) also state that participants should be made aware of their right to refuse participation at any time for whatever reason they wish and that participants should be made aware that they are not obliged to take part. Therefore, in the present study, participants were told that they had a right to decline to participate or to withdraw from the research once participation had begun. In either case they were reminded that there were no consequences of declining or withdrawing – their counselling would be unaffected. This was also explained to participants at the start of each interview. In the second phase of the study, counsellors were told that they had a right to decline to participate and to withdraw from the research once participation had begun.

The final component of the consent form and information sheets related to the research team. The DCU Code of Good Research (Office of the Vice President for Research (OVPR), 2008) and Guidelines on Best Practice in Research Ethics (OVPR, 2010) suggest that the contact details of the researcher be provided. In the present study, the researcher's and supervisors' names and phone numbers were provided on the information sheets and consent forms and all other documentation related to the research. Having read the information sheets the participants had a chance to ask the researcher questions about the research and their participation. This reflects the suggestion in the DCU guidelines (OVPR, 2008; OVPR, 2010) and the APA (2002) guidelines that research include an offer to answer questions about the research and time to answer questions.

4.6.4 Confidentiality.

Confidentiality is emphasised in all the ethics guidelines. For both phases of research, the issues of anonymity and confidentiality were explained in the information sheets prepared for participants. They were also explained at each stage of the interview process. The participants were assured that anonymity would be respected and that all identifiable data would be removed from the research findings. When completing questionnaires, each participant was given an ID number. This was used for any information relating to the study. The information which linked names and numbers was stored separately in a secure location in DCU. The interviews were recorded. The recordings of the interviews were transcribed and all identifying information was removed (e.g. names, places). Some quotes were used in the research findings, but the identity of the parent, young person or counsellor was not reported. Due to the small sample size, special care was taken in the reporting of the results to guarantee anonymity. The importance of ensuring that data would not be identifiable in a small sample is highlighted in the PSI (2008) ethics guidelines.

The issue of confidentiality was explained to all participants, as well as the limits of confidentiality, i.e. those potential areas where confidentiality would be broken. The issue of confidentiality was subject to the Barnardos child protection policy (Barnados, 2011). For the first phase of the study, the only time that the researcher would inform the Barnardos counselling team of specific details of an interview was in cases where the participant was at risk or where the participant was displaying significant difficulty. The participants were made aware of these procedures in the information sheets and when they were interviewed.

4.6.5 Data recording and storage.

As well as gaining consent to participate in the research, gaining consent for the recording of data is suggested in the PSI (2008) guidelines and the APA (2010) guidelines for the recording of voices. Since the interviews in the present study with participants were recorded with a digital recorder and later transcribed, the information sheets explained that the interviews would be recorded, but that all identifying material would be later removed. The consent forms included a component relating to the recording of data to ensure that the participants agreed to their interviews being recorded.

The DCU ethics guidelines (OVPR, 2010) address the issue of the storage of data. Data from the present study were stored in DCU. Hard copies of the interview materials were stored in a filing cabinet and the information which linked names and numbers was stored separately in a secure location in DCU. All data will be destroyed after 5 years. Participants were informed of the storage process in the information sheets.

4.6.6   Dissemination of research findings.

The PSI ethics code (2008) includes references to honesty in research findings and clarification in terms of ownership of documentation, the data and rights of publications with those who commission the research. The Barnardos principles for research (2010) emphasise the accessibility of research findings and the importance of disseminating the findings widely and in appropriate language and format. The findings and recommendations of the present research are presented in this thesis. They have also been provided in a report for the Barnardos service. The researcher may present the research in the future at conferences or may prepare articles for publication relating to the research. This was agreed with the counselling service and was included in the information sheets and consent forms for the participants.

4.6.7   Potential distress to participants.

In terms of potential distress for participants, there was a risk that the interviews would bring up difficult memories, thoughts and emotions for the participants. Cook (2001) argues that the research methodology may affect the ability to evaluate the effect of the study on participants' emotions. Quantitative studies may not enable the assessment of the impact of participation in research on participants. However, qualitative studies include direct responses to emotional expressions and enable the interviewer to intervene and end an interview, if necessary, if it is perceived to be too stressful (Cook, 2001). As the present study was based on an interview, as well as including quantitative scales, the researcher had the opportunity to assess the impact of the interview process on the participant and to identify distress. Ethics guidelines suggest the inclusion of an offer of assistance in the case of distress (OVPR, 2010) and a debrief to detect harm at the end of the interview (PSI, 2008). The researcher agreed a process with the Barnardos counselling team in the event that a participant

became distressed for the first phase of the research. During the course of the research if a young person became distressed the researcher would inform the parent after the session and would also tell the parent that she would inform the Barnardos Bereavement Counselling team. The researcher would then inform the counselling team. As the material provided by the participants was confidential, the exact details as to what was discussed during the course of research would not be provided to the counselling team. A member of the counselling team would contact the family. This was to ensure that the participants were supported during the research. If a participant became distressed during an interview, they were given the opportunity to take a break or to discontinue the interview. Once the therapeutic sessions started, the participants met a member of the counselling team on a regular basis. These sessions provided an opportunity to discuss the research, or issues that arose in research, if they so wished. The suitability and length of the standardised scales and the time taken for the interviews were examined during the pilot study. One of the components of the pilot study was to examine the experience of completing the research. This was included to highlight any potential adverse effects of completing the research. Above all, the researcher aimed to avoid doing harm to the research participants and to protect their dignity and well being, in accordance with the PSI ethics code (2008).

There were no potential risks to counsellors who participated in the second phase of the study. The questions used in the interview did not relate to specific cases or clients. The questions dealt with the issue of supporting young people who have been bereaved. The participants were trained professionals working in this area and, therefore, had experience in these issues and had regular supervision sessions, during which they reflected on practice. The use of professional counsellors and psychotherapists avoided potential adverse outcomes.

4.6.8 Protection of researcher.

The final ethical considerations related to the researcher. The question of how prepared researchers are for their own reactions when conducting research with people who have been bereaved has been raised in previous studies (e.g. Cook & Bosley, 1995). In the present study, the researcher had access to a psychotherapist with whom to discuss the research. This was also helpful in the event of a participant seeming at risk or in cases where participants described traumatic events. Being able to discuss the case with a psychotherapist enabled a decision to be made as to whether the case needed to be brought to the attention of the counselling service.

The PSI ethics code (PSI, 2008) suggests that ethical review be sought for research involving participants at particular risk. Having designed the study, developed the research materials and addressed ethical issues, ethical approval was sought for the present study. Approval was granted for both phases of the study from the Research Ethics Committee in DCU.

4.7 Strategies for Data Analysis

The present study makes use of a variety of strategies to analyse the data. The approach to the analysis was informed by the research design and the data collected to address the research objectives. While initial findings were based on the separate analysis of qualitative and quantitative data, subsequent analyses involved integration of data. Mixed methods analysis results in a more comprehensive technique than either qualitative or quantitative would on their own (Tashakkori & Teddlie, 2003). Figure 7 illustrates the strategies employed to analyse the data.
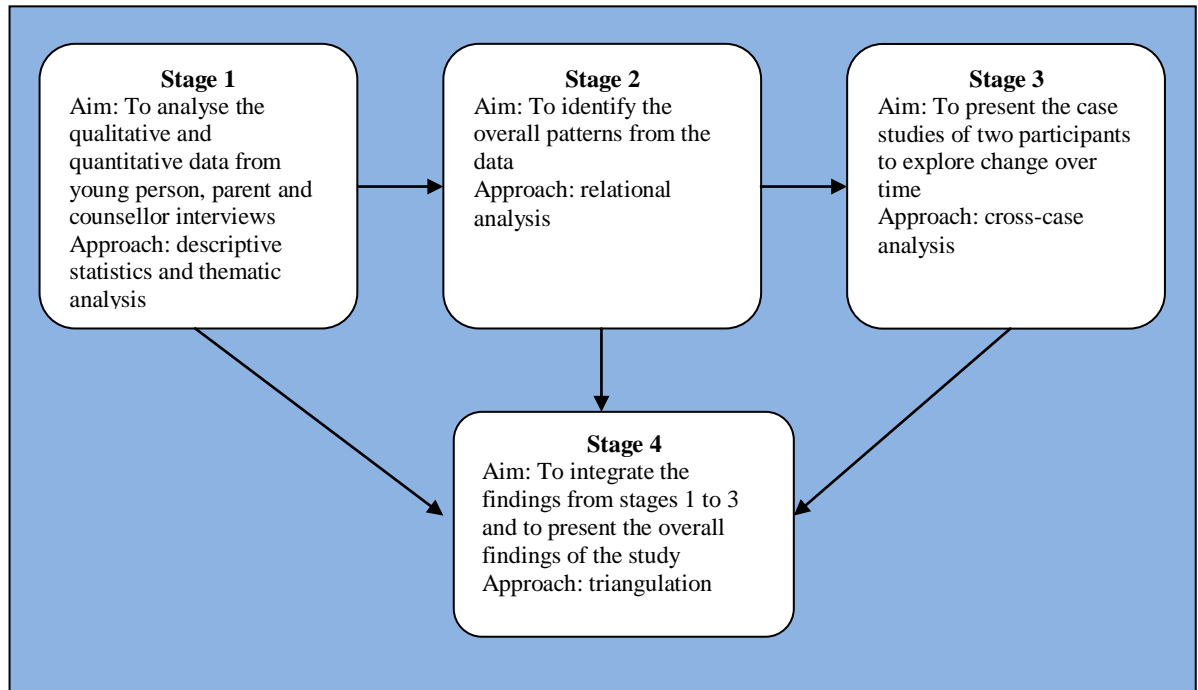
Figure 7 *Model of Stages of Analysis*

As shown in Figure 7 the stages of analyses were completed sequentially as each stage built on the findings of the previous stage. Stage 1 involved the initial analysis of the qualitative and quantitative data. The qualitative data comprised themes from the interviews with all the participants.   The quantitative data were comprised of young people's and parents' scores on the standardised instruments and visual analogue scales at each time of interview. To analyse the data in more depth relational analysis was selected to identify relationships between themes and to identify patterns in the data. The third stage of the analysis was based on case studies of two participants in the study. Case studies were used to examine change over time and to look at the data at an individual level to create a greater understanding of what was happening for young people. Cross-case analysis was used to compare and contrast the two cases. As Figure 7 shows, the findings from the previous three stages of analyses were integrated in Stage 4 of the analysis. Overall findings are presented in terms of the framework and the objectives of the study. Descriptions of how the methods of analysis addressed the research questions are provided in the following two chapters. However, detailed outlines of the methods of analysis are provided here, as well as the advantages for their use.

4.7.1   Descriptive Statistics.

In terms of quantitative data, young people's and parents' scores on the standardised instruments and visual analogue scales used during interviews were analysed to produce descriptive statistics. Participants' individual scores, mean scores and ranges were computed for the standardised and non-standardised measures at each time point. Descriptive statistics are appropriate because of the limitations of the small sample in the present study. The mean scores are compared to normative data relevant to the instruments used, where available.

4.7.2   Thematic Analysis.

The first stage of the analysis used thematic analysis for the qualitative data. Thematic analysis is a method that identifies, analyses and reports themes within data. Thematic analysis was selected for the first stage of analysis due to its flexibility and accessibility. Rather than being tied to one specific theoretical framework, such as grounded theory or IPA, thematic analysis is compatible with multiple theoretical frameworks in psychology (Braun & Clarke, 2006). In the present study, thematic analysis was used to identify and analyse themes within the data from young people's, parents' and counsellors' interviews. Braun and Clarke suggest that thematic analysis is a foundational method for qualitative analysis. The findings from the thematic analysis in Stage 1 form the basis of Stage 2 analysis which involves identifying patterns and relationships between the themes.

Braun and Clark (2006) outline the procedures involved in undertaking thematic analysis. The first step of the process for analysis of the qualitative data involves transcription. In the present study, this stage involved transcribing the data from the interviews with the parents, young people and counsellors. During transcription, the researcher noted any initial ideas from the interview material. Features that appeared in the data were coded and data relevant to each code were collated. For young people and parents a list of codes for each time of data collection was developed, while for counsellor interviews one list of codes was identified from the data. The next stage involved looking at the codes, identifying potential themes and grouping codes within the themes. Topics were based on key issues that were examined in the research questions. Each topic contained several themes and, in some cases, sub-themes. The themes identified were reviewed. When several themes related to the

same issue, they were grouped together under one topic, for example, young people's bereavement reactions. Themes that were very broad were split down further into separate themes and sub-themes. Some themes were eliminated at this stage. Themes were eliminated in the case of repetition of data at all time points, for example, themes related to the nature of the death. The data in each theme were examined to check that they formed a pattern. The themes were examined in relation to the entire data set at this stage. Thematic analysis involves going back and forth between the data and the themes and re-coding until a satisfactory set of themes is arrived at (Braun & Clarke, 2006). In the present study the topics were considered complete when all the relevant data had been represented and the themes and sub-themes within them were meaningful. Once the themes and sub-themes were identified, coding frames were produced. The coding frames contained the final themes and sub-themes in each topic. A sample coding frame is included in Appendix F.

4.7.2.1   *Inter-rater reliability.*

In order to establish inter rater reliability during thematic analysis, another independent researcher coded two interviews at each time period for parents and young people and two counsellor interviews using the relevant coding frames. The researcher coded the same interviews and compared the two sets to get inter-rater reliability. An inter-rater reliability score of at least 70% was required. In the present study the inter-rater score at each time point was over 70%. In the case of discrepancies the researcher examined the data that were coded differently by the researcher and inter-rater and clarified the coding with the second coder. In the case of misunderstood theme names, definitions were added to the themes, such as in the case of coping and support and the nature and type of death. These clarifications improved the reliability between the two coders. Based on the analysis of the inter-rater coding of the parent and young people interviews several changes were made to the coding frames and processes. Following the inter-rater reliability checks all the interviews were coded by the researcher.

4.7.3   Analysis of patterns.

The second stage of analysis made use of Relational Analysis. Relational Analysis may be used in a modular approach to qualitative research (Robinson, 2011). In this

way a variety of methods can be used for different components of the research, such as data collection, analysis and presentation of findings. While other qualitative methods allow for the exploration of themes and relations between them to some extent, there are more relationships to explore between themes within qualitative data than any existing method fully outlines (Hseih & Shannon 2005). Hseih and Shannon argue that there is a need for a method that is not specific to one existing method of qualitative research, instead one that can be applied within pluralist or modular qualitative psychology. This is also reflected in the following definition of Relational Analysis:

> Relational Analysis is aimed at being a helpful add-on technique designed to work in combination with other methods. It is a tool for the combinatory/synthetic aspect of a qualitative analysis, useable within any of the epistemologies in qualitative method that are concerned with meaningful integration of concepts and findings (Robinson, 2011, p.207).

While conceptual analysis identifies concepts that exist in text, relational analysis goes further by exploring the relationships between the concepts identified (Writing@CSU, 1993-2013). Relational Analysis helps to develop a more integrated qualitative analysis (Robinson, 2011). Robinson argues that there is a lack of guidance for identifying and exploring relationships within data in qualitative research and that there are advantages to identifying relationships among themes: "When qualitative data themes are combined in relationship, they become more meaningful and coherent and are able to represent or convey structure and process" (Robinson, 2011, p.199).

Relational Analysis is based on the assumption that two processes are carried out during analysis in qualitative research: the segregation of data into themes and the combination of themes based on relationships between them (Robinson, 2011). Stage 1 of the present study involved identification of discrete themes in the data. In the second stage of analysis Relational Analysis was used to find relationships and patterns between the themes that were identified in Stage 1. This method of analysis was suitable for the study as it was used as part of a modular approach in conjunction with several different strategies for analysis.

While the present study does not use all key relational forms outlined by Robinson (2011), some of the types of relationships used in the present study reflect key relational forms, for example, comparative relations and reciprocal relations. Patterns across groups were identified when there was a relationship between the themes found in the data of multiple informants, such as parents and teachers, while patterns across time were identified when there was a relationship among themes found at multiple time points. Having identified relationships between themes in the qualitative data, the quantitative data were examined where relevant. In each case where the quantitative data supported the relationships, or patterns, it was reported. Therefore, patterns across time and groups were formed where there was empirical evidence for the assumption from the quantitative and/or qualitative data. The identification of patterns in the data fits well with the overall mixed methods approach, as both quantitative and qualitative data formed the bases of the patterns.

4.7.4   Case Studies.

In the third stage of analysis, case studies using quantitative and qualitative data were used to explore the therapeutic journey of a selection of the young people who attended the counselling service. The aim of the case studies was to enable an exploration of change over time in the case of these participants and to identify any new meaning from the data. The use of case studies built on the previous methods of analysis by looking at the two cases in detail and analysing the data in more depth in relation to the patterns and themes from previous stages. The inclusion of these two cases was based on the fact that these two participants engaged most consistently with the research.

Unlike statistical analysis, there are few guidelines for analysing case study data. While the aim is to understand the case in depth, the analytic strategy is based on what is to be analysed and why (Stake, 1995). The present study included a description of the cases, which is one of three general analytic strategies outlined by Yin (2003) and a cross-case analysis of the two cases. Cross-case analysis was used to compare and contrast the two cases. Cross-case analysis is a method of analysis that examines themes, similarities, and differences across cases (Mills, Wiebe & Durepos, 2010). This strategy of analysis is appropriate for comparison between bounded cases, such as the two cases in this study.

4.7.4.1 Presentation of case study data in the present study.

To develop the description of the cases direct interpretation was employed, which is one way of finding new meanings from the cases in the research (Stake, 1995). The qualitative and quantitative data related to each case were interpreted in relation to the research questions with the framework of the study in mind. Specifically, the data were examined with respect to young people's experiences of bereavement and counselling, the context of their experiences, the factors which influenced their experiences and change over time.

The data from the interviews with young people and parents at each time point were coded during Stage 1 of the analysis. At the third stage of analysis, these data were examined in more depth and codes from the transcripts of the interviews were re-examined to ensure that all relevant material was captured. The interviews were listened to in full again to get an understanding of the young people's presentation and formulation, as well as what was reported directly by participants. The structure of the analysis was based on the following components:

Introduction: The first step of the case studies in the present study involved presenting a description of the two cases.

Narrative: Cross-case analysis of the two cases was undertaken to identify themes, similarities and differences between the two cases under the following headings:

- initial presentation
- development of key issues discussed in interviews before counselling
- counselling interventions received
- development of key issues discussed in interviews during and after counselling
- patterns of change over time.

*Triangulating data***:** Examination of the key issues involved looking at the material repeatedly, reflecting and triangulating.

Stake (1995) highlights the issues related to qualitative design which involves interpretations by the researcher who is in the field collecting data, making observations, analysing and integrating data and argues that qualitative researchers

do not have protocols for testing subjective misunderstandings. However, the interpretation of the data in the cases was reviewed and tested during integration of the findings from all three stages of the analysis during the final stage of analysis, which gives strength to the findings. The present study does not attempt to generalise its findings from the two case studies. However, meaning was found in the data through examination of the data from multiple informants, reflection and triangulation of quantitative and qualitative data. Stake (1995) argues that validity in case study research is important, as in other research methods, and that triangulation is necessary for data critical to an assertion, for key assertions and for descriptions which could be contested. In the present study triangulation was used during the case study analysis in an effort to validate interpretations and more information or evidence was provided where there were issues that could be seen to be contestable. Triangulation is described in more detail in the following section. The findings from the cross-case analysis are summarised in Chapter 5 and are integrated with previous findings in Chapter 6.

4.7.5 Triangulation.

The term triangulation has been applied to methodology and analysis. Methodological triangulation is based on support of one form of data with another, for example using old records to support observations. This method, which was employed in the present study, is one of several different protocols of triangulation described by Denzin (1984). Morse (1991) argues that methodological triangulation is useful when a single method is inadequate to solve a research problem: "methodological triangulation is the use of at least two methods, usually qualitative and quantitative, to address the same research problem" (Morse, 1991, p. 120).

Creswell, Plano Clark, Gutman and Hanson (2003) define integration as the combination of qualitative and quantitative data at a specific stage of enquiry. Integration can occur within the research questions, data collection, data analysis or interpretation. The most common case involves integration during analysis and interpretation stages. The decision as to when to integrate depends on a number of factors, such as the ease of integration and the aims of a study (Creswell et al., 2003). Creswell et al. (2003) identify six different types of design based on implementation, priority of data, stage of integration and theoretical perspective, such as sequential

exploratory designs, or concurrent triangulation designs. The present study involved simultaneous or concurrent triangulation. This occurs when the two methods are used at the same time. Morse (1991) argues that the aim of simultaneous triangulation is to gather different but complementary data on the same area of interest. The two datasets do not overlap during data collection. However, the findings from the qualitative and quantitative data complement each other. Using both methods strengthens results and contributes to theory.

Morse (1991) argues that the qualitative and quantitative components of a research study cannot be equally weighted. Instead, studies should be theoretically driven by qualitative methods with complementary quantitative methods, or theoretically driven by quantitative methods with complementary qualitative methods. However, Creswell et al., (2003) argue that the researcher can decide to give qualitative or quantitative research a priority, or can give equal priority to both. Morse (1991) used a notation system to illustrate the simultaneous or sequential collection of qualitative data and used uppercase letters to suggest emphasis of either qualitative or qualitative data collection. Other researchers construct visual models which use arrows to indicate the direction of activities (Creswell et al., 2003). Figure 8 illustrates the design used in the present study. Both qualitative and quantitative data are given equal standing and both qualitative and quantitative methods address the research questions. As indicated in the diagram, integration of data occurred during the stages of analysis and interpretation. Integration of the data was based on the aims and objectives of the study. Therefore, the study is inductive in nature. The methods in this type of study are used to explore a field in which there is a lack of evidence (Morse, 1991).
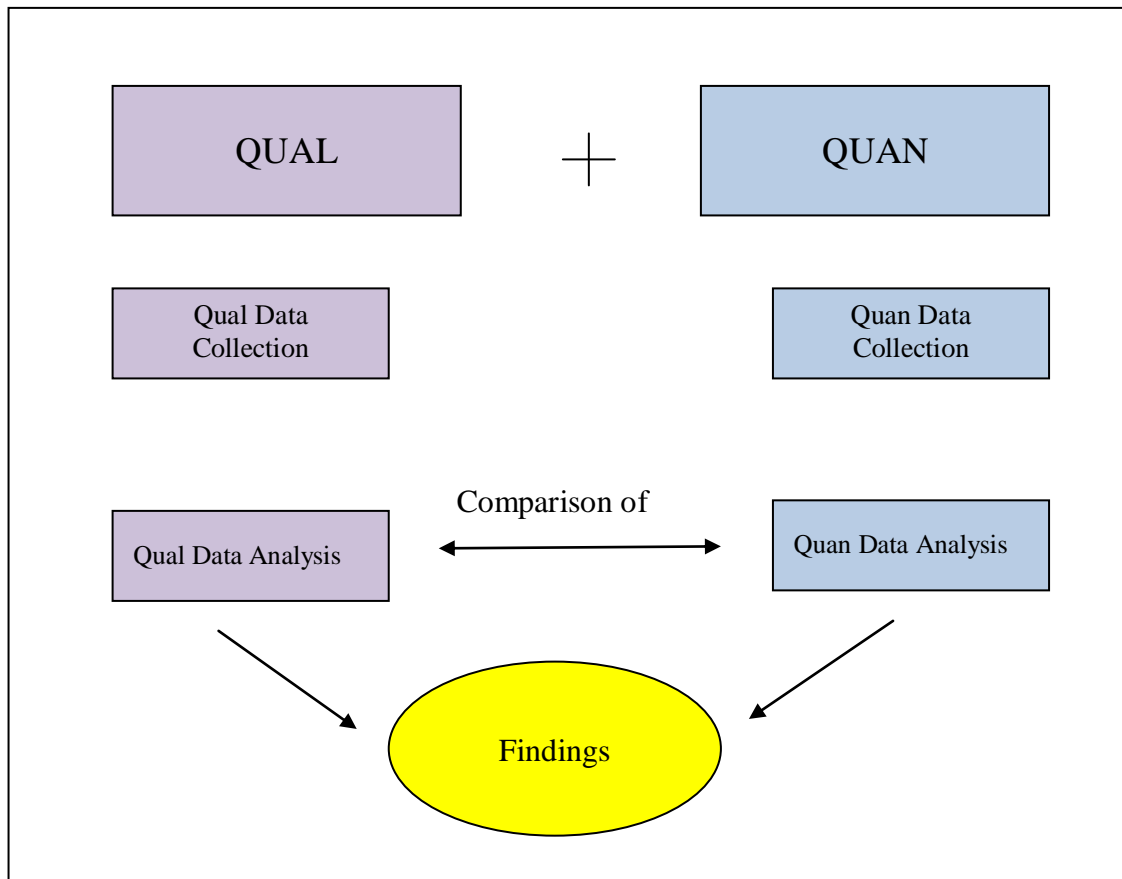
Figure 8 *Visual presentation of concurrent triangulation*

Stake (1995) argues that qualitative researchers need to find validity in the data collected. Following initial descriptions of the data in this study, interpretations are presented. Triangulation was used to increase the strength of the interpretation and present the overall integrated findings.

4.8   Summary and Conclusion

The present chapter described the design and methodology of the present study. The study was comprised of two distinct phases: the first involving young people and their parents and the second involving professional counsellors. The first phase was based on a mixed methods design. Data were collected from participants during interviews at several different time points. The second phase of the study involved qualitative interviews with counsellors who work with bereaved young people. Following the procedures outlined in this chapter the data collected in interviews with young people, parents and counsellors were analysed using quantitative and qualitative strategies of analysis. There were four stages of analysis, each one

building on the previous. The present chapter outlined the stages of analysis and the analysis techniques. The findings that emerged from the analysis are presented in the following two chapters.

Chapter 5:   Findings: Profiles, Patterns and Case Studies

5.0   Overview

The findings of the present study are based on four distinct stages of analysis as illustrated in Figure 8 in the previous chapter. The structure of the Findings chapters is based on the framework of the study, the data and the different analytical methods employed during analysis of data. In the present chapter and the subsequent chapter the individual components of the mixed methods strategies for analysis will be briefly outlined before their corresponding findings. The integrated findings from Stage 4 are presented in the following chapter. This chapter presents the findings from Stages 1, 2 and 3 of analysis.

As described in the previous chapter the participants in the present study were young people who attended counselling, their parents and counsellors. Quantitative and qualitative data were collected from young people at the following times: referral to counselling (n=2), the start of counselling (n=7), three months after the start of counselling (n=3) and six months after the start of counselling (n=6). Mixed data were collected from parents at the same time points: referral to counselling (n=2), the start of counselling (n=7), three months after the start of counselling (n=3) and six months after the start of counselling (n=5). Qualitative data were collected from counsellors (n=7) on one occasion.

5.1   Profiles of data from initial referral to second follow up: Thematic Analysis and Descriptive Analysis

In the first stage of analysis parallel mixed analyses were conducted on the qualitative and quantitative data using thematic analysis and descriptive statistics as described in the previous chapter. The findings from the quantitative analyses are presented in the following sections. The detailed results of the qualitative analyses are contained in Appendix H due to their volume, while a summary of the most important qualitative findings are presented in this chapter. The qualitative components of the interviews were analysed using thematic analysis to identify the themes from the transcripts of the young people's and parents' interviews at each time point and the counsellors' interviews. Topics were based on key issues that were examined in the research questions. The principles of thematic analysis and its

use in the present study were described in Chapter 4. The qualitative data are presented in terms of topics and themes, with sample quotes from the data to illustrate them. The analysis of the quantitative instruments focussed on examining the participants' scores at each time of data collection and comparing mean scores for each instrument across time and across groups. It is worth mentioning that there is a methodological debate on statistical analysis where there is a small sample size, as is the case in this study. While it has been suggested that the t-test is an appropriate method of analysing quantitative data even when the sample size is very small, this is only the case when the effect size is very large (deWinter, 2013). In the present study, the effect size is unknown and the group of participants attending the counselling intervention is not compared with a control group of bereaved young people who do not receive counselling. Therefore, descriptive statistics are a more appropriate way to analyse the data. Mean scores are examined in relation to the range of scores observed as well as the published scale range. The limitations of statistical analysis of the quantitative data are further discussed in the final chapter. The quantitative data and qualitative data are presented in profiles for each time of interview in the following sections.

5.1.1 Profile at initial referral to counselling: Quantitative findings.
5.1.1.1 *Psychosocial functioning.*

For ease, the scales will be considered in groups. The first scale to be examined was the Strengths and Difficulties Questionnaire (SDQ). As the SDQ has been standardised it is possible to compare the scores of the participants to published categories (see Table 9 for scoring criteria). Scores in the clinical range are bolded for emphasis.

Table 9 *Normal, Borderline and Clinical Cut Offs for SDQ*

	Parent Report			Youth Report		
	Normal	*Borderline*	**Clinical**	Normal	*Borderline*	**Clinical**
Total Difficulties	0-13	*14-16*	**17-40**	0-15	*16-19*	**20-40**
Peer Problems	0-2	*3*	**4-10**	0-3	*4-5*	**6-10**
Hyperactivity	0-5	*6*	**7-10**	0-5	*6*	**7-10**
Conduct Problems	0-2	*3*	**4-10**	0-3	*4*	**5-10**
Emotional Symptoms	0-3	*4*	**5-10**	0-5	*6*	**7-10**
Pro-social	6-10	*5*	**0-4**	6-10	*5*	**0-4**

The SDQ measures psychosocial functioning by measuring scores for overall difficulties and subscales for problems related to peer relationships, hyperactivity, behaviour and emotions. It also measures prosocial behaviour. Both young people and parents completed the scale. The results are presented in terms of mean scores reported by young people and parents and reported with reference to the standardised means. The results from the analysis of the two parent and child reports for the SDQ scores at IR are outlined in Table 10. Looking at the scores below, of note is the fact that both the parent and child mean scores for Total Difficulties fall in the clinical range for both informants.

Table 10 *Scores for Parent Report (PR) and Child Reports (CR) on the SDQ at Referral*

	n	Min	Max	Mean	SD
Total Difficulties (PR)*	2	16	29	**22.50**	9.192
Peer Problems (PR)	2	1	6	*3.50*	3.536
Hyperactivity (PR)	2	5	8	*6.50*	2.121
Conduct Problems (PR)	2	3	7	**5.00**	2.828
Emotional Symptoms (PR)	2	7	8	**7.50**	.707
Pro-social Scale (PR)	2	9	9	9.00	.000
Total Difficulties (CR)**	1	23	23	**23.00**	.
Peer Problems (CR)	2	0	5	2.50	3.536
Hyperactivity (CR)	1	8	8	**8.00**	.
Conduct Problems (CR)	2	4	8	**6.00**	2.828
Emotional Symptoms (CR)	2	2	6	4.00	2.828
Pro-social (CR)	2	7	9	8.00	1.414

Looking at the subscales, parent mean scores for Peer Problems and Hyperactivity fall in the borderline range, while parent mean scores for Conduct Problems and Emotional Symptoms are in the clinical range. Looking to the child mean scores for subscales shows that the Conduct Problems and Hyperactivity were in the clinical range. By comparison the scores on the Pro-social subscale fall within the normal range for both sets of reports. However, it is important to remember that these scores can only be taken as indicative given the very small sample at this point.

5.1.1.2   *Trauma, communication, coping efficacy and parents' grief.*

Table 11 presents the findings from the other scales included in the study. The results are presented in terms of means, with the possible range included for reference. Of

these scales, only the child report Impact of Event (IoE) Scale has cut offs that allow for some level of classification, and only for the Total scale. The possible ranges are illustrated in Table 11 for all scales. Scores over 25 are considered to be a moderate or severe impact. At this point, both scores and the mean were above this cut off, suggesting a high level of stress associated with the bereavement. The mean scores on the IoE subscales, however, approximate to a moderate score. The Impact of Event Scale was completed by young people and measured their level of trauma.

Table 11 *Scores for Other Quantitative Scales (Parent and Child Report) at Referral*

Scale	n	Min	Max	Mean	SD	Scale Range
Child Report Scales						
Communication with Parent (CR)	2	7	10	8.50	2.121	0-12
General Coping Efficacy Total	2	26	28	27.00	1.414	8-40
Impact of Event Scale Total	2	34	47	**40.50**	9.192	0-75
Impact of Event Intrusion Subscale	2	18	22	20.00	2.828	
Impact of Event Avoidance Subscale	2	16	25	20.50	6.364	
Parent Report Scales						
Communication with Children (PR)	2	10	12	11.00	1.414	0-12
Core Bereavement Items Total	2	23	27	**25.00**	2.828	0-51
CBI: Images and thoughts subscale	2	8	9	8.50	.707	0-21
CBI: Acute separation subscale	2	7	7	7.00	.000	0-15
CBI: Grief subscale	2	7	12	9.50	3.536	0-15

The Communication scale was completed by young people and parents and addressed openness to communication between young people and parents. Similar to the SDQ, the Communication scale allows for a comparison of the parent and child self reports. Looking to Table 11, it appears that the parents reported more favourable perceptions of the quality of communication than children. However, neither report in the lower end of the possible range for the scale. The child reported General Coping Self-Efficacy Scale has a possible range of 8 to 40. The mean at the initial time point suggests a moderate level of coping self efficacy. Finally, the Core Bereavement Items (CBI) scale was completed by parents only and related to bereavement phenomena in adults. It has published cut off scores. Therefore, scores are presented in terms of mean scores recorded and reference is made to the cut off scores. In terms of parents' reports of their own grief the CBI scale and sub-scales

mean scores in Table 11 suggest that the parents reported moderate levels of grief intensity.

5.1.2 Profile at point of engagement with counselling: Quantitative findings.

5.1.2.1 Psychosocial functioning.

The results from the analysis of parent and child reports for the SDQ scores at this time point are outlined in Table 12 below. As before, it is possible to compare the scores of the participants with the published categories. Compared to the first time point, while parent report mean scores on the Total Difficulties score fall in the clinical range, the mean score for the child report falls in the borderline range.

Table 12 *Scores for Parent (PR) and Child (CR) reports on the SDQ at Start of Counselling*

SDQ	n	Min	Max	Mean	SD
Total Difficulties (PR)	6	13	25	**19.00**	4.147
Peer Problems (PR)	6	1	8	*3.83*	2.483
Hyperactivity (PR)	7	3	10	*6.57*	3.207
Conduct Problems (PR)	7	0	4	2.14	1.676
Emotional Symptoms (PR)	7	1	8	**6.14**	2.911
Pro-social Scale (PR)	7	7	10	8.57	.976
Total Score (CR)	7	11	22	*17.14*	3.338
Peer Problems (CR)	7	1	5	2.43	1.618
Hyperactivity (CR)	7	2	8	*5.57*	1.902
Conduct Problems (CR)	7	2	5	*3.71*	1.113
Emotional Symptoms (CR)	7	4	8	5.43	1.618
Pro-social Scale (CR)	7	5	10	8.00	2.000

The scores on the subscales show that parent mean scores for Peer Problems and Hyperactivity fall in the borderline range, while the mean score for Conduct Problems is only slightly above the normal range. However, the mean Emotional Symptoms score, as at the previous time point, is in the abnormal range. By comparison, looking to the child means for the same scales shows that all are in the normal or slightly in the borderline range. Again, the scores on the Pro-social scale remain in the normal range for both sets of reports.

5.1.2.2 Trauma, communication, coping efficacy and parents' grief.

Table 13 presents the findings from the other scales at the start of the counselling sessions. As with the previous findings, both the actual minimum score and the mean scores on the Impact of Event (IoE) Scale were above the cut off, suggesting that a high level of stress continues to be evident. Looking to the IoE subscales, the mean scores approximate to a moderate score, however, the range appears to incorporate higher scores.

The Communication scale again allows us to compare parent and child self report. Looking at Table 13, it appears that children reported more favourable perceptions of the quality of communication than parents, unlike at initial referral. However, the difference is very slight and also neither fall in the lower end of the possible range, suggesting good communication. For the child reported General Coping Self-Efficacy Scale the mean is slightly lower than was noted at the initial time point, but still suggests a moderate level of coping self efficacy. However, it was noted that the range of scores on this scale showed greater variation.

Table 13 *Scores for Other Quantitative Scales (Parent and Child Report) at Start of Counselling*

Other Scales	n	Min	Max	Mean	SD	Scale Range
Child Report						
Communication with Parent (CR)	7	8	12	10.14	1.574	0-12
General Coping Efficacy Total	7	19	30	23.57	3.780	8-40
Impact of Event Scale Total	7	37	55	**44.00**	6.904	0-75
Impact of Event Intrusion Subscale	7	12	**30**	22.71	6.626	
Impact of Event Avoidance Subscale	6	10	**31**	21.83	7.195	
Parent Report						
Communication with Children (PR)	6	5	12	9.50	2.588	0-12
Core Bereavement Items Total	7	11	40	**26.86**	12.158	0-51
CBI: Images and Thoughts subscale	7	5	14	11.14	3.185	0-21
CBI: Acute Separation subscale	7	4	15	10.14	4.220	0-15
CBI: Grief subscale	7	2	15	7.57	5.940	0-15

Finally, moving to the parent report Core Bereavement Items (CBI), the mean scores in Table 13 appear to be slightly higher than those reported at initial referral, suggesting slightly higher level of grief. However, the very small sample at referral prevents us from examining any change over time using statistical methods.

5.1.3 Profile at first follow up – approximately three months after start of counselling: Quantitative findings.

5.1.3.1 Psychosocial functioning.

The results from the analysis of parent and child reports for the SDQ scores at this time point are outlined in Table 14 below. A similar pattern to the start of counselling sessions is noted; the parent reports mean score on the Total Difficulties score falls in clinical range, while the mean score for the child report falls in the normal range. The scores on the Pro-social scale remain in the normal range for both groups.

Table 14 *Scores for Parent (PR) and Child (CR) reports on the SDQ Three Months after start of Counselling*

SDQ	n	Min	Max	Mean	SD
Total Difficulties (PR)	3	18	24	**21.33**	3.055
Peer Problems (PR)	3	1	6	**4.00**	2.646
Hyperactivity (PR)	3	5	6	*5.67*	.577
Conduct Problems (PR)	3	2	8	**4.33**	3.215
Emotional Symptoms (PR)	3	5	9	**7.33**	2.082
Pro-social (PR)	3	8	10	9.33	1.155
Total Difficulties (CR)	3	8	22	15.33	7.024
Peer Problems (CR)	3	0	2	1.00	1.000
Hyperactivity (CR)	3	2	8	*6.00*	3.464
Conduct Problems (CR)	3	2	6	*4.00*	2.000
Emotional Symptoms (CR)	3	3	6	4.33	1.528
Pro-social (CR)	3	8	10	9.33	1.155

In terms of the other subscales, for the parent mean scores only the Hyperactivity score falls in the borderline range, while the mean scores for the other three subscales (Peer Problems, Conduct Problems, and Emotional Symptoms) fall in the abnormal

range. Given the comparison to the scores seen at the start of sessions, while there were few participants at this time, it is possible that a more challenged group is participating at this point. Comparing these scores to the children's means for the same scales, we see that the Emotional Symptoms and Peer Problems mean scores fall in the normal range, while the mean scores on the Hyperactivity and Conduct Problems subscales are in the borderline range.

5.1.3.2 *Trauma, communication, coping efficacy and parents' grief.*

Table 15 *Scores for Other Quantitative Scales (Parent and Child Report) Three Months after start of Counselling*

Other Scales	n	Min	Max	Mean	SD	Scale Range
Child Report						
Communication with Parent (CR)	3	8	11	9.67	1.528	0-12
General Coping Efficacy Total	3	26	27	26.33	.577	8-40
Impact of Event Scale Total	3	7	51	**33.00**	23.065	0-75
Impact of Event Intrusion Subscale	3	7	23	14.00	8.185	
Impact of Event Avoidance Subscale	3	0	29	19.00	16.462	
Parent Report						
Communication with Children (PR)	3	10	12	11.33	1.155	0-12
Core Bereavement Items Total	3	4	21	12.00	8.544	0-51
CBI: Images and Thoughts subscale	3	2	11	5.67	4.726	0-21
CBI: Acute Separation subscale	3	1	7	3.67	3.055	0-15
CBI: Grief subscale	3	1	4	2.67	1.528	0-15

Table 15 presents the findings from the other scales after three months. As was noted earlier, the Impact of Event (IoE) Scale mean remains above the moderate/severe impact cut off (scores >25). However, it is noted that there is a much greater range in scores. Looking at the IoE subscales, the mean scores are slightly lower than were evident at the start of sessions.

With regards to the Communication scales, it appears that the original pattern by which children reported less favourable perceptions of the quality of communication than parents reappears. However, neither falls in the lower end of the possible range,

suggesting good communication. Looking to the child reported General Coping Self-Efficacy Scale shows that the mean is almost identical to that noted at the previous time point, but still suggests a moderate level of coping self efficacy. Finally, moving to the parent report Core Bereavement Items (CBI), the mean scores in the table appear to be notably lower than those reported at the time of referral and the start of counselling sessions, suggesting lower levels of grief. However, despite the variation in sample from the time of referral to this follow up time point it is not possible to examine any change over time using statistical methods.

5.1.4   Profile at second follow up – approximately six months after start of counselling: Quantitative findings.

5.1.4.1   Psychosocial functioning.

The results from the analysis of parent and child reports for the SDQ scores at this time point are outlined in Table 16. For the first time the mean score on the Total Difficulties score falls within the normal range for both the young people and parent groups. The scores on the Pro-social scale also remain in the normal range for both children and their parents. Looking at the other subscales, for the parent mean scores the Peer Problems and the Hyperactivity subscale scores fall in the normal range, while the mean score for the other subscales (Conduct Problems and Emotional Symptoms) fall in the borderline range. Comparing these scores to the children's means for the same scales, we see that all of the subscales are in the normal or low borderline range.

Table 16 *Scores for Parent (PR) and Child (CR) reports on the SDQ Six months after Counselling*

SDQ	n	Min	Max	Mean	SD
Total Difficulties (PR)	6	4	25	12.83	9.042
Peer Problems (PR)	6	0	3	1.33	1.211
Hyperactivity (PR)	6	0	8	4.17	3.251
Conduct Problems (PR)	6	0	8	*2.67*	2.944
Emotional Symptoms (PR)	6	1	10	*4.67*	3.011
Pro-social (PR)	6	6	10	8.33	1.862
Total Difficulties (CR)	5	6	19	12.60	5.128
Peer Problems (CR)	6	0	3	1.17	1.329
Hyperactivity (CR)	6	1	7	5.17	2.317
Conduct Problems (CR)	6	0	9	3.17	3.061
Emotional Symptoms (CR)	5	1	6	3.40	2.074
Pro-social (CR)	6	4	10	7.83	2.137

5.1.4.2 *Trauma, communication, coping efficacy and parents' grief.*

Table 17 presents the findings from the other scales at six months. A consistent pattern has been that the Impact of Event (IoE) Scale mean falls above the moderate/severe impact cut off, as is the case again. Looking to the IoE subscales the mean scores are similar to those noted three months after the start of counselling.

Table 17 *Scores for Other Quantitative Scales (Parent and Child Report) Six Months after start of Counselling*

Other Scales	n	Min	Max	Mean	SD	Scale Range
Child Report						
Communication with Parent (CR)	6	3	12	7.67	3.502	0-12
General Coping Efficacy Total	6	22	30	26.33	3.445	8-40
Impact of Event Scale Total	6	28	46	**33.50**	7.396	0-75
Impact of Event Intrusion Subscale	6	8	25	15.83	7.139	
Impact of Event Avoidance Subscale	6	4	31	17.67	8.869	
Parent Report						
Communication with Children (PR)	5	10	12	10.80	1.095	0-12
Core Bereavement Items Total	5	7	32	20.60	11.238	0-51
CBI: Images and Thoughts subscale	5	3	12	8.00	4.062	0-21
CBI: Acute Separation subscale	5	2	11	7.40	3.912	0-15
CBI: Grief subscale	5	2	9	5.20	3.493	0-15

With regards to the Communication scales, it appears that the pattern by which children reported less favourable perceptions of the quality of communication than parents is still evident. However, again, neither falls in the lower end of the possible range, suggesting good communication. The mean score on the General Coping Self Efficacy scale is almost identical to that noted at the previous time point, but still suggests a moderate level of coping self efficacy. Finally, the parent report Core Bereavement Items (CBI) mean scores in Table 17 appear to be notably higher than those reported at the three month point, suggesting a return to higher levels of grief. However, the variation in sample from three months to six months again means it is not possible to examine any change over time using statistical methods.

5.1.5 Psychosocial functioning, trauma, coping efficacy, communication and parents' grief: Summary of quantitative data (Phase 1).

5.1.5.1 Key quantitative findings at the point of initial referral to counselling

The quantitative data at the time of initial referral to counselling suggest that conduct problems were recognised by both parents and young people. Parents' scores

suggest emotional problems at this point too. Both groups of participants reported overall difficulties in the clinical range, as measured by the Strengths and Difficulties Questionnaire. The data also highlighted moderate levels of grief among parents and high levels of trauma associated with the death in the two young people who participated at this time. While parents reported more favourable perceptions of the quality of communication than children, neither group reported in the lower end of the communication scale. Finally, the young people's scores suggested moderate level of coping self efficacy.

5.1.5.2   Key quantitative findings at the point of engagement with counselling

At the time that young people were about to start, or had just started, counselling the quantitative data showed that parents reported clinical levels of overall difficulties and emotional problems. Young people reported less psychosocial problems than their parents. While young people reported slightly more favourable perceptions of the quality of communication, both parents and young people's scores suggest open communication. Again, the young people's scores suggest moderate levels of coping self efficacy. Young people had high levels of trauma related to the death and this group of parents' scores suggested higher levels of grief than at the point of initial referral. It is worth noting, however, that the very small sample at referral prevented examination of change over time using statistical methods.

5.1.5.3   Key quantitative findings approximately three months after the start of counselling

Approximately three months after the start of counselling the quantitative data show that parents reported higher levels of psychosocial difficulties than at the start of counselling, with overall difficulties and peer, conduct and emotional problems all in the clinical range. Young people, on the other hand, reported lower levels of difficulties than their parents. While the parents' self reports suggest lower levels of grief, young people again scored highly in terms of trauma associated with the death. Young people's scores again suggested a moderate level of coping efficacy. Both groups again reported open communication. It is worth noting that only three young people participated at this time of interview, compared to seven at the start of counselling.

5.1.5.4 *Key quantitative findings approximately six months after the start of counselling*

Five young people participated at the final point of data collection. The mean scores on the Total Difficulties scale fell within the normal range for both the young people and parent groups. Overall, the quantitative data at this time suggests a decrease in the overall difficulties reported by parents. Conduct problems, peer problems and emotional problems are all in the normal or borderline range. All of the mean scores in the SDQ subscales in the young people's reports are in the normal or low borderline range. At all time points both young people and parents reported Pro-social scores in the normal range. Open communication is reported by young people and their parents and young people again report moderate levels of coping efficacy. However, six months after the young people started going to counselling young people's levels of trauma associated with the death and parents' levels of grief are high.

5.1.6 Factors related to bereavement: Visual analogue scales.

On completion of the standardised questionnaires, young people and adults answered questions related to the death which were presented on a visual analogue scale. The use of visual analogue scales was described in Chapter 4 and the scales are presented in the interview protocols in Appendix D.

The possible range of scores on the scales was 0 to 10. The range of scores and the mean score for the scales recorded for young people at each time of interview are provided in Table 18.

Table 18 *Visual Analogue Scores for Young People*

Question	n	Time of Interview	Range of scores	Mean	SD
Effect on family	2	IR	5	5.00	0.00
	7	EC	5-10	7.57	2.15
	3	FU1	5-6	5.33	0.58
	6	FU2	5-10	7.40	2.30
Ease asking for help	2	IR	2-10	6.00	5.66
	7	EC	0-10	4.00	3.32
	3	FU1	0-9	5.33	4.73
	6	FU2	0-10	5.40	3.58
Effect on school performance	2	IR	0-8	4.00	5.66
	7	EC	0-10	6.29	4.23
	3	FU1	0-5	1.67	2.89
	6	FU2	0-6	2.00	2.83
Effect on friendships	2	IR	0-4	2.00	2.83
	7	EC	0-6	2.71	2.69
	3	FU1	0	0.00	0.00
	6	FU2	0	0.00	0.00

The scores for the first question, related to the impact of the death on the family, ranged from 5 to 10 across all times of interview with young people. In some individual cases scores were higher at later interviews than at the initial interview. The high mean score at the final interview suggests that the death was perceived to be adversely affecting the family even at this time. In terms of ease of asking for help, young people's scores suggested that they found it moderately easy to ask for help in general. However, there were some high scores at an individual level. In the case of one individual, her score on this item was 10 at the first two interviews, but by the second follow up interview it had dropped to 6, indicating an increase in how easy she found it to ask for help. Scores related to the impact of the death on school performance varied between the participants. Some participants gave low scores at all times, reflecting a minimal impact of the death on school work. However, others gave the maximum score of 10, reflecting a perception that their school work had been adversely affected by the death. Where there were scores for more than one time of interview for a participant, the scores on this scale decreased over time. Finally, scores related to how well the young people had been getting on with friends indicated a perception that friendships were not greatly affected by the death. In many cases young people reported that their friendships had remained the same, reflected in low scores, with a score of 0 common. At the final interview all

participants who took part in the interviews gave a score of 0 on this scale, indicating that there was a perception that social relationships were not affected by the death at this time.

The questions for parents are presented in the interview protocol for parents in Appendix D. Parents' scores for each visual analogue scale for all times of interview are presented in Table 19.

Table 19 Visual Analogue Scores for Parents

Question	n	Time of Interview	Range of scores	Mean	SD
Effect on family	2	IR	10	10.00	0.00
	7	EC	8-10	9.43	0.98
	3	FU1	5-10	7.67	2.51
	5	FU2	6-10	8.60	1.95
Ease asking for help	2	IR	0-10	5.00	7.07
	7	EC	0-6	2.00	2.83
	3	FU1	7	7.00	0.00
	5	FU2	0-10	5.33	5.03
Effect on school performance	2	IR	6-10	8.00	2.83
	7	EC	0-10	5.71	4.27
	3	FU1	7-10	8.33	1.53
	5	FU2	2-8	5.40	2.19

As Table 19 illustrates, the first scale, which addressed the overall impact of the death on the family, contains high scores in the first two interviews with parents. The two parents who took part in interviews at the point of referral to the counselling intervention gave scores of 10. The scores in interviews at the start of counselling ranged from 8 to 10. For most parents, the impact of the death on the family decreased over time. This is reflected in scores at the follow up interviews, conducted approximately three and six months after the start of counselling, where some participants reported scores of 5 and 6. However, one parent gave a score of 10 at the final interview, indicating a perception that the death was still impacting the family severely at this time.

Most parents reported that it was easy to ask for help, especially when it related to asking for help for their children. The low mean score at the interview at the start of

counselling suggests that parents found it easy to ask for help at this stage. While some parents reported that they did not know where to ask for help initially, there was a change over time associated with getting more information for supporting their children. However, at the final interview one parent scored this item 10, reflecting her perception that it remained difficult to ask for help. In the case of this participant her accompanying comments in response to the question of asking for help suggested that her score reflected a frustration in accessing help, rather than her ability to ask for help.

The third question focussed on parents' perceptions of the impact of the death on their children's school performance. This question was repeated for each child in the family that was attending counselling. The scores in this item varied greatly between participants, reflected in the ranges provided in Table 19. This suggests that some parents perceived the death to have a large impact on their child's performance in school, while in other cases parents perceived no difficulty, reflected in scores of 0. This was supported by the mixed findings in response to the open-ended question which accompanied this scale. Parents' and young people's responses to the open-ended questions are incorporated into the analysis of the qualitative data, which is presented in the following section.

5.1.7   Profile at initial referral to counselling: Qualitative findings.

At each time of interview the main topics that were explored related to the death, the impact of the death, coping, support and the counselling intervention. In addition, themes related to the context of the young people's bereavement were identified at most time points. Throughout the following sections, themes are grouped under sub-headings relating to the topics addressed.

5.1.7.1   Themes related to death.

The themes related to death in the parents' and young people's data are presented in Table H1 in Appendix H. In terms of the nature of the death parents were more aware of the nature of the death than their children. Type of death and length of time since death were also topics that were explored with young people and parents. One additional theme emerged under the topic of death in the young peoples and parents'

data. Parents described issues related to the death, while young people reported not being present at the death.

5.1.7.2   *Themes related to the impact of bereavement.*

The broad topics that were addressed in relation to the impact of bereavement were: bereavement reactions (young person and family), changes in daily life and communication. In terms of young people's reactions, as shown in Table H2 in Appendix H, themes that were identified from the parent and young person interviews included: social, psychological, behavioural and somatic and reactions related to the family and school. Behavioural and somatic reactions included parents' reports of children feeling sick, crying a lot, expressing anger, unwillingness to sleep in their own room, clinginess, nervousness. Psychological reactions included not dealing with the death, fear since the death, anger, and the child being upset by rumours related to the death. In terms of school performance parents' reports varied from the child being affected in school since the death and the child performing well in school, for example: *"she still would've been good at school".* When asked about changes in daily life both parents and young people referred to not seeing the person who died regularly. While parents reported openness to communication, parents and young people identified barriers to communication, such as fear of upsetting the surviving parent, as described by one young person: *my Mam was crying a lot and I don't like to upset her".* Themes also emerged related to parents' own reactions and those of the family, such as sadness, loneliness and change in reactions over time.

5.1.7.3   *Themes related to coping and support.*

The third group of topics from the interviews at initial referral related to coping and support. For the young people participating, the topic of coping related to what or who helped the young person to cope, while support related to what supports the young person had. For parents this section encompassed the topics of coping, in terms or what or who helped the parent to cope with the death and support, or what support the parent was getting. The topic of intervention was based on issues that were addressed in relation to the counselling intervention. Table H3 in Appendix H outlines the themes that related to coping and support at this time. Young people reported getting help coping and support from parents, while themes from parents'

data included sources of support and a lack of support for their children. Interestingly, a theme that emerged here was the change in support over time. Participants' reports of ease of help-seeking varied. At this point of interview themes related to the counselling intervention highlighted the range of reasons for which young people were referred to counselling, for example one young person explained:*"Em, because my Grandad died and I just bottle it up sometimes and I don't tell anybody"*.

Looking at the participants' understanding of counselling and expectations of counselling highlighted a lack of understanding in some cases or expectations of counselling. The theme of source of referral illustrates the range of ways in which participants came into contact with the counselling intervention. Finally, additional themes related to contextual factors emerged from the parents' data, including family issues, such as a sibling being in prison and factors affecting the young person, such as bullying, as one parent explained: *"he's afraid……. so I try to keep off the street as much as possible"*.

5.1.8 Profile at start of engagement with counselling: Qualitative findings

5.1.8.1 Themes related to the death.

The themes in young people's and parents' data related to death at this time of interview were similar to those in the first interviews and are shown in Table H4 in Appendix H. In terms of the nature of death, sometimes there was a vagueness to the exact cause of death, as described by this young person: *"Yeah, me uncle eh hung himself, me auntie just died because she was drinking too much and me granny just got a heart attack I think"*. Parents gave clearer descriptions of the nature of the death, such as accident, suicide, or illness. In relation to the time since the death, all children had some idea of when the person had died while parents were aware of the exact time since the death, as illustrated by the following quote: *"It'll be a year the 29th of this month"*. There were two additional themes in the parents' interviews. One was the relationship of the person who died to the young person. The second theme that emerged was multiple deaths. As the quotes from parents demonstrate, in

some cases the young person had experienced the death of more than one loved one, for example: *"since that….[participant]'s brother has died in July"*.

5.1.8.2 *Themes related to the impact of bereavement.*

In terms of the impact of bereavement the interviews focussed on the following topics: bereavement reactions in young people, parents and the family, communication, change in living situation and change in daily life. These are illustrated with themes and sample quotes in Tables H5 and H6 in Appendix H. Several common themes emerged from the parents and young people's data in relation to children's bereavement reactions. These related to behavioural and somatic reactions, psychological reactions, social reactions and changes in school performance. Parents reported a wider range of behavioural issues and more social reactions than their children, for example one parent described: *"He doesn't go out as much as he used to. He doesn't go out playing as much"*.

When asked about the family's bereavement reactions, most young people gave only a brief description of how the family had been affected. However, a range of themes related to family reactions emerged from the parents' data, as illustrated in Table H6 in Appendix H. These included the effect on the whole family, the centrality of the person who died in the family, the impact on relationships in the family and a continuing relationship with the person who died. The theme of adjustment emerged in relation to parent and family reactions. In terms of parents' reactions, parents' data included themes related to psychological and behavioural reactions and parents' awareness of their partners and children's grief, for example one mother described her husband's reactions compared to her own: *"[husband] can totally accept it, why he did it and how he did it …whereas I just don't think about it"*. A theme emerged in the parents' data of the change in daily life since the death, for example, due to not seeing the person regularly, or the parent's difficulty in continuing daily chores. Finally, when discussing communication between parents and children, while most parents and young people reported openness to communication, both sets of participants recognised some barriers to communication, such as the distraction of younger siblings or fear of upsetting the other person. As one parent described their child's communication: *"he just wants to keep talking… He'll try and deflect from something as well that's painful"*.

5.1.8.3   Themes related to coping and support.

Coping and support were again investigated in the interviews at the start of counselling, with a range of themes outlined in Table H7 in Appendix H. There was a variety of attitudes to help seeking, from reluctance to asking for help to finding it very easy. In relation to who helps young people to cope and who supports young people, again they mainly reported that their parents helped them cope and gave them support. Looking at who supports parents, parents referred to other things such as counselling or coping on their own and reported a range of supports, from partners and family to other sources, such as after school clubs. There was a theme of finding coping difficult in both young people's and parents' data under how they find coping. In terms of the counselling intervention, the data suggest a range of reasons for referral to counselling and limited understanding of the intervention. Young people who had started counselling were asked about what they liked or disliked about counselling, which were compiled in the topic of key aspects of counselling. Experiences of the intervention among the participants who had started counselling reflect mixed impressions from the young people, including one negative initial impression: "*Like the first day I came in I hated it*". There were generally positive experiences among parents, for example: *"The first time I phoned, they just spend so much time on the phone talking to you, which was absolutely, it was nice to speak to someone".* While parents reported the helpfulness of counselling, there were some themes related to practical issues, such as lack of resources.

5.1.8.4   Themes related to the context of young people's experiences.

As in the first interviews, the thematic analysis at this stage resulted in a range of themes categorised under the topic of the context of the young person's bereavement. Themes here, as shown in Table H8 in Appendix H were related to circumstances other than the initial bereavement which may have affected the young person. The themes included factors related to the young people, such as bullying, and parental issues, such as a parent who had been recuperating from an operation and issues related to school, as expressed by one parent: *"He's sick going to bed because he's thinking about getting up for school in the morning".*

5.1.9 Profile at the first follow up - approximately three months after start of counselling: Qualitative findings.

5.1.9.1 Themes related to view of the death.

As in previous interviews, topics related to the death were explored initially. Within the topics of person who died, length of time since death and nature or type of death the themes were similar to those at earlier interviews. The theme of awareness of the length of time since the death showed that all three young people had experienced the death of their family member over one year ago. Where a young person was clear on the nature of the death at the initial referral interview, the researcher did not ask again about the death. However, one participant who had shown a lack of understanding of the death at earlier interviews described the type of death as an accident as follows: *"he missed a step when he was walking up the stairs and fell"*.

5.1.9.2 Themes related to the impact of the death.

In terms of impact of the death, three main topics were explored: bereavement reactions, communication and change in daily life. Young people and parents' data again contained similar themes related to children's bereavement reactions, such as psychological reactions and somatic reactions. Psychological reactions reported by young people included keeping things to oneself, thinking about the person who died and feeling sad, while parents reported a range of psychological reactions, as illustrated by quotes in Table H10 in Appendix H, such as "(he) *has the, a lot of anger in him"*.

While young people reported no problems with their peers, some parents reported social reactions in their children. More parents also reported a deterioration in school performance than young people. The topic of family bereavement reactions included themes of missing the person who died within the family, the variety of reactions within a family and young people's difficulty articulating the impact of the death on the family. The impact of a parent's grief on a child was reported by parents, for example: *"I wasn't myself at all for a long time…the lads, they'd sense that dad isn't going out"*.

When discussing communication and barriers to communication, the identification of barriers that make it difficult to talk was a recurring theme in parents' and young people's data with both sets of participants identifying a range of barriers to communication. Both parents and young people also referred to the young person's ability to talk about the person who died and parents' efforts to have open communication. In some cases, the young people remained reluctant to talk about the death, as described by one participant: *"I don't really want to talk about it"*. The final topic addressed in relation to the impact of the death was the change in daily life, which contained a theme of change in child-care arrangements.

5.1.9.3   *Themes related to coping and support*

Topics related to coping and support included who helped the participants cope, what supports they had and their attitudes towards help-seeking.

Coping was explored with participants from the perspective or what or who was helping them to cope with the death. In terms of young people, two of the three participants reported that their mother helped them cope. The topic of parents' perceptions of child's coping was based on themes that emerged related to parents' perceptions of their children's difficulty coping and the impact of the build up of problems. In terms of parents' coping, participants reported a range of things that hindered coping. While some participants reported coping on their own at this point, friends were reported as helping coping more than family in one case: *"Probably be my friends now".*

Support was investigated in young person interviews in terms of what support the child was getting. The themes highlight the range of supports reported by young people, both inside and outside the family. When parents talked about their perception of what supports the child had, again the themes highlight the range of support from family and other sources, such as Child and Adolescent Mental Health Services (CAMHS), a Special Needs Assistant (SNA) in school. The topic of support for parents included themes of support from family, friends, neighbours and external supports. Young people and parents were asked about ease of asking for help. Young people varied from finding it easy to not asking for help at all. Themes illustrated in Table H11 in Appendix H highlight parents' reluctance to ask for help,

as well as problems accessing help for their children when they do look for help, for example: *"Yeah, I found it very hard to get em a service for children…."*.

5.1.9.4   *Themes related to counselling*

There were several topics related to the counselling intervention at this time point as the participants had been attending counselling for several months. These are outlined with themes and sample quotes in Table H12 in Appendix H. Views of counselling incorporated themes from parents' and young people's data related to their experiences of the counselling intervention.   Themes that are worth noting include a general positive view of counselling (e.g., *"it's lovely in here"*), willingness to recommend to other families, helpfulness (e.g., *"we're learning things through the counselling"*) and independence from family (e.g., *"it's kind of better 'cos with my mam like I don't want to upset her"*). Themes related to referral were similar to those at the previous time of interview.

There were several themes related to the perceived impact of counselling. Themes that were common to both young people and parents included impact on behaviour, on communication, on relationships and impact in school.   Parents' data also contained themes related to impact on the child's psychological reactions, their feelings and coping. This quote illustrates the type of improvement parents reported: *"not as withdrawn as much, she's getting more confidence back in herself"*. Young people's data contained two additional themes of impact on wellbeing and impact on things other than the death, as one participant described: *"Like helping me to do stuff… don't be scared of the dark"*.

The parents' expectations of counselling revealed a theme of differences in expectations for siblings. The key aspects of counselling and what happens in counselling were topics explored with young people. Of note here is the emergence of themes related to talking, to activities in counselling and to feelings, as described by two young people as follows: *"I get what I feel like out of me, like bad feelings"*, *"Actually, we just play….but I end up talking all about it"*. Again, there was a theme of being satisfied under the topic of satisfaction with counselling in the data. Finally, the topic of possible improvements to counselling from parents' data included the recurring theme of more sessions, while practical issues discussed included

references to the waiting list. These issues were based on probes by the researcher of ways in which the counselling intervention could be improved.

5.1.9.5 *Themes related to the context of young people's experiences.*

The final topics at the first follow up contained themes related to the context of the young people's experiences from both parents' and young people's data, as shown in Table 13 in Appendix H. Themes that emerged from the interviews with young people related to the context of their experiences included bullying, a child minder leaving and multiple deaths. One young person described the experience of two deaths:*"it's only my granddad and then my other uncle died in July".* In parents' interviews the topic of wider context encompassed some of these same themes, as well as additional ones, such as difficult home environment. The theme of difficult family circumstances is based on a parent's report of other things that were happening in the family at the same time as the bereavement, as illustrated by the quote: *"he is affected as one brother going to Australia, one brother in the nick".* School related issues were reported by both parents and young people, as one parent commented: *"he's so upset, he's constantly upset, he's constantly sick, he doesn't want to go to school".* Other themes included the child's psychological wellbeing, as shown in one parent's reference to CAMHS.

5.1.10 Profile at second follow Up - approximately six months after start of counselling: Qualitative findings.

At the final point of interview the main topics addressed were the same as at previous times, with the addition of the topic of change over time based on themes in the parents' data.

5.1.10.1 *Themes related to the context of young people's experiences.*

As in previous interviews, in terms of the context of the young people's experiences, parents referred to difficulties that the young people had which pre-existed the bereavement and contemporaneous contextual themes, such as other stressors in the family, for example, the impact of giving up work:*"Like the decision to stay at home has been…enormous".*

5.1.10.2 *Themes related to the impact of the death.*

Since themes that were related to death itself had been explored at least twice already for most young people, these themes are not described again here. However, topics that were related to the impact of death were explored, as shown in Table H15 in Appendix H. In terms of the impact of death on communication there was a theme of open and regular communication between parents and young people in the parents' data. While young people reported turning to parents primarily when they wanted to talk, one also commented on the availability of the counsellor to talk to. Parents and young people again reported a number of barriers to communication, as shown in Table H15. However, it is worth noting that some young people and parents reported no barriers. Family reactions were raised by young people in relation to the impact of the death on the whole family. Themes here included the absence of the person who died, for example: *"I'm not sure, just, em, just cos he's not there",* as well as difficulty articulating the impact on the family. In terms of the impact of the death in school the discussions with young people suggested a varied impact on performance – from no effect on school work to not doing as well in school as they used to. The data suggested the death had an impact on social interactions and relationships with other young people. Two themes emerged: getting on well with friends and difficulty when friends talked about their fathers, as described by one young person as follows: *"probably just like when they're sometimes talking about their dads"*. In the parents' data there was a theme of changes in child over time, referring to changes that were associated with the death. These included changes in school performance such as concentration and motivation. Parents' reports related to social relationships were captured in the theme of how things are now. In the parents' data the impact on the family was captured in the topic of how things are now, as well as themes related to the young person, such as behavioural issues and the impact on the young person socially.

5.1.10.3 *Themes related to coping and support.*

Looking to coping and support at the final interviews, themes under the topics of what supports the child has and who supports the young person in parents' and young people's data suggest that young people talked to their parents, other family members and friends. The most common response from young people was that they talked to their mother, while both parents and young people also referred to other

sources of support, such as counsellor and SNA. Interestingly, in terms of support, the theme of parents attending their own counselling emerged in the young people's data. Exploring the ease of asking for help showed mixed findings in relation help-seeking among parents and young people. However, the data suggested that parents had a growing awareness of where to access support, as described by one participant: *"at least we know what resources and help they need to help them".*

5.1.10.4 *Themes related to counselling.*

In these final interviews there were many topics related to counselling as the young people had been attending counselling for at least six months at this time. Topics were categorised under two headings: Counselling and the Impact of Counselling. In terms of the general topic of Counselling, reasons for coming to counselling were similar to those reported in early interviews, such as child's behaviour and distress, for example: *"Aggression and his behaviour".* Themes within the topics of views of counselling and experience of counselling in young people's and parents' data respectively highlighted satisfaction with counselling and a perception that counselling was helpful, as one young person explained: *"I've been quite happy and it has helped me quite a lot".* Again, participants reported that they would recommend the counselling to other families, however, it is worth noting that there was a theme of counselling not being necessary for all bereaved people in the young people's data. While young people did not have recommendations for improving the intervention, parents again suggested more resources. In terms of specific helpful aspects of counselling the data suggests the importance of the independence of the counsellor, the processes involved in counselling and the relationship with the counsellor. These are also reflected in young people's descriptions of what happens in counselling and the best aspects of counselling, which included themes of counselling processes and talking. Both young people and parents described the process of ending counselling in terms of winding down gradually.

5.1.10.5 *Themes related to the impact of counselling.*

The impact of the counselling on young people was also explored with parents and young people. Looking at the impact on the child, themes again related to behaviour, communication, school performance, social interactions, feelings and the impact at home. A common feature mentioned was the impact of being able to talk to a

counsellor, for example: *"Well because since I've been going here ... I'd be able to talk to a stranger about it, so I'd be able to talk to my mum and dad about it".* While some participants reported an improvement in communication and social relationships, other participants reported no impact. Parents also reported a broader impact of counselling on family, including a theme of difference in the impact of counselling among siblings. These issues are further explored in the next stage of analysis.

5.1.11 Counsellors' perceptions of bereavement and counselling for young people: Qualitative findings.

The topics addressed in the counsellor interviews during the second phase of the study were those that were most salient to the aims of the study. Specifically these were bereavement reactions in young people, factors influencing grief and counsellors' experiences of counselling. The themes identified from the initial analysis of the data for each topic are described below.

5.1.11.1   Bereavement reactions in young people: Qualitative analysis of counsellors' data.

Within this broad topic a theme that emerged was the individuality of the experience of grief and bereavement. Several counsellors commented that grief varies from young person to young person. Despite stressing the individuality of the experience, a number of types of reactions were described, for example psychological and behavioural reactions. In discussing psychological reactions participants commented on issues such as anger, sadness, denial, being overwhelmed, fear for the surviving parent and dreams about the person who died. It is also worth noting that one participant suggested that young people grieve in a similar way to adults.

Communication was mentioned by several counsellors in terms of the child's ability or lack thereof to talk about the death and the person who died. Another theme that emerged in relation to the length of time since the death was that of delayed reactions. In some cases, counsellors saw young people very soon after the death and in other cases it may have been longer. This was described by one counsellor: *"it mightn't be immediately following the bereavement, it might be a year later, or 18 months or two years later".* Finally, as well as the negative reactions to

counselling, counsellors reported resilience in young people who were bereaved, for example, one participant commented: *"I suppose what I have noticed, and I am flabbergasted at this, because this is, you know since I started working at Barnardos, I didn't work with children before, is how resilient they are."*

5.1.11.2 *Factors impacting young people's grief: Qualitative analysis of counsellors' data.*

This topic related to counsellors' perceptions of the factors that impact young people's bereavement reactions. Themes were: factors related to parents and family, multiple deaths, lack of understanding, age, nature of death and parents' attitudes to death. In discussing parental and family factors participants talked about parent and family coping and communication in the family. The counsellors stressed the effect on young people of their parent's coping and grieving. They reported that young people pick up on a sense of trauma in family and the family's grief. One counsellor described the importance at looking at how the family was coping:

> *I always say what's going on in the family? How are the parents coping with the grief? And my sense is, if parents are coping…. If they haven't got unresolved grief issues themselves…. If they are managing, upset and hurt and tearful and everything else, but if they're managing, the children manage … children seem to look upon their parents as role models for coping and that if they see the parent able to make it .. And coping with it in some way that they learn.......for a lot of children it's the first time that they have had to cope with very difficult feelings and if the parent or guardian seems to be able to handle the difficult feelings, then they can cope with it a lot better.*

One counsellor explained how the young person may be affected if *"there is something unresolved in…the family, in relation to grief or abandonment issues"*. Counsellors also emphasised the effect of good communication within the family.

One theme related to factors which may impact young people's experiences was the influence of multiple deaths, for example, one counsellor explained how a child reacted to two deaths in the family: *"the two were intertwined in some way, death and darkness and fear and people just disappearing and people being taken away from you"*. Another factor related to the death was the effect that a lack of

understanding of the death can have on young people. Understanding of the death is also related to the age of the young person. Counsellors talked about the effect of a young person's age, with specific reference to the influence of understanding of the finality of death and the need for counselling in the future, for example as one participant commented: *"when he actually cognitively is at a point when he can really understand it, he may need to come back"*.

A theme of the influence of the nature of the death also emerged from counsellors' data. Sub-themes here related to issues such as suicide, traumatic adjustment; for example shutting down, and normal adjustment to a traumatic death. One counsellor described their perception of the effect on the child in the case of a traumatic death: *"brain development is actually different from another child. If something terrible happens"*. Another described how death due to illness can be traumatic for a child too:

> *I'm working with children where it's a parent dying and it's very traumatic because they are witnessing, and knowing the parent is dying……now it's not the same as a child who sees a parent being murdered in front of him, it's a different traumatic death.*

However, some counsellors reported that the nature of death may not be an influencing factor as the absence of the parent and attachment issues are the same. Finally, moving outside the young person, in some cases counsellors commented on parents' and teachers' influence on the process of grieving whereby they did not recognise signs of grief. This may impact the young person's processing of their grief, for example: *"They're not being allowed to actually experience their experience"*.

5.1.11.3   *Experiences of counselling: Qualitative analysis of counsellors' data.*

A broad range of topics was addressed in terms of the counsellors' experiences of counselling. These topics and relevant themes are outlined in Table 20.

Table 20 *Themes related to Experiences in Counselling from Counsellor Interviews*

Topic	Theme
Reasons for referral to counselling	Concern of parent/other
	Behavioural problem
	Psychological problem
	Range of issues
	Differences between mothers and fathers
Processes involved at the start of counselling	Taking the child as they were
	Responding to how the child presented
Processes involved in counselling	Relationship with counsellor
	Talking about the death/ talking
	Drawing
	Playing
	Telling stories
Processes involved in ending counselling	Readiness to finish counselling
	Gradual cessation of counselling
Presentation at the first session	Lack of responsiveness
	Displaying excitement
	Displaying aggression
	Reserved/guarded
Young people's understanding of counselling	No understanding
	Good understanding
Counsellor's approach	Variety of approaches

The first topic was the reason for referral based on counsellors' perceptions of why the young people were referred to them. One typical example was: *"the child is behaving in a certain kind of way, or ....withdrawn, gone into themselves, or maybe a lot more aggressive at home, or maybe regress in sort of behaviour, kind of developmental stuff like bed wetting"*. One theme that emerged suggests that mothers and fathers may refer their children for different reasons.

There were three topics related to processes involved in counselling: processes involved at the start of counselling, during counselling and in the ending of counselling. Themes in the topic of processes involved at the start of counselling included responding to how the child presented and what they talked about in the counselling session, as illustrated with this sample quote: *"I'd be looking to see how responsive is the child, how intimidated might the child be by the whole idea of coming to a therapist"*. As shown in Table 20, processes involved in counselling included talking about the death and activities. Establishment of a good relationship was a process that was referred to by counsellors, for example: *"when the child is comfortable and knows the room, knows me, feels a bit safe, and we've kind of built*

up a rapport, built up a rapport with mum or with dad, they tend to, what I would say it's almost like the incidental talk". Wrapping up this group of topics participants also talked about the processes at the end of counselling. In relation to determining when a young person was ready to finish, there seemed to be a process of agreement between the counsellor and the young person. One counsellor referred to her *"gut feeling"* and relied on her instincts, as well as parents' inputs and changes in the young person, expressed as follows: *"I get a sense where the child you know .... again use the guideline of the parent, how they feel the child is coping at home and if they're noticed any, you know difficulties since or improvements or whatever".* In terms of stopping counselling, most counsellors reported that they took the approach of winding down gradually, that they gave the young person notice and that they had an open-door approach for future counselling. The process of winding down gradually was explained by one counsellor as a way of reducing causing stress to the young people due to a sudden ending:

> *I would usually give them warning so you know we'll finish up kind of after two more sessions or whatever, so as to give them a chance to know that...this is coming to an end and....endings are really important obviously to children who have been bereaved.*

Related to the processes involved at the start of counselling was the topic of presentation at the first session. Counsellors described the range of ways in which children presented when they first met them, for example: "*some of them would present in a very quiet way... very very reserved, or very suspicious and defensive and some would be hostile and aggressive".* Themes, shown in Table 11, ranged from young people's lack of responsiveness and reservation to displaying excitement or aggression. One counsellor commented that being guarded may be related to the nature of the death, such as a homicide. The issue of young people's understanding of counselling when they came to counselling was also examined and the themes indicate a variation in the understanding of young people. Counsellors commented that some children have no understanding of what counselling was before they started.

The counsellor's approach to counselling was based on counsellors' backgrounds and what approach they used for counselling bereaved young people. Participants

described applying a wide variety of approaches included family systems, humanistic and integrative approaches, non-directive counselling, Jungian and holistic approaches, psycho-education and symbolic approaches. Of note was one case where a counsellor reported that she was a family systems therapist and was therefore aware of the rest of the family when working with the young person. Furthermore, while the counsellors participating in the research provided counselling for young people, some mentioned including the parents in counselling sessions, for example: *"usually then I would bring the parent in for the last while, do you know of the sessions"*. Another counsellor explained how she involved the family in therapy when necessary: *"I'd include the parents quite a bit. And sometimes I'd actually stop the work with the child, temporarily like, for a few weeks just work with the parent and try and help them"*.

Finally, related to counsellors' experiences of counselling was the topic of perceived change over time. Counsellors reported various lengths of time spent counselling individual young people. The number of sessions, length of sessions and length of time over which counselling took place depended on the individual case. While commenting on change over time that occurred, one counsellor commented: *"I think it's probably been a process of about 9 months of therapy"*. Themes in the topic of change over time included improvement in school work, changes in behaviour and changes in presentation. Changes in presentation in counselling was a theme which emerged from comments on changes that counsellors noticed in children in the counselling session, such as being more relaxed in the session or changes in physical appearance: *"there's more colour, more life coming into their, more colour coming into their appearance"*.

5.1.12 Interim summary: Qualitative data from young people, parents and counsellors.

The themes that emerged from the participants' qualitative data provide a rich insight into the impact of childhood bereavement, the factors that influence adjustment to bereavement, the experiences of counselling and the potential role of counselling. The impact of bereavement was seen in the psychological, social, behavioural and school-related reactions of young people, in changes in their daily lives and in communication and relationships within the family. However, while young people

experience a range of reactions, the individual variation of the experience was evident across many areas of young people's lives including their school performance and social relationships. Mediating influences including level of parental support, whether or not there were barriers to communication, the experience of multiple deaths and other contextual factors related to the death and to the young person and his family were identified as important. The evidence of individual variation in relation to adjustment, and the mediating factors potentially affecting adjustment, conveys the complex nature of the bereavement experience.

The role that counselling may have played in terms of helping young people navigate their bereavement experience is multi-faceted. It seems that as young people went through counselling, their awareness of the nature and type of their loved one's death became clearer, and they reported a greater ability to talk about the death and the person who died. Both parents and young people indicated improvements in the young person's well-being, in particular emphasising that behaviour had improved, while counsellors talked about the change in young people over time. Additionally, improvements were noted across the different contexts in which young people live including within their family unit and in relation to their school performance. However, while parents' and young people's narratives suggest a general pattern whereby attending bereavement counselling is associated with positively oriented changes in bereavement experience and adjustment, it is important to note that young people continued to experience some difficulties. Nonetheless, both young people and their parents expressed their satisfaction with the counselling service they received and reported that they would recommend it to other families, making only minor suggestions about areas for improvement.

In terms of the nature of the counselling experience, there was an overlap in young people's and counsellors perceptions about what happens in counselling. Young people talked about the activities involved in counselling, including play and drawing, while counsellors described the usefulness of using activities such as drawing to address bereavement issues with young people. Both emphasised the importance of talking about the person who had died and working with feelings. However, counsellors gave a more in depth picture of the processes involved, related

their theoretical orientation to their practice, and reflected on some of the factors that might impact on young people's experience of the process.

The main issues suggested by the qualitative data, such as the reactions to bereavement, individual variation in relation to adjustment, the factors which may affect adjustment and what happens in counselling, are explored in more depth in Stage 2 of the analysis of the data.

5.2   Summary of quantitative and qualitative data from Stage 1 of analysis.

Before introducing the second stage of the analysis, it is important to highlight the principal findings from the first stage. The key quantitative findings are represented in Box 2.

➢ Psychosocial functioning	Parents' Reports: • Total difficulties – at clinical level in IR and EC • Peer problems – clinical at FU1 • Emotional problems –clinical levels at EC and FU1 • Conduct problems – clinical levels at IR, FU1 Young People's Reports: • Lower at each time of interview than parents Parents' and Young People's Reports: • Total difficulties • Conduct Problems • Emotional Problems • Peer problems All in borderline/normal range by final interviews (FU2)
➢ Pro-social behaviour	Scores in the normal range throughout study
➢ Young people's self-reported levels of trauma	High levels maintained throughout
➢ Young people's self-reported coping self-efficacy	Moderate/good levels throughout
➢ Parents levels of grief	Moderate levels maintained throughout
➢ Communication	Good communication scores throughout
➢ Impact of death on family	High levels reported at final interviews by young people For most parents the impact on the family lessened over time
➢ Ease of asking for help	High variation between young people and between parents Moderate scores throughout
➢ Effect of death on school work	High variation between young people and parents Low scores at final interview in young people's data
➢ Effect on peer relationships	Perception of little impact on friendships throughout among young people

Box 2: Summary of quantitative data

Tables 21 to 25 illustrate the key topics and themes analysed in the qualitative data. The selection of these themes and topics is based on the fact that they were common to parents', young people's data or counsellors' data, were found at multiple times of interview, and on their relevance to the research questions.

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Table 21 *Topics and themes related to the death*

Topic	Theme
Nature of death	Awareness of nature of death
Type of death	Sudden death
Length of time since the death	Clear about the length of time since death
Issues related to death	Multiple deaths
	Misses person who died

Table 22 *Topics and themes related to the impact of bereavement*

Topic	Theme
Children's bereavement reactions	Social reactions
	Behavioural and Somatic reactions
	Psychological reactions
	School performance
	Individual differences
Changes in daily life	Used to see person who died regularly
Communication/Barriers to communication	Openness to communication
	Talking about person who died
	Activity/disorder in the house/family
	Siblings make demands on parents
	No barriers to communication
Family bereavement reactions	Psychological reactions
	Changes within the family
	Centrality of person who died in family
	Impact of parent's grief on children
	Variety of reactions to bereavement within family
	Continuing relationship with person who has died
Parent's bereavement reactions	Awareness of partner's/child's grief
	Variety of reactions
	Change over time
	Poor adjustment

Table 23 *Topics and themes related to coping and support*

Topic	Theme
What/who helped the parent to cope	Difficulty coping
	Coping on own
	Counselling
What support the parent was getting	Lack of support
	Sources of support (Support from family, partner or friends, or other)
	Change over time
	Value of support
Help-seeking (parents)	Variety of attitudes to help-seeking
	Difficulty finding help for children
	Improvement over time
Perceptions of child's coping	Inability to cope with situations
	Ways to improve coping
	What makes coping more difficult
Adequacy of support	Good support
Support for child	Support from parents/family
	Barnardos – counselling
	Other sources of support
	Support from neighbour
What/who helped young person to cope	Parents helped them cope
	Finding coping difficult
Help-seeking (young people)	Easy to ask for help
	Difficulty asking for help/Do not ask for help

Table 24 *Topics and themes related to the context of young people's experiences*

Topic	Theme
Contextual factors	Closeness of child to person who died
	Multiple deaths
	Other stressors in the family
	Difficult home environment
	Change in context
	Existing social behavioural problems
	School related issues
	Bullying

Table 25 *Topics and themes related to the counselling intervention*

Topic	Theme
Intervention	Understanding of intervention
	Source of referral
Expectations of counselling	Range of expectations of counselling
Reason for Referral	Range of reasons for referral
Experience of counselling	Practical issues
Key aspects of counselling	Talking to someone who is outside the family
	Getting help
	Activities
	Relationship with counsellor
	Information provided
Recommendations to others	Would recommend to others
Views of counselling	General positive view
	Helpfulness of counselling
	Individuality of experience
	Independence from family
Perceived Impact of Counselling	Impact on behaviour
	Impact on child's psychological reactions
	Impact on communication
	Impact on social relationships
	Impact on schoolwork
	Impact on things other than death
	Impact at home
	Difference in impact among siblings
Satisfaction with Counselling	Satisfied with service
What happens in counselling (young people)	Talking about the person who died/everything
	Working with feelings/ Feel better about death
	Activities involved
Ending Counselling	Process of winding down
	Reasons for ending

Having identified the themes in the data, the next stage of analysis aims to look at relationships between the themes and integrate them with quantitative findings.

5.3   Relational Analysis: Patterns related to young people's experiences of bereavement and counselling.

While the first stage of analysis presented what the participants reported at each time of interview to provide qualitative and quantitative profiles at each time point, the aim of this second stage of analysis was to examine the results from the qualitative and quantitative data concurrently from all participants across time to present a more in-depth picture of the data. Stage 1 analysis resulted in the identification of a large number of themes from the parents', counsellors' and young people's data. However, the relationship between themes and possible patterns across the qualitative and quantitative data were not explored. This stage of analysis was conducted within the framework of Relational Analysis. The principles and use of Relational Analysis in the present study were presented in Chapter 4. The following sections present the patterns identified at this stage of analysis with examples of data to support each theme.

5.3.1   Young people's experiences of bereavement: Analysis of patterns

5.3.1.1   *Individuality of the Bereavement Experience*

Young people, parents and counsellors reported a range of reactions to bereavement, however, the reactions varied from young person to young person. Therefore, individuality of the bereavement experience was a pattern that emerged from the data. At all time points, young people's reactions could be classified as behavioural, physical, psychological, emotional and those related to communication and school. However, within those broad classifications the experience of each young person was unique.

Looking at the ranges of scores from the quantitative data highlights the variation between young people. This variability is supported by the qualitative data in many cases. In the case of some bereavement reactions scores span a range from normal levels to clinical levels. While the details of participants' scores were outlined in Stage 1 analysis, it is worth examining some of the widest ranges of scores within the quantitative data to assess the implications of the data, which support the pattern of individuality of bereavement experience.

In the case of the SDQ (Goodman, 1997), the cut off scores were shown in Section 5.1.1. The following tables outline the ranges of scores at each time point from the SDQ scales completed by young people and parents. Table 26 shows the ranges of scores for SDQ Total Difficulties.

Table 26 *Ranges of Young People's and Parents' Scores for SDQ Total Difficulties at IR, EC, FU1, FU2*

SDQ Total Difficulties	IR	EC	FU1	FU2
Young Person Scores	23 (n=1)	11-22 (n=7)	8-22 (n=3)	6-19 (n=5)
Parent Scores	16-29 (n=2)	16-25 (n=6)	18-24 (n=3)	4-25 (n=6)

Note. In the cases of only one score being collected, one figure is given instead of a range

Looking at FU1 shows that the SDQ Total Difficulties scores reported by young people ranged from 8 to 22 and at FU2 ranged from 6 to 19. Therefore, while some young people were experiencing normal levels of difficulties, one or more were experiencing clinical or borderline levels at three and six months from the start of counselling. For parents' reports of young people's difficulties, the Total Difficulties mean score at FU2 was in the normal range, however, the scores ranged from 4 to 25, which encompasses normal, borderline and clinical levels. This suggests wide variation in parents' perceptions of the difficulties experienced by young people.

Table 27 *Ranges of Young People's and Parents' Scores for SDQ Emotional Symptoms at IR, EC, FU1, FU2*

SDQ Emotional Symptoms	IR	EC	FU1	FU2
Young Person Scores	2-6 (n=2)	4-8 (n=7)	3-6 (n=3)	1-6 (n=5)
Parent Scores	7-8 (n=2)	1-8 (n=7)	5-9 (n=3)	1-10 (n=6)

In terms of emotional reactions to bereavement, the mean parent scores on the Emotional Problems subscale on the SDQ were in the clinical range at all times. However, as illustrated in Table 27, the data suggest a variation in the level of emotional difficulties perceived by parents to be experienced by the young people, especially six months after the start of counselling.

Table 28 *Ranges of Young People's and Parents' Scores for SDQ Conduct Problems at IR, EC, FU1, FU2*

SDQ Conduct Problems	IR	EC	FU1	FU2
Young Person Scores	4-8 (n=2)	2-5 (n=7)	2-6 (n=3)	0-9 (n=6)
Parent Scores	3-7 (n=2)	0-4 (n=7)	2-8 (n=3)	1-8 (n=6)

Table 28 shows that parents' individual scores on the Conduct Problems subscale of the SDQ questionnaire ranged from normal to clinical at each time point. The variation in individual scores is supported by the range of behaviours reported by counsellors and parents when describing the reasons for which young people are referred to counselling. The thematic analysis identified behavioural problems ranging from withdrawal, for example: *"The last month particularly it's become very obvious that he's not even leaving the house. He doesn't want to come shopping",* to aggression, for example: *"It was like he couldn't, he was getting aggressive, do you know what I'm saying and his attitude changed as well".*

Table 29 *Ranges of Young People's and Parents' Scores for SDQ Peer Problems at IR, EC, FU1, FU2*

SDQ Peer Problems	IR	EC	FU1	FU2
Young Person Scores	0-5 (n=2)	1-5 (n=7)	0-2 (n=3)	0-3 (n=6)
Parent Scores	1-6 (n=2)	1-8 (n=6)	1-6 (n=3)	0-3(n=6)

Again, looking at the range of scores in the Peer Problems subscale of the SDQ shows the range in parents' perceptions of peer problems.

Qualitative data from parent interviews supported the concept that some young people experienced problems with their social relationships, while others reported no change in social relationships. At the first follow up, for example, the theme of social reactions included sub-themes of no change in friendships and decrease in sociability, as one parent reported:

> *she's kind of falling out with her friends, you know, this kind of thing going on about she says this, and she says, now generally she'd be very popular in school…. It's just that she seems to be, you know, nitpicking about people.*

Some young people, on the other hand, maintained close friendships in the aftermath of the bereavement, for example: *"he's got a very close circle of friends and they're great".*

This range of impact on peer relationships was also one of the issues that arose in relation to impact of the death on young people in school. While studies often focus on school performance, the present study highlights the range of difficulties that may be experienced in school following the death of a family member or friend. Participants reported an effect on school performance, on behaviour in school, on social relationships and on willingness to attend school. A common theme in relation to impact in school was the variety of the impact of the death on school performance. The young people's perceptions ranged from no effect, for example: "*there's no difference*" to a larger extent, for example: "*I would normally do very well at maths…..Like the week before (he) died, I got everything right in my maths test…..And, then just the next week, it just went*". For some young people the problems related to school performance persisted over time, for example, six months after the start of counselling, one young person answered: "*No. I'm not doing as well in school as I used to, no*". Parents also reported a range of effects in school, including falling behind in school work and behaviour. Again, the range of reactions and difference in the extent of the reactions related to school highlight the individuality of the reactions to death.

As described in the descriptive analysis in Stage 1, scores on the communication scale (Raveis et al., 1999) suggested good communication between young people and their parents in general. However, analysis of the scores highlights the individual differences of perception of open communication with parents, as shown in Table 30.

Table 30 *Ranges of Parents' and Young People's Scores on the Communication Scale at IR, EC, FU1, FU2*

Communication Scale	IR	EC	FU1	FU2
Young People Scores	7-10 (n=2)	8-12 (n=7)	8-11 (n=3)	3-12 (n=6)
Parent Scores	10-12 (n=2)	5-12 (n=6)	10-12(n=3)	10-12 (n=5)

An examination of the scores on the communication scale at FU2 shows that young people's scores ranged from 3 to 12, on a scale with a possible range from 0 to 12. This suggests very good communication between some young people and their parents, while other young people perceive that their parents are not as open to communication. The qualitative data from young people supports the finding that the

quality of the communication between young people and their parents was mixed, with some young people reporting regular communication with their parents and others reporting irregular communication.

Thematic analysis highlighted a variety in the ability to talk about the death. Some young people could talk about the death, as one parent described: *"very fresh and they would talk about nana, they talk about missing her"*. However, others found it difficult to talk about the death, as one parent explained: *"She doesn't want to talk about anything, how he died or anything like that"*. Parents also reported a wide variation in how open their children were to communication in general, from those who said that their children did not talk to those who stressed very regular communication between parents and children, again contributing to the pattern of the individuality of the experience of bereavement among young people.

While the individuality of the impact of bereavement on communication, social relationships, school related issues and behaviour is based on qualitative and quantitative data, other factors that illustrate the individuality of the bereavement experience emerged solely from qualitative data. The topic of reasons for referral, for example, illustrated the individuality of the experience. The reasons for referral to counselling were different for all young people in the study.   Therefore, individual reactions or symptoms underlay the referral of a young person to counselling. The diversity of parents' reasons for bringing their children to counselling included behavioural issues, for example: *"She's just bottling things up, but she's exploding then for minor little things"* to psychological and emotional problems, such as: *"She was particularly distressed"*. The range of issues which concerned parents was evident at all time points. The individuality of young people's reactions to bereavement is further supported by counsellors' reports of how young people present when coming to counselling, from a lack of engagement to over-excitement, and their perceptions of the range of reasons for referral, as one counsellor described:

> *the child is behaving in a certain kind of way, or you know withdrawn, gone into themselves, or maybe a lot more aggressive at home, or maybe regress in sort of behaviour, kind of developmental stuff like bed wetting*.

Finally, the participants indicated directly the uniqueness of the experience for young people. Counsellors reported that each young person reacted to bereavement differently. Parents reported differences in reactions to bereavement among siblings. At the point of engagement with counselling individual differences in how different children in the family were reacting to the death were mentioned, as reported by one parent: *"[daughter] didn't want to go to school, she didn't want to get up in the morning and [son]'s behaviour was just real stroppy and an awful lot of anger"*. The difference between siblings' reactions was maintained over time.

The reactions of young people who are bereaved highlight the individual nature of the experience of bereavement for young people who are attending counselling. Data related to the the reasons for referral to counselling, to psychosocial difficulties and communication highlight the range of reactions among young people, even within the same family. Therefore, the findings suggest that each young person's experience is unique.

5.3.1.2   Inter-connectedness of grief.

While the previous section illustrates the unique nature of the bereavement experience, the data from the present study also suggest that each young person's grief is influenced by and is an influence on other people and settings. The qualitative data from parents, counsellors and young people highlight the connections between a young person's experience of bereavement and counselling and the grief of their parents and family.

While looking at the relationships between young people and their parent's grief, it is worth examining the grief of the parents in the study. As outlined in the quantitative analysis in the first stage of analysis, scores on the Core Bereavement Items (CBI) self-report questionnaire (Burnett et al., 1997) indicate that parents in this study experienced moderate levels of grief intensity throughout the study (See 5.1.1). This is supported by parents' own comments in relation to their grief and coping with the death, for example there was a theme of poor adjustment in parents' data. A typical comment from a parent in the initial interviews is: *"Well I'm not coping, I just don't deal with it, I've blanked it"*. Parents were aware of the potential impact of their grief on their children. They also reported an awareness of *how* their grief may

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impact on their children. One parent reported on how his sons picked up on his grief after the death of their grandmother: *"But you see they'd sense from me as well, I wasn't myself at all for a long time… it wasn't even just music and I wasn't going after gigs. The lads, they'd sense that dad isn't going out"*.

Looking at the themes identified in the qualitative data suggests that young people were aware of their parents' grief and that parents' reactions affected young people's experiences. A common reaction of young people was a reluctance to upset a grieving parents, for example: *"Yeah, because em, you see, em my Mam was crying a lot and I don't like to upset her"*. Being aware of their parent's grief also manifested itself in young people's responses to questions related to communication with their parents. One young person explained a reluctance to talk to her mother as follows: *"Because like say if it's over my granddad like, something like upsetting like, I wouldn't really tell her because I think that she'll get sad and I don't want to hurt her feelings"*. On the other hand, one young person described how she related to her father after the death of her uncle in terms of common grief:

> *….I would kind of go to my dad a lot because like his brother was like only a few months like gone and like he would talk about it to me and I just felt like, that I could talk about it to him. He started counselling as well, so.*

The data from the counsellor interviews supports the inter-connectedness of grief. Counsellors reported that young people pick up on a sense of trauma in family and the family's grief. They stressed the effect of parents' coping and grieving on young people.

While young people were affected by their parents' grief, there was a reciprocal relationship whereby parents and other family members were affected by their children's grief. At the start of counselling there was a theme in the data related to parents' awareness of their children's grief. Parents described the impact of their children's coping with grief on the rest of the family: *"it's how they're coping and it does affect all the rest of us"*. Looking at the impact on the family as a whole, this parent referred to the impact of her children's grief on a younger child in the family:

> *You know, so, it was kind of business as usual for (son)…..the only thing that affected, well not, I suppose it did in the sense of the grief at home of the other two; that very deeply affected him.*

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Related to the theme of awareness of children's grief was the theme of awareness of partners' and other family members' grief. . The inter-connectedness of grief between two parents and their child was illustrated by a parent who commented: *"I'd say probably after when my partner's brother died then he was really supporting me but then there was two of us that needed support and then [child].....".*

The data from parents and young people also suggested that young people were experiencing bereavement in the context of their wider family settings. At all times of interview parents and young people described their perceptions of the effect of the death on the whole family. At the start of counselling young people's descriptions of the effect of the death on the family ranged from emotional impact to fighting between siblings. The data suggests that young people were aware of the grief of other family members, for example: *"Like, eh, every time, I eh say the word (name) my nanny starts eh crying"*. Finally, the effect of the death on the family was assessed through an open-ended question which followed the relevant visual analogue scale. The corresponding scores on this visual analogue scale also suggest that young people perceived that the death affected the whole family, with mean scores of at least five at all times.

In summary, a variety of themes in the data related to coping, bereavement reactions and communication suggest that young people are impacted by the grief of others. Looking at the relationships between these themes suggests that young people are affected by the grief of their parents and other family members and that their grief also impacts on those around them. This interconnectedness of grief portrays a complex picture of young people's experience of bereavement in a wider family setting.

5.3.2 Factors which influence young people's experiences: Analysis of patterns.

The inter-connectedness of grief between a young person and his settings and the individual nature of the bereavement experience suggest the influence of other factors on their grief. Patterns related to factors which impact young people's experience were identified in the areas of communication and support.

5.3.2.1 Barriers to open communication.

The topics of communication and barriers to communication were explored at all time points. Overall there was a perception of open communication between parents and young people when assessed by their scores on the communication scale used in the study. Scores for young people and parents on the communication scale were in the range of 8.5 to 11.33, on a scale with a range from 0 to 12. Higher levels of openness were reported by parents. The fact that there was little variation in mean scores across time suggests that young people's and parents' perceptions of openness to communication did not vary over the course of the study.

Despite the high scores on the communication scale, both parents and young people reported barriers to communication throughout the study. One of the most common barriers to communication reported by young people was the fear of upsetting a parent, as described in the previous section related to the impact of a parent's grief on a young person. In some cases, parents too expressed a reluctance to talk for fear of upsetting their child, for example: *"I'm afraid of upsetting him"*.

Another common barrier to communication reported by parents and young people was other demands on their time. At the final interviews there was a theme of disorder within the house or family, while at initial referral interviews there was a theme of finding it difficult to get the time to talk to their parent. One parent referred to the busyness in the house as follows:

> *Yes, I mean the big thing is, getting them by themselves, that would be, you know having an opportunity, like when she's not interrupting... the phone is not ringing, somebody is not calling.*

In the case of families where the young person participating in the research had siblings there was a theme of siblings making demands on parents, for example: *"Yeah, cos there's [younger sister] and she's so small"* . This was common to parents' data too, where they recognised the impact of younger siblings on communication with their children, as described by one parent:

> *The interruptions, definitely from the younger ones…You know because they just, you know they just, they walk in and they can't they can't recognise…..if*

you're having a serious chat with the other one, they kind of walk out again,
but the other two just swan in.

When addressing communication with participants in the present study, the young person's ability to talk about the death was a recurring theme. Young people's reluctance to talk about the death was reported by both young people (e.g., *"Yeah, I don't want to talk about it"*) and parents (e.g., *"She won't talk about her uncle though ……She doesn't want to talk about anything, how he died or anything like that"*). Young people's ability to talk about the death and the person who died was raised in counsellors' data regarding communication. This suggests that an ability to talk about the death is a component of the counselling experience. The issue of addressing the nature of the death was described by counsellors and parents. In some cases when a young person comes for counselling, they have not been told about the nature of the death. This may be a barrier to open communication between the parent and their child and may be addressed by the counsellor during the course of the counselling. One parent in the present study explained their desire to learn how to deal with the nature of a death by suicide:

At that stage we most wanted to know if we should tell them the truth,
because we originally told [child] he fell and banged his head, which in
fairness was the truth because that's how [uncle] died, we didn't tell him that
he jumped.

It is worth noting that at all time points there was a theme of no barriers to communication with their parent. The issue of open communication between young people and parents is critical due to its influence on young people's experience of bereavement and the potential effect of barriers to communication on a young person's adjustment. This is supported by the emphasis placed on communication within the family by the counsellors in this study.

5.3.2.2 *Reliance on parents for support.*

The importance of support for adjustment to bereavement was explored through reports by young people, parents and counsellors about sources of support, value of support, adequacy of support and changes in support. While young people reported more than one person who supported them, there was a recurring theme of a parent

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being the principal support following the death of a family member. An exception to this theme was the bereaved adolescent, who reported that friends, rather than family or parent were the main support.

At all interviews young people were asked about who helped them to cope and what supports they had. At the interviews at initial referral young people reported that their parent or another family member helped them to cope and that they got support from parents and other family members. For the young people whose first interview occurred at the start of their engagement with counselling reports of coping and support were similar. Young people reported that parents and other family members helped them cope and their main sources of support were parents and other family members and, in one case, a teacher. Interestingly, there was a theme of finding it difficult to ask friends for help.

Looking at interviews after counselling started, young people reported receiving support from their parents, their siblings or another family member and from someone outside the family at the first follow up.   When asked who or what helped them cope, young people again reported that their mother helped them cope, as well as another family member in some cases. In relation to distinguishing issues related to support and coping, the data suggest that whom a young person talks to when they have a problem may differ from the person they report as being helpful with coping with a death. At the first follow up, for example, one participant reported talking to their sister if she was upset and wanted to talk to someone, however, she reported that her mother helped her cope with the bereavement. At the second follow up there was broader range of themes in the young person's data related to support, including support from parent or family member, support from the counsellor and support from peers. Of note, one participant referred directly to the counselling service when asked about sources of support. At this final set of interviews under the theme of who or what helps the young person to cope, there were three themes: their parent, the counselling and other activities. In some cases young people were consistent in their responses in relation to coping across time.

Parents' reports of support for their children were broader than the young people's reports. At the first follow up support for the young person emerged as a theme from

the parents' data. Sources of support reported by parents included family members and friends, as well as support from outside the family, such as counsellors. At the second follow up the themes related to support identified in the parents' data were parents, siblings, other family members, friends, counselling and other services, such as after school club. While parents recognised their role in acting as a support for the young people, they perceived a range of other supports that the young people had. The data suggests a perception of a wider range of supports for young people among parents than young people themselves.

At all times there is a strong reference to parents, particularly mothers, in terms of support, helping to cope and communication. At the follow up interviews, three and six months into counselling, there was an increase in young people's references to counselling as a source of support, however they continued to report parents as a main source of support across time. Therefore, there was a notable reliance on parents for support and in order to cope with their loss. This reliance of young people on parents following bereavement has implications for their adjustment to the bereavement. In previous sections the pattern of the inter-dependence of young people's and parent's grief and the impact of parent's grief and how they are coping on young people were described. The reliance on parents shown in the present study, therefore, highlights again the potential influence of parents' grief and coping on young people's experiences and the importance of the availability of parents for support and communication. The support that parents themselves are receiving may impact on their ability to support their children. Support for parents and the changing sources of support were themes in parents' data identified in the first stage of analysis. However, due to the focus on young people's experiences in the present study, support for parents is examined only in relation to its potential influence on young people's experiences.

5.3.3 The context of young people's experiences: Analysis of patterns.

Support from parents and good communication may affect how a young person experiences bereavement. The study also suggests that the context of the young person's experience is an important consideration.

5.3.3.1 *Influence of contextual factors on young people's experience of bereavement and counselling.*

Across time counsellors, young people and parents referred to contextual factors that could affect a young person's experience of bereavement and counselling. These factors related to the death, to the young person and to the family. At the start of counselling themes in the parents' data under the topic of contextual factors were pre-existing social behavioural problems, issues related to school, parental factors, such as illness, bullying and a change in context or setting, for example, going to a new school. At the first follow up young people's reports suggested that they were affected by a range of factors that were not directly related to the death, such as bullying, getting into trouble in school, a change in child care. At the same time themes related to the wider context in the parent's data included school related problems, psychological assessments, difficult home environment and difficult family situation. At the second follow up themes related to the context of the bereavement included other difficulties the young person had that were not associated with the death, for example, disability, bullying, other stressors in the family, such as a sibling in prison, other demands on a parent's time and a change in living arrangements.

Looking at the patterns between themes at all times of interview shows that a range of factors related to young people was reported over time. Bullying was one factor that emerged as a theme in the parents' data at all time points and in the young people's data at the first follow up. Parents reported that their children were being bullied in school and in other settings, for example:

> *It was difficult at the time and also they'd been unfortunate to be at the receiving end of bullying for quite a few years. So, it really compounded a lot of different things that were going on.*

This parent's comment refers to the influence bullying can have on other difficult issues, such as bereavement. Other factors related to young people included the child's closeness to the person who died, behavioural and psychological issues. One parent, for example, reported social behavioural problems that pre-existed the bereavement: *"it's not a learning problem but it is a social behavioural problem, it's how to socially interact with normal children, in a normal environment"*. At the

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second follow up there was a theme of other child difficulties in the parents' data. This suggests that young people experienced bereavement in the context of other difficulties which may have impacted their grief and their experience of counselling. While the factors outlined above relate to the young people themselves, other contextual factors reported by participants were school related issues. Bullying in school was referred to by parents, as described above. In some cases the issues related to school spanned the course of the study. One parent reported at the start of counselling that their child who was attending counselling was having a difficult time in school and that his twin brother had been moved to a new school. The move in school of this participant's twin was identified as a change in context for the participant, which was having a positive impact on him.

Other factors related to the home environment and the living arrangements of the participants may also have impacted the young people's experiences. One parent and young person reported the impact of a change in child care arrangements, as described by the young person as follows: *"...my babysitter, she counts as family. She's been with my family for six years....that's a very long time and she's going home and never coming back....kind of sad"*. This family's change in childcare and the mother's decision to stay at home were reported by the parent and young person at different time points, which suggests the magnitude of the changes for them. These issues, occurring alongside the child's bereavement, may have influenced his experience of bereavement and counselling. Another factor related to the home environment of a participant was that of bullying in the area where he lived. This issue has been discussed in relation to the impact on the young person above. However, this issue was also related to the parent's desire to move house. The combination of the young person being bullied on the street as well as his mother's dissatisfaction with their living situation and her expressed desire to move is an example of how the context may influence a young person's experiences of bereavement.

Contextual themes also included factors related to the family at each time point. In one case, for example, a young person and his parent reported that a sibling was in prison at all times of data collection. At the first follow up a difficult home environment and difficult family circumstances were reported by parents. These

included the lack of contact with family, for example: *"So we don't see him often. He really sees no relatives, no cousins, relatives, family or anything"*. At the second follow up the context of the young person's bereavement was identified in four themes, three of which related to the family: other stressors in the family, other demands on parent's time and a change in living arrangements. Counsellors also referred to the potential impact on the young person of factors related to the family and other settings, such as the impact of parents' and teachers' attitudes to death.

As some young people experienced the death of more than one person, multiple deaths emerged as a factor in the context of the young people's experience of bereavement and counselling. In some cases the deaths had occurred before the start of counselling, as one parent explained:

> *Yeah, it is the shock of like (child's uncle), and then you had (child's aunt) and then all of a sudden you had (child's friend). And it was in a matter of 6 weeks, do you think what I mean, there was three people gone out of your life*.

However, in the case of two participants a second death of a family member was experienced after they had had been referred to counselling. This compounded their bereavement. The potential impact of multiple deaths was supported by counsellors' data.

As well as multiple deaths, themes related to the nature of death were identified which may have influenced young people's bereavement. While the sample size of the present study does not allow for comparisons between participants in terms of the nature of the death, the issue of how the person died arose in the qualitative data. In the counsellors' data several themes related to the nature of death emerged, such as suicide, traumatic adjustment, for example, shutting down and normal adjustment to a traumatic death. While some counsellors reported that the nature of death of a parent may not be an influencing factor as the absence of the parent and attachment issues are the same, the reports from other counsellors suggest that in some cases the type and nature of the death may influence a young person's experience of bereavement and grief.

In summary, a range of contextual factors were identified in the data related to the death, to the young person and to the family. Looking at the themes from the data of

multiple informants together supports a pattern of the influence of contextual factors on young people's experiences.

5.3.4 Young people's experiences of counselling: Analysis of patterns.

Contextual factors may impact young people's adjustment to their grief, as well as how they experience counselling. Patterns related to their experiences of counselling are described in the following sections.

5.3.4.1 Helpfulness of counselling.

Looking at the data related to the counselling intervention at the centre of the present study suggests a pattern of helpfulness of counselling for young people who are bereaved. Parents and young people reported satisfaction with the counselling at all time points of data collection after the start of counselling. Some parents were emphatic in their appreciation of the counselling intervention, for example: *"Without here we would have been lost…. It's been, life saving. Quite literally. Huge"*. Despite some frustration with the length of the waiting list and length of time between appointments, young people and parents reported that they would recommend counselling for young people who are bereaved, as one parent reported: *"I think any family with a bereavement, that this should be the first port of call"*.

As well as assessing satisfaction with the counselling, the pattern of counselling was related to why participants perceived counselling to be helpful and the reported best aspects of counselling. At the point of the engagement with counselling parents reported having a safe environment and providing an opportunity for a young person to talk to someone outside the family in confidence as helpful aspects. One parent described how the counselling was helpful as follows:

> *I think it actually was being able to talk to somebody in absolute confidence, knowing that he could deal with whatever it was he wanted to deal with…..He feels safe, he can do it in a safe environment and he is resolving really big things for him.*

The benefit of being able to talk to someone in confidence was reported again at the first follow up and the second follow up interviews. A typical quote from a parent was: *"(she) definitely needed somebody to talk to outside of the house, outside of home"*. Young people also reported that they liked the independence of counselling

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from their family, for example: *"Yeah, it's kind of better 'cos with my mam like I don't want to upset her"*.

Other issues reported to be helpful aspects of counselling included getting help and the activities involved. Looking to the parents' and young people's data at the first follow up interviews shows that there were general themes related to positive views of counselling and a perception of counselling being helpful. At the second follow up interviews young people had been attending counselling for at least six months. Again, the theme of a general positive view emerged, as expressed in one case as follows: *"I've been quite happy and it has helped me quite a lot"*.

Other themes which contributed to the perception of the helpfulness of counselling related to the relationship with the counsellor, as described in one case as follows::

> *To have the same person right through, the whole time, was just fantastic and that was really important I think….. to have a few sessions obviously with the kids to build up their relationship or to trust (counsellor).*

Parents also emphasised the individuality and the flexibility of the counselling.

As well as issues related to the counselling itself, at all times following the start of counselling, issues related to the bereavement counselling team and communication with the service emerged under the themes of helpfulness of counselling. This description of the helpfulness of the initial contact with the bereavement counselling service reflects the appreciation for the service that was common among parents:

> *The time that I rang and spoke to, I spoke to a lady, it wasn't [counsellor] to begin with, it was a different lady. The first time I phoned, they just spend so much time on the phone talking to you, which was absolutely, it was nice to speak to someone. Like there was no time, like they weren't saying oh I have to cut this call short. They spent, I think, the guts of 40 minutes talking me through different things and it really did help.*

The helpfulness of telephone contact with the counselling service team was repeatedly referred to in later interviews, as was the helpfulness of the whole team, not just the counsellors.

Counselling was reported to help the family as a whole, not simply the young person attending counselling. The helpfulness of counselling for parents as well as young

people emerged as a theme, for example: *"we're learning things through the counselling".* Some parents described the helpfulness of the advice of the counsellors and the helpfulness of their counsellor's advice for specific issues, such as understanding how to talk about the death with their child. Parents described the helpfulness in understanding their child's grief and their behaviour, for example:

> *I mean it's helped me em, to cope, to realise that you know, things aren't perfect.... I suppose understanding why they're behaving why they're behaving makes it a lot easier.*

Overall, from the point of engagement with counselling to the final interviews at the second follow up, young people and parents reported that counselling was helpful. When asked about the helpfulness of counselling, their responses centred on the independence of counselling from the family, the ability to talk in confidence, the relationship between the counsellor and the young person and a general positive view of counselling. The helpfulness of counselling for the family and parents emerged in the parents' data. Parents and young people emphasised the impact of counselling and processes involved in counselling when discussing the helpfulness of counselling across time. These issues will be discussed in the following sections.

5.3.4.2 *Perceived impact of counselling: Range of impact and multiple settings.*

Three and six months after the start of counselling the topic of perceived impact of counselling was explored in the interviews. The data highlighted a wide range of areas in which an improvement in young people was reported over the course of the study. Perceived improvements and change over time were reported in young people's behaviour, communication, school performance, psychological reactions and general well-being. Parents, young people and counsellors reported the impact of counselling in several different settings, specifically, at home, within the family and at school. Therefore, a pattern was formed based on the impact of counselling for bereaved young people in multiple settings and in a range of areas. The perceived impacts are described here with sample quotes to support the pattern.

Looking at the school setting, parents and young people reported issues related to social relationships, school performance, willingness to go to school and behaviour.

At follow up interviews there were reported improvements in these areas. An improvement in social relationships was reported by parents and by young people.. Improvements in social relationships extended beyond school to social relationships at home, as expressed by one parent: *"He's out on the street now, where before, he's mingling with the children"* and to general relationships, for example: *"on everything on how they relate to other people, relate at home……at school"*. The perceived impact of counselling on social relationships can also be explored by examination of the scores on the Peer Problems subscale of the SDQ. While the mean score for young people's reports was in the normal range at all times, the mean score from parents' reports changed over time. At the start of counselling and the first follow up the parents' mean scores were in the clinical range. However, by the second follow up the mean score had dropped to 1.33, which is within the normal range. While the number of participants is too small to statistically show significant change, as mentioned earlier, looking to the change in the mean scores supports the qualitative finding that social relationships improved over the time as the young people attended counselling.

Looking at the perceived impact on school performance, at the two follow up interviews parents who had reported a deterioration in a young person's school work and homework in earlier interviews reported a positive change in performance, for example: *"Now as the weeks are going on she is starting to improve…..more constant in her homework"*. This parent reiterated the impact of attending counselling on school work when discussing the benefits of counselling at the end of the interview process: *"I was amazed at even the school part"*.

Improvements in behaviour were reported in school and at home. Young people and parents recognised improved behaviour in school. Parents' data included themes related to impact on child's behaviour at home, such as learning to control temper, or more confident. Changes in behaviour at home included descriptions of improved behaviour towards siblings, for example: *"Her little sister, they used to be bickering all the time…. She used to be lashing out at her and that but, no, it has helped"*. Young people directly reported an impact at home, such as a reduction in anger, while there was a theme in parents' data related to young people learning to understand their behaviour, as described by one parent as follows: *"I suppose for*

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*(name) she, well she has the insight....she's actually recognised why she's behaved the way she has... And related it to her gri*ef". Perceptions of the improvements in young people's behaviour can also be examined through the quantitative data. Looking at parents' mean scores on the Conduct Scale of the SDQ shows that at initial referral the mean score was 5.0, in the clinical range. However, this score only captured two participants. At the point of the start of counselling the mean was within the normal range. However, the mean score rose to the clinical range again at the first follow up, before a final mean score of 2.67, between the normal and borderline ranges at the second follow up. These scores suggest that conduct problems remained an issue for some parents during the course of counselling. This is reflected in the qualitative data where parents reported a marked improvement in young people's behaviour at home, in school and in general, but also referred to behavioural problems that still existed at the last time of interview in some cases. Young people themselves were aware of a change in their behaviour. Young people's scores on the same scale decreased from a high of 6 at initial referral to 3.17 at the second follow up. However, the young people's scores were in the clinical or borderline range at all times, which suggests that some behavioural problems remained despite the impact of counselling.

Other improvements at home included improved relationships in the family and improved communication in the family. Young people reported an improvement in being able to talk about problems in general and related to the death, for example*: "Well it's kind of like, if I was upset about something like I'd be able to talk about it. It's kind of the same".* Parents also recognised the scope of the communication occurring in counselling, not just talking about the death, for example: *"Cos even though [child]'s was grief, I think a few general little day to day things were coming out in the session that she was bothered about and she was dealing with them as well".* Counselling was also perceived to improve help-seeking and ability to talk to someone when problems arose.

The impact of counselling was also seen in psychological and emotional reactions. Parents reported improvements in recognising and understanding what's going wrong, a decrease in anger and becoming more confident: *"She's not as withdrawn as much; she's getting more confidence back in herself"*. Parents referred to

improvements in the child's coping, such as helping the child cope with the death and improvements related to the child understanding their feelings, such as the child being told it was okay to feel this way. Young people too found that counselling had an impact on their feelings and well-being, for example: *"Well because I get what I feel, like out of me, like bad feelings out of them and then I just go home and I'm happy like"*. The improvement in emotional well-being found in the qualitative data is mirrored by a drop in the mean scores on the Emotional Symptoms subscale of the SDQ over time. The mean parent scores at time of interview at initial referral and just before the young people had started counselling were 7.5 and 6.14 respectively, both of which are within the clinical range. However, the mean score for Emotional Symptoms as reported by parents at the second follow up was 4.67, which was just outside the normal range. While scores on the same scale in young people's reports were in the normal or borderline range at all time points, the mean score dropped from 4.0 at initial referral and 5.43 before the start of counselling to 3.4 at the second follow up. These changes in scores over time occurred as the young people were attending counselling and, therefore, may be connected to the impact of counselling over time.

At the final point of interview how things are now was a new topic comprised of themes that emerged from the parents' data based on the descriptions of what the young person was like at this time. The themes included behavioural issues, isolation from family members, the effect on the young person in school socially and the change in the impact of the death on the family over time. There was also a topic of reported changes in the child over time. These changes included being less withdrawn, changes in school performance, such as a change in motivation, being better able to cope and spending more time with the family together. Counsellors also described the effect on young people in terms of change over time. Themes that emerged in counsellors' data included improvement in school work, changes to behaviour, presentation in counselling.

It should be noted that while there was a range of themes related to the impact of counselling, some young people reported no improvements in communication with parents, in their social relationships and in their schoolwork. This was generally the case when young people had not perceived problems in these areas to begin with.

Overall, looking at the data related to perceived changes over time from parents' and counsellors' interviews suggests that bereaved young people experience change over time as they attend counselling. Taken with the data related to the perceived impact of counselling, there is a pattern of positive impact of counselling for bereaved young people that extends to multiple settings. The findings show the breadth of the effect of counselling on bereaved young people as perceived by young people, their parents and counsellors. Understanding what happens in counselling may help understand why counselling is perceived to be helpful and how it has a positive impact on young people who are bereaved.

5.3.4.3   *What happens in counselling?*

When exploring the impact and helpfulness of counselling with participants, in many cases the processes involved in counselling were described. These processes were present in the young people's, parents' and counsellors' data and are best represented by the question of what happens in counselling. The processes emphasised by participants included the activities involved in counselling, what was happening for young people in counselling and the way the counselling was brought to an end.

Looking at participants' initial expectations of counselling and subsequently their experiences of counselling gives an insight into their perceptions of what happens in counselling. During interviews before the start of counselling parents and young people were asked about their expectations of counselling. While some young people did not know what to expect, some young people's expectations of counselling included references to activities that would be involved in counselling, such as talking: *"I have to talk to her and.. about daddy"*. During follow up interviews parents and young people retrospectively discussed their initial expectations of the counselling and whether counselling had met their expectations. Again, the process of talking was emphasised, as described by one parent: *"Being able to talk to us about her granddad and being... and to the worry part away and she thought that smoked, that anyone that smoked was going to die"*.

The processes involved in counselling were addressed by participants when asked about key aspects of counselling. The activities involved in counselling were mentioned by young people when describing the best aspect of counselling, such as

painting. At the first follow up themes under young people's perceptions of what happens in counselling included talking about the person who died, talking about everything, working with feelings, playing and other activities. As one young person reported: *"actually, we just play….but I end up talking all about (it)"*. At the second follow up there was a range of themes concerning what happens in counselling, such as talking about the death and about other things. Therefore, the issue of talking was an important component of counselling for the young people over time. As well as talking and practical activities, young people and parents referred to processes related to feelings when describing their experiences of counselling. At the first follow up young people mentioned feeling better about the death in counselling, while at the second follow up young people reported that getting feelings out was one of the best aspects of counselling. At this final time point parents also referred to the release of feelings as an important aspect of counselling.

As noted in the thematic analysis during the first stage of analysis, there were themes related to ending counselling in the data at the follow up interviews. Parents described the process of ending counselling, for example reducing the regularity of the sessions over time, while young people reported winding down their sessions. At the second follow up the theme of reasons for ending counselling emerged in the parent's and young people's data. Young people reported that counselling was coming to an end as they were doing better, either in their own opinion, or because the counsellor had told them. The themes identified in the parents' and young people's data were supported by the counsellors' data. Two themes emerged in the counsellors' data in relation to ending counselling: readiness at the end of counselling and the gradual cessation of counselling. In terms of stopping counselling, most counsellors reported that they took the approach of winding down gradually, that they gave the young person notice and that they had an open-door approach for future counselling if needed. For example: *"she just wants to know that she can come back, so I'll be putting it on a monthly basis after today"*. This was reflected in the young people's awareness that they could return to see the counsellor at a later date if needed, for example: *"Yeah and I can come in any time I want if I feel down"*.

Looking at the range of activities described by young people and parents when reflecting on their experiences of counselling suggests an emphasis on the processes involved in counselling, especially talking, the activities involved and the processes involved in winding down gradually. These processes are reflected in the reasons for the helpfulness of counselling and may help explain the impact of counselling, as described in the previous sections. Therefore, the pattern of what happens in counselling reflects the importance of understanding the processes involved in counselling. This has implications for understanding the potential role of counselling for bereaved young people.

5.3.5 Experiences of young people of counselling and bereavement and influencing factors: Interim summary of patterns identified

The second stage of the analysis in the present study built on the preceding stage by examining the data in more detail in an effort to identify patterns in the data, using a strategy based broadly on Relational Analysis, as well as incorporating the quantitative data. Patterns identified in this stage of analysis were related to the individual's experience of bereavement, factors impacting young people's experiences of counselling and bereavement, their experiences of counselling and contextual factors related to their experiences.

The individuality of the bereavement experience was supported by qualitative and quantitative data which showed individual differences in a range of reactions, such as behaviour, social relationships, emotional problems, school performance and communication, as well as themes related to parents' and counsellors' perceptions of the difference in reactions among young people. The pattern of inter-connectedness of grief illustrated how young people were aware of their parents' and family member's grief and this influenced their reactions and their perceptions of the impact of the death on their families. This pattern also encompassed the reciprocal reaction of young people's grief on their families.

Based on the identification of factors which may have impacted young people's experience of bereavement there were two patterns related to communication and support. Despite a perception of open communication between parents and young people in general, there was a pattern of barriers to communication which affected

how young people and their parents communicated and how they talked about the death. The issue of support arose in the pattern of the reliance of young people on parents for support. Support and other mediating factors potentially impact young people's adjustment to the death.

Patterns classified under young people's experiences of counselling related to the helpfulness of counselling, the perceived impact of counselling and the processes involved in counselling. Young people and parents reported that counselling was helpful for a range of reasons. Based on qualitative and quantitative data from multiple informants, counselling was perceived to have an impact on communication, school related issues, emotions and behaviours. The impact of counselling was described in multiple settings, such as school and at home. The pattern of what happens in counselling emerged from participants' descriptions of the activities and processes involved in counselling and their perceptions of what makes counselling helpful.

Finally, the context of young people's experiences is central to the present study. A pattern emerged based on the role of contextual factors in young people's experiences. This reflected the range of factors related to young people, their families and the death identified during analysis.

Table 31 *Patterns Identified in Data during Analysis at Stage 2*

Research Question	Patterns Identified in Stage 2 Analysis
Young people's experiences of bereavement	• Individuality of the bereavement experience • Inter-connectedness of grief
Factors which influence young people's experiences	• Barriers to open communication • Reliance on parents for support
The context of young people's experiences	• Influence of contextual factors on young people's experience of bereavement and counselling
Young people's experiences of counselling	• Helpfulness of counselling • Perceived impact of counselling: Range of impact and multiple settings • What happens in counselling?

Table 31 summarises the patterns identified in this stage of analysis and the research questions that they inform. The patterns illustrate the complex nature of the bereavement experience and the experience of counselling following a death. Due to the focus on young people's experiences in the present study in the following stage of analysis, Stage 3, the case studies of two young people who took part in the study are presented and analysed concurrently. The rationale for the use of case studies is to enable examination in more depth what was happening for the young people as they attended counselling following a bereavement. Change over the course of the research will be analysed, as well as how factors identified during this stage of analysis may have influenced their experiences.

5.4   Case Studies Analysis: The experiences of two young people.

Following the identification of patterns in the data at Stage 2 of the analysis case studies will enable a greater experiential understanding of bereavement and counselling.   The principles and benefits of case studies and the rationale for the cross-case analysis in the present study were outlined in Chapter 4. The two cases are presented concurrently. To protect the anonymity of the participants pseudonyms are used. The topics and themes referred to in the narrative are presented in bold text for emphasis. The analysis is summarised briefly at the end of this section and is integrated with previous findings in the subsequent chapter. The case studies were based on the two participants described in Box 3 and 4.

Julie is a 9 year old girl going into fourth class in primary school. At the time of the first interview Julie was on the waiting list for counselling after the death of her grandfather. Her grandfather had died suddenly of a heart attack seven months previously. By the time Julie has her first counselling appointment her grandfather has been dead for twelve months. At the second research interview it emerged that Julie's uncle had died in tragic circumstances while she was on the waiting list for counselling. Julie lives at home with her mother, father and younger sibling (aged 6). Her mother is 34 years old at the first interview and works outside the home. She accompanies Julie to all her counselling sessions. Julie's sibling does not attend counselling.

Box 3. Description of first case study

Julie's case study is based on interviews carried out with Julie and her mother over the course of the research. She took part in the research four times: after initial referral while on the waiting list for counselling, before her first counselling

appointment, three months after the start of counselling and six months after the start of counselling.

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Mark is an 11 year old boy. He is in 5ᵗʰ class in primary school. Both of Mark's parents work outside the home. Mark lives with his brother and sister, his parents and an au pair. Mark is waiting for counselling after the death of his grandmother from cancer. One of Mark's siblings has already commenced regular counselling sessions with a play therapist in the same service. Mark will be attending a different counsellor to his sibling. At the time of the first interview Mark's grandmother has been dead for approximately one year. Mark has been on the waiting list for counselling since shortly after her death, i.e. one year. He is due to start counselling the week after Mark meets the researcher. Mark's mother is 42 years old at the time of the first interview. She accompanies Mark and his sibling to counselling.

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Box 4. Description of second case study

Mark's case study is based on interviews carried out with Mark and his parents over the course of the research. Mark took part in the research three times: before his first counselling appointment, four months after the start of counselling and eight months after the start of counselling.

5.4.1   Initial presentation.

The two participants presented very differently in their first interview with the researcher. Julie sounded quiet. She seemed unsure during the researcher's description of the research and of coming to Barnardos. She was unclear about some items on the consent form and needed reassurance and clarification from the researcher during completion of the form. Mark, on the other hand appeared confident, energetic and talkative. The researcher explained what the research was about and differentiated between research and counselling before talking him through the consent form. Throughout this introduction Mark often appeared very distracted. He tended to go off on tangents in the middle of conversations, for example while the researcher was describing the research he initiated a conversation about shredding: *"I like shredding stuff"*. It was difficult to keep Mark focussed on the conversation. He interrupted the researcher frequently. Mark gave the impression of being bright and capable. He clearly understood the consent form and what would be involved in participation in the research. Mark read the consent form items out loud and ticked the boxes himself.

When the interview moved on to demographic questions Julie seemed more confident in answering the questions. She was able to explain why she was coming to Barnardos. She was clear in diction and did not get upset, even when reporting that her grandfather died. However, she reported that she did not know how her grandfather died. Julie was very pleasant and open to answering questions during the course of the interviews. She gave very open responses to the questions and did not avoid any questions. I would say that her answers were very honest due to the fact that she did not shy away from admitting to some problems or issues. Julie was talkative throughout when answering questions and she focused on each question as it was asked. In stark contrast to Julie's focus, Mark did not seem to concentrate on the questions in the interview. In some cases, Mark talked about irrelevant things that did not make any sense in the context of the interview. While Julie expanded some items on the standardised questionnaires to give a full explanation of her response, in some cases Mark gave a very quick response to an item and then asked another question straight away. It gave the impression that he did not always think about his answer or the question before responding. Certain parts of the interview kept his attention more than others, such as the visual analogue scales where he could see the items visually and could circle a number for response. At the end of the interview Mark asked what time it was. He worked out how much school he had missed that day. Again, this suggested that his mind may have been wandering from the interview questions. Julie asked the researcher at the end of her first interview when she would be coming into Barnardos again. She was very polite and softly spoken throughout the research.

5.4.2 Issues discussed in early interviews.

The early interviews were those carried out at initial referral and at the start of counselling. Early interviews with Julie and her mother suggested that Julie's bereavement had an impact in a range of areas including behaviour, emotions, school performance and communication. Julie's mother referred to the difference in reactions to the death between Julie and her sister. In the second case Mark and his mother described the impact of Mark's grandmother's death on him and on his brother and other factors that were central to his life at the time.

While both cases are concerned with the death of a grandparent, the two cases differ in terms of the **nature of the death**. While Julie experienced the sudden loss of her grandfather, Mark knew that his grandmother had cancer and that she was going to die. Mark's mother explained how his grandmother had explained in advance to Mark and his brother that she was going to die. She reported: *"she told them that she loved them and she was able to speak with them before the end."* On the other hand, Julie commented on the impact of the **suddenness of her grandfather's death** in terms of how her family was affected.

Mark and Julie differed in terms of their willingness to **communicate** and their **ability to talk about the death**. When they first met the researcher Julie and her mother both referred to Julie's inability to talk about her grandfather's death and her reluctance to talk to her parents and other members of the family. Her mother explained: *"she won't talk about her grandfather at all. She's just bottling things up, but she's exploding then for minor little things"*. Her mother described how not talking about the death could impact her behaviour. When talking about asking for help, Julie focussed on her not wanting to talk, rather than on the difficulty of asking for help. Mark, however, reported no problems asking for help and that he would talk to either parent when needed.

While Mark did not report any **barriers to communication**, Julie expressed a reluctance to talk to her family for fear of upsetting them. She commented that her mother used to cry a lot and that she did not want to upset her and that her father was experiencing grief after the death of his brother.   She also expressed a reluctance to talk to her grandmother in these early interviews for fear of upsetting her. Mark's mother suggested that Mark avoided painful topics with deflection: *"Yeah, he just wants to keep talking……he'll try and deflect from something as well that's painful"*. She added that Mark may try to avoid a difficult conversation. This is reflected in how Mark behaved in interviews with the researcher. While Julie's mother reported that Julie did not talk at home, Mark's mother reported that Mark was very vocal..

Both participants reported their parents' **openness to communicate**. While Julie reported that she would rarely talk to her parents, she acknowledged that they would

ask her what was wrong when they saw her upset and reported that her mother was very open to communicate with her, which was reflected in high scores on the communication scale. Mark also reported that his parents were very open to communication. This was reflected in his score on the communication scale where he rated his parents' efforts to communicate with him at 11 out of a possible 12.

Both participants' mothers reported adequate **support** for themselves, through their partners and friends. They both reported that their own **coping with the death** was influenced by their children's problems and the difficulties experienced when trying to access support for them. Mark's mother reported that the **impact on the family** was still very high and that how Mark and his brother were dealing with their bereavement impacted on the rest of the family: *"it's the boys and it's how they're coping and it does affect all the rest of us"*. Mark's mother referred also to her husband's grief.

Neither Julie nor Mark reported a change in their friendships. Julie did, however, express a reluctance to go to school and linked this to her grandfather's death: *"I kind of really don't like going to school sometimes….. No. It's, well, when he wasn't dead I just like, only sometimes I didn't want to go, but now I don't really want to go"*. Both young people's parents reported **social reactions**. Julie's mother referred to her being more withdrawn and reluctant to go out with her friends. Mark's mother perceived a social problem in school. Mark reported that he had friends to help him do his homework. However, based on issues that his mother described in relation to social skills and friendships, this may not have reflected the reality. While Julie's mother perceived a minimal impact on her school work at the first interview, at the second interview she explained that her schoolwork was declining. While Julie did not report an impact on her school work Mark felt that his grandmother's death had affected his. In both cases, the participants referred to how **regularly they would have seen the person who died**. Julie's mother showed concern for her own mother, while both Mark and his mother referred to the fact that his grandmother had lived with them for a short while before she went to hospital. Mark's mother also reported that they continued to talk about Mark's grandmother in the family and that they visited the grave regularly.

At the interview before the first counselling session Julie's mother referred to her **emotional or psychological problems**: *"she got on great the last time after being her with you she was great and then all of a sudden she went back in taking little panic attacks and she was afraid she was going to have a heart attack"*. She perceived the timing of her grandfather's anniversary and birthday to be having an impact on Julie's behaviour and emotions and her school work. Julie also reported problems sleeping that she attributed to thinking about her grandfather. Mark and his mother did not refer to current emotional problems. However, while completing the Impact of Event scale Mark commented that he was experiencing waves of strong feelings: *"a lot more than often, no I'd say about 7 ticks"*.

One of the major issues that emerged in these interviews was the death of a second member in Julie's family. As she was about to start counselling, Julie's mother explained how the death of her uncle *"really changed her as well"*. She explained how the **multiple deaths** may have compounded her loss at a time when she was feeling the loss of her grandfather more keenly, as alluded to above: *"It was my dad's birthday and it was the anniversary this month as well……..So she was just having a difficult time"*.

In summary, as can be seen by the highlighted text, the key issues related to the death that were discussed at the initial interview were the nature of death, the ability to talk about the death, multiple deaths and the impact of the death. Bereavement reactions were described in terms of communication, social relationships, emotional problems, coping and support.

5.4.2.2   Other issues related to young person

During the early interviews the participants and their parents referred to other **contextual issues** that were happening at the same time. While in Julie's case some other issues were mentioned briefly, Mark's mother spent a large proportion of the interview talking about other issues. Other relevant issues raised by Julie and her mother related to Julie breaking her arm while she was on the waiting list for counselling, which affected her social and sporting activities.

Throughout the first interview Mark's mother referred to school-related problems. She reported that Mark had experienced bullying over a number of years, which resulted in his isolation in school. Mark's brother had also been bullied in school and they had transferred him to a new school, in which he was doing much better. She reported that Mark's bereavement *"compounded a lot of different things that were going on."* Mark's mother described the difficulties that she was having with the education and mental health systems in relation to Mark's problems. Mark had been in contact with the CAMHS service due to problems that he was experiencing and his behaviour in school. Mark's mother reported that Mark *"is sick almost every single day. He's sick going to bed because he's thinking about getting up for school in the morning. He's sick in the morning thinking about going to school. He's afraid of things happening in school."* At the time of his first interview problems persisted for Mark in school, according to his mother. The cross-case analysis revealed more stressors related to the young person in Mark's case and the persistence of these issues.

5.4.2.3 *Issues related to counselling.*

A final issue addressed by the researcher in the interviews before counselling started was **expectations of counselling**. Julie and Mark reported a lack of knowledge about what happens in counselling. Mark's mother reported that she wanted counselling to help them and to help her and Marks' father to enable them to help their children.

In both cases the parents reported difficulties accessing a counselling intervention for their children following the bereavement. The parents had been **referred to the service** through different channels, but both expressed a belief that it was the only counselling intervention available to them dedicated to bereaved children. In terms of the processes involved in starting counselling, Julie had been on the waiting list for three months before her first appointment while Mark's mother reported that it was approximately one year since they first contacted the service. Mark's brother had started counselling before the first research interview and Mark's mother frequently referred to their **experiences of counselling** so far and her perceptions of the positive impact of counselling on his brother. Both young people were unsure about what counselling was. However, their parents had a clearer idea and their

reports of efforts to access the intervention reflected their determination to access counselling to help their children.

5.4.3   Intervention received by participants.

Julie attended her first counselling session immediately following the second interview with the researcher. Mark attended his first session the week after meeting the researcher for the first interview. Julie and Mark differed in terms of the regularity of the counselling and the length of time over which they had counselling. Julie attended counselling for approximately six months in total. The sessions were held in Barnardos and lasted one hour. Julie met the same counsellor every time she attended counselling. She attended counselling on a bi-weekly basis initially. After several bi-weekly sessions, the counselling was reduced to every three weeks and then every four weeks. Counselling ended when Julie and the counsellor decided together that it was time to finish. When the counsellor was finishing the sessions with Julie, it was made clear that she could come back to counselling at any stage if she felt the need. Mark, on the other hand, attended counselling on an irregular basis. Due to staffing issues there was less availability of counsellors to provide weekly sessions. At the time of the second research interview Mark's parents could not say how many counselling sessions he had had. While Julie was finished counselling at the time of her final research interview, at his final interview Mark was still attending counselling. Before or after each session, Mark and Julie's mothers met the counsellor to discuss any issues that were of concern since the last session. Their fathers also met the counsellors over the course of the six months.

The researcher met Julie and her mother three months after her first counselling session and met Mark almost four months after the start of counselling for his second interview. Both of Mark's parents attended the second interview with the researcher. Key issues that were discussed and the participants' presentations at these interviews are outlined below.

5.4.4   Issues discussed at follow up interviews.

At these interviews the data from the young people and their parents highlight a range of differences in their experiences of counselling and in their perceptions of the impact of counselling. Key issues discussed in these interviews are described below.

5.4.4.1 Issues related to the impact of the death.

When asked about initial **reasons for referral** both parents reflected on their child's behaviour and other concerns they had, which were similar to those described in earlier interviews. Mark's father, however, added that he felt a sense of loss in him, while his mother referred to Mark's expression of a desire to die: *"He said it, he said that he wants to die, it would be better, except he doesn't want to leave us. You know, but to actually have those thoughts"*. Both Julie's and Mark's mothers referred to a decline in **school performance**. Julie's mother attributed a very big effect on Julie's schoolwork to her bereavement. Mark's parents reported that if something upset Mark it affected his schoolwork. In terms of the effect of his grandmother's death on his school work, Mark himself commented: *"It's not much of an effect but it was just I've gotten a bit sloppy"*.

Communication was again a major issue discussed by Julie and her mother. In terms of talking about the death and talking to family members, at the three month interview Julie reported that she would talk to her sister or her mother if she was upset. At this stage, Mark reported that he could talk to his parents, siblings or au pair. Again, he gave a very high score on the communication scale at this interview, which indicated a perception that his parents were very open to communication with him. While Mark reported that he had no problems in terms of **help-seeking**, during this interview Julie reported again that it was sometimes hard to ask for help: *"I don't really want to talk about it"*. Julie again reported that she did not want to upset her mother by talking about her grandfather. During this interview Julie's mother referred to Julie's improved **ability to talk** about her grandfather. However, she reported that Julie was unable to talk about her uncle's death. On the other hand Mark's mother reported that he and his brother would still talk about his grandmother regularly and talk about missing her.

In terms of the **impact of the death on her family** Julie reported an improvement in the interview three months after the start of counselling. Julie reported that it was better in the family, however, concern for Julie's grandmother was evident again at this time. The absence of the grandparents in both cases was keenly felt. Julie's mother described the impact of visiting her parent's house and her mother being

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there on her own. Mark's parents also suggested that Mark was aware of his father's grief and a resulting change in his behaviour after the death, but that he was adjusted better now. Julie continued to pre report a problem sleeping that she related to the deaths. At this interview she commented: *"Well it's not just my granddad, I can't get asleep often because it's only my granddad and then my other uncle died in July."* During this interview Julie also commented that she gets *"really sad"*. In both cases the **impact of the death on the family** was again discussed in terms of missing the person who died, for example at family occasions.

Overall, issues related to the death discussed by the participants were related to the impact of the death on the young person and the family. School performance was reported to be affected in both cases. Behavioural problems and school related problems were the focus in one case study, while communication was the main concern in the other case. The affect of the death on the family had decreased in one case, but both cases highlighted the effect on daily life associated with the change in not seeing the person who died regularly.

5.4.4.2   *Issues related to the counselling.*

The follow up interviews contained more discussions in relation to the **expectations and experience of counselling** than earlier interviews conducted before counselling started. While Julie had attended regular counselling sessions up to this point, Mark had had a small number of counselling sessions. There was a contrast in the two cases in the participant's ability to discuss counselling. Julie was able to verbalise the impact of coming to counselling. Mark was less focused when describing counselling and the impact of counselling.

In response to questions related to the **helpfulness of counselling**, both participants perceived it to be helpful. Julie explained how she perceived the counselling to be helpful. Julie reported that anger and what she feels comes out of her at the first follow up. At the final interview she reported that if her grandfather came into her mind she was able to go and talk to someone. Julie's mother reported that counselling had been helpful in relation to Julie's **openness to communicate** with the family. She also reported a change in the level of worry that Julie showed. She explained that Julie had been worried specifically about smoking and that everyone

who smoked was going to die. Julie's mother felt that counselling had been helpful in addressing and explaining these issues. Julie perceived no impact of counselling in school because there had not been a problem in school. Mark, however, felt that counselling helped him in school. He reported improved social relationships. At the final interview Julie reported that if her grandfather came into her mind she was able to go and talk to someone.

While Julie's responses were concrete, Mark's answers to similar questions were vague, for example, Mark reported that all of counselling was helpful and that the counsellor was nice and helped a lot of people. In contrast to Julie's feedback, Mark's responses did not seem well thought out, more that he was just saying something to answer a question. Mark's mother felt that there was some positive change in him since he started counselling. Marks' mother also referred to the helpfulness of the counselling in accessing other help for the family. She reported that, although they have been in contact with other services for Mark and his brother that *"it's actually been through here that we've had the most results"*. Mark reported that Barnardos helped him cope.

When asked about ways that the counselling improved things outside of counselling Julie commented on the way she could talk about things to the counsellor that were not related to the death. Julie reported that the counselling had helped at home in terms of helping with her feelings of anger. Similarly, Mark reported that he shouted and screamed less at home now. Mark's mother reported that counselling had had an impact *"on everything on how they relate to other people, relate at home……at school"*.

One of the issues that the researcher raised was the **best aspect of counselling**. Both young participants referred to talking. At the first follow up Julie expressed that she liked counselling because she could tell people what she was thinking and not keep it bottled in her head. At the second follow up interview she reported that it was getting her feelings out. Mark reported that the best parts of counselling were talking and painting, but in the final interviews he reported that there was no best part of counselling, but that it was all excellent.

In response to a question related to **recommending counselling**, Mark and Julie and their parents reported that they would recommend the counselling for other bereaved young people. However, Julie added the condition that it would take time. She would not go up to someone and say that they needed counselling, instead she would talk to them and suggest that they let their feelings out. She added that she would say that they don't have to go to counselling, but should talk to their parents: *"just like let your feelings out, you don't have to go to counselling, even just talk to your mam and dad about it."* Mark's parents reported that counselling had helped Mark to recognise and understand what was going wrong in terms of his behaviour and that they were learning things themselves through the counselling. In terms of **improvements to the counselling service**, Mark's father referred to getting more counselling appointments.

Finally, the researcher addressed the **ending of the counselling sessions** in the final research interviews. Julie explained in her final interview that she had started coming to counselling every second Wednesday and towards the end of counselling she was coming every three weeks. When probed about the winding down of the sessions she reported that it was *"because I was getting on better"*. Julie explained that she would be able to come back to the counsellor any time she wanted to if she felt down. On the other hand Mark reported that he did not know for how much longer he would be coming, but that he hoped he could come for more. Mark's mother felt that he had a need to continue counselling.

In summary, both cases suggested positive views of counselling, but Julie's case was based on more articulate, clearly defined effects of counselling, such as an improved ability to communicate. The cases differed in terms of the process of ending counselling, as one participant was continuing attending counselling. Looking at the two cases together suggests that young people's and parents' perceptions of change over the course of counselling differed, as described in Section 5.4.6.

5.4.4.3 *Issues related to context of the bereavement.*

Again during these interviews, in Mark's case, much time was spent discussing issues that were not related to the death. Mark and his mother both referred to the fact that the family au pair would be leaving the family home. Mark's mother

explained the **change in the living situation** that would result as she was going to be staying at home after years of working outside the home. Again Mark's mother reported that Mark was having **problems in school**. She explained that he had attended CAMHS and that he was diagnosed as having ADHD, a diagnosis with which they did not agree. Mark's mother also suggested that stress had caused Mark to be sick: "*He's been sick regularly, like throwing up and it is anxiety, it is stress. He's worried about going to school, he doesn't want to go to school……*". Mark's parents were very concerned about Mark and were preoccupied with issues related to school. In contrast to the contextual factors raised repeatedly by Mark's parents, in this interview Julie and her mother did not discuss issues that were not related to the death and the effect on Julie and her family.

5.4.4.4 *How the participants are now (at final interview).*

There was a stark contrast between descriptions of how the two participants were doing at the time of the final interview. While Julie and her mother focused on positive changes and behaviour at this time, Mark's mother raised many concerns about Mark and his progress since starting counselling. Julie appeared to be doing well in school at the final interview. While Julie's mother had reported that Julie had been affected in school in terms of school work as a result of the bereavement, she suggested that this had since changed. Both Julie and her mother reported no difficulties with her friends, with Julie commenting that there was no difference in her friendships between now and before the deaths. Like Julie, Mark reported that he was getting on with friends as well as ever. Mark also reported that his school work was as good as ever. However, Mark's mother reported that he was still experiencing difficulties in school and socially, which she linked to the death: "*It would be more towards the social things, the friends, if they're talking about Nana, they will come home a little bit sad*". Mark's mother again referred to issues in school, such as Mark's need for special assistance and his diagnosis of ADHD.

Communication was again discussed by the participants and their parents. Julie's mother referred to Julie's improved ability to talk about her grandfather to her and her father, aunts and grandmother. In this interview Mark also reported that he would talk especially to his father as it was his mother who had died. Interestingly, Julie also reported that being able to talk to a stranger about the death had made it

possible to talk to her parents about it. Julie's mother referred to Julie's inability to talk about her uncle again during this interview. Mark reported that he found it easy to ask for help and reported no problems with talking to his family. As in earlier interviews he perceived that his parents were very open to communication, which was reflected in his score on the communication scale, on which he awarded the highest score to each item. While Mark did not think there were any **barriers to communication** with his parents, both parents referred to sometimes being unable to talk to their children due to other demands at the time.

Looking at the two cases together highlights a contrast in how the two participants were at the time of this interview. Mark continued to have difficulties socially and in school. During the final interview in relation to Mark's progress reported that *"I think there is still, there's still a long road"*. Julie, on the other hand, had improved in terms of communication and school work. Both cases highlighted barriers to communication in the home and the impact on the family from the absence of the person who died.

5.4.5 Final presentation.

The second follow up interviews were conducted with Julie and Mark at six and approximately eight months since the start of counselling respectively. At the time of the final interview Julie had finished attending counselling, whereas Mark was intending to continue coming to counselling at this point. Both participants differed in terms of their presentation at this last interview. Julie was softly spoken and appeared confident and sure of herself. She seemed happy in her demeanour. Mark was very energetic and distracted.

Both participants seemed comfortable with the quantitative scales. Julie gave quick responses to the items on the scales. Mark had a very good memory of the format of earlier interview and the scales he had completed. However, it was difficult to maintain his concentration. After completing two scales Mark asked if he was finished. As in earlier interviews, Mark regularly veered off the topic. Mark became distracted during the interview. Towards the end of the interview when the questions focussed on the counselling, Mark asked the researcher to answer the questions and

said that he was tired. Julie on the other hand indicated an understanding of counselling and was able to verbalise the impact of coming to counselling.

As the interview progressed it became harder to maintain Mark's attention. He answered questions very quickly and seemed not to give them much thought. At the end of the interview Mark yawned several times and seemed tired and disinterested. Julie maintained her concentration throughout. She had no questions at the end and seemed happy with the joint decision to stop regular counselling for the time being.

5.4.6   Patterns of change over time in case studies.

Examining the key issues discussed by the young people and their parents at the interviews before the start of counselling and comparing them with the issues discussed at the interviews after the start of counselling shows a change in some areas over the course of the research, particularly in the first case, while some issues persisted over time. Examination of scores on the quantitative scales also enables assessment of any change over time in areas related to communication, psychosocial wellbeing and coping. The changes over time are summarised in the following section.

5.4.6.1   *School related issues.*

There was a change in the impact of the death on Julie's school performance, as perceived by her mother, over the course of the interviews, while Mark had issues in school which persisted over time. Julie's mother reported in the first interviews that there was some impact on Julie's schoolwork. However, at the final interview Julie's mother reported that her schoolwork and homework had improved again. In Mark's case, at the middle interview both he and his parents referred to problems with school work. At the final interview there had been no change in school work or friendships since the death, according to Mark. Mark's parents felt that he was having problems in school throughout the research. There was no positive change in his behaviour in school, although the bullying that was described initially had stopped. At the final interview Mark's mother discussed enduring issues in school.

5.4.6.2   *Social relationships.*

In terms of changes in social relationships, neither Julie nor Mark reported difficulty

in their friendships. Across time, Julie and her mother's scores on the Peer Problems subscale in the SDQ were in the normal range. However, at early interviews Julie's mother described her reluctance to initiate contact with her friends and being more withdrawn than usual. Mark's mother also reported a deterioration of his social relationships and in the interviews during counselling reported his reluctance to go out to play with peers. At the last interview Julie's mother referred to her having no problems with her friends, which indicates an improvement over time. However, Mark's mother reported a belief that Mark's problems in school were due to social problems, rather than an attention deficit problem. While Mark's parents' scores of Peer Problems in the SDQ dropped from the first interview to the final interview, the score at the final interview was still borderline. Mark's own scores on this subscale dropped over time, from within the borderline range to the normal range.

5.4.6.3   *Impact on family.*

Throughout the interviews Julie and her mother referred to missing seeing Julie's grandfather every day and the impact that his absence had on his surviving wife, Julie's grandmother. Awareness of her grandmother being on her own and the impact of the grandfather being absent from the family home and from family events were themes that were maintained across time. This was also found in Mark's case where the impact on the family of not seeing his grandmother regularly was reported in all interviews. Therefore, this aspect of family bereavement was not reported to change over time.

5.4.6.4   *Changes in trauma, emotional problems, psychosocial*
wellbeing and coping.

Julie's scores on the Impact of Event scale suggest that her levels of trauma reduced over the course of the study. While scores rose at the first follow up interview, by the final interview her scores in the total scale and in both subscales were at their lowest since the start of the study. Mark's scores also dropped between the first interview and the last and were at the lowest at the second interview. However, in both cases, while their final scores were lower than initial scores, they were still over 25, indicating moderate to severe levels of trauma. Mark's scores in the Coping Efficacy scale increased over time, indicating that Mark's perceptions of his coping skills improved since he started counselling. However, looking at Julie's scores on

the same scale suggests that her perception of her general coping over the course of the study did not change.

Scores on the SDQ suggest an improvement in Julie's psychosocial problems over time. Her parent's Total Difficulties score was higher at the first follow up interview, but the score (4) was much lower in the final interview than at any other interview (16-18). Julie's self-reported Total Difficulties scores ranged from 6 to 11, with the lowest score at the final interview. Looking at the subscales reveals that Julie's emotional problems, conduct problems and hyperactivity scores were at their lowest in the final interview. While conduct problems scores decreased over time, Julie's mother's scores for emotional problems and hyperactivity were higher during the course of counselling (FU1), but much lower at the final interview (FU2). Changes in emotional problems and conduct problems scores in the SDQ are reflected in Julie and her mother's reports. Julie's mother reported that Julie was not as worried at the end of the research as she had been. She attributed the reduction in worry to talking about the issues of concern during counselling. She also reported that she did not have angry outbursts as she had been having before counselling. Julie herself commented about the reduction in her anger as she had been letting her feelings out during counselling sessions.

In contrast to Julie's improvements, Mark's behavioural issues persisted over time. Mark's mother reported that he was better able to understand his emotions and his behaviour at the final interview, but that there was no change in his behaviour in school. This was also reflected in Mark's parents' scores in the conduct problems scale of the SDQ, which were borderline for the first two interviews and clinical for the final interview. Mark's self-reported scores indicated an improvement in behaviour as his scores went from clinical to borderline to normal levels. His parents reported that he had improved in controlling his temper, which indicates a change from the start of the research process. However, his parents reported that he still got upset. Mark's parents' scores on the emotional symptoms scale of the SDQ were in the clinical range at all three times of interview and in fact the last interview had the highest score. Again, Mark's own scores indicated an improvement over time. Before counselling started his score was in the clinical range, but the other two scores were in the normal range. Another discrepancy between Mark's scores and

his parents' scores was evident in the Total Difficulties scores on the SDQ. While Mark's scores indicated an improvement over time, with scores moving from the clinical to normal range, his parents' scores in terms of Total Difficulties were in the clinical range at all three times of interview.

Both Mark and his parents reported high scores in the hyperactivity subscale of the SDQ. His parents' scores were in the clinical range at the first and final interview, but normal in the second interview. However, it is worth noting that Mark's father completed the scales at the second interview, while his mother completed all the quantitative instruments at the first and final interviews. Mark himself reported scores for hyperactivity in the clinical range at the two interviews help during counselling. The scores on this subscale, taken alongside Mark's mother's reports of Mark's behaviour in school and the observations of Mark in the research interviews suggest that there was no change over time related to Mark's energy and activity levels.

5.4.6.5   *Communication.*

Julie's ability to talk about the death of her grandfather changed over time. In early interviews she was reluctant to talk about the death, but in later interviews Julie and her mother referred to an improved ability to talk about her grandfather and other things to her parents and other family members. Julie's mother reported that she was more talkative at the later interviews. However, Julie's mother reported at the final interview that she did not discuss her uncle who had also died. In terms of openness to communication, Julie and her mother's scores on the communication scales were high across time. This indicates a perception of very open communication or effort to communicate. Communication between Mark and parents was good throughout research. Both parents and Mark gave very high scores on the communication scale and they reported open communication in the family during interviews.

5.4.7   Interim Summary: Findings from the cross-case analysis.

The cross-case analysis highlights key issues related to the experiences of two young people of bereavement, factors which influence their bereavement, their perceptions of counselling and change over time. Importantly, the case studies emphasise the importance of the context of the young people's experiences. While the cross-case

analysis highlights many differences between the two cases, such as type of death and the context of bereavement, there are also similarities between the cases, such as the closeness of the participants to the person who died. In terms of bereavement reactions, emotional, behavioural, school-related and communication issues were reported to differing degrees. Communication and behaviour were of principal focus. The details of the bereavement reactions described by both participants and their parents and the difference in the adjustment to the death of their siblings suggest that the death of a loved one has a different impact on individual young people. This will be further explored in the following chapter.

The case studies suggest that grief of other members in their family was a factor which influenced their experiences. In Julie's case this was much more pronounced and impacted her ability to talk to her family about the death. This supports the pattern of inter-connectedness of grief which arose in Stage 2 of the analysis. The influence of a number of other factors on a young person's experience of bereavement and counselling was demonstrated in both cases. In describing the impact on the family, both cases highlighted the centrality of the person who died in the family. In Julie's case, the experience of multiple deaths shaped her experiences, while in Mark's case school-related and behavioural issues were hugely influential. Therefore, the context of the bereavement and experience of counselling was very different in both cases. Interestingly, the cross-case analysis highlighted an issue related to the context that did not emerge previously. Julie's mother reported a deterioration in her behaviour and emotional reactions around the time of her grandfather's birthday and anniversary. Julie also referred to sleep disturbances linked to her grandfather at this time. This re-emergence of reaction to grief has indications for young people's bereavement and for therapeutic interventions.

There was a similarity in the cases in terms of the effort parents made to get help for their children. However, once they accessed the counselling service, the two cases differed significantly in relation to the experience and perceived impact of counselling. Julie's experience of counselling appears to have been very positive and helpful, especially with regards to communication. However, there was less of a marked change in Mark over the course of the study. The case studies illustrated the difference in the counselling intervention received among participants, emphasised

by one participant winding down gradually after six months and one continuing in counselling after eight.

In terms of change over time, there were differences in perceived changes in both cases in areas such as communication, social relationships and behaviour. Both cases highlighted issues that were still evident at the end of the research. The cross-case analysis also suggested that young people and their parents' perceptions of change over time differed in some issues.

Finally, the case studies gave an insight into the participation of young people who are bereaved in research studies. The two participants presented very differently in research interviews. Julie was softly spoken and engaged well with the material. She concentrated on the questions and seemed to give honest, thought-out answers. Mark was very verbal and bright, but was easily distracted and seemed tired and bored sometimes. Julie's case suggested more self-awareness on the part of the young person. She was able to articulate problems she was having, her experience of counselling and perceived changes over time. Mark, on the other hand, was vague in relation to his experience of counselling. He avoided questions and topics by changing the subject or moving on to the next question. This may have been an indication that he was avoiding painful issues and supports the continuation of counselling after the end of the research. The challenges of maintaining the concentration of young people in research interviews has implications for researchers in this field.

The cross-case analysis contributed to the present study in a variety of ways. Looking at two cases in details resulted in richer data, which was useful in understanding young people's experiences, which is the main aim of the study. The analysis demonstrated the journey of the two participants over the course of the research. Outlining the presentation of the young people, their approach to participation in the research and their ability to talk about their experiences illustrated the diversity of young people who attend counselling. This has implications for the provision of therapeutic interventions for this population. Analysis of the two cases at the final interviews provides a picture of how they are now and of outstanding issues. The analysis revealed some new findings that did not

emerge in the previous stages. Furthermore, some implications for practice and research were identified. These findings will be integrated with the findings from the previous two stages of analysis in the following chapter.

Chapter 6: Integrated Findings: Experiences of Bereaved Young People of Bereavement and Counselling

6.0 Overview

The previous chapter introduced the findings of the present study. The model of analysis was presented and the methods of analysis and findings from the first three stages of analysis were described. The current chapter concludes the findings with the fourth stage of the analysis.

6.1 Integration of Data: Analysis and Findings

The qualitative and quantitative data from the first three stages of analysis were integrated in this stage of the analysis to consolidate the findings. The integration of the data was based on methodological triangulation, which involves the use of more than one method to examine a single concept. Triangulation and integration were described in detail in Chapter 4. In the present study themes and patterns identified in the first and second stage of analysis were integrated with the main findings from the cross-case analysis. This approach helped to increase confidence in the findings. Findings from the integration of data are presented in the following sections. Occasional illustrative quotes and figures are used to present the integrated findings, while avoiding a repetition of already reported findings in the three preceding stages of analysis. The integrated findings are presented in terms of the study's objectives and the data.

6.1.1 Exploration of young people's experience of bereavement while engaging with bereavement counselling.

Findings related to young people's experience of bereavement while engaging with bereavement counselling can be categorised as bereavement reactions, the individuality of the experience and the inter-connectedness of young people's grief with other's grief. The experience of young people influenced all three of these areas, as shown in Figure 9.
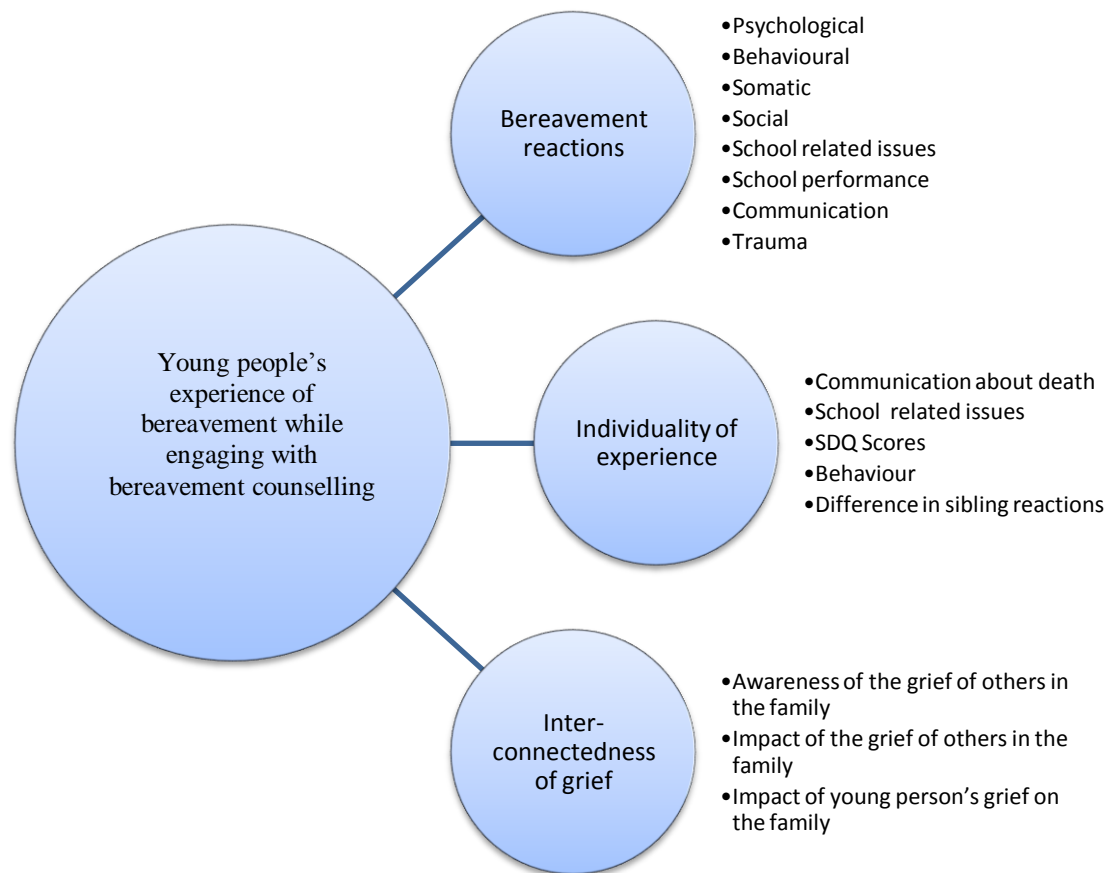
Figure 9 *Young People's Experience of Bereavement*

6.1.1.1 Bereavement reactions.

Young people's experiences of bereavement were explored at each stage of data analysis. Initial analysis of the qualitative data from young people's interviews highlighted themes related to psychological reactions, behavioural reactions, somatic reactions, social reactions, communication, school performance and other issues related to school across time. Therefore, there was a wide range of reactions to bereavement. The qualitative data from young people were supported by parents' reports of the impact of the death on the young people in many areas, such as communication, barriers to communication, behavioural problems. However, parents reported greater problems in some areas, such as school performance and social relationships. The cross-case analysis highlighted the range of reactions experienced by two participants, especially in relation to communication, behavioural and psychological problems. The qualitative reports of young people's reactions to bereavement across time were also supported by quantitative data. Scores on the SDQ showed clinical levels of difficulties in relation to conduct, peer problems, emotional symptoms at various times of interview, especially in parents'

reports. Levels of trauma measured by the Impact of Event scale highlighted high levels of trauma across time, suggesting that young people's experience of bereavement was associated with a high level of stress.

Finally, qualitative data from counsellors' interviews also highlighted the range of areas in which young people are affected by bereavement. Reactions to bereavement reported by counsellors included behavioural problems, psychological problems and communication issues. These reactions were commonly raised when counsellors were asked about the reasons for referral to counselling, as this typical quote illustrates: *"the child is behaving in a certain kind of way, or you know withdrawn, gone into themselves, or maybe a lot more aggressive at home"*. While there was convergence in many behavioural, psychological and communication reactions reported by counsellors, young people and parents, some reactions reported in counsellors' data were not supported by other data, such as the delayed reaction of young people to death in some cases and the resilience of young people to death.

6.1.1.2   Individuality.

The range of reactions reported by participants showed common categories of reactions at a high level. However, one of the patterns identified in the second stage of analysis was the individuality of the bereavement experience. This was reflected in the range of scores on the standardised instruments, such as the SDQ, as well as the young people's reports of how they were impacted by the death in several areas, such as school performance and behaviour. There were obvious differences between participants in terms of their communication about the death and other issues. Parents' reports of the reasons for coming to counselling with their children highlighted the range of reactions in young people after the death of someone close to them. Parents and counsellors directly referred to the individuality of the bereavement experience, even between siblings in the same family. This was supported by the cross-case analysis where the data suggested that reactions between siblings to the same death can vary.

The pattern of individuality of bereavement was clear in the third stage of analysis involving the case studies. The cross-case analysis highlighted differences between the two cases, especially with regards to communication within the family and the

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ability of the young person to talk about the person who died and the death. Both cases differed in terms of the impact of the death on school related issues. Parents' and young people's scores on the quantitative instruments also highlighted the differences between the two cases. Parents' reports of their key concerns related to their children and their reasons for referral to counselling suggested that the two participants in the case studies were demonstrating a range of different reactions to the bereavement.

6.1.1.3   *Inter-connectedness of grief.*

During the first stage of analysis themes were identified in the qualitative data that related to the impact of the death on parents and the family. In Stage 2 a pattern of inter-connectedness of grief was identified. Data suggested that each young person's grief was influenced by and was an influence on other people and settings. The qualitative data suggested that young people were aware of their parents' grief and that parents' reactions affected young people's experiences. The idea that young people were affected by their parent's grief was supported by parents' reports and counsellors' reports of the impact of their parents' reactions on young people. When examining the experience of two participants in detail during the cross-case analysis, it emerged in both cases that the young people were aware of their parent's grief and may have been influenced by it. In one case in particular the participant was reluctant to talk to her mother and other family members for fear of upsetting them. Young people reported how the death affected their families. The way the family coped as a whole and reacted to the bereavement influenced their experiences. Furthermore, the way the young people reacted to the death in their family and how they were coping impacted on those around them.

In summary, in exploring the first objective the present study suggests that young people's experience of bereavement is unique to each young person. However, while there is an individual element to bereavement there are some common reactions among bereaved young people to varying degrees, such as changes in behaviour, communication and impact in school. The data highlight the range and varying degree of severity of reactions to bereavement shown in young people. Parents report greater difficulties in some areas, such as peer relations and school performance than young people. Young people's reactions to bereavement and how they cope with

bereavement impacts on their immediate settings, especially within their family. Looking at the data from all three stages of analysis suggests that the grief of their parents and other family members was part of young people's experience of bereavement. This and other factors may impact the experience of young people, as described in relation to the second objective below.

6.1.2 Factors that influence young people's adjustment to their loss while attending counselling.

While the first objective resulted in gaining an understanding of young people's bereavement experiences, it is important to note that young people's experiences of bereavement may be influenced by a variety of factors. Patterns related to communication and support for the bereaved young person were identified in the second stage of analysis in respect of factors which may influence young people's experiences. As well as communication and support, contextual factors were identified during data analysis. There was some overlap in the data analysis between factors that influenced young people's adjustment and contextual factors. Therefore, to understand the factors that may influence young people's adjustment to loss, data related to support, communication and context were integrated.

During initial analysis of the qualitative data during the first stage of analysis, contextual factors emerged as a theme at each time of interview. Furthermore, the influence of contextual factors on young people's experience of bereavement and counselling was identified as a pattern in Stage 2 of the analysis, while the importance of the context of the young person's experiences were evident again in the cross-case analysis. Looking at the findings across the previous three stages of analysis suggests that young people's experience of bereavement and, therefore, their adjustment to their loss may be influenced by factors related to the death, to the young people themselves and to their families, as shown in Figure 10. The second objective of the present study was to identify such factors. Exploration of the wider family context was a specific objective of the present study, therefore, issues related to the wider family context will be described separately in Section 6.1.3.
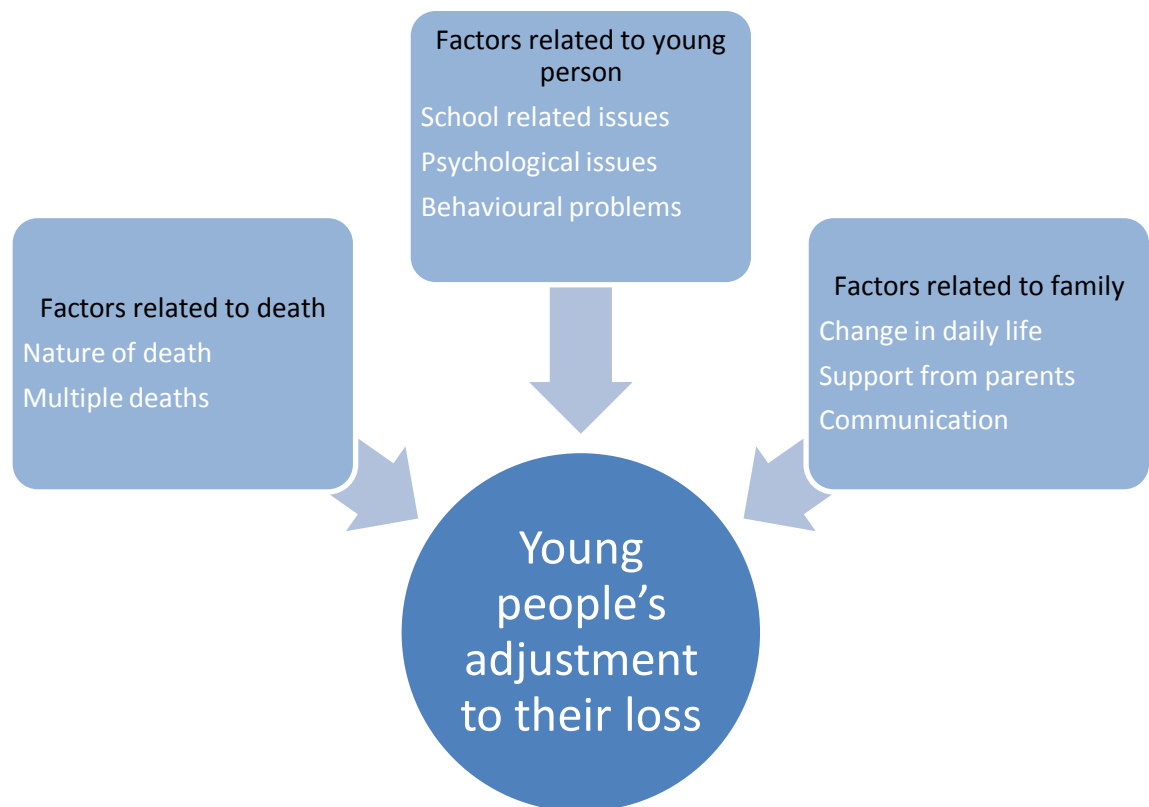
Figure 10 *Factors that influence young people's adjustment to loss*

6.1.2.1   Factors related to the death.

The findings suggest that two factors related to the death may influence young people's experience of bereavement. During the initial analysis of themes related to the death in the interviews with young people and parents multiple deaths emerged from the data. Data from parents suggested that a second death compounded the impact of the first death. This was supported by counsellors' reports of the impact of more than one death. For example, one counsellor expressed how a young person responded to two deaths as follows: *"the two were intertwined in some way, death and darkness and fear and people just disappearing and people being taken away from you"*. The cross-case analysis highlighted the impact of a second death close to another death; the death of a second family member compounded the young person's loss at a time when she was feeling the loss of another family member already. The inability of the participant to talk about the second death supports the idea that multiple deaths influence how a young person reacts to bereavement and counselling.

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Another factor which may influence how a young person reacts to bereavement relates to the nature of the death. During the first stage of analysis the nature of the death was a theme in parents' and young people's data. While some participants experienced deaths of family members after illness, others experienced sudden deaths, such as accidents, heart attacks, suicide. The sample size of the present study did not allow for comparisons between participants in terms of the nature of the death. However, the nature of death was discussed with participants and the suddenness or expected nature of the death was referred to by participants. During analysis of the counsellors' qualitative data, themes related to potential influencing factors included the nature of death. However, within the counsellors there were mixed findings in relation to the impact of the nature of the death, with some perceiving a greater impact in the case of traumatic deaths and others arguing that the nature of death may not be an influencing factor. The potential impact of the nature of the death was recognised in the pattern related to contextual factors in Stage 2 of the analysis. During Stage 3 in the cross-case in the case where the young person experienced the unexpected death of a grandparent, the participant referred to the impact of the suddenness of the death on the family, whereas in the second case, where the grandparent died from an illness, the participant and his mother referred to his understanding of the impending death and the fact that the deceased person was able to talk to the participant in advance of her death. Therefore, the case study analysis illustrates the effect the nature of the death may have on young people's experiences.

6.1.2.2   *Factors related to young person.*

Bullying and school related issues were themes of contextual factors in the parents' and young peoples' data across time. The data suggested that bullying impacted some participants' daily lives at home and in school. Therefore, the young people's experience of bereavement as they were attending counselling was occurring in a back drop of other issues. The impact of bullying on a young person's experience of bereavement and counselling was highlighted in the cross-case analysis. In one case, the death was experienced in the context of on-going issues in school and was seen to have a compounding effect, as the young person's parent explained: *"So that was kind of exasperated then by nana dying and things kind of really snowballed out of control then"*. The reiteration by the parent of on-going issues in school at each time

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of interview emphasised the significance of the issues of the young person's experience of bereavement and counselling, as they all occurred simultaneously.

Other issues related to the young person included behavioural problems and psychological assessments, which were found in the cross-case analysis and in the initial thematic analysis of the qualitative data. The impact of the age of the young person emerged as a theme in the counsellors' data, where the influence of understanding of the finality of death and the lack of understanding of the death were reported. However, the sample of the present study did not allow for statistical analysis using age as a factor. Therefore, while age may influence young people's experiences, it was not supported by findings from other parts of the analysis in this study.

6.1.2.3   *Factors related to family.*

Finally, a group of factors related to the family that may have influenced the young people's experience of bereavement and counselling were identified. Factors related to the family which impacted how the young person experienced bereavement include parent and family coping, support from parents and communication.

The data from preceding stages highlight the importance of support for bereaved young people. The topic of support for parents and young people was addressed at all interviews. Stage 1 of the analysis revealed a range of themes related to coping and support for young people, parents and the family. At each time of interview young people and parents identified who supported them and helped them cope and in some cases addressed the value of the support they were receiving. The significance of support for the participants was highlighted during the second stage of analysis when the reliance of young people on their parent(s) for support and to help them cope was identified. As described in the findings related to young people's experiences of bereavement, the qualitative data from parents and young people suggested that young people were aware of their parent's grief. In some cases young people were reluctant to talk to their parents for fear of upsetting them. The ability of a parent to support their child may be affected by their own grief. Quantitative data suggested that parents were experiencing moderate levels of bereavement symptoms, as measured by the CBI scale. There was a pattern of inter-

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connectedness of grief in the second stage of analysis. Taken together, the data from the different stages of analysis suggest that the young people's grief may be influenced by the grief and subsequent reduced availability of their parents.

The amount of support available to parents and their perception of the adequacy of the support they were receiving may have impacted on their coping. Parents' awareness of the supports available to them improved over time. While parents reported that they relied primarily on partners, friends and family in early interviews, they reported a wider range of supports for them and their children in later interviews. Frustration due to an inability to find support and lack of knowledge about existing support services emerged in earlier interviews, while themes related to counselling as a support were found in later interviews. The influence of issues related to the family was supported by counsellors' data. How the parents and the rest of the family coped with the death and communication within the family were identified as factors which impacted young people. Counsellors' data supports the concept that parent and family coping influence young people's adjustment or experiences of bereavement.

Issues related to communication was influenced young people's experiences. A recurring theme in the qualitative data during Stage 1 of the analysis was the ability to talk about the death. In the third stage of analysis the cross-case study highlighted the differences in young people in terms of difficulty in talking about the death. The parent of the first participant was concerned for her child due to her inability to talk about the death, suggesting that it was impacting her adjustment. The idea that the ability of young people to talk about the death influenced their adjustment was supported by the counsellors' data.

Communication in the family and barriers to communication were also identified as impacting young people's experience of bereavement and counselling. Stage 1 of the analysis revealed that counsellors reported the importance of communication in the family. While communication scale scores suggested an openness to communicate, young people and parents identified barriers that affected the young person's ability to talk about the death or the person who died, or that affected the parent's ability to listen attentively to their child, for example fear of upsetting a parent and other

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demands on a parent, such as household tasks or the demands of other siblings. Based on the data from counsellors, young people and parents there was a pattern of barriers to communication in the second stage of analysis.

Some family-related factors emerged at all times of interview. At the time of initial referral the closeness of the young person and the rest of the family to the person who died emerged as a theme in the parents' data related to contextual factors. This issue arose at all times of interview, but generally was identified in the data related to the impact of the death on the family. The closeness to the person who died, missing the person who died and the change in daily life associated with no longer seeing the person regularly were all factors which affected the young person and the family. The data suggested that changes in daily life, such as not seeing the person who died regularly or not seeing other family members, may have adversely affected the young people who were bereaved.

Examination of the findings from the first three stages of analysis highlights a wide range of factors which may influence young people's experience of bereavement and counselling. Several factors which were found in the initial analysis were supported in the identification of patterns in the data and illustrated by the findings in the cross-case analysis. Therefore, the data in the present study suggests that a range of factors related to the death, to the young person and to the family may impact young people's adjustment to loss. Furthermore, factors related to the wider family context of the young person's experiences may have influenced their adjustment. These are described in the following section.

6.1.3 Exploration of the wider family context of this experience through young people's and parents' reports.

In this section factors related to the family and other factors that formed the wider context of the young people's experiences of bereavement and counselling are explored. Thematic analysis of data during the first stage of analysis revealed a range of issues related to the context of young people's experiences. At the time of initial referral family related contextual factors included a child's sibling being sent to prison, the child's siblings no longer visiting him, having problems with neighbours and dissatisfaction with the area the family lived in, due to bullying on

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the street. At the time of the start of counselling factors identified in parents' data relating to the family included a change in context due to a child moving school and the problems a participant was experiencing in school. Analysis of the qualitative data at the follow up interviews identified a range of contextual factors in both the parents' and young people's data. In some cases there was a change in living situation, for example, the significance of a childminder leaving the home and a mother giving up work to stay at home was identified as a factor. Parents' data contained themes related difficult home environment and difficult home circumstances. Counsellors too reported the importance of looking at what was happening in the family at the time that the young person was attending counselling.

During the third stage of analysis the case studies highlighted the significance of the wider family context on the young person's experience of bereavement and counselling. Throughout the course of the interviews the participants and their parents referred to other issues that were happening at the time following the deaths as they awaited and attended counselling. In the first case the participant and her mother referred to the death of a second family member, an issue which affected the young person greatly. In the second case, as described in detail in the cross-case analysis, much of the interviews with the parent was spent discussing issues that were affecting the young person that were not related to the death. These issues related to problems that the participant was experiencing in school, in particular bullying and social behavioural problems. Physical sickness and lack of interest in going to school was linked to his experiences in school. These ongoing issues related to the school and to the child's behavioural problems, while other issues related to the home. In one case the significance of a change in child-care arrangements was articulated by the young person and his parent repeatedly. These issues reflect the significance of change in the family and set the context for the young person's experience.

Finally, support and communication in the family were topics at all times of interview and were identified during analysis as factors which influence young people's adjustment to bereavement. Therefore, although they are relevant to the wider family context they were described in the previous section.

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The data in the present study support the importance of exploring the context of young people's experiences of bereavement. Parents' and young peoples' reports highlighted a variety of factors relevant to the wider family context of the young person's experience of bereavement. Factors identified were supported by themes in the counsellors' data. The importance of contextual factors was also emphasised in the second stage of analysis when a pattern of the influence of contextual factors was identified. This pattern was supported by the cross-case analysis during which the effect of the context of the young person was clearly evident.

6.1.4 Changes in self-reported psychosocial wellbeing and coping evident during the course of engagement with bereavement counselling.

The rationale for the use of quantitative standardised instruments in conjunction with qualitative questions during interviews with young people and parents was to enable measurement of patterns of change over time in relation to psychosocial wellbeing and coping. The data from the quantitative scales in Stage 1 analysis, taken in conjunction with the qualitative data at Stage 1 as well as the data from the cross-case analysis suggests patterns of change, as shown in Figure 11 below.
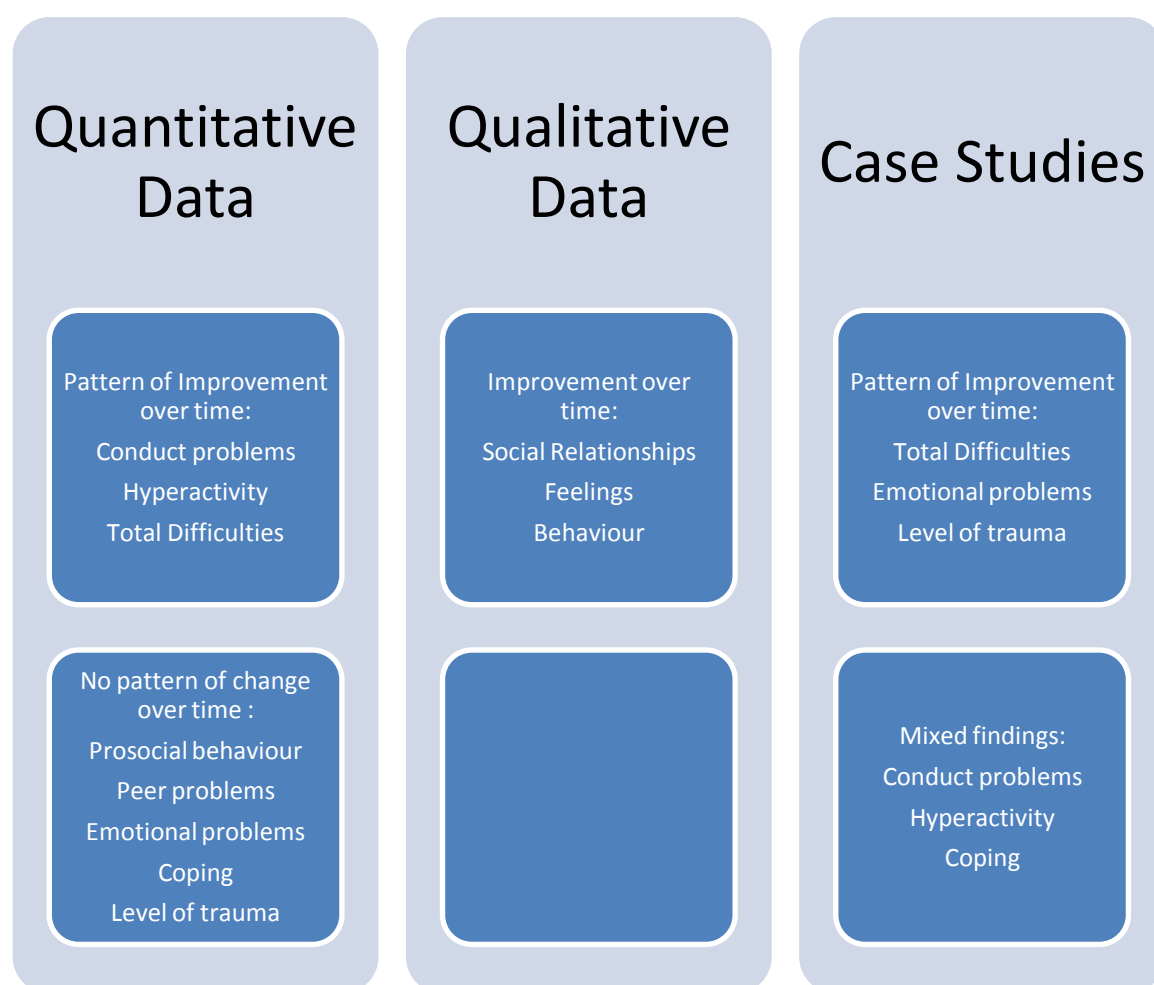
Figure 11 *Areas of suggested change over time from different types of data*

The SDQ was employed to examine difficulties and strengths that young people were experiencing following their bereavement as they attended counselling. Of interest here is the self-reported information from young people themselves. While the sample size did not enable comparison of scores for statistical change over time, it is interesting to examine the mean scores as indicative of potential change over time and to compare means at each time of interview in terms of their classification in clinical, borderline, or normal ranges. In Stage 1 of the analysis the scores from young people's self-reports of Total Difficulties and all SDQ subscales were calculated. Looking at the self-reported Total Difficulties scores showed that in the first and second follow up interviews, held approximately three and six months after the start of counselling, the mean scores were lower than in earlier interviews and fell in the normal range. This suggests a decrease in young people's perceptions of their total psychosocial difficulties.

Analysis of the SDQ subscales highlights areas where there was a pattern of change over time and areas where there was no change in terms of mean scores. Young people's mean scores on the pro-social behaviour, peer problems and emotional problems subscales were in the normal range at all times. This suggests that young people, on average, did not perceive themselves to have problems in these areas. While parents also reported mean scores in the normal range for pro-social behaviour, parents' scores on the peer problems and emotional problems subscales indicated a perception of problems in these areas. Looking at the hyperactivity and conduct problems subscales suggests a pattern of change over time. Young people's mean scores for these subscales were in the clinical range at the time of initial referral, were in the borderline range at the start of counselling, but dropped to the normal range at the follow up interviews. Therefore, young people's perceptions of their behavioural problems and hyperactivity decreased over time.

The coping self efficacy scale was used to measure young people's perceptions of their ability to cope with problems in the future. Mean scores from the point of initial referral up to the final interview showed little variation. Data from the interviews before the start of counselling highlight a wide range of scores. While the mean scores remained similar over time the scores suggest a moderate level of coping self efficacy. Therefore, the findings indicate a perception of being able to cope adequately with problems in the future among the young people.

The final self-report instrument used in the research was the Impact of Event scale. This was used to examine levels of trauma experienced by the young people and was a self-report instrument. Mean scores on the scale were above the cut-off point at all times of interview, suggesting a high level of stress associated with the bereavement. While the mean scores remained at a high level throughout the research, it was noted that there was a greater range in scores at the two follow up interviews. This suggests that some participants were experiencing high levels of stress related to the bereavement even at six months after the counselling, while others' levels of stress had decreased.

The analysis of the quantitative data highlights self-reported change over time in some areas. Young people's reports of change over time were also captured in the

analysis of the case studies, as shown in Figure 11. Patterns of change over time were identified in a range of areas. Of interest here is change over time in psychosocial wellbeing and coping. In terms of changes in social relationships, neither of the participants in the case studies reported difficulty in their friendships in interviews over the course of the research. This supports the quantitative finding of the peer problems subscale mean scores in the normal range across time. The second case study suggested an improvement in peer relationships based on the young person's descriptions of the impact of counselling. Looking at this young person's individual scores on the peer problems subscale shows that they dropped over time, from within the borderline range to the normal range. Examination of individual scores in the case studies also highlights some change in psychosocial wellbeing over the course of the study. Scores on the self-reported SDQ total difficulties scores suggest an improvement in the first participant's psychosocial wellbeing over time: her scores ranged from six to 11, with the lowest score at the final interview. Looking at the subscales reveals that her emotional problems, conduct problems and hyperactivity scores were at their lowest in the final interview. This was supported by the participant's reports of a reduction in her anger as she had been letting her feelings out during counselling sessions. In the second case study, the participant's self-reports indicated an improvement over time in emotional problems and total difficulties. It is worth noting that in the case of the second case, the parents' scores did not reflect a perceived change over time, but instead indicated that behavioural and other issues persisted over time.

While the mean scores from all participants on the Impact of Event scale did not show much variation over the course of the research, looking at the case studies shows that these two participant's individual scores decreased over time. The scores in the first case study suggested that the participant's levels of trauma reduced over the course of the study. By the final interview the participant's scores in the total scale and in both subscales were at their lowest since the start of the study. In both cases, however, while the participants' final scores were lower than initial scores, they were still over 25, indicating moderate to severe levels of trauma. Finally, looking at the cross-case analysis shows mixed findings in terms of the two participants' perceptions of their coping skills, with scores on the Coping Efficacy scale increasing in one case and showing no change in the second case.

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The quantitative data from initial analysis was supported by young people's reports of changes over time in the qualitative data related to the impact of counselling. Themes identified during the analysis of the young people's interviews in Stage 1 of the analysis highlight a range of areas in which they perceived counselling to be having an impact. Data related to impact on social relationships, on feelings and on behaviour suggest that there was a change over time in these areas. Therefore, qualitative data contribute to the findings related to change over time. However, as Figure 11 illustrates, the integration of findings in relation to self-reported change over time in psychosocial factors and coping does not portray a uniform picture, thus supporting the concept of the individuality of the experiences of young people. Change over time is discussed further in relation to the perceived impact of counselling and in respect of parents' perceptions of change in their children in subsequent sections of this chapter.

6.1.5 Exploration of young people's experiences of the process of counselling.

The overall aim of the present study is to gain an understanding of young people's experiences following the death of a loved one as they attend counselling. A critical objective to meet that aim is to explore bereaved young people's experiences of counselling. In exploring the experiences of bereavement counselling, the study also aims to understand the potential role of counselling for bereaved young people. Young people's experiences of counselling were explored through qualitative interviews. Stage 1 of the analysis identified themes related to the processes involved in counselling and the perceived impact of counselling. Young people's reports of their experience of counselling were mainly explored in the two follow up interviews conducted approximately several months after the start of counselling. The second stage of analysis identified patterns of the helpfulness of counselling, what happens in counselling and the impact of counselling. Finally, the cross-case analysis looked more closely at two participants' experiences of counselling. The integration of the data from all three stages suggests that young people's experiences of counselling are based on four different topics, as shown in Figure 12.
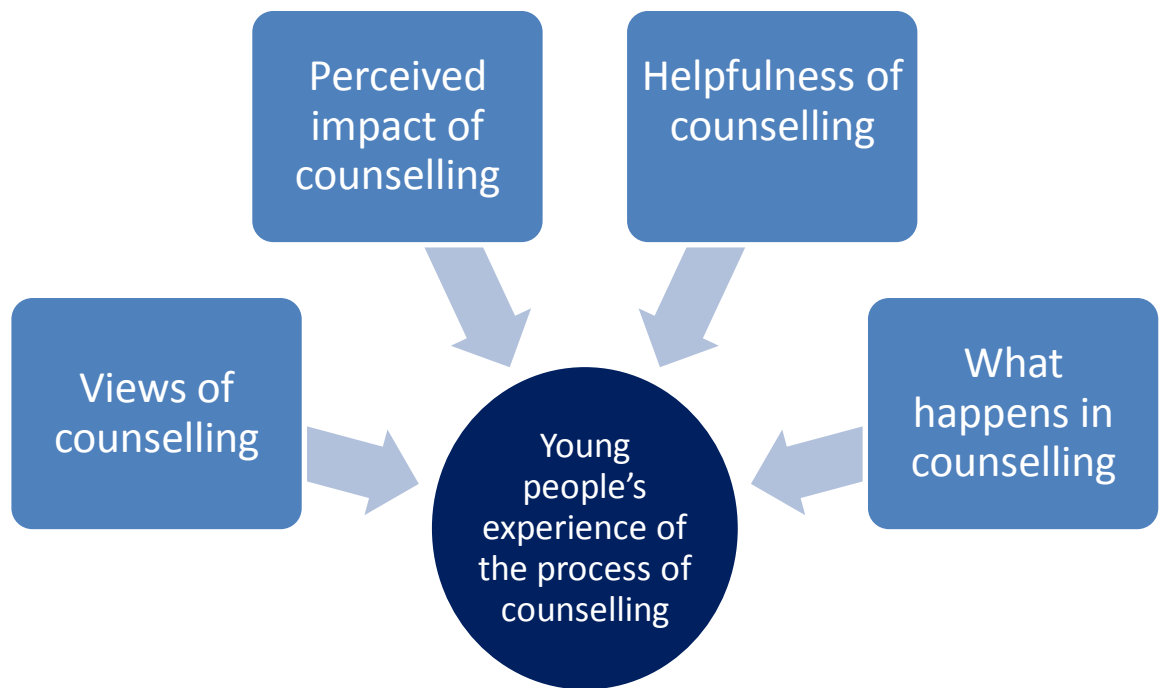
Figure 12 *Topics that informed young people's experiences of counselling*

6.1.5.1   *Views of counselling.*

An understanding of young people's experiences of counselling can be gleaned by examining their views of counselling. In the first follow up interviews the topic of views of counselling was compiled of themes related to young people's views based on their experiences. Analysis of data suggested that they had a general positive view of counselling. Experiences of counselling suggested the importance of independence of counselling from their parents and the relationship with the counsellor. The helpfulness of counselling arose in looking at views too. Looking at the findings from the cross-case analysis in conjunction with the findings from the first two stages of analysis suggests that overall, young people's experiences of counselling were positive. The positive view of counselling is reflected in young people's reports that they would recommend counselling to other bereaved young people and that there was nothing negative about the counselling.

6.1.5.2   *What happens in counselling.*

What happens in counselling was examined through references young people made to processes involved in counselling throughout their interviews. It was also based on themes related to the best or key aspect of counselling and themes related to the

helpfulness of counselling if they referred to processes involved. At the first follow up interviews the topic of what happens in counselling was comprised of themes related to processes involved, specifically talking, activities and working with feelings. Talking in general and talking to someone outside the family emerged as key aspects of counselling. The activities involved in counselling were also identified as important, such as painting and playing. At the final interviews talking again emerged as a theme in what happens in counselling and in the topic of the best aspects of counselling. Other best aspects related to getting feelings out. The pattern of what happens in counselling identified in Stage 2 of the analysis was based on participants' reports of their counselling sessions. As well as processes referred to above, the processes involved in ending counselling were identified. The processes involved in ending counselling suggest a mutual agreement between the counsellor and the participant.

6.1.5.3 Helpfulness of counselling.

The helpfulness of counselling and the perceived impact of counselling was explored by asking young people how they thought counselling was helpful. Data at the final interviews suggest that counselling was seen to be generally helpful. Some participants focussed on the activities involved, while others referred to the counsellor. The helpfulness of counselling was identified as a pattern in the second stage of analysis based on young people and parent interviews. Parents supported young people's views of the importance of the independence of the counselling from the family and the safety of the setting in which to talk.

The cross-case analysis highlighted the helpfulness of counselling when examining in detail two young people's experiences of counselling. While in one case the young person reported that it was helpful, he was unclear about the impact of counselling. However, the second young person articulated how helpful she found counselling, particularly with regards to the independence of the counsellor, the ability to talk about the death and other issues. The helpfulness of counselling was also related to the participants' perceptions of the effect of counselling in different areas, as described below.

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6.1.5.4 Perceived impact of counselling.

The range of themes identified in Stage 1 analysis suggests a wide range of areas in which counselling was perceived to have an impact. The impact of counselling was reported on wellbeing, on feelings, on social and family relationships, on schoolwork, on communication and on behaviour were themes. There was also a theme of the impact of counselling on things other than the death and of the impact of counselling at home. The range of impacts of counselling and the impact of counselling in multiple settings was identified in Stage 2 of the analysis as a pattern from the parents' and young people's data. The cross-case analysis highlighted a range of ways in which counselling was seen to effect the participants. In one case especially the young person and her parent perceived that counselling had had a positive impact on communication and behaviour. Counselling was reported to have contributed to an improved ability to talk about the death and other things and a growing ability to talk to her parents and other family members. Finally, the perceived impact of counselling was also supported by parents' and counsellors' data related to positive change that occurs while young people attend counselling.

6.1.5.5 Parents' perceptions of the processes of counselling.

It is worth noting at this point that the data collected from parents also highlighted the processes involved in counselling for young people. The patterns of helpfulness and impact of counselling identified in the second stage of the analysis included data from parents' quantitative scales and qualitative interviews. Parents reported a high level of satisfaction on the quantitative scale used and this was supported with their reports of recommendation to other families with bereaved children. During Stage 1 of the analysis several themes related to the helpfulness of counselling and the impact of counselling emerged from the parents' data. The themes identified in parents' interviews in relation to views of counselling included the independence of counselling, general positive views, helpfulness for the child, the individuality of the counselling experience. The range of areas in which parents perceived a change in their children included behaviour, communication, social relationships and school work. Parents reported that the benefits of counselling were evident in multiple settings, such as at home and at school. Some of the themes identified in relation to the impact of counselling support the themes found in the young people's data, however, others were specific to parents' data, such as their view that counselling

was helpful for parents, for example in explaining a child's behaviour, or the provision of information. The data suggest that parents perceived counselling to be helpful and generally positive overall. Parents' perceptions enhance the understanding of the role of counselling for young people who are bereaved. Looking to the other informants, counsellor's perceptions of the processes involved in counselling and the helpfulness of counselling are described in the following section.

6.1.6   Exploration of counsellors' perceptions of the process of counselling.

While parents and young people described their perceptions of counselling from an individual perspective, counsellors in the present study described their perceptions of grief and counselling for bereaved young people in general. Counsellors' perceptions of childhood bereavement were incorporated into Section 6.1.1. In the present section counsellors' perceptions of the processes involved in counselling are explored.

Thematic analysis of counsellors' interviews in Stage 1 of the analysis highlighted the variety of reasons for which young people were referred to counselling, such as psychological and behavioural problems, and the unique relationship between a young person and counsellor. This is supported by previous findings related to the individuality of the counselling experience. In addition the data from counsellors participating in the research contained themes related to what happens in counselling and change over time in counselling. Themes which helped understand to the processes involved in counselling bereaved young people were categorised into processes involved at the start of counselling, during the counselling intervention and those involved in ending counselling, as illustrated in Figure 13.

Start of counselling:
Presentation of young person
Understanding of counselling
Response to young person

During counselling:
Use of activities
Interpretation of actions/narrative
Establishment of good relationship
Secure environment
Awareness of family situation
Therapeutic perspective

End of counselling:
Gradual winding down
Readiness of young person

Figure 13 *Process of counselling from counsellors' perspective from start to end of intervention*

6.1.6.1 *Processes at start of counselling.*

Themes from the data related to processes involved at the start of counselling included the presentation of young people at the outset of counselling and taking the young person as they presented at the time. This suggests that one of the roles of counsellors initially is to put the young person at ease. One counsellor described how young people can present in very different ways. This is supported by the very different presentation of the two participants in the case studies. The data from counsellors also highlighted their awareness of the young people's expectations and understanding of counselling at the outset. This awareness is supported by young people's reports of a lack of understanding of what counselling is and a lack of expectation during interviews conducted before the start of counselling. The importance of counsellors explaining the processes involved in counselling to young people was highlighted, for example: *"I notice a change they feel safe, they begin to know me and they're a bit more relaxed in the session. So therefore, I feel then that as I call it the ground is fertile then for work to happen"*.

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6.1.6.2 Processes involved in counselling intervention.

Counsellors referred to a range of activities involved in counselling and the processes involved in understanding young people's feelings and behaviours. Activities reported by counsellors included talking, playing, playing with sand and drawing pictures. Counsellors perceived play and storytelling as indicative of problems that young people may be experiencing. Sometimes a young person may not be able to talk about the death, but is able to describe it in other ways, such as drawing, or telling a story, for example: *"children might…go over to the doll's house and they might re-enact a story in the doll's house, that you can ….. see where the loss is coming out through that story or in the sand tray".* Counsellors reported that they look for themes in stories and pictures which may be linked to the death.

As shown in Figure 13 the counsellors' data suggest the importance of establishing a good relationship with the young person in a safe environment. This reflects parents' and young people data from initial analysis which emphasised the importance of the young person feeling safe and secure and being comfortable talking to the counsellor. This also emerged in the Stage 2 analysis where patterns related to the impact and helpfulness of counselling included references to the environment for counselling and the counselling relationship. Young people valued talking to a counsellor about whatever they wanted to at the time. In the case study analysis both young people reported the ability to talk to the counsellor about the death and other things.

As mentioned in relation to factors which influence young people's experience of bereavement, some counsellors talked about having an awareness of what is going on in the family as this has implications for the young people. Counsellors referred to the involvement of parents in the counselling intervention to a varying extent, often dependent on the counsellor's perception of difficulties in the family situation. Therefore, the data suggest that even when counselling interventions focus on the young person, there is an awareness of the family context of the young person.

Finally, there was a theme related to the variety of approaches reported by counsellors. This referred to the therapeutic perspectives and backgrounds of the counsellors. The data suggest that the perspective of the counsellor informed how

they worked with bereaved young people. Therefore, the therapeutic processes involved in counselling were influenced by their theoretical perspective.

6.1.6.3   Processes involved in ending counselling.

The data from counsellor interviews suggested that the length of time of a counselling intervention varied and depended on the individual case. The length of time that counsellors worked with young people indicated the extent of the issues which may need to be addressed. This is reflected in the fact that some participants in the present study were continuing counselling after the second follow up interview, which was highlighted in the cross-case analysis. The data from counsellors in relation to ending counselling suggested that a counselling intervention ended when the counsellor felt that a young person was ready. This decision was often made in conjunction with the young person and the parent and was based on perceived changes over time. The process of ending the counselling sessions involved reducing the frequency of the sessions over time, rather than stopping abruptly. The process also involved giving the young person an understanding that they could return to counselling in the future if necessary. The gradual winding down of counselling sessions and the opportunity to return to counselling if necessary were also themes in the young people's data. This suggests that the processes involved in ending counselling had meaning for the young people involved.

Looking at counsellors' perceptions of the processes involved at the beginning, during and at the end of counselling with bereaved young people gives a valuable insight into what is happening as young people attend counselling. The processes involved highlight the role that counselling plays for bereaved young people, especially in cases where the young person is reluctant to talk to someone in the family.

6.1.7   Summary and conclusion.

The aim of this chapter was to present the integrated findings of the study based on the triangulation of the data from the previous three stages of analysis. The integrated findings were presented with the objectives of the study in mind and in relation to the framework of the study and the data collected. The integrated findings

give an overall picture of young people's experiences of bereavement and counselling following a death.   Looking at young people's experiences of bereavement the qualitative and quantitative data confirmed the individuality of the experience as well as a common range of reactions that were reported by participants, such as behavioural, psychological and social reactions. The interpersonal nature of grief was emphasised in all three stages of analysis, especially the awareness of young people of their parents' grief and the potential impact of their grief on the young person's experience.

A range of factors that influence young people's adjustment to their loss were identified across all three previous stages of analysis. Integration of the data indicated the influence of some factors related to the death, to the young person and to the family on the young person's experience, for example, the impact of multiple deaths and barriers to communication in the family. However, there were mixed findings in relation to the influence of some factors, for example, the nature of the death. Furthermore, while some factors were identified in the data from all participants, i.e. young people, parents and counsellors, others were identified in only one or two groups of participants. All participants identified family related factors, whereas parents and counsellors reported the influence of some child-related factors, such as age, which did not emerge in the data from young people themselves.

Integration of findings from the previous three stages of analysis highlighted the range of contextual factors related to the family that were relevant to the young person's experience at the time of the bereavement and counselling, such as difficult family circumstances and other stressors in the family. The relevance of the wider family context and other influencing factors identified on the young people's experience of bereavement and counselling will be discussed in the following chapter.

The analysis of changes in self-reported psychosocial wellbeing and coping evident during the course of engagement with bereavement counselling highlighted some differences between parents' and young people's reports. Descriptive analysis of the quantitative data suggested that parents' scores on scales related to psychosocial difficulties, such as peer problems and emotional problems indicated a greater

problem than young people's scores. Looking at the data overall suggests that there was a decrease in young people's perceptions of the total psychosocial difficulties and that scores in many areas dropped over time. This was supported by findings from the qualitative data. The data suggested that the young people reported a moderate level of coping efficacy over time, with similar mean scores at each time of interview. Finally, analysis of the data related to trauma suggested that young people experienced a high level of stress associated with the bereavement. However, while the mean scores remained at a high level throughout the research, it was noted that there was a greater range in scores at three and six months after the start of counselling. Overall, looking at changes in psychosocial wellbeing and coping suggests mixed levels of change. However, integration of the data also highlighted change that occurred at an individual level through the cross-case analysis, where one case demonstrated clear change over the course of the study, while the second case highlighted the endurance of some problems over time. Moreover, looking at findings from parents' and counsellors' data suggest that there was improvement in a range of areas over time.

The young people's experience of counselling was central to the study. The findings suggest an overall positive experience of counselling with perceived impact in a range of settings. The data from young people highlighted the processes involved in counselling and their helpfulness, such as the importance of talking to someone outside the family. Data from parents complemented the young people's data related to the helpfulness and perceived impact of counselling. Looking at counsellors' data revealed more in relation to the processes involved in counselling through their perceptions of what is happening when young people attend counselling and how counselling can reveal information related to young people's experiences of bereavement and loss. The perceptions of young people, parents and counsellors of the experiences of counselling and bereavement will be discussed in the following, final chapter.

Chapter 7:   Discussion

7.0   Overview

While there is a substantial volume of literature pertaining to bereavement reactions in young people, there appears to be some conspicuous gaps in the theoretical understanding of childhood bereavement. Previous research has identified common reactions to bereavement among young people (Kaplow et al., 2012), however, there is little research which accounts for the many variables, for example child, family, parent characteristics, that may influence adjustment to bereavement. Improvements in psychosocial functioning or family relations may be indicators of adjustment and functioning (Kazdin, 2002). There is a shortage of research which looks specifically at the experiences of young people (Brewer & Sparkes, 2011). Furthermore, there are no models of young people's bereavement based primarily on the experiences of bereaved young people themselves (Rolls and Payne, 2007) and little is known about the meaning bereaved young people attach to their experiences (Neimeyer, 2004). In terms of support for bereavement, little is known about counselling interventions for bereaved young people. There is a specific gap in the findings in relation to young people's experiences of bereavement counselling or psychotherapy interventions. Finally, there is also a need to better understand the processes that take place, both during bereavement interventions and in young people's lives, to identify the factors that help them adjust to their grief. The present study sought to address some of these gaps. The aim of the present study was to gain an understanding of the experiences of young people of bereavement and counselling. The previous two chapters outlined the findings of the study, while the present chapter discusses how the findings address the overall aim of the study. The chapter opens with a summary of the key findings, which are presented in terms of the objectives of the study. The integrated findings are then interpreted in relation to the framework of the study, relevant literature and previous research. Where this study fits in relation to existing literature and models of bereavement and grief is outlined, while there is a specific focus on highlighting the unique contribution of this study to the field of childhood bereavement. Relevant methodological issues are described. Implications for policy and practice with bereaved young people and their families are suggested. Finally, suggestions for future research are proposed.

7.1 Summary of Key Findings

The aim of the present study was to gain an understanding of the experiences of young people of bereavement and counselling following the death of a family member. To meet the main aim of the study, six objectives were outlined. The study's objectives, with the key findings related to each objective are summarised in Figure 14.

Objective 1: To explore young people's experience of bereavement while engaging with bereavement counselling	• Young people's bereavement reactions: behaviour, communication, psychosocial • Individuality of bereavement experience • Interpersonal nature of bereavement experience/grief
Objective 2: To identify the factors that influence young people's adjustment to their loss during this time	• Factors related to the death: multiple deaths, nature of death • Factors related to young person: bullying, school-related • Factors related to family: communication, support
Objective 3: To identify any changes in self-reported psychosocial wellbeing and coping evident during the course of engagement with bereavement counselling	• Decrease in mean scores over time in conduct problems, hyperactivity • No change in coping and levels of trauma in terms of means • Change in social relationships, dealing with feelings and behaviour in qual data • Mixed findings in case studies related to changes
Objective 4: To explore the wider family context of this experience though young people's and parents reports	• Stressors: e.g. Change in living situation, difficult home environment, difficult home circumstances • School-related issues • Other demands on a parent's time • Closeness to the person who died
Objective 5: To explore young people's experience of the process of counselling	• Views of counselling: positive • Helpfulness of counselling: in multiple settings • What happens in counselling: activities, talking, feelings • Perceived impact of counselling: behaviour & communication • Parents' perceptions of young people's experiences: positive impact, helpful.
Objective 6: To explore counsellors' perceptions of the process of counselling	• Processes involved at the start of counselling: presentation, problems at referral • Processes involved during counselling intervention: relationship, activities, influence of theoretical orientation • Processes involved in ending counselling: managing ending counselling

Figure 14 *Objectives of the Present Study with Key Findings*

7.2   Interpretation of Key Findings

The theoretical framework of the study is based on an interpersonal model of coping with bereavement embedded in a broader bioecological model of development. Key findings in the present study, as illustrated in Figure 14, were related to young people's reactions to bereavement, to their experiences of counselling and to the context of their experiences of bereavement and counselling. The key findings are discussed with reference to the framework of the study, relevant research studies and theoretical literature in the following sections.

7.2.1   Young people's experiences of bereavement.

The study provides insights into young people's experiences of bereavement and coping with the death of someone close to them from their point of view. Understanding young people's reactions to bereavement is central to the study. The findings suggest that young people experience a range of bereavement reactions following a death. The range of reactions observed among young people in the present study is consistent with the findings of previous studies, where a range of common reactions, such as psychological, social, somatic reactions are reported (e.g. Kaplow et al., 2012). While recognising the range of reactions experienced by young people, it is generally accepted in the literature that the experience of grief is unique to each individual (Breen & O'Connor, 2011). In the present study the unique experience of each individual was identified as a pattern in the data and highlighted in the case study analysis.

In order to gain an understanding of young people's experiences of bereavement in the present study, there was an effort to investigate a range of reactions and not focus on specific outcomes. The findings support the importance of psychosocial reactions, such as peer relationships, and the problems in functioning associated with bereavement, such as school performance and communication. These findings support the relevance of a model of bereavement which describes the biopsychosocial reactions to bereavement and includes problems in functioning after a loss (Stroebe & Schut, 2001).

Looking at specific reactions to bereavement, behaviour was a key reason for referral to counselling and behavioural problems were reported, especially by parents at the first two interviews. Behavioural issues are widely reported in the bereavement literature (e.g. Dowdney et al.,1999; Kaplow et al., 2010). It has been reported that children may show significant emotional and behavioural difficulties up to two years after the death (Currier et al., 2007), which fits in line with the timing of this research. The findings are mixed in relation to the effect of bereavement on school performance. However, previous research has also highlighted mixed findings in terms of young people's school performance after a bereavement (e.g. Dowdney, 1999). As well as school performance, the present study highlights a range of other school-related issues that were experienced by participants. Following the death some young people experienced difficulties in school, such as social relationships. Previous bereavement research which examines the reactions of young people has focused on the implications for relationships with peers and others beyond the family (Ribbens McCarthy, 2006). While some research has found young people to feel isolated and to be withdrawn following a bereavement (e.g. Martinson & Campos, 1991), other suggests that there was little difference in terms of social outcomes between bereaved young people and comparison classmates (Gerhardt et al., 2011). These contradictory findings are reflected in the findings of this study where there were mixed reports of social difficulties following bereavement.

Few studies have asked young people what helps them to cope with their grief (Brewer & Sparkes, 2011). Findings related to coping suggested that young people were helped to cope with the death primarily by parents. Family members may try to cope with their loss by talking to each other. The ability to talk about the person who died was a factor in young people's experiences in the present study. In this way they may have been attaching meaning to their loss. This idea of meaning reconstruction is central to grieving according to Neimeyer (2001) and is the focus of the Meaning Reconstruction model of bereavement.

7.2.2 Young people's experiences of counselling.

Young people's experiences of counselling are a main focus in the study and several of the findings from the present study contribute to our understanding of these experiences. Patterns related to the helpfulness of counselling, the processes

involved in counselling and the perceived impact of counselling were identified in the integrated data. Participants' views of counselling were general positive and the perceived helpfulness of counselling was clear from findings. There was consistency between the quantitative data on the satisfaction scale and qualitative data related to satisfaction with the counselling and future recommendations for other bereaved young people.

Young people's descriptions of what happens in counselling created an understanding of the processes involved in counselling. This was complemented by data from counsellors related to processes involved at the start of counselling, during counselling sessions and at the end of the counselling relationship. Young people referred to activities involved in counselling, such as play, art and talking. Looking at the processes involved in working with young people who are bereaved, counsellors' data highlighted the importance of the relationship with the young person and of specific activities, such as talking, playing and telling stories. Several meta-analytic reviews of research studies have found strong support for play therapy interventions (e.g. Bratton & Ray, 2000). In one study, counsellors, who were not specifically trained in play therapy, reported the use of play as part of their therapeutic work with traumatised young people (Fitzgerald, Henriksen & Garza, 2012). Previous research of counselling and psychotherapy for young people has also highlighted the role of play therapy (e.g. Guerney & Guerney, 1989; Kazdin et al., 1990) and talking (e.g. Zambelli & DeRosa, 1992). The young people in the present study valued the opportunity to talk to someone outside the family without a fear of upsetting them. The importance of the independence of the counsellor has been found to be an important component of bereavement interventions (Rolls & Payne, 2007). As well as talking, processes referred to by young people and parents included processes related to feelings, such as working with feelings and the release of feelings. The relief associated with the release of feelings was found in Rolls and Payne's (2007) study of young people's experiences of bereavement services in the UK. Release of feelings and talking about feelings has been found to help young people cope with bereavement (Brewer & Sparkes, 2011). This element of counselling may therefore, by an integral component in coping with bereavement.

In terms of practical processes, parents made repeated references to the waiting list for counselling intervention for their children. While parents reported the frustrations of the long waiting lists, they also reported the helpfulness of being able to talk to someone on the telephone in the meantime. This contributed to a perception that the service was seen to be helpful in general, not just the counselling itself. This appreciation for being able to access advice and support on the telephone has been found in other studies (Rolls & Payne, 2007).

The involvement of counsellors in the present study offered a unique perspective on their experiences of working with young people in counselling. This in turn adds to the understanding of young people's experiences in counselling. In the present study counsellors referred to processes involved at the start of counselling which illustrated their unique perspective, such as being aware of the young person's presentation and adapting to meet the needs of young people at the outset. This supports the finding that each young person's experience of bereavement is unique and suggests that counsellors tailored their therapeutic work to the needs of the individual client. The use of individualised treatment is supported by a study of counsellors' perceptions of interventions for young people who have experienced trauma (Fitzgerald et al., 2012). This is relevant to the present study, where the data suggest that the young people experienced high levels of trauma associated with the death. The data from counsellors added depth to the study due to their expertise associated with bereavement, for example, while young people referred to winding down counselling, counsellors explained the importance of avoiding further loss by decreasing counselling over time. The counsellors in the present study who made use of play reported using it as part of their therapeutic approach. The counsellors used a variety of therapeutic approaches, such as integrative and humanistic while working with bereaved young people. The concept of integrative interventions to fit the needs of the child has been reported by counsellors previously (Fitzgerald et al., 2012).

7.2.3   Interpersonal focus of experiences of bereavement and coping.

As well as gaining an understanding of young people's experiences of bereavement in terms of their individual reactions, the present study highlighted the inter-connectedness of their grief. The findings suggest that young people's adjustment to

grief is affected by the grief of their parents and other family members, while young people's grief also impacts on those around them. The interpersonal nature of grief supports the concept of understanding the bereavement experience of young people in the context of their settings and the concept that young people's adjustment to the loss is connected to those around them. This idea supports the role that a model based on the interpersonal elements of bereavement may have. There is much support for thinking about the bereaved child in terms of their immediate settings. Previous research has highlighted that most of the significant losses that individuals experience occur within the context of the family unit, therefore, these losses potentially disrupt the balance within the family (Kissane, Block, Dowe & Snyder, 1996). The context of the young person, especially within the family, and the interaction between their grief and those of others in their families were found to be an important element of their experiences. The present study supports the relevance of the bioecological model for understanding childhood bereavement due to the focus on the family as the principal context of adjustment to the loss (Bronfrenbrenner, 1995).

The relationship between a young person's grief and other family member's grief is also supported by research related to grief resolution in families. The importance of communication and sharing beliefs about the loss enhances the family's ability to address their loss collectively. Therefore, the awareness of the young people and parents in the present study of each other's grief may aid their adjustment to bereavement and their functioning within the family. Family dynamics can help or hinder people's experiences of grief and are dependent on the closeness of family members and the family's communication patterns and emotional expression (Breen & O'Connor, 2007). In the present study young people's awareness of their parent's grief, the support they received from their parents and barriers to open communication with their parents may have impacted their adjustment to the death. These factors are discussed in the following section.

7.2.4 Factors that influence young people's experiences of bereavement and counselling.

The framework of the present study recognises that young people's experiences of bereavement may be influenced by stressors associated with the bereavement and

stressors due to the consequences of the bereavement (Stroebe & Schut, 2001). Furthermore, the influence of personal and social factors on an individual's reaction to bereavement underlies the framework. Therefore, it was important to explore factors that influenced the young people's experiences. The study identified factors which were related to the death, to the young person and to the family.

Looking at issues related to the death, previous research has identified factors which influence the experience of grief, such as the circumstances of the death (Breen & O'Connor, 2011), or the relationship to the person who died (Breen & O'Connor, 2007). In the present study, there were mixed findings related to the impact of the nature of the death on young people's bereavement. Counsellors' reported that adjustment was more difficult in the case of traumatic deaths, but others argued that death due to illness can also be a traumatic experience for a young person. This is supported in literature which describes traumatic bereavement in terms of the effect on the young person, rather than the nature of the death itself (Cohen et al., 2002). The present study found that the experience of multiple deaths may adversely affect adjustment to the death. The majority of the participants in the present study had experienced the death of a parent or a grandparent, while some had experienced the death of other family members and a friend. The centrality of the person who died in the family and the closeness of the young person to the person who died were identified as important factors in the present study, more so than the relationship to the person who died.

The findings also suggest that factors related to the young person, such as bullying by peers or pre-existing behavioural problems, had an influence on their experiences. While previous research has suggested that age influences young people's bereavement reactions, such as behavioural problems (e.g. Kranzler et al., 1990) and anxiety (e.g. Raveis et al., 1999), a review of the literature of childhood bereavement identified several studies which found that age was not a factor in bereavement reactions (e.g. Brent et al., 2012). The present study did not allow for controlling for age statistically, and age did not emerge as a theme in the young people's and parents' data. Interestingly, however, age emerged as a factor in terms of bereavement reactions from counsellors' reports. As discussed in Chapter 2 age may be a factor in terms of understanding of the finality of loss (Cohen et al., 2002) and

research suggests that young people only understand death when they go through Piaget's Concrete Operational Stage from the age of seven (Webb, 2002). All the young people who participated in the present study were older than seven years of age therefore, the issues related to the comprehension of death may not be relevant.

The principal factors related to the family that influenced young people's experiences were support, communication and a change in daily life. These factors are related to the bereavement itself and the consequences of bereavement, both of which may be involved in young people's reactions to bereavement (Stroebe & Schut, 2001). In the case of the death of a parent, the young person's surviving parent may be less supportive of them and spend less time with them due to their own grief and the stressors associated with the death of their partner (Wolchik et al., 2008). The findings in this study suggest that the parents were experiencing moderate levels of grief throughout the study. Young people were aware of their parent's grief and the parents also recognised the impact of their grief on their children. The potential impact of parent's grief on young people's adjustment supports previous research which highlights the importance of the quality of parental care following a bereavement (Dowdney, 2000) and the difficulties that parents may have in fulfilling their parental role while managing their own grief (Saldiner, Portfield & Cain, 2004). The data suggests that parents and families are impacted by children's grief and ability to cope with the death. The concept that young people are impacted by and learn from their parent's coping, while their coping and grief impact their parents and family, supports the concept of an interpersonal model for coping with bereavement.

The importance of support for young people was highlighted by the reliance of the young people in the study on their parents for support and to help them cope with bereavement. In the present study stressors associated with parent's bereavement included lack of support and difficulty accessing support. Therefore, the experiences of young people were influenced by the support that they and their parents received. In the aftermath of a death in the family, the family's emotional expression and communication patterns influence individual's experiences of bereavement (Breen & O'Connor, 2011). The importance of communication within the family following a bereavement has been described extensively in the literature. Open communication in the family has been shown to have several benefits, such as healthy adjustment to

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loss (Black & Urbanowicz, 1987) and to protect against future depression (Saler & Skolnick, 1992). There was a perception of openness to communicate among participants in this study. However, barriers to communication were identified by parents and young people across time, specifically other demands on a parent's time. Being aware of barriers to communication may improve communication in the family and help adjustment to their loss.

The present study highlighted a range of factors that may influence young people's experiences through changes in their daily life, such as not seeing the person regularly, being aware of a surviving parent living on their own, or less contact with extended family. The potential impact of these changes is reflected by research which suggests that parental death is a concept that involves multiple stressors that occur before and after the death and affect multiple settings in a child's life, such as a decrease in economic resources, a change in living situation and less social contact with friends and neighbours (Wolchik et al., 2008). The impact of these changes on the young people's lives was reported by participants who experienced both sudden and expected deaths, which supports the finding of Raveis et al. (1999) that there may be stress involved in terms of changes in the young person's life and family, which may even counteract the benefits of advanced knowledge of a death.

The findings support the idea that an individual's reaction to bereavement is influenced by personal, familial and social factors (Neimeyer, 2001). The influence on experiences of a range of factors identified in the present study are supported by research suggesting that variables related to the child, the family, the surviving parent, the deceased parent, and the nature of the death have all been shown to influence the nature, intensity, and duration of children's bereavement outcomes (Dopp & Cain, 2012). Understanding the factors that may influence young people's experiences is important as life stressors have been shown to effect family's coping and young people's reactions to grief (Hung & Rabin, 2009).

7.2.5 The context of the young people's experiences of bereavement and counselling.

While there is a gap in the research that examines the effect of the wider context on grief experiences (Breen & O'Connor, 2007) the present study suggests that the

context of young people's experiences of bereavement and counselling was an important consideration. The wider family setting and other settings, such as school, were relevant to adjustment to bereavement, problems experienced by the young people at the time, the perceived impact of counselling and how the young person was at each time of interview.

Looking at the family context, issues as diverse as difficult home circumstances and a change in child-minding arrangements in the family were part of the young people's experiences. School-related issues, such as bullying, social behavioural problems and changes in peer relationships formed the background to some participants' experiences. The influence of the setting on the young person's experiences supports the relevance of the bioecological model for an understanding of childhood bereavement based on the model's emphasis on the family as the primary context of adjustment (Bronfenbrenner, 1986). Other contextual factors in the present findings were related to communication in the family, the impact of the death on the family and the range of supports for young people and their parents. The influence of communication and support in the family were previously discussed. The recognition of these factors in terms of the context of young people's bereavement contributes to an area where little research has been carried out (Breen & O'Connor, 2011).

7.2.6 Change over time while young people attend counselling.

Change over time was evident from the reports of how young people were at the end of the interview process, through the findings from descriptive analysis and through data related to the counselling experience. Overall, the integrated data suggests that the young people who participated in the present study experienced improvements in the areas of behaviour, communication, social relationships and school work over the time that they were attending counselling. The argument that change over time would have occurred regardless of attendance at counselling is mitigated by qualitative data which highlighted parents', counsellors' and young people's reports of positive change due to counselling.

The quantitative data indicated mixed findings in self-reported psychosocial wellbeing and coping during the course of engagement with bereavement

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counselling. Interestingly, the findings suggest no change in coping efficacy over the course of the study. In a group study, Huss and Ritchie (1999) suggest that a peer support group for parentally bereaved children did not significantly affect the participants' self-belief about their ability to cope with their loss. Wolchik et al. (2008) suggest that young people's ability to cope and perceptions of coping ability may both be influenced by their parents' reactions, again emphasising the influence of a parent's grief on the young people. In the present study the levels of coping efficacy were moderate across time, which suggests that coping efficacy was not an issue of concern for this group of young people. However, young people and parents identified factors that affected coping and help-seeking across the study. The findings suggest that coping with bereavement is linked to the support that the young people receive. The importance of coping is reflected in the focus of bereavement models in studies exploring the experiences of young people following bereavement (Brewer & Sparkes, 2010).

In a study which examined the effectiveness of therapeutic interventions for young people who had experienced trauma, Fitzgerald et al. (2012) highlighted factors which were identified by practitioners as influencing change. These included building a relationships, individualised treatment, integrative interventions and resistance to implementing evidence based interventions. The findings from the present study suggest that there was a good relationship between the young people and counsellors and that the counsellors applied integrative interventions based on the individual needs of young people, indicating that the aforementioned factors were at play. The findings suggest that counselling was perceived to be helpful in a range of areas. However, it is important to note that the levels of trauma associated with the death remained high across the study for this group of bereaved young people, suggesting a high level of stress associated with the bereavement.

While, to the author's knowledge, there is no research which identifies effectiveness of individual counselling interventions for young people who are bereaved in terms of specific outcomes, the findings from group interventions and psychotherapy for other issues suggest benefits in similar areas to the present study. Group interventions have been found to reduce behavioural problems (e.g. Sandler et al., 1992) and to improve social relationships (e.g. Quarmby, 1993), while parents'

reports of bereavement interventions include an improvement in family communication (Rolls & Payne, 2007). It is worth noting that young people reported less social problems than their parents and in some cases young people perceived no problems. A lack of impact on social outcomes is supported by a study of bereaved young people who experienced the death of a sibling (Gerhardt et al., 2011). Research in the field of counselling and psychotherapy for young people suggests that individual treatment has better results than group treatment (Weisz & Weersing, 1997) and that treatments are more effective for specific problems, rather than causing an overall positive effect (Weisz et al., 1995). The improvements noted in the present study relate to problems commonly associated with bereavement, such as behaviour and communication. This supports the use of individual counselling or psychotherapy aimed specifically at issues related to bereavement.

Finally, changes over time were also identified by examining therapeutic changes reported in counsellors' interviews. The use of counsellors' data is supported by studies which suggest that it is important to identify views held by clinicians about treatments and factors that lead to therapeutic change (Kazdin et al., 1990).

7.2.7   Unique contribution of study.

This study is the first study that has looked at young people's experiences of bereavement and a specialised counselling intervention as they attend counselling in Ireland. The findings related to young people's experiences contribute to the gap in research which looks specifically at the experiences of young people (Brewer and Sparkes, 2010). While Rolls and Payne (2007) explored young people's experiences of bereavement services, these were not specifically counselling interventions, as addressed in the present study. Little research has been carried out to examine the impact of bereavement on the family and the role of social support from family, friends and extended family (Breen & O'Connor, 2011). The present study explored the experiences of young people in the context of their family and wider settings.

These findings shed light on young people's perceptions of what happens in counselling following bereavement. Therefore, the present study makes a unique contribution to research exploring young people's experiences of counselling. The study contributes to an understanding of the potential role of counselling for

bereaved young people. The helpfulness or effectiveness of general counselling interventions for young people have been questioned (Kazdin, 2002). While the processes involved in child therapy which may cause therapeutic change have been addressed in the literature (e.g. Geldard & Geldhard, 2002), these processes are not specific to therapy with young people who are bereaved. To the author's knowledge the processes involved in bereavement counselling for young people have not been documented in the literature. Therefore, findings related to processes provide an insight into an area of childhood bereavement that is under-researched.

The use of multiple informants was designed to add credibility to the findings. The involvement of parents and counsellors, as well as young people themselves, is another unique aspect of the study. There is a gap in the literature related to counsellors' perceptions of working therapeutically with young people who are bereaved. The findings of the present study illustrate the benefits of capturing the experiences of professionals in research in this field. Kazdin et al. (1990) argue that the experience of people who provide child and adolescent psychotherapy is a resource which can be explored to identify the types of treatments and the conditions that may enhance therapeutic change. The present study provided an opportunity for counsellors working with young people who are bereaved to talk about their experiences of working with young people who are bereaved. The inclusion of counsellors in the present study added depth to the findings related to the processes involved in counselling, as well as contributing to understanding young people's reactions to bereavement and change over time. In light of the focus on evidence-based interventions, it is important to add the voice of counsellors who work with young people to the field (Fitzgerald et al., 2012).

7.2.8   Interim summary: Interpretation of key findings.

The present study makes a unique contribution to the understanding of young people's experiences of bereavement and counselling. The findings support the framework of an interpersonal model of coping with bereavement embedded in a wider bioecological model. The experiences of young people included a range of reactions to bereavement, including psychosocial reactions. Factors that influenced young people's experiences could be considered as stressors associated with the bereavement and with the consequences of bereavement. The inter-connectedness of

grief and the family and social factors that influenced young people's experiences highlighted the importance of the interpersonal element of coping with bereavement. The importance of communication and coping within the family enables families to make sense of their loss. Young people's experiences of counselling, as well as counsellors' and parents' perceptions of counselling, provided an insight into processes involved in counselling. Data related to change over time and helpfulness of counselling suggest that there is a role for an individual counselling intervention for young people who are bereaved.

7.3   Methodological Issues

Before drawing conclusions based on the findings of the present study there is a need to examine the quality of the research and to highlight methodological issues. One of the key strengths of the present study was the use of a mixed method design, specifically the combination of quantitative and qualitative methods of data collection and analysis. The advantages of the use of mixed methods were outlined in Chapter 4. There has been an increased use of mixed methods designs in counselling psychology research (Hanson et al., 2005). While there is a gap in research using mixed methods research for individual counselling for young people, Quarmby (1993) used mixed methods to examine a group counselling intervention, which included asking young people about their experiences. Using qualitative and quantitative methods to collect and analyse data from participants in the present study resulted in rich findings describing the experiences of young people of counselling and bereavement based on data from multiple informants.

Much previous research which has explored interventions for bereaved young people has involved quantitative evaluations (e.g. Sandler et al., 2010). While quantitative studies are informative in terms of bereavement reactions in young people, they tend to focus on outcomes and do not look at young people's experiences of bereavement or the therapeutic intervention. The limited focus of existing research was outlined in Chapter 4. The quantitative data in the present study was useful in instances where young people could not articulate their responses. While some young people could not explain how the death had impacted their families, for example, their scores on the visual analogue suggested a high effect on family. In studies which have used qualitative and quantitative data, the qualitative data adds depth to the

findings and clarity on some issues. In the present study the qualitative data were critical in terms of understanding young people's experiences of bereavement and counselling. The benefits of using qualitative methods as well as quantitative methods are supported by studies where the quantitative data based on a bereavement intervention did not show significance, however, the qualitative data highlighted positive aspects of the intervention (e.g. Huss & Ritchie, 1999). The use of case studies built on the patterns identified following thematic analysis and descriptive analysis of the data. Case studies have been used to investigate bereavement in previous research, such as in a study to explore a young child's experience of complicated bereavement as they attended counselling (Donovan, Balas & Shapiro, 1995).

One of the challenges of the present study was the recruitment of participants for both phases of the study. In terms of recruiting young people and parents in the first phase of data collection, an agreed protocol for participant recruitment was designed with the counselling team at the centre of the study, as described in Chapter 4. However, there was only a response rate of 20.8% in this phase of the study and the participation rate was even lower (11.3%). While the quantitative data was useful in terms of suggesting patterns of change over time, the small sample size prevented statistical analysis of significance. Research suggests that there are difficulties involved in recruiting potential participants who are bereaved (e.g. Raveis et al., 1999). The shortage of research which explores the experiences of young people in the bereavement literature has been partially attributed to the difficulty in gaining access to samples of recently bereaved young people (Brewer & Sparkes, 2010). However, some studies have had higher recruitment rates than the present study. In their evaluation of a family bereavement programme, Sandler et al. (2003) reported that 56% of potentially eligible families accepted the invitation to take part in the research and that 65.5% of them actually participated. It should be noted, however, that families in this study were paid a small sum of money for participation. In the present study it was agreed with the counselling team that all families who were referred to the bereavement intervention would be invited to participate in the research. However, the numbers of young people attending the service at the time of the research exceeded the number of people who were sent information packs. This

suggests that all counsellors did not inform their clients about the research, which adversely affected the sample size.

Looking at the sample of counsellors who participated in the research also highlights the low response rate. Of all the potential participants who were contacted through the professional body less than 5% participated, while within the counselling service at the centre of the study just under half of the counsellors agreed to participate. These figures raise some questions in terms of recruitment. The protocol for recruitment was approved by the ethics committee. Within the constraints of this prototcol, in terms of the professional body members, the research call was sent to all counsellors and psychotherapists who listed children and adolescents and bereavement in their profile. Additional efforts were made to improve response rates by sending a reminder call to the research. However, the low response rate suggests that all of those who met those criteria may not actually practice with young people, or bereaved people. This would not account for the entire low response rate. The other question raised by the low rates, from the professional body members and the counselling service counsellors' perspectives, is whether or not these professionals actively support research in their field.

In terms of recommendations for sample size, samples in qualitative research are judged by how well they represent the phenomena of interest (Morse, 1991), whereas in quantitative research a large randomly selected sample is deemed adequate as it is seen to represent the population. The sample in the present study represented the phenomena of interest as the participants were bereaved young people who attended counselling, their parents and counsellors who worked with bereaved young people. Due to the challenges associated with recruiting participants in relation to young people's bereavement it was not practical to employ a large randomly selected sample. One way to deal with an inadequate quantitative sample is to compare data to normative data. In the present study, norms were used to determine clinical and normal ranges on some scales, such as the SDQ, the Impact of Event scale and the CBI scale.

The use of young people as participants in the present study was critical in gaining an understanding of the experiences of young people themselves of bereavement and

counselling. The benefits of asking young people directly about their experiences of bereavement interventions have been documented (Rolls & Payne, 2007; Brewer & Sparkes, 2010). However, to the author's knowledge, this is the first study which asks bereaved young people about their experiences of a counselling intervention in Ireland. In the present study, the involvement of young people gave a unique perspective and contribution to findings, especially those related to their reactions to bereavement, the family context and to their understanding of what happens in counselling. While the use of young people directly in the research is a methodological strength, it was also one of the challenges faced in the present study. There were ethical and practical issues related to conducting research with a young bereaved population. The way in which the ethical concerns were addressed has been discussed in Chapter 4. However, it is worth noting here that the involvement of the young people directly in the research has added to the depth of the data and has contributed to the meaningful findings.

This study explored the young people's experiences from multiple perspectives. The narratives of the young people, parents and counsellors in the present study create an opportunity for the reader to have an experiential understanding of bereavement in childhood and counselling following bereavement. Previous research supports the use of multiple informants in studies of child bereavement (e.g. Tremblay & Israel, 1998) and in studies which examined experiences of bereavement interventions (Rolls & Payne, 2007). The use of counsellors or psychotherapists in research has been found to help identify the type of intervention and conditions that maximise change (Kazdin et al., 1990). In the present study the data from counsellors contributed to the understanding of what happens in counselling and change over time in young people.

The different analytic strategies employed in the present study enabled the analysis of qualitative and quantitative data at different levels of depth. The cross-case analysis was a useful analytic strategy for looking more closely at the experiences of two young people of counselling and bereavement and the context of their experiences. While the quantitative data pertaining to the two cases were examined during the cross-case analysis, the case studies were primarily based on qualitative data. In terms of analysis, the use of mainly qualitative case studies as one

component of the study enabled the researcher to include her own perspectives in the interpretation of the data, as qualitative case study research is subjective and personal (Stake, 1995). The cross-case analysis was a useful strategy to illustrate the similarities and differences between the two cases. Baxter and Jack (2008) argue that qualitative case studies enable researchers to use multiple data sources to explore a specific phenomenon in context. This is very apt in the present study where the context of the young person's bereavement is of central importance.

In the present study the principles of Relational Analysis contributed to identifying patterns after initial themes had been identified using thematic analysis, which supports the argument that Relational Analysis is aimed at being a helpful technique to be used in conjunction with other methods (Robinson, 2011). The flexibility of a modular approach is seen in the present study where the use of a variety of methods of data collection and of analysis enabled a more robust study due to the depth of data. This added confidence in the findings. In the present study the research design was tailored to meet the aim of the study, with each component of the design selected with the objectives and framework of the study in mind. This fits with the growing pluralist ethos of qualitative methods, argued by Barker and Pistrang (2005) to be based on the integration of different methods, while being aware of their differences. The combination of research methods offers a unique insight into the experiences of the participants.

Finally, in relation to methodologies, while the integrated findings are presented, initial analysis resulted in separate qualitative and quantitative findings, thereby satisfying Morse's (1991) requirement that each component in a mixed methods study should be able to be published independently. In some cases, the objective was achieved solely by one type of data, for example the counsellors' perceptions of counselling processes was dependent on the qualitative data analysed in Stage 1 of the analysis. However, other objectives were achieved by a combination of multiple types of data. Where this occurred the findings are more robust.

Overall, the use of qualitative and quantitative methods to address the research aims and objectives is a strength of the study. The involvement of young people as participants and the use of multiple informants add depth to the findings. The use of

counsellors' and parents' perceptions and the direct experiences of young people resulted in rich data. The small sample size and recruitment of participants were challenges in the study. However, the use of multiple methods of analysis and the overall integration of the data has resulted in meaningful findings which give an insight into the experiences of young people who are bereaved and the potential role of counselling.

7.4 Implications for Policy and Practice

The findings of the present study have implications for people who work with bereaved young people, as well as for policy makers in charge of service provision in this area. Implications for practice and policy are outlined in the following sections.

7.4.1 Implications for practice.

The findings of this study have implications for interventions aimed at promoting healthy adjustment to bereavement. The individual professional counselling was perceived to be helpful by the participants in the study. Although it is difficult to definitely attribute the change experienced to the counselling intervention, the findings indicated change over time as the young people attended counselling. Furthermore, the qualitative data highlighted many instances where participants directly attributed change to the intervention. The processes involved in counselling identified in the study contribute to understanding what happens in counselling and why it is helpful. Specifically, the independence of the counsellor from the family, the ability to talk in confidence about the death and other issues, the safety of the setting and the relationship between the counsellor and the young person were perceived to be important. Issues related to feelings, such as working with feeling and the release of feelings, were also highlighted. These findings inform practitioners of critical components of counselling for bereaved young people.

Processes involved in counselling highlighted talking and activities. Young people reported the use of activities such as art or play as some of the best aspects of counselling. This has implications for practitioners who may integrate some type of play therapy into their work. Working with feelings and the release of feelings were also identified as components of counselling. There is a general consensus that bereaved people should express their feelings of anger, sadness and fear (Silverman,

2000). Furthermore, being able to express feelings is seen as an important element of coping with bereavement (Brewer & Sparkes, 2011). This suggests that the release of feelings and talking about feelings may be a beneficial component of counselling for young people following a bereavement.

In chapter 3 some common objectives for bereavement interventions for young people were outlined (Rolls & Payne, 2004). These included the provision of a secure place for exploration, the opportunity to access feelings, the improvement of communication within the family, and the opportunity to create memory and story around the death of their loved one. The findings in the present study indicate that all these issues were addressed by the counselling intervention that the young people attended. Therefore, the findings support the idea that bereavement interventions should meet these objectives.

The counselling was perceived by young people, parents and counsellors as contributing to change over time in a range of areas, such as communication and behaviour. The helpfulness was perceived to extend beyond the counselling setting to home and school environments. Counsellors' perceptions of the helpfulness of counselling were related to individual needs of their clients. The concept of tailoring the counselling to the needs of the young person is supported in literature (Kazdin et al., 1990). Findings related to communication included the importance of communication within the family and talking about the death and the person who died. These issues may indicate an effort at making sense of the death and maintaining some form of relationship with the person who died. Meaning making and reconstruction may be the focus of a therapeutic intervention (Neimeyer, 2001).

While the present study highlights the helpfulness of the counselling intervention for the young people in the study, the provision of an intervention solely for young people warrants examination, given the influence of the family on a young person's experience and the inter-dependence of a young person's grief with that of their parents and family. The findings suggest that young people's grief had an effect on their parent's and family's coping. These findings suggest that there may be a need to address family coping and bereavement. This is supported by counsellors' recognition of the influence of family coping on young people's experiences.

The provision of counselling interventions for young people may benefit from inclusion of parents and other family members to some extent. Family therapy may be useful for families whose interactions have become strained as a result of the death (Hung & Rabin, 2009).

How young people coped was addressed by the present study. Young people and parents' data contained themes related to ability to cope, difficulty coping and who helped them cope. However, looking at patterns in the data suggested that young people's coping efficacy did not change over time. While coping efficacy has been examined in previous studies of interventions for bereaved young people (e.g. Sandler, 2003), this finding raises the question as to whether coping efficacy should be targeted in bereavement counselling, or whether other elements of coping are more relevant.

The overall implication of the present study on practice is the benefit of an individual counselling intervention for young people who are bereaved. While there are more studies of group interventions for bereaved young people, some research has suggested that alternative models may be more suitable for certain deaths, such as suicide. Webb (2003) suggests that individual therapy is the preferred treatment for individuals experiencing bereavement, especially if they experience traumatic grief. The processes involved in counselling may enable a young person to adjust to her bereavement include talking to a professional who is independent of their family, in confidence and in a safe environment.

7.4.2 Implications for policy.

The intervention at the centre of the study was provided by a specialised bereavement service. The findings suggest that this type of individual counselling has benefits for young people, while recognising the family context of young people's experiences. In terms of the bioecological model the priority given to young people and their carers in the macrosystem influences how young people interact in different settings (Bronfenbrenner, 1977). The influence of wider settings on a young person and their immediate settings may be seen in the provision of services for bereaved young people and their families and in the attitude of policy makers to the needs of bereaved young people. Furthermore, how teachers and

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parents respond to the death may influence the young person's experience of bereavement.

The present study highlighted the limited services for young people who are bereaved in Ireland, particularly those that provide specialised professional counselling or psychotherapy. This is supported by the present findings which highlighted the difficulties parents experienced in accessing support for their children. However, the recent establishment of the Irish Childhood Bereavement Network in Ireland reflects a growing awareness of the needs of young people who are bereaved. The priorities of the network include supporting professionals to provide support for young people that is of high quality and is accessible. The network has a directory of services for young people who are bereaved in Ireland, few of which provide individual counselling.

The present findings highlight aspects of the intervention which have implications for service delivery. Young people experienced long waiting periods between the time of initial referral and the first counselling appointment. Themes related to improvements in the interventions were based on more resources and more appointments for young people. This suggests that the provision of the intervention was adversely affected by the limits in terms of staff and resources. Despite frustration with the waiting lists, however, participants expressed their satisfaction with the availability of an administrator or counsellor to talk to on the phone. This appreciation for being able to access advice and support on the telephone has been found in other studies (Rolls & Payne, 2007) and has implications for service delivery.

The demand for the intervention at the centre of the present study suggests a need for individual counselling for bereaved young people who are experiencing problems adjusting to their loss. This study suggests the potential role of this type of intervention. However, there is a need to conduct further research to understand more fully the role of counselling and other interventions for bereaved young people.

7.5 Implications for Future Research

While the present study has practical implications for the provision of bereavement counselling interventions for young people, it also has implications for future research in the area of young people's bereavement and bereavement counselling. In terms of methodology, the use of mixed methods in the present study suggests that this is a suitable method of research for this field. As already described, previous research has been limited in terms of focus, with an emphasis on mainly quantitative treatment evaluations in terms of outcomes. However, there has been an interest in exploring young people's experiences with alternative methods in recent years. This study suggests that small scale research studies have the potential to give an insight into young people's bereavement and their experiences of counselling. While much previous research has been quantitative in nature, the present study indicates that qualitative data can be useful in this field, in this case when used in conjunction with quantitative findings. The use of interviews with participants and the analysis of specific cases added depth to the findings and highlighted issues that were not captured in quantitative measures. Ribbens McCarthy (2007) encourages researchers to use one of several neglected qualitative methodologies as "there is very little academic evidence available that draws on a narrative, biographical or ethnographic research methodology, or that applies a sociological or anthropological theoretical perspective, to consider the bereavement experiences of young people" (p. 291). Furthermore, Valentine (2008) suggests that qualitative, interactive methods in relation to small-scale exploratory studies may enable researchers to enter the social world of participants to reveal the overlapping aspects of the experience of death and bereavement. Therefore, future research based on qualitative methods would contribute to academic evidence considering the bereavement experiences of young people (Ribbens McCarthy, 2007).

While this study portrays the experiences of a group of bereaved young people who were attending a specific specialised bereavement intervention, other young people may attend other bereavement interventions, such as peer groups or family therapy, or be referred to their local health care service. Therefore, there is the potential to carry out research with young people who attend a range of services. Exploring the experiences of a wider population and of more interventions may enable a comparison between interventions and could create an understanding of the role of

bereavement interventions. It would also contribute to understanding the needs of bereaved young people and their experiences of bereavement and bereavement interventions. In this study all the participants attended the intervention. However, research which includes interviewing young people who have not been able to access childhood bereavement services would help to understand more fully the impact of not receiving intervention support. Hung and Rabin (2009) report that in the case of suicide bereavement it has been suggested that the study of the natural course of bereavement could help identify protective factors and natural coping strategies associated with healthy suicide bereavement and inform development of interventions. Finally, in relation to methodology, the use of multiple informants in the present study increased confidence in the findings. The involvement of counsellors who worked with young people who are bereaved in particular offered a unique insight into the processes involved in counselling. The use of practitioners in future research could be used to further explore factors that contribute to therapeutic change.

Looking to young people's experiences of bereavement, the findings suggest that coping is an important factor in young people's adjustment to loss. This study identified who helped young people to cope with bereavement and their attitudes towards asking for help to cope with their loss. However, descriptive analyses suggested that coping efficacy did not change over the course of the study. This suggests that other aspects of coping could be explored, such as coping skills. By exploring how young people cope or adjust to their loss an understanding about the nature of grief can be obtained (Stroeb & Schut, 2001). Rather than focussing on psychological or other outcomes associated with bereavement, the study highlights the range of reactions that may be part of young people's experiences. The study suggests that there are psychosocial reactions to bereavement and that coping with bereavement is influenced by a range of factors, including the support that the young person receives. Future research could investigate the role of support further and studies could benefit from the inclusion of measures of peer support (Dopp & Cain, 2012). Other issues which have been identified in previous research and literature as relevant to young people's bereavement reactions and may be explored in future research include fear of abandonment (Wolchik, Ayers, Sandler & Tein, 2006) and effective parenting (Hagan et al., 2012). The relevance of looking at parenting is

supported by findings in the present study related to the reliance of parents after a death and the importance of communication between parents and their children. Finally, in relation to young people's reactions to bereavement, of note in the present study were the high scores on the Impact of Event scale. This measure used to measure trauma reflects stress associated with the death and therefore supports the concept that young people may be impacted by the stressors associated with the death. The experience of trauma in young people and the impact of bereavement interventions on trauma may be worth exploring in future studies.

Importantly, this study contributes to our understanding of the context of young people's experiences of bereavement and counselling. There is a gap in research that examines the impact of the wider context of grief experiences (Breen and O'Connor, 2007). The investigation of family related factors on young people's reactions to bereavement and coping with bereavement could result in a broader understanding of childhood bereavement. Draper and Hancock (2011), for example, argue that other factors may be important, such as family structure and transitions, in the vulnerability and resilience of a parentally-bereaved child. Relatively few studies of family functioning following bereavement have focused on unanticipated bereavement (Breen & O'Connor, 2011). The impact of bereavement on the family unit and the role of social support from family and friends could be explored further. The present findings highlight the importance of talking about the death and of open communication in the family. While talking about the death in the context of the family may indicate an effort to make meaning from the death (Neimeyer, 2001), little is known about the meaning bereaved young people attach to their experiences and how this meaning is constructed through the stories they tell and the narrative resources that are available to them (Neimeyer, 2003; Valentine, 2008). Therefore, future research could contribute to the meaning making literature by investigating how young people construe meaning following the death of a loved one.

Finally, in relation to counselling and psychotherapy for young people there is a need to better understand the processes involved. Kazdin (2002) argues that there are major gaps in knowledge about general psychotherapy and its effects. There is a lack of understanding of why treatment works, for whom treatment works, and the key conditions that optimise therapeutic change (Kazdin, 2002). The present study

addressed some of these issues in the context of one counselling intervention. Exploring the processes involved in counselling contributed to findings related to how counselling was perceived to be beneficial. The results indicate that there is a role for therapeutic counselling for some bereaved young people. There has been an argument for the development of new models based on the experiences of bereaved people (Valentine, 2008), as there is no such model available to professionals working with young people who are bereaved. Therefore, future research could explore the use of young people's experiences to contribute to a new type of model to describe young people's bereavement and grief.

7.6   Conclusion

The present study aimed to explore bereaved young people's experiences of bereavement and a counselling intervention. The study provides an insight into the experiences of young people who attended a specialised counselling intervention following the death of a family member. The findings illustrated young people's bereavement reactions and their experiences of counselling, the factors which influence their experiences, the overall context of the experience of grief and counselling and the potential role of counselling for young people who are bereaved.

The findings of the present study contribute to the growing body of research that provides insight into young people's bereavement reactions. Looking at young people's reactions to bereavement, the findings highlight the individuality of the experience and the range of reactions experienced following the death. The factors which influenced young people's adjustment were related to the bereavement, as well as to the consequences of the bereavement. The interpersonal aspect of coping with bereavement was evident through the relationship between young people's grief and the grief of their parents and other family members, while communication and support within a family influenced young people's adjustment. The findings suggest that the context of the young person's experience, in particular their family setting, is an important element in their adjustment to bereavement. The focus of the study on the context of the young person addresses a gap in research related to the wider context of the grief experience.

The study highlights the helpfulness and perceived positive impact of a counselling intervention for young people who are bereaved. Exploring the experiences of young people and counsellors highlighted the importance of the relationship with the counsellor, the processes involved in counselling and the independence of the setting. Considering the lack of research in this field in Ireland, the findings related to therapeutic processes and the perceived impact of counselling make a significant contribution to our understanding of the role of counselling for young people who are bereaved. Research related to young people's experiences of counselling would be of benefit to professionals providing appropriate support to bereaved young people. It may be difficult to access support for young people after a death of a family member and there are limited supports available for bereaved young people in Ireland. Furthermore, there is little research related to young people's experiences of counselling, which would be of benefit to professionals who provide appropriate support to bereaved young people. Therefore, it is important to investigate what supports there are available for this group.

Implications for policy and practice arise from the findings of the study. The processes identified in therapeutic intervention, the factors that influence adjustment to loss and the importance of the family context of young people's experiences all have implications for professionals who work therapeutically with young people who are bereaved. The young people who participated in the research were referred to one specialised counselling intervention following the bereavement, therefore there is limited generalisability to other bereaved young people and other interventions. Furthermore, the study was constrained by the number of participants and the lack of comparable quantitative data. Therefore, there is opportunity for future research to examine the role of counselling and other interventions for a wider population of young people who are bereaved. There is also a need to better understand the factors that influence young people's adjustment to bereavement and the processes involved in counselling. Notwithstanding the limits, however, the study offers a unique insight into young people's bereavement and experience of counselling. Furthermore, exploring young people's own experiences contributes to knowledge about bereavement in a way that has been under-researched previously.

The use of mixed methods added depth to the study. The benefits of using quantitative and qualitative data concurrently suggest that this is a suitable method for future research. Using multiple informants resulted in a view of young people's bereavement and counselling for young people from the perspective of young people themselves, parents and counsellors. The use of counsellors, in particular, provided a unique perspective into the processes involved in counselling. The findings support the use of small-scale research using mixed methods to explore the experiences of bereaved young people to contribute to our understanding the complex phenomenon of grief and coping with bereavement for those involved.

"Well because I get what I feel, like out of me, like bad feelings out..... and then I just go home and I'm happy like"

(A young person's reflection on her experience of attending the bereavement counselling intervention)

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Appendices

Appendix A: Research Cover Letters

Cover Letter for Parents

Cover Letter for Counsellors (Barnardos)

Research Call for iacp Counsellors

September 2008

Dear

Thank you for contacting Barnardos Bereavement Counselling for Children. If you have not already been offered your first appointment, you will shortly be contacted with your first appointment date.

We want to let you know that research is taking place at the moment to see how useful this service is to children and families who have been bereaved by the death of someone close. We are writing to all families who are starting counselling with us to let them know about this research and to invite them to take part if they wish. We believe that it is important to carry out research like this so that we can improve our service to bereaved children and families.

I enclose some information about the research. There is also a consent form on blue paper. **If you are interested taking part in the research, or just want to find out more about it, please sign this blue consent form and send it back to the researcher, Mairead Dowling, in the stamped addressed envelope provided.** Once Mairead receives the consent form from you, she will contact you to explain the research further. If you are then happy to continue, Mairead will arrange to meet you and your child or children.

This research is being carried out independently of Barnardos. **So if you decide not to take part in the research, the service you get from Barnardos will not be affected.**

Yours sincerely,

_____

Head of Service

A study of counsellors' perceptions of the therapeutic journey of children and young people who have been bereaved

<div align="right">
DCU School of Nursing
Dublin City University
Dublin 9

24 February 2009
</div>

Dear XXXX,

I am currently undertaking a study to investigate counsellors' perceptions of the therapeutic journey of bereaved children and young people as they go through counselling. I am inviting all the staff from the Barnardos Bereavement Counselling for Children service to take part.

I have enclosed an information statement about this research. If you are interested in taking part in or would like to hear more about the research, please contact me. My contact details are as follows:
Phone: 01-7007933/086-8569541
Email: mairead.dowling@dcu.ie.

Yours sincerely,

_____

Mairéad Dowling

Re: Research Call to ICAP Counsellors and Psychotherapists

Dear   ,

I am undertaking a study to investigate counsellors' perceptions of the therapeutic journey of bereaved children and young people as they go through counselling.

The study will focus on counsellors' perceptions of what is happening as children go through counselling. I am interested in understanding counsellors' approaches to therapy with bereaved young people, as well as their general perceptions of the grieving and therapeutic processes and outcomes in children and young people.

I am interesting in interviewing counsellors and psychotherapists who regularly work with children and/or adolescents who have been bereaved and have at least 3 years post-qualification experience. Interviews will take approximately 45 minutes. If you would be interested in taking part in this research study or in hearing more about it, please contact me and I will arrange to meet you. My contact details are provided below.

Yours sincerely,

_____

Mairéad Dowling

Principal Researcher: **Mairéad Dowling**
Phone: **01-7007933/086-8569541**
Email: **mairead.dowling@dcu.ie**

Researchers:

Ms. Mairéad Dowling, School of Nursing, Dublin City University, Dublin 9.

Dr. Gemma Kiernan, School of Nursing, Dublin City University, Dublin 9.

Dr. Suzanne Guerin, School of Psychology, University College Dublin, Dublin 4.

Appendix B: Information Sheets

Information Sheet for Parents

Information Sheet for Young People (Under 14 Years)

Information Sheet for Young People (Over 14 Years)

Information Statement for Counsellors

INFORMATION SHEET FOR PARENTS

Title of Research:	**An evaluation of Barnardos Bereavement Counselling for Children**
Researchers:	Mairéad Dowling, School of Nursing, DCU, Dublin 9. Ph. 7007933 / 086-8569541
	Dr. Gemma Kiernan, School of Nursing, DCU, Dublin 9. Dr. Suzanne Guerin, School of Psychology, UCD, Dublin 4.

Background and Purpose

The purpose of the research is to see how helpful Barnardos Bereavement Counselling for Children is for young people who have been bereaved. I am interested in whether the counselling provided to children and their families has an impact on how they cope and on the difficulties they may be experiencing since the bereavement. To get a complete picture, I would like to interview children and their parents.

The counselling service that Barnardos provide is separate to this research. Your involvement with Barnardos services will not be affected, whether or not you chose to take part in this research. I do not work in Barnardos. The overall results will be given to Barnardos, but no individual family or young person will be identified.

Why has my family been asked to participate in this research?

We are inviting all families who come into contact with Barnardos Bereavement Counselling for Children to take part in the research. You do not have to take part in this research if you do not want to. The information collected will be private and no names will be used in the research.

What happens if my family takes part?

I will be inviting young people and parents to take part in interviews up to 4 times over the while you are engaged with the service. I will conduct the interviews in the Barnardos offices.

- The **first time** we meet will be when your family contacts, or is referred to the service. Usually, you are then placed on a waiting list.
- The **second time** will be just before the counselling begins.
- The **third time** will be about 3 months after the counselling starts.
- The **fourth time** will be about 6 months after the counseling starts.

I would like to talk to the young people and the parent or carer in the family to get an overall picture of how the death has affected your family. I would conduct the interviews with parents and young people separately. I will conduct the interviews independently of the counselling sessions in Barnardos.

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At each stage of the interviews for parents I will ask you some questions about yourself and your child/children. I will ask you to fill in some questionnaires to explore how the death has affected you and about any difficulties your child may be having.

At each stage of the interviews for young people, I will ask them some questions about themselves and I will also ask them to fill in some questionnaires to explore how they are coping, their strengths and difficulties. If children prefer, I can read the questions to them

The interviews for children and parents should take about half an hour.

What happens if my child gets upset during the interview?

If any of the interview questions are upsetting for your child, I will give them the choice to take a break or to stop the interview. Afterwards, I will contact you and a member of the Barnardos Bereavement Counselling for Children team. Children will be told this at the beginning of their interview.

Confidentiality

The interviews will be tape recorded. Your answers and your children's answers will remain private. When doing questionnaires, each child and parent will be given an ID number. This means that names will not be linked to the information in the research. The tapes will be erased after the interviews are written down from them. All of the information related to the research will be stored securely by me and will be destroyed after 5 years. Some things you have said may be used in the research report, but your name will not be used.

There are only two times when your information cannot be kept private:
1. If a child or parent is at risk of abuse or neglect, I have to report my concerns to Barnardos.
2. If your child shows very significant difficulties, I will let the Barnardos team know.

All the children taking part in the research will be told that I will keep their information private unless I am worried about their well being.

Choosing to take part

It is up to you and your family to decide whether you will take part or not. You and your child/children are free to stop taking part at any time. I will remind the children of this when I meet them. If you choose not to take part your involvement with the Barnardos service will not be affected.

What will happen to the results of the research?

The information from the interviews and questionnaires will tell me important things about the effect of bereavement on young people and their families. I will learn if the counselling service has an effect on how young people cope and on any difficulties they experience. I also hope to learn if the counselling is helpful for parents. The results from this research may be written in journals or books and presented at conferences to help other people who work in this area. The information will be fed back to the Barnardos service to ensure that

their service is as helpful as possible. However, at no point will the names of any children or parents be used.

The consent form

There is a consent form on blue paper enclosed with this information sheet. If you are interested in taking part in this research, or would like to find out more about the research, please sign this form and return it to me in the stamp addressed envelope.

Further Information

We hope that you and your family will agree to take part in this research. If you need any help or have any questions about the research, please feel free to contact me. My phone numbers are at the top of this information sheet.

Thank you very much for supporting this research.

Please keep this information for your records.

Mairéad Dowling

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Dublin City University, Dublin 9, Ireland
Ollscoil Chathair Bhaile Átha Cliath, Baile Átha Cliath 9, Éire.
Tel. +353 (0) 1 700 5000
Fax. +353 (0) 1 836 0830.

8

INFORMATION SHEET FOR YOUNG PEOPLE (Under 14s)

Title of Research:

An evaluation of Barnardos Bereavement Counselling for Children

Researchers: **Mairéad Dowling, School of Nursing, DCU, Dublin 9.**

     086-8569541   7007933

                 Gemma Kiernan, School of Nursing, DCU, Dublin 9.

                 Suzanne Guerin, School of Psychology, UCD, Dublin 4.

What is this research about?

You and your family are going to come to Barnardos to help you following the death of someone close to you. Barnardos is a special place where children and young people and their families come after someone has died.

I am interested in talking to you and your family to see if coming to Barnardos is helping you and to see how you are coping. I do not work in Barnardos.

Why I have been invited to take part?

You have been invited to take part because you and your family are dealing with the death of someone in your family.

I am asking other young people who have had someone special die to take part in my research too.

The information that you and other children give me will help make the service as good as possible for other young people. I am very interested in hearing what you have to say.

What happens if I take part?

- I will meet you a few times – when you first start going to Barnardos, 3 months later and 6 months later.
- If you have to wait before you start going to Barnardos, I will meet you in Barnardos during the time that you are waiting.
- Every time that I meet you I will ask you some questions – about yourself, your family and how you find going to Barnardos.
- Every time I meet you I will also ask you to fill out some questionnaires with me - questionnaires are lists of questions.
- I will also be talking to the grown ups in your family about how things are for them and for the family.

9

What will happen to the results of the research?

Your answers will help me to learn about how young people are affected by the death of someone close to them. Your answers will help me to decide whether going to Barnardos helps you to cope with the loss of someone in your family.

Will the information I give be shared with other people?

What you say to me in our interviews is completely private – it is between you and me and I will not tell anyone else what you have said. The only time that I would tell someone something that you said would be if I was worried about you. If that happened, I would talk to your parent and someone who works in Barnardos.

You will not put your name on any of the answer sheets for the questionnaires so no one will know which one was yours. I will tape record our conversations with a tape recorder. I will store all the information securely. I may use some of the things you and all the other young people have said in my report but no one will know it was you who said it.

The overall information from what all the young people tell me might be written in journals or books and might be talked about with other researchers at conferences.

Do I have to take part?

You don't have to if you don't want to. It is up to you and your parent or carer to decide whether you are going to take part or not. If you take part, you can stop at any time if you want. If you decide not to take part, or if you start and later want to stop taking part, you can still attend Barnardos.

Further Information

We very much hope that you will agree to take part.

If you have any questions about the research, please feel free to contact me. My phone numbers are on the top of this sheet.

Thank you very much for helping with this research

Mairéad Dowling

INFORMATION SHEET FOR YOUNG PEOPLE (14 years and older)

Title of Research:	**An evaluation of Barnardos Bereavement Counselling for Children**
Researchers:	Mairéad Dowling, School of Nursing, DCU, Dublin 9. Ph. 7007933 / 086-8569541
	Dr. Gemma Kiernan, School of Nursing, DCU, Dublin 9. Dr. Suzanne Guerin, School of Psychology, UCD, Dublin 4.

What is this research about?

You and your family are going to come to Barnardos following the death of someone close to you. Barnardos is a special place where children and young people and their families come after someone has died. Someone in your family is concerned about you, so they would like you to come to Barnardos. The purpose of my research is to look at how helpful this support is for you and other young people and to see how young people are affected by bereavement. I am interested in talking to you and your family. I would like to see if the service is helping you and to see how you are coping. I do not work in Barnardos.

Why I have been invited to take part?

You have been invited to take part because you and your family are dealing with the death of someone in your family. Lots of other young people who have had someone close to them die will be asked to take part too. When all the answers are looked at together, I will be able to see how useful going to Barnardos is. This information will help make the service as good as possible for other young people. I am very interested in hearing what you have to say.

What happens if I take part?

- I will meet you a few times – when you first start going to Barnardos, 3 months later and 6 months later.
- If you have to wait before you start going to Barnardos, I will meet you in Barnardos during the time that you are waiting.
- Every time that I meet you I will ask you some questions – about yourself, your family and how you are finding the time you spend in Barnardos.
- Every time I meet you I will also ask you to fill out some questionnaires with me. These are the same lists of questions that all the other young people will fill out too.
- I will also be talking to the grown ups in your family about how things are for them and for the family.

11

What will happen to the results of the study?

The information from your answers will help me to decide whether going to Barnardos helps you to cope with the death of someone in your family. Your answers will also help me to learn about how young people are affected by the death of someone close to them and how they cope.

Will the information I give be confidential?

You will not put your name on any of your answer sheets for the questionnaires so no one will know which one was yours. Instead I will give you a number to put on your answer booklet. I will tape record our conversations and later I will write down what you said and then destroy the tape. I will store all the information securely. I may use some of the things you have said in our report but no one will know it was you who said it.

The only time that I would tell someone something that you said would be if I was worried about you. If that happened, I would talk to your parent and someone who works in Barnardos. Apart from that, what you say is completely private.

The information from all young people I talk to might be written in journals or books and could be talked about with other people who work in this area at conferences. This is to help design the best possible service for young people who have had someone close to them die.

Do I have to take part?

It is up to you and your parent or carer to decide whether you are going to take part or not. You don't have to if you don't want to.

If you take part, you can stop at any time if you want. If you decide not to take part, or if you start and later want to stop taking part, you can still attend Barnardos.

Who can I contact if I have questions about this research?

I hope that you will agree to take part.

If you have any questions about the research study, please feel free to contact me. My phone numbers are on the top of this sheet.

Thank you very much for helping with this research
Mairéad Dowling

RESEARCH INFORMATION STATEMENT FOR COUNSELLORS

A study of counsellors' perceptions of the therapeutic journey of children and young people who have been bereaved

Researchers **Mairéad Dowling, School of Nursing, DCU, Dublin 9.**
Contact Details: 086-8569541 or 01-7007933
Dr. Gemma Kiernan, School of Nursing, DCU, Dublin 9.
Dr. Suzanne Guerin, School of Psychology, UCD, Dublin 4.

Aim of Research

This study aims to gain an understanding of the process and impact of counselling for children and young people who have bereaved.

The study will focus on investigating counsellors' perceptions of what is happening as children go through counselling. I am interested in understanding counsellors' approaches to therapy with bereaved young people, as well as their general perceptions of the grieving and therapeutic processes in children and young people.

This study complements a concurrent study which is looking at the therapeutic journey from the child's point of view in a counselling service following a bereavement.

Participants

I am inviting professional counsellors and psychotherapists who work individually with children and young people who have been bereaved to take part in the research. Participants must have at least 3 years experience post-qualification and must work regularly with children and young people who have been bereaved. I am inviting professionals from all over Ireland to participate.

What participation involves

Participation involves an individual interview with the researcher. This will take place in your place of work or in a location convenient to you. During the interview a series of questions will be asked. These are based on your experience with children and young people and relate to:
- bereavement reactions and grief in children,
- therapeutic processes involved when children who are bereaved attend counselling,
- what happens as children and young people go through therapy.

Voluntary Participation

Participation in this research is voluntary. You are free to withdraw from the research at any stage.

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Confidentiality

The data collected during interviews will be confidential. Each participant will be given an ID number. The information which links names and numbers will be stored separately in a secure location in DCU until the research is completed. Interviews will be recorded. The recording of the interviews will be transcribed and all identifying information (e.g. names, places) will be removed. The recordings will then be erased.

Some quotes may be used in the research report but the identity of the participant in question will not be reported. The anonymous transcript will be kept in a secure location in DCU and this will be destroyed after 5 years.

Dissemination of Results

The information from the interviews will tell us important things about the processes involved in therapeutic support for children and young people who have been bereaved. We will learn more about what happens when children and young people attend therapy following a bereavement.

A report of the findings of the research will be available to the participants. The research results will be published in academic journals and presented at academic conferences. However, at no point will any participant be identifiable.

Further Information

This research is being conducted to gain an understanding of the processes involved when children and young people who are bereaved receive therapeutic support.   We very much hope that you will agree to take part.

If you would like to participate in this research or would like to find out more about the research, please sign the enclosed consent form and return it to me in the stamped addressed envelope.

Independent Contact

If participants have concerns about this study and wish to contact an independent person, please contact:

The Secretary, Dublin City University Research Ethics Committee, c/o Office of the Vice-President for Research, Dublin City University, Dublin 9. Tel 01-7008000

Thank you very much for supporting this research.
Mairéad Dowling

Appendix C: Consent Forms

Consent Form for Parents (Initial Contact)

Consent Form for Parents (Participation)

Consent Form for Young People (Boys)

Consent Form for Young People (Girls)

Consent Form for Counsellors

CONSENT FORM FOR PARENTS

Title of Research:
An evaluation of Barnardos Bereavement Counselling for Children

Researcher: Mairéad Dowling   086-8569541/01-7007933

If you are interested in hearing more about this research or would like to take part in this research, please fill in your details below and send them back in the stamped addressed envelope enclosed. The researcher will then contact you.

Thank you

Name:	
Home Number:	
Mobile Number:	
Is there any day or time that you do not wish to be contacted?	

CONSENT FORM FOR PARENTS

Title of Research:
An evaluation of Barnardos Bereavement Counselling for Children

Researcher: Mairéad Dowling   086-8569541

Name:	
Children's Names:	
Address:	
Contact Number:	

- I confirm that I have read and understood the Information Sheet for the above research which explains what the research is about and what my involvement will be.

- I have had time to consider whether I want my family to take part in this research.

- I have received a copy of the Information Sheet for my child/children.

- I understand that we do not have to take part in this research if we do not want to and that not taking part will not affect the service that we get from Barnardos.

- I understand that my child/children and/or I are free to stop taking part at any time by contacting Mairéad and that this will not affect my family's treatment in Barnardos.

- I understand that the interviews will be tape recorded, and that afterwards the recording will be written down and the tape will be erased. I understand that my name will not be used.

- I understand that the information collected may be written in journals or books or presented to people who work in this area, but that no parent or child will be identifiable from the information.

- I understand that all my answers will go directly to Mairéad and will not be seen by anyone at Barnardos.

☐ **I agree to take part in the research**

…………………………………………   ……………………..
Signature   *Date*

☐ **I agree for my child/children to take part in the research**

…………………………………………   ……………………..
Signature   *Date*

CONSENT FORM FOR YOUNG PEOPLE

Title of Research:

An evaluation of Barnardos Bereavement Counselling for Children

Researcher: Mairéad Dowling 📱 086-8569541

Tick Box ✓

I have read the Information Sheet for young people for this research which explains what the research is about and why I have been asked to take part.

I understand what I will have to do if I agree to take part in the research.

I have been given some time to think about whether I want to take part in the research or not.

I understand that I do not have to take part in the research if I don't want to. If I do not want to take part, I can still go to Barnardos.

If I take part, I understand that I can stop taking part in the research at any time. I can tell Mairéad or my parent if I don't want to continue.

I understand that what I say will be private and that no one will know what I say.

I understand that all my answers will be stored securely by Mairéad and that no one in Barnardos will see them.

I agree to take part in the research.

Your Name: _____ Your Signature: _____

Date: _____

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CONSENT FORM FOR YOUNG PEOPLE

Title of Research:

An evaluation of Barnardos Bereavement Counselling for Children

Researcher: Mairéad Dowling   📱   086-8569541

Tick Box ✓

I have read the Information Sheet for young people for this research which explains what the research is about and why I have been asked to take part.

☐

I understand what I will have to do if I agree to take part in the research.

☐

I have been given some time to think about whether I want to take part in the research or not.

☐

I understand that I do not have to take part in the research if I don't want to. If I do not want to take part, I can still go to Barnardos.

☐

If I take part, I understand that I can stop taking part in the research at any time. I can tell Mairéad or my parent if I don't want to continue.

☐

I understand that what I say will be private and that no one will know what I say.

☐

I understand that all my answers will be stored securely by Mairéad and that no one in Barnardos will see them.

☐

I agree to take part in the research.

Your Name: _____ Your Signature: _____

Date: _____

INFORMED CONSENT FORM FOR COUNSELLORS

A study of counsellors' perceptions of the therapeutic journey of bereaved children and young people

Principal Researcher: Mairéad Dowling, School of Nursing, DCU, Dublin 9.

086-8569541/01-7007933

Researchers: Dr. Gemma Kiernan, School of Nursing, DCU, Dublin 9.

Dr. Suzanne Guerin, School of Psychology, UCD, Dublin 4.

Aim of Research

This study aims to gain an understanding of the process and impact of counselling for children and young people who have bereaved.

Voluntary Participation

Your participation in the study is voluntary and you are free to end participation at any time.

Please read the following statements and circle Yes or No

Have you read and understood the Information Sheet for the above research study which explains the purpose of the study and what your involvement will be?   Yes/No

Have you had time to consider whether you want to take part in this study?   Yes/No

Do you understand that the interviews will be recorded, that the recording will be transcribed, any identifying information will be removed and that the recording will be erased?   Yes/No

Do you understand that the information collected may be presented and/or published in academic journals and at conferences, but that no individual will be identifiable from the information?   Yes/No

Have you had an opportunity to ask questions and discuss this study?   Yes/No

Have you received satisfactory answers to all your questions?   Yes/No

I have read and understood the information in this form. My questions and concerns have been answered by the researchers, and I have a copy of this consent form. Therefore, I consent to take part in this research project

Participants Signature: _____

Name in Block Capitals: _____

Witness: _____

Date: _____

Appendix D: Interview Materials

Interview Protocol for Parents

Interview Protocol for Young People

Interview Protocol for Counsellors

INTERVIEW PROTOCOL FOR PARENTS

Welcome

Introduction

This interview is part of the research that I am carrying out to evaluate the Barnardos Counselling service for children and their families who have been bereaved.

You have already received an information pack about the research and a consent form which you have completed. Thank you for agreeing to take part.

To recap on the purpose of the research

I am interested in whether the counselling provided by Barnardos to children and their families has an impact on how they cope and the difficulties they may be experiencing since the bereavement. To get a complete picture, I am interviewing children and their parents and asking them to answer some questions. This research is independent of the counselling service in Barnardos.

Participation in this research

I am very grateful that you have agreed to help me by taking part in this research. It is up to you and your family to decide whether you want to take part or not; you and your children are free to stop taking part at any time. The information you and everyone else gives in this research will be kept private. If you do not want to take part, or if you want to stop taking part at any stage, the service you get in Barnardos will not be affected.

Duration of research and what it involves

There will be 3 or 4 interview sessions. These will take place in Barnardos. The research will be independent of your counselling sessions. There will be counselling staff available after your interview, should the interview have raised anything difficult for you.

There are a number of parts to this research. Each time that I meet you I will ask you some questions and to fill out some questionnaires. The first time that we meet for the research is today. The second time you will be asked to take part in the research will be at the start of the counselling. The third time will be about 3 months after the counselling starts and the fourth and final time you will take part in the research will be about 6 months after the start of counselling. However, if you are starting counselling today, there will only be 3 research times, at the start of counselling, 3 months from the start and 6 months from the start.

Every time that you take part in the research I will also be interviewing your child/children and asking them to answer some questions also.

Questionnaires

During the course of the research I will ask you to complete some questionnaires. If you are more comfortable with me filling them in for you, I can write your answers for you. I can also read the questions to you if it is easier.

Confidentiality

Just to remind you, your answers and your children's answers will remain private. When doing questionnaires, each person will be given an ID number. This will be used for any information relating to the research. The information which links names and numbers will be stored separately in a secure location in DCU until the research is completed. This means I am the only person who will know which answers are yours and your children's. Once the research has been completed your name and your children's names will be removed and all the data will be destroyed after 5 years.

The interviews will be recorded. The recording of the interviews will be transcribed and all names will be removed. The recordings will then be erased. The written record will be kept and this will be destroyed after 5 years. Some quotes of what is said to me may be used in the research report but the identity of who said them will not be reported.

There are two exceptions to this privacy. If a child or parent reports something that suggests they are at risk of abuse or neglect, I am required to report this to Barnardos. Secondly, during the course of completing the questionnaires, if a child's answers indicate a significant difficulty, I would also bring this to your attention and the attention of the Barnardos team.

All the children taking part in the research will be informed that their contribution will be protected by the research team unless there is a concern about their well being.

Today's interview

Today I will be asking you some questions about yourself and your family and about the loss that your family has experienced.

I'll be asking you to complete some questionnaires. These are:

- Core Bereavement Items – this questionnaire looks at things commonly associated with bereavement.

The next questionnaire is one where you provide information about your children:

- The Strengths and Difficulties Questionnaire – this is designed to identify difficulties that your child/children might be having, as well as strengths that they are showing. I'll be asking you to fill it in for each child in your family

Then, I'll be asking you some questions about how you and your children communicate with each other.

After that, I'll ask you some general questions, some of which you can answer with a picture scale.

Finally, I'll ask you some questions about how you have found the Barnardos service.

Questions?

Do you have any questions before we start?

Is there anything that you are not clear on?

Feel free to stop me at any stage if you have a question or if you need a break.

We'll start with some questions about you and your family.

DEMOGRAPHIC QUESTIONS

Today's Date:	
Interviewee Number:	

Parent's Details	
Name:	
Gender:	Male ☐ Female ☐ *Please tick as appropriate*
Age:	Date of birth:
Your relationship to the child/children attending the service:	
Employment status:	Employed ☐ Unemployed ☐ Stay at home carer ☐
Number of children in the family:	
Other parent/relation attending the service with the child/children	
Name:	
Gender:	Male ☐ Female ☐ *Please tick as appropriate*
Age:	Date of birth:
Your relationship to the child/children attending the service:	

Child 1. Name: _____   Age: _____   Date of birth: _____

Child's gender: Male ☐   Female ☐   (*Please tick as appropriate*)

Where does this child come in the family? _____

Is this child attending the Barnardos Bereavement Counselling for Children service?
Yes ☐   No ☐   (Please tick one)

Child 2. Name: _____   Age: _____   Date of birth: _____

Child's gender: Male ☐   Female ☐   (*Please tick as appropriate*)

Where does this child come in the family? _____

Is this child attending the Barnardos Bereavement Counselling for Children service?
Yes ☐   No ☐   (Please tick one)

Details of therapy (*for 2nd and subsequent interviews*)	
Name of Counsellor:	
When were you first referred to the service?	
When was your first appointment with the service?	
Did the family receive an early intervention appointment?	Yes ☐ No ☐ (*Please tick one of the boxes*)
Nature of Bereavement	
After whose death is the family coming to the service?	
How long is it since _____ died?	
How did _____ die?	
Living Situation	
Where and with whom does the child/young person live?	
Have there been any changes in living situation since _____ died?	
Services and Support	
How did you hear about this service? Who referred you to this service?	
What prompted you to come to Barnardos? What did you feel you most wanted help with when you first came to Barnardos?	
Outside of this service, have other people helped you to cope?	
Who?	
How would you describe the support that you get from friends, family and your community? Poor/adequate/good	
What's helping you to cope?	
What's making coping more difficult?	

Thank you for completing that. Do you have any questions?

If there are more than 2 children, fill in the forms below:

Child 3:

Child's name: [   ]   Age: [   ]   Date of birth: [   ]

Child's gender: Male ☐   Female ☐   (Please tick as appropriate)

Where does this child come in the family? [   ]

Is this child attending the Barnardos Bereavement Counselling for Children service?
Yes ☐ No ☐   (Please tick one)

Child 4:

Child's name: [   ]   Age: [   ]   Date of birth: [   ]

Child's gender: Male ☐   Female ☐   (Please tick as appropriate)

Where does this child come in the family? [   ]

Is this child attending the Barnardos Bereavement Counselling for Children service?
Yes ☐ No ☐   (Please tick one)

Child 5:

Child's name: [   ]   Age: [   ]   Date of birth: [   ]

Child's gender: Male ☐   Female ☐   (Please tick as appropriate)

Where does this child come in the family? [   ]

Is this child attending the Barnardos Bereavement Counselling for Children service?
Yes ☐ No ☐   (Please tick one)

For Researcher:

Any other comments in relation to this child/family?
_____
_____
_____

If the service is no longer required, please explain why below -
_____
_____

Next, we're going to move on to the questionnaires that I mentioned at the start.

CORE BEREAVEMENT ITEMS

These next questions look at your experience in relation to the (recent) loss of _____.

There are 17 questions to complete.

Each question asks how often you do something. Please tick the box corresponding to how often you do each one.

1. Do you experience images of the events surrounding _____'s death?
    ☐ Continuously   ☐ Quite a bit of the time   ☐ A little bit of the time   ☐ Never

2. Do thoughts of _____ come into your mind whether you wish it or not?
    ☐ Continuously   ☐ Quite a bit of the time   ☐ A little bit of the time   ☐ Never

3. Do thoughts of _____ make you feel distressed?
    ☐ Always   ☐ Quite a bit of the time   ☐ A little bit of the time   ☐ Never

4. Do you think about _____?
    ☐ Continuously   ☐ Quite a bit of the time   ☐ A little bit of the time   ☐ Never

5. Do images of _____ make you feel distressed?
    ☐ Always   ☐ Quite a bit of the time   ☐ A little bit of the time   ☐ Never

6. Do you find yourself preoccupied with images or memories of _____?
    ☐ Continuously   ☐ Quite a bit of the time   ☐ A little bit of the time   ☐ Never

7. Do you find yourself thinking of reunion with _____?
    ☐ Always   ☐ Quite a bit of the time   ☐ A little bit of the time   ☐ Never

8. Do you find yourself missing _____?
    ☐ A lot of the time   ☐ Quite a bit of the time   ☐ A little bit of the time   ☐ Never

9. Are you reminded by familiar objects (photos, possessions, rooms etc) of _____?
    ☐ A lot of the time   ☐ Quite a bit of the time   ☐ A little bit of the time   ☐ Never

10. Do you find yourself pining for/yearning for _____?
    ☐ A lot of the time   ☐ Quite a bit of the time   ☐ A little bit of the time   ☐ Never

11. Do you find yourself looking for _____ in familiar places?
    ☐ A lot of the time   ☐ Quite a bit of the time   ☐ A little bit of the time   ☐ Never

12. Do you feel distress/pain if for any reason you are confronted with the reality that _____ is not coming back?
    ☐ A lot of the time   ☐ Quite a bit of the time   ☐ A little bit of the time   ☐ Never

13. Do reminders of X such as photos, situations, music, places etc cause you to feel longing for _____?
    ☐ A lot of the time   ☐ Quite a bit of the time   ☐ A little bit of the time   ☐ Never

14. Do reminders of _____ such as photos, situations, music, places etc cause you to feel loneliness?
    ☐ A lot of the time   ☐ Quite a bit of the time   ☐ A little bit of the time   ☐ Never

15. Do reminders of X such as photos, situations, music, places etc cause you to cry about _____?

☐ A lot of the time   ☐ Quite a bit of the time   ☐ A little bit of the time   ☐ Never

16. Do reminders of _____ such as photos, situations, music, places etc cause you to feel sadness?

☐ A lot of the time   ☐ Quite a bit of the time   ☐ A little bit of the time   ☐ Never

17. Do reminders of _____ such as photos, situations, music, places etc cause you to feel loss of enjoyment?

☐ A lot of the time   ☐ Quite a bit of the time   ☐ A little bit of the time   ☐ Never

Thank you for completing that. Do you have any questions?

_____

Next, we're going to move on to the questionnaire that has a list of questions about your child.

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

The next questionnaire that I would like you to complete is about your child/children. Can you please complete one questionnaire for each child in your family.

The questionnaire has a list of behaviours that may or may not apply to your child. For each question, please mark the box for Not True, Somewhat True or Certainly True.

It would help me if you answered all questions as best you can even if you are not absolutely sure or the question seems daft.

Please give your answers on the basis of your child's behaviour over the **last six months**.

Child's Name:	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐
Often has temper tantrums or hot tempers	☐	☐	☐
Rather solitary, tends to play alone	☐	☐	☐
Generally obedient, usually does what adults request	☐	☐	☐
Many worries, often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, down-hearted or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets on better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Sees tasks through to the end, good attention span	☐	☐	☐

Do you have any other comments or concerns?

GENERAL COMMUNICATION WITH PARENTS

Sometimes children have problems or feel upset about things. When this happens, they might want to talk about them to their mum/dad/carer.

For each item below, choose the answer that BEST describes how you think you listen to your child/children.

There are no right or wrong answers. Just put a circle around the number under the word that you think best describes how often you do each thing when they try to talk to you.

At this difficult time, when there is so much going on in the family…..	Never	Sometimes	Often	Almost Always
How often do you feel that you make it easy for your child/children to discuss things that are bothering them?	0	1	2	3
How often do you feel that you really listen to your child/children?	0	1	2	3
How often do you feel that you want to hear what your child/children think about things that are going on in the family?	0	1	2	3
How often do you feel that you ask your child/children questions to make sure you really understood what is bothering them?	0	1	2	3

What do you think makes it difficult to listen to your child/children and to discuss things/problems with them?

_____
_____
_____
_____

VISUAL ANALOGUES

That is the end of the set of formal questionnaires. Below I have a few questions which can be answered visually by placing an X along the line where you think your answer fits.

These questions apply to right now.

1. In relation to the whole family, overall, how much do you think _____'s death has affected the family?

On a scale from 0 to 10, where 0 is no effect and 10 is a very big effect, mark X to show where you would put yourself

```
 ●───●───●───●───●───●───●───●───●───●───●
 0   1   2   3   4   5   6   7   8   9   10
Not at all                          Very big effect
```
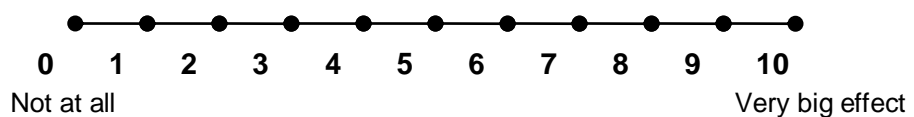
Would you like to describe how your family has been affected?

_____

_____

2. Overall, how easy is it for you to ask for help for you and your family to cope with _____'s death at the moment?

On a scale from 0 to 10, where 0 is very easy and 10 is very hard, mark X to show where you would put yourself
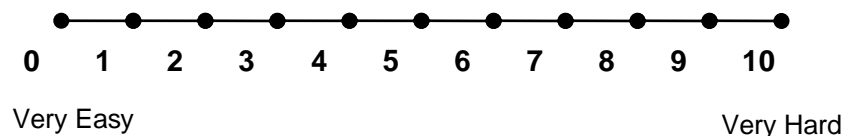
```
 ●───●───●───●───●───●───●───●───●───●───●
 0   1   2   3   4   5   6   7   8   9   10
Very Easy                          Very Hard
```

Would you like to explain your answer?

_____

_____

Who has helped you to cope?

Who has been easy to ask for help?

Who has been difficult to ask for help?

3. In relation to (Name of child 1), overall, how much do you think _____'s death has affected your child in school?

On a scale from 0 to 10, where 0 is not at all and 10 is very big effect, mark X to show where you would put your child

0   1   2   3   4   5   6   7   8   9   10

Not at all   Very big effect
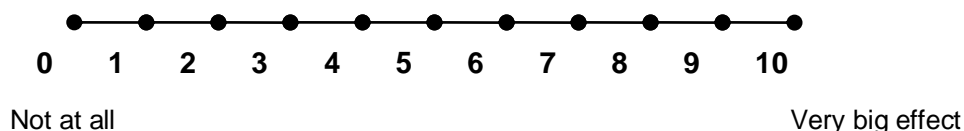
Would you like to explain your answer?

_____
_____

If there is more than 1 child, ask same questions for all children.

In relation to (Name of child 2), overall, how much do you think _____'s death has affected your child in school?

On a scale from 0 to 10, where 0 is not at all and 10 is very big effect, mark X to show where you would put your child

0   1   2   3   4   5   6   7   8   9   10

Not at all   Very big effect
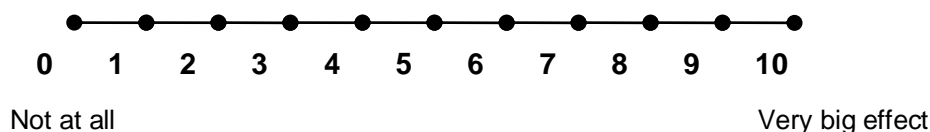
Would you like to explain your answer?

_____
_____

In relation to (Name of child 3), overall, how much do you think _____'s death has affected your child in school?

On a scale from 0 to 10, where 0 is not at all and 10 is very big effect, mark X to show where you would put your child

0   1   2   3   4   5   6   7   8   9   10

Not at all   Very big effect

Would you like to explain your answer?

_____
_____
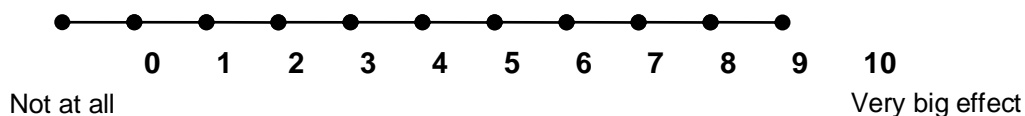
Thank you for filling in those scales.

FEEDBACK ON THE SERVICE

Finally, I'd like to ask you a few questions in relation to the service.

What were you hoping the service would do for you and your children?

_____
_____

Has the service been like you were expecting?

_____

If not, how has it been different?

_____

Are you satisfied with the service to date?

_____

On a scale of 1 to 5 how satisfied are you with the service, where 1 is very dissatisfied and 5 is very satisfied?

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5

What was the most helpful aspect of the service?

_____
_____

What was the least helpful aspect of the service?

_____
_____

Has coming to the service helped your child/children?

Child 1 (_____)   Yes ☐   No ☐
Child 2 (_____)   Yes ☐   No ☐
Child 3 (_____)   Yes ☐   No ☐
Child 4 (_____)   Yes ☐   No ☐

How has it helped your child/children? *Explore for each child*

_____
_____

How has it helped in relation to their school performance?

_____

How has it helped in relation to your child's friendships?

_____

How has it helped in relation to the family?

_____

How has it not helped your child/children? *Explore for each child*

_____

Has coming to the service helped you to be better able to talk to your child/children?

_____
_____

Child 1 (_____)   Yes ☐   No ☐
Child 2 (_____)   Yes ☐   No ☐
Child 3 (_____)   Yes ☐   No ☐
Child 4 (_____)   Yes ☐   No ☐

How has it helped? How has it not helped? *Explore for each child*

_____
_____

> *in general?*
>
> _____

> *in relation to the bereavement?*
>
> _____

Would you recommend the service to someone else who was thinking of coming?

_____
_____

What are the ways that the service could be made better?

_____
_____

Is there anything else you'd like to say about the service?

_____
_____

CONCLUSION

Thank you again for giving your time to take part in this research. Your participation is very important. I realise that this research may be difficult to complete. If this research has brought up difficult things for you, there is a staff member on hand to discuss anything that you want to.
If you need to talk to someone about this research, or if you find that you have questions about the research, please feel free to contact me.

I will be meeting you again as soon as you start the counselling sessions here.
I will be meeting you again 3 months from now.
I will be meeting you again 6 months from now.

INTERVIEW PROTOCOL FOR YOUNG PEOPLE

Welcome

Introduction

Soon you will be coming into Barnardos to talk to someone about the death in your family. Barnardos is a special place where children and young people and their families come after someone has died. Someone in your family is concerned about you, so they would like you to come to Barnardos.

I am interested in talking to you to see how you are doing and to look at how much that support helps you. My work is separate from the Barnardos service.

I am talking to lots of other children and their families who have experienced the death of someone in their family or someone close to them as well.

You should already have seen an information sheet to explain what my research is about. You and your parent have agreed that you will take part in my study. Thank you very much for taking part.

To recap on the purpose of the study

I am interested in finding out whether the counselling provided in Barnardos – when you come into Barnardos – helps young people and their families to cope with the death of their family member. To look at the position from different points of view, I am talking to children and their parents.

I am also asking children and their parents to fill out questionnaires – list of questions. The questionnaires are designed especially for young people and are used to look at how you are coping, any problems you might be having and how you talk to other people about any worries you have.

Participation in this study

We are very grateful that you have agreed to help us by taking part in this study. You don't have to take part if you don't want to. If you want to stop taking part in my research at any time, you are free to do so. Just tell me, or your parent. If you do not want to take part, or if you want to stop taking part at any stage, you can still attend the Barnardos sessions.

Duration of study and what it involves

I will meet you 3 or 4 times here in Barnardos. When I meet you, I will meet you on your own and afterwards I will meet your parent on his/her own. When you meet me, it is separate to when you and your family meet someone from Barnardos to talk to about the death of someone special to you. But, each time that I meet you, you will have the chance when we are finished to talk to someone from the Barnardos team if you want to. These people are specially trained to work with children who've had someone close to them die.

You might have to wait for some weeks before you start coming into Barnardos.

This is our first meeting. Today, having explained my study, I will ask you some questions and ask you to complete some questionnaires. If you have any problems or questions at any stage, feel free to stop me.

Around the time of your first session in Barnardos you will meet me again and I will ask you some questions and ask you to complete some questionnaires. (If you have not had to wait, around this time you will be having your first session with a counsellor in Barnardos).

Then 3 months later, I will meet you again and we will do the same and, finally, 6 months later, I will meet you for the last time and will ask you some more questions and to fill out the same questionnaires.

Questionnaires

During the course of the research I will ask you to complete some questionnaires with me. All the other children that I talk to will fill out the same questionnaires as you. If you want, I can read out the questions to you and I can write your answers for you.

Confidentiality

The information that I collect from you and your family will be private – that means that no one will know what you have told me, or what you have written down.

I won't use your name in the research.   When you fill in a questionnaire, you will not write your name down. I'll give you a number and that will be your own number that no one else will have. I'll know that is your number, but no one else will. I will put the list of each person's number and name in a safe location in my college, so no one will see it.

When we meet and I ask you questions, I will tape record what we say. Afterwards, I'll listen to the tapes and write down what you said, but I won't write down any names so no one will know who was talking to me. I'll erase the tape after that. The written version of your interviews will be stored in a very secure place in my college.
I may put something you said into my report, but your name won't be included, so no one will know who said it.

The only time that I would tell someone something that you said would be if I was worried about you. If that happened, I would talk to your parent and someone who works in Barnardos. Apart from that, what you say is completely private.

Today's interview

Today I will start by asking you some questions about yourself and your family and about the death in your family.

Then we'll move on to the questionnaires. I'll be asking you to complete 3 different questionnaires. These are:

The first questionnaire looks at things that you are doing well and any problems you may be having.

The second questionnaire report asks you about your life in general and how you think you cope with things.

The third questionnaire looks at how you have been affected by the death in your family.

Then, I'll be asking you some questions about how you talk to your parent when you have a problem or want to talk about something.

After that I'll ask you to look at some scales and answer questions by drawing on a point on a line where you think your answer fits.

After that, I'll move on to the last part which is where I'll ask you some questions about Barnardos.

Questions?

Do you have any questions before we start?

Is there anything that you are not clear on?

Feel free to stop me at any stage if you have a question.

We'll start with some questions about you and your family

DEMOGRAPHIC QUESTIONS

What is your name?	
Gender:	Male ☐ Female ☐ Please tick as appropriate
What age are you?	
What is your date of birth?	
Do you have brothers and sisters?	
How many children are there in your family?	
Where do you come in the family?	
What is your mother's name?	
What is your father's name?	
What class are you in in school?	

Details of therapy *(for 2nd and subsequent interviews)*	
When you come to Barnardos, who do you talk to?	
Date child/family referred to the service:	
When did you start coming to Barnardos?	
Did the family receive an early intervention appointment?	Yes ☐ No ☐ (Please tick one of the boxes)

Nature of Bereavement	
I'm here because you and your family are will be coming to Barnardos.	
Why do you think you are coming to Barnardos?	
How long is it since _____ died?	
Do you know how did _____ died?	
Living Situation	
Who lives in your house with you? *Do you live in the same house?*	
Has that changed since _____ died?	

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

This questionnaire is to look at things that you are doing well and any problems you may be having.

For each item, please mark the box for Not True, Somewhat True or Certainly True.

It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems silly!

Please give your answers on the basis of how things have been for you over **the last six months** (*the last six months is from ...to now*).

	Not True	Somewhat True	Certainly True
I try to be nice to other people, I care about their feelings	☐	☐	☐
I am restless, I cannot stay still for long	☐	☐	☐
I get a lot of headaches, stomach-aches or sickness	☐	☐	☐
I usually share with others (food, games, pens etc.)	☐	☐	☐
I get very angry and often lose my temper	☐	☐	☐
I am usually on my own. I generally play alone or keep to myself	☐	☐	☐
I usually do what I am told	☐	☐	☐
I worry a lot	☐	☐	☐
I am helpful if someone is hurt, upset or feeling ill	☐	☐	☐
I am constantly fidgeting or squirming	☐	☐	☐
I have one good friend or more	☐	☐	☐
I fight a lot. I can make other people do what I want	☐	☐	☐
I am often unhappy, down-hearted or tearful	☐	☐	☐
Other people my age generally like me	☐	☐	☐
I am easily distracted, I find it difficult to concentrate	☐	☐	☐
I am nervous in new situations. I easily lose confidence	☐	☐	☐
I am kind to younger children	☐	☐	☐
I am often accused of lying or cheating	☐	☐	☐
Other children or young people pick on me or bully me	☐	☐	☐
I often volunteer to help others (parents, teachers, children)	☐	☐	☐
I think before I do things	☐	☐	☐
I take things that are not mine from home, school or elsewhere	☐	☐	☐
I get on better with adults than with people my own age	☐	☐	☐
I have many fears, I am easily scared	☐	☐	☐
I finish the work I'm doing. My attention is good.	☐	☐	☐

Do you have any other comments or concerns?

GENERAL COPING EFFICACY (GCE)

Now I'd like you to think about your life in general and how you have handled things that have happened in the last … months/since we last met (*for 2nd and subsequent interviews*). Please put a circle around the number under the word that you think best describes what you think.

1. Sometimes things that people do to handle their problems work really well to make their problems better and sometimes they don't work at all to make them better. Overall, how successful have you been in handling your problems?	Not at all 1	A little bit successful 2	Fairly successful 3	Very successful 4	DK/NR 5
2. Overall, how well do you think that the things you did worked to make your problem situations better?	Did not work at all 1	Worked a little 2	Worked pretty well 3	Worked very well 4	DK/NR 5
3. Sometimes things people do to handle their problems work really well to make them feel better and sometimes they don't work at all to make them feel better. Overall, how well do you think that the things you did worked to make you feel better?	Did not work at all 1	Worked a little 2	Worked pretty well 3	Worked very well 4	DK/NR 5
4. Overall, how satisfied are you with the way you handled your problems?	Not at all satisfied 1	A little satisfied 2	Pretty well satisfied 3	Very satisfied 4	DK/NR 5
5. Overall, compared to other young people, how good do you think that you have been in handling your problems?	Not at all good 1	A little good 2	Pretty good 3	Very good 4	DK/NR 5
6. In the future, how good do you think that you will usually be in handling your problems?	Not at all good 1	A little good 2	Pretty good 3	Very good 4	DK/NR 5
7. Overall, how good do you think you will be at making things better when problems come up in the future?	Not at all good 1	A little good 2	Pretty good 3	Very good 4	DK/NR 5
8. Overall, how good do you think you will be at handling your feelings when problems come up in the future?	Not at all good 1	A little good 2	Pretty good 3	Very good 4	DK/NR 5

THE HOROWITZ IMPACT OF EVENT SCALE

Here is a list of things that people say after something very stressful has happened, like the death of a family member.

Please put a circle around the number to show how often each of these things about the death of your family member was true for you **DURING THE PAST WEEK** (since……)

	Not at all	Rarely	Sometimes	Often
1. I thought about it when I didn't mean to	0	1	3	5
2. I avoided letting myself get upset when I thought about it or was reminded of it	0	1	3	5
3. I tried to remove it from memory	0	1	3	5
4. I had trouble falling asleep or staying asleep because of pictures or thoughts about it that came into my mind	0	1	3	5
5. I had waves of strong feelings about it	0	1	3	5
6. I had dreams about it	0	1	3	5
7. I stayed away from reminders of it	0	1	3	5
8. I felt as if it hadn't happened or wasn't real	0	1	3	5
9. I tried not to talk about it	0	1	3	5
10. Pictures about it popped into my mind	0	1	3	5
11. Other things kept making me think about it	0	1	3	5
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them	0	1	3	5
13. I tried not to think about it	0	1	3	5
14. Any reminder brought back feelings about it	0	1	3	5
15. My feelings about it were kind of numb	0	1	3	5

GENERAL COMMUNICATION WITH PARENTS

Sometimes children and young people have problems or feel upset about things. When this happens, they might want to talk about them to their mum/dad/carer.

For each question below, choose the answer that BEST describes how you think your mum/dad/carer listens to you.

There are no right or wrong answers. Just put a circle around the number under the word that you think suits best.

	Never	Sometimes	Often	Almost Always
How often does your mum/dad/carer make it easy for you to discuss things that are bothering you?	0	1	2	3
How often do you feel that your mum/dad/carer really listens to you?	0	1	2	3
How often does your mum/dad/carer want to hear what you think about things that are going on in the family?	0	1	2	3
How often does your mum/dad/carer ask questions to make sure they really understand what is bothering you?	0	1	2	3

What do you think makes it harder for your mum/dad/carer to listen to you or to understand you?

_____

_____

_____

VISUAL ANALOGUES

That is the end of the formal questionnaires. Below I have a few questions which I'd like you to answer by writing an X along the line where you think your answer fits.

These questions apply to right now.

Overall, how much do you think _____'s death has affected your family?

On a scale from 0 to 10, where 0 is no effect and 10 is a huge effect, mark X to show where you would put yourself

0   1   2   3   4   5   6   7   8   9   10

Not at all   Very big effect
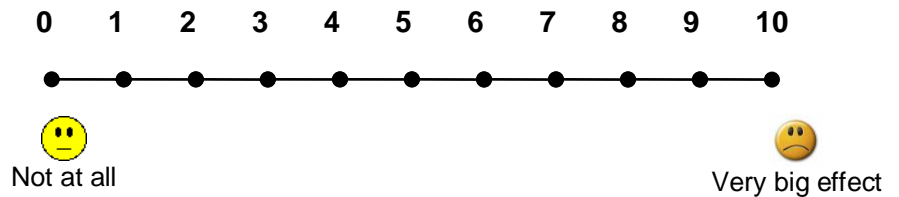
Would you like to describe how your family has been affected?

_____
_____

Overall, how easy is it for you to ask for help to cope with _____'s death?

On a scale from 0 to 10, where 0 is no effect and 10 is a huge effect, mark X to show where you would put yourself

1   2   3   4   5   6   7   8   9   10

Very Easy   Very Hard

Would you like to explain your answer?

_____
_____

Who has helped you to cope?

Who has been easy to ask for help?

Who has been difficult to ask for help?

44
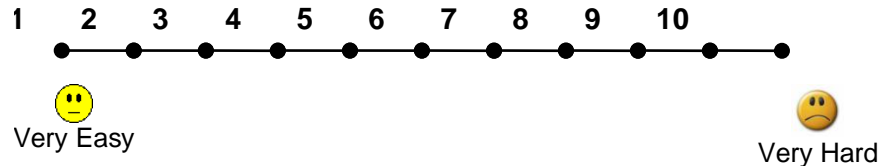
How much do you think _____'s death has affected you in school?

On a scale from 0 to 10, where 0 is no effect and 10 is a huge effect, mark X to show where you would put yourself

1   2   3   4   5   6   7   8   9   10

Not at all   Very big effect
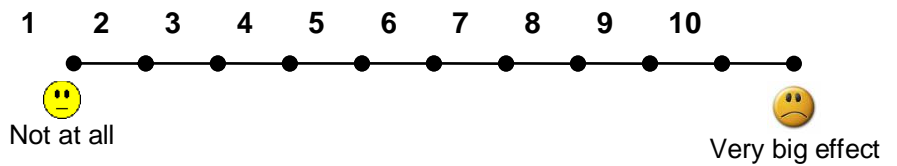
Would you like to explain your answer?

_____

_____

How well have you been getting on with your friends since _____'s death?

On a scale from 0 to 10, where 0 is no effect and 10 is a huge effect, mark X to show where you would put yourself

1   2   3   4   5   6   7   8   9   10

Very well   Not well at all

Would you like to explain your answer?

_____

_____
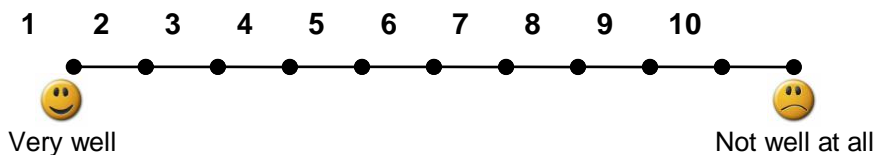
Thank you for filling in those scales.

FEEDBACK ON THE SERVICE

Finally, I'd like to ask you a few questions in relation to the service.

What are/were you hoping Barnardos would do for you and your family?
_____
_____

>   *Has it been like what you thought it would be?*
>   _____

>   *If not, how was it different?*
>   _____

Are you satisfied/happy with the service so far?
_____
_____

What was the best part of the service?
_____

What part of the service do you like least?
_____

Has coming to the service helped you?
Yes   ☐   No   ☐

How has it helped you?
_____
_____

>   *How has it helped you in school?*
>   _____

>   *How has it helped you get on with your friends?*
>   _____

>   *How has it helped you at home/with your family?*
>   _____

Has coming to the service helped you to be better able to talk to your
mum/dad/carer?
Yes   ☐   No   ☐

In what way has it helped you talk to your mum/dad/carer?
_____
_____

How has it helped you talk about problems/thing in general?

_____

How has it helped you talk about the death in the family?

_____

Would you recommend the service to someone else who has had someone special die?

_____
_____

What are the ways that the service could be made better?

_____
_____

Is there anything else you'd like to say?

_____

CONCLUSION

Thank you again for giving your time to take part in this research. Your answers and information are very important.

During our meeting, I know that some of the things that we discussed were hard for you to think and talk about. Do you feel okay now? Would you like to talk to one of the staff about anything now?

If you need to talk to someone about my work or what we did today, feel free to contact me. My contact details are on the information sheet that you were given.

I will be meeting you again as soon as you start the counselling sessions here.
I will be meeting you again 3 months from now.
I will be meeting you again 6 months from now.

INTERVIEW PROTOCOL FOR COUNSELLORS

Welcome

Introduction

This interview is part of the research that I am carrying out to investigate the therapeutic journey of children and young people who attend counselling following a bereavement.

You have already received an information sheet about the research and a consent form which you have completed. Thank you for agreeing to take part.

To recap on the purpose of the research

I am interested in understanding the therapeutic processes involved and the impact of counselling on children and young people who have been bereaved.

I am interviewing professionals who work individually with children who have been bereaved in a therapeutic setting. I am interested in getting your perceptions of what is involved in therapy for children who have been bereaved and what happens when children who have been bereaved go through therapy.

Participation in the research

There will be individual interviews for counsellors and psychotherapists who have agreed to participate in the research. The interview will comprise of questions related to children and young people who have been bereaved, including their grief, how they cope and what happens during therapy. Participants will not be asked any questions about individual clients.

Confidentiality

The information that you give me will be completely confidential. Each participant will be given an ID number. The information which links names and numbers will be stored separately in a secure location in DCU until the research is completed.

The interviews will be recorded on a digital recorder. Following the interviews, the recording of the interviews will be transcribed and all names will be removed. The recordings will then be erased. Some quotes of what is said to me may be used in the research report but the identity of who said them will not be reported. The written record will be kept and this will be destroyed after 5 years.

Questions?

Do you have any questions before we start?
Feel free to stop me at any stage if you have a question or if you need a break.

DEMOGRAPHIC QUESTIONS

Today's Date:	
Interviewee Number:	

Name:	
Gender:	Male ☐ Female ☐
Age:	
Date of birth:	
Do you work privately or in a service?	

If participant works in a service:

What service do you work in?	
How long have you worked in the service?	
Have you worked in other services for children who have been bereaved?	

All participants:

How long have you worked with children and young people who have been bereaved?	
What is your background/training?	
How many children/families are you currently seeing?	
How many children/families do you see per week?	
What ages are the children and young people that you work with?	

GENERAL QUESTIONS

CHILDHOOD GRIEF

1. How would you describe the process of grief in children and young people/how do young people grieve?

2. What factors do you think affect children's and young people's reactions?

3. Do you think there are different symptoms between "normal", complicated grief and traumatic grief?

COPING & SUPPORT

1. What affects how a family copes with bereavement?

2. Where do children get most support?

3. Do you think there are communication problems between parents/carers and children following a bereavement?

4. How do you address the issue of coping with the death of someone close to them with children?

THERAPY

1. What is the theoretical background to your therapeutic approach?

2. What is the thing that children and parents/carers most want help with when they come for counselling?

3. What changes do you notice over time as a child/young person goes through therapy while they grieve?

4. How do you think counselling achieves change?

OUTCOMES OF THERAPY

1. How do you and your client decide when to end the therapy sessions?

2. Do you get feedback from parents and children/young people about the counselling?

3. What do you see as the outcomes of therapy with children and young people who have been bereaved?

CONCLUSION 51

That's the end of the questions that I have. Thank you again for giving your time to take part in this research. Your participation is very important.

If you are interested in hearing about the results of the research, I will forward you a report of the results.

If you have any questions about this research, please feel free to contact me.

Do you have anything that you would like to add?
_____
_____
_____

Appendix E: Protocol for Data Collection

Call to Helpline from family / other referral to service

⬇

Administrator phones the family to explain that research info will be coming in the post

⬇

Information sent to family from Barnardos, to include:
- cover letter from Barnardos
- 3 information sheets (parents, U14s and O14s)
- consent form for family's contact details if they are interested in taking part or hearing more about the research
- SAE to Researcher in DCU

⬇

Administrator phones the family approximately 2 weeks later to ensure the family received the information pack

⬇

Family returns consent to DCU

⬇

Researcher contacts family & arranges appointment to meet with them

⬇

Researcher books room in Barnardos via Administrator, identifies what counsellor will be available & checks if family is EI or LT

⬇

Researcher lets Head of Service and Administrator know who has agreed to participate (so they can track date of first appointment)

⬇

Researcher meets family in Barnardos for first meeting – goes through information sheets and consent forms. Gets parents and young people's consent to take part (IR)

⬇

Counselling team let Administrator know when first appointment is

⬇

Administrator contacts Researcher with date of 1st appointment

⬇

Researcher contacts family to arrange second interview (EC)

⬇

All future contact with family regarding research is managed by Researcher

Appendix F: Sample Coding Frame

Codes for CHILDREN at FU2

SECTION 1. IMPACT OF DEATH

1.A. Communication
- i) Talks to Mum (e.g. talks to Mum about person who died, talks to Mum as there is nooone else to talk to)
- ii) Talks to counsellor

1.B. Barriers to communication
- i) Activity/disorder in the house/family
- ii) Siblings make demands on parents
- iii) Reports no barriers

1.C. Family Reactions
- i) Absence of person who died
- ii) Death has a decreased impact over time
- iii) Difficult to explain impact on family

1.D. Living situation
- i) No change

1.E. School Performance
- i) Variety of impact (e.g. no effect on school work, not doing as well in school as used to)

1.F. Social Interactions
- i) Difficult when friends talk about their dads
- ii) Get on with friends well

SECTION 2. SUPPORT AND COPING

2.A. Who supports child (who child talks to)
- i) No options for support (e.g. talks to Mum as there is no one else)
- ii) Support from counsellor
- iii) Support from parent or other adult family member (e.g. talks to Mum, talks to the parent who is related to the person who died)
- iv) Support from peers

2.B. Who/what helps child cope
- i) Parent
- ii) Barnardos (i.e. counselling)
- iii) Other activity

2.C. Context of Support
- i) Parent doing own counselling

2.D. Help-seeking
- i) Reports easy or difficult to ask for help
- ii) Names person from whom it is easy or difficult to ask for help (e.g. mother, father, uncle)

SECTION 3. COUNSELLING

3.A. Expectations
  i)   Met expectations
  ii) Did not meet expectations
  iii) No expectations

3.B. What happens in counselling
  i)   Talking (e.g. about death/different things)
  ii) Talking to stranger
  iii) Parent/other relation comes into counselling too
  iv) Counselling/counsellor helps
  v)   End of counselling – reasons and process of finishing (e.g. winding down, open door to come back if need to)

4.A. Views of counselling
  i)   Generally helpful
  ii) Focus on counsellor (e.g. counsellor is nice, she gives advice)
  iii) Focuses on specific activity in counselling (e.g. talking, painting)

4.B. Satisfaction with counselling
  i)   Satisfied with it

4.C. Best aspect of counselling
  i)   Processes involved in counselling (e.g. getting feelings out, talking about things)
  ii) Impact of counselling (e.g. it helps)
  iii) No best aspect (all good)

4.D. Negative aspects of counselling
  i)   Having sibling in session (e.g. sometimes he wasn't nice to child)
  ii) Waiting before session
  iii) No negative aspects

4.F. Improvements to counselling
  i)   No improvements needed

4.G. Recommendations for other young people
  i)   Would recommend counselling to other young people
  ii) Counselling not necessary for everyone who has experienced a death

SECTION 4. IMPACT OF COUNSELLING

4.E. Impact on child
  i)   Impact on behaviour (e.g. not getting in as many tempers, not shouting at home as much, change in behaviour in school)
  ii) Impact on communication (e.g. easier to talk about it)/No impact on communication (e.g. was always good at talking to them)
  iii) Impact on school performance
  iv) Impact at home
  v)   Impact on Social Interactions/No Impact on Social Interactions
  vi) Impact on feelings

**Appendix G: Changes made to Parent and Young People
Coding Frames after inter-rater coding**

Based on the analysis of the inter-rater coding of the parent and young people interviews several changes were made to the coding frames and processes. These are outlined below.

- It was agreed to code the open-ended questions following the visual scales and the open-ended question following the communication scale.

- Type of death and nature of death were defined to distinguish between the two sub-themes.

- The change of living theme was expanded for all coding frames to include no change in living situation as well as a change in living situation.

- In the parent coding frame for Time 0, a sub-theme was added to the theme of parent's bereavement reactions to accommodate a change in reactions over time.

- When the reasons for referral refer to a young person's reactions to bereavement, they will be coded as both.

- Practical issues relating to the counselling will be coded and analysed.

- Section 4 on the Coding Frames for Child and Parent Interviews was discarded. It related to the process of research and was, therefore, judged irrelevant to the research questions.

- Sub-theme "Issues related to death" was discarded, as issues were included in other sub-themes

- If data has a clear implication, it can be coded.

- The sub-theme of factors affecting coping was added to the Coping theme for the parent coding frame for Time 0.

- Help-seeking would be used to encompass asking for help and not asking for help.

- In Section 2 of the Coding Frame for Parents Time 1, the sub-themes were collapsed into "change in daily life".

- The themes of support and coping were defined to add clarity. The definitions used were as follows:

Support (What support are you getting?)

1. Support from family and friends
2. Other support (e.g. bereavement support group)
3. Help-seeking (ease of asking for help, difficulty asking for help)
4. Lack of support

Coping (what things are helping you cope?)

1. Coping on own
2. Difficulty Coping (finding coping difficult & factors making coping difficult)
3. Spirituality
4. Other people
5. Counselling

Appendix H: Qualitative Findings from Stage 1 Analysis

1.1 Qualitative Findings at Initial Referral (IR)

Each topic addressed during the interviews conducted at the point of initial referral was related to an issue in the research questions. The main topics that were explored in the interviews were related to the death, the impact of the death, coping and support, the counselling intervention, and in the case of parents only, contextual factors. The analysis of the qualitative data identified the main themes within each topic.

Death

Topics that were explored under the heading of death included the nature and type of death and the length of time since the death. The themes related to these topics and additional themes that emerged under the topic of death are outlined in Table H1, with quotes to illustrate the themes.

Table H1 *Themes Related to Death in Young People's and Parents' Data at Initial Referral*

	Parent Data			Young Person Data	
Topic	Theme	Quote	Topic	Theme	Quote
Nature of death	Awareness of nature of death	*"He just fell down the stairs accidently one night"*	**Nature of death**	Understanding of how the person died Lack of understanding of how the person died	*"I think he fell down the stairs, yeah"* *"No, I don't"* *(know how he died)*
	Child's lack of awareness of nature of death	*"he heard it all and he heard how his father died [whispers: and there was blood on the ground and everything]"*			
Type of death	Sudden death	*"A heart attack, sudden"*	**Type of death**	Understanding of type of death	*"It was an accident?"* *"Yeah"*
Length of time since the death	Clear about the length of time since death	*"7 months"*	**Length of time since the death**	Clear about the length of time since death	*"I'd say about 9 or 8 months"*
Death	Issues related to the death	*"he em donated all his stuff .. stuff do you hear me…to em, …. this is lovely.. I've all these kept for [child]. Everything."*	**Death**	Young person not being present at the death	*"But I wasn't there when it happened"*

The **nature of death** related to how the person died. Young people were asked if they knew how the person had died and comments illustrated their level of understanding. In one case the participant did not know how their grandparent died. In the second interview the child had a vague idea of how his father died. Not surprisingly the parents were more aware of the nature of the death than their children.

The **type of death** was used to highlight whether the death was expected, such as due to long term illness, or sudden. In the case of the second young person mentioned above, he was aware that an accident resulted in his father going to hospital and subsequently dying. In the interviews with parents, the suddenness of the death was noted. The **length of time since the death** was also explored. Participants were asked if they knew how long it was since the person had died. Again, there was more awareness and precision of the time since the death in parents' interviews.

Two themes were noted in this section which were specific to young people's or parents' interviews. These are shown in the table above under issues related to the death and not being present at the death.

Impact of Bereavement

The second group of topics related to the impact of bereavement. The broad topics that were addressed under the topic of impact were: bereavement reactions (child and family), changes in daily life and communication, as shown in Table H2.

Table H2 *Themes Related to Impact of Bereavement in Young People's and Parents' Data at Initial Referral*

Parent Data			Young Person Data		
Topic	**Theme**	**Quote**	**Topic**	**Theme**	**Quote**
Children's bereavement reactions	Social reactions Behavioural and Somatic reactions	*"She's not as outgoing as she used to be"* *"Yes, her em, she's very angry…… And, she won't talk about her grandfather at all. She's just bottling things up, but she's exploding then for minor little things"*	**Children's bereavement reactions**	Social reactions	*"I kind of really don't like going to school sometimes……when he wasn't dead, I just like only sometimes I didn't want to go, but now I don't really want to go"* (to school)
	Psychological reactions	*"It's just he can get angry and I'm like god, watch out and then he's a very lovable child but he just, he can't talk to me, if he gets anger"*		Behavioural and Somatic reactions	*"I couldn't go asleep because I was thinking about my Granddad cos he was always downstairs"*
	School performance	*"she still would've been good at school"*		Family reactions	*"Mum got really sad and then my brother, my brother that's in Australia had this weird dream that he was still alive"*
Changes in daily life	Used to see person who died regularly	*"she would have seen him every day"*	**Changes in daily life**	Unable to visit person who died/house No change in living situation	*"sometimes I would go down to my Dad's"* *"my Mam, my Dad and my sister"* (still live with participant)
Communication/Barriers to communication	Barriers to communication that make it difficult to talk to young person	*"I think just when (child) clams up…..and then her behaviour changes and that"*	**Communication**	Barriers to communication that make it difficult to talk to parent	*"Yeah, because em, you see, em my Mam was crying a lot and I don't like to upset her."*
Communication	Openness to communication	Open to talk *"All about things…"*			
Family bereavement reactions	Psychological reactions	*"In terms of loneliness, and really, nobody to share it with really, or him to talk to or the fatherly figure"*			
	Behavioural reactions	*"try and move on"*			
Parent's bereavement reactions	Bereavement tasks	*"then seeing my Mam upset and…. helping her to move on"*			
	Variety of reactions	*"I've me good days and me bad days"*			
	Behavioural reactions	*"I'd be crying and everything"*			
	Change over time	*"I think it's,it probably would have been different if it was a couple of months ago"*			

As Table H2 illustrates **Children's bereavement reactions** reported by both the young people and their parents encompassed the themes of social, behavioural and somatic reactions. In terms of social reactions, one participant reported that the death had no effect on him in school. However, when asked about his friends, he commented that *"They make fun of me anyway."* Behavioural and somatic reactions included parents' reports of children feeling sick, crying a lot, expressing anger, unwillingness to sleep in their own room, clinginess, nervousness. Parents also reported changes in school performance and psychological reactions. Psychological reactions included not dealing with the death, fear since the death, anger, and the child being upset by rumours related to the death. In terms of school performance parents' reports varied from the child being affected in school since the death and the child performing well in school, as illustrated with the quote above.

Family bereavement reactions reported by both children and parents were captured by questions related to the way in which the family had been affected by the death. Parents also discussed their own **bereavement reactions**. As the table illustrates the tasks associated with the bereavement emerged as a theme here. Children and parents talked about **changes in daily life** that had occurred following the death. Both young people interviewed reported no change in their living situation since the person died, however, the quotes shown in the table above convey the changes that resulted from the death in the young people's lives. Finally, the topics of **communication** and **barriers to communication** were discussed with both children and parents. Participants were asked if there was anything that made it difficult to talk to their parent or child, or for the parent to listen to them. Both parents and young people reported barriers to communication, while the parent's data suggested an openness to communication.

Coping and Support

The third group of topics from the interviews at initial referral related to coping and support. For the young people participating, the topic of coping related to what or who helped the young person to cope, while support related to what supports the young person had. For parents this section encompassed the topics of coping, in terms or what or who helped the parent to cope with the death and support, or what support the parent was getting. The topic of intervention was based on issues that were addressed in relation to the counselling intervention. The following table outlines the themes that related to coping and support at this time.

Table H3 *Themes Related to Coping and Support in Young People's and Parents' Data at Initial Referral*

	Parent Data			Young Person Data	
Topic	**Theme**	**Quote**	**Topic**	**Theme**	**Quote**
What or who helped the parent to cope	Difficulty coping	*"Probably just (child), the way she is"*	**What or who helped the young person to cope**	Parents helped them cope	*"My Mam"*
	Coping on own	*"I don't bother with anyone, or I don't bother with me family, I said look I don't need them I'll manage"*			
What support the parent was getting	Lack of support	*"I found it very hard to get em a service for children."*	**What support the young person had**	Support from family member	*"Well, my aunty sometimes and my Mam and Dad"*
	Sources of support	*"and my partner would've been of course"*			
	Change over time	*"Yeah, it would have been family. Friends at the start, I'd say, but then that dwindles out, I don't, you feel as if people that, have had enough of you, do you know that kind of way?"*			
	Value of support	*"it was good"*			
Help-seeking	Easy asking for help	*"it'd be very easy. We'd be all there for each other"*	**Help-seeking**	Asking/not asking for help	*"But only sometimes because I don't really like to tell them."*

Parent Data			Young Person Data		
Topic	**Theme**	**Quote**	**Topic**	**Theme**	**Quote**
Intervention	Reasons for referral Knowledge of intervention Source of referral	*"explodes over minor things"* *"No, we've got the booklets out"* *"It wasn't the doctor the second time. It was my friend in the States who's counselling, looked up these sites and forwarded them on to me."* *"the homework club"* *"No, we've got the booklets out…. We've had a look through those"*	**Intervention**	Reasons for referral Understanding of intervention	*"Em, because my Grandad died and I just bottle it up sometimes and I don't tell anybody."* *"I have to tell my feelings"* *"No" (understanding)*
	Expectations of counselling Practical issues Alternatives	*"13 weeks" (estimated time on the waiting list)* *"There was a group in the school, Rainbows, but [child] didn't want to go to that"*			
Contextual factors	Closeness of child to person who died Factors affecting child Parenting Other family issues	*"She would have (been very close). We would have lived till she was 5 and she would have seen him every day"* *"he's afraid and I, boys, boys get away, so I try to keep off the street as much as possible"* *"But I'm trying to get stricter with him, I've been very, very soft, letting him off"* *"I'm trying to move house….. It's an awful area"*			

In discussing **coping**, while the young people did not describe any particular coping strategies, they identified people who helped them cope. As the table illustrates young people reported that their parents and family members helped them cope and supported them. In terms of **help-seeking**, young people were asked who they asked for help and who was difficult to ask for help. The example shown demonstrates difficulty asking for help in one case. In another case the young person again reported his mother as the main person he would ask for help. In parents' interviews, one participant felt it was easy to ask for help, while the other found it difficult to seek help. Themes that emerged from the parent interviews regarding **support** included the theme of lack of support available for their child. Both parents reported at least one source of support.

Issues related to the **counselling intervention** were also discussed. Reasons for referral shown in Table H3 illustrate why the young people were attending counselling. While parents' discussions regarding the counselling intervention were, unsurprisingly, more involved, the themes related to knowledge, understanding and expectations of the counselling service suggested that participants had scant knowledge about the counselling or what to expect from the counselling at this stage. In the case of one young person, when the researcher explained what the counselling might be like, the child referred to the research as being similar. The researcher clarified the difference between the research and the counselling to help understanding. The source of referral highlights the range of ways in which young people came into contact with the counselling intervention. The first quote used to illustrate this theme in Table H3 illustrates one parent's efforts in finding such an intervention for her child. Themes of practical issues and alternatives to the counselling intervention emerged from the parents' data. The issue of alternative interventions related to parents' references to alternative services that they had heard about. In the case of the parent quoted in the table above, she elaborated that her child did not want to attend the Rainbows intervention as it was run by a teacher known to the young person.

Finally, there were four additional themes that emerged from interviews with parents related to the **context of the death** of the family member, as outlined in Table H3. Other family issues included a child's sibling being sent to prison, the child's siblings no longer visiting him, having problems with neighbours. Other factors affecting the child emerged from one parent's report that the child was being bullied.

1.2 Qualitative Findings at Point of Engagement with Counselling (EC)

For most participants, the interviews at this time took place when children were about to have their first counselling session. The young people had been on a waiting list until this point. However, in one case the participant had already had two sessions of counselling and in another case the participant had had one session before they took part in the research. During these interviews the main topics that were explored related to the death, the impact of the death, coping and support, views of counselling and issues related to the context of the death.

Death

The themes that emerged within the topic of death are presented in Table H4.

Table H4 *Themes Related to Death in Young People's and Parents' Data at Point of Engagement with Counselling*

Parent Data			Young Person Data		
Topic	**Theme**	**Quote**	**Topic**	**Theme**	**Quote**
Nature of death	Awareness of nature of death	*"Suicide"* *"Absolutely there was (awareness). I only told them 2 days before he died…."*	**Nature of death**	Understanding of how the person died	*"cancer"* *"Yeah, me uncle eh hung himself, me auntie just died because she was drinking too much and me granny just got a heart attack I think"*
Type of death	Sudden death Expected death	*"he was killed tragically"* *"she told them that she loved them and she was able to speak with them before the end"*	**Type of death**	Sudden death Expected death	*"me uncle eh.. hung himself"* *"because we knew that she was going to die"*
Length of time since the death	Awareness of length of time since death	*"It'll be a year the 29th of this month"*	**Length of time since the death**	Awareness of length of time since death	*"September, some part in September"*
Issues related to death	Relationship of deceased to child Multiple deaths	*"Nana"* *"since that….Mike's brother has died in July"* *"I thought they needed to talk to someone over the deaths of my brother and my sister and their friend… The 3 of them were like together within, oh within a month of each other"*			

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In terms of the **nature of death**, all the children except one were aware of how the person had died. However, as the young person's quote in the table above illustrates, in some cases there was a vagueness to the exact cause of death. Parents gave clearer descriptions of the nature of the death, such as accident, suicide, or illness. The topic of **type of death** was based on participants' description of the deaths, which were classified as either sudden or expected, as in the case of a long term illness. In relation to the **time since the death,** all children had some idea of when the person had died while parents were aware of the exact time since the death, as illustrated in the quotes above. One child referred to the death in terms of how old they were at the time of the death. There were two additional themes in the parents' interviews. One was the **relationship of the person who died** to the young person. Relationships included father, uncle/aunt, grandparent and friend. The second theme that emerged was **multiple deaths**. As the quotes from parents demonstrate, in some cases the young person had experienced the death of more than one loved one.

Impact of Bereavement

The second topic encompasses the impact of bereavement. In terms of the impact of bereavement the interviews focussed on the following topics: bereavement reactions in young people, parents and the family, communication, change in living situation and change in daily life. Tables H5 and H6 illustrate the wide range of reactions to bereavement reported by young people and their parents.

Table H5 *Themes Related to the Impact of Bereavement in Young People's Data at Point of Engagement with Counselling*

Topic	Theme	Quote
Children's bereavement reactions	Behavioural and somatic reactions	*"I kept trying, but I couldn't cry.....except I actually made myself cry. Then I was cried out....I couldn't stop crying for three days straight."*
	Psychological reactions	*"well yesterday, like, it was, I didn't really have a good day..... just in general"*
	Social reactions	*"My friends are grand"*
	Change in school performance	*"I can't really concentrate on my work anymore because every time I try to concentrate in maths I keep seeing my nana and it's too hard to work out"*
Family reactions	Changes within the family	*"We have a lot more fights and it's hard for mammy too, like em help, help us or stop the fighting"*
Communication – Barriers to communication	Identification of barriers to communication	*"I just feel like they're going to get upset and I don't......I don't want to talk to them".*
		"cos there's (younger sibling) and she's so small and em.."
	Openness to communication	*(With) "My Mum or my Dad"*
Living situation	Change in living situation	*"Yeah, she'd only just moved in, in the end of November and she went into hospital on New Year's eve, so it was pretty sad"*
	No change in living situation	*"We stayed in the same house"*

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Table H6 *Themes Related to the Impact of Bereavement in Parents' Data at Point of Engagement with Counselling*

Topic	Theme	Quote	Topic	Theme	Quote
Children's bereavement reactions	Behavioural and somatic reactions	"….he's beginning to get behaviour sheets and all and he never done that in his life" "Like he's not sleeping, his sleeping pattern and all is gone"	**Parent's bereavement reactions**	Behavioural and somatic reactions	"I'm not sleeping do you know what I mean. And then during the day I'm getting cranky and you know.."
				Psychological reactions	"…I just can't get it out of me head like I gave the child the bike"
	Psychological reactions	"she went back in taking little panic attacks and she was afraid she was going to have a heart attack"		Social reactions	"then do their dinner and then and I go back up to me bedroom….. just like to lie there and leave me alone"
	Social reactions	"He doesn't go out as much as he used to. He doesn't go out playing as much" "she is sort of staying in a little bit, she won't go and knock for them…. Before she was skipping out and whatever"		Awareness of partner's grief	"where my husband probably hasn't dealt with it quite as well either"
				Change in reactions	"the pain changes"
	Change in school performance	"I've a meeting with her teacher tomorrow now because her spellings that she should be well able to do she's getting them wrong"		Awareness of children's grief	"The children were very upset initially, but they'd gone back to school and they were having problems"
				Poor adjustment	"To be honest with you I can't deal with it at the moment".
	Adjustment	"The children were very upset initially, but they'd gone back to school and they were having problems"	**Communication – Barriers to communication**	Identification of barriers to communication	"when his sister is around, that's the only time. She won't give him a minute" "he just wants to keep talking… He'll try and deflect from something as well that's painful"
	Individual differences	"My other daughter's saying, why can't she get over it and I'm like well she feels differently"			
Family's bereavement reactions	Effect on whole family	"on a scale of one to ten I think it was ten all round. Because every one of us is after being affected in the house you know"		Openness to communication	"I don't think any of us like talk anymore, you know about, like the people that are gone…and yet …..they're saying things on their Bebo sites"
	Centrality of person who died in family	"nana didn't live so far away anyway, so we were there every weekend or else she came to us every weekend"			"… everyday at dinnertime we all sit down as a family.. you know how is everybody's day and what's been going on today"

Table H6 (Contd.) *Themes Related to the Impact of Bereavement in Parents' Data at Point of Engagement with Counselling*

Family's bereavement reactions	Concern for surviving husband/wife of deceased	*"me mam would be in the house on her own now…. me dad not being there you know… she's coming home to dark, empty house"*	**Living situation**	Change in living situation	*"well their da now is in the house helping me at the minute because I'm only after an….operation"*
	Family relationship	*"he (participant's brother) was always in with me every weekend and all but it's like there's a barrier gone up there"*		No change in living situation	*"No" (change in living situation)*
	Marital relationships	*"[husband]'s parents are married 40 years this year and in the last couple of weeks, their relationship, they've really, really, really, just come apart"*			
	Somatic and behavioural reactions	*"for them (younger siblings)to hear bagpipes they start crying"*			
	Continuing relationship with person who has died	*"Peter (participant's brother) would come out and go Mam I miss Michael and Mary"*			
	Psychological reactions	*"[husband] can totally accept it, why he did it and how he did it …whereas I just don't think about it "*			
	Adjustment	*"Yeah it's come back down a bit, I'd say about an 8"*			
	Change in daily life	*"But I didn't even bother cooking them do you know what I mean. I just let them live out of the chip shop"* *"…nana didn't live so far away anyway, so we were there every weekend or else she came to us every weekend, so we alternated that, and typically she'd always stay with us"*			

Looking first at **children's bereavement reactions** in the two tables above highlights several common themes that emerged from the parents and young people's data. In terms of behavioural reactions, both young people and parents referred to crying. However, the quotes used in the table highlight the range of behavioural issues reported by parents, which included staying in the house more than they used to, watching more television, getting into trouble in school, aggressive behaviour, attention seeking and incessant talking. Somatic problems included problems sleeping and physical effects, such as trembling, feeling sick before school. Another theme that was under-reported by young people compared to parents was that of social reactions. Most young people reported that they were getting on well with their friends since the death. Parents' responses, however, varied from no change in friendships to a variety of social problems, as the quotes in the table above demonstrate. The theme of change in school performance emerged from responses when participants were asked about how they were getting on in school. While some young people and parents reported no change, others referred to a deterioration in performance. Finally, it is worth noting that the parents' data related to young people's bereavement reactions included additional themes of individual difference in reactions within the family and adjustment to the death.

Both parents and young people also discussed the **family's bereavement reactions.** When asked how the family was affected overall, some young people had difficulty explaining in what ways the family had been affected. There was a wider range of **family's bereavement reactions** reported by parents, as shown in the themes under this topic in Table H6. Continuing a relationship with the person who had died emerged as a theme. Parents referred to shared stories and conversations about person who had died, visits to the grave of person who has died and wanting to see the children of the person who died. The final theme of bereavement reactions was adjustment to the death. Parents' reports varied from good adjustment, such as having good memories of happy times with the person who died, to poor adjustment in the family, such as not talking about the person who died in the family.

Parents' bereavement reactions reported by themselves highlighted several themes shown in Table H6. Again, parents reported a range of reactions, such as behavioural and somatic reactions and psychological reactions. The table illustrates the themes related to parents' awareness of their partner's grief and their children's grief. The final theme in parents' bereavement reactions was poor adjustment of the parents to their loss. Lack of

comprehension of the death, for example in the case of death by suicide emerged as a sub-theme, as did a difficulty in relating to the person who had died, as the participant had been able to do with previous deaths.

The topic of **Communication** and specifically **Barriers to communication** was a topic addressed under the impact of bereavement. While some children reported no barriers to communication or open communication with their parents, many participants gave reasons to explain why they found it difficult to talk, as illustrated in the tables above. In some cases, the parent's concern related to the nature of the death, for example in the case of a suicide in the family. This is reflected in the quote in the table above where a parent reports a reluctance to talk to the child about their uncle. Like the young participants, some parents reported practical problems in terms of communicating with their children, for example, a lack of time or having younger children in the family who demanded attention.

The impact of bereavement also included **changes in living situation** and **changes in daily life.** While some families reported changes in their living situation, as in the case where a father had moved temporarily into the home following the death, the majority of children reported no change in their living situation. The theme of **changes in daily life** was based on parents' reports of significant changes to the lives of their children as a result of the death, such as a mother's absence from the house and the absence of the person who had died in the house and at family events.

Coping and Support
Coping and support were again investigated in the interviews at the start of counselling. Table H7 presents the main topics and themes related to support and coping.

Table H7 *Themes related to Coping and Support from Parent and Young Person Data at Start of Counselling*

	Parent Data			Young Person Data	
Topic	**Theme**	**Quote**	**Topic**	**Theme**	**Quote**
How they are coping	Finding coping difficult	*"I'd say just when [child]'s attitudes and her behaviour changes"* *"Well I'm not coping, I just don't deal with it, I've blanked it"*	**How they are coping**	Finding coping difficult	*"I don't want to talk about it"*
What or who helped the parent to cope	Coping on own Spirituality Counselling	*"No one doing nothing for me"* *"they come up every week and have a talk with me and prayer session"* *"I have attended An Cuishle myself"*	**What or who helped the young person to cope**	Parents helped them cope	*"well., sometimes I'd rarely kind of talk to my Mam or my Dad. They'd see me upset and they'd ask me what's wrong"*
Ease of asking for help/Support	Variety of attitudes to help-seeking	*"It would be very easy to ask for help"* *"Well personally I had no trouble asking for help"* *"I wouldn't ask anybody for help to be honest"*	**Ease of asking for help/Support**	Help-seeking	*"Em, they'd be useful enough if I asked them. But I don't ask them (friends)"* *"I just don't want to talk about it"*
Who supports parent	Support from family, partner or friends Support from other sources Lack of support	*"Would be my partner and then my family"* *"Myself and my partner, I've been there for him and he's been there for me"* *"I've some really good friends"* *"the liaison officer around schools"* *"Step by step" (community support group for children)…" and after school clubs"* *"just like Barnardos is looking after the kids"* *"feeling that there's no support, or very little support" (for her children)*	**Who supports young person**	Don't talk to anybody Support from parents/family	*"I wouldn't really talk to anybody"* *"My Mum or my Dad"*
Understanding of counselling	Lack of understanding of counselling	*"No, to be honest I always thought Barnardos was a charity, like a shop, a charity shop. I had no idea it was anything like this…. when I went on the website I saw bereavement for children"*	**Intervention - Understanding of counselling**	Varied understanding of counselling	*"I have to talk to her and…about daddy and…"* *"because my uncle died"*
Expectations of counselling	Range of expectations of counselling	*"to cope better with the death"* *"like (participant) hopefully will talk to (counsellor) and get everything off his chest you know. And realize that it is confidential too"* *"Help us to help them(sons)"*	**Intervention- Expectations of counselling**	Range of expectations of counselling	*"thought it was going to be a kid's place with all that"* *"And now this is going to help, you know"*

	Parent Data			Young Person Data	
Topic	**Theme**	**Quote**	**Topic**	**Theme**	**Quote**
Reason for Referral	Range of reasons for referral	*"his friend like dying you know…..he couldn't really handle it"* *"X was talking about committing suicide, things had gotten to that level. Well it had been nana now as well, he wanted to be with nana, he wanted to die"* *"At that stage we most wanted to know if we should tell them the truth"*	**Reason for Referral**	Range of reasons for referral	*"To help get over daddy"* *"I never really talk to anybody about my granddad and I keep it bottled in, in my head"*
Experience of counselling	Initial impressions Helpfulness of counselling Practical issues	*"The first time I phoned, they just spend so much time on the phone talking to you, which was absolutely, it was nice to speak to someone"* *"I'd say it probably has helped"* *"We're delighted, with every part of it"* *"in August when they said you'll be getting your date soon …. then to get the letter in September and say it'd be another three or four weeks. I found that, cos I really needed…"* *"so then that's the length of time, from first week of September to the middle of November"*	**Experience of counselling**	Initial impressions	*"I didn't like it".* *"I've only just come but they are real friendly"*
Best aspect of counselling	Key aspects	*"I think it actually was being able to talk to somebody in absolute confidence"* *"Him being able to talk to somebody"*	**Key aspects of counselling**	Liked and disliked aspects of counselling	*"I like certain things we do talk about…a lot of times I just don't like it at all"* *"The painting"*
Recommendations to other	Eager to recommend to others	*"I think any family with a bereavement, that this should be the first port of call"*	**Recommendations to others**	Eager to recommend to others	*"I said it to one of my mates already, and he said no"*
Areas for Improvement	Things that would improve the experience	*"I'm happy with what I have, but I'd love more I'd love to perhaps be shown some of the tools myself"* *"If they had more funding, if they had more people, if it was more spacious"* *"I feel sorry, I feel bad that it takes so long to get an appointment"*			

In terms of **who helped them cope**, as Table H7 shows, young people reported their mother or father. The teenaged participant was the only one who said that he usually talked to his friends. Parents reported a range of things that helped them cope, such as counselling for themselves. The theme of **how they are coping** contained a theme of finding coping difficult in the case of parents and young people. Parents reported several reasons for finding coping difficult, mainly related to their children, as the quotes illustrate.

Parents and young people were asked about **asking for help/support**. Parents had diverse attitudes to help-seeking, from ease of asking for help for their children, to not asking anyone for help. As the quotes in the table above illustrate young people had a variety of reasons for difficulty in asking for help. When asked who they found hard to ask for help, two children mentioned friends, for example because "*they might get like a rumour*". Other children mentioned that it was hard to talk to parents and other family members. In terms of **who supports them**, parents reported a range of supports from family and external sources, as shown in the table above. Young people reported that they would turn to their parents and other family members for support.

In relation to the counselling intervention, topics that were discussed included participants' **understanding of the intervention, expectations of counselling** and their **experiences** of it. All young people knew that the reason they were coming to counselling was related to the death of the person in their family or friend, however, there was a lack of understanding of what happens in counselling among those who had not started, which is reflected in their expectations. Parents' expectations of the counselling included that counselling would help the child. Both parents' and young people's quotes illustrate the range of **reasons for referral** to counselling.

The two young people who had already started counselling discussed their **experiences of counselling** to date with the researcher. Initial experiences of counselling were reported. When the teenaged participant was asked did the counselling turn out to be different to what he expected, he commented "*I didn't like it*". When asked why he didn't like it: "*I don't like talking*". Asked he still felt like that, he added "*oh no, it's alright now….I wouldn't say I like it but….it's alright*". Later in the interview this participant stated: "*Like the first day I came in I hated it*". Parents' experiences of the counselling to date included aspects related to staff, their child's experience, the change in the young person. The helpfulness of counselling was

a theme in the data. The child who had two sessions of counselling thought it was too early to say if it was helpful yet. The child who had had one session reported that he thought counselling had helped him, but he could not say why. Parents who had children who had already started counselling identified many aspects that were helpful, as shown in the table above. Young people who had started counselling identified liked and disliked aspects of counselling. Sample quotes highlight the processes involved, such as talking. **Key aspects** reported by parents focussed on talking to someone. In terms of **recommendation of the counselling** service to other children who had experienced the death of someone close to them, both young people who had already started counselling and their parents reported that they would recommend counselling to a friend. Parents also reported that they would recommend the counselling and their satisfaction with the counselling to date. However, when asked about **areas for improvement,** most parents reported a variety of ways in which the service could be improved. This is also reflected in the theme of practical issues in parents' experiences which emerged from feedback in relation to the waiting list and the need for more counselling.

Context

At the start of counselling there was a topic of **context** in the parents' data. The main themes related to contextual factors are shown in the following table.

Table H8 *Themes related to Contextual Factors from Parent Data at Start of Counselling*

Parent Data		
Topic	Theme	Quote
Context	Existing social behavioural problems	*"it is a social behavioural problem, it's how to socially interact with normal children"*
	Parental factors	*"I'm only after an angioplasty operation"*
	Bullying	*"the insidious side of bullying, where he was being isolated, where there was a lot of name calling"*
	Change in context	*"and we've moved [brother] since to a new school"*
	School	*"He's sick going to bed because he's thinking about getting up for school in the morning".*

Existing social behavioural problems mentioned by one parent referred to difficulties that the child had which pre-existed the bereavement. These problems led to problems in school and also related to issues concerning other supports for the child, e.g. sna in school. Other contextual factors related to parental issues, such as a parent who had been recuperating from an operation.

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1.3 Qualitative Findings at First Follow Up - Approximately Three Months after the Start of Counselling (FU1)

The interviews conducted at this time point took place when the children had been attending counselling for approximately three months. Three interviews were conducted with children and their parents. In the case of one participant, both their father and mother took part in the research at this point. The child's father stayed in the room while the child was being interviewed. For the other two participants, interviews were conducted individually with children and parents as before. During the interviews the main topics that were explored related to view of the death, the impact of the death, coping and support, views of counselling and context.

View of the Death

The topics that were explored in terms of views of the death related to the death and the person who died, as shown in Table H9.

Table H32 *Themes related to View of the Death from Young Person Data Three Months after Start of Counselling*

Parent Data			Young Person Data		
Topic	**Theme**	**Quote**	**Topic**	**Theme**	**Quote**
Person who died	Description of person who died	*"Nana was always calm and nana was always good…..she gave them a sense of security, a sense of being loved, for no reason other than they existed"*	**Person who died**	Awareness of who died Used to see person who died regularly/ Misses person who died	*"it was over my granddad" "she never comes over for dinner or we never go over to her anymore…..we used to go every second Saturday or something…"*
	Child misses person who died Childs ability to talk about person who died	*"it's things like that that he'd miss, things he did with him" "She won't talk about her uncle… She doesn't want to talk about anything, how he died or anything like that"*			
Length of time since the death	Awareness of length of time since death	*"14 months"*	**Length of time since the death Type/nature of death**	Awareness of length of time since death Suddenness of death	*"It's a year, it was in October" "he missed a step when he was walking up the stairs and fell"*

In relation to the death the topics that were explored at this time point were similar to those in the interviews at initial referral. In terms of the **person who had died**, the theme of awareness of who had died illustrates the young people's descriptions of the person who had died. The people who had died described by the young people were confirmed in parent reports but in addition a parent reported that her daughter had also experienced the death of her uncle. The table illustrates the themes that emerged in relation to the person who had died. Young people and parents all gave an estimation of **time since the death**. Two children had experienced the death of their family member over one year ago and the other child reported they had experienced the death over two years ago. Where a young person was clear on the **nature of the death** at the initial referral interview, the researcher did not ask again about the death. However, one participant who was asked about the death described an accident as shown above.

Impact of the Death

Under the topic of impact of the death, three main topics were explored: bereavement reactions (child and family), communication and change in living situation.

Table H10 *Themes related to Impact of Bereavement from Parent and Young Person Data Three Months after Counselling*

Parent Data			Young Person Data		
Topic	Theme	Quote	Topic	Theme	Quote
Children's bereavement reactions	Behavioural reactions	*"he's not doing anything. So he's even becoming very isolated himself"* *"explodes, like everyone's picking on me and nobody listens to me……"*	**Children's bereavement reactions**	Psychological reactions School performance	*"like I get really sad"* *"it's not much of an effect, but it was just I've gotten a bit sloppy…"*
	Psychological reactions	*"Still has the, a lot of anger in him"* *"the worry… she thought that….. anyone that smoked was going to die"* *"it's related to her uncle's death because she's very anxious and she has this fear"* *"he said that he wants to die, it would be better, except he doesn't want to leave us"*		Social reactions Somatic reactions	*"there was this boy I used to hate, I would knock him out if I had to and now I don't even touch him"* *"I can't get asleep often because it's only my granddad and then my other uncle died in July"* 1
	School performance	*"I'd say a very big effect. Cos she's falling behind in her work and that, she couldn't cope"* *"On Monday he did another exam, no problem again, but then if something upsets him, he won't concentrate"*			
	Social reactions	*"he doesn't go out at all, he's not mixing with the kids in the Park"*			
	Somatic reactions	*"her sleep patterns – she's getting a little bit stressed now, going to sleep"*			
Changes in daily life	Change in child-minding	*"She's going home as well"*	**Changes in daily life**	Change in child-minding	*"No we stayed there"* *"She's going home and never coming back"*

Table H10 (Contd.) *Themes related to Impact of Bereavement from Parent and Young Person Data Three Months after Counselling*

Parent Data			Young Person Data		
Topic	**Theme**	**Quote**	**Topic**	**Theme**	**Quote**
Communication/ Barriers to communication	Barriers to communication that make it difficult to talk to young person	"she can be chatty, but sometimes she'll bring things up that you can't sit down and talk to her, do you know if you're in the middle of something…."	**Communication**	Barriers to communication that make it difficult to talk to parent	"I wouldn't really tell her because I think that she'll get sad and I don't want to hurt her feelings"
	Talking about person who died	"very fresh and they would talk about nana, they talk about missing her" "He talks about him and that. And things, like what he said, had done for him, or gave him," "Not as much"		Good communication with parents Ability to talk about death/person who died Does not talk to parent/to anybody	"They always listen" "I don't really want to talk about it" "I just leave it to myself".
	Decrease in time spent talking about person who died Parent making effort to talk to child	"Even now I'd still talk about his daddy"			
Family bereavement reactions	General family reactions	"just probably going to the family home and my mam being there on her own and that"	**Family reactions**	Absence of person who died	"she never comes over for dinner or we never go over to her anymore"
	Impact of parent's grief on children	"I wasn't myself at all for a long time…the lads, they'd sense that dad isn't going out"		Inability to articulate reactions	"Eh (silence)"
	Variety of reactions to bereavement within family	"the (other) children don't understand cos they never lived me with and (child's father).(Child) did."			
	Parent's feelings related to trying to help child	"I had nothing to help him….as parents, you're trying to parent as well as you can and you just feel a failure"			

As Table H10 illustrates young people and parents data contained similar themes related to **children's bereavement reactions.** Psychological reactions reported by young people included keeping things to oneself, thinking about the person who died and feeling sad, while parents reported a range of psychological reactions, as shown in the sample quotes above. Both parents and young people referred to sleeping problems associated with the death. The parents data had a theme of behavioural reactions, which included aggressive behaviour, anger, being upset and poor behaviour in school. In relation to school performance, two of the young people reported no difference since before the death and one participant reported a slight deterioration. However, parents reported a deterioration in schoolwork. The theme of social reactions highlighted no impact in the young people's data, i.e. all three participants reported getting on with their friends as well now as before the death. However, some parents referred to some social reactions, such as reluctance to socialise with peers.

The findings regarding **family bereavement reactions** were based on the effect of the death on the whole family. Themes outlined in the table above illustrate how the young people thought their family was affected now. Parents' reports resulted in themes including missing the person who died and concern for the surviving spouse, as shown in the table above. The impact of parent's grief on children was based on parents' perceptions of their children noticing their parent's grief. As seen in the table, there is also a theme related to the variety of reactions to bereavement within family, which emerged from parents' comments comparing the reactions of siblings. The theme of parents' feelings related to trying to get help for their child highlights the difficulties associated with accessing support.

The issue of **communication** was addressed in interviews by asking questions related to openness to communication between young people and their parents. Barriers to communication was a recurring theme in parents' and young people's data. The sample quotes provided illustrate the range of barriers. As can be seen, both parents and young people also referred to the young person's ability to talk about the person who died and parents' efforts to have open communication.

Finally, the topic of **change in daily life** was explored in interviews in terms of what, if any, change in living situation the young person had experienced. While some participants reported no change, the theme outlined in Table H10 highlights the significance of a change in child minder for one family.

Coping and Support

The topic of coping and support was addressed at each time of data collection. At the three month point the specific themes emerging from children's interview under this topic were coping, support and help-seeking. For parents, the topic contained themes related to coping and support for parents as well as their perceptions of the child's coping. The main themes are presented in Table H11 below.

Coping was explored with participants from the perspective or **what or who was helping them to cope** with the death. In terms of young people, the quote used in the table reflects the response of two of the three participants that their mother helped them cope. **Parents' perceptions of child's coping** was based on themes that emerged related to parents' perceptions of their children's difficulty coping and the impact of the build up of problems. In terms of parents' coping, participants reported a range of things that hindered coping. As the sample quote illustrates, friends were reported as helping coping more than family in one case.

Support was investigated in young person interviews in terms of **what support the child was getting**. The themes highlight the range of supports reported by young people, both inside and outside the family. While all participants mentioned talking to their parents, one participant did not seem to discriminate from whom he got support, as shown in his comment. When parents talked about their perception of **what supports the child had**, again the themes highlight the range of support from family and other sources, such as CAMHS, SNA in school. The topic of **support for parents** included themes of support from family, friends, neighbours and external supports. One participant, quoted in Table H11, described the support received from a parenting counsellor. While one participant reported getting no support from family, when participants were asked about their perception of the level of support they got, adequacy of support was the common issue in this case.

Young people and parents were asked about help-seeking. Their responses were categorised under the topic of **ease of asking for help**. Young people varied from finding it easy to not asking for help at all. Quotes from parents in the Table H11 highlight parents' reluctance to ask for help, as well as problems accessing help for their children when they do look for help.

Table H11 *Themes related to Coping and Support from Parent and Young Person Data Three Months after Counselling*

Parent Data			Young Person Data		
Topic	**Theme**	**Quote**	**Topic**	**Theme**	**Quote**
Who/what helps parents cope	Things that help parents cope Parent copes on own Things that hinder coping	*"Probably be my friends now"* *"I'd get on with it"* *"Where we live actually"*	**What or who helped the young person to cope**	Parent helped them cope	*"My mum"*
Perceptions of child's coping	Inability to cope with situations (e.g. school situation Ways to improve coping What makes coping more difficult	*"their learning behaviours are their coping mechanisms and they don't know anything better"* *"they would need somebody trained….. then understand what steps are required to learn a different response to a set of circumstances"* *"that was kind of exasperated then by nana dying and things kind of really snowballed out of control then"*	**Ease of asking for help/Support**	Easy to ask for help Difficulty asking for help/Do not ask for help	*"very easy. Absolutely easy"* *"I don't really want to talk about it"*
Ease of asking for help	Difficulty finding help for children Difficulty asking for help/Do not ask for help Do not know who to ask for help	*"which is why we ended up contacting, and literally now I was at, I was at, I didn't know what to do, didn't know where to turn, I was going to the GP, I was going to, I was going everywhere"* *"Yeah, I found it very hard to get em a service for children…."* *"I wouldn't ask anybody for anything"* *"who would I ask?"*	**Who supports young person**	Support from parent Support from siblings/family Support from outside family	*"I'll get my mum, my dad and my brother and my sister, whoever"* *"em, no my sister actually"* *"Or my babysitter"*
Support for parents	Partner/Family Friends/neighbours Support from other sources Lack of support Adequacy of support	*"We rely on each other"* *"I have a neighbour, yeah, two of them, and they're great"* *"she would do is just listen to what we have to say and then she kind of, she puts back to us what she sees in very lay layman terms"* *"not family anyway"* *"It's alright …. Definitely not great"*			
Support for child	Support from parents/family Other sources of support Support from neighbour	*"well it would be me and me sisters and then her dad and her nanny about her granddad."* *"he is in quite a lot of groups and everything"* *"school have been very good and were anxious to help"* *"me other neighbour (name) she was great"*			

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Counselling

As all the participants had been attending counselling for several months at this point of data collection, more time was spent in the interviews discussing issues related to the counselling. The topics that were explored in the young people's and parents' interviews are shown with relevant themes in Table H12. As shown in the table, some topics are common to both sets of data, for example, expectations of counselling, the perceived impact of counselling. However, other topics are specific to parents, for example practical issues, or young people, for example what happens in counselling. Views of counselling incorporates themes from young people's and parents' data that are based on their experiences of counselling to date. The main themes from parents' and young people's data are presented in Table H12 below.

Parents' general **views of counselling** included the theme of general positive view based on positive comments made throughout the interviews. The helpfulness of counselling in explaining a child's behaviour as well as the helpfulness for parents emerged as themes. The themes in the young people's data show that young people also had positive views of counselling. The independence of the counselling from their family emerged as an important theme. In terms of recommending the counselling to another young person who was bereaved, all participants said that they would recommend the counselling. **Views of counselling – referral** was based on themes related to how and why the young people had come to counselling.

The topic of **perceived impact of counselling** was based on questions related to whether or not counselling was helpful and why participants thought counselling was helpful. The number of themes which comprised the topic highlights the wide range of areas in which participants perceived counselling to be helpful. Common themes in the parents' and young people's data relate to the perceived impact of counselling on behaviour, social relationships, communication, family and school work. The theme of impact on communication encompasses talking to a parent more and the ability to talk about the death or the person who died. The quotes used in Table H12 reflect the participants' perceptions that young people were more able to talk about the person who died and the death at this time. Parents also reported that their child would talk to them or other family members more. Additional themes that emerged from the parents' data included perceptions of the impact of counselling on their child's psychological reactions, feelings and coping. Finally, one parent commented on seeing a bigger change in one child after counselling than a sibling, which is captured by

the theme of difference of impact among siblings. In the young people's data there was a theme of impact on things unrelated to the death, such as helping a participant overcome a fear of the dark.

Young people were asked about the best part of counselling. The topic of **key aspect of counselling** encompasses themes related to their responses to this question and other key aspects of counselling that they emphasised during the interviews. As the quotes in the table above illustrate, the key aspects of counselling for the young people related to talking and expression of feelings. The topic of **what happens in counselling** was based on the young people's descriptions of their counselling sessions. Themes here reflected activities, such as play, as well as processes involved in counselling, such as talking and dealing with feelings.

Young people and parents were asked about their **satisfaction with counselling** and their **expectations of counselling**. In terms of young people's expectations, in the case of two participants, counselling met their expectations. One participant reported that counselling was not like what he expected, but he could not say why. All participants expressed their overall satisfaction with the service, reflected in their comments and their scores on the satisfaction scale. While parents reported that counselling had met their expectations, there was a theme of different expectations for child, which relates to one parent's expectation that counselling would be less helpful for this child as for their other child attending counselling.

All participants' suggestions for **possible improvements to the counselling service** were explored. In two cases, the children reported that no improvements were needed. However, a theme here was unrealistic suggested improvements, illustrated by one participant's quote in Table H12. While some parents thought that nothing could be improved, others suggested possible improvements to the service, based on more resources. Finally, **practical issues** was a topic based on parents' references to the waiting list, to the involvement of parents in their children's counselling and other practical issues, a shown in the table. The theme of end of counselling is based on parents' reports of how counselling will be wound down, or in the case of the second quote above, how a child will continue with counselling for the moment.

Table H12 *Themes related to the Intervention from Parent and Young Person Data Three Months after Counselling*

Parent Data			Young Person Data		
Topic	**Theme**	**Quote**	**Topic**	**Theme**	**Quote**
Views of counselling	General positive view	"everything's been great" "I just think it's a great service for people to have…. to take their children"	**Views of counselling**	General positive view Independence from family	"it's lovely in here" "it's kind of better 'cos with my mam like I don't want to upset her"
	Helps explain child's behaviour	"(counsellor) verbalised to us one day, is that she gave them a sense of security, a sense of being loved,		Willingness to attend	"No (don't mind), it's really fun"
	General helpfulness for parents	"we're learning things through the counselling" "I'm getting feedbacks from (counsellor) what to do"		Nothing negative about counselling Would/would not recommend	"No, it's fine" "it'd make them feel way better and way happier"
	Would recommend to other families	"I'd recommend it 100%"		Awareness of length of time attending counselling	"It's every 2 weeks…. Mostly on a Wednesday"
	Individuality of experience	"he was a couple of sessions behind (brother)"			
Views of Counselling - Referral	Reason for referral	"being able to talk to us about her granddad and being….and to get the worry part away…" "I suppose just we just couldn't see what was wrong with him really, …it was a sense of loss of something"	**Views of Counselling - Referral**	Reason for referral	"yeah, it was over my granddad"
	Source of Referral	"it was Marymount were aware of the child bereavement services"			
Perceived Impact of Counselling	Impact on child's behaviour	"now her anger, she hasn't been that angry now"	**Perceived Impact of Counselling**	Impact on behaviour Impact on wellbeing	"like not shouting at me mam" "I just go home and I'm happy like"
	Impact on child's psychological reactions	"not as withdrawn as much, she's getting more confidence back in herself"			"… I get what I feel, like out of me, like bad feelings …I just go home and I'm happy like"
	Impact on child's feelings	"To deal with it and understand that it's not a big deal for him to feel this way"			
	Impact on child's coping	"he's coping good, he'll be at it for another while"		Impact on relationships within family	"way better…because I can play with my sister properly now"
	Impact on child's communication	"you can get anything you want out of him now, before it was like that wall, you couldn't"		Impact on communication	"yeah, I can talk about it, it's just, it's not that hard"

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Table H12 (contd.) *Themes related to the Intervention from Parent and Young Person Data Three Months after Counselling*

Parent Data			Young Person Data		
Topic	**Theme**	**Quote**	**Topic**	**Theme**	**Quote**
Perceived Impact of Counselling	Impact on child's social relationships	"It's helped him how to deal with children and that, you know that"	**Perceived Impact of Counselling**	Impact on social relationships	"(counselling) helped me get on better with my friends …"
	Impact on school performance	"So, since she's started then she's come on with her Maths and her English"			"No I'd say it's stayed the same"
		"Now as the weeks are going on she is starting to improve"		Impact on schoolwork	"I didn't know I could do so well in maths until after"
	Impact at home	"Her little sister, they used to be bickering all the time…. it has helped"		Impact on things other than death	"Like helping me to do stuff… don't be scared of the dark"
	Difference in impact among siblings	"And it's through here we've seen…one moving on hugely And one moving on, but certainly not anywhere near"			
Expectations of counselling	Expectations have been met	"Yes"	**Key aspect of counselling**	Talking to someone who is outside the family	"yeah, it's kind of better cos with my mam like I don't want to upset her"
	Different expectations for child	"we kind of feel that if (child) could get 2 or 3 sessions….. it'd be a huge help to him"		Talking about things	"I can tell people what I'm thinking and like not bottle it up in my head"
				Getting help	"Getting help"
				Activities	"talking and painting"
Satisfaction with Counselling	Satisfied with service	"Very satisfied"	**Expectations of counselling**	Met expectations	"Yes, it has. It makes me all happy"
		"I'd say 5"		Did not meet initial expectations	"Well not really"
Improvements to Counselling	Possible improvements to service	"More if possible" (counselling sessions)	**Possible improvements to counselling**	No improvements needed	"No, it's fine."
	Nothing to be improved	"No, everything's been great"		Unrealistic suggested improvements	"if (the person who died) could be brought back to life"
Practical Issues	On waiting list initially	"not long (on waiting list) I don't think"	**What happens in counselling**	Talking about the person who died/everything	"Yeah, talking"
	Parent's involvement in sessions	"I suppose maybe I do" (see the counsellor after her child)		Working with feelings/ Feel better about death	"I get what I feel like out of me, like bad feelings"
	Regularity of appointments	"Every two weeks"		Activities involved	"Actually, we just play….but I end up talking all about it"
	End of counselling	"she'll continue for 2 weeks, for another couple of weeks and then go on to three or four week…"			

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Context

The topic of context was compiled of the themes of circumstances other than the initial bereavement which may have affected the young person, as shown in the Table H13.

Themes that emerged from the interviews with young people related to the **context of the young person's bereavement** included bullying, a child minder leaving and multiple deaths. In terms of multiple deaths, one child was initially referred to the counselling service following the death of her grandfather. However, she subsequently experienced the death of her uncle while on the waiting list for her first counselling session.

In parents' interviews the topic of **wider context** encompassed some of the same themes, as well as additional ones. The parent of the child who reported that he was bullied reported that it was a difficult situation and that she would like to move house. This is captured with the theme of difficult home environment. The theme of difficult family circumstances is based on a parent's report of other things that were happening in the family at the same time as the bereavement, as illustrated in the table below. School related issues and the sense of injustice themes relate to parents' reports of a child being bullied in school and ongoing issues related to the child's problems and accessing support for their child in school. Other themes included the child's psychological wellbeing, as shown in the reference to CAMHS.

Table H33 *Themes related to Contextual Factors from Parent and Young Person Data Three Months after Counselling*

	Parent Data			Young Person Data	
Topic	**Theme**	**Quote**	**Topic**	**Theme**	**Quote**
Wider Context	School related issues	*"while the school had dealt with the bullying in itself, they hadn't, or they didn't have the resources to undo the learned behaviour of the person being bullied"* *"he's so upset, he's constantly upset, he's constantly sick, he doesn't want to go to school"* *"There was a lot going on in school at the time"*	**Context**	Repeated class in school Bullying	*"Third, I'm supposed to be in fourth"* *"My mam doesn't want anybody to bully me anymore……they're calling me druggie because of my brother"*
	Sense of injustice	*"fierce sense of injustice when it comes to us as well…"*		Gets in trouble in school (e.g. feels teacher picks on him)	*"well, my teacher blames everything on me…but she blames it on me and I didn't do it"*
	Psychological assessment	*"now we've been to CAMHS as well"…"X then got a formal diagnosis of ADHD"*		Child minder leaving	*"…my babysitter, she counts as family. She's been with my family for six years….that's a very long time and she's going home and never coming back….kind of sad"*
	Child is a twin	*"Plus there's a twin thing going on as well because X is the more dominant twin, so if you moved X in with Y…… it wouldn't be the best"*			
	Multiple deaths	*"but (counsellor)'s saying it's related to her uncle's death"*		Multiple deaths	*"it's only my granddad and then my other uncle died in July"*
	Difficult home environment	*"they're bullies on my street, bullies. You just have to try to keep him in, keep him away"* *"I am going to start to see can I get a council house out of there, but then if you move you have to still try and think how will I get X back to that school, taxis and everything"*			
	Difficult family circumstances	*"he is affected as one brother going to Australia, one brother in the nick"*			

1.4 Qualitative Findings at Second Follow Up – Approximately Six Months after the Start of Counselling (FU2)

The final round of interviews took place approximately six months after the children had started attending counselling sessions in Barnardos. Five interviews with children and four interviews with parents were conducted. The broad topics discussed in the child interviews were: the impact of death, support and coping, counselling and the impact of counselling. Similarly the parent interviews considered context, the impact of death, support and coping, counselling and the impact of counselling or change over time.

Context

Several themes emerged from the parent interviews that were related to the context in which the young person was grieving. These themes represented factors that may have been influencing the young person's adjustment to the bereavement at the time. The themes identified are shown with sample quotes in Table H14.

Table H34 *Themes related to Contextual Factors from Parent Data Six Months after Counselling*

Parent Data		
Topic	**Theme**	**Quote**
Context	Other stressors in the family	*"(son)being arrested, that's a big thing in the family"*
		"I'm staying at home"
		"Like the decision to stay at home has been…enormous"
	Changes in living arrangements	*Q: "you used to work away and then you came home?"*
		"I'm staying at home"
	Other child difficulties	*"(child) has been diagnosed with having ADHD"*
	Other demands on parent's time	*"I'm studying as well"*

Other child difficulties is based on parents' reports of things that were happening for the young person at the same time that they were attending counselling. While one parent reported that her child had been diagnosed with ADHD, as shown above, other issues included the bullying of a child in school and the same child's behavioural problems in school. The quote used to illustrate the changes in living arrangements in the case of one young person, shows the response of a parent to a question related to her work situation.

While she used to work abroad and be away from home several days a week, she had given up work to stay and home and their au pair had also moved out.

Impact of Death

Since themes that were related to death itself had been explored at least twice already for most children, these themes are not described again here. However, topics that were related to the impact of death were explored, as shown in Table H15. While there are some common topics in the parents' and young people's data, such as communication, there are also some differences. The parents' data contains topics related to how things are now and reported changes in the child over time, while young people's data has themes of family reactions, school performance and social interactions.

In terms of **communication** there was a theme of open and regular communication between parents and young people in the parents' data. As the table illustrates, while young people reported turning to parents primarily when they wanted to talk, one also commented on the availability of the counsellor to talk to. Parents and young people also talked about a number of **barriers to communication,** as shown in the table below. However, it is worth noting that some young people and parents reported no barriers.

Family reactions were raised by young people in relation to the impact of the death on the whole family. The sample quote used describes how a father is no longer present in the family. In the parents' data the impact on the family was captured in the topic of **how things are now.** In terms of the **impact of the death in school** the discussions with young people suggested a varied impact on performance – from no effect on school work to not doing as well in school as they used to. The data suggested the death had an impact on social interactions and relationships with other young people. Two themes emerged: difficulty when friends talked about their fathers and getting on well with friends. In the parents' data there was a theme of **changes in child over time,** referring to changes that were associated with the death. These included changes in school performance such as concentration and motivation. Parents' reports related to social relationships were captured in the theme of **how things are now**. Other themes related to how things are now for the young people are outlined in Table H15.

Table H15 *Themes related to Impact of Death from Young Person and Parent Data Six Months after Counselling*

Parent Data			Young Person Data		
Topic	**Theme**	**Quote**	**Topic**	**Theme**	**Quote**
Reported changes in child over time	Less withdrawn	*"She's back to herself now"*	**Children's bereavement reactions in school**	Variety in impact of death on school performance	*"school was the same"*
	Changes in school	*"She would have been struggling at the start, whereas but now she's getting praised in school"*			*"I'm not doing as well in school as I used to, no"*
				Difficult when friends talk about fathers in school	*"probably just like when they're sometimes talking about their dads"*
	Better able to cope	*"deal with (brother) being away, (brother) banged up, it helped do you know"*		Get on with friends well	*"Very well"*
Communication	Regular communication between children and parents	*"we have conversations, well we have dinner together every evening so we generally chat over the dinner"*	**Communication**	Talks to parent	*"I would kind of go to my dad a lot… he would talk about it to me and I just felt like, that I could talk about it to him"* *"Probably my mam"*
	Parent open to communication	*"Oh 24/7" (listen to child)*		Talks to Counsellor	*"I'd be able to talk to a stranger about it"* (counsellor)
Barriers to Communication	Busyness of parent	*"there's a lot going on at this time"* *"When you're doing a dinner or something…..they always bring it up"*	**Barriers to Communication**	Activity/disorder in the house/family	*"Everyone else asking her and"*
	Needs of other family members	*"The interruptions, definitely from the younger ones"*		Siblings make demands on parents	*"there's a lot of other people in the family…. (sister) and (brother) are quite smaller than me"*
	Reports no barriers	*"No" (barriers)*		Reports no barriers	*"No" (barriers)*
How things are now	Behavioural issues	*"he called me every name"*	**Family reactions**	Absence of person who died	*"I'm not sure, just, em, just cos he's not there"*
	Isolation from other family members	*"we don't see (father)'s family at all now"*		Death has decreased impact over time	*"Changes that has put (father)'s death back there"*
	Effect on child in school socially	*"It would be more towards the social things, the friends, if they're talking about Nana, they will come home a little bit sad"*		Difficulty articulating impact on family	*"Well it's kind of, they talk a lot and they kind of, it's kind of hard to explain but it is a big effect on them"*
	Change in impact of death on family	*"I think we're passed that" (needing help with bereavement)* *"when we're doing family days together and mam's always on her own… my dad wouldn't be there"*			

Table H16 *Themes related to Support and Coping from Young Person and Parent Data Six Months after Counselling*

Parent Data			Young Person Data		
Topic	**Theme**	**Quote**	**Topic**	**Theme**	**Quote**
Support for parents	Partner/Family	*"My husband"* *"We can all talk and everything" (in relation to immediate family)*	**What or who helped the young person to cope**	Parent helped them cope Barnardos Other activity	*"My mam"* *"Eh, Barnardos"*
	Friends/neighbours	*"I've my my best friend, she's a bereavement counsellor, but she's really family aswell"*			
	Support from other sources	*"she helps parents with their parenting skills"*			
	Lack of support	*"You know cos for parents there's nothing"*			
What supports the child has	Parent/Sibling(s)/Extended family	*"she'd talk to her dad or her nanny…. or her auntie"*	**Who supports young person**	Support from parent/ other family Support from peers Support from counsellor No options for support	*"my dad"* *"My Mam or my uncle"* *"Sometimes" (ask friends for help)*
	Barnardos – counselling	*"Here"*			
	Friends	*"their friends have really rallied around them"*			
	Other services	*"he's still doing that" (after school club)* *"the school have been very supportive"*			
Ease of asking for help	Difficulty accessing help Easy to ask for help Improvement over time	*"Not very easy"* *"very easy"* *"it has changed hugely because at the beginning we didn't know what to do, or where we could ask"* *"at least we know what resources and help they need to help them"*	**Ease of asking for help**	Reports ease or difficulty asking for help Names person from whom it is easy or difficult to ask for help	*"No one" (has been difficult to ask for help)* *"Don't like talking to people"* *"My Mam or my uncle"* *"probably Mammy"*
Adequacy of support	Good support	*"Very good, very very good, God they're great"*	**Context of Support**	Parent doing own counselling	*"He started counselling as well"*

Support and Coping

The issues of support and coping were again explored at the final interviews. Table H16 illustrates the topics and themes related to support and coping for young people and their parents

The topic of **support for young people** was explored by asking the young people who they talked to and parents who they thought supported their children. As the themes in Table 16 illustrate, both parents and young people reported that young people talked to their parents, other family members and friends. The most common response from young people was that they talked to their mother. In terms of people outside family and friends, young people referred to their counsellor in terms of support, while parents also other support service, as shown. Young people were asked who or what was **helping them to cope** with the death. The responses stressed multiple supports including parents, Barnardos (i.e. the counselling intervention) and other activity. Interestingly, as shown in the table, there was a topic of **context of the support** in the young people's data which was based on a theme that emerged of parents attending their own counselling.

With parents the topic of **support for parents** was explored to understand who was supporting the parent and who or what was helping them cope. As the themes illustrate, sources of support for parents ranged from partners and family members to other support services, such as parenting courses. A lack of support for parents was also a theme. In relation to the **adequacy of support a**t this time period, parents reported that the support they were receiving was good. Finally, participants were asked about **help-seeking behaviour.** As shown in Table H16, as well as themes related to difficulty or ease of asking for help, there was a theme in the parents' data of change in help-seeking over time. This reflects a growing awareness of what support was available and how to access it. Young people reported that it was easy or difficult to ask for help and named the person from whom it is easy or difficult to ask for help, for example mother, father, uncle.

Counselling

Topics related to counselling in the final interviews were categorised into Counselling and the Impact of Counselling.   The broad topic of Counselling encompassed a range of topics and themes from parents' and young people's data, as shown in Table H17.

Table H17 *Themes related to Counselling from Young Person and Parent Data Six Months after Counselling*

Parent Data			Young Person Data		
Topic	**Theme**	**Quote**	**Topic**	**Theme**	**Quote**
Reason for coming to counselling	Child's behaviour	*"It was just her behaviour, the way she was behaving and she was becoming withdrawn, and then she was lashing out in anger"*	**What happens in counselling**	Talking	*"Sometimes I would, we'd talk about different things, it's not just my granddad"*
		"Aggression and his behaviour"		Parent/other relation comes into counselling too	*"Sometimes your uncle comes in"*
	Child was very distressed	*"(child) was very distressed at the time"*		Counselling/counsellor helps	*"it has helped me quite a lot"*
	Child's need to talk to someone in confidence	*"Talk to somebody else in private"*			
Expectations	Did not know what to expect	*"I didn't know what to expect really"*	**Expectations**	Did not know what to expect	*"I don't know, I was just, I'm not sure, I didn't know what to expect"*
	Met/did not meet expectations	*"I suppose it is like how I hoped it would be"* *"I think it was more gentle approach than we expected"*		Met/did not meet expectations	*"I thought it'd be very very different"*
Experience of counselling	Satisfied with counselling	*"5" (on scale)*	**Views of counselling**	Generally helpful	*"I've been quite happy and it has helped me quite a lot"*
	Would recommend to others	*"Without question"*		Focus on counsellor	*"(counsellor) advised me to do things and it helped me"*
	Gave reason for helpfulness of counselling	*"They've tailored it how the children need it"* *"she was able to have a conversation with people then, or if something happened on the tv, that someone died"*		Focuses on specific activity in counselling	
Improvements/ Recommendations for counselling service	None	*"No, everything's been good"* *"Brilliant. Only for them….."*	**Recommendations to other bereaved young people**	Would recommend counselling	*"Yes"*
	More resources	*"More resources, more appointments, better facilities"*		Counselling not necessary for everyone who has experienced a death	*"I wouldn't just go up to the person and say you need counselling, I'd just kind of talk to them like, just like let your feelings out, you don't have to go to counselling, even just talk to your mam and dad about it"*
			Improvements to counselling	No improvements needed	*"not really"*

Parent Data			Young Person Data		
Topic	**Theme**	**Quote**	**Topic**	**Theme**	**Quote**
Most helpful aspect	Independence	*"the independence of going in on her own"* *"So just for her to offload"*	**Best aspect of counselling**	Processes involved in counselling	*"Well really just getting my feelings out"* *"sitting down and talking about the stuff"*
	Release	*"Getting (child).....him the help"*			
	Getting child help	*"To have the same person right through, the*		No best aspect (all good)	*"There is no best part, it's all excellent"*
	Relationship with counsellor	*whole time, was just fantastic and that was really important"* *"(child) definitely needed somebody to talk to outside of the house, outside of home"*			
	External person	*"getting into a bad routine with her sleep patterns so (counsellor) even printed stuff off the internet"*			
	Information provided	*"she could say whatever she wanted"* *"she could say anything to her"*			
	Non-judgemental				
Unhelpful aspects	None		**Negative aspects of counselling**	Having sibling in session	*"sometimes if Max came into the same room, he'd be just not nice"*
	Lack of ability to see people more quickly	*"we were waiting the couple of months and in the meantime [partner]'s brother died"* *"the lack of ability to see people more quickly"* *"trying to get in was awful"*		Waiting before session	*"Waiting"*
				No negative aspects	*"I like everything"*
Ending Counselling	Process of winding down	*"it was every two weeks.... and then it went to every three"*	**Ending Counselling**	Process of finishing counselling and reasons for finishing counselling	*"I come, well I used to come every second Wednesday and before I previously stopped coming, I was coming every three weeks"*
	Reasons for ending	*"you've changed counsellors"* (moved to counselling closer to home)			*"Yeah and I can come in any time I want if I feel down"* *"(counsellor) is saying that I'm doing very well and she said maybe just I pop in every...."*
			Satisfaction with counselling	Satisfied with it	

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Table H17 highlights topics related to counselling that do not include the impact of counselling. In talking about the **reasons for bringing their child to counselling**, parents discussed a range of issues as illustrated in the table. In relation to **expectations,** as the sample quotes in the above table indicate, some parents found counselling to be different to what they expected. Parents' **experiences of counselling** were also explored. As the themes demonstrate, some parents discussed reasons for the helpfulness of counselling and these focused on the counsellor, the process itself or the reported impact – an issue which is examined in more detail in the next section. Young people's views of counselling were captured in their reports of **what happens in counselling** and **views of counselling**. Themes here included those focused on activities, such as talking and painting that took place during counselling sessions.

Parents and young people were asked about the most helpful or best aspect of counselling. The topic of **most helpful aspect** of the counselling from parents' data had themes ranging from those related to the counsellor, such as their independence from the child's family, to the provision of information for parents. Young people's responses in relation to the **best aspect of counselling** included comments on the processes involved in counselling, as shown in the table above. In terms of **unhelpful aspects**, one parent commented on the service's lack of ability to see people more quickly. **Negative aspects of counselling** perceived by young people are shown above, but there were also reports of no negative aspects. As shown in Table 17, **satisfaction** of both young people and parents with the counselling was also a theme. It is worth noting that while parents and young people reported that they would recommend the counselling for other families, the topic of young people's **recommendations** included that counselling was not necessary for everyone who had experienced a death. Finally, in relation to potential **improvements to the counselling service** there were themes of no improvements in both sets of data, but parents also suggested more resources.

Parents and young people described **ending counselling**. While one young person was continuing counselling, the other participants were finishing at this stage, or had already finished. Sample quotes from parents and young people illustrate the winding up of counselling over time and the reasons that counselling had come to an end. In one case the young person was continuing counselling with a different counsellor closer to home. Young people also referred to the idea of an open door if they wanted to come back at a later stage.

Impact of Counselling

The **impact of the counselling on young people** was explored with parents and young people. As shown in Table H18, the topic in the young people's data encompassed themes related to behaviour, communication, school performance, social interactions, feelings and the impact at home. As the sample quotes illustrate, while some participants reported an improvement in communication and social relationships, other participants reported no impact. In examining parent interviews some similar themes emerged, such as impact on school work, impact on communication and impact on behaviour. Parents also reported a general positive impact, such as improved self-esteem. The following table also shows that parents reported a broader **impact of counselling on family.** Of note here is the theme related to the difference in the impact of counselling among siblings.

Table H18 *Themes related to the Impact of Counselling from Young Person and Parent Data Six Months after Counselling*

Parent Data			Young Person Data		
Topic	**Theme**	**Quote**	**Topic**	**Theme**	**Quote**
Impact on child	Impact on behaviour Impact on communication Impact on school work General positive impact	"His behaviour and his daddy as well" "on how they relate to other people" "She would have been struggling at the start, whereas but now she's getting praised in school" "their own self-esteem has been affected, you know positively" "There has been some positive change with him" "Life is definitely easier for him"	**Impact on child**	Impact on behaviour Impact on communication	"I'm not getting in more tempers now" "Well because since I've been going here … I'd be able to talk to a stranger about it, so I'd be able to talk to my mum and dad about it" "well no, because I was always good at talking"
				Impact on school performance Impact at home	"I didn't really have much problems in school" "I'm not shouting and screaming as much"(at home)
				Impact on Social Interactions/No Impact on Social Interactions Impact on feelings	"I didn't really need to get on, they're alright" "Because now I feel much better"
Impact on family	Counsellor helped the whole family Difference in impact among siblings	"I think he did feel like he was part of what was going on, more than anything else" "because (child) started earlier that he's progressed better through the whole process"			