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Grief Content Inclusion in CACREP-Accredited Counselor Education Programs

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This study investigated how counselor educators ($n = 61$) integrated grief content in accredited counselor education programs, characteristics of the course in which grief is taught, and professional background of faculty members. Most participants endorsed general content items (e.g., reactions to loss), grief theories (e.g., stages/phases of grief), and practice considerations (e.g., self-care). Additionally, results indicated grief-focused courses were mostly elective ($n = 23$; 85.19%), facilitated face-to-face ($n = 18$; 66.67%) and taught by counselor educators influenced by significant personal loss ($n = 18$, 78.26%). Results demonstrated a lack of professional affiliation with grief-related organizations, professional development through certifications, or continuing education. Discussion of results, implications for the counseling profession, and areas for future research and practice are explored.

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Grief is a universal experience, whether it results from the death of a loved one, a non-death loss such as the end of a relationship or relocation from a meaningful place, or an ambiguous loss such as a loved one struggling with addiction or traumatic brain injury. While most adults do not necessarily require professional help to mourn their losses, a significant minority at risk for or experiencing complicated grief do (Kersting et al., 2011). Additionally, less is known about the need for grieving children and adolescents to access services; however, a growing body of literature demonstrates tentative support for a similar need for services in this population among those experiencing complicated grief (Dickens, 2014; Melhem et al., 2011). Finally, antecedents and symptoms may overlap among typical grief, complicated grief, trauma, and depression, and counselors need the ability to distinguish each in order to provide competent care for clients (Dell’Osso et al., 2012; Scharer & Hibberd, 2019; van de Venne et al., 2019).

Counselors of every specialization encounter clients grieving losses. For instance, school counselors help students mourn and adjust to the loss of a parent or sibling through incarceration (Brown & Barrio Minton, 2017) or assist an entire school when a student or teacher dies (Hannon et al., 2019). Clinical mental health counselors may work with young clients dealing with multiple death and non-death losses as participants in the foster care system (Mitchell, 2018), combat veterans mourning the loss of comrades in addition to battling depression and Post-Traumatic Stress Disorder (PTSD; Pivar & Field, 2004), or families coming to terms with a loved one’s addiction-related death (Valentine et al., 2016). Rehabilitation counselors may help clients adjust to acquired disabilities and mourn the loss of who they were while discovering new capabilities and developing self-compassion (Stuntzner, 2017). These are just a few of many possible examples, however. Therefore, it is critical for

counselor preparation programs to include this material in their training and supervision of counseling students.

Within the counseling profession, there is a need for more death and grief education (Wass, 2004). Researchers have noted the need for grief inclusion within the curriculum for all counselors, whether as a standalone course or integrated across the curriculum (Doughty Horn et al., 2013; Hannon & Hunt, 2015; Humphrey, 1993; Servaty-Seib & Tedrick Parikh, 2014). Humphrey (1993) surveyed counselor preparation programs and found that while there was general support among counselor educators at that time for grief counseling as an area of focus, most infused this content in field-based courses, lab courses in which students practiced skills being learned, or theories courses, and commonly used materials related specifically to death losses. Studies have explored counseling students' (Cicchetti et al., 2016) and practicing counselors' (Ober et al., 2012) perceptions of their competence to work with grieving clients and concluded that training within counselor preparation programs is inadequate or lacking. Ober et al. (2012) surveyed 369 licensed professional counselors and found that approximately 55% of participants never had a grief counseling course in their counseling programs and possessed limited familiarity with theories of grief. Despite this limited exposure, however, post-graduate training and experience were predictors for self-perceived competence in this area. Cicchetti et al.'s (2016) study with 93 master's level students in rehabilitation counseling programs revealed low familiarity with concepts and skills related to grief and low perceived competence when working with grieving clients, except that when participants themselves had a disability, their self-perceived competence in working with rehabilitation clients in general was high. Here, as in Ober et al. (2012), participant self-perceptions of competence appeared to be linked with personal experience. As is demonstrated by these studies, attention to grief

within counselor preparation programs may be lacking, leaving professional counselors to seek supplemental training and education in order to practice ethically with clients.

Rationale for and Purpose of the Study

Counseling programs are required to maintain minimum educational standards through the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2015). However, grief is not mentioned in these standards. Currently, the standards do require counselor education programs to educate counselors-in-training on issues across the lifespan, including competencies related to crisis and trauma. Nevertheless, as Hannon and Hunt (2015) noted, a lack of attention to grief may result in client issues that counselors are ill-equipped to recognize and address.

Because of the lack of grief content inclusion in counseling program accreditation standards, and varying reports of coverage of this topic area within counselor education, we focused on counselor educators' expertise and background in grief as well as the kinds of grief-related content they chose to include in coursework. Four research questions guided our study:

1. What grief-related content is currently included in master's and doctoral level counselor education courses?
2. What are the characteristics of courses including grief-related content in counselor education programs?
3. What content-specific training have faculty teaching courses including grief-related content received?
4. To what extent have counselor educators' personal losses impacted their beliefs about teaching grief related content?

Method

Participants

Participants were 61 counselor educators who taught grief- related material in CACREP- accredited counselor education programs. Of those who responded to demographics items, the majority identified as female (71.70%; $n = 38$) followed by male (28.30%; $n = 15$). Participants identified their race/ethnicity primarily as Caucasian/White (81.13%; $n = 43$), followed by African American/Black (7.55%; $n = 4$), Hispanic/Latinx (5.66%; $n = 3$), Native American/Pacific Islander/First Nations (3.77%; $n = 2$), and Asian (1.89%; $n = 1$). Only two participants identified more than one race/ethnicity; one of the two identified as African American/Black and Caucasian/White and the other as Caucasian/White and Hispanic/Latinx. Participants' mean age was 52.33, with a range of 29 to 80. Academic rank of participants indicated the majority were Full Professors (35.85%; $n = 19$), followed by Assistant (28.30%; $n = 15$), Associate (26.42%; $n = 14$), and Adjunct/Lecturer/Clinical (9.43%; $n = 5$). Lastly, participants worked as counselor educators for an average of 13.89 years, with a range of 1 to 44 years.

Measures

We constructed an initial survey and piloted it with two expert members of the Association for Death Education and Counseling (ADEC) who had at least 10 years' experience as thanatological professionals in a helping field, held applicable advanced degrees, and were recognized leaders based on association elected office or significant scientific contribution. In addition, two counselor education doctoral students provided feedback on survey content. No changes were recommended by the ADEC members, and minimal changes in wording and structure were recommended by the doctoral students. After incorporating those suggestions, the final survey consisted of four sections, utilizing a mixture of free response,

forced choice, and multiple option items, for a total of 22 items in the survey. The survey was constructed such that some items only appeared for additional information or clarification if participants chose certain responses. For example, one item asked, “Which of the following practice considerations for professionals in thanatology are covered in your course (select all that apply)?” If participants selected “Interventions,” the next item they saw asked them to identify the targets of the interventions they discussed. Participants who did not select “Interventions” did not see the item related to targets. In addition, all items were optional, allowing participants to skip over items not applying to them or which they were not comfortable answering.

Section One of the survey focused on collecting characteristics of the course in which participants mainly covered grief as a topic. This section consisted of eight free response, forced choice, and multiple option items. Item examples included, “Is this course (select one): A standalone course solely or mainly focused on grief, a standalone course primarily focused on crisis and/or trauma, a different course” and “What is the title of this course?”

Section Two focused on identifying specific content related to grief covered in the course in which participants mainly taught about grief. Items in this section reproduced verbatim relevant elements of the most current outline of the *Body of Knowledge* in thanatology (Chapple et al., 2017), which was constructed by an ADEC task force from seminal and current research and theory. Items were grouped to corresponding areas from the *Body of Knowledge*: (a) Arenas of Thanatology (Foreseen death; Unforeseen death; Otherwise traumatic death in terms of mode, reaction, or appraisal; Loss, grief, and mourning; Theories of grief); (b) Practice Considerations for Professionals in Thanatology (Practices related to counseling/therapy in thanatology, Practices related to death education, Practice issues applying to all professionals in thanatology);

and (c) Contextual and Theoretical Considerations in Thanatology (Social frameworks that influence thanatology, Nondeath loss, Resources and research). This section comprised four multiple option items including the three *Body of Knowledge* areas listed above as well as one item for “other content not otherwise included”; two of the four items contained subitems presented contingent on participants’ responses to previous items. Item examples included, “Which of the following content areas related to theories of grief are covered in your course (select all that apply)?” and “Which of the following practice considerations for professionals in thanatology are covered in your course (select all that apply)?”

In constructing this section, we included every element of the *Body of Knowledge* reasonably applicable to professional counseling practice and the preparation of professional counselors. However, because the field of thanatology applies to many professions and interest areas in addition to counselors (e.g., sociologists, psychologists, social workers, medical professionals, funeral directors, hospice workers, clergy, etc.), the *Body of Knowledge* for the field necessarily includes elements not commonly applicable to the work of professional counselors. Therefore, we met twice to achieve consensus on which elements to exclude. Excluded elements included those pertaining to medically, sociologically, or hospice-focused definitions and practices of death, dying, and funerals; care of the dying; formats of death education; history of the field of thanatology; and legal issues surrounding body disposal and policies.

Section Three was completed only by participants who identified teaching a standalone course focused on grief in Section One. This section consisted of three multiple option and free response items. The first of the three items (“What specialized training in grief have you completed [select all that apply]?”) also contained two subitems based on participants’ indication

of certifications or membership in related professional organizations. The other items were, “Tell us how you came to teach this course (e.g., did you create it or was it pre-existing? Did you volunteer or was it assigned?)” and “To what extent have your own personal losses (death or non-death) influenced your opinion about the importance of this material or your interest in teaching this course?” We included the last question in this section only for participants teaching a standalone course because we surmised investment in the material would be high in that group and we wondered about the possible influence of personal loss history on that motivation and investment.

Section Four collected demographic information from all participants and included items related to gender, racial/ethnic group identification, academic rank, and years as a counselor educator.

Procedures

Following approval by the first author’s Institutional Review Board and in accordance with ethical standards for research (American Counseling Association [ACA], 2014), we built a database using the list of program contacts of CACREP-accredited programs available on CACREP’s website and faculty directories on individual program websites. We then emailed survey invitations to 501 counselor educators in CACREP-accredited programs, primarily department and program chairs, with instructions to disseminate to faculty who teach content related to grief. We also sent an initial invitation to CESNET, the counselor educator and supervisor listserv, as well as one follow-up invitation after a month. The invitation also included criteria for participation.

The survey was available through Qualtrics, a cloud-based survey software service (<http://www.qualtrics.com>). Upon accessing the survey, potential participants were required to

read and agree to the informed consent statement before they could proceed. After two months, the survey was closed and responses were aggregated. Because the number of possible individuals who received the survey invitation through CESNET or were forwarded the invitation from their program chair is unknown, we were unable to calculate an accurate response rate.

Data Analysis

Data were cleaned and examined before analysis. We calculated frequencies, percentages, means, and standard deviations for each question as appropriate. Finally, we employed an inductive thematic analysis strategy with the qualitative free response questions (Braun & Clarke, 2006; Creswell, 2014). The first author and a doctoral student in counselor education independently coded responses to each question and then met to achieve consensus on code definitions and themes.

Results

Research Question 1: Specific Grief Content

We asked participants to identify elements of ADEC's *Body of Knowledge* included in the content of the course in which they primarily included grief-related material. We calculated descriptive statistics based on the number of responses to each item. We present results in four groupings: general content, theories, professional practice considerations, and contextual and theoretical considerations (Table 1).

TABLE 1
Specific Grief Content Included in Courses Primarily Containing Grief-Related Material*

<u>General Content</u>	<u><i>n</i></u>	<u>%</u>
Reactions to loss: physical, psychological, social, spiritual, neurological	56	91.80
Suicide	54	88.52
Factors that influence the grief response	53	86.88

Concerns/needs of those immediately or distantly affected	51	83.61
Accidents and other unexpected deaths	49	80.33
Developmental considerations (across the lifespan)	49	80.33
Concerns related to differently-abled and disenfranchised persons/populations	49	80.33
Foreseen death (where death is expected)	47	77.05
Anticipatory grief/mourning	46	75.41
Otherwise traumatic death in terms of mode, reaction, or appraisal	44	72.13
Homicide, wrongful death	43	70.49

Theories

Stages/phases of grief	53	86.88
Resilience	53	86.88
Tasks of grieving	49	80.33
Anticipatory grief/mourning	49	80.33
Complicated/prolonged grief	49	80.33
Ambiguous loss	48	78.69
Constructivist (meaning-making)	47	77.05
Disenfranchised grief	45	73.77
Attachment theory	43	70.49
Grieving as a process of relearning	38	62.30
Continuing bonds	36	59.02
Historical trauma	36	59.02
Dual process	32	52.46
Chronic sorrow	32	52.46
Nonfinite loss	29	47.54
Early concepts	29	47.54
Two track	14	22.95

Practice Considerations

Self-care, compassion fatigue, and burnout	53	86.88
Therapeutic relationship	50	81.97
Self-awareness regarding one's own thanatology issues	49	80.33
Interventions	48	78.69
Developmental considerations	45	73.77
Marginalized populations	44	72.13
Assessment	42	68.85
Concerns related to differently-abled and disenfranchised persons/ populations	40	65.57
Cultural humility	38	62.30
Training, preparation, and continuing education	34	55.74
Professional practice issues (e.g., moral distress)	31	50.82
Ethics in thanatology	31	50.82
Intervention models	30	49.18

Evolving platforms of practice (e.g., internet, social media)	27	44.26
Practices related to death education	19	31.15
<u>Contextual and Theoretical Considerations</u>		
Societal or cultural norms	50	81.97
Nondeath loss	49	80.33
Religious influences	47	77.05
Death anxiety and denial	46	75.41
Ritual	46	75.41
Cultural taboos	40	65.57
Resources and research	40	65.57
Technology	25	40.98
Other content in this area not included above	7	11.48

*Note: $n = 61$

Research Question 2: Course Characteristics

Standalone grief courses. Twenty-seven participants (46.55%) indicated the main course in which they covered grief-related content was a standalone grief-focused course. Only four courses (14.81%) were required for some or all students in a program. All other grief-focused courses ($n = 23$; 85.19%) were elective. Standalone grief courses altogether ranged from one to three credit hours with a mean of 2.78 hours ($n = 27$; $SD = 0.57$). Most were provided face-to-face ($n = 18$; 66.67%), with the remaining consisting of online only ($n = 5$; 18.52%) and hybrid ($n = 4$; 14.81%). In addition, most courses were offered on an annual basis ($n = 20$; 74.07%), while two were offered every other year (7.41%) and three were offered two or more times per year (11.11%). One participant stated the course was being offered for the first time in eight years.

There were 19 unique responses regarding textbooks utilized in standalone grief courses. *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner* (Worden, 2018) was used most often ($n = 12$), followed by *Counseling Strategies for Loss and Grief* ($n = 6$; Humphrey, 2009). Additionally, 15 participants (57.69%) reported using a single

text, nine participants (34.62%) reported using multiple texts, and one participant reported using a mix of book chapters and articles as readings for the course. A final participant recorded “N/A” as their response to the textbook item.

Standalone crisis/trauma courses. Thirteen participants (22.41%) included grief content primarily in a standalone crisis and/or trauma course. The majority of these courses ($n = 11$; 84.61%) were required for all or some students in participant programs and ranged from two to four credit hours with a mean of 3.00 hours ($n = 13$; $SD = 0.39$). Nearly all of these courses were offered either face-to-face ($n = 7$; 53.85%) or online only ($n = 5$; 38.46%). Additionally, as with standalone grief courses, the majority were provided annually ($n = 9$; 69.23%), while three were provided every semester (23.08%) and one was provided twice annually (7.69%).

Other courses. The remaining 18 participants (31.03%) reported infusing grief-related content in a different course altogether. Most consisted of courses required by the curriculum ($n = 13$; 72.22%), such as Practicum and Internship ($n = 4$; 22.22%), Professional Orientation ($n = 3$; 16.67%), a skills-focused course ($n = 2$; 11.11%), or another course in the curriculum, such as Lifespan Development, Career Counseling, Addictions, Counseling Children and Adolescents, Diagnosis and Treatment Planning, or Theories. The number of credit hours varied from three to six hours with a mean of 3.18 hours ($n = 18$; $SD = 0.71$). The majority of these courses were provided face-to-face ($n = 10$; 58.82%), though five courses were hybrid (29.41%). Two participants (11.76%) chose the “other” option to describe the format of the course, with one noting an intensive weekend format. Finally, most courses were offered annually ($n = 10$; 55.56%). Three were offered every semester (16.67%). One participant stated the course was offered as needed and another, referring to Internship, stated “weekly”

as the frequency.

Research Question 3: Faculty Training

In addition to the types of content faculty included and the overall characteristics of their courses including grief-related material, we wondered what kind of training faculty teaching content related to grief had received in this area. Specifically, we asked about membership in related professional organizations; certifications received; university courses, continuing education, or conference presentations completed; or books and articles read. Twelve participants (19.67%) endorsed related professional memberships. Two of those listed ACA or its divisions or Chi Sigma Iota as their related memberships. Two were members of ADEC, two of the National Hospice and Palliative Care Organization (NHPCO), and one of the International Society for Traumatic Stress Studies (ISTSS). Of those who identified professional memberships, only one participant endorsed more than one of the choices offered.

Nine participants (14.75%) affirmed related certifications. Two of those held the Fellow in Thanatology (FT), two held trauma certification, and two identified other types, namely Certified Group Psychotherapist and Certified Grief Counselor (CG-C). Again, only one of the nine participants endorsing related certifications held more than one.

Nine participants (14.75%) selected university courses as their training. When asked to state which courses they completed, four respondents simply stated it was a grief course in their master's, doctoral, or general graduate program. Three participants named "Grief and Loss," "Grief Counseling," and "Grief Counseling Across the Lifespan" as the courses they completed.

Eighteen participants (29.51%) endorsed various types of continuing education experiences, conference presentations attended, and books and articles read. For continuing

education, 12 respondents (19.67%) listed completing ADEC webinars, volunteering with hospice, the End-of-Life Nursing Education Consortium (ELNEC) palliative care curriculum, a program offered by the American Association of Christian Counselors (AACC), or “conferences;” one participant declined to provide information about continuing education.

Although 12 participants (19.67%) endorsed conference presentations, none listed specific presentations; rather, several simply cited the organization hosting the conference (e.g., ACA and ACES), and many stated they had attended “too many to list” or noted they had themselves presented often. Seventeen respondents (27.87%) endorsed reading books and articles, but again, many stated there were “too many to list” or noted their own authorship of related texts and articles. Of those who did list specific texts, 15 separate titles were noted, none of which were duplicated by other participants. Examples of titles include *Grief Counseling and Grief Therapy* (Worden, 2018), *Meaning Reconstruction and the Experience of Loss* (Neimeyer, 2001), and *A Grief Observed* (Lewis, 1961). Others simply listed the following specific authors: William Worden, Therese Rando, Elisabeth Kübler-Ross, Kenneth Doka, Robert Neimeyer, Margaret Stroebe and Henk Schut, and Keren Humphrey. Finally, eight participants (13.11%) chose the “other” option, primarily mentioning their own clinical, research, or life experience as their training.

Research Question 4: Influence of Personal Loss

We asked participants teaching a standalone grief-focused course to elaborate on how they came to teach the course, as well as the extent to which their own personal losses influenced their beliefs and perspectives on teaching this content in a counselor education curriculum.

Respondents were split between those who created or significantly revamped the course ($n = 15$; 55.56%) and those who taught a pre-existing course ($n = 8$; 29.63%).

A major theme in both groups was *significant personal loss influence*. The vast majority of participants answering this prompt ($n = 18$; 78.26%) reported being influenced to some degree by their own personal losses, both death and non-death related. Some detailed experiences of parental divorce, relationship breakups, and the deaths of parents, siblings, partners, and friends. Others described how their personal losses specifically translated into beliefs about counselors' need to understand this topic. For instance, one participant explained, "It is important for our students to understand how... people respond to loss, how they respond to loss, and how to help their clients discover their personal resilience that enables them to survive their personal losses of all kinds." Another participant's experience with losing a sibling and watching how individual family members responded differently taught them about the "uniqueness of the griever and how to support people at many different life stages as well as secondary losses and [ambiguous] losses that came as a result." A third simply stated, "My own personal losses and an acknowledgement of the normative experience of losses across the lifespan influence my opinion about the relevance and need for a grief counseling course in counseling programs."

Personal experiences of loss were not the only things participants viewed as influences on their desire to teach a grief course. Their life histories were interwoven with other experiences to create the investment and commitment they felt. *Influence of clinical work* was the other major factor participants acknowledged, though it appeared most frequently alongside experiences of personal loss. For instance, one participant wrote, "I have been a counselor for over 27 years and have had far too many opportunities to support [people] through loss and grieving... my personal and professional lives deeply impacted how important this course is for all counselors." Another stated, "I was drawn to thanatology and grief counseling because of my personal experiences..."

Experiences with grieving clients also led me to pursue grief education... I feel responsibility to prepare my students to effectively meet the needs of grieving clients.” A third participant spoke to the interconnectedness of personal loss and professional work by sharing, “Most of my work as a clinician and counselor educator have been driven by the unexpected loss of a lover in my mid-30s and... my living and working in a community devastated by the AIDS epidemic of the 1980s.”

Finally, not every participant was influenced by their personal losses. Four participants believed there were other factors at play. Two of these simply stated that personal loss was not the driving force for them. One explained research and clinical work were the biggest influences on them. The fourth participant provided more detail and a different perspective: “My interest came from seeing clients over and over dealing with loss issues – whether it manifest in depression, anger, anxiety – SO much of it is grief and loss unacknowledged and untreated.”

Discussion

The essential purpose of this study was to examine the current state of grief education in CACREP-accredited counselor education programs by identifying specific grief content addressed in standalone grief courses, individual courses primarily focused upon crisis and/or trauma, and others such as field-based courses. We examined characteristics of these courses and characteristics of counselor educators teaching the courses. Results of this study update Humphrey’s (1993) survey of grief content in counselor education programs, the only other published study of this kind. Then as now, grief-related content was infused in a number of courses in the curriculum and participants endorsed the importance of the topic in counselor preparation; however, a distinct shift is evident in the growth of standalone grief-specific

courses since Humphrey's (1993) study. Grief as an area of focus for counselors-in-training appears to be growing, albeit slowly, as slightly less than half the participants in Ober et al.'s (2012) investigation reported completing a course related to grief in their programs of study.

Standalone grief courses were primarily elective, face-to-face classes offered annually for credit hours ranging from one to four with the majority reporting three credit hours. Few programs required a standalone grief class. While it seems noteworthy that more standalone classes are emerging, designating this content as an elective option only offered once per year implies that students and their faculty advisers will be able to recognize the far-reaching relevance of the topic, select this as often the only elective in an accredited plan of study, and realistically sequence the choice given the limited availability. Elective courses are less predictably included, perhaps being impacted by budget, instructor desire or access, and scheduling demands of required courses. It is less likely that standalone grief classes will find widespread inclusion unless and until CACREP standards are more specifically linked to grief content. Infusion of grief content in existing trauma/crisis and field-based courses is a forward step; however, the scope of the material related to trauma, crisis, and grief may be overwhelmingly dense, competing, and unrealistic within a single course.

Standalone grief classes in this study mainly used a single text, most often citing either Worden (2018) or Humphrey (2009). Worden (2018) is a widely accepted core text within the thanatology field, updated to include current evidence-based practices in the delivery of grief counseling. Humphrey (2009) remains the only existing text on grief counseling published within the counseling field. Additionally, a smaller number of these classes were offered through alternative modalities, either online or hybrid. Counselor educators could begin to utilize successful grief education models focused upon these alternative delivery modalities.

Counselor educators in this study on the whole endorsed covering many of the items included in the *Body of Knowledge* (Chapple et al., 2017) in their courses, an encouraging finding. There were some subtle complexities in the rates of endorsement within various areas of focus, however. For instance, while there was general consistency of endorsement among items in the General Concepts and Contextual and Theoretical Considerations areas, there was a wider variation among concepts in the areas of Theories and Practice Considerations. While 86.88% of participants endorsed teaching stage and phase models of grief, which represent older, more well-known models often less supported by current research (e.g., Maciejewski et al., 2007), newer and/or more research-based models were less often endorsed (e.g., Continuing Bonds – 59.02%; Dual Process Model – 52.46%; Two Track Model of Bereavement – 22.95%). Within Practice Considerations, the top endorsement was related to self-care, compassion fatigue, and burnout (86.88%), subjects common in counselor preparation programs and included in CACREP (2015) standards. Therapeutic relationships as an item was also highly endorsed (81.97%) and represents one of the core areas of CACREP's (2015) standards. However, ethics in thanatology (50.82%) and intervention models specific to grief (49.18%) were less endorsed. It seems participants commonly teach concepts in areas of close alignment with popular concepts or current counselor preparation standards, while concepts more arcane to current thanatological theory and research are less frequently taught.

In this study, we also found that many participants teaching grief content often received their own training through continuing education, with only nine of 61 (14.75%) participants reporting formal coursework in grief as their own training base. Given that participants reported few memberships in thanatology-related organizations and low endorsement for specific training

in grief beyond conference presentations and general continuing education, thanatology research might be largely unknown even among counselor educators teaching about grief.

Participants discussed the influence of both death and non-death losses in their own lives on their perceptions of the importance of the material for counselors. Strikingly, non-death loss was endorsed by 80.33% of participants as an element in their grief-focused courses, more often than other elements such as religious influence (77.05%), ritual (75.41%), or technology (40.98%). Non-death loss, however, is in its infancy as a research focus, particularly as the field of thanatology, focused on the study of death and dying, does not necessarily include research examining losses experienced through other means (Harris, 2019). This may perhaps indicate that counselor educators, sensing the importance of naming and acknowledging non-death losses, use anecdotes from their own and their clients' experiences to compensate for the lack of an evidence base when teaching in this area.

As researchers, we bring a unique perspective to this study as counselor educators who have served in leadership roles within ADEC, an international, multicultural, interdisciplinary organization whose mission is to bridge research and practice within thanatology. This organization may not be widely known to counselor educators and yet exemplifies the rich standard of knowledge for practitioners engaged in grief counseling. In this study, only two out of 12 (16.67%) participants identifying training through professional organization membership reported affiliation with ADEC. Much collective expertise resulted in formalizing the *Body of Knowledge* (Chapple et al., 2017). Counselor educators would be prudent to base grief content on these standards when discerning the scope of what to teach.

Limitations

First, the counselor educator participants in this study were self-selected and the actual

number of faculty teaching these courses is undetermined yet assumed to be small. It is possible we received a strong number of responses in comparison to the actual population of those teaching this content. However, it is unknown whether this study captured a significant picture of how grief content is being represented in counseling curricula. Survey invitations were sent primarily to administrators who were asked to forward the participation request to appropriate faculty and we cannot verify that all faculty were identified or chose to respond. This does limit generalizability. Additionally, we do not know how the general population of counselor educators might rank the importance of grief education relative to other content areas of training not currently included in counselor preparation standards, and further research could investigate these perceptions.

Implications

Research

Future research might continue to ascertain how grief content is being addressed across accredited programs, including how this translates into skills and competencies for counselors-in-training. There might be greater support for including this area in curricula if counselor educators understood the scope of grief as incorporating both death and non-death loss. A variety of significant clinical issues including but not limited to bereavement could be viewed through the lens of loss and grief, increasing the clinical applicability of the knowledge base. While not all practicing counselors may directly deal in the bereavement arena, we are called upon to intervene in multiple issues where grief surfaces.

Researchers should also further investigate how non-death losses in particular are recognized and addressed by practicing counselors. It may be that through supervision and experience in clinical practice, counselors come to understand the pervasive impact of these

losses, whether or not they name them as such.

Finally, future research should continue to explore the relationship between grief and trauma within counselor education curricula. As burgeoning studies investigate the psychological and emotional consequences of the global COVID-19 pandemic as well as the ongoing reckoning with racial justice, among a multitude of other human experiences, we need a more precise understanding of the distinctions and connections between these two concepts. Professional counselors of all specializations and settings should be able to assess for grief as well as trauma and understand best clinical practice for working with clients with these issues. While trauma is a required area of focus for accredited programs (CACREP, 2015), grief has yet to be mentioned. Continuing research in this area will help bring to light the vital need for inclusion of grief in the standards for this profession.

Counselor Education Practice

The current study highlights additional important implications for counselor education and other helping professions. We have the opportunity to embrace a multi-disciplinary, shared perspective on this topic. The rich knowledge base that already exists brings research and important clinical practices from psychology, social work, pastoral care, nursing, suicidology, and end-of-life experts. As a profession, we might join the existing conversation, draw from what is already established as best practice, and contribute to death education efforts and expertise encompassing death and non-death loss and reconciliation. Our profession-specific focus on strengths and client wellness could be a vital addition to this area, bringing our assets to the fore. In this way, we begin to underscore the importance for counselors to receive specific education about client issues that are both inevitable and, for the most part, underinformed to most practitioners (Ober et al., 2012).

Grief content should be included in counseling curricula (Doughty Horn et al., 2013), and there are ample opportunities for infusion of this content in existing courses. Examples include the use of grief-related case vignettes and conceptualizations, discussion of cultural attitudes and rituals across diverse contexts, and education and critique of loss assessments in career, skill development, multicultural, research, and ethics courses. Lifespan development courses might incorporate differences in loss experience, understanding, and reconciliation across the age spectrum. Service-learning opportunities may also be integrated with this content emphasis (Servaty-Seib & Tedrick Parikh, 2014; Wheat et al., 2019). Counselor educators seeking to infuse this material into other courses, however, should be mindful of the balance between manageability and fragmentation.

Additionally, we encourage counselor educators to mindfully consider infusion of content related to non-death loss. Harris' (2019) recent work could be used as a foundation text for instructors interested in incorporating material related to non-death loss. She included chapters on loss experiences related to discrimination, addictions, adoption and foster care, sexual orientation and gender identity and expression, disability, employment changes, sexual assault, and incarceration, for example. Given the universality and inevitability of loss for all persons, counselor education could be a forerunner among other clinical disciplines for intentional inclusion of grief content in accredited curricula and in blazing a trail for non-death loss research.

While incorporating this content into existing curricula is a notable step forward, we advocate for standalone grief courses to be added into CACREP-accredited programming. Such endorsement would position this content to be offered with systematic, required delivery as opposed to random elective options that may be erratically available when budgetary and

personnel limitations prohibit. Faculty teaching this material should make every effort to develop their specialization in grief and loss, including accessing formal coursework when available and seeking certification such as the credentialing offered through ADEC (ADEC, n.d.). This professional certification program includes two levels of endorsement based upon education, experience, and exposure to established grief practice, and passing of a content examination. This specialty credential could distinguish counselors who are specifically trained from those generalists who now engage in grief counseling without formal background (ADEC, n.d.).

Additionally, we advocate for greater interface with ADEC among counselor educators and professional counselors. This international organization may not be widely populated with counselor educators and may remain fairly unknown to most professional counselors, as illustrated by the participants in the current study, only two of whom identified as members of ADEC. ADEC as an organization includes international and multi-disciplinary experts whose collective research and practice has created foundational structures counselors can utilize (Gamino, 2017).

Conclusion

This study gives a snapshot of current grief education as taught in CACREP-accredited counselor education programs. It underscores the need for standardization of grief content in programming and a gap of formal education for those teaching what does exist. Systematic education in grief content is not represented in CACREP (2015) standards, and when course options are available, they are primarily elective and inconsistently offered. The content of these courses varied widely in terms of what is being addressed and with what texts. The forward challenge is to distinguish crisis, trauma, and grief content and to find a place for

knowledge in all of these overlapping yet distinct areas of our work. We hope that further research will confirm the premise that grief education for counselors-in-training is important and that counselor educators will utilize the growing research and educational and clinical practice outcomes available, particularly through ADEC. Finally, the emerging demographic of aging persons, the residual losses associated with the COVID-19 global pandemic, and the heightened voices of disenfranchised and minoritized populations enduring losses both obvious and hidden are illustrations of the need and opportunity for counselors to engage in systematic grief education.

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