Copyright
by
Pamela Ann Malone
2010

**The Dissertation Committee for Pamela Ann Malone certifies
that this is the approved version of the following dissertation:**

**The Impact of Peer Death on Adolescent Girls:
An Efficacy Study of the Adolescent Grief and Loss Group**

Committee:

David Springer, Supervisor

Elizabeth Pomeroy, Co-Supervisor

Barbara Jones

Lori Holleran Steiker

Christopher McCarthy

The Impact of Peer Death on Adolescent Girls:
An Efficacy Study of the Adolescent Grief and Loss Group

by

Pamela Ann Malone, B.A., M.A., M.S.W.

Dissertation

Presented to the Faculty of the Graduate School of

The University of Texas at Austin

in Partial Fulfillment

of the Requirements

for the Degree of

Doctor of Philosophy

The University of Texas at Austin

August, 2010

Dedication

This dissertation is dedicated to Tom and Connor Malone, whose support and belief in me is beyond what words can convey.

Acknowledgements

I am sincerely indebted to the 20 adolescent girls who allowed me to witness their reactions to grief and loss, and trusted me to represent their experiences with honesty and fairness. Without their group participation and their heartfelt narratives about the impact that sudden and unexpected deaths of their peers had on them, this dissertation would not have been possible. I am equally grateful for the dedicated social workers who assisted me in locating girls who might participate in my group. In particular, Leo, Colleen, Rachael, and Jesse took time from their busy schedules to facilitate access, introductions, and secure places and times for the groups to meet.

I was fortunate to have had a committee of five accomplished scholars who supplied the necessary balance of support and challenge to keep me motivated through the arduous process of completing a dissertation. David Springer is exceptional in his intellect and keen eye regarding the subtleties in writing and analysis, ever asking me to “unpack” concepts as he guided me to make sense of my thoughts about my research. Beth Pomeroy’s intelligence, generosity, and unwavering belief in me kept me on-task and inspired me to persevere. Both of my supervisors conveyed their resolute confidence in the value of this research and in my ability to do it well. Barbara Jones allowed me to mine her vast knowledge about grief and loss and was scrupulous in her attention to qualitative methodology. Lori Holleran Steiker posed challenging and thought-provoking questions about work with adolescents in groups. Chris McCarthy encouraged me to examine and articulate the strengths and challenges of doing adolescent group work in the school setting.

This accomplishment would not have been possible without the support of my family and friends. Throughout this journey, I have enjoyed the emotional and intellectual companionship of wonderful friends and colleagues. Heartfelt thanks to Angela Ausbrooks, Mary McCarthy, Kathy Petrucci, Alicia Jarry, Robbie Albracht, Charlotte Knepp, and Janet Heinlein. Each of you provided me with various degrees of support, humor, and diversion whenever I needed it. I am grateful to my parents, Donald and Sadie Bowser, whose pride in their daughter is exhilarating. I am also grateful for the love and support of my sister Laurie Lawson. My greatest joy and blessing is Connor, who knows that my greatest accomplishment and pride is being his mother. Finally, there are not enough words to convey to my husband Tom how important he has been as my rock throughout this journey, believing in me, bolstering me, and simply being there.

**The Impact of Peer Death on Adolescent Girls:
An Efficacy Study of the Adolescent Grief and Loss Group**

Publication No. _____

Pamela Ann Malone, Ph.D.

The University of Texas at Austin, 2010

Supervisor: David W. Springer

Co-Supervisor: Elizabeth C. Pomeroy

Many adolescent girls experience the death of a peer, which is often sudden and at times violent. These deaths are typically viewed as preventable, which can complicate the grief reactions of adolescent girls. The impact of peer death on adolescent girls involves a number of physical, emotional, social, and cognitive grief responses. Negative outcomes include school problems, depression, substance abuse, and suicidal ideation.

This study examines the efficacy of the Adolescent Grief and Loss (AGL) group, a six-week group designed to address the needs of adolescent girls who have experienced the death of a peer within the past two years. The goal of the AGL group was to reduce or lessen physical, emotional, social, and cognitive responses to grief, and to foster mutual support and connection to others via various tasks associated with each group session.

The AGL group was conducted in four different public high schools in Central Texas, with a sample size of 20 girls.

A mixed methods design was utilized for this study, integrating both quantitative and qualitative research designs. The quantitative component employed a non-experimental simple time-series design, using two pre-test and three post-test time points. The qualitative component was based on a phenomenological analysis of adolescent grief and loss response, which included open-ended questions developed to capture each adolescent girl's individual experience of peer death. Questions were also asked to elicit the girls' experience of participating in the AGL group.

The quantitative results of the study indicate that adolescent girls benefited from participation in the AGL group as evidenced by significantly reduced scores on the Loss Response List for all domains of physical, emotional, social, and cognitive grief responses. The qualitative findings yielded five overarching themes of experience of peer death: the story, physical reactions, emotional reactions, social reactions, and cognitive reactions. Integration of the quantitative and qualitative findings of this research study strongly support the benefits of providing a grief and loss group to adolescent girls who have been impacted by the experience of peer death.

Table of Contents

List of Tables.....	xii
List of Figures.....	xiii
Chapter 1: Introduction	1
Adolescent Death Rates	2
Statement of the Problem	3
Purpose of the Study	4
Research Questions	5
Hypotheses	5
Significance for Social Work	6
Chapter 2: Literature Review	8
Adolescent Grief and Loss Reactions	8
Death of a Parent.....	9
Death of a Peer.....	11
Death of a Friend by Suicide.....	12
Adolescent Group Intervention Studies	14
Groups in School Settings.....	18
Theoretical Framework	19
Adolescent Development	20
Adolescent Friendship and Peer Relationships	21
The Dynamics of Adolescent Relationships	21
The Impact and Consequences of Peer Death	23
Grief and Loss	25
Disenfranchised Grief	25
What Bereaved Adolescent Girls Need	26
Group Therapy	28
Interactional Groups	29
Mutual Aid Groups	30
Adolescent Grief and Loss (AGL) Group Model	30
Therapeutic Factors	31
Mutual Aid Processes	34
Chapter 3: Methodology	37
Conceptual Framework	37
Dependent Measure One	38
Dependent Measure Two	39
Dependent Measure Three	40
Dependent Measure Four	40
Control Variables	41
Methodology	41
The School Setting	41
Participants	41
Research Design	42

Quantitative Methods	43
Quantitative Instrumentation	43
Qualitative Methods	44
Limitations of Methodology	46
Quantitative Methods	46
Qualitative Methods	47
Procedure	47
Preparation Phase of Research	47
Adolescent Grief and Loss (AGL) Group Development.....	49
Adolescent Grief and Loss (AGL) Group Structure	49
Data Collection	53
Quantitative Data Collection	53
Qualitative Data Collection	54
Data Analysis	54
Quantitative Data Analysis	54
Qualitative Data Analysis	55
Chapter 4: Results	57
Participant Characteristics	57
Group Characteristics.....	57
Demographic Information	58
Number of Losses	58
Cause of Death	59
How Girls Learned About Death.....	59
Quantitative Results	59
Loss Response List	60
Physical Grief Responses	60
Emotional Grief Responses	61
Social Grief Responses	62
Cognitive Grief Responses	63
Qualitative Results	64
The Story	65
Physical Reactions	67
Emotional Reactions	69
Social Reactions	70
Cognitive Reactions	73
Group Experience	75
Chapter 5: Discussion	77
Quantitative Findings	77
Hypothesis One	78
Hypothesis Two.....	79
Hypothesis Three	80
Hypothesis Four.....	81
Demographic Variables.....	82

Qualitative Findings	82
The Story.....	83
Physical Reactions.....	84
Emotional Reactions.....	86
Social Reactions.....	87
Cognitive Reactions.....	88
Group Experience.....	90
Integration of the Findings	91
Limitations	92
Participant Sample	92
Lack of Control Group	92
Implications for Social Work Practice and Research	93
Clinical Practice and School-Based Practice with Adolescent Girls	93
Future Research	94
Summary	95
Tables.....	97
Figures.....	115
Appendix A	
Loss Response List (LRL)	117
Appendix B	
Demographic Information	121
Appendix C	
Qualitative Interview Format	122
Appendix D	
Letter to Schools	123
Appendix E	
Flyer	125
Appendix F	
Parent or Guardian Consent Form	126
Appendix G	
Participant Assent Form	128
References.....	130
VITA.....	140

List of Tables

Table 1: Adolescent Grief and Loss Research	97
Table 2: Types of Grief Responses	99
Table 3: Therapeutic Factors,.....	100
Table 4: Therapeutic Factors Ranked the Highest	102
Table 5: Mutual Aid Group Processes.....	103
Table 6: Comparison of Group Stages	104
Table 7: Adolescent Grief and Loss Group Structure	105
Table 8: Implications of Individual Tasks.....	107
Table 9: Group Characteristics.....	108
Table 10: Ethnicity and Number of Peer Deaths	109
Table 11: Number of Girls who Experienced Specific Causes of Peer Death	110
Table 12: How Girls Learned about Peer's Death.....	111
Table 13: Comparison of Pre- and Post-Test Means	112
Table 14: Qualitative Themes	113

List of Figures

Figure 1: Ethnicity of Participants.....	115
Figure 2: Number of Peer Deaths	116

Chapter 1

INTRODUCTION

The sudden or violent death of a peer and the ensuing impact of grief and loss have too often become part of an adolescent's life in the 21st Century. The majority of adolescent grief and loss studies focus on adolescent responses to the death of a parent (Servaty & Hayslip, 2001; Tyson-Rawson, 1996) or adolescent sibling bereavement (Balk, 1983; Bearman & Moody, 2004; Hogan & DeSantis, 1996). Few studies look at the impact of the death of a friend (Chapman, 2003; Noppe & Noppe, 2008; Oltjenbruns, 1996; Rheingold, Smith, Ruggiero, Saunders, Kilpatrick, & Resnick, 2004; Sklar & Hartley, 1990; Webb, 2002) and even fewer on the impact that peer death has on adolescents (Dyregov, Gjestad, Wikander, & Vigerust, 1999; Melhem, Day, Shear, Day, Reynolds, & Brent, 2004; O'Brien, Goodenow, & Espin, 1991; Ringler & Hayden, 2000).

Estimates of adolescents who report past-year death of a friend range from 20% (Rheingold et al., 2004), with earlier studies showing that 40% of adolescents experienced the death of a close friend (Ewalt & Perkins, 1979) and that 87% of adolescents experienced the death of a peer (Schachter, 1991). A study based on a nationally representative sample of 4,023 adolescents indicated that girls (23%) are more likely than boys (19%) to experience peer death within a one-year time frame (Rheingold et al., 2004). Oltjenbruns (1996) notes that grief following the death of a friend or peer can be viewed as disenfranchised and often includes a great sense of guilt. The grief reaction of adolescents may be complicated and significantly impacted by the fact that most peer deaths are sudden and viewed as preventable. These deaths are typically

caused by accidents, homicides, or suicides (Barrett, 1996). Grief reactions can affect relationships with other friends, leading to enhanced feelings of estrangement, isolation, and grief.

Further complicating this is that most adolescents learn about the death of a peer from another peer, whereas they learn about a family member's death from another family member (Ringler & Hayden, 2000). Many adolescents have access to telephones, cell phones, Email, and instant/text messaging through which information about a peer death can travel rapidly from one adolescent social network to another. Their use of technology creates unlimited access to friends, support systems, and information (James, Oltjenbruns, & Whiting, 2008). As the news spreads quickly with potentially little buffering effects, adolescent grief responses to a peer death can be both profound and intense. If a peer's death is due to suicide, there is the additional risk of a contagion response, raising the possibility of suicide attempts among adolescents (Hanson, Tiberius, Hodges, Mackay, Mcnaughton, Dickens, & Regehr, 2002). Given that the majority of adolescent deaths are sudden and unexpected, adolescents are emotionally unprepared to hear about the unforeseen loss of a peer.

Adolescent Death Rates

The rate of adolescent deaths has remained constant from 1999 to 2006, at an average of 16,375 deaths per year for ages 12-19 years (Minino, 2010). Of deaths among 12-19 year-olds, 67% were due to accidents (unintentional injuries), 13% to homicide, 11% to suicide, 6% to cancer, and 3% to heart disease (Minino, 2010). Motor vehicle accidents account for 73% of all deaths due to unintentional injury (Minino, 2010). The leading cause of death among 12- to 14-year olds is accidents, followed by cancer, and

then homicide; for 15- to 19-year olds it is accidents, followed by homicide, and then suicide (U.S. Department of Health and Human Services, 2004). Adolescent deaths are typically sudden, unexpected, and often violent (Barrett, 1996).

Historically, people died younger more so than in current years. Life was harsher, the infant mortality rate was high, and many diseases and illnesses did not have cures or treatments that prolonged life. The life expectancy rates have gradually improved since 1900, with the average life span at 77.8 years as indicated by the most recent 2005 data; it is 80.4 for females and 75.2 for males (Kung, Hoyert, Xu, & Murphy, 2008). However, death rates for ages 15-24 years increased from 2004 to 2005 by 15.1% (Kung et al., 2008). Due to the current longevity rates, the death of an adolescent does not fall within the expected normal life span. Each of the estimated annual 16,375 adolescent deaths has an unparalleled impact on families, siblings, friends, classmates, peers, neighbors, and communities (Lohan & Murphy, 201; Minino, 2010).

STATEMENT OF THE PROBLEM

The impact of peer death on adolescent girls is important to consider because it is a common experience that can have distressing consequences. Adolescent girls (23%) are more likely than boys (19%) to experience the death of a peer within the past year (Rheingold et al., 2004). The percentage may be even higher for girls given that the majority of female adolescents report experiencing the death of a peer (Schachter, 1991). The impact of peer death on adolescent girls involves a number of physical, emotional, social, and cognitive grief responses (Balk, 2008; O'Brien et al., 1991) that differ from those experienced and expressed by boys (Chapman, 2003; Fleming & Balmer, 1996). Negative outcomes associated with adolescents who experience the death of a peer

include school problems, depression, substance abuse, and suicidal ideation. Girls are more likely than boys to experience a prolonged and intense grief reaction, and to score higher on measures of the above mentioned negative outcomes in response to the death of a peer (Servaty & Hayslip, 2001). Research indicates that different sources of support may be more important for girls as compared to boys (Chapman, 2003; Gilligan, 1982).

Group therapy as a modality of intervention for adolescents has historically been utilized for a wide variety of issues and concerns that have an impact on this population (Gitterman & Shulman, 2005; Konopka, 1949; Malekoff, 2004). Groups provide a framework toward understanding the impact of grief and loss (Balk, 1996) and effectively build support, mutuality, and connection among group members (Gitterman & Shulman, 2005). There is a positive connection between social support and the adjustment of adolescents, which is understandable given the importance of peer relationships in the development of cognitive and social skills during adolescence (Tedeschi, 1996). This makes group therapy especially significant since grief can be an isolating, private experience for many adolescents (Lattanzi-Licht, 1996). This suggests the need for adolescent girls' grief and loss groups that focus on reducing grief responses during a time of vulnerability.

PURPOSE OF THE STUDY

This dissertation research will focus on developing, implementing, and evaluating the efficacy of the Adolescent Grief and Loss (AGL) group, a 6-week group designed to address the needs of adolescent girls who have experienced the death of a peer within the past two years. (A full description of both the AGL group content and the implications of the tasks involved can be found in Table 7). The goal of the AGL group is to reduce or

lessen physical, emotional, social, and cognitive responses to grief, and to foster mutual support and connection to others via various tasks associated with each group session. The AGL group provides an effective and healing setting in which to improve the psychological health of adolescent girls who have experienced the death of a peer.

Research Questions

The primary research question is: Does participation in the AGL group have an effect on physical, emotional, social, and cognitive grief responses among adolescent girls who have experienced the death of a peer in the past two years? Moreover, the qualitative component of this research poses additional questions about adolescent girls' individual experiences of peer death. The qualitative research question is: What is the lived experience of adolescent girls who have experienced the death of a peer, and what is the lived experience of each girl's participation in the AGL group?

Hypotheses

There are four hypotheses related to the primary research question:

Hypothesis 1: Adolescent girls who participate in the AGL group will report reduced physical grief responses from pre-test to follow-up.

Hypothesis 2: Adolescent girls who participate in the AGL group will report reduced emotional grief responses from pre-test to follow-up.

Hypothesis 3: Adolescent girls who participate in the AGL group will report reduced social grief responses from pre-test to follow-up.

Hypothesis 4: Adolescent girls who participate in the AGL group will report reduced cognitive grief responses from pre-test to follow-up.

SIGNIFICANCE FOR SOCIAL WORK

There is a lack of research focused on adolescents as grieverers (Ringler & Hayden, 2000), the “forgotten grieverers” (LaGrand, 1985) or “survivor friends” (Sklar & Hartley, 1990), and virtually none specific to bereaved adolescent girls who have experienced the death of a peer. This research has the potential to inform social workers of an empirically-supported intervention that addresses physical, emotional, social, and cognitive grief responses as experienced by adolescent girls impacted by the death of a peer, and may be beneficial to schools, families, and communities. Specifically, the conclusions are likely to guide social workers in working with adolescent girls who are struggling with grief and loss in response to the death of a peer, and in particular those adolescent girls who are at risk for decreased school performance, substance use and abuse, somatic complaints, depression, anxiety, and suicidal ideation.

The AGL group is intended to be both a means and a context for helping bereaved adolescent girls improve their functioning by meeting their psychosocial needs for learning and applying coping skills, assisting with behavior and emotion, and for supporting one another around issues of grief and loss. Group intervention has long been viewed as the treatment of choice for many adolescents (Konopka, 1949; Malekoff, 2004), which underscores the importance of providing an effective and evidence-based intervention by social workers in order to enhance individual functioning of bereaved adolescent girls.

If the AGL group is effective in impacting physical, emotional, social, and cognitive responses to grief as evidenced by scores on the standardized Loss Response List (LRL) measure (Wheeler & Austin, 2000), then the implementation of this group in

high schools, community agencies, and clinical settings could potentially benefit both adolescents and those who care for them. Conversely, if the AGL group is not effective, important aspects of the impact of peer death on adolescent girls may emerge for further study.

Chapter 2

LITERATURE REVIEW

This dissertation involves several concepts that relate to the impact of peer death on adolescent girls. A review of the literature guiding the development of this study presents important negative psychological and physical outcomes associated with adolescent girls who experience the death of a peer such as somatic complaints, school problems, depression, substance abuse, and suicidal ideation. A critical review of the literature on adolescent grief and loss reactions, and on adolescent group intervention as a positive milieu, is provided below.

Adolescent Grief and Loss Reactions

The majority of research related to adolescent grief and loss reactions focuses on sibling loss (Balk, 1983; Bearman & Moody, 2004; Hogan & DeSantis, 1996; Logan & Murphy, 2001) or death of a parent (Servaty & Hayslip, 2001; Tyson-Rawson, 1996) more so than on grief related to the death of a friend or peer. Lurie (1993) found more similarities than differences between adolescent grief experiences following the death of a family member and the death of a friend. These findings suggest that grief reactions in response to the loss of a close friend are similar to those of the loss of a family member. Therefore, much of the documented grief reactions among adolescents in response to the death of a parent or sibling can be utilized in examining the grief and loss reactions to the death of a peer. These reactions may include physical, social, emotional, and cognitive responses to grief and loss. Notably, the majority of adolescent grief and loss research has been retrospective and cross-sectional, lacking in control groups, and few have used longitudinal designs to track the trajectory of adolescent grief responses. Most

adolescent grief and loss studies have been gathered via surveys to assess the prevalence of bereavement experience within the adolescent population and tend to be descriptive in nature (cf. Balk, 1983; Dyregrov et al., 1999; McNeil, Silliman, & Swihart, 1991; Melhem et al., 2004; Noppe & Noppe, 1997; O'Brien et al., 1991; Rask, Kaunonen, & Paunonen-Ilmonen, 2002; Ringler & Hayden, 2000; Riordan & Beggs, 1987; Servaty-Seib & Pistole, 2007).

Death of a Parent

In a study aimed at comparing the adjustment of adolescents who experienced the death of a parent with those who experienced parental divorce, in addition to comparison with a control group, results indicate that both types of loss impair the intrapersonal adjustment of adolescents (Servaty & Hayslip, 2001). However, parental death has an unsurprising, yet unique, impact in that it disturbs perceptions of interpersonal relationships, which may result in increased isolation and decreased support at a time when relationships with peers, parents, and teachers are critical to adjustment, well-being, and identity development (Servaty & Hayslip, 2001). Adjustment difficulties were measured on the Hopkins Symptom Checklist, which includes subscales of somatization, obsessive-compulsive activity, interpersonal sensitivity, depression, and anxiety. In comparison to the control group and the parental divorce group, adolescents experience more adjustment difficulties following a parental death, and adolescent girls in particular score higher than adolescent boys on all subscales, but significantly on somatization subscales, indicating more bodily complaints or physical grief responses among girls (Servaty & Hayslip, 2001). Physical grief responses may include stomachaches, headaches, sleep disturbances, joint pain, and being ill more often. Additional results

indicate feelings of inadequacy and inferiority, difficulties with social competence assessed as participation in activities, working, or getting along with others, as well as school functioning (Servaty & Hayslip, 2001). The measure used in this study assessed interpersonal sensitivity in a broad sense, without getting to answers about which types of social interactions adolescents feel most sensitive about, or by whom they feel the least understood such as peers, parents, siblings, or teachers.

In a year-long study following 11 adolescents, aged 13 to 18, who experienced the death of a parent, Harris (1991) noted high levels of sleep disturbance, poor concentration, and deterioration of school performance. Some of these adolescents also struggled with depression, alcohol abuse, skipping school, delinquency, and school failure. In a similar study of the impact of parental death, Gray (1987) assessed grief in adolescents aged 12 to 19 and found a link between lower depression scores and high levels of informal social support, a good relationship with the surviving parent prior to death of the other parent, a balanced personality style, and the presence of religious beliefs. Both of these studies were descriptive in nature and lacking in control group comparisons, had small unrepresentative sample sizes, and gender as a main effect was not examined. Additionally, one year may be an insufficient time frame for tracking the grief and loss responses of adolescents, particularly since studies show that some bereavement symptoms or sequelae to loss do not show up until two or more years later, suggesting the need for longitudinal research (Balk, 1991; Lattanzi-Licht, 1996; Worden & Silverman, 1996).

Worden and Silverman (1996) conducted The Child Bereavement Study to investigate 70 children and adolescents over two years who experienced the death of a

parent. They compared their scores on the Child Behavior Checklist at four months, one year, and two years and matched them with controls that had not experienced parental death. This allowed for comparisons to determine if changes over time were attributable to bereavement. At the two-year follow-up, the bereaved adolescents scored higher on levels of anxiety, depression, and social withdrawal as compared to the adolescent control group. This study set an example for following the trajectory of bereavement over time. There is no indication in this study about the age range of the sample or of the ages of the children and adolescents when they experienced the death of a parent. It would also be important to explore the impact of cause of parental death, whether it was a sudden accidental death or a prolonged death due to an illness.

Death of a Peer

In another study of 53 adolescents who experienced the death of a peer, most reported feeling a range of emotional responses such as sadness, disbelief, surprise, shock, anger, and confusion as well as numbness, fear, and guilt (Schachter, 1991). McNeil et al. (1991) studied the reactions of 94 high school students 18 months after the death of a popular peer to determine patterns of immediate grief and coping responses. This exploratory study found that adolescents tend to hide or camouflage their feelings from adults and from one another. These feelings include ongoing anger, distress, and confusion regarding the peer's death. The questionnaire developed for this study included both forced-choice and open-ended questions to measure the frequency of time spent with the deceased peer, degree of closeness, number of diverse activities shared, and years of acquaintance. Use of support and coping strategies were also measured. This study did not include information on the psychometric properties of the measures

used. (One of the common methodological flaws in studies of adolescent grief and loss is the variance of measurement instruments utilized from one study to another.)

A study investigating the impact of loss, trauma exposure, and mental health on adolescents found that death of a friend was related to depression, posttraumatic stress disorder, and substance abuse/dependence (Rheingold et al., 2004). This study utilized data from the National Survey of Adolescents, which included a sample of over 4,000 youth between the ages of 12 and 17 years. From this data set, the researchers gathered information from approximately 646 adolescents via a highly structured telephone interview. The results indicate that adolescent girls are more likely than boys to report the death of a friend in the past year. Furthermore, girls of minority race/ethnicity, and adolescents with lower household incomes are at the greatest risk for experiencing peer death. Past-year death of a friend also predicts past-year substance abuse/dependence. This survey study concluded with the need for further investigations to replicate and build upon the findings as well as the exploration of interventions for adolescents who experience the death of a friend. Although survey research has the advantage of gathering an immense amount of information from a large population, it has the disadvantage of being artificial and potentially superficial (Rubin & Babbie, 2007), particularly in the coverage of a complex topic such as the death of a peer.

Death of a Friend by Suicide

Bearman and Moody (2004) investigated the relationship between friendships and suicidality among male and female adolescents by analyzing the friendship data on over 13,000 adolescents from the National Longitudinal Survey of Adolescent Health. This data set includes adolescents from private, religious, and public high schools located in

urban, suburban, and rural areas. Their results found that having a friend who committed suicide tended to increase suicidal ideation among both males and females, but socially isolated adolescent girls, as well as girls who were not part of social networks, had significantly increased suicidal thoughts. They suggest that the most effective intervention for girls is to transform the structure of their friendships by increasing involvement in extracurricular activities and joining clubs. Although this secondary data analysis study utilized logistic regression to adjust for potential design effects and corrected for school clustering and strata based on several variables (grade range, school size, ethnic mix, region, and urbanization), the artificial nature and potential for superficiality compromise its validity (Rubin & Babbie, 2007). The complexities that exist in examining suicidality among adolescents cannot be fully addressed by secondary data analysis.

In a longitudinal study that included 146 friends and acquaintances of 26 suicide victims, interviews at 6, 12-18, and 36 months after the peer's suicide yielded results that adolescents experience symptoms of traumatic grief reactions that follow a discernable path (Melhem et al., 2004). Traumatic grief, a syndrome distinct from depression and anxiety, is exhibited by symptoms that include poor physical health, crying, numbness, preoccupation with the deceased peer, sadness, yearning and searching for the deceased peer, and suicidal ideation. The researchers found the likelihood of developing traumatic grief was independent of depression. This study recommends clinicians to be alert to the occurrence of traumatic grief reactions among adolescents and the need to address them in treatment approaches, but provides no suggestion as to what those treatment approaches might be. Given the nature and length of traumatic grief on adolescents, this

supports the evident need for an adolescent grief and loss group as a place in which to grieve with other peers. The participants in this study were identified as having high rates of previous psychiatric histories, which may have increased their risk for the psychological responses to grief. The death of a peer due to suicide may cause grief reactions that differ from loss due to other causes of death. Also, the majority of the participants were Caucasian, which impacts its generalizability to adolescents of any other race/ethnicity.

Adolescent Group Intervention Studies

There is an abundance of literature on the efficacy and principles that surround group work (Cohen, 1995; Drumm, 2006; O’Conner, 2002; Shulman, 2006), yet there are limited studies of the effectiveness of group modalities with adolescents (Leader, 1991; MacLennan, 2000), particularly around grief and loss. Clinical literature endorses group therapy as the treatment of choice for adolescents for these reasons: (1) adolescents more readily accept feedback from peers than from adults, (2) groups promote peer interactions and emphasize the importance of relationships, (3) group norms have a socializing impact, (4) group participants benefit from the work done by other group members, and (5) groups allow for the opportunity to simply listen without having to respond (Glodich & Allen, 1998; Malekoff, 2004; Oltjenbruns, 1996).

The effectiveness of adolescent groups can be measured by how each group, regardless of focus or context, acts as a protective factor to mitigate against risk.

“Protective factors are conditions that buffer young people from the negative consequences of exposure to risk by either reducing the impact of the risk or changing the way a person responds to risk” (Hawkins, 1995, p. 14). Risk factors may include poor

coping skills, and a nonexistent or ineffective support system (Corr & Balk, 1996). Adolescent groups provide an environment which allows for the growth-enhancing impact of protective factors to occur as well as the creation of resiliency (Lee & Swenson, 2005; Malekoff, 2004). The group acts as a context for social reinforcement, which can improve adolescents' adaptive and social skills and reduce self-destructive behaviors (Masten, Best, & Garmezy, 1991; Rittner & Smyth, 1999). Self-examination and "cognitive restructuring occur with peer support and reinforcement which enables adolescents to cope more effectively with the emotional, familial, and social stressors in their lives" (Rittner & Smyth, 1999, p. 71).

A comparison between group and individual therapy for adolescents via a meta-analysis of nine studies yielded results supporting group treatment as more effective with adolescents (Tillitski, 1990). A comprehensive review of adolescent group therapy research found that there are very few empirically based studies, and of those that do exist, most are anecdotal and observational (Sugar, 1993). Of the studies that have utilized control groups, adolescents who received group therapy demonstrated more positive outcomes (Glodich & Allen, 1998; Tillitski, 1990). Adolescent group therapy research, with few exceptions, has been conducted with inpatient clients (Bernstein & Duquette, 1995), adolescents in residential treatment (Sugar, 1993), or with incarcerated youth (Glodich & Allen, 1998; Malekoff, 2004; Roberts & Camasso, 1991; Sugar, 1993). Since there is a diversity of procedures and techniques associated with a variety of group modalities applied to a range of adolescent issues, recommendations have been made to focus studies on the effectiveness of treatment as applied to specific problems and adolescent samples (Hoag & Burlingame, 1997; Kazdin, 1991; Kendall & Morris, 1991).

This underscores the complexity in pursuing the possibility of uniform outcome studies regarding adolescent group treatment.

Balk and Corr (2001) reviewed the available research on adolescent bereavement to find literature on interventions, but noted the difficulty of utilizing control groups due to the often sudden and violent death of adolescents. It would be unethical and unfeasible to provide a grief and loss group for some adolescents and to prevent other adolescents from participating. Equally problematic would be the use of a nonintervention group or a placebo intervention. Interventions with grieving adolescents have included support groups and self-help groups (Pennebaker, Zech, & Rime, 2001; Pesek, 2008; Schuurman, 2008; Schut, Stroebe, van den Bout, & Terheggen, 2001; Stroebe & Schut, 2001; Tedeschi, 1996; Stevenson, 2008; Valentine, 1996), as well as school-wide postvention groups (Catone & Schatz, 1991; Hill & Foster, 1996; Komar, 1994; Rickgarn, 1987; Rickgarn, 1996; Stevenson, 2002).

Support groups have been shown to reduce both physiological and psychological stress and are noted to be the single most consistent predictor of improved adjustment to loss (Goodkin, Baldewicz, Blaney, Asthana, Kumar, Shapshak, Leeds, Burkhalter, Rigg, Tyll, Cohen & Zheng, 2001). In a review of the efficacy of bereavement interventions, it was noted that adolescents show more improvement in depression and conduct following group participation after experiencing the death of a parent (Schut et al., 2001).

A college-based mutual support group intervention involved college students (Balk, Tyson-Rawson, & Colletti-Wetzel, 1993). The participants met twice a week over a four-week period, and focused on coping with life crises and sharing experiences. The study revealed positive treatment outcomes. This intervention study was strengthened by

use of both a bereaved control group and a nonbereaved control group, multiple repeated measures, as well as quantitative and qualitative methodology. However, the wide variation in time since the deaths experienced by the students is a limitation.

There are profound effects on adolescent survivors of deaths that result from diseases and accidents or intentionally inflicted death due to homicide, suicide, or interpersonal violence (Hill & Foster, 1996). School-based or community-based programs, or postventions may be the response utilized to ease student reactions to traumatic death of a classmate or teacher. There is a preponderance of literature that describes the theoretical basis, design, objectives, and format for implementing postvention groups (Catone & Schatz, 1991; Hill & Foster, 1996; Komar, 1994; Rickgarn, 1987; Rickgarn, 1996; Stevenson, 2002), however, there are very few outcome or effectiveness studies. After one day of a three-day postvention following the suicide of a student, Klingman (1989) assessed the frequency of stress reactions and found evidence that classmates who knew the deceased showed significantly more distress than a group of students who did not know the person. This study did not follow up after the third and final day of the postvention to further assess its outcome, nor does it support the literature's purported rationale for the development of postvention plans.

In summary, the current knowledge of adolescent grief and loss reactions pertain predominantly to sibling loss or death of a parent, with a paucity of research on the death of a peer. Additionally, there are limited studies of the effectiveness of adolescent group intervention focused on issues of grief and loss. Clinical literature, and grief and loss studies, both suggest that group modalities are the preferred treatment for adolescents. Thus, the incorporation of an adolescent grief and loss group would be beneficial in

reducing negative psychological and physical outcomes associated with adolescent girls who experience the death of a peer.

Groups in School Settings

Schools have long been the setting for groups since adolescents spend the majority of their daily lives at school. It is the logical place to offer adolescent groups since “without emotional and social well being, academic progress will slow or stall altogether” (Ziffer, Crawford, & Penney-Wietor, 2007, p. 155). Research supports the effectiveness of groups and group interventions in the schools, particularly if they are “both short in session length and overall time” which makes them a realistic endeavor (Gerrity & DeLucia-Waack, 2007, p.104).

It is more adaptive and more convenient to incorporate groups into the weekly school schedule than to schedule groups in locations that involve transportation arrangements. This may ensure attendance and participation. Additionally, many adolescents are involved in extracurricular activities that meet before or after the school day. This may create a barrier to them attending a group.

There are some disadvantages to groups held in the school setting. Group facilitators cannot guarantee anonymity for participants, although group rules typically include maintaining the confidentiality of who is involved and what is discussed. Adolescents may be concerned with being judged by others who know of their group participation such as teachers, administrators, school counselors, and peers.

Groups can provide a structured outlet in the school setting. They allow for connection with peers who often have similar and universal experiences. This is especially true if adolescents have experienced the death of a peer within their school

(Saltzman, Pynoos, Layne, Steinberg, & Aisenberg, 2001). Groups can provide a safe place for adolescents to share their fears, frustrations, and joys with others who may understand them better than the adults around them. Groups in the school setting also share a common community culture, neighborhood culture, and school culture with understood and accepted norms and values.

There are four main types of groups that are typically held in school settings: working or task groups, psychoeducational groups, counseling groups, or psychotherapy groups (Paisley & Milsom, 2007). School-based groups have been provided to focus on a myriad of topics to include improving academic success (Webb & Brigman, 2007), diversity sensitivity training (Nickels, Mims, & Mims, 2007), adolescents of deployed soldiers (Rush & Akos, 2007), adolescents with incarcerated parents (Lopez & Bhat, 2007), parental separation and divorce (Ziffer, Crawford, & Penney-Wietor, 2007), and adolescents with disabilities (McEachern & Kenney, 2007). Other topics for groups have historically included eating disorders, anger management/bullying, pregnancy prevention, social skills/competency, and substance abuse prevention. Many of these have incorporated classroom interventions (Gerrity & DeLucia-Waack, 2007).

THEORETICAL FRAMEWORK

The purpose of this section is to explore the theoretical constructs underlying the development of the AGL group. Adolescent developmental tasks encountered at differing ages are incorporated (Balk, 1996) as a necessary component in understanding how adolescents make meaning of the events in their lives. Consideration is given to the importance of the roles that friendship and peer relationships play in adolescence as they learn to negotiate the intricacies of closeness, connection, and intimacy. The physical,

emotional, social, and cognitive changes that occur in adolescence as well as the unique needs of bereaved girls are examined. Theories of grief and loss and its impact on adolescent girls are outlined. The integration of interactional therapeutic factors (Yalom & Lesczc, 2005) and mutual aid processes (Gitterman & Shulman, 2005) provide the overarching framework for the development of the AGL group.

Adolescent Development

The death of a peer in adolescence is seen by developmental theorists and researchers as a potentially devastating and life changing event that can create additional stress for an adolescent who has yet to resolve issues related to her identity (Balk, 1996; Rosen, 1991). There is a complex intersection between the normative, developmental tasks in adolescence and the specific, situational tasks involved in coping with grief and loss (Corr & Balk, 1996). It is important, therefore, to consider the developmental tasks inherent in both middle and late adolescence. It is also imperative to recognize that there are individual variances in each of these developmental time periods.

The middle adolescence of 9th and 10th graders marks an advance in abstract thinking and an increased capacity for problem-solving (Noppe & Noppe, 2004). This age group is able to move beyond the typical self-scrutiny of adolescence to see others' perspectives, with a tendency to give more value to the ideas and opinions of their peers (Balk, 1996). Middle adolescence involves developing autonomy from parents and the forging of a more distinctive, mature identity, with skills gained at being independent and self-governing (Balk & Corr, 1996). There is a decline in absolute thinking, with an ability to tolerate shades of gray and uncertainty as well as to reflect on their own and others' experiences. Fleming and Balmer (1996) summarize middle adolescence as a

phase of conflict regarding independence versus dependence. However, this progression in cognitive development, sense of mastery, competence, and control makes this age group amenable to group participation. As noted by recent experts, “group work and the dialectical processes it promotes to advance mutual aid provide an ideal context for accommodating and fostering this quantum leap in cognitive development during adolescence” (Malekoff, 2004, p. 8).

Late adolescence is marked by many life changes that cause both exhilaration and anxiety for 11th and 12th graders. The accumulation of past successes and failures contributes to the sense of expectancy about the future, and a more stable character formation has been achieved (Noppe & Noppe, 1997). The forming and maintaining of meaningful intimate and committed relationships is prized. Fleming and Balmer (1996) summarize late adolescence as a phase of closeness versus distance. The evolving maturity during late adolescence tends to eliminate denial as an ongoing coping strategy, which then creates more psychological distress than is typically reported by younger adolescents (Balk, 1996). The insight gained and shared during the AGL group at this age adds to the adolescent’s self-knowledge and sense of a competent self.

Adolescent Friendship and Peer Relationships

The Dynamics of Adolescent Relationships

The world of the adolescent is a very relational world that is dominated by the peer group (Noppe & Noppe, 2004). The major task of adolescence is identity formation with themes of separation and connectedness having primacy. Peer relationships are extremely important and help to shape the emotional, social, and cognitive development of each adolescent, playing a central role in an adolescent’s developing ability to deal

with various psychosocial tasks (Oltjenbruns, 1996). They have the opportunity to practice who they are and who they might become. The growth of friendship involves characteristics that include an acceptance of one another, a sense of loyalty and commitment, the possibility of intimacy, reinforcement of ego, and a mutual helping of one another (Oltjenbruns, 1996). This is an important period for the formation of self-esteem, determination of self-efficacy, absorption of others' perceptions, and acquisition of the ability to manage life demands and unexpected change (Steese, Dollette, Phillips, Hossfeld, Matthews, & Taormina, 2006).

Adolescents also begin a critical scrutiny of their parents and the other significant adults in their lives. Identity tends to shift away from parents and family, although attachment to parents is still vital, and move toward forming identity among peers (Noppe & Noppe, 2004). Adolescents perceive themselves as members of the peer culture and view their peers, popular culture, and themselves as the support system that offers feedback and definition about who they are and who they are becoming. There is absorption with sameness and difference among peers. They want to belong, yet do not want to be viewed as just like everyone else. The death of a peer during adolescence challenges the normative growth process.

Adolescent girls relate to their friends and develop relationships differently than do boys (Poulin & Pedersen, 2007; Theran, 2010). Boys tend to talk in terms of a best friend or close friend whereas girls can have a best friend, close friends, and acquaintances (O'Brien et al., 1991). Girls are more apt to internalize richer emotional relationships with friends than are boys (Balk & Corr, 1996). In addition, girls become emotionally involved in the lives of a wider range or network of people and report a

higher sense of peer group belonging than boys (Newman, Lohman, & Newman, 2007). Their connections with others are a central organizing feature in their psychological make-up (Brown & Gilligan, 1992). Thus, each adolescent death potentially has a greater impact on girls than boys.

The Impact and Consequences of Peer Death

Friends and peers play a central role in how adolescents deal with various psychosocial tasks, and the death of a peer may delay successful completion of those tasks (Oltjenbruns, 1996). The death of a peer can upset or complicate, but most certainly have an impact on, identity formation, which may already be unstable (O'Brien et al., 1991). Adolescents have not developed the social or emotional maturity to fully incorporate and process bereavement into a coherent world view (Rowling, 2002).

Adolescents tend to seek out one another when they have experienced the death of a peer and may feel most comfortable talking with other teens who had been close to the deceased. Yet simultaneously, they can feel different from and misunderstood by their peers (Ringler & Hayden, 2000). They may feel discomfort talking with parents about feelings, often disappointed in parents' reactions (O'Brien et al., 1991). Many adolescents expect more support from parents than they actually receive. Parents are unsure how to react to their adolescent, especially if the deceased peer was not a best friend. The disenfranchised nature of adolescent grief is a phenomenon "that is shaped fundamentally by grieving rules of parents, other adults, and peers, all of whom create the grieving norms of an adolescent's world" (Rowling, 2002, p. 276). Adolescents are often perceived as resilient and not seriously affected by the loss (Ringler & Hayden, 2000). Adults may not recognize the severity of this loss to an adolescent. The adolescent's

perception of lack of parental support makes it difficult to find people they can trust with whom to talk about their peer's death.

Adolescents can experience multiple emotions that exist separately, coexist, or alternate (Webb, 2002). These bereavement reactions may include a sense of bravado, denial, anger and rage, shock, numbness, fear of one's own death, nightmares, insomnia, loneliness, survivor guilt, school problems, great sadness, substance abuse, and suicidal ideation (Rheingold et al., 2004; Ringler & Hayden, 2000). Adolescents are typically reluctant to show strong emotions, making it difficult to assess the nature and depth of their emotional pain. Their natural and expected narcissism can make them difficult to reach, particularly when they experience the untimely death of a peer (Goodman, 2002).

Adolescents live intensely in the present and the experience of a peer's death causes them to unexpectedly look into the future at the possibility of their own death (Kandt, 1994). This is an unfamiliar concept, since most adolescents do not have as many experiences with death and loss as do adults. An adolescent's sense of safety and security about the world and ongoing relationships may be skewed as a result of a peer's death (Saltzman, Layne, & Pynoos, 2002). This is especially true given that the majority of peer deaths are sudden, providing no time for preparation of this loss.

Adolescents are often invested in projecting an image of independence and control over their lives, not wanting to need adults. They may delay or repress their grieving in order to keep up this appearance. Adolescents can look like adults in physique, body development, and attire yet still struggle with the emotional immaturity of their age (Noppe & Noppe, 2004). The adults in their lives may react to this pseudo-sophistication with unrealistic expectations for emotional control. These adolescents may

look like they are doing well, but may in fact be postponing their grief reactions which can re-emerge later in adulthood (Kandt, 1994). Typically, adolescents endure an overwhelming sense of being forever changed by their experience of grief with a sense of never being the same again. This “changed self” does not reflect their previous carefree, invulnerable self and instead, is more fearful and reflective (Lattanzi-Licht, 1996).

Grief and Loss

Adolescent grief responses do not necessarily parallel the grieving of adults. Notably, adolescent grief may involve mourning that comes and goes, and the overall process may extend over a long period (Hogan & DeSantis, 1992). Adolescent grieving is paradoxically both continuous and intermittent (Balk & Corr, 1996). The literature suggests that some adolescents are naturally resilient and have support systems in the form of family, religion or spiritual system, and caring others that aid them in navigating and coping with grief. However, adolescents’ grief in response to the death of a peer is often considered disenfranchised (Doka, 2002). Many participants in bereavement support groups report more freedom in expressing feelings, that they are more in control of their lives, and are more confident, happy, and able to connect to peers (Tedeschi, 1996).

Disenfranchised Grief

Disenfranchisement occurs when an adolescent’s grief is inhibited by established “grieving norms that deny grief to persons deemed to have insignificant losses, insignificant relationships, or an insignificant capacity to grieve” (Doka, 2002, p. xiii). Types of loss that may be categorized as disenfranchised include those where the relationship with the deceased is not recognized, the loss is not acknowledged, and there

is exclusion of the griever (Doka, 2002). In many instances, this encompasses the experience that adolescents face when a peer dies. They are a hidden population (Sklar & Hartley, 1990), experiencing disenfranchised grief, an understudied concept within the adolescent population.

The death of an adolescent's peer is often an unrecognized loss by others. The death may be viewed by parents, teachers, and friends as unimportant in an adolescent's life, especially if the peer was not someone the adolescent hung out with or appeared very close to. Adolescent grief often goes unnoticed, is apt to be minimized by others, or is misunderstood (Sklar & Hartley, 1990). This also relates to the death of a peer who had been a former friend where there was limited current contact (Doka, 2002). Adding to the impact of loss is the suddenness which typically characterizes adolescent deaths.

Adolescents may be excluded and omitted from funerals and memorials of a deceased peer because they are not family members. There appear to be grieving rules that "limit grief to the deaths of family members" thereby disallowing, or "disenfranchising", an adolescent's grief in response to the death of a peer (Doka, 2002, p. 6). Adolescents have few rights as mourners (Sklar, 1991), are at times viewed as not having the capacity to grieve, and are typically advised to focus on their school work and other relationships.

What Bereaved Adolescent Girls Need

Adolescent girls need their voices to be heard, their feelings to be acknowledged and normalized, and an emotionally safe environment in which to do their grief-work. Girls need a place in which to voice their experiences honestly, to receive attentive, empathic listening, and to develop growth-fostering relationships (Steese et al., 2006).

The ideal developmentally appropriate group teaches and increases coping strategies, identifies and minimizes risk factors, and maximizes protective factors (Malekoff, 2004). Risk factors may include the experience of previous losses, isolation, few friends or close relationships, problematic relationships with friends or family, substance use, low self-esteem, and poor school performance (Balk, 1996; Brown & Gilligan, 1992). Protective factors may include good relationships with friends and family, a sense of connection to the school community, involvement in extracurricular activities, a healthy level of self-esteem, good school grades, and parental involvement. Girls who are part of cohesive friendship groups and social networks that are designed to increase positive connection, personal and collective strengths and competence, and who exhibit high self-esteem are likely to face the death of a peer with fewer long-lasting negative effects (Bearman & Moody, 2004; Steese et al., 2006). The quality of the connection with others contributes to adolescent girls' psychological health, self-image, and relationships (Brown & Gilligan, 1992; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991).

Adolescence is an extremely vulnerable time period in a female's life due to the intense physical, emotional, cognitive, and relational changes that are taking place during puberty as they transition from childhood to adulthood (Kling, Hyde, Showers, & Buswell, 1999; Noppe & Noppe, 2004; Ringler & Hayden, 2000). Some adolescent girls experience and express their grief through various physical, emotional, social, and cognitive responses (Clark, Pynoos, & Goobel, 1996; Corr, 2001; LaGrand, 1985; Rheingold et al., 2004; Ringler & Hayden, 2000; Sklar & Hartley, 1990; Stroebe, Hansson, Stroebe, & Schut, 2001). Table 2 outlines the various types of grief responses.

Girls have been shown to grieve longer and react more strongly around loss than boys (Dyregrov et al., 1999). Girls are very attentive to and expressive regarding their emotions, as well as the reactions and feelings of those around them. As compared to boys, girls express the need for more time to overcome the death of a classmate and that the deceased peer meant more to them (Dyregrov et al., 1999). Bearman and Moody (2004) found that socially isolated girls have substantially increased suicidal ideation following the suicide of a peer. Girls tend to be more reactive to loss than boys but are also more receptive of social support, which may make social support a more crucial stress-buffering factor for adolescent girls (Gilligan, 1982; Gore & Eckenrode, 1996). The AGL group is a potentially effective and healing setting in which to strengthen self-esteem, decrease physical, emotional, social, and cognitive grief responses, and improve the psychological health of adolescent girls who have experienced the death of a peer. Summarily, it provides a framework toward understanding the impact of grief and loss (Balk, 1996).

Group Therapy

Groups are an important and intrinsic component of an adolescent's life, which makes participation in a group an effective treatment modality for adolescents confronting the death of a peer (Aronson, 2004). Groups have been employed with adolescents to address a variety of issues, including school dropout (Levinson & McAleer, 2005), depression (Malekoff, 2004), pregnancy loss (Wheeler & Austin, 2001), and substance abuse (Baez, 2003). Groups can provide an environment that promotes resilience which acts as a protective factor against the physical, emotional, social, and cognitive grief responses of adolescents. "Groups of peers struggling together buffer

life's blows and can even turn adversity into opportunity" (Lee & Swenson, 2005, p. 587).

Interactional Groups

Interactional groups are based on the premise that change or therapeutic growth is a complex process that occurs through an interplay of curative or "therapeutic factors" (Yalom & Leszcz, 2005). Table 3 summarizes the 11 therapeutic factors and describes how they operate as an interdependent and dynamic process within groups (Yalom & Leszcz, 2005).

In a study to determine adolescents' perception of therapeutic, or curative factors, in group psychotherapy, Corder, Whiteside, and Haizlip (1981) asked 16 adolescents, ranging in age from 13 to 17 years, from 4 therapy groups in different clinical settings to rate the most helpful of the 11 therapeutic factors. The adolescents were given 60 cards containing statements that corresponded with each therapeutic factor, and were directed to put them into the following 7 categories: most helpful to me in the group, extremely helpful, very helpful, helpful, barely helpful, less helpful, and least helpful (Corder et al., 1981). The adolescents' responses were then compared to the 4 therapeutic factors discerned as most helpful by adults, which were: *insight*, *catharsis*, *interpersonal learning*, and *existential factors*. Adults placed more importance on *insight*, whereas adolescents included *family reenactment* as a helpful factor (Corder et al., 1981). Table 4 outlines the 4 factors ranked the highest by adolescents.

The results of this study indicate that groups focused on adolescents need to incorporate assistance and confrontation from peers, explore new ways of dealing with real-life situations and developing new skills in relating to others, and provide an

environment where adolescents feel less isolated (Corder et al., 1981). The use of techniques or tasks that actively structure and provide opportunities for the above mentioned concepts included as components of the therapeutic factors, may enhance growth and movement toward change in adolescent groups (Corder et al., 1981).

Mutual Aid Groups

Mutual aid groups effectively build support, mutuality, and connection among members (Gitterman & Shulman, 2005). A group can be viewed as a system where there is reciprocity between the individual and society. “Essentially, when we lend our strength to others, we strengthen ourselves” (Gitterman, 2004; Gitterman & Shulman, 2005; Shulman, 1985/86; Shulman, 1999). Mutual aid groups promote resiliency and self-esteem through processes that involve secure and supportive attachments as well as opportunities for the successful accomplishment of tasks (Lee & Swenson, 2005). Table 5 summarizes the 9 mutual aid group processes.

Adolescent Grief and Loss (AGL) Group Model

The goal of the AGL group for adolescent girls who have experienced the death of a peer within the past two years is to reduce or lessen physical, emotional, social, and cognitive grief responses, and to foster mutual support and connection to others. To that end, the integration of interactional therapeutic factors (Yalom & Leszcz, 2005) and mutual aid processes (Gitterman & Shulman, 2005) define the framework for the AGL group model.

The following examples will illustrate how these two theories of group therapy together inform the AGL group. These are described further in the sections on the AGL group structure, stages, and individual tasks as well as their implications. As the

adolescent girls meet to participate in the AGL group, they are given a journal and are instructed to write, draw, and/or jot down thoughts and ideas on a weekly basis about their experiences of peer death. They bring their journals with them to each of the 6 AGL groups with the possibility of sharing their contents. The therapeutic factor of *universality* and the similar mutual aid group process of *the “all-in-the-same-boat phenomenon”* are at work here as girls share the contents of their journals and the group facilitator models how to make connections between the similarity of their experiences and ensuing thoughts, feelings, and behaviors, both positive and negative.

Another example involves the 5th of the 6 AGL group sessions. During the 4th group session, the girls are instructed to create a ritual to remember and honor her deceased peer. They also think about any unfinished business and write a letter to the deceased peer. The 5th group session entails the showing and/or performing of the girls' rituals as well as the reading aloud of their letters. The therapeutic factor of *catharsis* is involved that allows the expression of strong emotions, which is linked with finding meaning in their experiences of peer death. *Mutual support* enables the girls to provide one another with empathy and understanding as they read their letters. Receiving support from each other can be more powerful than support from the group facilitator.

The integration of these theoretical group concepts applies to the focus of creating an environment of mutual support and growth through the interplay of factors and processes.

Therapeutic Factors

The 11 interactional therapeutic factors are incorporated and emphasized in the AGL group as outlined below.

- The *instillation and maintenance of hope* can be a powerful force in groups, particularly as bereaved adolescent girls see one another learn to cope with the death of a peer. This therapeutic factor can actually begin prior to attendance of the first group, when potential group participants see or are handed the flyer at their high school describing the AGL group.
- *Universality* plays a role in group therapy with adolescent girls as they learn that others may have some of the same negative thoughts, feelings, and behaviors they do, and that they all share a similar experience of the death of a peer.
- *Imparting information* includes both didactic instruction and direct advice on the part of the group facilitator, specifically around the individual tasks of each of the group sessions as well as the nature of grief and loss.
- *Altruism* requires the girls to shift between two roles within the group; that of help receiver and help provider. This therapeutic factor benefits the naturally narcissistic adolescent, both allowing and requiring her to step outside of herself and her own grief responses in order to be of benefit to other group members. She may also be more open to the suggestions, support, reassurance, and insight of her group peers.
- A group often resembles a family within which numerous roles may be played out. *The corrective recapitulation of the primary family group (also known as family reenactment)* allows the girls to act as a family within the group, which provides an arena for new behaviors to be tested and relived correctively.
- “*Social learning* is a therapeutic factor operating in all therapy groups” (Yalom & Leszcz, 2005, p. 16). Adolescent girls benefit from the social network of a group

as it normalizes their grief reactions within a context of making connections with one another.

- The therapeutic factor of *imitative behavior* occurs when girls model supportive behavior. This can be particularly potent as they focus on the shared experience of the death of a peer.
- People need acceptance by and interaction with others. *Interpersonal learning* allows for positive and reciprocal bonds to form between the group members. The girls learn to communicate with one another, build trust, and share honestly as well as develop relatedness and attachment to one another via their exchanges regarding grief and loss.
- *Group cohesiveness* occurs as the girls attain some comfort in the group and gain a sense of belonging; “they value the group and in turn feel that they are valued, accepted, and supported” by other girls in the group (Yalom & Leszcz, 2005, p. 55). The AGL group becomes their group, their emotionally safe place to confront issues of grief and loss.
- *Catharsis* enables adolescent girls to express emotions, grieve, and find meaning in their losses within the context of the group. “In groups of clients dealing with loss, researchers found that expression of positive affect was associated with positive outcomes” (Yalom & Leszcz, 2005, p. 90).
- *Existential factors* are confronted as the adolescent girls recognize that life is at times unfair and unjust, as shown by the untimely death of their peer. Mortality issues become evident in adolescence as they experience the death of a peer.

Mutual Aid Processes

The mutual aid processes incorporated and emphasized in the AGL group are outlined below. *The strength in numbers phenomenon* is the only mutual aid process that is not included due to the fact that the AGL group is not constructed to empower group members to confront an agency or institution to make change.

- In *sharing data* adolescent girls exchange ideas and offer suggestions to one another about what they find helpful in coping with the death of a peer.
- *The dialectical process* is evidenced by opposing thoughts, feelings, or ideas as presented by two different girls or two subgroups. This enables the girls to struggle with diverse expressions regarding grief and loss as well as to find common ground.
- *Entering taboo areas* may involve discussions of any perceived extreme or negative emotions or thoughts the girls may have toward their deceased peer. As the girls hear one another express their feelings and thoughts, as well as possible negative or self-destructive behavior, it gives way to an allowed openness about such feelings that may have been viewed as taboo. This may be especially evident if their peer's cause of death was due to suicide.
- "The mutual experiencing of ideas and emotions leads to yet another powerful mutual aid process: *the 'all-in-the-same-boat phenomenon'*. This is the healing process that occurs when one realizes that one is not alone and that others share the same problems, the feeling, the doubts, and all the rest" (Gitterman & Shulman, 2005, p. 23). Adolescent girls who have experienced the death of a peer can be greatly relieved when they learn that other girls have had the same

experience, possibly accompanied by some of the same thoughts, feelings, and behaviors.

- *Mutual support* is another mutual aid process observed among the girls as they provide empathic support for one another through a difficult time of grief and loss. They find they are not alone, that other group members can share their feelings with them. This mutuality can be very powerful in its healing potential among adolescents.
- *Mutual demand* occurs when girls in the group confront one another on their thoughts, feelings, and behaviors. This process is beneficial because the girls can receive the demand to work since it is being provided by those who have also experienced the death of a peer.
- The mutual aid process of *individual problem-solving* occurs when one girl identifies an issue she needs help with and other group members offer possible solutions from their own experience. This can benefit the group as a whole since most of the girls can make a connection between their own areas of need and that of the other group members.
- This can lead to the mutual aid process of *rehearsal*, where girls may role-play to help one another find appropriate words and actions to express thoughts and feelings.

Many people experience an intense need to assign meaning to a traumatic event, and the relational aspect of the AGL group model benefits adolescent girls regarding this need (Petersen, Bull, Propst, Dettinger, & Detwiler, 2005). According to Armour (2003, p. 521), “a supportive and accepting audience for meaning reconstruction” is critical for

adolescents to make sense of their loss and to place it within a new life framework. The various creative tasks involved in the AGL group act as a mechanism to elicit and direct meaning-making for adolescent girls. Assisting adolescent girls in expressing their emotions through physical activities, play, art, and music leads to healthy and successful coping with bereavement (Rask et al., 2002). The use of activities provides a method for “getting things going” (Gitterman & Shulman, 2005) within the group in a non-threatening way for the sharing of thoughts and feelings.

Chapter 3

METHODOLOGY

This chapter includes the conceptual framework, independent and dependent measures, control variables, description about instrumentation, and a discussion of the procedures used. Additionally, the school setting, information about participants, description of the research design, and research methods used in this study is provided.

Conceptual Framework

The purpose of this dissertation research study was to develop, deliver, and evaluate the effectiveness of the AGL group for adolescent girls who have experienced the death of a peer within the past two years. A mixed methods design was utilized for this study, integrating both quantitative and qualitative research designs. The quantitative component of this study employed a non-experimental simple time-series design, using two pre-test and three post-test time points. The intervention goals of the AGL group were to reduce physical, emotional, social, and cognitive grief responses experienced by adolescent girls. The primary quantitative research question was: Does participation in the AGL group impact physical, emotional, social, and cognitive responses to grief among female adolescents who have experienced the death of a peer? The qualitative component was based on a phenomenological analysis of adolescent grief and loss responses, and included open-ended questions, developed a prior, to capture each adolescent girl's lived experience of peer death. Questions were also asked to elicit the girls' lived experience of participating in the AGL group.

To test the hypotheses of this study, four treatment groups were established consisting of four to six girls each, resulting in a total sample of 20. As random

assignment was not feasible due to ethical considerations, participants self-selected and volunteered for participation in the AGL groups. All four of the AGL groups were facilitated by the researcher, a Licensed Clinical Social Worker (LCSW) in the State of Texas, who has worked with adolescents in individual, family, and group settings over the past 26 years.

The unit of analysis was adolescent girls, ages 15 to 18 years. Since there was no comparison group, a non-experimental simple time-series design was employed to include two pre-test and three post-test administrations of the Loss Response List (LRL). Pre-test measures occurred two weeks prior to group participation and then at the beginning of the first AGL group. Post-test measures occurred at the final AGL group, at 30 days, and again at 60 days following completion of the AGL group.

The independent variable was participation in the AGL group, defined as attending a minimum of four of the six group sessions. There were four dependent variables: physical, emotional, social, and cognitive grief responses. The dependent measures were obtained from the Loss Response List (LRL), a standardized self-report scale developed to measure grief responses in adolescent girls who read at the 5th grade level (see Appendix A). The following dependent measures described below were assessed at pre-test, at the final AGL group, at a 30-day follow-up, and then again at 60 days following completion of the AGL group.

Dependent Measure One: Physical Grief Responses

Hypothesis 1: Adolescent girls who participate in the AGL group will report reduced physical grief responses from pre-test to follow-up.

Rationale: Physical grief responses are common among adolescents, which may include bodily complaints of stomachaches, headaches, sleep disturbances, and being ill more often (Clark et al., 1996; Corr, 2001; LaGrand, 1985; Rheingold et al., 2004; Ringler & Hayden, 2000; Sklar & Hartley, 1990; Stroebe et al., 2001).

Operational Definition: Physical grief responses were measured by using statements answerable from 1 (I have not had this feeling/experience at all since my loss) to 5 (I have had this feeling/experience all of the time since my loss) on the LRL that pertain to how the body feels such as, “I have headaches” or “I wake up early and can’t get back to sleep.” The LRL items that comprise this domain are contained in questions 1-27 in Appendix A.

Dependent Measure Two: Emotional Grief Responses

Hypothesis 2: Adolescent girls who participate in the AGL group will report reduced emotional grief responses from pre-test to follow-up.

Rationale: Adolescents who have experienced the death of a peer evidence a range of emotional grief responses such as anger, distress, confusion, and guilt (Clark et al., 1996; Corr, 2001; LaGrand, 1985; Rheingold et al., 2004; Ringler & Hayden, 2000; Sklar & Hartley, 1990; Stroebe et al., 2001).

Operational Definition: Emotional grief responses were measured using statements answerable from 1 (I have not had this feeling/experience at all since my loss) to 5 (I have had this feeling/experience all of the time since my loss) on the LRL that pertain to feelings experienced since her loss such as, “I blame myself when things don’t go well” or “I feel like I can’t take any more heartache.” The LRL items that comprise this domain are contained in questions 28-52 in Appendix A.

Dependent Measure Three: Social Grief Responses

Hypothesis 3: Adolescent girls who participate in the AGL group will report reduced social grief responses from pre-test to follow-up.

Rationale: Social difficulties may be exhibited by adolescents who have experienced the death of a peer to include social withdrawal, isolation, risk-taking behavior, and an increased sense of maturity (Clark et al., 1996; Corr, 2001; LaGrand, 1985; Rheingold et al., 2004; Ringler & Hayden, 2000; Sklar & Hartley, 1990; Stroebe et al., 2001).

Operational Definition: Social grief responses were measured using statements answerable from 1 (I have not had this feeling/experience at all since my loss) to 5 (I have had this feeling/experience all of the time since my loss) on the LRL that pertain to how she feels about her relationships with family and friends such as, “I feel more grown up than my friends” or “I try to stay away from all reminders.” The LRL items that comprise this domain are contained in questions 53-63 in Appendix A.

Dependent Measure Four: Cognitive Grief Responses

Hypothesis 4: Adolescent girls who participate in the AGL group will report reduced cognitive grief responses from pre-test to follow-up.

Rationale: Cognitive grief responses among adolescents include distraction, memory problems, intrusive thoughts, and thoughts about one’s own death (Clark et al., 1996; Corr, 2001; LaGrand, 1985; Rheingold et al., 2004; Ringler & Hayden, 2000; Sklar & Hartley, 1990; Stroebe et al., 2001).

Operational Definition: Cognitive grief responses were measured using statements answerable from 1 (I have not had this feeling/experience at all since my loss) to 5 (I have had this feeling/experience all of the time since my loss) on the LRL that pertain to

her thoughts such as, “I have a hard time concentrating” or “I wonder what’s going to happen next.” The LRL items that comprise this domain are contained in questions 64-83 in Appendix A.

Control Variables

Review of the grief and loss literature suggests background characteristics of participants, such as demographic and descriptive variables, may predict response to treatment or affect the relationship between the variables. Demographic information was obtained from each adolescent girl to include age, self-identified ethnicity, grade in school, number of regular classes she was taking, number of advanced placement classes she was taking, number of special education classes she was taking, living situation (who lives in the household), and number and approximate dates of experience(s) of peer death. Additionally, other experiences of death were also obtained to include who died, when, her relationship to the deceased, and the cause of death.

Methodology

The School Setting

This study was conducted in four different public high schools within Central Texas. The AGL group was provided at each of these four schools but with different start, end, and follow-up dates. The similarities among the schools included three at a mid to low socio-economic section of the geographic area, and located in the lowest socio-economic section of a major Central Texas city.

Participants

Potential group participants were both self-selected and identified by teachers, school social workers, and Communities in Schools social workers. (Details regarding

recruitment are outlined in the Procedures section.) The researcher met individually with each possible participant for approximately 20-30 minutes to screen for appropriateness, capability for group involvement, and to assess for any problem behaviors. Each of the 20 girls met the criteria and appropriateness for group participation. Each understood the scope and purpose of the group as well as the confidentiality required to participate. The study participants consisted of a total of 20 adolescent girls ranging from 15 to 18 years of age, with a mean age of 16.75. There were 4 girls in 9th grade, 3 in 10th grade, 3 in 11th grade, and 10 in 12th grade. The ethnic background of the girls reflected the ethnicity of the surrounding geographic school communities. The students included two Caucasian girls, five African-American girls, and 13 Hispanic girls (see Figure 1).

Research Design

A mixed methods design was utilized to include both quantitative and qualitative components in this study. Since there is a paucity of grief and loss intervention research with adolescents who have experienced the death of a peer, this approach allowed for multiple ways to explore this topic. Quantitative methods provide an objective and empirical approach and emphasize numerical results and generalizability of the findings (Rubin & Babbie, 2008). The quantitative component involved a non-experimental simple time-series design. Qualitative methods provide a detailed account of a phenomenon, capturing the thoughts, feelings, and ideas of the participants (Creswell, 1998). The qualitative approach involved a phenomenological analysis of the lived experiences of adolescent girls who had a peer die. Semi-structured individual interviews with a priori questions were conducted to get at the essence of the phenomenon (Pagett,

2008). This study incorporated both quantitative and qualitative methods in order to strengthen the findings from both perspectives.

Quantitative Methods

The Loss Response List (LRL), a standardized self-report scale developed to measure grief responses in adolescent girls, was the dependent measure across all four hypotheses. Pre- and post-test scores on the LRL were compared to assess changes in physical, emotional, social, and cognitive responses to grief. Demographic information (see Appendix B) was collected at pre-test and used as control variables. Demographic information included age, self-identified ethnicity, grade in school, type of classes taken, living situations, and number and approximate dates of experience(s) of peer death.

The pre-test measure (LRL) was given 2 weeks prior to the first AGL group and at the beginning of the first AGL group. The post-test measure (LRL) was given at the end of the final AGL group, as well as at 30-days and 60 days after completion of participation in the final AGL group. To ensure that the responses on the LRL were indeed each girl's, and that they did not share or discuss their responses with one another, the group facilitator remained in the room as they completed the LRL.

Quantitative Instrumentation

The Loss Response List (LRL) is a standardized self-administered scale that measures grief responses in adolescent girls who read at the 5th grade level (see Appendix A). It was initially developed to measure the physical, emotional, social, and cognitive grief responses to loss among adolescent girls who experienced perinatal or early pregnancy loss (Wheeler & Austin, 2000). The LRL is also sensitive to adolescents who have experienced losses to include the death of a parent, other family member, a friend or

peer, or significant other (Wheeler & Austin, 2000). The LRL is an 83-item self-report questionnaire that contains grief responses in four domains: 27 physical questions, 25 emotional questions, 11 social questions, and 20 cognitive questions. It takes approximately 15-25 minutes to complete the questionnaire. Studies support good reliability and validity for the LRL (Wheeler & Austin, 2000; Wheeler & Austin, 2001). Coefficient alpha for the four subscales of the LRL are .91 for physical, .94 for emotional, .88 for social, .96 for cognitive, and .98 for the LRL overall which deems this instrument to have good to excellent internal consistency reliability (Wheeler & Austin, 2001). Construct validity is supported for physical, emotional, social, and cognitive grief responses as found in two studies of adolescent girls who had experienced a pregnancy loss (Wheeler & Austin, 2000; Wheeler & Austin, 2001).

The LRL was utilized with the non-experimental simple time-series design by obtaining pre-test measures 2 weeks prior to participation in the AGL group, at baseline prior to participation in the AGL group, as well as post-test measures at the end of the AGL group, at 30 days, and finally at 60 days.

Qualitative Methods

Individual interviews were conducted with each of the 20 adolescent girls who participated in the four AGL groups. The semi-structured narrative interviews lasted for approximately 20-40 minutes and focused on the lived experience of having a peer die; the questions were developed a priori (see Appendix C). In these individual interviews, the researcher obtained a sense of the progression from life before the death of a peer to where the girls are now, and to gain insight about their physical, emotional, social, and cognitive grief responses. In each of these areas, (1) the story of her peer's death, (2)

physical responses, (3) emotional responses, (4) social responses, (5) cognitive responses and, 6) group experience, the goal was to elicit a narrative account. This format was utilized by the researcher to remain focused on the specific information desired from each participant and to insure that the same information was obtained from each participant. Utilizing a semi-structured interview protocol, the questions were not asked in the form of a survey, but used as a guide in an open-ended manner to encourage participants to talk freely, and to share their personal information in their own manner. The open-ended interview questioning ensured rapport and openness which allowed participants to recount, or narrate, what they felt was important, giving the researcher an opportunity to obtain specific information regarding the lived experiences of peer death, as well as leading to other issues regarding adolescent grief responses. The goal was to generate detailed accounts of the lived experience of peer death, rather than gather brief answers or general statements (Riessman, 2008).

Additionally, each girl was asked questions about her lived experience as a participant in the AGL group. This endeavored to empower the girls about their roles as active participants giving feedback that would benefit girls in future AGL groups. The AGL group provided the researcher with repeated contact with each girl, which contributed to the information gathered from the individual interviews.

Each individual girl's story or narrative about her experience of peer death was audiotaped after parental/guardian consent and individual assent were obtained. This audit trail provided dependability and reliability in that the qualitative procedure is documented and traceable (Padgett, 2008). The audio recordings of the individual interviews were transcribed by the researcher after each session to facilitate the ongoing

assessment and analysis of the data. Participants were asked to verify and confirm the data provided to insure that the data collected was primarily the result of participant perception and experience.

Limitations of Methodology

Participants may not be truly representative of the adolescent girl population, leading to problems with the generalizability of this study. The main overall weakness of this study is the sample size ($n = 20$) and its generalizability to the adolescent girl population, and the probability of committing a Type II error. In order to minimize this, the alpha level was set at .10, which led to an estimated power analysis of .37, thus lessening the probability of committing a Type II error to .63. A larger sample size would have been ideal but was not feasible for this study. However, the substantive significance of this study warranted its completion.

Quantitative Methods

Limitations to the quantitative methods focus primarily on threats to internal validity. The group participants may have matured and changed in ways that lessened the impact of peer death on them. Perhaps history made a difference in that something in their environment improved to reduce their grief responses. There is the possibility that testing could be a threat to this study, given the fact that the non-experimental simple time-series design involved two pre-test measures and three post-test measures. However, obtaining multiple baseline measures yielded important pre-test information. The self-report nature of the measurement plan in using the LRL may have lead to inaccurate responses due to the possibility of participants responding to statements in a socially desirable manner (i.e., Hawthorne effect).

Qualitative Methods

There were potential limitations of having only one 20-40 individual interview with each of the adolescent girls. However, this was enhanced by the researcher's repeated contact with each girl via the group sessions as well as time spent with each girl during the administration of the pre- and post-test measures.

The prime weakness of the qualitative component of this study is its external validity, in that the results may be idiosyncratic and may not be generalizable to other adolescent girls who have experienced the death of a peer. However, one goal of the qualitative component of this research was to report the lived experiences of adolescent girls who have had a peer die.

Procedure

Preparation Phase of Research

The initial steps involved in this study included obtaining Internal Review Board (IRB) approval from The University of Texas at Austin. Since this study focused on an intervention group for adolescents, most of whom were minors, a full board IRB review was required and approval was granted. Initially, three school districts agreed to the implementation of this study which also required their own review board applications. These were approved and obtained. Letters explaining the scope and purpose of the study (see Appendix D) were sent to the principals of 25 schools. These were followed up by Email and phone calls. Six high schools responded with interest and meetings were arranged for the researcher to meet the principals and school social workers to answer any questions about the study and to obtain principal acceptance signatures. One school

requested the researcher give a presentation to district teachers and school counselors on adolescent loss and grief; this was developed and provided.

The researcher began recruitment by handing out flyers (see Appendix E) during lunch times, at the beginning of the school day, and at the end of the school day at each of the six high schools over a period of weeks to months. Two of the schools did not generate any interest in the group and, therefore, were not involved in the study. After adolescent girls at the remaining four high schools self-selected or were identified by teachers, school social workers, and/or Communities in Schools social workers, a parental/guardian consent form (see Appendix F) was given to them. This form explained the purpose of the study as well as the length of time involved to include pre- and post-test measures, and that all materials would be kept confidential.

Upon return of the parent/guardian consent form, the researcher met with each adolescent girl individually to explain the purpose of the group, to assess for group appropriateness, and to answer any questions she might have about group participation. Potential participants were assessed for pervasive development disorders, the ability to read at a 5th grade level, and any behavioral problems that might impede group participation. All of the girls interested met the criteria for group participation. Girls who were 18 years of age signed their own consent forms. All of the girls signed assent forms (see Appendix G), agreeing that they understood their participation in the AGL group as well as the confidential nature of the group and any material or information generated by the group. Demographic information (see Appendix B) was also obtained. Each girl was informed that she would be given \$10 Target gift cards at the end of the first group, and

\$20 Target gift cards at the end of the final group, at the 30-day posttest, and the 60-day posttest.

Adolescent Grief and Loss (AGL) Group Development

The AGL group curriculum and structure was developed by incorporating elements of therapeutic factors involved in interactional groups (Yalom & Leszcz, 2005), mutual aid group processes (Gitterman & Shulman, 2005), adolescent developmental concepts, and the impact of sudden and unexpected death as it pertains to disenfranchised grief. The researcher also utilized practice knowledge accrued from 26 years of clinical work with adolescents in individual, family, and group settings.

Adolescent Grief and Loss (AGL) Group Structure

This section outlines the structure of the AGL group as utilized to address the issues surrounding adolescent girls' experiences in response to the death of a peer. This 6-week group was held in four high schools. Each AGL group lasted 60 minutes, with the exception of the first and final groups which lasted for approximately 90 minutes in order to incorporate the administration of the pre- and post-test measures. The group was facilitated by the researcher, a licensed clinical social worker (LCSW)/therapist, who created and ensured a holding environment to contain issues of power and control, especially in the initial phase of the group (Aronson, 2004; Yalom, 1970). The four groups consisted of a minimum of four girls to a maximum of six girls. Each group began during different months over a two year period. Each group met at the high school and on the same day of the week. For example, the group at high school A met on Tuesdays from 9:30am to 10:30am, the group at high school B met on Tuesdays from 3:15pm to 4:15pm, the group at high school C met on Mondays from 1:30pm to 2:00pm, whereas

the group at high school D met on Fridays alternating between 9:30am to 10:30am, 12:30pm to 1:30pm, and 3:00pm to 4:00pm. Three of the group rooms were comparable in that they had sofas, overstuffed chairs, and dim lighting. The fourth group met in a conference room around a large table.

The group was constructed to focus on 3 main phases: “Creating and Relating”, “Coping”, and “Transitioning”. (A full description of the AGL group structure as well as implications of the individual tasks can be found in Table 7). Each group began with a check-in with each girl giving a brief description about how she was doing at that moment. Flexibility was incorporated into each group to allow for the necessary unfolding of each group session. Continuous assessment and monitoring of risk and protective factors as presented through language, materials, and behavior was an important facet of the AGL group model. The group facilitator assessed for depression and other mental health concerns on an ongoing basis. Appropriate referral was made for one girl who expressed suicidal thoughts. This was in conjunction with her high school social worker.

The 1st phase, “Creating and Relating”, focused on developing a safe environment in which the girls could relate to one another in their own voices, narrative language, and expressive manners. (See Table 7). This parallels the preaffiliation stage of group development (Garland, Jones, & Kolodny, 1973) and that of “forming” (Tuckman, 1965), where the group is oriented to its purpose and the group members are introduced. Group sessions one and two comprised this phase, which fostered the development of positive connection among group members as they expressed their relationship with the deceased peer via creative endeavors to include journaling, poetry, drawing, photo collage, and/or

music. The focus was on the creative activity of meaning making, which offered the girls an opportunity to look at their loss in a new and unique way (Goodman, 2002; Neimeyer & Jordan, 2002; Petersen et al., 2005). Davis (2001) suggests that finding meaning is a critical step toward adjustment to and making sense of loss. Each girl shared some of her material with the group, and this sharing occurred during each group session throughout the 6-week period. Expressive materials such as various sized paper, colored pencils and crayons were brought by the group facilitator to be utilized by the girls during group. A journal was provided to each group member to use on a daily basis. The girls were instructed to journal daily, to track in three columns her thoughts, emotions, and what she felt regarding her body. The journal was also used to draw or write in and was brought to each group session. The journal entries were shared in group whenever a girl wished to do so. A total of 18 of the 20 participants opted to share their journals at least once throughout the six week period. Each girl was also given the option of sharing her journal with only the facilitator. Three girls did this on a regular basis. The group sessions ended with the girls given a task to complete and bring to the following group.

The 2nd phase, “Coping”, focused on normalizing the girls’ thoughts, feelings, and behaviors related to grief and loss. (See Table 7). Again, the expression of thoughts and feelings was encouraged through the use of various mediums introduced during the 1st phase. Psycho-educational information was given to the girls about the grieving process and what it entails. The cognitive style of each girl was assessed by how she described her thought process, feelings, and actions. Various coping strategies were introduced to include the continuation of journaling, the use of physical exercise and body movement, and cognitive restructuring by adding positive cognitions to replace or alter negative

thought patterns (Fleming & Robinson, 2001). Group sessions three and four comprised this phase which parallels the group developmental stages of both power and control, and intimacy stages of group development (Garland et al., 1973) as well as those of “storming and norming” (Tuckman, 1965). Judgments may be made of past experiences and behaviors related to the deceased peer. Conflict emerges as girls jockey for position by making suggestions or giving advice (Yalom & Leszcz, 2005). Conflict evolves into cohesion as intimacy and trust are established among the girls, enabling them to share their coping strategies, thoughts, feelings, and behaviors in response to the death of their peer.

The 3rd and final phase, “Transitioning”, focused on acquisition of the necessary skills to continue through life without the deceased peer. (See Table 7) This phase paralleled the group development stages of differentiation and separation (Garland et al., 1973), as well as “performing and adjourning” (Tuckman, 1965). Protective factors were identified and maximized, such as gaining the ability to regulate and minimize negative grief-related emotions and behaviors, and to instigate and enhance positive emotions (Bonanno, 2001). There was a continuation of group cohesion as the girls further explored issues of intimacy and trust by sharing their work around the use of ritual as it related to their experience of the death of a peer (Doka, 2002; 2008). This phase included group sessions five and six and concluded with validation of work done, emotions expressed, and feelings stated.

Table 6 outlines comparisons between the AGL group, the typical group development stages of preaffiliation, power and control, intimacy, differentiation, and separation (Garland et al., 1973), as well as the group stages of “forming, storming,

norming, performing, and adjourning” (Tuckman, 1965). Group dynamic forces operate in all groups regardless of their time limitations or whether they are closed or open-ended (Yalom & Leszcz, 2005). Additionally, all groups go through these developmental stages regardless of their purpose or focus.

Table 7 outlines the AGL group structure, which describes what occurred in each group session as well as the individual tasks that the girls were asked to complete prior to the next group. As mentioned previously, the group facilitator maintained flexibility rather than adhere strictly to the group format, which allowed for the unfolding of each group session as necessitated by the group participants.

The group facilitator spent time assessing what worked with the group and what improvements or changes were needed. Feedback from the group was incorporated into any future change. Each group constellation had its own personality, characteristics, and dynamics. Table 8 further describes the implications of and rationale for each of the individual group session tasks.

Data Collection

The mixed methods approach of this study involved collection from both quantitative and qualitative data. Following the 6-week AGL group, the participants were individually interviewed to obtain their lived experiences of peer death. Quantitative data collection from the LRL will be detailed first followed by qualitative data collection of the individual interviews.

Quantitative Data Collection

The LRL was administered by the researcher for each of the two pre-tests and the three post-tests. The first LRL pre-test was given two weeks prior to the first group

session. The second LRL pre-test was given following the first AGL group session. The first LRL post-test was given at the end of the sixth and final AGL group session. The second LRL post-test was administered 30 days following the final group session, and the third LRL post-test was administered 60 days following the final group session. If a participant was absent on the day of a pre- or post-test, the researcher returned the next day to administer the pre-or post-test to her.

Qualitative Data Collection

Qualitative data was gathered via individual interviews with each of the 20 girls as conducted by the researcher after completion of the AGL group. Interviews took place at the school setting with the exception of the first high school group involved in the study. The end of the AGL group coincided with the end of the school year for that high school. Individual interviews were, therefore, conducted at each of the five girls' homes with parent/guardian permission. The interviews were digitally recorded with each participant's permission. Interviews lasted between approximately 20 and 40 minutes.

Data Analysis

Quantitative Data Analysis

The data analysis process for the non-experimental simple time-series design began by analyzing missing data and using appropriate statistical methods to deal with any potential problems. Prior to conducting the data analysis, assumptions of normality, homogeneity of variance, equal regression slopes, and linearity between the covariate and the dependent variables were tested. Scores on pre-tests were analyzed using analysis of variance (ANOVA) for equivalency between the 4 AGL groups. This estimates the variability of the 4 AGL group means on the dependent variables, the 4 subscales of the

LRL (physical, emotional, social, and cognitive grief responses). ANOVA was used to analyze the within-groups variance on the 4 subscales of the LRL (physical, emotional, social, and cognitive grief responses). This is an estimate of deviations of individual scores from their respective group means.

The LRL scales were scored and entered into SPSS PASW Statistics spread sheet. The data was analyzed using repeated measures ANOVAs. The SPSS data analysis output was used to test for violation of the assumptions of normality and homogeneity of variance.

Qualitative Data Analysis

The analysis of the interview data was based on phenomenological analysis which explores the lived experiences of a phenomenon (Padgett, 2008). The phenomenon in this study was the experience of the death of a peer. The 20 audiotaped individual interviews, which resulted in 45 pages of data, were transcribed by the researcher after the final interview was conducted. The goal of analyzing the interview data was to find the common themes in the experiences of the adolescent girls. This began with a thorough reading of all the interviews, with the researcher suspending her own reactions and perceptions by making notes of them as a method of “bracketing” (Padgett, 2008).

As per qualitative methods specific to phenomenology described by Padgett (2008), the interview data was read and statements were grouped into meaning units. Interpretation of the data began with the a priori interview questions, which became the first-level themes. An overall description of the experience was then identified that captured the essence of adolescent girls’ lived experiences of peer death. Notes and memos were then made about the possible meanings underlying the interview responses.

These led to identification of second-level themes. The analysis and interpretation of the narrative data was used to triangulate the quantitative data analysis.

Chapter 4

RESULTS

This chapter includes the results of both the quantitative and qualitative components of the study. Additionally presented are participant characteristics, and demographic information to include the number of losses experienced by participants, the causes of peers' deaths, and how girls learned about their peer's death.

Participant Characteristics

There were initially 21 study participants but one girl dropped out of group participation after the second group due to her school schedule changing, which placed her in a work/study program during the group meeting time. Thus, the study participants consisted of a total of 20 adolescent girls ranging from 15 to 18 years of age, with a mean age of 16.75. There were 4 girls in 9th grade, 3 in 10th grade, 3 in 11th grade, and 10 in 12th grade. The ethnic background of the girls reflected the ethnicity of the surrounding geographic school communities. The students included two Caucasian girls, five African-American girls, and 13 Hispanic girls.

Group Characteristics

The characteristics of the four groups are outlined in Table 9 and described as follows. Group 1 began and ended in late spring 2009. The post-test at 60 days was administered for this group of girls during the summer of 2009. This group consisted of five girls; four were African-American, and one was Caucasian. There was one 15 year-old, two 17 year-olds, and two 18 year-olds. Three girls experienced the loss of the same friend. Two of those girls and another girl experienced the death of another same friend. All of the peer deaths were sudden and unexpected. The school was located on the

outskirts of a major Central Texas city, with a student population diverse in ethnicity and socio-economic status.

Group 2 began and ended in fall 2009. It consisted of five girls; four were Hispanic and one was African-American. There were two 15 year-olds, one 16 year-old, one 17 year-old, and one 18 year-old. All of the peer deaths were sudden and unexpected. One peer had a life-threatening illness, went into remission, and then suddenly died. The student population at this school was predominately Hispanic and located in a lower socio-economic section of a major Central Texas city.

Group 3 began and ended in early spring 2010. All six girls were Hispanic. There was one 15 year-old, two 17 year-olds, and three 18 year-olds. All six girls experienced the sudden murder of a peer who was a member of their close friendship group.

Group 4 began and ended in late spring 2010. There were four girls; three were Hispanic and one was Caucasian. There was one 15 year-old, two 16 year-olds, and one 18 year-old. Two girls lost friends due to gang violence, with one girl witnessing the murder of her peer. All of the deaths were sudden and unexpected. The school was located in the lowest socio-economic section of a major Central Texas city.

Demographic Information

Number of Losses

Information gathered from the initial demographic form indicated that the girls experienced one to six or more deaths of peers within the past two years. Ten girls (50%) experienced one peer death, six girls (30%) experienced two peer deaths, three girls (15%) experienced three peer deaths, and one girl (5%) experienced six or more peer deaths. While participating in the AGL group, one girl who initially had experienced one

peer death, described the death of a second peer which occurred during the final AGL group. (See Table 10 and Figure 2).

Cause of Death

The participants reported a total of 28 peer deaths among them. Of those 28, ten died as a result of a car accident, eight were murdered, four died due to a motorcycle accident, four were murdered by gang members, one died suddenly of a brief battle with cancer, and one death was due to a handgun accident (see Table 11). All of these peer deaths were sudden and unexpected.

How Girls Learned About the Death

The news of an adolescent's death spreads quickly in schools. Technological advances in cell phones, text messaging capability, and computer usage have created avenues through which information travels rapidly and in real time. Of the 28 peer deaths reported cumulatively, there were six instances of the information being received via text message during the school day. Six instances were announced by the school principal over the intercom at the end of the school day. The information regarding five of the peer deaths was delivered face-to-face by a family member. There were four instances of girls hearing about a peer's death face-to-face from another student while at school. Girls were present at three of the peer deaths and bore witness to those tragedies. The news of three deaths was obtained via cell phone calls during the school day, and one learned of her peer's death over MySpace (see Table 12).

Quantitative Results

Since the AGL group is a new group intervention for which the effectiveness has not been previously tested, an alpha level of .10 was used for all statistical tests. A power

analysis was conducted using the guidelines of Rubin and Babbie (2008). With a sample size of 20 group participants, a .10 alpha level, and a moderate effect size, the estimated statistical power for the statistical tests used in the quantitative data analysis was .37. This estimates the probability of committing a Type II error (failing to reject a false null hypothesis) at .63.

Loss Response List

The Loss Response List (LRL) scores for the 20 participants were calculated for pre- and post-test scores on each of the four subscales of physical, emotional, social, and cognitive grief responses.

Physical Grief Responses

Comparisons were made between scores on the second pre-test and the first post-test. The mean for the post-test scores ($M = 2.52$, $SD = .67$) was lower than the mean for the pre-test scores ($M = 2.73$, $SD = .59$), $t(1.89) = .04$, $p < .10$. There was a statistically significant difference in the scores before and after participation in the six-week AGL group with a reduction in physical grief responses from the second pre-test to the first post-test. See Table 12 for respective means.

There was no statistically significant difference between the means of the second pre-test scores and the second post-test scores. However, the mean for the third post-test scores ($M = 2.44$, $SD = .68$) was lower than the mean for the second pre-test score ($M = 2.73$, $SD = .59$), $t(1.95)$, $p < .10$. There was a statistically significant difference in the scores before participation in the six-week AGL group and 60 days after the final AGL group. See Table 12 for respective means.

Comparisons were made between scores on the first and second pre-tests with no significance noted. Comparisons were made between scores on first and second post-tests, as well as between scores on second and third post-tests. No significance was found for either of these results.

Repeated measure ANOVAs were conducted on the pre- and post-test scores using the variables of age, ethnicity, grade level, number of groups attended, and number of peer deaths experienced. There were no main effects for any of these variables.

Emotional Grief Responses

Comparisons were made between scores on the second pre-test and the first post-test. The mean for the post-test scores ($M = 2.80$, $SD = .76$) was lower than the mean for the pre-test scores ($M = 3.09$, $SD = .77$), $t(1.75)$, $p < .10$. There was a statistically significant difference in the scores before and after participation in the six-week AGL group with a reduction in emotional grief responses from the second pre-test to the first post-test. See Table 13 for the respective means.

Comparisons were made between scores on the second pre-test and the second post-test. The mean for the post-test scores ($M = 2.72$, $SD = .81$) was lower than the mean for the pre-test scores ($M = 3.09$, $SD = .77$), $t(2.152)$, $p < .10$. There was a statistically significant difference in the scores before participation in the six-week AGL group and 30 days following the final AGL group, with a reduction in emotional grief responses. See Table 13 for respective means.

Comparisons were made between scores on the second pre-test and the third post-test. The mean for the post-test scores ($M = 2.70$, $SD = .90$) was lower than the mean for the pre-test scores ($M = 3.09$, $SD = .77$), $t(3.188)$, $p < .10$. There was a statistically

significant difference in the scores before participation in the six-week AGL group and 60 days following the final AGL group, with a reduction in emotional grief responses. See Table 13 for respective means.

Comparisons were made between scores on the first and second pre-tests with no significance noted. Comparisons were made between scores on first and second post-tests, as well as between scores on second and third post-tests. No significance was found for either of these results.

Repeated measure ANOVAs were conducted on the pre- and post-test scores using the variables of age, ethnicity, grade level, number of groups attended, and number of peer deaths experienced. There were no main effects for any of these variables.

Social Grief Responses

Comparisons were made between scores on the second pre-test and the first post-test. The mean for the first post-test scores ($M = 3.30$, $SD = .72$) was lower than the mean for the second pre-test scores ($M = 3.35$, $SD = .74$), $t(1.86)$, $p < .10$. There was a statistically significant difference in the scores before and after participation in the six-week AGL group with a reduction in social grief responses from the second pre-test to the first post-test. See Table 13 for the respective means.

Comparisons were made between scores on the second pre-test and the second post-test. The mean for the first post-test scores ($M = 2.94$, $SD = .88$) was lower than the mean for the second pre-test scores ($M = 3.35$, $SD = .74$), $t(2.194)$, $p < .10$. There was a statistically significant difference in the scores before participation in the six-week AGL group and 30 days following the final AGL group, with a reduction in social grief responses. See Table 13 for respective means.

Comparisons were made between scores on the second pre-test and the second post-test. The mean for the first post-test scores ($M = 2.83$, $SD = .80$) was lower than the mean for the second pre-test scores ($M = 3.35$, $SD = .74$), $t(3.984)$, $p < .10$. There was a statistically significant difference in the scores before participation in the six-week AGL group and 60 days following the final AGL group, with a reduction in social grief responses. See Table 13 for respective means.

Comparisons were made between scores on the first and second pre-tests with no significance noted. Comparisons were made between scores on first and second post-tests, as well as between scores on second and third post-tests. No significance was found for either of these results.

Repeated measure ANOVAs were conducted on the pre- and post-test scores using the variables of age, ethnicity, grade level, number of groups attended, and number of peer deaths experienced. There were no main effects for any of these variables.

Cognitive Grief Responses

Comparisons were made between scores on the second pre-test and the first post-test. The mean for the post-test scores ($M = 2.90$, $SD = .73$) was lower than the mean for the pre-test scores ($M = 3.27$, $SD = .74$), $t(2.15)$, $p < .10$. There was a statistically significant difference in the scores before and after participation in the six-week AGL group with a reduction in cognitive grief responses from the second pre-test to the first post-test. See Table 13 for the respective means.

Comparisons were made between scores on the second pre-test and the second post-test. The mean for the post-test scores ($M = 2.90$, $SD = .99$) was lower than the mean for the pre-test scores ($M = 3.27$, $SD = .74$), $t(1.96)$, $p < .10$. There was a statistically

significant difference in the scores before participation in the six-week AGL group and 30 days following the final AGL group, with a reduction in social grief responses. See Table 13 for respective means.

Comparisons were made between scores on the second pre-test and the third post-test. The mean for the post-test scores ($M = 2.64$, $SD = .95$) was lower than the mean for the pre-test scores ($M = 3.27$, $SD = .74$), $t(3.10)$, $p < .10$. There was a statistically significant difference in the scores before participation in the six-week AGL group and 60 days following the final AGL group, with a reduction in social grief responses. See Table 13 for respective means.

Comparisons were made between scores on the first and second pre-tests with no significance noted. Comparisons were made between scores on first and second post-tests, as well as between scores on second and third post-tests. No significance was found for either of these results.

Repeated measure ANOVAs were conducted on the pre- and post-test scores using the variables of age, ethnicity, grade level, number of groups attended, and number of peer deaths experienced. There were no main effects for any of these variables.

Table 13 highlights the comparison of pre- and post-test means for each of the dependent variables of physical, emotional, social, and cognitive grief responses. All are statistically significant with the exception of the second post-test of the physical grief response dependent measure.

Qualitative Results

The 20 individual interviews were analyzed using a phenomenological approach described by both Creswell (1998) and Padgett (2008). The interview data was

transcribed into a word program, producing approximately 45 pages of qualitative data. Analysis of the interview data involved recognizing significant statements regarding the experience of peer death, followed by defining the meaning of those statements. Clusters of themes were then organized from the formulated meanings. Data analysis yielded six overarching first-level themes of the experience of peer death: the story, physical reactions, emotional reactions, social reactions, cognitive reactions, and group experience. Second-level themes emerged from each of these. They are described below and then followed by Table 14.

The Story

This theme encompasses each girl's narrative about how and when her peer(s) died. It includes the cause of death and how she first learned about it, her first thoughts, her reactions, and her concerns at the time. The summary of findings under each subheading below captures the key themes and a sampling of illustrative responses expressed by the 20 participants.

What were your first thoughts?

First thoughts often included descriptions of disbelief, shock, denial, a feeling of being extremely upset, and asking God why such a horrible event could occur.

"I just saw her. I could not accept the fact that she wasn't there any more."

"My first reaction. I was asking God why?"

"I was like upset. How she had to die. Why was she dead?"

"I don't know. I was sort of crying on the inside."

"I was like wow, I can't believe he's gone. I had the thought that why didn't God take me instead of my friend?"

These responses evolved into the second-level theme of *disbelief and shock*.

How did you react?

Many of the girls talked about crying. Most of them did cry but described differences about where, when, and with whom they cried. Some cried alone in private, some with family and friends, and some expressed feeling as if they have been crying forever. Those who did not cry stated that they cried later. A couple of girls mentioned not knowing if they were allowed to cry. This seemed particularly true if they had no model for crying in their families. Other reactions included feeling mad with an intense rage, lonely, and shocked. One girl said she fell apart, and another described a sense of inaction with not knowing what to do.

“When I first read the message I was like, am I supposed to cry or what?”

“I was just sitting there like crying like loud.”

“I was in shock. EMS said he was just cold but I knew better.”

“Stressed out and then there was a point I wanted to give up on everything. Everything. I didn’t feel there was a point to living. It really, really put me in a dark side.”

The second-level theme that emerged from these is *to cry or not to cry*.

What were your concerns?

Concerns encompassed the knowledge that the peer was gone forever, never to be seen or talked to again. Some girls expressed a new sense of cautiousness in her actions as well as a deepened worry about others.

“That I wasn’t going to get to talk to her any more. That I wasn’t going to get to tell her like everything that’s going on. Because I mostly talked to her about everything.”

“At that time I was trying to be cautious about what I was doing because just like his life was taken. And he was sitting in the back seat of the car. And I could be just walking down the street, not even doin’ nothin’. So I try to be cautious in the things I do.”

“The baby. Oh my God what happened to him? Was she with him? I didn’t know what happened. I sti8ll don’t know what really happened.”

The second-level theme that emerged from these responses is *gone forever*.

Physical Reactions

Physical reactions revolved around questions about the body’s responses, appetite, and the quality and quantity of sleep. The summary of findings under each subheading below captures the key themes and a sampling of illustrative responses expressed by the 20 participants.

How did your body feel?

There was a myriad of physical reactions described to include headaches, muscle tension, stomach cramps, fatigue, a fast heart beat, a cold sensation, heaviness or arms and legs, and a sense of pressure. Many of the girls described numerous physical reactions, whereas some experienced a specific one or two.

“My heart just hurt.”

“I was really tense at first. But then afterward when I was with my boyfriend, I couldn’t hold anything back. I lost all control. My muscles weren’t tense. If I had fallen myself on the ground, I wouldn’t have been able to get back up because I was so heart-broken.”

“Like there was some pain. Like my stomach was cramping. Head was hurtin’. My arms felt like there was something on them and I couldn’t lift them up. And my legs were like they were taped to the chair so I couldn’t get up. It was hard. It hurt.”

“It felt dead. My body was just tired and it felt sick.”

“I was in shock. I had this cold sensation. It was like this pressure.”

The second-level theme from these responses is *my body hurts*.

How was your appetite following your peer's death?

Appetites ranged from having no appetite at all with a complete inability to eat, to girls being absolutely ravenous, with the inability to stop eating. These two extremes lasted for various periods from a day to weeks to months at a time. A few girls stated that their appetites were forever changed, and others noted that food no longer tasted good. A feeling of nausea was common.

“Well I couldn’t eat at first, just bread and toast. I lost a lot of weight.”

“There were periods when I didn’t want to eat at all. Like I just didn’t want to eat. I was just so upset and angry and so nauseous.”

“I couldn’t eat for about two weeks. I couldn’t eat. Food didn’t taste good.”

“I didn’t eat. Physically I knew I had to eat. Now I eat everything. I can’t stop eating. It’s nonstop. I’m always hungry.”

“I would go days without eating. Then I ate a lot and gained weight.”

The second-level theme that emerged from these responses is *eating is a problem*.

How did you sleep following your peer's death?

Each of the 20 girls described problems with sleep. Some experienced nightmares, and many had vivid dreams that involved their deceased peer. A couple of girls noted crying in their sleep. Other sleep issues included insomnia, mid-cycle waking with the ability to return to sleep, and taking a long time to initially fall asleep. One girl reported only being able to sleep with the lights on, and another only if someone was awake in the house.

“I was crying in my sleep. My Mom would run into my room.”

“I would go for days without sleeping. I would just stay awake, play with my dogs, eat, play games on my Xbox, just anything to keep myself occupied because I knew I would start dreaming. And when I’d start dreaming, and that’s when it started to hurt because I’d remember, and then you start hoping and wishing it’s not true.”

“I would wake up with nightmares. I kept replaying the scene of the car flipped over and people being carried away.” – She was in a car following behind and witnessed the accident.

“I keep waking up at 1 or 2 in the morning. I go to sleep but then I wake up. I try to find something on TV. I think about how he died. And then I think my bother’s gonna die.”- Friend murdered by gang members and her brother is in a gang. ‘

“I kept on waking up in the middle of the night and not being able to go to sleep again. Sometimes I still wake up. I wonder if she’s watching me.”

These responses produced a second-level theme of *I can’t sleep*.

Emotional Reactions

Questions about emotional reactions elicited responses about how each girl perceives herself now and about any worries or concerns she might have. The summary of findings under each subheading below captures the key themes and illustrative responses expressed by the 20 participants.

How are things for you now?

A portrayal of what life is like now without one’s peer included a continuation of crying, the fact that she/he is never coming back, and a need for solitude. Others characterized now as good and bad, up and down, or angry or hurt.

“A little better. I still think about how she’s not there and then I cry. But I can smile and laugh or stuff like that.”

“Like I cry sometimes but just like I know when I cry it doesn’t get better. I try to be happy. I can so easily be sad.”

“I don’t cry. I’m up and down. One day I’m like so happy and like the next I’m mad at everything. Don’t breathe my air. Don’t look at me. Don’t

flip your hair. Everything drives me crazy. And the next day I can't stop crying and I'm crying and I'm crying and I'm crying and I don't know why."

"I cry all the time. Especially right now because just last week another friend died. He was only 14. I can't take any more death. That makes 4 people who have died that I know."

"Emotionally things are hard. I care too much and it feels like no one else cares so why should I care? I try not to think about it. Sometimes that works."

"I get more out of life now. I enjoy the simple things, take one day at a time. You realize you need to spend more time with family and friends."

The second-level theme that emerged from these responses is *feelings now*.

Tell me about any worries or concerns you might have.

Each of the girls related their concern about their own death, a fear of who in their lives would be the next to die, and an overwhelming worry about the well-being of family and friends.

"Like I'm gonna die."

"Who else is next? We came here and thought it would be better. And people just keep dying."

"I'm not worried necessarily how I'm going to die but when or why or how."

"I'm worried about my friends more now. Like, where are you going, what time are you going to check in?!"

These responses produced the second-level theme of *I worry*.

Social Reactions

This category of questions sought to gain information about each girl's social world to include who she talks to, what her friends' reactions were to her loss, and an

exploration of how she spends time when alone. The summary of findings under each subheading below captures the key themes and a sampling of illustrative responses expressed by the 20 participants.

Who can you talk to?

The majority of girls affirmed they had someone to talk to which typically included their parents, older siblings, and some friends. One girl revealed she had no one, and another noted that she had herself and God.

“I talk to my Dad and my boyfriend a lot. I have always gotten along with guys. I’ve never been a girly girl. I talk to my Dad a lot and he was more upset about it than I was because he just can’t stand losing somebody younger than him.”

“Right now, well she was like my sister. It’s sometimes kind of hard for me to trust someone. I think that if I trust that friend they might go away.”

“I talk to my Mom and my Dad. Sometimes my brother. But I don’t want comfort. I just want to cry.”

“My older brother who’s in college. I can talk to him about anything and everything. He really helps me. He comes to visit.”

“I try not to talk to anybody about it.”

“It might be corny but to myself and to God. That’s pretty much it. I’m not trying to say that nobody understand but no one is the same as me. No one thinks exactly like me. And no one can relate to me.”

The second-level theme that emerged from these responses is *who supports me*.

Tell me about your friends' reactions.

The reactions of friends ranged from blaming the deceased peer for his/her death, being heartless and joking about it, to providing support where they cried together and held on to one another.

"I never actually told my friends because of all the people I've lost, it's kind of a bad thing. I've kind of distanced myself from people where I won't have that best friend, or won't have as close friends so when they did die..."

"Friends were really caring and understood. They supported me."

"Some of my friends take it as a joke. They say, oh I feel sorry for you, but then at the end they be like, oh you know he asked for it."

"I thought they were heartless. It's weird to see other people not react like I do. I was raised to view things differently. I understand now but when that happened I thought everyone should be crying their eyes out."

"My friends went wild. They were getting out of class and I told them what happened. We just walked around and cried."

The second-level theme produced by these responses is *helpful and heartless friends*.

Tell me about time alone.

Time alone was often depicted as listening to meaningful music, reading to create her own world, escaping into the computer, writing in her journal about feelings, or simply wanting to be alone.

"Most of the time I go walking and my mom thinks it's weird, that something might happen to me. I want to be alone. I don't want people around me."

"I read. I create my own world. I really love to read. As much as I can. A lot."

"Time alone. It's, to be honest with you I'm on the computer. On Face book, MySpace. I'm not trying to say it's like my get-away but it's

something to spend time. And listen to music but it's not like superficial music that you hear on the radio stations. It's more deep, more real, more about life and stuff."

"After that I just sat in my room and just watched TV but I didn't really pay attention to what was on. I just sat there. I was thinking in my head like a movie, like it all happened and why. I just wanted to know why. Now, I watch TV or write in my journal. I like to write how I feel. It helps a lot."

These responses evolved into the second-level theme of *I need time alone*.

Cognitive Reactions

Questions asked about cognitive reactions sought to get information about how each girl thinks about her peer's death and what meaning, if any, she attaches to her peer's death. Questions were asked about what else she might think about as well as her concentration capacity at school. The summary of findings under each subheading below captures the key themes and a sampling of illustrative responses expressed by the 20 participants.

Tell me what you think about your peer's death.

Most of the girls stated that their peer's death was unfair, that it was the worse thing that happened to them, and some expressed anger at God. A few girls expressed more acceptance, typically in the form of it being his/her time for death. A couple of the girls described life as being different now, and that they have gained a new perspective and appreciation for their lives.

"I think it was really unfair for those guys to do that to her. I feel like they just did it not knowing who they hurt. They didn't hurt just her but all the people that loved her, all the people around her."

"I think he gave me a better outlook on life. I appreciate my gift of life. Overall, it has just helped me."

“I guess it was his time to die. I don’t understand it. I guess his dying was to show us that there is a reality that we too can die. Anything can happen. Before he died I thought, oh I’m young and I have a lot of life before I die. Now I don’t know.”

“I know that he passed. I just feel like God has him. I don’t think so much about his death per se, but just about him.”

“Why did he die? Why now? How come God made him come to Him now? My brother says it is because God decided his life would be better in heaven because it was bad here. So he’s better off. I believe that. But why am I still here?”

“Now I just kind of accept the fact that she’s in a better place and that what happened before and I should move on. She’s supposed to be here with us graduating and going to the prom.”

The second-level theme that corresponds with these responses is *she’s/he’s dead*.

Tell me more about things you think about.

Most of the girls responded to this query with thoughts about the future. Most have become more interested in school, with seniors focused on prom and graduation, and life after high school. Some talked about desires and/or plans to attend college and what to study once there, getting a job, or joining the military.

“Just like where she’s at. Like if she is in heaven. Is she is up there.”

“School. My friends. And she’s not here.”

“How to pay for college, getting a job.”

“I think about going into the Army. Or maybe study music.”

“I just think about him and the last time I saw him. Just little thoughts, like his smile.”

“All that he showed me, how to be, how to react. I got more mature. I put all those little girl things aside. I just try to have fun with my life but to do things right.”

The second-level theme that emerged from these responses is *my future*.

Talk to me about your concentration at school.

Concentration remained poor for the majority of girls. They depicted a decrease, memory problems, grades having dropped, and a sense of “going off somewhere.” A few girls noted successfully making themselves focus or burying themselves in school work.

“Oh that definitely decreased At the beginning of school...I can’t tell you what the teachers said. I don’t really know. I’ve had a hard time concentrating. I think about what my family’s doing, are they okay, are they driving, are thy on a plane, are they doing okay?”

“Hmmm, not so good. It’s like I can’t. You know how you pick rocks up? I fell like something has to pull me up out of this hole but it seems like I can’t crawl up out of it.”

“My grades dropped for about 3 weeks or so. Then I was able to focus.”

“I just kind of bury myself in school work. I really concentrate.”

“Bad. I can’t remember anything. It’s like I black out. I’m gone.”

“I try but it’s really bad. I’m barely passing. I don’t feel like doing homework. My goes off in other directions.”

The second-level theme from this set of responses is *I can’t concentrate*.

Group Experience

Each girl was asked question about her experience in the AGL group. Each of the girls expressed benefiting from talking with other girls who had also experienced the death of a peer. They also noted the importance of hearing what others had to day about their thoughts, feelings, and reactions. It normalized and validated their own thoughts, feelings, and reactions.

What was the most helpful about group?

“Being able to talk to other people that lost friends. It wasn’t just me.”

“To get everything out. I knew that everybody else went through what I went through. They had that feeling and felt the same thing.”

“Just the fact that there are girls out there that have had this happen and have similar problems. I know I cannot be the only one who has had someone die and is affected by it. Just knowing that someone else had problems with their body feelings so sad and so sick.”

“Being able to talk to other people and how they feel about this, because sometimes you think you’re the only person who feels a certain way and it feels good to hear other people say what they felt and this is what I did and how it helped me.”

Each girl was also asked what the least helpful thing was about the group, and all of them reiterated how helpful it was, how they enjoyed the exercises, writing and/or drawing in the journal, and having the opportunity to share their thoughts and feelings with others who have had similar experiences.

The second-level themes that emerged include *talking and listening*, *I cannot be the only one*, and *getting it out*.

Chapter 5

DISCUSSION

The purpose of this mixed methods study was to evaluate the efficacy of the Adolescent Grief and Loss (AGL) group as administered to adolescent girls who experienced the death of a peer, as well as to explore through individual interviews the lived experiences of adolescent girls who were impacted by the death of a peer. The often sudden and unexpected death of a peer is a common experience among adolescent girls, often leading to school problems, depression, substance use/abuse, and suicidal ideation. The aim of the group was to reduce the grief and loss responses that could potentially lead to these problems.

This chapter includes a discussion and integration of the quantitative and qualitative findings. It also addresses implications for social work practice and research, as well as school-based practice with adolescent girls. The importance of continued grief and loss research in school settings is underscored.

Quantitative Findings

The quantitative component of this study focused on a group intervention developed and implemented to address the needs of adolescent girls who have experienced the death of a peer within the past two years. The goal of the AGL group was to reduce or lessen physical, emotional, social, and cognitive responses to grief, and to foster mutual support and connection to others via various tasks associated with each group session.

The study proposed four hypotheses to encompass the four domains of physical, emotional, social, and cognitive grief responses. Responses on the LRL pertain to these

four domains and range from 1 (I have not had this feeling/experience at all since my loss) to 5 (I have had this feeling/experience all of the time since my loss).

Hypothesis One

Hypothesis one stated that adolescent girls who participated in the AGL group would report reduced physical grief responses from pre-test to follow-up. Scores on the Loss Response List (LRL) indicated that the girls did exhibit reduced grief responses from pre-test to the first and third post-tests. However, there were no reductions of physical grief responses from pre-test to the second post-test. Many of the girls consistently scored high (4-5) on questions that pertained to headaches, stomach cramps, and problems with sleep. It may be that other areas of physical grief responses, such as fatigue and feelings of weakness, may have lessened enough to significantly lower their scores at the first and third post-tests. Research supports bodily complaints and physical grief responses among adolescent girls who tend to score high on subscales of somatization (Servaty & Hayslip, 2001). It may also suggest that girls hold grief responses more in a physical capacity, unsure of how to express it in physically appropriate ways. However, the LRL scores suggest that the lessening of physical grief responses can ultimately be maintained as evidenced by the lowered scores at the third post-test, 60 days after the final AGL group.

One of the AGL individual tasks instructed the girls to use a Breathe Work exercise at home inhaling, exhaling, and thinking about her deceased peer. While doing the Breathe Work exercise, each girl kept a Body Awareness Log noting any sensations she might have regarding her body. Most of the girls were able to define where they held their tension and obtained some relief by the breathing exercise. Many had similar bodily

sensations which benefited in validating and normalizing these physical grief responses. A couple of girls mentioned successfully using the Breathe Work technique at times of stress related to home or school situations. This helped to relieve tension in their bodies and to remain calm.

An AGL group task had the girls work together as a group to create a Comfort and Coping Collage which compiled their individual Comfort and Coping Strategies lists. The lists were brought to group as a way of sharing data, a mutual aid group process where they exchanged ideas about what has and has not worked for them (Gitterman & Shulman, 2005). The physically focused strategies included taking a walk in the park, swimming, playing soccer, going for a hard run, taking a bubble bath, and “dancing in the middle of my room.” These shared strategies may have contributed to the reduction in physical grief responses.

Hypothesis Two

Hypothesis two stated that adolescent girls who participated in the AGL group would report reduced emotional grief responses from pre-test to follow-up. Scores on the LRL indicated that the girls did exhibit significantly reduced emotional grief responses. These reductions were maintained through the first post-test, as well as the 30-day and 60-day post-tests. As evidenced by scores on the LRL, many of the girls who experienced the death of a peer reported enduring a range of emotional grief responses such as sadness, anger, confusion, fear, frustration, and guilt.

Adolescents often hide or camouflage these feelings from adults and from one another (McNeil et al., 1991). Participation in the AGL group allowed for expression of feelings and exploration of labels and/or definitions for a range of emotions. During the

initial group each girl was encouraged to describe how and when her peer died, and to talk about what has been the hardest for her. Each of the girls supplied this information, some in more detail and with more emotional content than others. All expression of feelings was normalized and validated by the group facilitator/researcher, and it was explained that a variety of emotions could be cycled through and revisited in a short period of time. The group's tone was set for openly using language about death, and the range of emotions it might engender.

The Comfort and Coping Strategies Collage was created on poster board and the girls were given free reign to write and/or draw on it. Some of the written emotional content included "Speaking to others about what you're feeling", and "Crying when you feel like it." Another girl drew a broken heart with a scar and a band aid on it. Provided with opportunities to write, draw, and speak about their feelings throughout the AGL group may have contributed to the reduction in emotional grief responses.

Hypothesis Three

Hypothesis three stated that adolescent girls who participated in the AGL group would report reduced social grief responses from pre-test to follow-up. Scores on the LRL indicated that the girls did exhibit significantly reduced social grief responses. These reductions were maintained through the first post-test, as well as the 30-day and 60-day post-tests. Scores on the LRL reported that many of the girls experienced social grief responses stating she felt more grown up than her friends, wanted to stay in her room, felt alone, tried to stay away from all reminders, and tried not to talk about her loss. Again, evidence of this showed up on what one girl wrote on the poster board, "Don't talk about it!!!" next to a drawing of a monkey covering its mouth.

The AGL group was an environment in which the girls could talk safely about their losses. Each girl had the task of thinking about her deceased peer and write a letter to him/her. The majority of the girls read their letters aloud in group. Two girls shared their letters only with the group facilitator. One girl had the group facilitator read the letter aloud for her. This was an exercise in resolving any unfinished business with the deceased peer, as well as a way to share their thoughts and feelings in a social setting. The therapeutic factor of social learning is at work here, where the girls benefit from the social network of the group as it normalizes their grief reactions with a context of making connections with one another. This aspect of the AGL group may have contributed to the reduction in social grief responses.

Hypothesis Four

Hypothesis four stated that adolescent girls who participated in the AGL group would report reduced cognitive grief responses from pre-test to follow-up. Scores on the LRL indicated that the girls did exhibit significantly reduced cognitive grief responses. These reductions were maintained through the first post-test, as well as the 30-day and 60-day post-tests. Scores on the LRL reported that the majority of girls questioned why God let their peer die, wondered who would be next, had difficulty with concentration, and were focused on the unfairness of their peer's death.

Developmental tasks inherent in the middle adolescence of 9th and 10th graders and late adolescence of 11th and 12th graders influence how girls cognitively process the death of a peer. Middle adolescence marks an advance in abstract thinking and increased capacity for problem-solving (Noppe & Noppe, 2004). Late adolescence tends to eliminate denial as an ongoing coping strategy (Balk, 1996). These cognitive

developments also have an impact on how they utilize their group participation. “Group work and the dialectical process it promotes to advance mutual aid provide an ideal context for accommodating and fostering this quantum leap in cognitive development during adolescence” (Malekoff, 2004, p. 8). The insight gained and shared during the AGL group may have contributed to the reduction in cognitive grief responses.

Demographic Variables

The findings additionally indicated that the effects of participation in the AGL group do not vary by adolescent girls’ age, ethnicity, grade in school, number of groups attended, nor number of peer deaths experienced. This suggests that the commonality of the experience of peer death is enough to create group cohesion, and that this experience impacts all adolescent girls at some level of physical, emotional, social, and cognitive grief responsiveness.

Qualitative Findings

The qualitative component of this study focused on the lived experiences of adolescent girls impacted by the death of a peer. The purpose of the individual interviews was to gather in their own words what life has been like after the death of a peer. The qualitative findings were consistent with the quantitative findings in that the emergent first-level themes correlated. Although the individual interview questions were categorized a priori to correspond with physical, emotional, social, and cognitive domains, the findings support these as emergent themes. The qualitative findings yielded six overarching first-level themes of the experience of peer death: the story, physical reactions, emotional reactions, social reactions, cognitive reactions, and group

experience. Significant statements were identified in each of these first-level themes which led to a list of more substantive meanings further delineating second-level themes.

The Story

Each girl gave a narrative of the story of her peer's death. Most girls described the story in exquisite detail as if they were present at the time. Three of the girls bore witness to their peer's death and the retelling of their story was at times an emotional reenactment. There were often tears, sighing, and rocking of the body. Elements of physical, emotional, social, and cognitive grief response were represented at times, and sometimes simultaneously, throughout the individual interviews. The overarching first-level theme of the story is comprised of three second-level themes which emerged from significant statements in the girls' own words. These were categorized into *disbelief and shock*, *to cry or not to cry*, and *gone forever*.

Disbelief and shock included disbelief, shock, denial, upset, and questions about why the death occurred. These are specific to and typical of grieving (Doka, 2008) and can be visited and revisited by adolescents. Adolescent grief may involve mourning that comes and goes, and the overall process may extend over a long period (Hogan & DeSantis, 1992).

To cry or not to cry included crying, not crying, rage, loneliness, and inaction. This range of reactions was described by each girl. Adolescents are typically reluctant to show strong emotions, which was portrayed by the girls' issue of whether or not to cry, to cry in public or private, and to discern if she even had the right to cry. The urge to cry could be triggered by sadness, anger, frustration, loneliness, or a combination of these. The girls expressed confusion about the idea of crying and the myriad meanings it

entailed. This suggests that disenfranchised grief is a component of many adolescent girls' experience of peer death. One girl whose best friend since first grade died suddenly as they were to begin high school together, noted that her mother told her to get over it and that she would make new friends. The significance of her loss was minimized and was not acknowledged.

Gone forever included the fact that her peer was indeed gone forever, a heightened sense of cautiousness, and an overwhelming worry about friends and family members. Coming to terms that a peer will never be seen again, talked to, confided in, and relied upon for feedback and advice can be a daunting prospect for an adolescent to face. One particular group was comprised of six girls who were all part of a friendship group with their peer who was murdered. Their individual stories wove in and out of one another's stories. There was a heightened sense of cautiousness bordering on hyper-vigilance for some of the girls. They became wary of strangers and their surroundings. Some of the girls worried about others such as the family members and other friends of their deceased peer, fearing that they too would be gone forever.

Physical Reactions

Each girl was asked questions that pertained to her physical self. The overarching first-level theme of physical reactions is comprised of three second-level themes which emerged from the significant statements in the girls' own words. These were categorized as *my body hurts*, *eating is a problem*, and *I can't sleep*.

My body hurts included a long list of physical sensations to include headaches, muscle tension, fatigue, a fast heart beat, a cold sensation, heavy arms and legs, and overall pressure. Each of the girls had many things to say about how her body reacted to

the death of her peer. Some described immediate reactions whereas others stated they were too shocked to notice anything at first but had a delayed physical reaction. Research has reported that girls score high on somatization scales (Servaty & Hayslip, 2001) which suggests that physical grief responses can be long-lasting for some girls.

Eating is a problem and issues related to eating were mentioned by all of the girls. Some girls lost their appetite for periods of time leading to weight loss. Food was described as not tasting right or good. A couple of girls reacted to food with nausea. One girl continued to lose weight due to multiple peer deaths, to the point that her physician expressed concern. Once a lost appetite returned, a few girls described being unable to stop eating which resulted in unwanted weight gain.

I can't sleep was mentioned by each of the girls. They reported changes in sleep patterns and issues surrounding sleep in general. Many of the girls battled with insomnia either because they could not fall asleep or they did not want to let go enough to fall sleep. Fear of nightmares or of dreaming about the deceased peer kept some girls from sleeping. Others described falling asleep but then awaking at 2am or 3am with the inability to fall back asleep. They typically found themselves stuck in a thinking loop about their deceased peer or about other worries/concerns. One girl noted that she often cried in her sleep and was awoken by her alarmed mother. Another girl could only fall asleep after she heard someone awake in the house which made her feel safe. Many girls slept with a light on. These descriptions of sleep issues suggest that the act of letting go toward an unconscious state is both difficult and frightening. Daily routines have been impacted and changed by the peer's death.

Emotional Reactions

Each girl was asked questions pertaining to her emotional reactions. This third overarching first-level theme is comprised of two second-level themes of *feelings now*, and *I worry*.

The theme of *feelings now* acted as a barometer for each girl's emotional state. Some girls continued to cry and struggled with how to control the urge to cry that can "come out of nowhere." The ability to cry was very easy for some yet very difficult for others. Descriptions of feeling "good and bad" or "up and down" were common, suggesting that many girls maintained awareness of the range of emotions they could experience. A preference for solitude was also mentioned by many of the girls. It is unclear as to whether this was a change from her norm prior to her peer's death or if this was typical for her. It may indicate that many of the girls gained a sense of peace and calm when alone.

I worry encompassed the concern that the majority of the girls expressed about their own death. Adolescents live intensely in the present and the experience of a peer's death causes them to look into the future at the possibility of their own death (Kandt, 1994). This is typically an unfamiliar concept for adolescents. They also expressed fear of the next death. Who would it be? Who's next? How and when? Girls who experienced more than one peer death learned to expect the next one. There was also great concern about friends and family members. Girls who had never experienced a family member's death were convinced that she would have that experience soon. Girls who had experienced prior deaths also had the same worry. These expressions of concerns and worries indicated a sense of being forever changed. This "changed self" does not reflect

their previous carefree, invulnerable self and instead, is more fearful and reflective (Lattanzi-Licht, 1996).

Social Reactions

Each girl was asked questions about her social reactions. This is the fourth overarching first-level theme which includes three second-level themes: *who supports me*, *helpful and heartless friends*, and *I need time alone*.

Who supports me was explored by asking her about who she felt comfortable talking to about her peer's death. The majority of girls stated that friends were the people they turned to who most understood what they needed at the time. Four girls reported the next most comfortable person to talk to was Mom. Three of the girls said that there was no one they could talk to. Two girls rated Dad as the best person to turn to for support, and two stated that their boyfriends were very supportive and caring. Older brothers and sisters were mentioned a few times as sources of comfort and support. One girl noted that teachers were helpful. Three girls described how alone they felt and that there was absolutely no one from whom they could or would seek support. One girl explained that she turned to herself and to God.

Although some girls reported feeling understood and supported by parents, the majority did not. They expressed disappointment in their parents' reactions which corresponds with previous studies (O'Brien et al., 1991). This could mean that parents may not have recognized the severity of the loss to their adolescent daughter. Peer relationships were extremely important as evidenced by the girls turning mostly to their friends for support. Of note is that older siblings were at times mentioned as sources of support.

Helpful and heartless friends involved great variance. Some girls described friends as being supportive and helpful in that they cried together, held one another, went for walks together, and allowed for expression of a range of emotions. Others reported that friends were “heartless” in that they blamed the peer for his/her death or joked about it. This is supported by studies that claim adolescents can feel different from and misunderstood by their peers (Ringler & Hayden, 2000).

I need time alone was a theme that emerged which held importance for the girls. They all described how they filled their alone time, and the majority of the girls expressed this as necessary time. Listening to meaningful music became important for one girl, who described her need to hear lyrics which spoke to her; she no longer listened to pop songs because they were too superficial. This asserts that music has great significance throughout adolescence (Shaller & Smith, 2002). Reading books to “create my own world” was the way one girl spent all of her time alone. A couple of girls described escaping into the computer by spending time on Face Book or MySpace as a way to connect to other adolescents in an environment that they could control. Other girls expressed simply wanting to be alone. One girl spent much time writing in her journal about her feelings. Overall, it seemed intention of time alone was to maximize control of stimuli and interaction with others.

Cognitive Reactions

Each girl was asked questions to elicit information about her cognitive grief reactions. This fifth overarching first-level theme is comprised of three second-level themes of *she’s/he’s dead*, *my future*, and *I can’t concentrate*.

She's/he's dead entailed girls' expressions about the death of their peers which provided insight about their current perspective. Many of the girls focused on the unfairness of her peer's sudden and untimely death. Typically, adolescents have not developed the social or emotional maturity to fully incorporate and process bereavement into a coherent world view (Rowling, 2002). This explains the thoughts about unfairness as well as another girl's statement about it being the worst thing that ever happened to her. A couple of girls expressed intense anger at God. Some girls' thoughts about their peer's death evolved into an aspect of acceptance. One girl believed that it was her peer's time to die. A couple of girls noted that life was different now and that they gained a new life perspective. This perspective led them to try to intentionally enjoy life more, and to spend more time with friends and family members.

My future involved girls' thoughts about more immediate goals such as the upcoming prom for 11th and 12th graders, and graduation for the 12th graders. The seniors spoke about college and what they planned to study, where to get a job, or join the military. The younger girls became more focused on school, their studies, and their friendship groups. This indicated that even though their peer's death continued to impact them, it did not always remain at the forefront of their thinking.

I can't concentrate was a huge problem for the majority of girls. Concentration decreased dramatically following a peer's death, and for some girls, never quite improved. Memory problems were an issue and all of the girls noted a drop in grades, with a couple of girls failing. Some girls were able to regain an improved level of concentration to better their grades. One girl buried herself in her school work as a diversion from thinking about her peer's death; her grades were excellent but she

described not being able to focus on anything outside of school. One girl described “going off somewhere” and the effort it took to regain a sense of where she was at. She may have been dissociating to relieve intense thoughts about her peer’s death. Overall, concentration was a real concern for the girls.

Group Experience

Each girl was asked about her experience in group participation. This sixth overarching first-level theme produced three second-level themes of *talking and listening*, *I cannot be the only one*, and *getting it out*.

Talking and listening involved girls sharing their thoughts and feelings with one another. They were able to relate to one another’s descriptions of emotions and reactions. Girls reported how important it was to hear what others had to say about their experience of peer death and its impact on them. They were often able to give and receive helpful advice.

I cannot be the only one spoke to how they resonated with one another’s thoughts, feelings, and behaviors. These were both normalized and validated. They described feeling understood by someone who had also gone through a similar experience. It made them feel less alone and less different from other peers.

Getting it out refers to the ability the girls described to let go of their sadness and anger. Some of the girls were able to accomplish this by writing in their journals. Others preferred to talk about difficult or tough topics such as the details of her peer’s death, the nightmares she was having, or the thoughts she was thinking.

Integration of the Findings

The integration of the quantitative and qualitative findings of this research study strongly supports the benefits of providing a grief and loss group to adolescent girls who have been impacted by the experience of peer death. The 20 girls who participated in the AGL group benefited significantly, as reported on both the quantitative measure and the qualitative component of their lived experience peer death as gathered from individual interviews. Each and every girl experienced a significant reduction of grief responses within physical, emotional, social, and cognitive domains.

Given the uniqueness of each of the four groups, the results for both the quantitative and qualitative components proved significant for all of the groups. This suggests that the lived exp

The participation rate was nearly 100%, resulting in remarkably low attrition. Snacks were provided at each group session, which consisted of a healthy snack such as fruit, and another snack chosen from a list of favored snacks suggested by the group participants. Gift cards to Target were given at the first and final AGL groups as well as at the post-tests. These incentives alone do not account for the low attrition rate. It was most probably due to the benefits obtained by the girls' participation. They all made statements about their need to hear what other girls had to say about their reactions to the death of a peer. This suggests that adolescent girls are unsure about what grief reactions are considered normal and/or healthy. They look to others to define this for them. If they do not have adults in their lives that recognize the importance and impact of this loss, then they turn to their peers for the behavior model. They are often left guessing about how to react. Overall, the AGL group provided a format and emotionally safe

environment that allowed for participants' expression and discussion of their grief reactions.

The shared thoughts and feelings that are typically an aspect of groups designed for adolescents ultimately lead to concepts of universality and altruism (Yalom & Leszcz, 2005). Therefore, adolescent girls who have experienced the death of a peer, and who participated in the AGL group evidenced significant reductions in physical, emotional, social, and cognitive grief responses.

Limitations

Participant Sample

The findings of this study have the potential to assist adolescent girls as they navigate through grief and loss reactions in response to the death of a peer. However, with a limited number of 20 girls as participants, with unique demographic characteristics, and from a specific geographical region, the quantitative results cannot be generalized beyond this population. This study aimed to achieve a sample size of 40 participants but given the difficulty with recruitment, the study was completed with only 20 girls. However, there was a 100% retention rate for these 20 participants.

Lack of Control Group

There was no inclusion of a control group in the research design of this study; given the ethical dilemma it would have presented to provide an intervention for only one group of grieving adolescent girls was not feasible. Provision of another type of grief and loss group, or other intervention, to a comparison group was also not possible given the scope and time limitation of this study. It is advised that this study be replicated by other researchers, with a larger population, with inclusion of a comparison group, and in other

school settings, as well as additional settings, in order to validate the findings, outcome results, and conclusions.

Implications for Social Work Practice and Research

Clinical Practice and School-Based Practice with Adolescent Girls

The results of this study are significant for social work practitioners working with adolescent girls in high schools and other settings. The study has implications for prevention interventions with youth who are likely to experience the death of a peer, particularly in schools located in violent areas. Given that the majority of adolescent deaths are sudden and unexpected, the AGL group provides a setting in which adolescent girls obtain support as they strive to find ways to cope with the impact of this often disenfranchised loss. This study on the efficacy of the AGL group contributes to what is currently known about adolescent girls' grief responses within physical, emotional, social, and cognitive domains. They are impacted in all of these areas and participation in the AGL group significantly reduces their grief responses. This in turn can have a favorable impact by deterring the many problems that often occur following the death of a peer, such as school problems, substance use, isolation, depression, anxiety, and behavioral acting out.

By participating in the AGL group, adolescent girls who have experienced the death of a peer gain support from other group members, know that they are not the only ones to have had this experience, hear what others think and feel, and receive valuable feedback and ideas about how to cope with their emotions. The tough topics are discussed openly and directly. The difficult thoughts are expressed and listened to with empathy. Thoughts, feelings, and behaviors are normalized and validated, and healthy

options and alternatives are provided. Group concepts of universality, peer feedback, and group cohesiveness/bonding, all become protective factors when adolescent girls come together to share their lived experiences of peer death with one another. The AGL group incorporates these elements. Additionally, the rapport and openness modeled by the researcher as the group facilitator is another important element of this group model.

Future Research

This study aims to add to the current research on group treatment of grief and loss with adolescents. It is likely to aid social workers who plan to use the AGL group as a treatment for adolescent girls experiencing the grief pursuant to the death of a peer. It can also provide direction for future research in school settings. Future research examining this intervention with a large sample would validate the findings of this study. Clinical replication of this group is offered as the AGL group structure is outlined in a six group session format with instruction and justification for the individual and group tasks.

Future research further examining the efficacy of this type of group intervention with adolescent girls who have experienced the death of a family member is also warranted, given the support this study provided for this intervention. Research indicates that there are more similarities than differences between adolescent grief experiences following the death of a family member and the death of a peer (Lurie, 1993). This may be especially true if the death of a family member is sudden and unexpected as is typical for the death of a peer. Summarily, the AGL group format may be effective with adolescents who have experienced any sudden death, such as a family member, friend, pet, teacher, coach, or peer. A mixed loss group of sudden death experience may be warranted for future research.

This study was conducted in four public high school settings. Future research examining this group intervention in community agencies working with high risk adolescents may prove valuable. These settings would include girls who are at high risk for substance abuse, pregnancy, intimate partner violence, and other negative responses due to losses they may have experienced. Some of these losses may include death of a family member, pregnancy loss, removal from the home into foster care, and incarceration of a parent. The AGL group may benefit high risk adolescents in expressing and discussing their grief and loss responses since it provides a formatted and emotionally safe environment.

Although the groups in this study were comprised of a predominantly Hispanic adolescent girl population, followed by a smaller African American girl population, future research with larger populations of Hispanic girls and African American girls would be beneficial. Future research with other populations also needs to be considered to include Asian girls, Caucasian girls, and First Nation girls. Additionally, this study was located in an urban setting in Central Texas, which warrants future studies be located in rural areas, as well as other geographic areas both nationally and internationally.

Summary

This study examined an intervention that has considerable theoretical support but very little empirical support to date. Further, it applied a mixed-method approach composed of a non-experimental simple time-series design and a qualitative component outlining the lived experiences of adolescent girls impacted by the death of a peer. The study empirically and qualitatively supports the value of such an intervention for adolescent girls who have experienced the death a peer. Given the prevalence of peer

death during adolescence, the outcome of this study may have an important impact on both social work practice and the school system. This efficacy study of an original, empirically-supported grief and loss group both adds to and improves the existing group treatment for bereaved adolescent girls. The results of this intervention research provide a notable example of the bridge that exists between practice-based evidence and evidence-based practice.

TABLE 1: Adolescent Grief and Loss Research

Author(s)	Bearman & Moody (2004)	Gray (1987)	Harris (1991)	Melhelm et al. (2004)	McNeil et al. (1991)
Type of loss	Suicide of friend	Death of a parent	Death of a parent	Peer suicide	Death of a popular peer
Purpose	To determine relationship between friendships and suicidality	To assess grief reactions	To assess grief reactions	To describe symptoms and course of traumatic grief	To explore grief and coping responses
Research design	Secondary data analysis of survey	Descriptive	Descriptive	Longitudinal study	Exploratory case study
Sample size	13,465 adolescents	50 adolescents, aged 12-19	11 adolescents, aged 13-18	146 adolescents, aged 11-23	94 adolescents, aged 14-18
Measurement	None	Beck Depression Inventory; Differential Diagnostic Technique; Imaginary Audience Scale	Children Depression Inventory; Achenbach Youth Self-Report; Child Behavior Checklist	Texas Revised Inventory of Grief; Inventory of Complicated Grief for subgroup	Questionnaire containing forced-choice and open-ended questions
Data analysis	Logistic regression	Qualitative	Qualitative	Principal component analysis	Chi-square analyses
Results	Increased suicidal ideation among socially isolated girls	Lower depression scores correspond with high levels of social support from friends and surviving parent, religious belief	High levels of sleep disturbance, poor concentration, deterioration of school performance	Traumatic grief at 6 months predicted depression and PTSD	Two categories of coping behaviors emerged: active and passive coping styles
Follow-up	None	None	6 months, 1 year	6, 12-18, 36 months; subgroup at 6 years	None

TABLE 1 continued: **Adolescent Grief and Loss Research**

Author(s)	Rheingold et al. (2004)	Schachter (1991)	Servaty & Hayslip (2001)	Worden & Silverman (1996)
Type of loss	Death of a friend	Death of a peer	Parent death vs. parental divorce	Death of a parent
Purpose	To examine risk for mental health and substance use problems	To describe adolescent grief reactions	To compare adjustment between parental death and parental divorce	To determine if changes over time attributable to bereavement
Research design	Survey	Descriptive, exploratory survey	Comparison group	Matched with controls
Sample size	646 adolescents, aged 12-17	53 adolescents	317 adolescents, aged 13-19	70 children and adolescents, aged 6-18
Measurement	None	22 question survey	Hopkins Symptoms Checklist; Marlowe-Crowne Social Desirability Scale	Child Behavior Checklist
Data analysis	Univariate analyses	Qualitative	MANOVA, MANCOVA	ANOVA
Results	Past-year death of friend predicts past-year substance abuse and/or dependence	A range of emotional responses: sadness, disbelief, surprise, shock, anger, confusion	Females scored higher than males on adjustment and somatization subscales in both groups	Higher levels of anxiety, depression, social withdrawal
Follow-up	None	None	None	1 and 2-year

TABLE 2: Types of Grief Responses

Physical	Emotional	Social	Cognitive
Trouble eating	Dazed	Feeling different from peers	Decline in school performance
Sleep disturbances	Numbed	Perception of peers being intolerant of their grief	Paranormal (hallucinatory) experiences
Headaches	Shocked	Social isolation	Preoccupation
Stomachaches	Afraid	Isolation from family	Thoughts of own death
Joint pain	Frustrated	Risk-taking behavior	Sense of presence of the deceased
Muscle pain and tension	Depressed	Increased sense of maturity	Realization of the permanency of death
Being ill more often	Alone	Experience of unkind remarks from peers	Disbelief
Lump in throat	Anxious		Confusion
Tightness in chest	Guilty		Distraction
Aching arms	Uncomfortable when happy		Difficulty with concentration
Muscle weakness	Sad		Intrusive thoughts
Dry mouth	Irritable		Lowered self-esteem
Shortness of breath	Vulnerable		Memory problems
Lack of energy	Angry		

TABLE 3: **Therapeutic Factors** (Yalom & Leszcz, 2005)

Therapeutic Factor	Description
<i>Instillation and maintenance of hope</i>	This factor derives from positive expectations that people have upon entering group. <i>The instillation and maintenance of hope</i> is based on the belief and confidence in the efficacy of the group format. Hope is required to keep a person in the group until other therapeutic factors take effect.
<i>Universality</i>	This factor brings relief as group members realize they share similar experiences, thoughts, and feelings with others. Even though there are differences, people in groups begin to perceive their similarities to one another. In a group, finding out that they are not alone can be a powerful source of comfort.
<i>Imparting information</i>	This is a role taken on typically by the group leader, although it can also be shared with other group members, who give advice, suggestions, and direct guidance. People in general fear the unknown. Increasing knowledge can decrease fear. Advice given by group members may be important not so much for the content of the advice, but simply because it is given. This signifies that the person giving it is interested and cares.
<i>Altruism</i>	This can be very powerful for group members. It offers people the opportunity to be of benefit to others by encouraging them to shift between the roles of help receivers and help providers. Giving to others can be a boost to self-esteem.
<i>The corrective recapitulation of the primary family group (also known as family reenactment)</i>	The group resembles family in many aspects. Members will interact with one another as they have interacted with siblings or parents. What is important is that conflicts are not just relived, but they are relived in a positive manner that is functional. The group provides an arena for new behaviors to be tested.
<i>Development of socializing techniques</i>	This factor allows for the development of basic social skills, which can be implicit and indirect or explicitly directed. The group mode is an ideal setting for individuals to both learn and practice specific social skills. Role playing may be used to enhance social skills.
<i>Imitative behavior</i>	This factor encourages group members to learn by watching one another tackle problems and situations. This can be a vicarious method of learning new and beneficial behaviors.
<i>Interpersonal learning</i>	This factor is based on the assumption that people develop personalities as a result of their significant interactions in life. Given time, each group member will begin to be herself and will interact with the group members as she acts in everyday life. People do not

necessarily need to explain their problems. They will eventually show their true colors.

Group cohesiveness

This is “the group therapy analogue to relationship in individual therapy” (p.53). It is evident in the degree of engagement and alliance that is formed by group members. It creates conditions for self-disclosure, interpersonal testing and exploration to occur. When cohesiveness is present, group members mean enough to each other to bear the discomfort of working through conflicts. Without cohesiveness, the rest of the therapeutic factors will not have as much, if any, impact.

Catharsis

This factor involves the expression of strong emotions which is linked with finding meaning in group members’ life experiences. It must always be accompanied by other factors, as in the process of a corrective emotional experience.

Existential factors

This factor consists primarily of 5 items:

1. Recognizing that life is at times unfair.
2. Recognizing that ultimately there is no escape from some of life’s pain and from death.
3. Recognizing that no matter how close one gets to people, one must still face life alone.
4. Facing the basic issues of one’s life and death, and thus living one’s life more honestly and being less caught up in trivialities.
5. Learning that one must take ultimate responsibility for the way one lives one’s life no matter how much guidance and support one gets from others.

This category has been rated by members of successful groups as a very important component for their group experience.

TABLE 4: **Therapeutic Factors Ranked the Highest** (Corder, Whiteside, Haizlip, 1981)

Therapeutic Factor	Item Statement
<i>Catharsis</i>	Being able to say what was bothering me instead of holding it in. Learning how to express my feelings.
<i>Existential factors</i>	Learning that I must take ultimate responsibility for the way I live my life, no matter how much guidance and support I get from others.
<i>Interpersonal learning</i>	Other members honestly telling me what they think of me. The group's giving me an opportunity to learn to approach others.
<i>Family reenactment (also known as the corrective recapitulation of the primary family group)</i>	Being in the group was, in a sense, like being in a big family, only this time, a more accepting and understanding family.

TABLE 5: **Mutual Aid Group Processes** (Gitterman & Shulman, 2005)

Processes	Description
<i>Sharing data</i>	Group members provide one another with ideas, information, and resources they have found beneficial. People can exchange ideas about what has and has not worked for them in the past regarding a particular challenge or problem.
<i>The dialectical process</i>	The group encourages debate between two members, or two subgroups, where there are opposing views. This process emerges from the group's need to express and resolve an apparent division between members or subgroups.
<i>Entering taboo areas</i>	This allows group members to discuss difficult subjects with the support and encouragement of the group facilitator. The permission to enter a taboo area may then invite other group members to add their own impressions of the topic or issue.
<i>The “all-in-the-same-boat” phenomenon</i>	This can be a healing process as group members learn that others may share similar experiences, feelings, thoughts, and behaviors.
<i>Mutual support</i>	This process enables group members to provide one another with empathy and understanding. In small groups, receiving the support of peers can be even more powerful than the support of the group facilitator.
<i>Mutual demand</i>	The change process requires mutual demand which involves group members helping each other through specific issues. For example, a group member may be expected to take some action and report back to the group the following week.
<i>Individual problem-solving</i>	Group members help an individual with a specific problem which can actually benefit the group as a whole. Usually a connection can be made between an individual's specific problem and the purpose of the group.
<i>Rehearsal</i>	This is a form of role-play in the group. It involves practicing a task within the group setting while receiving support, advice, and feedback from group members.
<i>The strength in numbers phenomenon</i>	This allows groups to work as a unit by taking steps to change together. Individual members may feel powerless to deal with overwhelming tasks. For example, a group of sexual abuse survivors participated in a “take back the night” march.

TABLE 6: Comparison of Group Stages

AGL Group	Typical Stages of Group Development (Garland, Jones, & Kolodny, (1973)	Tuckman's Group Stages (1965)	Group Themes
Groups 1 & 2: Creating & Relating	Preaffiliation	Forming	Orientation, introduction, participation, search for meaning, dependency, and sharing of experiences.
Groups 3 & 4: Coping	Power & Control	Storming	Conflict, dominance, and rebellion, followed by group cohesion.
	Intimacy	Norming	
Groups 5 & 6: Transitioning	Differentiation	Performing	Continuation of group cohesion, review and validation of work, and celebration.
	Separation	Adjourning	

TABLE 7: Adolescent Grief and Loss (AGL) Group Structure

Group Session	Group Description	Individual Tasks
Group Session 1 “Creating and Relating”	Introductions are made. Norms are established regarding confidentiality, attendance and members’ rights. Each girl describes how and when her peer died, and talks about what has been the hardest for her. Her feelings are normalized and validated, with an explanation that many feelings can be cycled through and revisited in a short period of time. The tone is set for openly using language about death.	Each girl is to create something that reminds her of her peer: write, draw, make a collage or a music track. She is to keep a journal about her experience, thoughts, and feelings about the death of her peer.
Group Session 2 “Creating and Relating”	The items brought by the girls are shared and described, read, touched, and/or listened to. The girls talk about the deceased peer and what she or he meant to her. The group facilitator models empathy and compassion, both verbally and nonverbally. The girls are given the opportunity to read from their journals, if they wish. The group facilitator acknowledges the effort involved in writing about any sadness and/or other emotions the girls are feeling. Feedback is given from group members about how they relate to and resonate with what each has written. All expressed feelings are normalized and validated.	The girls are instructed to use a Breathe Work exercise that involves resting quietly on her bed or floor, thinking about her deceased peer, and consciously inhaling and exhaling with long breathes. Each girl is to keep a Body Awareness Log in her journal, noting any sensations, feelings, or thoughts she experiences regarding her body.
Group Session 3 “Coping”	The girls share what they thought and felt while doing the Breathe Work exercise. Each girl shares her Body Awareness Log. The group facilitator validates and normalizes any physical sensations described, explaining this as the body’s way of grieving and trying to make sense of loss. Themes and commonalities are noticed and discussed. The group facilitator checks for any difficulty with or resistance to doing the exercise.	Each girl is to create a Comfort and Coping Strategies List in her journal that includes what works and does not work for her thus far in getting through, moving on, and coping on a daily basis since the death of her peer.
Group Session	The girls share their Comfort and Coping	Each girl is to create a

4 “Coping”	Strategies List. Group members give feedback and can ask questions about why something works. The group facilitator points out themes and commonalities among the lists. The group facilitator provides the girls with materials to work together as a group in constructing a Comfort and Coping Collage as a compilation of their Comfort and Coping Strategies Lists to be hung up on the group room wall. The group facilitator encourages each girl’s efforts.	ritual to remember and honor her deceased peer. She is also to think about any unfinished business and write a letter to her deceased peer.
Group Session 5 “Transitioning”	The girls explain and show or perform their rituals. The group facilitator suggests ways to incorporate the practice of ritual in every day life as well as at special or difficult times. Each girl reads her letter out loud. The group facilitator gives support and encouragement around any unfinished business expressed. All emotions expressed are validated and normalized.	Each girl is to think about one another and write notes telling what they appreciate about each other as a Validation Activity. She is also asked to summarize what she has learned about herself while participating in this group.
Group Session 6 “Transitioning”	During the Validation Activity, girls read aloud the notes they have written about each group member. The group facilitator supports and encourages this exchange. During the final group, the group facilitator summarizes the group’s progress and highlights each individual girl’s growth. The girls verbally summarize their perspective on their own growth and discuss how they will generalize the coping skills they have learned to other areas of their lives.	

TABLE 8: Implications of Individual Tasks

Group Session 1	The creation of something that reminds the girls of her deceased peer is an attempt at meaning-making. It represents how she is organizing the loss cognitively and emotionally. The various materials and images used in a collage, for instance, is a demonstration of how the adolescent girl incorporates her peer's death into her world view of loss. Music has great significance throughout adolescence (Shaller & Smith, 2002). Journaling is a wonderful method for getting inside the thoughts and feelings of the girls. They write about anything that comes to mind particularly around peer death. This gives the group facilitator and other group members added insight into the cognitive and emotional processes of each girl.
Group Session 2	The Breathe Work exercise enables the girls to control anxiety, fear, and sadness with deep breathing. There will be anxiety inducing situations in the future and learning to breathe through the emotions will benefit each girl in controlling her panic. The Body Awareness Log acts as a somatic barometer of physical well-being. Some adolescents experience aches and pains that include headaches, stomachaches, facial and jaw tension, fist clenching, labored breathing, joint stiffness, heart palpitations, and a general malaise (Balk, 1996).
Group Session 3	The Comfort and Coping Strategies List allows the girls to reflect on what has been working effectively for them to cope with their loss and on what has promise for working for them in the future (Stroebe & Schut, 1999). This in effect empowers the girls to take care of themselves.
Group Session 4	Creating the Comfort and Coping Strategies Collage from each girl's list bonds the girls further and creates an environment of collegiality that diminishes the sense of loneliness and isolation some may be experiencing. Rituals can be very healing and "can provide a way to master cycles of disruption while remembering, integrating, and transforming the loss" (Dane, 2004). Rituals can provide comfort. Adolescents often face Unfinished Business with the deceased. This can be done via writing a letter which is a method that allows the girls to say the unsaid words, to talk about what they wished they did not say, and to say some final words.
Group Session 5	The Validation Activity provides an opening for the girls to discuss the difficulty and importance of telling people they care about what they mean to an adolescent (Kandt, 1994). Summarizing what she has learned about herself allows her the time to reflect on her on growth and the possible ongoing change process she is experiencing.
Group Session 6	The final group session incorporates an exercise where everyone looks closely at the gains that have been made throughout the 6 weeks. The group looks at where they have been, how far they have come, and ahead to the future.

TABLE 9: Group Characteristics

	Group 1	Group 2	Group 3	Group 4
Number of girls	5	5	6	4
Number of sudden peer deaths	6	11	6	5
Number of other deaths*	5	12	3	7
Groups met	Late spring 2009	Late fall 2009	Early spring 2010	Late spring 2020

* Other deaths include parents, grandparents, siblings, aunts, uncles, cousins.

TABLE 10: Ethnicity and Number of Peer Deaths

		Number of Peer Deaths					Total
		1.00	2.00	3.00	5.00	6.00	
Participant's Ethnicity	Hispanic	7	2	2	1	1	13
	African American	1	3	1	0	0	5
	White	1	1	0	0	0	2
Total		9	6	3	1	1	20

TABLE 11: Number of Girls who Experienced Specific Causes of Peer Death

Number of Girls*	Causes of Peer Death
10	Car accident
8	Homicide
4	Motorcycle accident
4	Homicide by gang members
1	Cancer
1	Handgun accident

* Some girls experienced multiple deaths of peers. All were sudden deaths.

TABLE 12: How Girls Learned about Peer's Death

Number of Girls*	How Girls Learned about Peer's Death
6	Text message**
6	School announcement **
5	Family member face-to-face
4	Another student face-to-face **
3	Witnessed
3	Call on cell phone **
1	MySpace***

* Some girls experienced multiple deaths of peers. **These occurred during school.

***As opposed to FaceBook.

TABLE 13: Comparison of Pre- and Post-Test Means

	Pre-Test 2	Post-Test 1	Post-Test 2	Post-Test 3
Dependent Variables	M (SD)	M (SD)	M (SD)	M (SD)
Physical	2.73 (.59)	2.53 (.67)		2.44 (.68)
Emotional	3.09 (.77)	2.80 (.75)	2.72 (.81)	2.70 (.90)
Social	3.35 (.74)	3.00 (.77)	2.94 (.88)	2.83 (.80)
Cognitive	3.27 (.74)	2.90 (.73)	2.85 (.99)	2.64 (.95)

TALBE 14: Qualitative Themes

THE STORY

Disbelief and shock

Disbelief

Shock

Denial

Upset

God, why?

To cry or not to cry

Cried

*forever

*in private

*with others

Did not cry

*did not know if allowed

*could not

Mad/intense rage

Lonely

Inaction

*did not know what to do

Gone forever

She/he is gone forever

Cautious

Worry about others

PHYSICAL

My body hurts

Headaches

Muscle tension

Fatigue

Fast heart beat

Cold sensation

Heavy arms and legs

Pressure

Eating is a problem

No appetite

*lost weight

*forever changed

*for weeks

Ravenous

*cannot stop eating

*hungry all the time

*gained weight

Food did not taste good

I can't sleep

Insomnia

Nightmares

Crying in sleep

Mid-cycle waking

Long time to fall asleep

Slept with lights on

Slept when someone awake

EMOTIONAL

Feelings now

Continues to cry

She/he is not coming back

Good and bad

Up and down

Preference for solitude

Enjoyment of life

Anger and hurt

I worry

Worry about one's own death

Next death

Worry about friends and family

TALBE 14 continued: **Qualitative Themes**

SOCIAL

Who supports me

Parents
Older siblings
Friends
No one
Self and God

Helpful and heartless friends

Blaming
Joking
Heartless
Supportive
Cried together
Held one another

I need time alone

Listen to meaningful music
Read to “create own world”
Escape into computer
Want to be alone in room
Write/journal about feelings

COGNITIVE

She’s/he’s dead

Unfairness

Time for his/her death
More acceptance

Angry at God
Worse thing that ever happened
Life is different now
New perspective

My future

School

Graduation
College
 *what to study
Get a job
Join military

I can’t concentrate

Decreased

Memory problems
Go off somewhere

Grades dropped

GROUP EXPERIENCE

Talking and listening

Sharing thoughts and emotions
Able to relate to others
Everyone had something to say
What others had to say
Helpful advice

I cannot be the only one

Not the only one

Empathy
Feelings, thoughts, behaviors normalized
Feelings validated
Understanding

Getting it out

Letting go of sadness and anger
Writing in the journal
Tough topics

FIGURE 1: Ethnicity of Participants

FIGURE 2: Number of Peer Deaths

Appendix A

Loss Response List

This group of questions is about the possible feelings and/ or experiences you may or may not have had since your loss. Each item can be rated from “1” to “5.” This rating scale is being used to find out if you have had these feelings/experiences and how strongly you have had them since your loss.

1=I have not had this feeling/experience at all since my loss.

2=I have had this feeling/experience a little since my loss.

3=I have had this feeling/experience somewhat since my loss.

4=I have had this feeling/experience most of the time since my loss.

5=I have had this feeling/experience all of the time since my loss.

As you read each statement, please circle the number which best shows your feelings and experiences. If an item does not describe your feelings and experiences at all, please circle “1.” Below is an example of how to score your feelings and experiences.

Example:	1	2	3	4	5
I feel like I can't stop crying					

	The following are questions about how your body feels since your loss.					
1	I feel weak	1	2	3	4	5
2	I feel all right	1	2	3	4	5
3	I have stomach cramps	1	2	3	4	5
4	I have headaches	1	2	3	4	5
5	I don't want to get out of bed	1	2	3	4	5
6	I feel like I always have	1	2	3	4	5
7	My arms ache	1	2	3	4	5
8	My joints hurt	1	2	3	4	5
9	I haven't been sleeping well	1	2	3	4	5
10	I have dreams about my loss	1	2	3	4	5
11	I have trouble falling asleep	1	2	3	4	5
12	I wake up early and can't get back to sleep	1	2	3	4	5
13	I feel peaceful	1	2	3	4	5
14	I don't want to feel anything	1	2	3	4	5
15	I don't feel any different	1	2	3	4	5
16	I have waves of strong feelings about my loss	1	2	3	4	5
17	I feel like I want to throw up	1	2	3	4	5
18	I find myself sighing	1	2	3	4	5
19	I feel physically tired	1	2	3	4	5
20	I want to eat everything and anything	1	2	3	4	5
21	I feel hungry all the time	1	2	3	4	5

22	I feel uptight	1	2	3	4	5
23	My heart beats hard and fast	1	2	3	4	5
24	I have a hard time getting my breath	1	2	3	4	5
25	I am nervous	1	2	3	4	5
26	I feel empty inside	1	2	3	4	5
27	I feel restless	1	2	3	4	5
	The following are questions about your feelings since your loss.					
28	I find myself crying when I don't want to	1	2	3	4	5
29	I cry for no reason	1	2	3	4	5
30	I have been able to laugh and see the funny side of things	1	2	3	4	5
31	I feel confused	1	2	3	4	5
32	I'm afraid	1	2	3	4	5
33	I feel like I can't stop crying	1	2	3	4	5
34	I try not to let myself get upset	1	2	3	4	5
35	I feel sad	1	2	3	4	5
36	I feel miserable	1	2	3	4	5
37	I feel depressed	1	2	3	4	5
38	I am "bitchy" more than I used to be	1	2	3	4	5
39	I blame myself when things don't go well	1	2	3	4	5
40	I worry a lot	1	2	3	4	5
41	I feel scared for no good reason	1	2	3	4	5
42	I'm happy	1	2	3	4	5
43	I'm angry	1	2	3	4	5
44	I feel like I can't take any more heartache	1	2	3	4	5
45	I am frustrated	1	2	3	4	5
46	I have things to look forward to	1	2	3	4	5
47	I don't feel good about the things I used to	1	2	3	4	5
48	I feel my loss was a bad dream	1	2	3	4	5
49	I don't have fun anymore	1	2	3	4	5
50	Any little reminder will make me feel sad	1	2	3	4	5
51	I feel guilty	1	2	3	4	5
52	I blame others for what has happened to me	1	2	3	4	5
	The following questions are about how you feel about your relationships with family and friends					
53	I feel more grown up than my friends.	1	2	3	4	5
54	I try not to talk about it	1	2	3	4	5
55	I try to act like nothing happened	1	2	3	4	5
56	I feel like people will talk bad about me	1	2	3	4	5
57	I know others who have had this happen to them	1	2	3	4	5
58	I don't want to go back to school/work	1	2	3	4	5
59	I'm worried about my money situation	1	2	3	4	5
60	I want to stay in my room	1	2	3	4	5
61	I feel alone	1	2	3	4	5
62	I want to talk about my loss	1	2	3	4	5

63	I try to stay away from all reminders	1	2	3	4	5
	The following questions are about things you might have been thinking about or thoughts that may cross your mind since your loss.					
64	I can't stop thinking, "Why did this happen to me?"	1	2	3	4	5
65	I have a hard time concentrating	1	2	3	4	5
66	I feel distracted	1	2	3	4	5
67	I wonder why God made my loss happen	1	2	3	4	5
68	I try not to think about it	1	2	3	4	5
69	I think I must have done something wrong for this to happen	1	2	3	4	5
70	I think about my loss when I don't mean to	1	2	3	4	5
71	I wonder what's going to happen next	1	2	3	4	5
72	I wish I hadn't had my loss	1	2	3	4	5
73	I wish I felt like I could go out and party with my friends	1	2	3	4	5
74	I want to numb myself from this pain	1	2	3	4	5
75	Pictures about it keep popping into my head	1	2	3	4	5
76	Other things keep making me think about it	1	2	3	4	5
77	I think I'd be better off dead	1	2	3	4	5
78	I have a hard time paying attention	1	2	3	4	5
79	I am forgetful	1	2	3	4	5
80	This has really affected my grades	1	2	3	4	5
81	I think people look down on me	1	2	3	4	5
82	I really don't understand what has happened	1	2	3	4	5
83	I wonder how this will affect me later on	1	2	3	4	5

This group of questions is about the possible changes in your life since your loss.

Please think about how you felt about your self, your life, and your relationship with others before your loss and how you feel you loss has changed you. The numbers indicate the degree of change. They range from "-3" Changed for the Worst" to +3 "Changed for the Best." The number "0" means "No Change"

	As a result of my Loss:	Changed for the worst			No change			Changed for the best
1	My self esteem	-3	-2	-1	0	+1	+2	+3
2	My physical health	-3	-2	-1	0	+1	+2	+3
3	My ability to cope with stress	-3	-2	-1	0	+1	+2	+3
4	My relationship with friends	-3	-2	-1	0	+1	+2	+3
5	My future outlook	-3	-2	-1	0	+1	+2	+3
6	My ability to care for myself	-3	-2	-1	0	+1	+2	+3

7	My emotional well being	-3	-2	-1	0	+1	+2	+3
8	My time for social activities with friends	-3	-2	-1	0	+1	+2	+3
9	My relationship with my mother	-3	-2	-1	0	+1	+2	+3
10	My relationship with my father	-3	-2	-1	0	+1	+2	+3
11	My ability to buy the things I need	-3	-2	-1	0	+1	+2	+3
12	My relationship with my boyfriend	-3	-2	-1	0	+1	+2	+3
13	Overall, since my loss my life has changed	-3	-2	-1	0	+1	+2	+3
	Are there any other changes in your life that you have experienced since your loss? If so, please write them below and rate them as you have above.							
14		-3	-2	-1	0	+1	+2	+3
15		-3	-2	-1	0	+1	+2	+3
16		-3	-2	-1	0	+1	+2	+3
17		-3	-2	-1	0	+1	+2	+3

Appendix B

Demographic Information

Name: _____

Address: _____

Home phone _____ Cell phone _____

Email address _____

Address of another relative (grandparent, aunt, uncle): _____

Phone number of another relative: _____

Please circle the best description of you.

Age:	14	15	16	17	18	19
Ethnicity:	White	Hispanic	African-American	Asian-American	Native-American	Multi- or Bi-racial
Grade in school:	9th	10th	11th	12th	Other	
Number of regular classes	1	2	3	4	5	6
Number of AP classes	1	2	3	4	5	6
Number of special education classes	1	2	3	4	5	6
Living situation:	Living with parents or parent	Living with relative or guardian other than parents	Living alone	Other		
Number of peers who have died in the past 2 years:	1	2	3	4	5	6 or more

Please list the approximate month and year that your peer or peers died, the cause of death, and whether it was sudden or anticipated:

Appendix C

Qualitative Interview Format

Section 1: Story

Tell me about the day you learned about your peer's death.

- How did you hear about it?
- Where were you?
- What were you doing?
- Who was with you?
- What were your first thoughts?
- How did you react?
- What were your concerns?
- What did you do after you heard?
- Did you seek help/support from anyone?
- How did your peer die?

Section 2: Physical reactions

- How did your body feel?
- How was your appetite following your peer's death?
- How did you sleep following your peer's death?
- How does your body feel now?
- Do you have any concerns about your body?

Section 3: Emotional reactions

- How are things for you now?
- Tell me about any worries or concerns you might have.

Section 4: Social reactions

- Who can you talk to?
- Tell me about your friends' reactions.
- Who do you hang out with?
- Tell me about time alone.
- Talk to me about your activities.

Section 5: Cognitive reactions

- Tell me what you think about your peer's death.
- Tell me more about things you think about.
- Talk to me about your concentration at school.

Section 6: Group experience

- What was the most helpful about the group?
- What the least helpful about the group?
- If you could change any one thing about the group for girls participating in it in the future, what would it be?

Appendix D

Letter to Schools

Dear _____ (Principal of High School)

The often sudden or violent death of a peer and the ensuing impact of grief and loss have unfortunately become part of an adolescent's life in the 21st century. Your school is invited to participate in the study of the Adolescent Grief and Loss (AGL) group for adolescent girls who have experienced the death of a peer within the past two years. My name is Pamela Malone, MA, LCSW and I am working toward a doctoral degree in social work at the University of Texas at Austin. I am also a licensed clinical social worker in independent practice with many years of experience in working with adolescent girls in both individual and group settings. I developed the AGL group and plan to study its effectiveness for my doctoral dissertation. In studying this group, I hope to learn whether or not it will benefit adolescent girls as they deal with the death of a peer.

If you consent for your school to participate in the study, I will arrange to hold it at the school at a time that is most beneficial and advantageous to the school's schedule. The group will meet once per week for six weeks and will last for approximately one hour, with the exception of the first and final groups which will last for 1 ½ hours in order to include time for filling out questionnaires. The group will also fill out questionnaires at 30 days after the final group, and at 60 days after the final group. The group will consist of no more than ten girls. If more groups are needed, I will provide those as well. I will present a flyer for you or the school counselors to distribute or display.

If you consent for your students to be in this study, they will be compensated with gift cards to Target. They will each receive a \$10 gift card after the first AGL group, a \$20 gift card at the end of the final group, a \$20 gift card at the 30 day follow-up, and a final \$20 gift card at the 60 day follow-up.

It is expected that the students will enjoy the group and that it will give them valuable skills in dealing with grief and loss. The groups and the individual interviews will be audiotaped. I will protect your students' privacy and confidentiality. I will keep their questionnaire responses, audiotapes, and all other information about them in a locked file cabinet in a locked office accessible only to me. No identifying information about your students will be released to anyone. When the study is complete, all identifying information about the students in this study or any other students will be destroyed. If the results of this research are published or presented at scientific meetings, the identity of your students will not be disclosed.

Please note that confidentiality will be waived if a student appears to be at risk of harming herself or others, or where a reasonable suspicion of child physical or sexual abuse or elder abuse exists.

If you decide to allow your students to participate in the study, please note they are free to drop out at any time. Your decision to allow or not allow this group to be held at your school will not affect your future relations with the University of Texas at Austin.

If you have questions about the study, I can be reached at (512) 444-8889 or pammalone@mail.utexas.edu. My faculty advisors can be reached as follows: David Springer, PhD at (512) 471-0512 or Elizabeth Pomeroy, PhD at (512) 232-3405. Please contact me if you would like to talk further about the study.

In addition, if you have questions about your students' rights as a research participant, or if you have complaints, concerns, or questions about the research, please contact Jody Jensen, Ph.D., Chair, The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects at (512) 232-2685 or the Office of Research Support at (512) 471-8871.

Your signature below indicates that you are allowing your school to participate in the study. Please return one signed copy in the enclosed addressed and stamped envelope, and keep the additional copy of this form.

High School Principal Consent

I, _____, am the principal of
(Print your name)

_____. I give my permission for the Adolescent
(High school's name)

Grief and Loss (AGL) group to be conducted at my school as described in this consent form, by signing my name on the line below.

(Principal signature)

(Date signed)

(Researcher signature)

(Date signed)

Appendix E

Flyer that high school principals and school counselors can distribute to prospective group participants.

Adolescent Grief and Loss Group for Girls

- Who: If you are a girl who has experienced the death of a peer within the past 2 years, then this group may be for you. A peer is any adolescent in your high school or neighborhood such as a classmate, friend, a friend of a friend, an acquaintance, or just someone you simply knew.
- What: A group of girls who will meet once a week for 6 weeks.
- Why: To share thoughts and feelings about the death of a peer.
- When: (Day, time, dates)
- Where: (In school location)
- Yum: Snacks will be provided.

What else: You will also receive gift cards for completing the 6-week group and the follow-up groups.

If you are interested in participating in this group, then contact the group facilitator: Pam Malone, Malone, MA, LCSW, doctoral candidate at The University of Texas at Austin at 444-8889 or pammalone@mail.utexas.edu. You will need to meet individually with Pam Malone to determine if you are eligible for participating in this group.

Appendix F

Adolescent Grief and Loss (AGL) Group

A group for adolescent girls who have experienced the death of a peer.

Parent or Guardian Consent Form

Dear Parent or Guardian,

Your daughter may be eligible to participate in the study of the Adolescent Grief and Loss (AGL) group for adolescent girls who have experienced the death of a peer within the past two years. This group will take place at _____ High School. My name is Pamela Malone, MA, LCSW and I am working toward a doctoral degree in social work at the University of Texas at Austin. I am also a licensed clinical social worker in independent practice with many years of experience in working with adolescent girls in both individual and group settings. I developed this group and plan to study its effectiveness for my doctoral dissertation. In studying this group, I hope to learn whether or not it will benefit adolescent girls as they deal with the death of a peer.

If you consent for your daughter to participate, and if she wants to be in the study, she will first meet with me to determine if she is eligible to participate in the AGL group. If she is, then she³ will be asked to fill out a questionnaire at five different time points: two weeks prior to the group, during the first group, the final group, 30 days after the group, and 60 days after the final group. The group will consist of no more than ten girls from her high school. The group will meet at your daughter's school once per week for six weeks and will last for approximately one hour, with the exception of the first and final groups which will last for 1 ½ hours in order to include time for filling out questionnaires. I will also meet individually with your daughter to ask her questions about her experience of the death of a peer. There will be assignments/activities for her to do between groups.

If your daughter participates in this study, she will be compensated with gift cards to Target. She will receive a \$10 gift card after the first AGL group, a \$20 gift card at the end of the final group, a \$20 gift card at the 30 day follow-up, and a final \$20 gift card at the 60 day follow-up.

It is expected that the girls will enjoy the group and that it will give them valuable skills in dealing with grief and loss. The groups and the individual interviews will be audiotaped. I will protect your daughter's privacy and confidentiality. Although group participants will be strongly advised to maintain confidentiality, there may be possible loss of confidentiality due to other group members disclosing information outside of group. I will keep your daughter's questionnaire responses, audiotapes, and all other information about her in a locked file cabinet in a locked office accessible only to me. No identifying information about your daughter will be released to anyone, without your permission. When the study is complete, all identifying information about your daughter and all other students in this study will be destroyed. If the results of this research are

published or presented at scientific meetings, your daughter's identity will not be disclosed.

If your daughter participates in the AGL group, she may at times find some things discussed in the group hard to think or talk about. If this happens, I will guide her through this in a helpful way. If her feelings become a major problem for her, I will refer her to the school counselor for further guidance. The name of the school counselor and how he/she can be reached: _____.

Additionally, if your daughter reacts adversely to the group, or if she becomes disruptive in group, she may be asked to discontinue her participation.

Please note that confidentiality will be waived if your daughter appears to be at risk of harming herself or others, or where a reasonable suspicion of child physical or sexual abuse or elder abuse exists. If you decide to let your daughter participate in the study, she is free to drop out at any time. Your decision to allow or not allow her to be in the study will not affect her or your future relations with _____ High School or the University of Texas at Austin.

If you have questions about the study, I can be reached at (512) 444-8889 or pammalone@mail.utexas.edu. Please contact me if you would like to talk to me about the study. In addition, if you have questions about your daughter's rights as a research participant, or if you have complaints, concerns, or questions about the research, please contact Jody Jensen, Ph.D., Chair, The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects at (512) 232-2685 or the Office of Research Support at (512) 471-8871.

Your signature below indicates that you are allowing your daughter to participate in the study. Please return one signed copy and keep the additional copy of this form.

Parent or Legal Guardian Consent

I, _____, am the parent or legal guardian of
(Print your name)

_____. I give my permission for her to
(Print your daughter's name)

participate in the study described in this consent form, by signing my name on the line below.

(Parent or legal guardian signature)

(Date signed)

(Researcher signature)

(Date signed)

Appendix G

Adolescent Grief and Loss (AGL) Group

A group for adolescent girls who have experienced the death of a peer.

Participant Assent Form

Dear Potential Participant,

You may be eligible to participate in a study of a new group for adolescent girls who have experienced the death of a peer in the past two years. A peer is any adolescent in your high school or neighborhood such as a classmate, friend, a friend of a friend, an acquaintance, or just someone you simply knew who attended your high school or lived in your neighborhood.

My name is Pamela Malone, MA, LCSW and I am working toward a doctoral degree in social work at the University of Texas at Austin. I am also a licensed clinical social worker in independent practice with many years of experience in working with adolescent girls in both individual and group settings. I developed this group and plan to study its effectiveness for my doctoral dissertation. From this study, I hope to learn whether or not it will benefit adolescent girls who are dealing with the death of a peer. You will be one of ten girls from your high school to participate in this study. Your high school will be one of four high schools to participate in this study.

If you are interested in participating in this group, you will first need to meet with me to discuss the reasons why you might want to participate and to determine if you are eligible for this group. If so, then you will be asked to fill out a questionnaire during the first group, the final group, 30 days after the group, and 60 days after the final group. The group will meet at your school once a week for six weeks and will last for one hour, with the exception of the first and final groups which will last for 1 ½ hours in order to include time for filling out questionnaires. You will also meet with me to talk to me about your experience of the death of a peer. Between group sessions, you will be asked to do some activities related to the group.

If you participate in this study, you will be given gift cards to Target. You will receive a \$10 gift card after the first group, a \$20 gift card at the end of the final group, a \$20 gift card at the 30 day follow-up, and a final \$20 gift card at the 60 day follow-up.

It is expected that the group will be enjoyable and will help you gain skills in dealing with grief and loss. The groups and the individual interviews will be audiotaped. I will protect your privacy and everything that you tell me. Although everyone in the group will be told that “everything that gets said in group, stays in group”, it is possible that other group members will talk about the group outside of group. Your questionnaire responses, audiotapes, and all other information about you will be kept in my locked cabinet file in a locked office that only I can open. No identifying information about you will be given to anyone, without your and your parent’s permission. When the study is finished, I will destroy all records about you and other students in the study. If the results of this

research are published or presented at scientific meetings, I will keep your identity hidden.

If you participate in the AGL group, you may at times find some things discussed in the group hard to think or talk about. If this happens, I will guide you through this in a helpful way. If your feelings become a major problem for you, I will refer you to the school counselor for further guidance. The name of your school counselor and how he/she can be reached:_____.
Additionally, if you become disruptive in group, you may be asked to discontinue the group.

Please note that I will need to report if you appear to be at risk of harming yourself or others, or where a reasonable suspicion of child physical or sexual abuse or elder abuse exists.

Although your parent(s) or legal guardian must give consent for you to participate in the study, you also have the right to decide whether or not to be in it. If you decide to participate, you are free to withdraw at any time. Your decision to participate or not participate in the study will not affect your future relations with _____ High School or the University of Texas at Austin.

If you have questions about the study, I can be reached at (512) 444-8889 or pammalone@mail.utexas.edu. Please contact me if you would like to talk to me about the study. In addition, if you have questions about your rights as a research participant, or if you have complaints, concerns, or questions about the research, please contact Jody Jensen, Ph.D., Chair, The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects at (512) 232-2685 or the Office of Research Support at (512) 471-8871.

Your signature below tells me that you agree to participate in the study. Please return one signed copy and keep the additional copy of this form.

Participant Assent

I, _____, have been invited to participate in the study
(Print your name)
described in this assent form. By signing my name in the space below, I am verifying that I understand the conditions of the study, and I would like to participate.

_____	_____
(Study participant signature)	(Date signed)
_____	_____
(Researcher signature)	(Date signed)

References

- Armour, M. (2003). Meaning making in the aftermath of homicide. *Death Studies*, 27(6), 519-540.
- Aronson, S.M. (2004). Where the wild things are: The power and challenge of adolescent group work. *The Mount Sinai Journal of Medicine*, 71(3), 174-180.
- Baez, A. (2003). A group approach to fostering self-cohesion and developmental progression in female adolescent group home residents. *Child and Adolescent Social Work Journal*, 20(5), 351-373.
- Balk, D.E. (1983). Adolescents' grief reactions and self-concept perceptions following grief: A study of 33 teenagers. *Journal of Youth and Adolescence*, 12(2), 137-161.
- Balk, D.E. (1996). Models for understanding adolescent coping with bereavement. *Death Studies*, 20(4), 367-387.
- Balk, D.E. (2008). The adolescent's encounter with death. In K.J. Doka & A.S. Tucci (Eds.), *Living with grief: Children and adolescents* (pp. 25-42). Washington, DC: Hospice Foundation of America.
- Balk, D.E., & Corr, C.A. (1996). Adolescents, developmental tasks, and encounters with death and bereavement. In D.E. Balk, & C.A. Corr (Eds.), *Handbook of adolescent death and bereavement* (pp.3-24) . New York: Springer Publishing.
- Balk, D.E., & Corr, C.A. (2001). Bereavement during adolescence: A review of Research. In M.S. Stroebe, & R.O. Hansson (Eds.), *Handbook of bereavement*

- research: Consequences, coping and care* (pp. 199-218). Washington, DC: American Psychological Association.
- Balk, D.E., Tyson-Rawson, K., & Colletti-Wetzel, J. (1993) Social support as an intervention with bereaved college students. *Death Studies*, 22, 23-41.
- Barrett, R.K. (1996). Adolescents, homicidal violence, and death. In D.E. Balk, & C.A. Corr (Eds.), *Handbook of adolescent death and bereavement* (pp. 42-64). New York: Springer Publishing.
- Bearman, P.S., & Moody, J. (2004). Suicide and friendship among American adolescents. *American Journal of Public Health*, 94(1), 89-95.
- Bernstein, E., & Duquette, J.S. (1995). Inpatient group psychotherapy: A model. *Journal of Child & Adolescent Group*, 5(1), 35-45.
- Bonanno, G.A. (2001). Grief and emotion: A social-functional perspective. In M.S. Stroebe, R.O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of Bereavement research: Consequences, coping and care* (pp.493-516). Washington, DC: American Psychological Association.
- Brown, L.M. & Gilligan, C. (1992). *Meeting at the crossroads*. New York, NY: Ballantine Books.
- Catone, W.V., & Schatz, M.T. (1991). The crisis moment: A school's response to the event of a suicide. *School Psychology International*, 12, 17-23.
- Chapman, M.V. (2003). Social support and loss during adolescence: How different are teen girls from boys? *Journal of Human Behavior in the Social Environment*, 7(3/4), 5-21.
- Christ, G.H., Siegel, K., & Christ, A.E. (2002). Adolescent grief. *Journal of the*

- American Medical Association*, 288(10), 1269-1278.
- Clark, D.C., Pynoos, R.S., & Goobel, A. E. (1996). Mechanisms and processes of adolescent bereavement. In R.J. Haggerty, L.R. Sherrod, N. Garnezy, & M. Rutter, (Eds.), *Stress, risk, resilience in children and adolescents* (pp. 100-146). Cambridge: Cambridge University Press.
- Cohen, C.S. (1995). Making it happen: From great idea to successful support group. *Social Work with Groups*, 18(1), 67-80.
- Corder, B.F., Whiteside, L., & Haizlip, T.M. (1981). A study of curative factors in group psychotherapy with adolescents. *International Journal of Group Psychotherapy*, 31(3), 345-354.
- Corr, C.A. (2001). Loss, grief, and trauma in public tragedy. In M. Lattanzi-Light, & K.J. Doka (Eds.), *Living with grief: Coping with public tragedy* (pp.63-76). New York: Hospice Foundation of America.
- Corr, C.A., & Balk, D.E. (1996). Adolescents, developmental tasks, and encounters with death and bereavement. In. C.A. Corr, & D.E. Balk (Eds.), *Handbook of adolescent death and bereavement* (pp. 3-24). New York, NY: Springer Publishing.
- Creswell, J.W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- Dane, B. (2004). Integrating spirituality and religion. In Berzoff, J. & Silverman, P.R. *Living with dying: A handbook for end-of-life healthcare practitioners*. New York, NY: Columbia University Press.
- Davis, C.G. (2001). The tormented and transformed: Understanding responses to

- loss and trauma. In R.A. Neimeyer, *Meaning reconstruction & the experience of loss* (pp.137-155). Washington, D.C.: American Psychological Association.
- DeVault, M. (1996). Talking back to sociology: Distinctive contributions of feminist methodology. *Annual Review of Sociology*, 22, 29-50.
- Doka, K.J. (2002). The role of ritual in the treatment of disenfranchised grief. In K.J. Doka, (Ed.), *Disenfranchised grief: new directions, challenges, and strategies for practice* (pp. 135-148). Champaign, ILL: Research Press.
- Doka, K.J. (2008). The power of ritual: A gift for children and adolescents. In K.J. Doka, & A.S. Tucci (Eds.), *Living with grief: Children and adolescents* (pp. 287-295). Washington, DC: Hospice Foundation of America.
- Drumm, K. (2006). The essential power of group work. *Social Work with Groups*, 29(2/3), 17-31.
- Dyregrov, A., Gjestead, R., Wikander, A.M.B., & Vigerust, S. (1999). Reactions following the sudden death of a classmate. *Scandinavian Journal of Psychology*, 40(3), 167-176.
- Ewalt, P.L., & Perkins, L. (1979). The real experience of death among adolescents: An empirical study. *Social Casework*, 60(9), 547-551.
- Fleming, S., & Balmer, L. (1996). Bereavement in adolescents. In D.E. Balk, & C.A. Corr (Eds.), *Handbook of adolescent death and bereavement* (pp. 139-154). New York: Springer Publishing.
- Fleming, S., & Robinson, P. (2001). Grief and cognitive-behavioral therapy: The reconstruction of meaning. In M.S. Stroebe, R.O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping*

- and care* (pp. 647-670). Washington, DC: American Psychological Association.
- Garland, J., Jones, H., & Kolodny, R. (1973). A model for stages of development in social work groups. In S. Bernstein (Ed.), *Exploration in group work* (pp.17-71). Boston, MA: Milford House.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Gitterman, A. (2004). The mutual aid model. In C. Garvin, M. Galinsky, & L. Gutierrez (Eds.), *Handbook of social work with groups* (pp.93-110). New York: NY, Oxford Press.
- Gitterman, A. (2005). Group formation: Tasks, methods, and skills. In A. Gitterman, & L. Shulman (Eds.), *Mutual aid groups, vulnerable & resilient populations, and the life cycle* (pp. 73-110). New York: Columbia University Press.
- Gitterman, A., & Shulman, L. (2005). The life model, oppression, vulnerability, resilience, mutual aid, and the mediating function. In A. Gitterman, & L. Shulman (Eds.), *Mutual aid groups, vulnerable & resilient populations, and the life cycle* (pp. 3-37). New York: Columbia University Press.
- Glodich, A., & Alen, J.G. (1998). Adolescents exposed to violence and abuse: A review of the group therapy literature with an emphasis on preventing trauma reenactment. *Journal of Child and Adolescent Group Therapy*, 8(4), 135-154.
- Goodkin, K., Badldewicz, T.T., Blandy, N.T., Asthana, D., Kumar, M., Shapshak, P., Leeds, B., Burkhalter, J.E., Rigg, D., Tyll, M.D., Cohen, J., & Zheng, W.L. (2001). Physiological effects of bereavement and bereavement support group

- interventions. In M.S. Stroebe, R.O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping and care* (pp. 671-704). Washington, DC: American Psychological Association.
- Goodman, R.F. (2002). Art as a component of grief work with children. In K.J. Doka, (Ed.), *Disenfranchised grief: new directions, challenges, and strategies for practice* (pp. 297-322). Champaign, ILL: Research Press.
- Gore, S., & Eckenrode, J. (1996). Context and process in research on risk and resilience. In R.J. Haggerty, L.R. Sherrod, N. Garmezy, & Rutter, M. (Eds.), *Stress, risk, and resilience in children and adolescents* (pp. 19-63). Cambridge: Cambridge University Press.
- Gray, R.E. (1987). Adolescent response to the death of a parent. *Journal of Youth and Adolescence*, 16(6), 511-525.
- Hanson, M. Tiberius, R., Hodges, B., Mackay, S., McNaughton, N., Dickens, S., & Regehr, G. (2002). Implications of suicide contagion for the selection of adolescent standardized patients. *Academic Medicine*, 77(10), S100-S102.
- Harris, E. (1991). Adolescent bereavement following the death of a parent: An exploratory study. *Child Psychiatry and Human Development*, 21(4), 267-281.
- Hawkins, D. (1995). Controlling crime before it happens: Risk-focused prevention. *National Institute of Justice Journal*, 229, 10-18.
- Hill, D.C., & Foster, Y.M. (1996). Postvention with early and middle adolescents. In D.E. Balk, & C.A. Corr (Eds.), *Handbook of adolescent death and Bereavement* (pp. 250-272). New York: Springer Publishing.
- Hoag, M.J., & Burlingame, G.M. (1997). Child and adolescent group psychotherapy:

- A narrative review of effectiveness and the case for meta-analysis.
Journal of Child and Adolescent Group Therapy, 7(2), 51-68.
- Hogan, N.S., & DeSantis, L. (1992). Adolescent sibling bereavement: An ongoing attachment. *Qualitative Health Research*, 2(2), 159-177.
- Hogan, N.S., & DeSantis, L. (1996). Adolescent sibling bereavement: Toward a new theory. In C.A. Corr, & D.E. Balk (Eds.), *Handbook of adolescent death and bereavement* (pp. 173-195). New York: Springer.
- James, L., Oltjenbruns, K.A., & Whiting, P. (2008). Grieving adolescents: The paradox of using technology for support. In K.J. Doka, & A.S. Tucci (Eds.), *Living with grief: Children and adolescents* (pp 299-316). Washington, DC: Hospice Foundation of America.
- Jordan, J.V., Kaplan, A.G., Miller, J. B., Stiver, I.P., & Surrey, J.L. (1991). *Women's growth in connection: Writings from the Stone Center*. New York: The Guilford Press.
- Kandt, V.E. (1994). Adolescent bereavement: Turning a fragile time into acceptance and peace. *School Counselor*, 41(3) 203-212.
- Kazdin, A.E. (1991). Effectiveness of psychotherapy with children and adolescents. *Journal of Consulting and Clinical Psychology*, 59, 785-798.
- Kendall, P.C., & Morris, R.J. (1991). Child therapy: Issues and recommendations. *Journal of Consulting and Clinical Psychology*, 59(6), 777-784.
- Kling, C.A., Hyde, J.S., Showers, C.J., & Buswell, B.N. (1999). Gender differences in self-esteem: A meta-analysis. *Psychological Bulletin*, 125(4), 470-500.
- Klingman, A. (1989). School-based emergency intervention following an

- adolescent's suicide. *Death Studies*, 13, 263-274.
- Komar, A.A. (1994). Adolescent school crises: Structure, issues and techniques for postventions. *International Journal of Adolescence & Youth*, 5, 35-46.
- Konopka, G. (1949). *Therapeutic group work with children*. Minneapolis, MN: University of Minnesota Press.
- Kung, H.C., Hoyert, D.L., Xu, J., & Murphy, S.L. (2008). Deaths: Final data for 2005 (National Vital Statistics Reports, Vol. 56, No. 10). Hyatsville, MD: National Center for Health Statistics.
- LaGrand, L.E. (1985). College student loss and response. In E.S. Zimmer (Ed.), *Coping with death on campus*. San Francisco: Jossey-Bass.
- Lattanzi-Licht, M. (1996). Helping families with adolescents cope with loss. In C. Corr, & D. Balk (Eds.), *Handbook of adolescent death and bereavement* (pp. 219-234). New York: Springer.
- Leader, E. (1991). Why adolescent group therapy? *Journal of Child & Adolescent Group*, 1(2), 81-93.
- Lee, J.A.B., & Swenson, C.R. (2005). Mutual aid: A buffer against risk. In A. Gitterman, & L. Shulman (Eds.), *Mutual aid groups, vulnerable & resilient populations, and the life cycle* (pp. 573-596). New York: Columbia University Press.
- Levinsky, L., & McAleer, K. (2005). Listen to us! Young adolescents in urban schools. In A. Gitterman, & L. Shulman (Eds.), *Mutual aid groups, vulnerable & resilient populations, and the life cycle* (pp. 203-219). New York: Columbia University Press.
- Lohan, J.A. & Murphy, S.A. (2001). Parents' perception of adolescent sibling grief

- responses after an adolescent or young child's sudden, violent death.
OMEGA, Journal of Death and Dying, 44(1), 77-95.
- Lopez, C., & Bhat, C.S. (2007). Supporting students with incarcerated parents in schools: A group intervention. *The Journal for Specialists in Group Work* 32(2), 139-153.
- Lurie, C. (1993). The death of friends vs. family members in late adolescence: The role of perceived social support and self-worth. Unpublished master's thesis, Colorado State University, Fort Collins.
- MacLennan, B.W. (2000). The future of adolescent psychotherapy groups in the new millennium. *Journal of Child and Adolescent Group Therapy*, 10(2), 67-75.
- Malekoff, A. (2004). *Group work with adolescents: Principles and practice*. New York: NY, Guilford Press.
- Masten, A., Best, K., & Garnezy, N. (1991). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology*, 2, 425-444.
- McEachern, A.G., & Kenny, M.C. (2007). Transition groups for high school students with disabilities. *The Journal for Specialists in Group Work*, 32(2), 165-177.
- McNeil, J.N., Silliman, B., & Swihart, J.J. (1991). Helping adolescents cope with the death of a peer: A high school case study. *Journal of Adolescent Research*, 6, 132-145.
- Melhem, N.M., Day, N., Shear, M.K., Day, R., Reynolds, C.F., & Brent, D., (2004).

- Traumatic grief among adolescents exposed to a peer's suicide. *American Journal of Psychiatry*, 161(8), 1411-1516.
- Minino, A.M. (2010). Mortality among teenagers aged 12-19 years: United States, 1999-2006. *U.S. Department of Health and Human Services, Centers for Disease Control and Prevention*. www.cdc.gov/nchs/data/databriefs/db37.html
- Nadelman, A.S. (2005). Sharing the hurt: Adolescents in a residential setting. In A. Gitterman, & L. Shulman. (Eds.), *Mutual aid groups, vulnerable & resilient populations, and the life cycle* (pp. 220-245). New York: Columbia University Press.
- Neimeyer, R.A., & Hogan, N.S. (2001). Quantitative or qualitative? Measurement issues in the study of grief. In M.S. Stroebe, R.O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 89-118). Washington, DC: American Psychological Association.
- Neimeyer, R.A., & Jordan, J.R. (2002). Disenfranchisement as empathic failure: Grief therapy and the co-construction of meaning. In K.A. Doka (Ed.), *Disenfranchised grief: New directions, challenges, and strategies for practice* (pp. 95-118). Champaign, ILL: Research Press.
- Newman, B.M., Lohman, B. J., & Newman, P.R. (2007). Peer group membership and a sense of belonging: Their relationship to adolescent behavior problems. *Adolescence*, 42(166), 241-263.
- Nikels, H.J., Mims, G.A., & Mims, M.J. (2007). Allies against hate: A school-based diversity sensitivity training experience. *The Journal for Specialists in Group Work*, 32(2), 126-138.

- Noppe, I.C., & Noppe, L.D. (1997). Evolving meanings of death during early, middle, and later adolescence. *Death Studies*, 21(3), 253-275.
- Noppe, I.C., & Noppe, L.D. (2004). Adolescent experiences with death: Letting go of immortality. *Journal of Mental Health Counseling*, 26(2), 146-167.
- Noppe, I.C., & Noppe, L.D. (2008). When a friend dies. In K.J. Doka, & A.S. Tucci, (Eds.), *Living with Grief: Children and Adolescents* (pp. 175-192). Washington, DC: Hospice Foundation of America.
- O'Brien, J.M., Goodenow, C., & Espin, O. (1991). Adolescents' reactions to the death of a peer. *Adolescence*, 26(102), 431-440.
- O'Conner, D.L. (2002). Toward empowerment: Re-visioning family support groups. *Social Work with Groups*, 25(4), 37-46.
- Oltjenbruns, K.A. (1996). Death of a friend during adolescence: Issues and impacts. In C.A. Corr, & D.E. Balk (Eds.), *Handbook of adolescent death and bereavement* (pp. 196-216). New York, NY: Springer.
- Padgett, D.K. (2008). *Qualitative methods in social work research*. Thousand Oaks: CA, Sage Publications, Inc.
- Paisley, P.O., & Milsom, A. (2007). Group work as an essential contribution to transforming school counseling. *The Journal for Specialists in Group Work*, 32(1), 9-17.
- Pennebaker, J.W., Zech, E., & Rime, B. (2001). Disclosing and sharing emotions: Psychological, social, and health consequences. In M.S. Stroebe, R., O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research*:

- Consequences, coping and care* (pp. 517-544). Washington, DC: American Psychological Association.
- Pesek, E.M. (2002). The role of support groups in disenfranchised grief. In K.J. Doka (Ed.), *Disenfranchised grief: New directions, challenges, and strategies for practice* (pp. 127-134). Champaign, ILL: Research Press.
- Petersen, S., Bull, C., Propst, O., Dettinger, S., & Detwiler, L. (2005). Narrative therapy to prevent illness-related stress disorder. *Journal of Counseling & Development*, 83(1), 41-47.
- Poulin, F., & Pedersen, S. (2007). Developmental changes in gender composition of friendship networks in adolescent boys and girls. *Developmental Psychology*, 43(4), 1484-1496.
- Rask, K., Kaunonen, M., & Paunonen-Ilmonen, M. (2002). Adolescent coping with grief after the death of a loved one. *International Journal of Nursing Practice*, 8(3), 137-142.
- Reissman, C.K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage Publications, Inc.
- Rheingold, A.A., Smith, D.W., Ruggiero, K.J., Saunders, B.E., Kilpatrick, D.G., & Resnick, H.S. (2004). Loss, trauma, exposure, and mental health in a representative sample of 12-17 year-old youth: Data from the National Survey of Adolescents. *Journal of Loss and Trauma*, 9(1), 10-19.
- Rickgarn, R.L.V. (1987). The death response team: Responding to the forgotten grievers. *Journal of Counseling and Development*, 66, 197-199.
- Rickgarn, R.L. V. (1996). The need for postvention on college campuses: A

- rationale and case study findings. In C.A. Corr, & D.E. Balk (Eds.), *Handbook of adolescent death and bereavement* (pp. 273-292). New York: Springer.
- Ringler, L.L., & Hayden, D.C. (2000). Adolescent bereavement and social support: Peer loss compared to other losses. *Journal of Adolescent Research, 15*(2), 209-230.
- Riordan, R.J., & Beggs, M.S. (1987). Counselors and self-help groups. *Journal of Counseling and Development, 65*, 427-429.
- Rittner, B., & Smyth, N.J. (1999). Time-limited cognitive-behavioral group interventions with suicidal adolescents. *Social Work with Groups, 22*, (2/3), 55-75.
- Roberts, A.R., & Camasso, M.J. (1991). The effect of juvenile offender treatment programs on recidivism: A meta-analysis of 46 studies. *Notre Dame Journal of Law, Ethics, and Public Policy, 5*, 421-441.
- Rosen, H. (1991). Child and adolescent bereavement. *Child and Adolescent Social Work, 8*(1), 5-16.
- Rowling, L. (2002). Youth and disenfranchised grief. In K.J. Doka (Ed.), *Disenfranchised grief: New directions, challenges, and strategies for practice* (pp. 275-292). Champaign, ILL: Research Press.
- Rubin, A., & Babbie, E. R. (2007). *Research methods for social work* (6th ed.). Belmont, CA: Thomson Brooks/Cole.
- Rush, C.M., & Akos, P. (2007). Supporting children and adolescents with deployed

- caregivers: A structured group approach for school counselors. *The Journal for Specialists in Group Work*, 32(2), 113-125.
- Saltzman, W. R., Layne, C.M., & Pynoos, R. S. (2002). A developmental approach to school-based treatment of adolescents exposed to trauma and traumatic loss. *Journal of Child and Adolescent Group Therapy*, 11(2/3), 43-56.
- Saltzman, W. R., Pynoos, R. S., Layne, C. M., Steinberg, A. M., & Aisenberg, E. (2001). Trauma/grief-focused intervention for adolescents exposed to community violence: Results of a school-based screening and group treatment protocol. *Group Dynamics: Theory, Research, and Practice*, 5(4), 291-303.
- Schachter, S. (1991). Adolescent experiences with the death of a peer. *Omega*, 24, 1-11.
- Schuurman, D. (2008). Grief groups for grieving children and adolescents. In Doka, K.J., & Tucci, A.S. (Eds.), *Living with grief: Children and adolescents* (pp. 255-268). Washington, DC: Hospice Foundation of America.
- Schut, J., Stroebe, M.S., van den Bout, J., & Terheggen, M. (2001). The efficacy of bereavement interventions: Determining who benefits. In M.S. Stroebe, R.O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping and care* (pp. 705-738). Washington, DC: American Psychological Association.
- Servaty, H.L., & Hayslip, B. (2001). Adjustment to loss among adolescents. *Omega*, 43(4), 311-330.
- Servaty-Seib, H.L., & Pistole, M.C. (2007). Adolescent grief: Relationship category and emotional closeness. *OMEGA*, 54(2), 147-167.

- Shaller, J., & Smith, C.R. (2002). Music therapy with adolescents experiencing loss. *The Forum*, 28(1), 2-4.
- Shulman, L. (1985/86). The dynamics of mutual aid. *Social Work with Groups*, 8(4), 51-60.
- Shulman, L. (2006). *The skills of helping individuals, families, groups, and communities*. Belmont, CA: Thomson Brooks/Cole.
- Sklar, F. (1991). Grief as a family affair: Property rights, grief rights, and the exclusion of close friends as survivors. *Omega, Journal of Death and Dying*, 24(2), 109-121.
- Sklar, F., & Hartley, S.F. (1990). Close friends as survivors: Bereavement patterns in a “hidden” population. *OMEGA: The Journal of Death and Dying*, 21(2), 103-112.
- Steese, S., Dollette, M., Phillips, W., Hossfeld, E., Matthews, G., & Taormina, G. (2006). Understanding Girls’ Circle as an intervention on perceived social support, body image, self-efficacy, locus of control, and self-esteem. *Adolescence*, 41(161), 55-74.
- Stevenson, R.G. (2002). Sudden death in schools. In K.J. Doka (Ed.), *Disenfranchised grief: New directions, challenges, and strategies for practice* (pp.194-213). Champaign, ILL: Research Press.
- Stevenson, R.G. (2008). Helping students cope with grief. In K.J. Doka, & A.S. Tucci, (Eds.), *Living with grief: Children and adolescents* (pp. 317-334). Washington, DC: Hospice Foundation of America.
- Strauss, A. & Corbin, J. (1990). *Basics of qualitative research*. Newbury Park, CA:

Sage.

- Stroebe, M.S., Hansson, R.O., Stroebe, W., & Schut, H. (2001). Introduction: Concepts and issues in contemporary research on bereavement. In M.S. Stroebe, R.O. Hansson, W. Stroebe, & H. Schut. (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 3-22). Washington, DC: American Psychological Association.
- Stroebe, M. & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, 23(3), 197-225.
- Stroebe, M.S., & Schut, H. (2001). Models of coping with bereavement: A review. In M.S. Stroebe, R.O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp.375-404). Washington, DC: American Psychological Association.
- Sugar, M. (1993). Research in child and adolescent group psychotherapy. *Journal of Child and Adolescent Group Therapy*, 3(4), 297-326.
- Tedeschi, R.G. (1996). Support groups for bereaved adolescents. In C.A. Corr, & D.E. Balk (Eds.), *Handbook of adolescent death and bereavement* (pp. 293-311). New York: Springer.
- Theran, S. A. (2010). Authenticity with authority figures and peers: Girls' friendships, self-esteem, and depressive symptomatology. *Journal of Social & Personal Relationships*, 27(4), 519-534.
- Tillitski, C.J. (1990). A meta-analysis of estimated effect sizes for group versus individual versus control treatments. *International Journal of Group Psychotherapy*, 40(2), 215-224.

- Tuckman, B. (1965). Developmental sequences in small groups. *Psychological Bulletin*, 63, 384-399.
- Tyson-Rawson, K.J. (1996). Adolescent responses to the death of a parent. In C.A. Corr, & D.E. Balk (Eds.), *Handbook of adolescent death and bereavement* (pp. 155-172). New York: Springer.
- U.S. Department of Health & Human Services (2004). Child Health USA 2004. Retrieved July 17, 2006 from http://mchb.hrsa.gov/mchirc/chusa_04/pages/0473am.htm.
- Valentine, L. (1996) Professional interventions to assist adolescents who are coping with death and bereavement. In C.A. Corr, & D.E. Balk (Eds.), *Handbook of adolescent death and bereavement* (pp. 312-328). New York: Springer.
- Webb, N.B. (2002). Traumatic death of a friend/peer: Case of Susan, age 9. In N.B. Webb (Ed.), *Helping bereaved children: A handbook for practitioners* (pp. 167-193). New York: NY, Guilford Press.
- Webb, L., & Brigman, G.A. (2007). Student success skills: A structured group intervention for school counselors. *The Journal for Specialists in Group Work*, 32(2), 190-201.
- Wheeler, S.R., & Austin, J. (2000). The Loss Response List: A tool for measuring adolescent grief responses. *Death Studies*, 24(1), 21-34.
- Wheeler, S.R., & Austin, J.K. (2001). The impact of early pregnancy loss on adolescents. *The American Journal of Maternal/Child Nursing*, 26(3), 154-159.

- Worden, J., & Silverman, P. (1996). Parental death and the adjustment of school-age children. *Omega*, 33(2), 91-102.
- Yalom, I.D. (1970). *The theory and practice of group psychotherapy* (1st ed.). New York, NY: Basic Books.
- Yalom, I.D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York: NY, Basic Books.
- Ziffer, J.M., Crawford, E., & Penney-Wietor, J. (2007). The boomerang bunch: A school-based multifamily group approach for students and their families recovering from parental separation and divorce. *The Journal for Specialists in Group Work*, 32(2), 154-164.

VITA

Pamela Ann Malone was born in Kittanning, Pennsylvania to Donald and Sadie Bowser. She graduated from Griffith Institute High School in Springville, New York. Ms. Malone earned a Bachelor of Arts in Psychology from Marymount Manhattan College, a Master of Arts in Developmental Psychology from Columbia University, and a Masters of Social Work from Adelphi University. After many years in clinical practice, Ms. Malone entered the Graduate School of The University of Texas and received a Ph.D. in Social Work in 2010. She currently maintains a clinical practice and teaches adjunct at St. Edward's University, Texas State University, and the University of Texas at Austin.

Permanent Address: 5433 Austral Loop, Austin, Texas 78739

This manuscript was typed by the author.

This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.