

**EFFECT OF PROFESSIONAL DEVELOPMENT ON SCHOOL STAFF KNOWLEDGE  
RELATED TO DEATH, LOSS, AND GRIEF**

A Dissertation

Presented to

the Faculty of the Graduate School  
of Millersville University of Pennsylvania

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Social Work

By Patricia (“Patti”) J. Colucci

April 17, 2025

Millersville University of Pennsylvania

School of Social Work

This Dissertation for the Doctoral Social Work Degree by

Patricia “Patti” J. Colucci

has been approved on behalf of the Graduate School by

**Dissertation Committee: (*Signatures on File*)**

---

Committee Co-Chair: Dr. Bertha Saldana DeJesus

---

Committee Co-Chair: Dr. Karen Rice

---

Committee Member: Dr. Joyous Bethel

---

Committee Member: Dr. Leonora Foels

---

Reader: Dr. Cynthia Moss

---

Date

**ABSTRACT OF THE DISSERTATION**

**EFFECT OF PROFESSIONAL DEVELOPMENT ON SCHOOL STAFF KNOWLEDGE  
RELATED TO DEATH, LOSS, AND GRIEF**

By

Patricia (Patti) J. Colucci

Millersville University, 2025

Millersville, Pennsylvania

Directed by Dr. Bertha Saldana DeJesus and Dr. Karen Rice

This study examines the effectiveness of professional development training for public school staff on the topics of death, loss, and grief through a mixed-methods approach. The purpose of this pilot study was to gain a baseline understanding of school staff knowledge, evaluate the effectiveness of the professional development training intervention, and gather feedback for future iterations of this program. Forty-two research participants from a public school in the Northeastern United States participated in professional development on this topic. The research participants completed pre-intervention and post-intervention surveys to assess knowledge and gather feedback. The training included the New York Life Foundation Grief Sensitive Schools framework. The training was accompanied by a panel discussion featuring local experts, including mental health providers from the school district (one school counselor and one school social worker). Knowledge was measured using Sawyer's (2022) twelve statements on myths and beliefs related to grief. A statistically significant improvement was

noted in overall knowledge as a result of the intervention, and participants provided recommendations for improving future iterations of this training. Mental health professionals demonstrated less improvement in knowledge, as their baseline knowledge was more advanced than that of other school staff, indicating an opportunity for differentiated instruction in future training. Overall, school staff reported that this was a good use for professional development and that the training met their expectations. Most individual research participants identified ways to incorporate the learning into their personal and professional lives. With one in twelve school-age children experiencing the death of a parent or sibling before the age of eighteen, having knowledgeable school staff interacting with grieving children will better support them through their academic journey (Eftoda, 2021; Judi's House/JAG Institute, 2024). School social workers, as part of the multidisciplinary team, have an opportunity to lead training and advocate for grieving families.

Key words: multidisciplinary school teams, death, loss, grief, professional development training, social work, leadership, advocacy, grief sensitive schools.

Signature of Investigator \_\_\_\_\_ Date: \_\_\_\_\_

## **DEDICATION**

This dissertation is dedicated to Sam Colucci, Jr., an amazing husband of twenty-five years, father to our children, and my best friend. I've learned so much from and with you. This work continues to extend your legacy as well as mine. Until we meet again...

## ACKNOWLEDGMENTS

Many thanks to those who have supported and encouraged me throughout this journey. My sister, Mary Walker, my children, Tony and Lauren, and my lifelong friend, Karen, have held a steadfast belief that I was capable of doing whatever I set my mind to. For that, I am incredibly grateful, and words will never express how much your love and encouragement mean to me. You were there when I doubted myself.

I have learned a great deal from my colleagues in this cohort and am grateful for their support throughout this journey, especially from Dianna, Nancy, and Taraya. They have offered humor, shared experiences, and encouraged me not to quit over the past few years. The same applies to my colleagues at work and my dear friends, who have, in many ways, contributed to this degree along the way. To the administration at my workplace, which had supported my determination to bring grief education to our professional community, and to my colleagues who participated in my training, I could not have done this without you. I am grateful for the partners who participated in our professional development, the organizations they represent, and the amazing work that they do each day - those include my esteemed colleague, Erin McMonagle and friends from New York Life Foundation, the Center for Loss and Bereavement, and Peter's Place. This training was more meaningful because of each of your expert contributions. Thank you!

To my chairs and committee members, your wisdom and guidance over the past few years has been invaluable. Some may have thought that five committee members was a lot, however you each brought a specific area of expertise that directly tied into my research. I

sincerely appreciate the early advice to persevere and persist. Thanks to the professors who have invested their time with me on this journey, opening my mind to new ways and depths of thinking.

Most certainly, to my fellow mourners (including my beloved widow friend group, nicknamed “Veuve Clique”), you all hold a special place in my heart and mind. I’m not sure where I would be without you. This body of research reflects our individual and collective healing journeys and builds on an understanding that there are many beliefs about death, loss, and grief that are inaccurate.

**Table of Contents**

Approval .....	ii
Abstract .....	iii
Dedication .....	v
Acknowledgements .....	v
Table of Contents .....	viii
Chapter 1: Introduction .....	1
Defining Death, Loss, and Grief.....	2
Prevalence of Death.....	3
Traditional and Complicated Grief.....	4
Traumatic Effect .....	5
Implications for Public School Settings.....	6
Schools and Grief .....	7
Death Education.....	8
Multidisciplinary Teams.....	9
Roles of School Social Workers and other School-Based Mental Health Providers	12
Defining Professional Development.....	14
Grief Sensitive Schools Initiative.....	16
Theoretical Framework.....	17
Diffusion of Innovation Theory.....	19
Implementation Science.....	20
Empowerment Theory.....	21



Systems Theory.....	22
Problem Statement.....	23
Study Purposes.....	24
Chapter 2: Literature Review.....	26
Conceptualizing Death and Grief within Public Schools.....	26
Knowledge of Mental Health Professionals.....	27
Teacher Attitudes and Beliefs.....	28
Dimensions of Death and Grief in Educational Settings.....	29
Grief Sensitive Schools Initiative.....	29
Gaps in Teacher Preparedness.....	31
Teacher Education: Pre-Service and In-Service Training.....	31
Teacher Experiences with Death and Grief.....	33
Current Practice and Challenges.....	37
Bereavement Accommodations.....	38
The Imperative for Professional Development.....	40
School Social Workers in Leadership Roles.....	40
Chapter 3: Methodology.....	43
Research Questions.....	43
Hypothesis.....	44
Research Design.....	44
Quantitative Design.....	45
Qualitative Design.....	46
Independent Variables.....	46

Dependent Variables.....	46
Intervention.....	47
Setting.....	48
Participants and Recruitment Procedures.....	50
Inclusion or Exclusion Criteria.....	52
Ethical Considerations, Protection of Vulnerable Participants, & Confidentiality.....	52
Informed Consent.....	53
Positionality Statement.....	53
Data Collection.....	54
Quantitative Data Collection.....	55
Qualitative Data Collection.....	56
Data Analysis.....	57
Chapter 4: Findings.....	61
Quantitative Analysis.....	61
Research Question 1.....	65
Research Question 2.....	67
Comparison of Various Demographic Subgroups.....	68
Qualitative Analysis.....	73
Research Question 3.....	73
Fidelity Assessment & Post-Intervention Panelist Evaluation.....	81
Chapter 5: Discussion, Implications, and Conclusions.....	82
Discussion of Findings.....	83

Discussion and Implications for Future Research.....	85
Implications for Social Workers as Leaders and Advocates.....	86
Recommendations for Policy and Practice.....	88
Intentional Compassion Framework.....	88
Return on Investment (ROI) .....	89
Measuring Effectiveness.....	90
Implications and Conclusions.....	92
Research Questions.....	92
Impact on Various Social Work Levels.....	94
Limitations and Future Research.....	95
Conclusions.....	97
References.....	98
Appendix.....	111
A: Frontline Advertisement.....	111
B: Consent Form.....	112
C: Survey(s) .....	117
D: Letter of Support.....	123
E: Permission to Use Survey.....	124
F: IRB approval.....	125

## **Chapter 1: Introduction**

In the United States, one in twelve children will experience the death of a parent or sibling before the age of eighteen, and in Pennsylvania that number increases to one in eleven children (Judi's House/JAG Institute, 2024). 90% of children will experience the death of a close friend or relative by the age of eighteen (Frei-Landau, 2023). Frequent economic and social costs of mourning impact families, social networks, workplaces, communities, and society (Rando, 1993). For children, grief also reoccurs at different developmental stages and may even be triggered at school (Kennedy et al., 2020). Childhood bereavement may impact development and is associated with academic risks, social performance, mental health issues, substance use disorders, and higher mortality rates (Frei-Landau, 2023).

When a child experiences loss, it can create questions, fears, and insecurities. While families are grieving, the child may need the support of other well-informed adults to serve as protective factors in the child's development (Eftoda, 2021). In public education, multidisciplinary school staff serve as pivotal figures in imparting knowledge and shaping students' holistic development. However, amidst the many subjects and skills school staff are tasked and prepared to address, one crucial aspect often remains underemphasized in professional development – the nuanced understanding and handling of death, loss, and grief within the educational context. In today's dynamic society, where students encounter various forms of loss, ranging from the death of loved ones to societal upheavals, equipping school staff with adequate training and resources to navigate these sensitive issues becomes imperative. In contrast, when school staff are not trained, it can affect a student's grieving process and impact the child's learning and mental health (Eftoda, 2021).

This study integrated death, loss, and grief education within the professional development framework of public school staff. For the purposes of this study, school staff are defined as both professional and non-certified staff members, which may include paraprofessionals, mental health professionals, related service providers, administrators, and security staff as examples. By examining the current landscape of school staff training programs, measuring school staff knowledge, and exploring effective methodologies for addressing these challenging topics, this study advocates for a more comprehensive approach to professional development that acknowledges the multifaceted impacts of death, loss, and grief on students and school staff alike.

This introduction provides an overview of the current state of public school staff professional development programs and highlights gaps in addressing issues related to death, loss, and grief in schools. Additionally, this introduction explores the societal and educational implications of neglecting or addressing these critical aspects of student well-being.

### **Defining Death, Loss, and Grief**

Physiologically defined, death is the total cessation of all biological functions that sustain a living organism and is an eventuality to all living organisms (Pallis, 2024). Attachment Theory, developed by John Bowlby, offers a psychological perspective on death. It suggests that humans have an innate tendency to form close emotional bonds with others, particularly caregivers, and that losing attachment figures can have profound psychological implications. From this perspective, death can be understood as a significant disruption to attachment relationships, triggering intense emotional responses such as grief and mourning (Bowlby, 1980). Swiss-born American psychiatrist Elisabeth Kübler-Ross pioneered the study of death and dying and is credited with bringing acceptance and respect to the new field of thanatology, the study of death

and dying (Kübler-Ross, 1969; Kübler-Ross, 2014; Pallis, 2024). By definition, death is a permanent loss.

Loss refers to the experience of being deprived of someone or something that was previously possessed or cherished (Bowlby, 1980). Loss may extend to include life occurrences that might have similar reactions or responses to death, such as divorce, loss of bodily functions, or victims of violence. Some of these losses might be challenging to name, describe, or validate (Clarke, 2020). In loss, like death, recognition must be made that each individual responds uniquely both in the moment of the loss and the time thereafter.

Grief is the natural response to loss or death, encompassing a range of emotions, thoughts, and behaviors experienced by individuals following a significant loss, particularly the death of a loved one (Stroebe et al., 2008). Grief may include physical, social, psychological, cognitive, and behavioral reactions (Morell-Velasco et al., 2020). People who experience grief are often called mourners or bereaved. In understanding death, loss, and grief, it is important to evaluate how individuals perceive, understand, and cope with the concept of death and loss, as well as the psychological processes and effects associated with mortality, including grief, and the impact of attachment relationships.

### **Prevalence of Death**

Death is a naturally occurring event and intrinsic to life, yet it remains a taboo topic of discussion (Grigoropoulos, 2024). Death, loss, and grief are universal phenomena, often instigating fear and social avoidance (Kennedy et al., 2020; Nolan & Hallam, 2019). There are approximately 2 million deaths per year in the United States, with each death estimated to impact eight to ten family members for a total impact of sixteen to twenty million new mourners each year (Hocker, 1989; Redmond, 1989). These statistics (while older) might be deficient because

they do not take into consideration other individuals impacted by the death: classmates, co-workers, students, neighbors, and friends, who might also be vulnerable to complications from mourning.

### **Traditional and Complicated Grief**

It is important to recognize what might be considered traditional responses to grief and where that grief might be categorized as complicated mourning. Rando (1993) offers the description of “morbid, atypical, pathological, neurotic, unresolved, complicated, distorted, abnormal, deviant or dysfunctional” to help identify complicated grief. She also acknowledges three essential distinctions for all grief responses to deaths and losses: no two bereavements are precisely alike, different types of bereavement experiences will require different types of treatment interventions, and while it is dangerous to compare different losses, it is also risky not to look at the unique dilemmas from specific kinds of losses. Finally, Rando listed seven factors (in two categories) that could contribute to complications in mourning, including (factors associated with particular deaths) sudden, unexpected deaths, especially those related to traumatic circumstances; death from an overly lengthy illness; loss of a child; mourner’s perception of the death as preventable; (antecedent variables) angry or ambivalent premorbid relationship with deceased; prior or concurrent unaccommodated losses or stresses; and perception of lack of social support. Prolonged grief disorder (PGD), recently added to the Diagnostic and Statistical Manual of Mental Disorders (DSM), is defined as intense yearning or longing for the deceased (often with intense sorrow and emotional pain) and preoccupation with thoughts or memories of the deceased (in children and adolescents, this preoccupation may focus on the circumstances of the death) (APA, 2022).

Typical grief is the response to loss or death where the reaction seems within socially normed expectations; however, these are unique to individuals and may be masked by an individual's perceived need to act a certain way. Psychologist J. William Worden (2009) shared four tasks of mourning that help us with insights into grief. These tasks are acceptance (accepting the reality), pain of grief (typically with external signs or indicators), establishing a new way of life (by adjusting to the environment where the loved one is not present), and remembering or memorializing the deceased (Klewicki, 2015; Worden, 2009).

Grief may involve conflicting feelings, which are typical and expected. Answering children's questions in basic and honest ways is important (Klewicki, 2015). Rando (1993) also asserted that incorrect or insufficient information can negatively impact all types of grief, further supporting the need for adequate and accurate training for our school community. The rational models of grief focus on individuals and the deficiencies of their grief work within arbitrary progress (Clarke, 2020). These distinctions must be explored with school staff professional development so that triage is well understood, what can be appropriately addressed in the classroom and school setting, and when to rely on the other mental health providers on the school's multidisciplinary team.

### **Traumatic Effect**

Trauma is a pervasive problem resulting from a life-threatening or disturbing incident with lasting adverse effects (Center for Health Care Strategies, 2024). Traumatic experiences include adverse childhood experiences (ACEs) and may negatively impact relationships (Mefford, 2022). One of the most significant protective factors is maintaining a supportive relationship with a trusted adult, like school staff.



Trauma-informed responses are used in schools to prevent further traumatization and support healing. Trauma-informed care (TIC) is a broad perspective that guides decisions, strategies, and intervention programs to support vulnerable students (Knight, et al., 2025). TIC decisions are rooted in six principles: physical and emotional safety; trustworthiness and transparency; collaboration and mutuality; empowerment (a belief in resilience and the ability to heal), voice, and choice; peer support; and attention to cultural, historical, and gender issues where biases and stereotypes are addressed (Mirick et al., 2023). Under this model, schools allow mourners to process their grief in a safe and informed space. The Wisconsin Office of Children's Mental Health acknowledges the significance of the death of a parent or caregiver (Wisconsin Trauma Project, 2025). While not in the original list of Adverse Childhood Experiences (ACEs), this was included in the National Survey of Children's Health (NSCH) because of the short and long-term impact on children (Nickerson, 2013). Post-traumatic growth and grief experiences are highly individual (Clarke, 2020). While actively trying to avoid re-traumatization, the intent of TIC is also to integrate knowledge into policies and practices, which may require some organizational cultural changes.

### **Implications for Public School Settings**

Public schools are often the cornerstones of communities. They are places where young children spend a significant amount of time, and they can create a climate to normalize students' responses following a loss or a death-related trauma (Grigoropoulos, 2024). Schools can serve as a secure secondary family; teachers (presumably all school staff) are often a protective and buffering factor (Dimery & Templeton, 2021; Eftoda, 2021). Additionally, lack of school belongingness has been related to social isolation in bereaved students. The lack of identification

with peers or school staff contributed to the grief experience with the potential implications on academic performance, psychological distress, and unhappiness (Lee et al., 2016).

Individuals within families grieve within a family context, which has interactive and developmental components for holistic view consideration. A community of natural support networks (including schools) can contribute to the family focus through this holistic approach. Family structures in a classroom setting may be beneficial by proactively supporting the mourner and the development of all school community members (Breen et al., 2019). Daily interactions with school staff and classmates provide consistency with established relationships.

Public education faculty and staff receive numerous credit hours in preparation for their careers and/or annually with professional development. Nevertheless, very few feel adequately prepared to address concerns related to loss, grief, and mourning (Greiner et al., 2022). This pilot study will explore school staff's understanding of grief and bereavement beliefs and myths (measuring which statements are correct as an indicator of knowledge) utilizing the survey tool survey created by Sawyer et al. (2022). Sawyer's research team successfully argued and studied that mental health providers better understand and have more knowledge about grief and bereavement beliefs than the general public (Sawyer et al., 2022) With this being a newly developed scale, the gap remains in studying the knowledge of other professional groups, specifically multidisciplinary school staff, related to knowledge of myths and beliefs of grief and bereavement.

### **Schools and Grief**

Schools are often a community where young children (typically experiencing death for the first time) turn for support within the community that they know. However, school staff rarely receive training or professional development on grief, despite findings that favor including

training on death for teachers (Rodriguez Herrero et al., 2022). Mourners often feel marginalized due to avoidance of sharing their grief and unable to express their needs. This may further lead to isolation (Kennedy et al., 2020).

### ***Death Education***

In the late 1960s and early 1970s, around the time of Kubler-Ross's *On Death and Dying*, there was a Period of Popularity with death education in schools (Kübler-Ross, 1969; Pine, 1986). This period in education emphasized that students would be taught curriculum with the attempt "to provide formal institutional programs addressing the phenomena of death and dying" ultimately "to educate about that fact of life that is death" (Warren, 1989, p. 6). It was argued that "death education has replaced sex as the 'last taboo,'" citing that death education was even more necessary as "death is universal and sex is not" (Dennis, 2009, p. 198). During that time, Leviton (1977) focused on death education to reduce anxieties related to death by removing the taboo aspect of conversations about death in a rational way. There was a clear finding where it was recognized that teachers (and presumably few other school staff) receive no pre-service preparation and lack professional development on death (Wass et al., 1990). In the early years of this Period of Popularity, the concern was shared that parents were not talking with their children about death due to discomfort and anxiety, thereby making it another school responsibility (Clay, 1976).

Training on death, loss, and grief, regardless of the school staff's curricular expertise, should occur on every level, especially as death is unavoidable and universally experienced. When school staff are trained in a safe environment without recent loss, revisiting these conversations is easier when needed. School staff need space, time, language, and permission to discuss death. When that occurs, they may promote respect for the individuality of these

experiences and develop peer support. So often, this only happens once a crisis occurs (Styliano & Zembylas, 2021). School staff can play a vital role in supporting and understanding a bereaved child while that child is learning to manage their grief. Teacher avoidance, perception of childhood as a time of innocence, professional boundaries, and focus on resilience without assistance often add to a child's potential for isolation (Dimery & Templeton, 2021). Grief literacy for teachers and interdisciplinary school team members that create the larger school staff would be expected to impact the effectiveness of any intervention for bereaved children positively (Sawyer et al., 2022). While no training or amount of knowledge will insulate school staff or students from the pain of grief, creating a systematic, safe space with accurate information can reduce isolation and harm (Everett & Dunn, 2021).

### ***Multidisciplinary Teams***

Public schools in the United States are comprised primarily of teachers, but many additional professionals round out the multidisciplinary team, including school nurses, psychologists, occupational therapists, behavior specialists, school resource officers, administrators, school counselors, and school social workers, among others. Most school staff are primarily trained and tasked with teaching, promoting learning, and pedagogy, with some instruction in child development or introductory psychology. The school staff have access to supportive mental health professionals who can provide guidance and assistance within their multidisciplinary teams, which include professionals with varied expertise and community resources.

School mental health providers are qualified to identify and support grieving students, assist peers, and train teachers and school staff. The child's primary contact remains with their classroom teacher(s), with whom they are more likely to open up and trust (Frei-Landau, 2023).

Due to students' familiarity with their teachers and frequent interaction with various school staff members, these individuals are more likely to recognize changes in students (Greiner et al., 2022). Teachers identified the need for additional support from external sources to support grieving students, specifically school nurses, psychologists, and medical doctors (DeMuth et al., 2020).

Frei-Landau (2023) stressed the need to clearly define roles for each school's multidisciplinary team in response to grieving children. Drawing comparisons to a caregiver relationship with various roles, Frei-Landau described how school mental health professionals could support teachers' involvement with traditional grief in the classroom setting while also helping school staff to identify when the roles would shift (changing the primary lead roles) if or when a child's grief was more complicated or prolonged. The economy of managing students with grief extended to the accurate allocation of limited resources of school mental health professionals.

To address the varied needs of children with social, emotional, or behavioral challenges, these school staff members must rely on interdisciplinary collaboration despite the potential difficulties (Pollack et al., 2024). Behavior and mental health specialists are two such groups that support students (and school staff). Interdisciplinary collaboration, integrating professional knowledge and expertise with shared goals, responsibilities, and decision-making, is ever present in education, especially with multi-tiered support systems (MTSS) (Gee et al., 2020). While the focus of this study has been primarily on supporting school staff in the classroom, the remaining disciplines must also collaborate with all staff members and among themselves. Much could be learned from studying perspectives on that collaboration, as in the study of Pollack et al. (2024) calling out the roles of board-certified behavior analysts (BCBA), school psychologists, school

counselors, and social workers providing direct and indirect student services with overlapping caseloads. The Pollack article questions various professional training or preparations for collaboration and recognizes the differences between observable behaviors and those unseen factors, like grief or stressors outside of school. Finally, with the integration of trauma-informed care at schools, a need to collaborate between various disciplines values this shift to include mental health. From a systems perspective, this study focuses on collaborators' access and clarity or consistency of roles as areas for improvement. In preparation for this pilot study, collaboration should focus on open-mindedness and respectful communication between various disciplines.

While Greiner's (2022) research on students' challenging life events (CLE) highlighted potential bias for student gender and age, it also suggested a need for unambiguous protocols that direct teachers when their comfort and support are insufficient for the child in the classroom. That same study briefly exposed that many teachers felt that caring for grieving students was not their role, further supporting the earlier reference to determine when the concerns go beyond the classroom teacher role. Recognizing that teachers are tasked with increasing responsibility, clearly identifying the various roles, and winning teachers over to the educational benefits will be critical to this proposed professional development.

Multidisciplinary teams are already present in schools and are often called upon to have input on physical safety concerns and other policy issues. Gay (2023) remarked that teachers, overloaded with responsibilities beyond teaching, typically follow administrative directives in moments of crisis. Gay recommended a more holistic approach, with various team members calling out mental and behavioral health and wellness as parts of comprehensive school safety planning, recognizing that safety is not always physical. Implementations described in that model reflected the Diffusion of Innovation process with key partners and building influence with

additional stakeholders, crediting much of their success to the diverse collective of skills and perspectives (Dearing, 2009). Further, Gay (2023) describes the value of trust and engagement with the diverse team members' ideas, experiences, and expertise with the most desirable goal of creating sustainable communities where empowered teachers worry less and teach more, knowing they have the support of an entire team.

### ***Roles of School Social Workers and Other School-Based Mental Health Providers***

The specific problem is that death occurs, children (and faculty) return to school, an established hub of communities, and school staff are not trained sufficiently to handle grief in the classrooms (their own and that of the students). School social workers are specifically trained to lead difficult and sensitive conversations, often concerning topics like death, loss, and grief. They are also skilled at connecting individuals to outside community resources when necessary. According to the Sawyer (2022) study, mental health professionals possess a more accurate understanding of the myths and beliefs surrounding grief compared to the general public. This enhanced knowledge stems from their specialized training and professional skills.

Home and schools are crucial to promote mental health and well-being for all children and certainly those who are grieving. When death and loss impact the home environment, schools are even more critical in enhancing protective factors. In pursuit of a holistic approach to mental health, the teacher's ability to recognize student changes, develop interpersonal skills and empathy, gain appropriate knowledge, and collaborate with the mental health professionals for referral pathways will increase the success of these mental health approaches (Lahti et al., 2023). That same study indicated that continuing education was one potential support for school staff. While the expectation is not that school staff members will become mental health professionals, the hope is that these school-based professionals can share training to expand teacher knowledge

and create meaningful collaborations and referral pathways. More support from external sources was identified by teachers as needed to support grieving students (DeMuth et al., 2020).

Per the School Social Workers Association of America (SSWAA, 2024), “School Social Workers are trained mental health professionals who can assist with mental health concerns, behavioral concerns, positive behavioral support, academic, and classroom support, consultation with teachers, parents, and administrators as well as provide individual and group counseling/therapy.” Linder et al. (2022) shared the merit of school-based grief groups reducing grief symptomology and increasing perceived social support. While that study recognized that a parent’s grief might be a contributing barrier to giving grieving students access to support, schools create an environment that is less caregiver dependent.

On the SSWAA website, school social workers can find best practices for supporting grieving students, highlighting a partnership with the Coalition to Support Grieving Students (CSGS) and acknowledging that these students require the support and care of the school community. The authors of the SSWAA document of best practices asserts that these grieving students are overlooked in schools and acknowledges that school social workers often take the lead in coordinating the collaboration needed to support these children (SSWAA, 2024). While social workers and mental health professionals are well prepared, insufficient school social workers are employed in school settings. Pennsylvania House Bill 1409 was introduced in 2019 to recommend one school counselor and one school social worker for every 250 students. The National Association of Social Workers Standards for School Social Work Services (2012) further supports this ratio of one school social worker to each building serving up to 250 general education students. It would adjust that ratio to a lower ratio (1:50) when serving students with intensive needs. This pilot study school district has three direct practice school social workers,



each with a caseload of over 1,500 students. The Pennsylvania Association of School Social Work Personnel (PASSW, 2024) envisions all schools in Pennsylvania employing qualified school social work personnel to complement these multidisciplinary school teams.

Training aimed at reducing the myths and beliefs related to grief, loss, and death is the first step to bridging this gap, providing professional development, reinforcing the leadership role of social workers, and adding grief to our trauma-informed care lens.

### **Defining Professional Development**

The professional development of school staff is critical to ensuring high educational standards and improving student achievement. In Pennsylvania, in-service requirements have evolved significantly over recent decades and have been shaped by various legislative actions and educational policies. The roots of in-service training requirements in Pennsylvania can be traced back to efforts in the early 20th century to improve the quality of education. These efforts aimed to ensure that teachers were well-prepared when they entered the profession and kept abreast of new pedagogy and subject matter developments throughout their careers.

Pennsylvania Act 80 of 1969 allowed school districts to schedule non-instructional days for teacher training and development without penalizing them for not meeting the state-required 180 instructional days. Commonly referred to as Act 80, this act permits school districts to use a specified number of instructional days for professional development activities, such as teacher in-service training, parent-teacher conferences, and other educational meetings. The Pennsylvania Department of Education oversees the implementation of Act 80. School districts must apply to the Secretary of Education for approval based on the merit of the proposed program. Once approved, these days count towards the mandatory instructional days (Pennsylvania Department of Education, 2024). Act 80 remains essential for Pennsylvania

schools to ensure educators have the time and resources for continuous improvement and effective teaching practices. The training for this study was implemented on an Act 80 day professional development designated day.

Act 48 of 1999 mandated ongoing professional education for school staff to maintain active certification, submit records to the Pennsylvania Department of Education, and align with the professional education plan goals and the district strategic plan (Varish Craig, 2007). According to the Pennsylvania Department of Education (2019) Act 48 Professional Education Plan Guidelines, professional development ensures high-quality education and recognizes the need to upgrade skills constantly. This legislation's perceived intent or impact is to enhance teacher competencies and align with standards. The Pennsylvania Department of Education (PDE) administers the professional education requirements by approving providers to offer Act 48 credit-bearing programs, maintaining a centralized record system to ensure accountability, and content and focus areas that have recently been expanded beyond curriculum to include areas such as special education, culturally responsive instruction, and social-emotional learning (Pennsylvania Department of Education, 2024). Offering training (similar to or extending this study) on an Act 48 training date would also be appropriate.

Certificate holders (which includes teachers, school counselors, and other educational specialists such as school nurses and school social workers) must earn 180 hours of professional development every five years, which could include a combination of collegiate studies, courses, programs, or learning experiences that cumulatively are equivalent to the required hours (The Teachers Academy, 2024). The National Education Association (NEA) asserts: "Professional learning throughout an educator's career is essential to achieving great public schools (National Education Association, 2024). All Act 48 offerings must reflect one of the four professional

practice domains: planning and preparation, educational environment, delivery of services, and professional development. As grief and mourning impact student learning and access to education, it could be argued that professional development in this area could cover all four domains.

This study's professional learning opportunity focuses on social-emotional wellness and learning to align with applicable standards. American School Counselor Association (ASCA) (2014) guides those standards. The criteria also meet these standards and requirements to increase interventions for potentially struggling students (mourners) and improve effectiveness in working with parents/guardians and community partners. The Pennsylvania Department of Education (PDE) also recommends that the training be tailored to the stage of an educator's career, recognizing the potential different needs of novice and experienced school staff, with the intended result of sustained school improvement.

### **Grief Sensitive Schools Initiative**

The work of the National Center for School Crisis and Bereavement (NCSCB) began in 1990 at Yale University by developmental-behavioral pediatrician David J. Schonfeld. NCSB was officially established in 2005 to provide training, technical assistance, and consultation for schools and communities preparing for or recovering from a crisis. A partnership with the New York Life Foundation in 2009 permitted the NCSCB to continue its important work and create the Coalition to Support Grieving Children. Launched in 2018, the Coalition to Support Grieving Students and the New York Life Foundation have partnered to develop and advance the Grief Sensitive Schools Initiative (GSSI). This initiative raises awareness of the impact of grief on school-aged children and offers resources. (National Center for School Crisis and Bereavement, 2024).

The Coalition to Support Grieving Students sees the need for death education but argues that it is not being provided (Coalition to Support Grieving Students, 2024). Their website offers training modules that may be viewed in three parts (as suggested over time). The three parts cover: Part 1 (29 minutes) understanding the experience of the child, how children understand death and may express grief; Part 2 (26 minutes) practical suggestions to initiate conversations and offer support with the intent to address goals, understanding, cultural sensitivity, guilt, shame, academic support, triggers, and support over time; Part 3 (23 minutes) practical guidance and coordination of resources, managing special issues, peers, communication, commemoration, and professional self-care. They also offer one combined abbreviated module highlighting the three parts, taking 49 minutes to view.

To receive a Grief Sensitive School Designation, schools are expected to commit to offering professional development and incorporate the GSSI materials, share information about community resources to support children, review policies and practices, and consider recognizing grief awareness. When schools participate and commit to helping students with this program, they may be designated as Grief-Sensitive Schools, which might also result in a grant to continue to build a school culture of support and resilience (National Center for School Crisis and Bereavement, 2024).

### **Theoretical Framework**

Several theories inform this problem and are relevant to school social work, community development, and professional development on death, loss, and grief in public education. The following theories have been considered and will be explored, including the Diffusion of Innovation, Implementation Science, Systems, and Empowerment Theories.

Central to understanding the significance of professional development in death, loss, and grief lies in various theoretical frameworks. In the context of professional development for public school staff, the Diffusion of Innovation Theory offers valuable insights into adopting and implementing new practices or approaches, such as those related to addressing death and grief in educational settings and the limitations of one training (as in this proposed pilot study) (Dearing, 2009). While Diffusion of Innovation focuses on the broad-based adoption of an innovation, Dissemination and Implementation Science focuses on the extent, intentional process, and sustainability of the implementation or organization response with the measure of knowledge of this proposed professional development. Systems Theory emphasizes the interconnectedness of individuals and their environments, advocating for comprehensive school support systems to address the multifaceted needs of grieving students (Koenig et al., 2019). In professional development for public school staff, Empowerment Theory offers a framework for enhancing a sense of autonomy and agency in addressing challenges and promoting student success, especially in grief (Robbins et al., 2019). Applying Systems and Empowerment Theories is related to the persons receiving professional training intervention in this study. The Diffusion of Innovation, Implementation Science, Systems, and Empowerment Theories will inform and guide this study and intervention.

While not explicitly referenced in this study, it is certainly worth mentioning that Attachment Theory asserts that individuals form strong emotional bonds that influence their responses to loss, suggesting the importance of nurturing secure attachments within the educational setting (Bowlby, 1980). Additionally, Grief Theory is rooted in Freud's concepts of processing grief to move forward, feel the feelings, and obtain the goal of detachment, which was recognized as a difficult but necessary condition of human living but has been more recently

morphed into psychological concern and disorder (Granek, 2010). Grief Theory offers insights into the psychological process individuals may undergo when confronted with loss, highlighting the role of school staff in facilitating adaptive coping mechanisms among students.

### ***Diffusion of Innovation Theory***

Everett Rogers pioneered the Diffusion of Innovation Theory in 1962. It provides a framework for understanding how new ideas, practices, or technologies spread and are adopted within a social system. Critical components of Diffusion of Innovation include the innovation, adopter, social system, individual adoption process, and diffusion system (external change agency) (Dearing, 2009). The diffusion occurs through interpersonal communication channels, with specific individuals serving as opinion leaders who influence others' adoption decisions. Diffusion of Innovation Theory provides a lens to understand the dynamics of change and adoption within educational contexts, including the uptake of professional development initiatives (Dearing, 2009). By leveraging this framework, leaders (school social workers and school counselors) can strategically design and implement training programs that promote the diffusion of knowledge, skills, and practices related to addressing death and grief among public school staff.

Another component that may be considered an innovation might be the provision of professional development on this specific topic to normalize these difficult or sensitive conversations. Rowling (1996) suggested a framework of health-promoting schools to understand what creates the sensitivity of death, loss, and grief. Sensitive issues are often linked with controversial topics due to the controversial value-laden content. One distinction is that sensitive issues are typically more emotional or personal. One of the most significant challenges Rowling (1996) noted is when teachers are unaware of the sensitive issue in a student's life

history connected with emotional significance (like death). Planning interventions on sensitive issues is recommended to be proactive, including school staff training and integration into the curriculum to normalize death, loss, and grief, which would be innovative and may lead to more of that health-promoting school culture.

Regarding this innovation, two practical considerations include the importance of providing supportive infrastructure to facilitate adoption (buy-in from administration, etc.) and recognizing that each staff member may be at a different level of readiness for this type of learning. Diffusion of Innovation might not fully capture the complexity of the social or cultural change process and sustainability. Understanding how new concepts can spread makes this a complementary concept to the other theoretical frameworks.

### ***Implementation Science***

Historically, Implementation Science (IS) is said to have stemmed from a landmark 1943 report by Ryan and Gross on the diffusion of hybrid seed corn in two Iowa communities and then expanded into healthcare in the 1960s and 1970s as that community and system began questioning traditional assumptions about scientific advancements and how those assumptions could influence real-world clinical practice (Barr et al., 2021). While best practice guidelines were created and accessible, the application was lacking for various reasons. Implementation Science will be imperative for this study to evaluate why adopting best practices is successful or fails in changing behaviors and assess the de-implementation of other practices or behaviors. Relevant to this study, the focus on methods with an Implementation Science framework will assist in going beyond policy and practice to improve quality school-based services. Adapting to the larger school community will be critical in increasing the connection between the intervention and the context or community (Komesidou & Hogan, 2023). Moving this traditional

research and medical concept to public education makes sense with evidence-based practices and policies. Zullig et al. (2024) identified the implications and support for including implementation science with research, including increasing the likelihood that the innovation is designed practically and feasibly for practitioners (school staff), an investment from the infrastructure to invest in the implementation, and bridging the gap between academic and real-world applications and impact.

Assessing the implementation outcomes sustained over time might challenge this pilot study, which is central to this theoretical framework. This framework strongly supports the integration of various stakeholders, which might become time-consuming and challenging with future iterations of this intervention. Despite that, Implementation Science contributes to this study by focusing on delivering interventions in a real-world setting to inform and promote the desired outcomes of increasing knowledge and support for grieving students in the school community.

### ***Empowerment Theory***

Empowerment Theory provides a framework for this study to conceptualize professional development initiatives that empower public school staff to enhance their competencies, collaborate effectively, lead change efforts, promote inclusion, and advocate for student needs related to death and grief. This theory encourages individuals or groups to be empowered through acquiring knowledge, skills, resources, and decision-making authority, enabling them to take control of their lives and effect positive change within their communities. By embracing principles of empowerment, educational leaders can create environments where school staff feel empowered to make meaningful contributions to student success and well-being (Robbins et al., 2019). School staff can also empower students to navigate grief and loss with dignity and support



by fostering empathy, understanding, and inclusivity in the classroom community. With empowerment, school staff and students recognize abilities within their own lives and move toward an active role in resolving needs or adapting to circumstances. Professional development programs that facilitate self-reflection, dialogue, and advocacy opportunities empower school staff to identify areas for growth and advocate for practices that prioritize students' holistic well-being, including their emotional and psychological needs related to death, loss, and grief.

While widely recognized in social work and fitting for this pilot study, Empowerment Theory also has some limitations. This theory often focuses on individuals and may overlook systems, cultures, or organizational barriers. Further, measuring empowerment might pose a challenge in research as it is very subjective and may have some cultural variables that still need to be considered. Empowerment initiatives may be difficult to maintain and should come with plans for sustainability. Empowerment Theory promotes positive change, but recognizing these limitations allows for integrating additional theoretical frameworks.

### ***Systems Theory***

Systems Theory examines the interactions and interdependencies among components within a complex system like the public education system, including the collaboration with interdisciplinary teams. This theory helps us understand the interconnectedness of various elements shaping the educational environment and the dynamics of change within this system. Applying a Systems Theory framework can help educational leaders dismantle systemic barriers and create more inclusive and equitable learning environments for all, as it highlights the significance of collaboration and communication among stakeholders (including the multidisciplinary team, caregivers, and students) within the educational system. Professional development initiatives grounded in Systems Theory take a comprehensive view of education,

addressing not only instructional practices but also organizational structures, leadership dynamics, community partnerships, and broader socio-cultural contexts (Koenig et al., 2019). By adopting a holistic perspective, professional development programs can foster systemic change and promote coherence across various facets of public school education. By fostering a culture of continuous improvement, professional development initiatives empower school staff to respond proactively to changing educational landscapes, including a better understanding of death, loss, and grief.

Systems Theory can be complicated within the context of education, especially regarding the various levels of systems within the organization (classroom system, school building, level, and district-specific levels of analysis). Further, Systems Theory may be challenging to apply to the real-world problems of death, loss, and grief, as these can be complex and unpredictable. For the Systems Theory to successfully contribute to the application of this pilot study, there should be a sense of collaboration and engagement with this iterative process.

### **Problem Statement**

Despite the prevalence of death, loss, and grief within school communities, there is a gap in professional development to adequately equip interdisciplinary school staff with knowledge and resources to support students effectively. While many school staff play a crucial role in the holistic development of students, the absence of training programs tailored to address death, loss, and grief often leaves school staff ill-prepared to navigate sensitive conversations and provide appropriate in-classroom support or referrals. This lack of training may undermine the emotional well-being of grieving students. It may hinder the learning environment, potentially exacerbating negative outcomes such as academic decline, behavioral issues, and social withdrawal. The societal stigma often creates a culture where discussions on these topics are frequently avoided

or approached with discomfort. The lack of formalized training, resources, and policies within public school settings places an undue strain on school staff and contributes to inconsistencies in support services. Such inconsistencies may result in school staff resorting to individualized approaches, potentially resulting in misinformation or inadequate support. The pressing need to pilot a professional development program tailored to addressing death, loss, and grief within public school settings is evident. Such initiatives can foster a more compassionate and supportive school environment for the entire interdisciplinary school team, thereby promoting grieving students' holistic well-being and academic success. This work is significant to school social workers and other mental health professionals as part of an interdisciplinary team. While teachers have the most student contact, school social workers and mental health providers can offer training, support school staff in crisis, and be someone the school staff can turn to for triage and referrals. This pilot study aims to measure school staff knowledge of death, loss, and grief, offer professional development training to address that gap, and elicit feedback to improve the intervention for future professional training.

### **Study Purposes**

This study aims to measure knowledge related to myths and beliefs, offer professional development as the intervention for adult public education school staff aimed at increasing knowledge on death, loss, and grief, and repeat the measure of knowledge to determine the effectiveness of professional development. There is also a component requesting feedback to create meaningful future training iterations. This author hopes to explore these difficult or sensitive conversations further, how we might normalize them, and whether the conversations related to death, loss, and grief might also have implications for other complex or sensitive discussions.

This study aims to measure the effectiveness of social work-led professional development with increasing knowledge related to grief, loss, and death among school staff in a public school setting. As a pilot study of a proposed intervention, this study also aims to identify additional gaps to propose future training and expand and improve the professional development training offered in this pilot study.

## **Chapter 2: Literature Review**

The literature and research included in this section were compiled using various combinations of the following keywords: “death,” “loss,” “grief,” “professional development,” “teacher training,” and “schools.” Additionally, a systematic review of the following databases was included: the Advanced Library Search at Millersville University, websites for the Pennsylvania Department of Education, Coalition To Support Grieving Students, and various professional organizations were also referenced.

This literature review will focus on conceptualizing death, loss, and grief within the context of public education. Drawing from psychological, sociological, and educational perspectives, this section aims to provide a comprehensive understanding of how these experiences manifest in the lives of students and educators.

There is a critical necessity for professional development concerning death and grief within the context of public schools. Addressing the significant gaps in school staff’s preparedness to handle these delicate topics, this literature review examines the multifaceted dimensions of death, loss, and grief in educational settings. A comprehensive review of existing literature underscores the importance of equipping school staff with the necessary skills and knowledge to support grieving students and promote compassionate learning environments effectively. This review highlights the pressing need for systematic professional development initiatives to address the complexities of death, loss, and grief in public schools by integrating theoretical frameworks with professional development interventions.

### **Conceptualizing Death and Grief within Public Schools**

The education landscape should encompass not only academic instruction but also the holistic well-being of students. Among the many challenges that school staff confront, navigating

issues related to death, loss, and grief is a profound yet often overlooked aspect. In public schools, where diverse populations converge, the prevalence of grief necessitates a proactive approach to supporting students' coping with death and loss. This literature review explores the compelling need for professional development initiatives to enhance school staff's capacity to address death, loss, and grief within the educational environment.

### ***Knowledge of Mental Health Professionals***

Sawyer et al. (2022) studied the differences between mental health professionals and the general public as they answered questions about myths and beliefs related to grief, loss, and death. The twelve myths and beliefs are grounded in work by experts and theories specific to death and grief, and the quantitative study measured whether the participants felt these myths or beliefs were true or false. While it is good to know that mental health professionals have some understanding and knowledge about death and grief, not all mourners seek or need the assistance of mental health professionals. This study demonstrated that more work needs to be done to educate the general public about death and grieving. This is especially true since most mourners turn to peers (i.e., the general public) for support during these difficult times. There are additional community resources that individuals choose when coping with death, loss, and grief, including religious organizations, social organizations, and school communities when there are children involved. In terms of the school community specifically, questions arise about death education for students as it might be incorporated into the curriculum (proactively) or formally in response to an occurrence of death.

In the school community, while mental health providers (including school counselors and social workers) might be available to round out an interdisciplinary team, the classroom teachers and other school staff are typically the front line in student engagement and need to meet the

needs of those mourners accurately and empathetically. School mental health professionals turn to teachers to assist in triaging and taking on the roles of primary school caregivers. Further, 70% of American teachers reported having at least one grieving student in their classroom (Frei-Landau, 2023). Expanding Sawyer et al.'s (2022) quantitative study to examine teachers' understanding of myths and beliefs related to death, loss, and grief will provide some basis for understanding how much of a knowledge gap exists, which has not been measured to date using this tool. Understanding the extent of the change in knowledge, especially immediately related to a brief intervention between pre-test and post-test, is expected to produce more areas of learning and potentially future research. The majority of research in this area has been qualitative and retrospective about teachers' reflections from prior experiences in their classrooms or lack of pre-service education in this field of study.

### ***Teacher Attitudes and Beliefs***

Most research with teachers on this specific topic has primarily focused on qualitative studies or retelling past experiences. However, the Rodriguez Herrero (2022) study also attempted to address the research gap regarding teacher attitudes and opinions, using the Death Education Attitudes Scale-Teachers (DEAS-T) and the Death Education Questionnaire-Teachers (DEQ-T). Positive attitudes toward death education have identified the need for training. Teachers' opinions about how death is treated in schools indicate that this is still a taboo topic in society, and that taboo carries over into the school community as well. Further, teachers stated they had not received any training in death education but felt their experiences were sufficient to support students in their classrooms (Rodriguez Herrero et al., 2022). This returns us to the Sawyer et al. (2022) study, where, without training, teachers may obtain similar findings to those of the general public regarding myths and beliefs about death and grief.

Rodriguez Herrero (2022) asserted that death is present in education. Slaughter and Griffiths (2007) identified that most children by the age of 10 (approximately 5th grade) can conceptualize death as an inevitable biological event happening to all living things and caused by something irreversible in the physical body. They also asserted that the concept of death being irreversible was typically understood around the age of 5 or 6 (which would be kindergarten). While death is understood as a part of a natural life cycle, it also comes with emotional impact and sometimes fear. Importantly, the study by Slaughter and Griffiths (2007) shed light on a childhood fear of death decreasing as children began to conceptualize death in a biological sense with the recognition that there are often other variables, such as the personal experience of death, that may have an influence. Various situations (curricular, curiosity-driven, and personal) are part of life and can benefit all students when those seemingly difficult conversations are normalized with awareness, knowledge, and sensitivity.

### ***Dimensions of Death and Grief in Educational Settings***

Death and grief manifest in various ways within educational settings, ranging from the loss of a loved one to collective traumas such as community tragedies or natural disasters. Grieving students may exhibit a spectrum of responses, including emotional distress, academic struggles, social withdrawal, or disruptive behavior. Due to the significant time school staff spend with students, they are often the first to observe these changes. Moreover, cultural, religious, and socio-economic factors significantly influence individuals' experiences of death and grief, necessitating culturally responsive and inclusive approaches to support.

### ***Grief Sensitive Schools Initiative***

Lively-Endicott et al. (2023) offered a study with small focus groups and semi-structured interviews with teachers who had previously completed this Grief Sensitive Schools Initiative



training and agreed to be contacted by this research team. While 5000 educators were trained during the study, 457 were contacted, and fourteen completed interviews. This study concluded that educational staff are aware of losses experienced by students but are uncomfortable due to lack of training. This training increased comfort and provided actionable information. The teachers in this study identified (due to the timeframe related to the global pandemic) non-death losses. They felt this training (described in the introduction of this paper) offered learning that could be applied to those losses. Overall, the educator perspectives of the training were favorable and advocated for ongoing training and support for teachers on grief, loss, and death.

Frei-Landau (2023) concluded from their research that teachers identified three unmet support needs (related to childhood grief): theoretical and practical knowledge, acknowledgment of their coping, and support from school mental health professionals. Those identified unmet needs complement the work of Lively-Endicott et al. (2024) with Grief-Sensitive School Initiative (GSSI) training in US public schools. That training occurred following the recent COVID global pandemic and was framed within the multi-tiered systems of support (MTSS). That training consisted of 60 minutes of recorded lectures (if viewing each of the three parts) on various topics (i.e., the importance of acknowledging a loss, why children might not appear to be grieving, how to start a conversation and what to say, cultural differences, addressing guilt, academic accommodations, managing grief triggers) followed by an ambassador presentation from New York Life and then a question and answer session with a mental health professional. While 5000 educators completed the training, only 14 completed the interviews. Several themes emerged of those in the focus groups, including the recognition that most had not received similar training but found this helpful while taking the edge off the discomfort. Additionally, there was a desire to have this training recur. Finally, this study also identified other losses and

exposures to death that children experience and can be addressed through advancements in this type of training and professional development.

The recent global pandemic, highly publicized shootings, concerns regarding suicide, violent video games, ongoing international conflicts, and wars have made death more visible and public than ever (Smilie, 2022). Research indicates the need and benefit of working on death education in a prophylactic way (Rodriguez Herrero et al., 2022). Adults are encouraged to teach about death truthfully and unambiguously with children (Slaughter & Griffiths, 2007). Trauma and loss will always be challenging for children and adults alike (Grigoropoulos, 2024).

### **Gaps in Teacher Preparedness**

While there has always been an expectation that teachers are competent in educating students, more recently, there is an expectation that they deal with sensitive issues such as mental health, grief, and loss. Teacher discomfort with these competencies results in negative student and teacher outcomes.

### ***Teacher Education: pre-service and in-service training***

Greiner et al. (2022) asserted that one in fourteen children in the United States would experience the death of a parent or sibling before the age of eighteen, equating to approximately 5.2 million school-age children in the United States as mourners. DeMuth et al. (2020) noted that 93% of the 1253 American Federation of Teachers (AFT) members shared that they had never received bereavement training and would if it were offered. The AFT survey (2012) reflected that insufficient training, or professional development was most frequently cited (by 63% of the teachers) as what might hinder teachers from supporting grieving students. Teachers who did receive training felt it made a difference, noting they were more likely to collaborate with peers, communicate, and make referrals (AFT, 2012). Half of the pre-service teachers in one study

(Greiner, 2022) had no experience addressing children's challenging life events (including death) and felt least prepared to address the topic of death.

Lynagh et al. (2010) studied the attitudes and confidence of pre-service teachers with training on sensitive issues. Since school staff are viewed as trusted, knowledgeable sources of information, their preparation and specific training in this area will enable them to offer appropriate support and comfort backed by their knowledge. The school staff's positive practices may shape students' attitudes and views of death and loss. Pre-service teachers who participated in the study by Lynagh et al. (2010) reported that training on sensitive issues was necessary for their education, as informed and competent educators can improve student outcomes.

Recognizing this incidence of death experienced by children and the lack of preparation of teachers before employment, school staff are either left to fend for themselves and respond based on their own experiences or receive training during their tenure in their profession. Suppose school staff respond based on their own experiences; in that example, it returns to the findings of Sawyer (2022) and presumably places the staff member(s) in the realm of bias or the lack of understanding and knowledge of death, loss, and grief, similar to that of the general public. Frei-Landau (2023) argued that school mental health providers should support teachers so that the teachers can help the grieving student(s). That same author asserted that students tend to prefer the support of the teacher with whom they have a prior relationship. The teacher caregiver role recommended here is for typical student grief experiences and would preserve the mental health provider for more complicated or prolonged grief responses as needed (Frei-Landau, 2023).

Stylianou and Zembylas (2018) conducted action research with fifth graders and an intervention that provided space to discuss grief. Their action research speculates why this topic

is avoided, how the topics can be incorporated into almost all curriculum areas, and how to support mourners. Their methodology was well thought out and conducted with a small group of students. However, this author would propose that the same approach could be used with professional development offered to staff in school settings. Ultimately, Stylianou and Zembylas (2018) concluded the benefits of demystifying the “negative aura that accompanies concepts of death, loss, and bereavement so that children can begin to deal with such issues in more constructive and empathetic ways.” Further, the same study concluded that educators will likely open spaces to reflect critically on the complexities and challenges. This author believes critical reflection lends itself to adopting other difficult conversations and taboo topics.

### ***Teacher Experiences with Death and Grief***

Teachers’ own experiences with death and grief also influence their ability and willingness to support children in their classrooms (Dimey & Templeton, 2021). By dealing with their grief or gaining insights about how their experiences may impact their classrooms, teachers will be better positioned to support the students (Kennedy et al., 2020). The fact that teachers and school staff also experience grief cannot be overlooked in any intervention or education on the topics of death, loss, and grief.

Grief literacy and education must be taught to those likely to support bereaved people in didactic education and ongoing continuing education courses with experiential education or role models with best practices throughout a career. This may reduce the discomfort associated with grief and protect our interdisciplinary frontline workers against secondary stress in the workplace (Breen et al., 2019). How the school supports teachers influences the teacher’s confidence in helping the child (Dimey & Templeton, 2021).

Rybakova et al. (2021) acknowledged that teachers can work on multidisciplinary teams and have yet to be formally trained to humanize grief. This book chapter shares case study narratives of teachers working through grief in the classroom. The most significant takeaways from this chapter included teachers acknowledging sensitive materials and identifying potential triggers, making assumptions versus trusting their gut instincts when noticing changes in students' behaviors, being fully present when listening to students, and the value of connecting with students emotionally, recognizing that emotions cannot be separated from the learning process. Acknowledging that they were not formally trained with professional knowledge about grief (a gap in training), this author also recognized that "Allyship and hope begin with a teacher's acknowledgment of the potential for grief and trauma in all students." (Rybakova et al., 2021). There are three assertions in this literature review: a teacher might not know the students' grief experience(s), teachers recognize a lack of training in the humanizing of grief, and while the multidisciplinary team is key, a teacher is often the primary contact for students where learning occurs within relationships.

Irgatoglu (2021) asserted that teaching is an occupation based on working and relating to human beings, which makes emotions highly relevant. That study focused on understanding pre-service educational philosophies related to teacher emotions. One of the results indicated that the student should be at the center of education. However, teacher emotions are integral to helping them consider others' emotions and their responses. Emotions impact the school staff's willingness or ability to follow innovative methods of instruction and may impact their flexibility or creativity. Irgatoglu (2021) concluded that teacher emotions should be a focal point, significantly as they affect student emotions. While that study of pre-service teachers indicated a need to help teachers become more effective in controlling their emotions, this proposed study

leans more toward increasing school staff's knowledge and awareness of death, loss, and grief as well as the accompanying emotions.

Cunningham (2021) stated that statistics (mainly related to the recent global pandemic) and research studies cannot tell us how to find the strength to support students while we are also grieving. This educational researcher used autoethnography to share her experience of loss as it intersects with the more extensive education system. Cunningham (2021) points to the educational system's failure to prioritize the mental health of both students and teachers, especially related to grief, and supports humanizing education toward vulnerability, ending toxic positivity, and gaining a comprehensive understanding of the impact of trauma in education. In support of loss, grief, meaning-making, and shared experiences during the global pandemic, Reneau and Eanes (2022) suggested, "If we can name it, perhaps we can manage it." Indeed, these authors' shared experiences speak to grief's personal and professional impact during a major crisis. Yet, the recommendations remain pertinent and timely for children and school staff who grieve more personal losses. Perhaps this shared significant life experience, albeit unique to each individual, most profoundly supports addressing these staff emotions of grief in education, noting the cracks in our system and environments for empathy.

Fire et al. (2022) studied teacher grief responses after a pupil's suicide. Eighty-four faculty members self-reported symptoms of complicated grief and trauma. Recognition was given to overlooking the teacher's responsibility to manage emotions in the classroom. More preparatory training on coping and crisis, noting a difference in training and symptoms of grief between teachers/administrators and counselors/psychologists. It was noted that the grief response was greater (more detrimental) with teachers, recognizing that counselors and psychologists have received training and preparation to cope with the personal impact of a crisis.

Another qualitative study conducted by Case et al. (2020) addressing student death revealed insights into teacher preparedness to address student death in the classroom. Teachers grieve the loss themselves and are expected to help instill societal norms and values in their students, normalizing grief experiences through acknowledging, validating, and supporting grief. Supporting teacher grief can potentially impact their personal lives, hopefully retaining them in the profession (Levkovich & Duvshan, 2021).

Dunn (2021) expands on this focus with pre-service teacher education, recognizing the need to validate teachers' emotions while responding to student needs to form the foundation of the learning relationship. Dunn questioned her pre-service students about the line between personal and professional roles, creating a lively discussion. Additionally, Dunn references the curriculum connections to personal experiences as potential triggers for students and teachers alike. Dunn's efforts to make emotion work more visible and valuable with pre-service teachers in this human field help teachers feel less isolated, which should be extended throughout their careers in education and extended to all school staff.

This literature review aims to expose the lack of research on the impact of professional development for teachers on death, loss, and grief. Dunn (2022) points to teachers' grief experiences also being understudied. When scholarly inquiry does not address the personal loss of teachers, it leaves the question of how they cope in the classroom as teachers. As humans, teachers may also benefit from the support of professional development in grief management when they are grieving. Dunn (2022) points explicitly to the relationships and caring for students prioritized over a teacher's vulnerability when grieving. The study specifically studied English Language Arts (ELA) teachers due to the content of the subject matter, which could be argued to be similar to social studies. While those subject matters are likely to encounter topics related to

death and loss, school staff are still working to build relationships with students while they are grieving, often suppressing their own emotions. This Dunn (2022) study highlights how teachers might hide their feelings, envision their role as teachers, navigate the competing roles of humans and teachers, and perceive their emotions as unfavorable. When prioritizing others' needs, teachers admitted to colleagues not knowing how to handle another teacher's grief or loss (not knowing what to say and seeming uncomfortable). Relative to this proposed pilot study, recognizing school staff as human beings and their own experiences with loss, death, and grief will also be a central component of professional development and ongoing training. Additionally, ensuring that resources are easily accessible to school staff will make this program more meaningful.

### ***Current Practices and Challenges***

Despite the pervasive impact of death and grief on school communities, prevailing practices often fall short of adequately addressing these issues. Educators frequently report feeling ill-equipped to navigate conversations about death, loss, and grief, leading to avoidance or inadequate support for grieving students. Furthermore, institutional barriers such as time constraints, lack of resources, and stigma surrounding discussions of death and loss contribute to the marginalization of grief within educational contexts.

Cyfers (2021) studied how teachers are trained to handle grief in the classroom and what support systems are in place. Teachers expressed low confidence and concerns about inappropriate responses when addressing grieving students. This phenomenological qualitative study concluded that more training, a clear process to support training teachers, improved communication, and improved identification systems are needed to recognize grieving students. Teachers indicated that communication was often chaotic, responsive, or nonexistent. While



training was identified as a need among teachers, support and sustained implementation were also beneficial. One of the recommendations from this study included a longitudinal study of the impact of training with pre-intervention and post-intervention surveys, which might also lead to future training. This Cyfers (2021) study further supports the need for professional development for school staff in grief.

Some of the research in this area results from interviews with mourners and teachers. One of the findings of the Kennedy (2020) study was that participants wanted schools to be proactive in reaching out, listening, checking in, and following up both short and long-term. The multidisciplinary team approach was suggested with the recognition that teachers have many obligations and that a designated school support person should be identified. Social workers were among the short list of individuals who could assist grieving families with school children, as the school is an extension of the family community. The same study recommended policy, training, consideration of rituals, and focus on normalizing death conversations in school settings. The training recommended in this study brought out components of reflective circle training, health, and socio-emotional curriculum, investing in pre-service instruction and training within school communities, and the holistic approach of relationships that recognize the school as a part of the community.

### ***Bereavement Accommodations***

Highlighting the feelings of being inadequately prepared to support mourning children in the classroom, Denmark and Norway created bereavement response plans with focused accommodations, similar to what would be a 504 plan in the United States public schools. Scandinavian countries utilize bereavement response plans (B-plans) developed in Norway in the late 1980s (Lytje et al., 2017). These B-plans identify actions and support for implementation

within school organizations to support children after a crisis. The Norwegian plans, often called ‘contingency plans,’ have included various crises, whereas the Denmark plans, referred to as ‘bereavement response plans,’ have remained centered on illness, bereavement, and sometimes divorce. This work spearheaded this initiative and felt these plans supported teachers when the policies, frameworks, and knowledge of grief were lacking. Their work was ultimately continued by the Ministry of Health and Care Services and resulted in mandatory plans for occasions when either a child or staff died during school hours. The system in Denmark published a guidebook with a template that could be used by staff, who were observed to feel a sense of ownership. The Danish B-plans identify what needs to be done and which staff are responsible for each component. The Lytje (2017) study noted some differences between B-plans in these two countries, including Norwegian plans were more likely to include Grief Theory, provided more instructions on how to talk about loss, and the likelihood of long-term support in contrast to the Danish B-plans which covered these to lesser degrees. The Danish plans seemed to focus more on the initial responses and immediate time frame after loss or death and were more likely to be written by individuals who interact directly with the child. Lyte suggested that these B-plans might be more helpful to the staff in the writing process.

DeMuth et al. (2020) studied the opinions and experiences of school personnel regarding implementing such a bereavement support template for bereaved children. This qualitative study recruited public and private school staff from a conference in the United States. While most participants (93%) acknowledged working with bereaved children and informally providing support, accommodations, collaborations, and referrals, many were interested in a template for a bereavement plan, allowing for knowledge, guidance, and strategies. Opinions regarding the bereavement-focused 504 template idea resulted in themes including teacher-focused

information about the nature of grieving in general, needs of children, and the grieving process; and student-focused accommodations, recognizing such a plan might offer consistency in support, list triggers, defining various roles, and summarizing supports. Regarding implementation, there were suggestions on offering the template on a case-by-case basis and awareness that this type of plan differs in schools that do not receive public funds. Regarding training, the significant concerns stated were cost and time in schedules.

### ***The Imperative for Professional Development***

Professional development emerges as a pivotal strategy in bridging the gap between educators' readiness and the needs of grieving students. By fostering educators' knowledge, skills, and self-efficacy in addressing death and grief, professional development initiatives hold the potential to cultivate compassionate and supportive school environments. Comprehensive training programs can encompass a range of topics, including understanding grief reactions, communicating effectively with bereaved students, collaborating with families and external support services, and integrating grief-informed practices into the curriculum. The literature supports the need for professional development and the current and historical lack of such pre-service and in-service training. This proposed study would offer such an intervention and then measure the impact on knowledge. With the recent global pandemic, current world crisis, teacher acknowledgment of lack of preparation and discomfort, and everyday experiences with loss and death, the time for this professional development is now.

### **School Social Workers in Leadership Roles**

The NASW Standards for School Social Workers charges social workers to be interdisciplinary leaders in the “implementation of comprehensive school-based programs and school-based programs that promote student well-being and positive academic outcomes” as well

as facilitating understanding of factors affecting student educational experiences, which would include grief (NASW, 2012). The NASW Code of Ethics identifies core values that align with social workers as leaders, including assisting grieving children. The core value of service, where social workers help people in need and address social problems, includes assisting children experiencing loss (perhaps even for the first time, making this a new challenge). Respecting the dignity and worth of grieving children, recognizing the importance of human relationships (both with the deceased and those within the home and school communities), working in a trustworthy manner with integrity, and school social workers working within their professional competence are all core values. Finally, social justice might fall under ensuring all children, including those who are grieving, have equitable access to their education and work to remove barriers, that there is cultural sensitivity, and that children and families have meaningful contributions to decision-making. Social workers empower those who are vulnerable (NASW, 2017). With these core values and principles, social workers should lead the way with intervention development, especially in building, maintaining, or repairing relationships between and among people.

Kennedy (2020) cited the inability of teachers to attend to family needs, pointing to a need for dedicated personnel to support teachers and families. School social workers approach this work with a strengths-based approach while linking school, home, and community. In the NASW Standards for School Social Work Services (2012), one of the standards recognizes the role of school social workers in promoting positive school climates, serving as leaders in facilitating and understanding how factors, such as grief, can impact students' educational experience. Social workers may be responsible for training school personnel to promote student well-being. These unique attributes of the school social worker explain the relevance of assisting and advocating for grieving students and developing training and ongoing support for teachers

and other school personnel who come into contact with these students and their families.

Recognizing the few (if any in some cases) numbers of school social workers and other mental health providers per school district, the need to triage student needs remains paramount. By training school staff, they will be able to recognize which students' needs require further support and make that referral.

### **Chapter 3: Methodology**

This chapter provides a comprehensive explanation of the methodology employed in this pilot study, outlining the specific research questions that guided the exploration of the impact of professional development (PD) on the school staff's knowledge of death, loss, and grief within a suburban school district in the Northeastern United States. Additionally, this chapter outlines the research design and rationale, identifying the independent and dependent variables to clarify the relationships being explored. The chapter will also describe the intervention implemented, highlighting its structure and purpose. Finally, the data collection methods will be presented, offering insight into how information was gathered and analyzed. Employing a mixed-methods design, the research collected quantitative and qualitative data to assess changes in knowledge pre- and post-intervention and to gather participant feedback for refining future training programs.

#### **Research Questions**

The research questions examined participants' knowledge of death, loss, and grief before and after the specific pilot study intervention, while also assessing their future needs for professional development. This comprehensive exploration aimed to uncover insights that could inform strategies for continuous growth and improvement. Three specific research questions were explored:

- What is the (pre-intervention) school staff's knowledge of myths and beliefs about death, loss, and grief?
- Does knowledge change as a (post-intervention) measure of the effectiveness of this professional development intervention?

- How can future iterations of this professional development be improved to meet school staff and mourner needs and increase knowledge?

## **Hypothesis**

It was hypothesized that public school staff have a deficit in knowledge on death, loss, and grief prior to the training, and the training intervention would increase their knowledge (with the retest of knowledge of myths and beliefs). The study explored and examined the perceptions of intervention to inform improvements to future training and best meet the needs identified by the public school staff.

## **Research Design**

The mixed-method research design rationale was selected to measure not only the potential change in knowledge but also to gain a deeper understanding of the effectiveness of professional development, given that this is a pilot study. The design combined qualitative and quantitative components to incorporate various data points by design and embedded them into the survey (Shannon-Baker, 2023). Fraser et al. (2009) highlighted the need for this type of intervention, with pilot testing necessitating both measures to refine the process for training, support, program length, relationship building, culture, and setting goals. This further supported the theoretical framework for this research using the Diffusion of Innovation Theory. The quantitative research will produce data points that are objective and relatively generalizable with countable variables (Ruben & Babbie, 2017). This tested the hypothesis regarding the effectiveness of professional development training. Retrospective qualitative questions are more suitable for intervention evaluation, especially in the early stages of the pilot study and first iteration (Padgett, 2017). In those questions, the research assists with gaining a better understanding of how the intervention worked and why and greatly values the participants' input.

This mixed methods design integrated both data types, increasing the value of this pilot study, directing the steps of the intervention research, and ensuring the development of an evidence-informed intervention (Rice & Girvin, 2022; Shannon-Baker, 2023; Fraser et al. (2009).

Additionally, mixed methods research design was selected to minimize the limitations of either individual component whereby the quantitative data and qualitative data might present a more comprehensive understanding when used together (Creswell & Creswell, 2018). The study assessed how each component of the training intervention was executed and whether each component met the goals planned. This further supported the intentionality and design of the pilot study and created an intervention plan that can be replicated or offer an alternative explanation for its outcomes. Triangulation and assessment of the intervention plan addressed data collection and concerns about validity and reliability. Measuring knowledge pre and immediately post-intervention was intended to demonstrate the change in knowledge when the only new factor was professional development. (See Surveys in Appendix C.) The researcher's assessment on the delivery of each component's delivery added to the consistent, reproducible results under the same conditions. The feedback with qualitative questions offered the input sought to determine additional reliability considerations (Creswell & Creswell, 2018).

### ***Quantitative Design***

Study participants (those in the training who consented to participate in the research study) were assessed on their knowledge of death, loss, and grief by completing a 12-item survey. The survey consisted of true/false questions (Sawyer, 2022). All participants used their email addresses (or a similar identifier) to participate, which were scrubbed from the data for confidentiality and replaced with a unique identifier. This allowed their results to be paired with post-intervention survey data. (See Surveys in Appendix C.)



### ***Qualitative Design***

Study participants were asked seven (primarily open-ended) questions to garner feedback on the intervention. All participants participated confidentially with an identifier, as their results were collected with the quantitative data and were paired with pre-intervention survey data. The qualitative data was collected post-intervention after the completion of the 12-item quantitative data (in the same Qualtrics survey). The study only offered a few qualitative questions due to concerns about participant fatigue. Additional demographic questions will be asked as part of the first survey (pre-intervention) to gauge the representation of school staff and determine if any other variables have impacted on the data collected. (See Surveys in Appendix C.)

### **Independent Variables**

The study included the following independent variables: The primary independent variable was the public school staff's participation in professional development training. Additional demographic information was gathered as independent variables to further understand the collected data and determine if any of the subject characteristics served as outcome predictors. This was a group research design involving one pre-test and one post-test (O1 - x - O2). The demographic information that was collected in the survey. (See Surveys in Appendix C.)

### **Dependent Variables**

This study primarily focused on two dependent variables. The first dependent variable was knowledge of death, loss, and grief. The second dependent variable was the delivery and effectiveness of the components of the pilot study intervention.

### **Intervention**

To the degree that it can be implemented and replicated, the intervention of this study was created in cooperation with the New York Life Foundation and two local bereavement specialty organizations, as well as two school mental health professionals. Two and one-half hours were allotted for the entire training, with breaks incorporated. Some materials were secured from the school district foundation to provide comfort to participants, including water for hydration, tissues if school staff become tearful and with the hope of permitting and normalizing this expression, and small individual journals (which could be substituted with any paper or note taking device) kept by the participants for recording comments, thoughts, questions for the panel discussion, et cetera. Those items were secured with a partnership with the school district foundation and are not uncommon in this type of professional development. Additional resources were provided by the New York Life Foundation, local panelists, and the school district's human resources department, including information about Employee Assistance Programs.

Participants were informed about this training as one of the options for the Act 80 day of professional development. The training option was explained using the Frontline information system advertisement and explanation of learning objectives (see Appendix A). Once registered for this training, individuals were emailed the informed consent form, allowing them adequate time to read and ask questions. (See Consent Form in Appendix B.) After everyone joined the training, it was explained to all attendees that the training has a research component. Individuals could participate in the training without participating in the research component. Participants in the research component were given access to an online informed consent form for their digital signature. (See Consent Form in Appendix B.) These research participants were also given a few minutes to complete the pre-intervention survey. (See Surveys in Appendix C.)

All training attendees received opening comments from the researcher, which provided an overview of the training's goals, timeline, and intended outcomes. Introductions were made for the New York Life Foundation representative, who spoke to the attendees about Grief Sensitive Schools and the importance of the training. All attendees were provided with instructions on how to use their journals, the sensitivity of this topic, and the incorporation of breaks into the schedule. All panelists were briefly introduced.

The Coalition to Support Grieving Children video was aired with all in attendance. The video presentation was followed by a scheduled 15-minute break to allow participants to use the bathrooms or stretch. After the break, the panelists were re-introduced. Each panelist covered and expanded on information related to the knowledge being assessed to ensure that this information has been covered. Panelists included the New York Life Foundation representative, two different local bereavement centers with one representative each, one school social worker, and a school counselor from the school district where the training is conducted. After the panelists felt the knowledge that is being assessed had been covered, the balance of the training time consisted of Q&A for the panelists. Questions were submitted by the participants and repeated so that all could hear. Finally, in the last 10-15 minutes of the training, study participants were asked to complete the post-intervention survey. (See Surveys in Appendix C.) All participants were thanked for attending. A bullet points intervention manual and list assessed compliance by the researcher and all available panelists.

### **Setting**

The units of analysis for this study were public school staff (grades kindergarten through graduation) in a suburban region in Eastern Pennsylvania, United States of America. Per the most recent annual report for this school district (Perkiomen Valley School District Annual

Report, 2021-2022), the pilot intervention study was conducted in a district that serves 5,100 students between 4 elementary schools (with enrollments of 481, 597, 455 and 451 kindergarten to 5th-grade students in each building), two middle-level schools (grades 6-8 with enrollment of 704 and 563 in each of those buildings), one high school (serving grades 9-12 with an overall enrollment of 1767 students), and a virtual academy serving students kindergarten through graduation with an enrollment of 123 students. These numbers have slightly changed since that annual report was published, with a decrease in virtual students and the kindergarten program expanding to a full day beginning in the 2024-2025 school year. This public school district serves three neighboring townships and three boroughs. Annually, the high school graduation rate is typically around 98%, with 472 students graduating in 2022. Of those graduates, 88% indicated that they would pursue higher education, 6% planned to enter the workforce, 4% were undecided, and 2% of the graduates were joining the military.

According to Niche.com (2024), the district where this pilot study was held has a student-teacher ratio of 15 to 1. According to state test scores, 59% of students are at least proficient in math and 76% in reading. Approximately 11.6% of students qualify for the free or reduced lunch program. While the website reports an even number of male and female students, almost 80% are white, 6.4% Hispanic, 5.7% Asian, 4.8% African American, and 3% multiracial.

The researcher, who is employed as a school social worker for the school district where this study will be conducted, proposed the Grief Sensitive Schools Initiative and accompanied a knowledge survey to the school district superintendent to assess knowledge and provide professional development for school staff that has not previously been offered. School districts that fully participate in the Grief Sensitive Schools Initiative might be eligible for small grants (\$500 per building where five or more staff participate) to purchase additional resources to

contribute to the school's community related to the topics of death, loss, and grief. In the case of this research, all seven buildings met the five-person minimum in attendance (though they did not all participate in this research), resulting in all seven schools becoming grief sensitive schools. The other resources provided for the attendees did not differ between those participating in the study and other attendees. Those resources were typically for the length and topic of this professional development (e.g., water, tissues, pens, and journals).

### **Participants and Recruitment Procedures**

The participants in this study derived from faculty and staff from a suburban school district in Northeastern United States. Convenience sampling was used due to the reliance on participants who will benefit from the training intervention (Rubin and Babbie, 2017). Permission was granted by the school district Superintendent and with assistance from the Assistant to the Superintendent to plan a day of professional development when school staff are expected to attend (see Appendix D). From the 2021-2022 annual report, this public school district has 780 faculty and staff members. There are 31 administrators, 564 instructional staff, and 47 administrative support staff members. Of the school staff, 439 had earned a master's degree, and 16 had earned a Doctoral degree. In terms of mental health employees, this particular school district employs eight elementary school counselors (2 per building), six middle-level school counselors (three per building), seven high school counselors, three district-wide school social workers, three district-wide board-certified behavior analysts (BCBA), and six district-wide school psychologists (Perkiomen Valley School District Annual Report, 2021-2022). All school staff members were over the age of eighteen.

Upon approval, the researcher recruited participants from the entire school district staff required to participate in Act 80 professional development training on November 5, 2024. This

training option was added to the options within the Frontline system using the advertisement that explained the learning objectives for this specific Act 80 training session (see Appendix A.) Act 80 of 1969 was an amendment to Section 1504, which states that the Secretary of Education may adjust the 180-day instructional calendar requirement when the alternative training option is a meritorious educational program for school staff (Pennsylvania Department of Education, 2024).

Participation in this training was voluntary as other professional development opportunities occurred concurrently. This training opportunity was listed as one of the options, along with the regular sign-up done through Frontline (See Appendix A). Frontline Education is a software program that allows administrative leadership to track professional development and training according to state and district requirements. All school staff signed up for professional development training using this system for this particular school district. The training options were listed on the dates available with a brief description. This study only used this system to register to attend this training. Individuals were given the option to participate in the training and additionally choose to participate (or not) in this pilot study. The training was conducted in person at a school facility large enough to accommodate the number of participants enrolled.

As the researcher has been a school social worker for this particular school district for many years, and this is a convenience sample, it was understood that this complicates potential bias and might not represent a general population. However, since this is a pilot intervention study, valuable information was assumed to be garnered. Further, convenience sampling is regularly used due to the reliance on participants who will benefit from the training intervention (Rubin & Babbie, 2017).

**Inclusion or Exclusion Criteria**

The entire school staff of this school district had an equal opportunity to sign up for this training, and the number of participants was not limited or capped at a maximum. Recognizing that each school staff member might be on their grief journey and that this topic might be triggering, individuals were encouraged to self-select out of this training if they believed they fit that subjective criterion. Research participants needed to be employed by the school district where the study was being conducted. Inclusion criteria was all school staff present on the training date, all of whom are over the age of eighteen years of age. The exclusion criteria included those individuals who self-selected out of this training due to their own reasons, those who were not present, or those who were required to attend a different training that occurred at the same time. Additionally, recognizing that other Act 80 training will be offered concurrently (none of which were related to death, loss, and grief), some participants were unable to attend due to other professional responsibilities for training.

**Ethical Considerations, Protection of Vulnerable Participants & Confidentiality**

Grief is a complicated part of life, and participants in this training might be exposed to information that causes them to reflect on their own death, loss, or grief experiences. As such, all participants were encouraged to practice self-care and take breaks as needed during this training. Information about the resources available (including but not limited to the Employee Assistance Program (EAP) for staff) was provided. Finally, since this is a sensitive topic that may be connected to employment, all participants' identifying information on the surveys was kept confidential. If, however, an employee asks a question aloud during the panel discussion, their identity was identified to other participants. Questions during that training segment were not required and were fully voluntary.

**Informed Consent**

All participants had the opportunity to select whether they wish to attend the professional development or attend the professional development and participate in the study. The extent and purpose of the study was explained, and all study participants were given an informed consent form to review online. (See Consent Form in Appendix B.) The informed consent was shared with those individuals who had signed up for this training in advance, so they had time to read it and make an informed decision. However, this researcher also recognizes that some individuals might add or drop this training option on the day of the study, so electronic copies and signatures were provided to all on the day of the training. All individuals were asked to indicate their intent to participate in the study.

**Positionality Statement**

As a school social worker for the school district in this study for fifteen years, a community member for twenty years, and an individual who has personally experienced loss and grief within the past five years, the vantage point of this researcher contains bias and had a vested interest in the outcome of this professional development training. Further, this researcher is white, female, middle class, and highly educated. These identifiers recognize positions of privilege and serve as biases as well. Additionally, working in the school district with the researcher's own experience of loss rather well known among colleagues makes the importance of this training rather transparent to many school staff as mentioned in the reflexivity section in this study. Through regular reflection, consultation, and awareness of ethics within the social work and education field ethics, this researcher continued to examine her role in this pilot intervention study and intended to minimize these biases as much as possible, especially by



including other perspectives from colleagues and journaling to safeguard interpretations and create an audit trail.

### **Data Collection**

The data collection for this pilot study occurred as part of implementing the specialized death, loss, and grief professional development training program to measure the immediate impact of the training. The training aimed to enhance participants' understanding and knowledge related to these sensitive topics. To evaluate the effectiveness of the training, pre- and post-surveys were utilized grounded in the Sawyer (2022) myths and belief scale. This scale assesses various misconceptions and beliefs surrounding death, loss, and grief as stated in true and false statements. Additionally, the training incorporated an intervention designed to facilitate deeper discussions and personal reflections on these themes, allowing participants to apply what they learned in a supportive environment.

All data collected was gathered using Qualtrics (2024) as a protected survey development tool well suited for mixed methods data collection, and access to the tool can be controlled whereby the only individual with access to participant data will be this researcher (Qualtrics, 2024). All data was de-identified, and names were replaced with a unique identifier or pseudonym to compare the pre- and post-intervention data. For the quantitative data, codes and themes were verified by at least one additional individual to increase the trustworthiness of the data and interpretations. Data will be stored on a password-protected computer. The proposal for this study was submitted for IRB approval with Millersville University (see Appendix F).

The data was collected as a self-reported measure of each participant's assessment of their knowledge and a scored knowledge using the myths and beliefs scale Sawyer (2022) created and used with his permission (See Appendix E). Finally, additional questions were

provided post-intervention to gather quantitative data and feedback on improving the training for future iterations. This comprehensive approach aimed not only to assess knowledge changes but also to foster ongoing emotional processing of the subject matter.

***Quantitative Data Collection:***

Information was only collected from individuals who have signed the informed consent and agreed to participate in the research study. Other school staff participated in the training without agreeing to participate in the research study. Those who wish to participate were given the link to the online survey(s) on the day of the training, and the time to complete these surveys was incorporated into the training window of time. After informed consent was granted, participants completed the pre-intervention survey (and ultimately the post-intervention survey) online using either the link that was emailed to them or the QR code that was shared during the training. Completing the initial survey took less than ten minutes for participants to complete online. No paper surveys were offered.

The quantitative data was collected using Qualtrics in a pre- and post-intervention format to measure the perceived and actual knowledge of death, loss, and grief (Qualtrics, 2024). The pre-intervention survey was completed at the very beginning of the intervention and just after the study was explained. The post-intervention was completed online by research participants immediately at the conclusion of the intervention in the same location of the training. All research participants completed the surveys in the same setting as the training. Upon the agreement of school staff to participate and signed consent, participants took a survey where the first question (after gathering some basic demographic information) asked them to assess their knowledge, and the additional twelve items were taken directly from the Sawyer (2022) study with mental health professionals.

Sawyer's 2022 study created this survey of myths and beliefs based on recent thanatology research. The twelve questions were scored according to how accurately the responses are compared to the thanatology expert findings. Those twelve statements are answered with responses: "definitely true," "probably true," "probably false," and "definitely false." This assessment was given to each study participant one time prior to the professional development intervention.

After the professional development training intervention, all study participants were given the repeated self-assessment question and the repeated Sawyer (2022) survey. Each data point will provide information to inform future iterations of this training and future training that might be needed to complement this intervention.

### ***Qualitative Data Collection:***

Qualitative data was collected as a post-intervention assessment to measure and gather participants' feedback on this pilot study intervention of the professional development training. These primarily open-ended questions were given to participants at the conclusion of the training. The qualitative questions were asked using the same post-intervention survey as was used to gather the post-intervention quantitative data. (See Appendix C.) The study participants were asked to complete these questions while still in the training to avoid forgetfulness of completion or other variables that occur with time and could be unrelated to the pilot study. The researcher designed this survey to offer anonymous feedback options for participants. As such, the survey has not been tested for psychometric properties. Data collected underwent content analysis and response frequency counts. Anonymity promoted input, protected confidentiality, and alleviated bias. Data was gathered consistently from all study participants and followed the post-intervention quantitative data collection for all participants. The feedback portion of the

survey was intended to gain insight into the various components of this pilot study and shape future interactions while the analysis sought commonality with themes in responses. Data triangulation was expected to develop further information about participants and the changes in their knowledge, and the feedback offered on the intervention. By creating the mixed methods design in this research, the quantitative and qualitative data offered rich information to inform this pilot study and future program iterations. All data collected was gathered using Qualtrics as a protected survey development tool well suited for mixed methods data collection, and access to the tool can be controlled whereby the only individual with access to participant data will be this researcher. All data was de-identified, and names were replaced with a unique identifier or pseudonym to compare the pre- and post-intervention data. For the quantitative data, codes and themes were verified by one additional individual to increase the trustworthiness of the data and interpretation. Data was stored on a password-protected computer. The proposal for this study was submitted for IRB approval with Millersville University (see Appendix F).

### **Data Analysis**

This study primarily focused on two dependent variables. The first dependent variable was knowledge of death, loss, and grief. This dependent variable was measured by the pre-test and post-test created by Sawyer et al. (2022). Sawyer (2022) studied the differences between mental health professionals and the general public as they answered questions about myths and beliefs related to grief, loss, and death. The twelve statements are grounded in work by experts and theories specific to death and grief, and the quantitative study measured whether the participants felt these myths or beliefs were true or false, indicating whether their knowledge on the topic was accurate or correct. As seen below in Table 1, the mixed methods analysis was based on individual research questions. While all participant data were used for all three research

questions, the second research question further explored subgroups to assess any differences between the groups. An interpretation of the analysis follows the table below.

**Table 1**

*Data Analysis*

Research Question	Participants	Variables	Type of Analysis
1. What is the (pre-intervention) school staff's knowledge of myths and beliefs about death, loss, and grief?	All participants	Knowledge (measured by Incorrect or Correct Responses Pre-Intervention)	Descriptive statistics (reported with frequency and % correct or incorrect)
2. Does knowledge change as a (post-intervention) measure of the effectiveness of this professional development training? <ul style="list-style-type: none"> <li>Was there a difference in building levels?</li> <li>Was there a difference in years of working in a school setting?</li> <li>Was there a difference between teachers and mental health professionals?</li> </ul>	All participants  K-5 group and 6-graduation  0-14 and 15+ years in schools  Teachers and Mental Health Professionals	Knowledge (measured by Incorrect or Correct Responses Post-Intervention and compared with Pre-Intervention scores on 12 statements)	Paired Sample t-tests  Individual t-tests to evaluate differences across subgroups
3. How can future iterations of this professional development be improved to meet school staff and mourner needs and improve knowledge? <ul style="list-style-type: none"> <li>Was the intervention implemented as planned?</li> </ul>	All Participants          All Panelists	Feedback (responses on seven open-ended questions)       Evaluated each component	Thematic Analysis with one additional coder (to meet or exceed 50%)       Implementation Fidelity >80%

Pre-intervention knowledge scores from the survey were indicators of the baseline knowledge of the school staff in this study and addressed research question one. Descriptive statistics evaluated the frequency and percentages of incorrect and correct responses. Scores were calculated based on the correctness of responses by combining the “definitely” and

“probably” true options as well as the “definitely” and “probably” false answer options. The quantitative data also addressed the second research question and were evaluated with paired samples t-tests to evaluate related samples that were created and look at differences between groups, especially to consider the effect of the intervention by analyzing the data pre- and post-intervention. Additional t-tests evaluated independent samples by comparing between different groups of subjects. The second dependent variable was the delivery and effectiveness of the components of the pilot study intervention. Feedback on the delivery and effectiveness of the intervention components was measured by the last several questions (mostly open-ended) in the post-intervention survey. Some demographic information was also gathered (independent variables) at the beginning of the pre-intervention survey (See Surveys in Appendix C). Thematic analysis of the qualitative (open-ended questions) data were conducted with an additional reader with a process of reading and rereading the participant responses to find common themes representing overarching ideas embedded within the data set that recurred in the responses at a level of at least 50%. The themes were named and grouped to identify, analyze, and report to inform future iterations of this training.

All data were collected in Qualtrics, and further statistical analysis was completed using IBM SPSS for research question two. Pre- and post-intervention data were connected per participant, de-identified, and scored. Participants who complete the required questions or complete only the pre-intervention survey (but do not complete the post-intervention survey) were eliminated as incomplete with missing data and unable to be used in data comparisons. Open-ended questions will be coded with the threshold of 50% consensus for thematic analysis, indicating that at least 50% of the participants shared the same feedback theme to inform future iterations of this training beyond this pilot study. One additional coder reviewed the coding of

the qualitative data to ensure its accuracy and attempt to reduce bias and subjectivity. Both coders reviewed data numerous times and sought patterns and recurring ideas that shared commonality between participant responses. Themes were identified with common words and shared in the findings per question, especially when the threshold met 50% (Belotto, 2018). Finally, post-intervention, the researcher and panelists evaluated the individual components of the pilot study to determine how well each intervention segment was executed to test fidelity. That post-intervention fidelity assessment occurred immediately after the session to ensure timeliness of the reflection. All panel members fully participated in offering feedback on each component. Panelists were given the option to share future reflections with the author of this study if they had any future thoughts about the training. None were shared to date. Therefore, all feedback on fidelity for this study was received on the date of the study.

## **Chapter 4: Findings**

This chapter presents the research findings. The research questions and hypotheses are discussed to address the quantitative questions and findings first to address baseline knowledge of school staff on death, loss, and grief, intervention impact on knowledge, and demographic specific impact on knowledge. The qualitative and reflective analysis follows the quantitative findings and addresses and informs future interactions of this professional development as well as future research.

Three specific research questions were explored.

- What is the (pre-intervention) school staff's knowledge of myths and beliefs about death, loss, and grief?
- Does knowledge change as a (post-intervention) measure of the effectiveness of this professional development intervention?
- How can future iterations of this professional development be improved to meet school staff and mourner needs and increase knowledge?

It was hypothesized that public school staff have a deficit in knowledge on death, loss, and grief, and the intervention would increase their knowledge. This study examined and explored school staff perceptions of the intervention to best meet the needs of the public school staff and inform enhancements of future training.

### **Quantitative Analysis**

Recognizing that death, loss, and grief occur with school age children and that there is a potential to impact their ability to access their education, it was asserted that the school staff community needs to be well trained to support and accurately understand grieving children. The first research question was focused on gaining baseline information about school staff



knowledge. This study evaluated the pre-existing knowledge of the sample of school staff by calculating the frequencies and percentages of correct responses for each of the twelve statements taken with permission from Sawyer's study (2022). The second research question focuses on whether school staff knowledge changes as a measure of effectiveness of the professional development intervention. A paired samples t-test was used to compare the mean percentages of items correct at post-test versus pre-test. Additional unpaired t-tests were conducted with independent samples to compare across different groups of subjects.

Eighty individuals participated in the professional development offered in November 2024 for this study. Of the total number of participants, forty-five participated in some portions of the pre- and post-intervention surveys. Due to participants needing to leave early or arrive late, three participants were unable to complete both of the surveys. As a result of this incomplete data collection, the data from those participants were removed from these research findings, which left this study with forty-two total study participants. One individual participant works primarily in the administrative/district office. Twenty-two participants work in the secondary school buildings (middle schools and high school, which accounts for grades six through graduation in this specific school district). Those secondary school staff account for 52% of all participants. At the elementary building level (grades kindergarten through fifth grade), nineteen school staff participated in both surveys, accounting for 45% of all participants. (See Tables 2.)

**Table 2***Participant Demographic Information*

Characteristic	<i>n</i>	%
Building		
High School	7	16.67
Middle School (1)	3	7.14
Middle School (2)	12	28.57
Elementary School (1)	6	14.29
Elementary School (2)	7	16.67
Elementary School (3)	1	2.38
Elementary School (4)	5	11.90
Administrative Office	1	2.38
Building Level		
Secondary (grades 6-12+)	22	52.38
Elementary (grades k-5)	19	45.23
Administrative Office	1	2.38
Years Working in a School		
0-4 years	6	14.29
5-9 years	7	16.67
10-14 years	3	7.14
15-19 years	10	23.81
20-24 years	6	14.29
25+ years	9	21.43
(did not answer)	1	2.38
Job Title		
Teacher	19	45.24
Paraprofessional	7	16.67
Mental Health Provider	11	26.19
Administrator	3	7.14
Safety & Security	2	4.76
Gender		
Male	6	14.29
Female	36	85.71
Highest Level of Education		
High School	2	4.76
Some College	1	2.38
Bachelor's degree	8	19.05
Master's degree	31	73.81

Of the participants in this research study, most participants ( $n = 10$ , 23.81%) had worked in a school setting between fifteen and nineteen years, followed closely by school staff that had worked in a school setting for over twenty-five years ( $n = 9$ , 21.43%). One individual participant did not provide this information. Additionally, it should be noted that the question did not ask how long these participants worked in this particular school district, but rather worked in any school setting, which could include their experience in other settings or districts. Upon further examination, sixteen participants worked in a school setting for fourteen or less years ( $n = 16$ , 39%) and twenty-five worked in a school setting for fifteen years or more ( $n = 25$ , 61%). When looking at those particular two different groups (working less than fourteen years versus working fifteen or more years), the individual study participant that did not share their years of work in a school setting was removed from those calculations and comparison, which reduced the study group (for that comparison) to forty-one individuals.

Teachers account for the largest group within job titles for the participants of this study ( $n = 19$ , 45%). The second largely represented group was mental health professionals who participated in this study ( $n = 11$ , 26%). (See Table 2.) For all the participants, there were six male participants and thirty-six female participants. Because the number of males was such a small sample, it was not used for comparison purposes, nor was the highest level of education completed. Seventy four percent of the participants selected having a master's degree as the highest level of education completed. A bachelor's degree is the minimum requirement to be a certified teacher (the largest number of participants by job title) and that those in the second largest participant group, mental health providers, would need at least a master's degree for those positions.

***Research Question 1***

The first research question was to assess school staff knowledge of death, loss, and grief, which was previously unknown or unreported. It was hypothesized that school staff would have deficits in their knowledge of death, loss, and grief beliefs. School staff were asked to answer Sawyer (2022) statements from thanatology sources using the Qualtrics online survey (Qualtrics, 2024). The school staff were to answer whether each statement was either definitely true, probably true, probably false, or definitely false. As seen in Table 3, the scores were collapsed and combined to result in correct or incorrect responses. That information provides insight into where our school staff came into this training intervention with some accurate knowledge. Statements one, two, eight, and ten show a split in correct answers with closer to half correct and closer to half incorrect. Statement four was answered incorrectly by all school staff participants. Statements three, five, six, seven, nine, eleven and twelve indicate that many school staff began this training intervention with accurate knowledge. Understanding the misinformation or lack of knowledge may offer a baseline and guide future training. These descriptive statistics summarized and described the pre-intervention data for school staff in this study and intervention.

**Table 3*****Pre-Intervention Assessment of School Staff Knowledge of Death, Loss, and Grief***

	Pre-Intervention Responses	
	<i>f</i>	%
Statement 1: The process of grief can be expected to progress through a predictable series of stages, starting with denial and ending with acceptance.		
Incorrect	23	55
Correct	19	45

---

Statement 2: People are more likely to show signs of resilience rather than long-term grief responses after experiencing the death of a loved one.

---

Incorrect	24	57
Correct	18	43

---

Statement 3: Older people are usually more anxious about death than younger people.

---

Incorrect	11	26
Correct	31	74

---

Statement 4: About 20-30% of people who have experienced the death of a loved one will experience intense yearning, longing, or emotional pain, frequently preoccupying thoughts and memories of the deceased person, a feeling of disbelief or an inability to accept the loss, and difficulty imagining a meaningful future without the deceased person.

---

Incorrect	42	100
Correct	0	0

---

Statement 5: People who do not become depressed after the death of a loved one are probably denying their true feelings.

---

Incorrect	5	12
Correct	37	88

---

Statement 6: Approximately 25-30 of college students have experienced the death of someone within the past year.

---

Incorrect	4	10
Correct	38	90

---

Statement 7: Most people develop a mental disorder after the death of a loved one.

---

Incorrect	5	12
Correct	37	88

---

Statement 8: Responses to grief are typically consistent even when considering cultural differences.

---

Incorrect	23	55
Correct	19	45

---

Statement 9: It is typically more helpful for people to "move on" with their lives rather than think about memories of the deceased.

---

Incorrect	4	10
Correct	38	90

---

Statement 10: Most people need professional help to cope with grief.

---

Incorrect	22	52
Correct	20	48
Statement 11: Bereaved children and adolescents do not grieve as deeply as adults.		
Incorrect	2	5
Correct	40	95
Statement 12: Experts typically recommend that children should be protected from the pain and suffering that death creates.		
Incorrect	3	7
Correct	39	93

### ***Research Question 2***

The second research question evaluated whether the intervention caused a change in knowledge for school staff. Using Sawyer's (2022) twelve statements and consolidating the responses to be either correct or incorrect, a paired samples t-test was used to compare the pre- and post- difference in mean number of statements correct. There is a significant difference overall in the school staff knowledge before ( $M = 67\%$ ,  $SD = 1.43$ ) and after ( $M = 75\%$ ,  $SD = 1.74$ ) the professional development intervention,  $t(41) = -3.67$ ,  $p = 0.001$ . (See Table 4.) There was a statistically significant difference of correct responses after the intervention versus prior to the intervention.

**Table 4**

*Total Correct Responses Pre-Intervention versus Post-Intervention Tests*

	<i>M%</i>	<i>SD</i>	<i>t</i>	<i>p</i>
Pre-Test	67	1.43	-3.67	=.001
Post-Test	75	1.74		

### ***Comparison of Various Demographic Subgroups***

While evaluating the significance of the training on the knowledge of school staff overall, it was important to evaluate a few subgroups within the demographics of this study's participants to see if there were any statistically significant differences that could be attributed to other variables. Specifically, this study considered the impact of the level where the school staff worked, both secondary (grades six through graduation) and elementary (kindergarten through fifth grade). Additional data was considered for years working in a school setting. Finally, the subgroup of teachers versus mental health professionals within the school staff was evaluated. Information for these subgroups was evaluated to understand the findings of the intervention and to inform future iterations.

Elementary school staff work with students in grades kindergarten through fifth grade in the school district for this research study. Whereas secondary school staff work with students in grades six through graduation. Data were broken down to evaluate whether there were any differences between elementary (k-5) and secondary (grades 6-graduation) school staff knowledge. Several independent sample t-tests were administered with this subgroup to compare secondary versus elementary school staff knowledge pre-intervention, post-intervention and then paired sample t-tests comparing the pre-intervention and post-intervention results for each of the subgroups. Findings indicate that the secondary school staff change in knowledge due to the intervention (pre-intervention versus post-intervention) was statistically significant. There is a significant difference overall in the secondary school staff knowledge before ( $M = 65\%$ ,  $SD = 1.412$ ) and after ( $M = 75\%$ ,  $SD = 1.397$ ) the professional development intervention,  $t(22) = -4.11$ ,  $p < .001$ . (See Table 5.) For both groups, there was a demonstrated increase in knowledge (more correct responses post-intervention than pre-intervention), but the secondary school staff group

was statistically significant, demonstrating that the secondary school staff knowledge had a greater statistically significant increase in knowledge post-intervention.

**Table 5**

*Several t-Tests Comparing School Staff Groups Elementary versus Secondary*

	<i>M%</i>	<i>SD</i>	<i>p</i>	<i>t</i>
Pre-Intervention				
Secondary	65%	1.412	.391	-0.87
Elementary	68%	1.425		
Post-Intervention				
Secondary	75%	1.397	.713	0.37
Elementary	74%	2.089		
Paired Samples				
Secondary (pre-)	65%	1.412	<.001	-4.11
Secondary (post-)	75%	1.397		
Elementary (pre-)	68%	1.425	.173	-1.41
Elementary (post-)	74%	2.089		

Data were also evaluated regarding whether there were any differences between years working in a school setting on school staff knowledge. Several independent sample t-tests were administered with this subgroup to compare school staff with zero to fourteen years working in a school setting versus those with 15 or more years working in a school setting regarding knowledge in pre-intervention, post-intervention and then paired sample t-tests comparing the pre-intervention and post-intervention results for each of the subgroups. Findings indicate no significant difference in pre-intervention or post-intervention among the subgroups. For both groups, there was a demonstrated increase in knowledge (more correct responses post-intervention), but there was only a statistically significant increase in knowledge for the school



staff that had worked in school settings for fifteen plus years when evaluating their pre-intervention and post-intervention knowledge gain due to the intervention. The statistically significant difference for school staff working fifteen or more years in a school setting had increase in knowledge from before ( $M = 68\%$ ,  $SD = 1.323$ ) to after ( $M = 78\%$ ,  $SD = 1.842$ ) the professional development intervention,  $t(26) = -3.18$ ,  $p = .004$ . (See Table 6.)

**Table 6**

*Several t-Tests Comparing School Staff Years Working in a School Setting*

	<i>M%</i>	<i>SD</i>	<i>p</i>	<i>t</i>
Pre-Intervention				
0-14 years	65	1.559	.399	-0.85
15+ years	68	1.323		
Post-Intervention				
0-14 years	70	1.504	.117	-1.60
15+ years	78	1.842		
Paired Samples				
0-14 years (pre-)	65	1.559	.155	-1.50
0-14 years (post-)	70	1.504		
15+ years (pre-)	68	1.323	.004	-3.18
15+ years (post-)	78	1.842		

Another consideration based on provided demographic data was whether the role of the individual participants in the school setting had any impact on school knowledge of death, loss, and grief. School staff were separated into two groups with one group of nineteen individual participants having selected the job title of teacher. Eleven individual participants had selected the job title of mental health professional. This subgroup offers insight to comparisons with the Sawyer (2022) study of mental health providers versus the general population.

The group of research participants who had the role of teachers demonstrated a statistically significant improvement in knowledge in the paired samples t-test when considering their pre-intervention and post-intervention scores. The statistically significant difference for teachers was an increase in knowledge before ( $M = 61\%$ ,  $SD = 1.300$ ) to after ( $M = 75\%$ ,  $SD = 1.291$ ) the professional development intervention,  $t(18) = -4.34$ ,  $p < .001$ . (See Table 7.) The mental health professionals did demonstrate a modest increase in knowledge (whereby post-intervention scores were slightly higher than pre-intervention scores). However, it should be noted that the mental health professional research participants' pre-intervention knowledge scores were much higher than the teacher knowledge pre-intervention scores, reflecting that their base knowledge was greater (similar to the Sawyer (2022) findings). This pre-intervention score was also statistically significant between the two groups (teachers versus mental health professionals) with teacher pre-intervention scores ( $M = 61\%$ ,  $SD = 1.300$ ) compared with mental health professionals' pre-intervention score was much lower ( $M = 76\%$ ,  $SD = 0.831$ ),  $t(11) = -3.94$ ,  $p < .001$ . (See Table 7.) There was no statistically significant difference in roles in school settings with post-intervention scores. Overall, teachers' pre-intervention knowledge score was lower than that of the mental health professionals, and teachers experienced a statistically significant increase in knowledge than mental health professionals with their post-intervention knowledge.

**Table 7**

*Several t-Tests Comparing School Roles of Teachers versus Mental Health Professionals*

	<i>M%</i>	<i>SD</i>	<i>p</i>	<i>t</i>
Pre-Intervention				
Teachers	61	1.300	<.001	-3.94
Mental Health	76	0.831		

Post-Intervention				
Teachers	75	1.291	.710	-0.38
Mental Health	77	1.250		
Paired Samples				
Teachers (pre-)	61	1.300	<.001	-4.34
Teachers (post-)	75	1.291		
Mental Health (pre-)	76	0.831	.779	-0.29
Mental Health (post-)	77	1.250		

---

While the sample sizes are small, especially for the subgroup that were evaluated, the data informs this pilot study and will inform future iterations and research. In conclusion, the quantitative findings of this study indicate an overall statistically significant increase in knowledge pre-test to post-test for the whole school staff group of participants. In terms of subgroups, there was a statistically significant difference with secondary teachers' pre-intervention and post-intervention knowledge scores. There was a statistically significant difference with school staff that worked in a school setting greater than fifteen years pre-intervention and post-intervention knowledge scores. There was a statistically significant difference with teachers' pre-intervention and post-intervention knowledge scores. Finally, there was also a statistically significant difference between teachers' and mental health professionals' pre-intervention knowledge scores.

The first research question was answered to assess school staff knowledge pre-intervention, recognizing that there were some areas where school staff came to training with knowledge and in other statements where there were deficits. The second research question was aimed at measuring the effectiveness of the training and demonstrated statistically significant improvement in knowledge overall as well as in the aforementioned specific subgroup analyses.

## **Qualitative Analysis**

Seven open ended questions were posed to all forty-two research participants in the post-intervention survey (see Appendix C). One research participant did not offer a response to any of the open-ended questions. There could be various explanations for that lack of response including, but not limited to, fatigue. Each question and the corresponding responses stood alone and were analyzed for commonalities individually as well as in conclusion with any overarching similarities through the thematic analysis process of coding and seeking common themes in content. The threshold of 50% was used in content analysis to determine the significance of the feedback, whereby one half of participants would need to make a similar expression or statement to the open-ended question(s) for the feedback to be considered informative. In the absence of reaching the threshold of 50%, themes would be reported as feedback for this pilot study.

### ***Research Question 3***

The third research question: “How can future iterations of this professional development be improved to meet school staff and mourner needs and increase knowledge?” was addressed with several qualitative questions in the survey (see Appendix C). It was expected that the public school staff would offer significant feedback on the effectiveness of this training aimed at improving this training intervention to advance this pilot study into the next iteration and best meet the needs of the public school staff.

Participants were given a gauge image with the question: “Please assess your own knowledge of death, loss, and grief at this moment in time.” In the directions, zero indicated no knowledge and ten indicated expertise on death, loss, and grief. Six research participants did not answer both the pre- or post- question using this gauge and perhaps did not understand how to use this unique tool. One recommendation might be to explain that as it might be an unusual or

atypical tool or provide better directions to that question. Nine research participants did not answer either the pre-intervention or the post-intervention question. Together that led to the elimination of the data for those fifteen research participants, resulting in a sample of twenty-seven research participants. Of those twenty-seven participants, three participants rated their self-assessment of knowledge to be the same numerical value pre- and post-intervention. For those three individual participants, the quantitative data showed that those individuals increased in accuracy with the true and false questions. Specifically, the overall scores for participant 1 went from six to eight correct (pre- to post-intervention), participant 2 went from six to nine correct, and participant 3 went from nine to ten correct. For the participant that felt there was a self-assessed decrease in knowledge, the true false scores went from overall eight correct at pre-intervention to eleven correct post-intervention. The remaining twenty-three participants assessed themselves as having more knowledge post-intervention than pre-intervention. Because of the small sample size and potential confusion of the tool, no specific conclusions can be drawn. Even the reduction of self-assessment does not necessarily mean that these participants felt their knowledge was reduced, but another possible explanation might be that they realized how much more there is to learn on these topics. The data gathered here is also subjective and cannot be compared within or between participants for that reason. However, it is an interesting consideration to explore with future research and program evaluation.

The first open ended question was: "What did you learn in this training that you would apply professionally or personally?" One research participant did not offer any response. Overall, the participants ( $f = 41$ , 98%) seemed to garner ways to incorporate the training into their personal or professional lives. One common theme emerged of support and understanding. Statements demonstrating the theme of support and understanding included: "Not to use "I"

statements, but rather give the student time to share how they are feeling IF they want to.” and “It is important to let the student know you are there when/if they want to talk.” The majority of responses reflected versions of the statement: “Meeting students where they are in their experience of grief because everyone experiences grief differently and at their own pace.” A common secondary code was shared by four participants (10%) about resources but did not reach the 50% cut off mark.

The second open ended question was: “Are there additional topics related to death, loss, and grief that you would like us to expand on or explore with future professional development training?” Eleven research participants ( $f = 11$ , 26%) did not respond or offer any answer. Ten research participants stated “No” and two responded with “n/a” typed in. Those twelve respondents, combined with those with lack of response account for twenty-three participants ( $f = 23$ , 55%). The remaining nineteen research participants commented that they would like more information on cultural rituals/customs, district procedures especially regarding unexpected deaths, expansion on the topics covered, art therapy, specific information related to suicide, curriculum, information to assist staff with losses, how to introduce the topic, loss of pets, losses that are not deaths, and offering this training again to others who could/did not attend. No common themes were identified within the responses.

The third open ended question was: “In your anonymous opinion, how could this training be improved?” Research participants ( $f = 16$ , 38%) commented about the video, many suggesting that it be broken up into smaller sections with discussion throughout while others felt the video length was overall too long. Many participants specifically mentioned appreciating the panelist discussion. Two participants specifically recommended more time for interaction. One statement that seemed to reflect the comments overall was: “I thought this was very engaging and

appreciated the perspective of the panel members.” No common themes were identified within the responses to meet the 50% threshold.

The fourth open ended question was: “What are the strengths within our school district related to addressing death, loss, and grief experienced by our students?” Two research participants did not provide a response, another participant responded “n/a” and another participant responded “No.” The remaining ( $f=38$ , 91%) participants overwhelmingly pointed out mental health individuals and staff community as strengths within this school district. This theme of mental health and staff surpassed the 50% threshold and identified a common theme within these responses. The Loss Group at one of the middle schools was specifically mentioned as a strength and there were a few participants that questioned if similar support groups were or could be available at other levels. Statements that justified this theme included: “Having a loss club and a social worker.” “We have two counselors and a social worker to help students.” “Loss groups, this training, having folks around who are trained to support our students through grief” and “I think PV is improving in the amount of mental health staff we have in place.” The theme of mental health and staff met the criteria of greater than 50% commonality.

The fifth qualitative question was: “What are the primary challenges to addressing death, loss, and grief experienced by our students?” Four research participants did not provide a response, one responded “I don’t know.” One responded “n/a” and another “no.” Of the remaining participants, five statements ( $f=5$ , 12%) were specific to the challenges of information shared with school staff so that they could be informed and supportive. Other responses included a concern that the topic remains “taboo,” that there is not enough time to let students process grief, that school staff need to continue to build relationships, and that school staff’s own needs with death, loss, and grief are a primary challenge in the school setting. One response that

supported the concept of information included: “The primary challenge is often families' willingness to disclose when families experience a loss.” That comment might support further community-wide training opportunities. That code of information did not meet the 50% threshold.

The sixth qualitative question was: “What do you think about utilizing professional development as a means of addressing this issue?” Five individuals did not answer this question as indicated by leaving the response blank. One individual answered “No” and one additional participant answered “n/a.” One individual answered with the response “I appreciated this being offered but I think our district as a whole has a negative attitude towards PD so its a tough venue to present in.” The last response (just mentioned) was coded as not fully supportive of utilizing professional development as a means of addressing this issue and was reflective of the limitations related to attitudes toward PD. The remaining ( $f = 34$ , 81%) of research participants offered statements supporting the use of professional development to address the topic of death, loss, and grief. Supportive statements that justify and explain that theme included: “Absolutely a wonderful idea. It should have the same importance as SEL and inclusion as a road to help us as a district address teaching the whole child and preparing them for life.” and “I am 100% in favor of it. This was one of the best professional development sessions I can remember participating in.” One participant suggested: “Definitely good to address - is it possible to have more personal reflection time or time to talk with others.” The affirmative responses shared some common words: “idea” was used eleven times, “love” was used five times, “help” was used four times, “all staff” and “good” were used three times. With 81% supporting this use of professional development, it would seem like there was an overall support of offering this training during professional development in the school setting.



The seventh qualitative open-ended question was: “What specific behaviors need to happen to ensure we adequately address the death, loss, and grief that our students experience?” Research participants ( $f = 12$ , 29%) left this response empty. Two participants responded that they were not sure, one responded “n/a,” one responded “No,” and one responded that they did not understand the question. The remaining research participants ( $f = 25$ , 60% of total research participants) offered comments indicating the need for empathy with grieving students, supported by comments like: “They need to be loved, heard, and cared for.” “Have empathy and just let them know that you are available if they need you.” and “A mindset of thinking that it is our job to help students through this. Empathy that life events effect learning.”

The last question of the post-intervention survey asked research participants “Please rate how this training met your expectations.” The response of “1” would indicate that the training did not meet the participant’s expectations and “100” would indicate that the training met and exceeded expectations. Three research participants did not answer this question. Of the remaining thirty-nine participants, twenty (48% of participants) reported a score of “100.” Eleven participants reported a score in the 90s. Six participants reported a score in the 80s. Two participants reported a score of 50 and 51 respectively. Again, because these scores are subjective, they cannot be compared within or between participants. However, the professional development training seems to have met the expectations to a large extent for the majority of participants.

Overall, to address the third research question: “How can future iterations of this professional development be improved to meet school staff and mourner needs and increase knowledge?” Several qualitative and open-ended questions in the survey (see Appendix C) have been analyzed. The anticipated feedback on the effectiveness of this training aimed at improving

this training intervention to advance this pilot study into the next iteration and best meet the needs of the public school staff was supported, four questions meeting feedback at the 50% level for thematic analysis. (See Table 8.) While one individual research participant did not complete any of the open-ended research questions, that same individual participant rated the training as a 95/100 on meeting their expectation.

**Table 8***Qualitative Feedback on Open-Ended Questions*

Question	<i>f</i>	%	Theme
1. What did you learn in this training that you would apply professionally or personally?	40	98	support & understand
2. Are there additional topics related to death, loss, and grief that you would like us to expand on or explore with future professional development training?			No themes emerged
3. In your anonymous opinion, how could this training be improved?	16	38	video
4. What are the strengths within our school district related to addressing death, loss, and grief experienced by our students?	38	91	mental health & staff
5. What are the primary challenges to addressing death, loss, and grief experienced by our students?	5	12	information
6. What do you think about utilizing professional development as a means of addressing this issue?	34	81	supportive
7. What specific behaviors need to happen to ensure we adequately address the death, loss, and grief that our students experience?	25	60	empathy

As a group and using the threshold of 50% for thematic analysis, the majority of the remaining participants answered the majority of the seven open-ended questions with information that offered feedback on how this professional development can be offered in the future. Feedback included both affirmation that this training was considered useful ( $f = 40$ , 98%) with participants offering ways to be implemented in personal and professional lives based on the common theme of support and understanding. Of the study participants' who responded, ( $f = 34$ , 81%) many indicated this training was an appropriate use of professional development with the common theme of supportiveness. Within the school district, mental health staff (and their availability) was a common theme for the fourth question about strengths ( $f = 38$ , 91%). In question seven, when asked about behaviors needed to ensure adequately addressing grieving students, empathy emerged as a theme with participants ( $f = 25$ , 60%). While many research participants ( $f = 16$ , 38%) felt the video component was long but greatly valued the panel discussion, resources, and the opportunity to interact, this did not meet the 50% threshold. Research participants offered various topics related to death, loss, and grief that could be further explored with additional training, but no common theme emerged. The majority of research participants seemed to indicate that this professional development training met their expectations, with 74% of participants rating this with a score of 90-100 on a scale of one hundred total possible points. Using thematic analysis criteria, the feedback that was supported by the majority of participants indicated that using professional development time for this training was deemed appropriate, that the learning could be applied in the participants' personal and professional lives. These common themes and findings assert consensus and support the hypothesis that the school staff offered feedback to guide future iterations of this training beyond this pilot study. While the other individual comments might not represent group consensus and

did not reach the 50% threshold, they are still worth taking into some consideration to inform future training plans.

***Fidelity Assessment & Post-Intervention Panelist Evaluation***

Immediately at the conclusion of the pilot study professional development training, the panelists gathered and reviewed each individual component of the training plan. 100% of all components were implemented as intended by the presenters. It was agreed that in future training, the panelists could have spent more time and effort aimed at ensuring that the twelve statements were specifically addressed multiple times. The use of the panel discussion supported the triangulation of the qualitative and quantitative data to evaluate this pilot study and intervention.

## **Chapter 5 Discussion, Implications, and Conclusions**

With one in twelve children experiencing the death of a parent or sibling before the age of eighteen, (in Pennsylvania that number increases to one in eleven children), and 90% of children experiencing the death of a close friend or relative by the age of eighteen, it is understood that mourning children have needs that might impact their ability to access their education (Frei-Landau, 2023; Judi's House/JAG Institute, 2024). While families are grieving, the child may need the support of other well-informed adults to serve as protective factors in the child's development (Eftoda, 2021). While teachers serve an important role in schools, there are other school staff that impact student experiences and interact with students. This pilot study recognized the roles of various school staff in this multidisciplinary setting in assisting mourning children with accurate information and skills gained through targeted professional development and underscored the importance of in equipping school staff with the necessary knowledge to support students through experiences of death and loss, and highlighted the need for ongoing, context-specific training in educational settings.

The primary purpose of this pilot study was to evaluate the effectiveness of a professional development training on school staff knowledge related to death, loss, and grief. This intervention was designed in conjunction with the New York Life Foundation's Grief Sensitive Schools Initiative and incorporated a panel discussion with local bereavement experts. The measure of knowledge was based on twelve statements from the Sawyer (2022) study that offered information on beliefs or myths related to death, loss, and grief in true or false formats. The three research questions conceptualized for this study were aimed at measuring a baseline of pre-intervention knowledge for school staff, measure any change in knowledge due to the intervention, and gather feedback to inform future iterations of the training.

## Discussion of Findings

Studies on death, loss, and grief instruction in schools has primarily been limited to focus on teachers only (not all school staff) and primarily indicating a lack of instruction both pre-service and during employment at schools (inservice) (ATF, 2012; DeMuth et al., 2020; Lynagh et al., 2010; Wass et al., 1990). The Sawyer (2022) study demonstrated that mental health professionals had a greater and more accurate knowledge related to the beliefs and myths of death, loss, and grief as compared to the general population. With school age children, dealing with the complex concerns related to grief at different developmental stages, the school staff need accurate knowledge to best support these mourners. Participants ( $f = 34$ , 81%) in this study reported that this was a good use of professional development training time, with many ( $f = 40$ , 98%) of research participants offering ways they could incorporate the learning into their personal and/or professional lives, and a large number ( $f = 31$ , 74%) of the research participants assigning a grade of 90-100 (on a scale of 100) as to the training meeting their expectations. The research demonstrated that the participants as a whole group experienced a statistically significant growth and improvement in knowledge due to the intervention. While all subgroups demonstrated improvement in knowledge, secondary level school staff experienced statistically significant changes in knowledge due to the intervention, as did the school staff that worked in school settings for fifteen or more years. Finally, when broken down to compare scores between the subgroups of teachers versus mental health providers, teachers' pre-intervention knowledge was statistically lower pre-intervention, but nearly caught up to the mental health providers' knowledge, demonstrating that the training was effective to improve the knowledge.

This pilot study and intervention was designed to be delivered as a training opportunity during professional development time, gathering information and continually informing future

training. The theoretical frameworks that guided this pilot study were broken down into two subgroups whereby Systems and Empowerment Theories related to the people receiving the professional training intervention (school staff). Systems Theory guided this pilot study with the interconnectedness and need for comprehensive school support systems (not limited to just teacher roles) to address the needs of grieving children. The Empowerment Theory guided the framework for school staff to develop autonomy and agency in addressing challenges with grief, but to do so guided by accurate knowledge from this training. Diffusion of Innovation and Implementation Science guided the study and development of the intervention, recognizing that this is a new approach for our professional development that will need to be evaluated for sustainability and organizational response and adoption (Barr et al., 2021; Dearing, 2009; Rowling, 1996; Zullig et al., 2024). To the extent possible, all research questions to assess baseline knowledge, change in knowledge due to intervention, and feedback to guide future iterations of this intervention utilized all four theoretical frameworks to be inclusive of the entire school staff community and to inform an ongoing adoption process within the school system.

In consideration of findings that were not anticipated, when asking participants to gauge or assess their own knowledge both prior to the training and after the training, the tool used within Qualtrics seemed unfamiliar to the research participants and therefore unanswered. Increasing the instructions for that component might increase that level of participation (Qualtrics, 2024). However, those results are only comparable with each participant (subjective measure) and a follow-up question to better understand any changes would be recommended. Additionally, there were several instances where research participants did not answer the open-ended questions. One might speculate that this could be due to fatigue, an overarching history of feedback being perceived as going unread, or various other reasons. Reducing the number of

open-ended questions might be one recommendation as this was another unanticipated finding. Another potential solution could be to require participants to answer those questions or to create options for responses from a selected list as well as open-ended options.

### **Discussion and Implications for Future Research**

Additional professional development training opportunities need to be explored and should continue to gather information to guide and continually improve by delivering accurate information, resources, and support for school staff. Ideally, future research will expand the participant base and may offer some differentiated instruction. Specifically, recognizing that various professional groups or individuals might come to the training with more or less knowledge, offering training at different entry points (perhaps based on an assessment or questionnaire) would provide the levels of instruction that might be more meaningful and offer more growth for individuals and professional groups. Future programmatic considerations include offering focused information on various cultures related to the topic of death, loss, and grief as that was an area both requested by participants and noted to have the most incorrect responses (least growth). A future study with a longitudinal lens might address how knowledge is maintained beyond the one-time training and applied when school staff encounter grieving students. All seven schools in this pilot study had at least five participants in the training (although not necessarily all of those participated in the research study), which afforded each school an additional five hundred dollars for future grief resources or to fund additional trainings, which might also have a great impact on future research and support ongoing adoption within the school system.



**Implications for Social Workers as Leaders and Advocates**

Social workers, mental health professionals, and multidisciplinary teams offer unique perspectives, and skill sets to the school setting. The NASW Standards for School Social Workers charges social workers to be interdisciplinary leaders in the “implementation of comprehensive school-based programs and school-based programs that promote student well-being and positive academic outcomes” as well as facilitating understanding of factors affecting student educational experiences, which would include grief (NASW, 2012). The Social Work Code of Ethics identifies core values that align with social workers as leaders, including assisting grieving children. The core value of service, where social workers help people in need and address social problems, includes assisting children experiencing loss. Respecting the dignity and worth of grieving children, recognizing the importance of human relationships (both with the deceased and those within the home and school communities), working in a trustworthy manner with integrity, and school social workers working within their professional competence are all core values. Finally, social justice might fall under ensuring all children, including those who are grieving, have equitable access to their education and work to remove barriers, that there is cultural sensitivity, and that children and families have meaningful contributions to decision-making. Social workers empower those who are vulnerable (NASW, 2017). With these core values and principles, social workers should lead the way with intervention development, especially in building, maintaining, or repairing relationships between and among people.

Kennedy (2020) cited the inability of teachers to attend to family needs, pointing to a need for dedicated personnel to support teachers and families. School social workers approach this work with a strengths-based approach while linking school, home, and community. In the NASW Standards for School Social Work Services (2012), one of the standards recognizes the

role of school social workers in promoting positive school climates, serving as leaders in facilitating and understanding how factors, such as grief, can impact students' educational experience. Social workers may be responsible for training school personnel to promote student well-being. These unique attributes of the school social worker explain the relevance of assisting and advocating for grieving students and developing training and ongoing support for teachers and other school personnel who come into contact with these students and their families. Recognizing the few (if any in some cases) numbers of school social workers and other mental health providers per school district, the need to triage student needs remains paramount. By training school staff, they will be able to recognize which students' needs require further support and make that referral.

As part of an interdisciplinary team, social workers play crucial roles in supporting individuals, families, and communities dealing with grief in micro, mezzo, and macro levels of practice. On the micro level, social workers advocate for the rights and needs of grieving school students while ensuring access to appropriate services. Social workers may support individual school staff members who are either grieving themselves or faced with a grieving student or students. Social workers may provide emotional support, resources, or referrals as needed. On the mezzo level, social workers might organize and facilitate bereavement support groups in schools where students have a sense of community, validation, and mutual support. As in this pilot study, social workers may organize training to educate the school community about grief, loss, and death. Such training may reduce stigma and foster understanding in the school community while leaving the door open for future training. Social workers collaborate with groups to create comprehensive support for grieving students. Finally, on the macro level, social workers advocate for policies that address systemic issues related to grief, such as support for

vulnerable students, access to services, and excused bereavement leave. Social workers may engage in and lead research to understand the impact of training on knowledge, attitudes, and beliefs within the school system to inform best practices and create a culture of empathy. Social workers often challenge attitudes that stigmatize grief. Overall, social workers operate on many levels to promote comprehensive support related to death, loss, and grief.

### **Recommendations for Policy and Practice**

Many drills, like fire drills, are regularly practiced and mandated in school. While this author is not arguing against those drills, the incidence of fires in schools occurs less frequently than that of death, loss, and grief. School policy must go beyond determining how much time an individual may take with bereavement leave. Training is aimed at increasing school staff efficacy and knowledge. Changing the school culture to be more inclusive and knowledgeable about childhood grief is an intended outcome. An argument supports measuring the impact of this training, addressing the value relative to the mission and goals of schools, and best practices.

### ***Intentional Compassion Framework***

The Kennedy et al. (2021) study on the intentional compassion framework for schools points to several key features that schools should consider when working with bereavement. Based on the interviews of school professionals and community members, the concentric spheres were developed from categories encompassing thoughts, priorities, and approaches. Beginning with challenging current cultural perceptions includes challenging assumptions about bereavement, culture, family structure, and availability of family members. Policy development might ensure that all family types are recognized. The second sphere was to create a culture of support, recognizing that various individuals might need different responses over time. This recognizes the unique individual grief response and individual teacher responses. Parents

mentioned that teacher support offers are infrequent but are welcomed with gratitude when offered. The third sphere aimed to create a grief-informed culture, recognizing that sharing knowledge is also sharing power. This sphere supports the commitment to staff training. The fourth sphere was to establish a culture of reflection and reflexivity, which supports the concepts from Implementation Science and feedback from various stakeholders. In future iterations of this proposed study, including non-school employee feedback can be instrumental to both the proposed training and policy recommendations. Kennedy et al.'s (2021) fifth sphere looks at developing a whole school plan, which ties into Systems Theory. The school plan would focus on clear communication, supporting school employees, and considering cultural perspectives when developing the curriculum to normalize death, loss, and grief. While the third and fourth spheres specifically tie into the proposed pilot study of professional training for school staff, the remaining spheres should inform school policy related to death, loss, and grief.

### ***Return on Investment (ROI)***

Professional development involves resources, including time and money. While Opperman et al. (2022) primarily studied professional development for nurses, nurses are part of the school's interdisciplinary team, and some of the findings from that study may apply to the educational framework. Specifically, Opperman et al. (2022) point to measuring the return on investment (ROI) for professional development. As previously mentioned, one of the school's concerns was the time and cost of professional development. With teachers needing required professional development hours and knowing that this learning is taking place outside of the active teaching role, recognizing the return on investment is imperative to schools, too.

Professional development should clarify how the work contributes to meeting organizational goals or mission statements. Linder and Kline (2007) primarily studied the

effectiveness of the trainers' delivery in a content area (literacy training). They questioned the assurance that the impact might be reported with hastily completed exit questionnaires, recommending a comprehensive evaluation of the training's overall effectiveness. This study's findings included qualitative and qualitative measures to support effectiveness measures. Conducting this pilot study connected the training to the organization's mission statement and demonstrated the effectiveness of the training on improving knowledge, which was an intended outcome.

### ***Measuring Effectiveness***

Moving beyond the subjective satisfaction of those being trained and toward measurable and observable indicators was recommended by the study of Erickson et al. (2016). Quality professional development should lead to learning and outcomes, requiring clearly stated goals, knowledge assessment, and self-efficacy. The Erickson et al. (2016) study created a content delivery framework to promote quality training. Major measurable components include preparation, introduction, demonstration, engagement, evaluation, and mastery. To adapt those findings to school professional development on death, loss, and grief, the preparation included stating clear learning objectives, including a training agenda, shared before the professional development. During the introduction, the trainer identified the learning objectives. During the engagement, participants expressed their experiences and interacted with colleagues. In the evaluation, quality professional development assessed knowledge acquisition while gathering reflection on the training. Continued learning, coaching, and follow-up with interdisciplinary team members contributed to mastery beyond the initial professional development intervention.

Measuring effectiveness is complex and ongoing, especially for school staff with ever-changing roles and tasks. Typically, school staff are measured on student outcomes and

academic achievement. Maguire and Towers (2023) pointed to effective schools considering a broad range of educational experiences, personal development, and overall well-being.

Professional development exposes them to critical and reflexive approaches to their work with children, which can undoubtedly apply to grieving children. Measuring the effectiveness of professional development and staff solely based on academic achievement is understandably necessary but limiting. Suppose teacher effectiveness is measured primarily in academic achievement. In that case, school staff will need to better understand the impact of trauma and grief on accessing education to fully appreciate and implement the recommendations of this study or any training on death, loss, and grief.

In seeming agreement on the lack of scrutiny of professional development, Larvin et al. (2023) recognize that out-of-school contextual factors (such as grief) may impact pupil outcomes. They suggest increasing the consideration of an evaluation process that triangulates many sources of evidence for professional development, including robust knowledge checks (pre-training and post-training), competence (self-efficacy), and decision-making (what can be applied in the classroom using scenario decision-making). As in this study, Larvin et al. (2023) recommend refining programs with iterative development based on the inferences from these various data pieces.

Finally, professional development requires school staff feedback, and this study enhanced that feedback with measurable outcomes of immediate improved knowledge. This goes above and beyond the typical professional development expectations, which might be especially beneficial since the covered topic falls under the social-emotional learning category. Such learning will be helpful to both teachers (who experience grief as humans) and grieving students in the classroom.

Taking all of the results from this study and the guiding theoretical frameworks will give feedback for future iterations with the ongoing need to train and keep this topic normalized for discussion and support as situations arise. School staff have been provided with supportive resources for their students and themselves (including, but not limited to, reminders about our Employee Assistance Program (EAP) for support) as this topic may trigger some experiences or feelings. Finally, this study would ideally be extended into community education at a future date (unrelated but informed by this pilot study). While the school is a hub in the community, the Sawyer et al. (2022) study also indicates a great need to educate the general public, especially if that is another source of support for our grieving children and families. Another hope might be extending this training to neighboring school districts when cost and time concerns have been explored and debunked.

### **Implications and Conclusions**

In developing this literature review and proposing a research study, three research questions have been the focal point. On the quantitative side, using Sawyer's (2022) true/false measures of knowledge of myths and beliefs to address Q1: What is the school staff's knowledge of myths and beliefs about death, loss, and grief? And Q2: Does knowledge change as a measure of the effectiveness of this professional development intervention? That knowledge (using the 12-question scale) was evaluated with pre-test and post-test for participants, recognizing that the intervention dispelled myths and preconceived notions and provided accurate knowledge or growth of knowledge on death, loss, and grief.

### ***Research Questions***

On the qualitative end, open-ended questions assessed the professional development opportunity and recommended future areas to consider. The qualitative research question Q3:

How can future iterations of this professional development be improved to meet school staff and mourner needs and increase knowledge? If considered longitudinally (not the scope of this proposed study), a follow-up could be done after an established time to ask questions about how the training persisted and the impact on attitudes and beliefs over time. Additionally, the researcher and available panelists assessed how well the pilot program met each of the primary content areas, topics, and goals of the intervention as planned.

By incorporating these three questions, this study moved toward future research evaluating how schools might identify their need and readiness for change in death, loss, and grief professional development within the school organization's culture, especially with an ongoing focus. The rationale for selecting these questions takes us back to the theoretical frameworks that have informed this study.

While Diffusion of Innovation focuses on the broad-based adoption of an innovation, Dissemination and Implementation Sciences focus on the extent and quality of the implementation or client response (Dearing, 2009). Systems Theory emphasizes the interconnectedness of individuals and their environments, advocating for comprehensive school support systems to address the multifaceted needs of grieving students. This would necessitate that school professionals be equipped with accurate knowledge. In professional development for public school staff, Empowerment Theory offers a framework for enhancing a sense of efficacy, autonomy, and agency in addressing challenges and promoting student success, especially in grief. Recognizing that no specific singular theory perfectly fits the proposed pilot study, Diffusion of Innovation, Implementation Science, Systems, and Empowerment Theories have informed and guided this study and intervention despite their limitations.



Dearing (2009) listed the top dissemination mistakes. Two were explicitly considered for this study. The resources should be paired with social connections, assuming information will influence decision-making to change behaviors. How could this be accomplished? During professional development, school staff were afforded time to brainstorm or share their experiences and current best practices. School staff also engaged in conversations to review the resources available during the training and identify any gaps. They were encouraged to give feedback to shape future learning. Additionally, confusing authority with influence means potential adopters are sought for advice and include them—hence the recommendation for social work (and school counselor) leadership of this initiative. Creating any advisory opportunities to continue partnerships for future speakers and sharing opportunities for this topic might continue to empower future adopters and expand the influence of this training to create the inclusive and healing culture sought in schools.

### ***Impact on Various Social Work Levels***

As part of an interdisciplinary team, social workers play crucial roles in supporting individuals, families, and communities dealing with grief in micro, mezzo, and macro levels of practice. On the micro level, social workers advocate for the rights and needs of grieving school students while ensuring access to appropriate services. Social workers may support individual school staff members who are either grieving themselves or faced with a grieving student or students. Social workers may provide emotional support, resources, or referrals as needed. On the mezzo level, social workers might organize and facilitate bereavement support groups in schools where students have a sense of community, validation, and mutual support. As in this study, social workers may organize training to educate the school community about grief, loss, and death. Such training may reduce stigma and foster understanding in the school community

while leaving the door open for future training. Social workers collaborate with groups to create comprehensive support for grieving students. Finally, on the macro level, social workers advocate for policies that address systemic issues related to grief, such as support for vulnerable students, access to services, and excused bereavement leave. Social workers may engage in and lead research to understand the impact of training on knowledge, attitudes, and beliefs within the school system to inform best practices and create a culture of empathy. Social workers often challenge attitudes that stigmatize grief. Overall, social workers operate on many levels to promote comprehensive support related to death, loss, and grief.

### **Limitations and Future Research**

As with any research project, several limitations should be noted in this current pilot study. First, data was only collected at one suburban public school in the United States. To assess the generalizability of this pilot study is complicated by the limitation of the sample size (forty-two research participants). This small sample size, compared to the total population within this school district of 780 faculty and staff members, only accounts for 5% of the total population participating in the pilot study. Additional school staff members did participate in the training but chose not to participate in the research study. Some staff members were required to participate in training that occurred at the same time as the pilot study. The sample size would make it difficult to generalize the results of this study to the larger population of school staff within this school district and with other school districts. The findings of this study and the interpretation of the feedback need further exploration with larger sample sizes and various school districts.

Data may not be generalizable to other schools or settings. Whitworth et al. (2022) had interesting findings focused on Integrity of Implementation (IOI) and scaling up innovative

professional learning by incorporating knowledge gained from each intervention (including this pilot study) to promote future success and benefit additional teachers and students. One advantage of this study is that some training is pre-recorded and, therefore, more readily available for consistent implementation. Second, school staff choose to participate in this professional development opportunity, and there might be differences between staff that abstained from this opportunity, making the results less generalizable. It will be necessary for future research to consider barriers to staff participation and the roles of these early influencers who received the training. Larvin et al. (2023) recognized that measuring engagement through attending professional development is inadequate, and surveys may be subject to selection bias.

Additionally, while the Sawyer et al. (2022) study of myths and beliefs references many experts and measures knowledge, it is not all-encompassing of all knowledge, nor could it be. It is one quantitative measure in a research area where qualitative phenomenological studies have primarily been conducted. The author of this study recognizes a potential limitation of personal bias as a white, well-educated, middle-aged, employed school social worker with children who experienced a parental death. This questioning of researcher assumptions (Kennedy, 2021) and biases must be acknowledged.

Following the recent global pandemic and heightened concerns related to death and losses, many school staff might be inclined to participate in this training at this time. One limitation of the training is the immediacy of applying the information learned. Ensuring school staff access resources and ongoing training might address that limitation. Future research might include the perspectives of parents and bereaved children, as neither were included in this pilot study. Questions remain about the school staff's future readiness as time passes after participating in this training.

Despite these limitations, this pilot study created an entry point for professional development in a social-emotional content area specific to death, loss, and grief with the opportunity for future research and improved training. The success of implementing this training was innovative, as the effectiveness of professional development was measured with a change in knowledge. It might also become a recommendation to consider expanding the audience for additional (and separate) training to include community members as participants, as they are also likely to support mourners. Another recommendation might include differentiation of instruction based on pre-intervention knowledge.

### **Conclusion**

This initial pilot study evaluated baseline knowledge and demonstrated that the professional development enhanced school staff knowledge on death, loss, and grief. With this increase in knowledge, access to resources, and the interconnectedness of the multidisciplinary school teams, it is expected that grieving students will receive support during their school experience which may support their academic, social, and emotional development within the school community. Ongoing training is recommended to continue the adoption and spread of this knowledge to the larger community.

## References

- American Psychiatric Association (APA). (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- American School Counselor Association (ASCA). (2014). Mindsets and Behaviors for Student Success: K-12 College- and Career-Readiness Standards for Every Student. Alexandria, VA: Author. <https://www.pdesas.org/Page/Viewer/ViewPage/11?SectionPageItemId=525> (last accessed April 2024).
- American Federation of Teachers (AFT). (2012). A groundbreaking survey of educators shows overwhelming interest in helping grieving students. Press Release. Retrieved April 2024 from: [https://www.aft.org/sites/default/files/release\\_bereavement121012.pdf](https://www.aft.org/sites/default/files/release_bereavement121012.pdf).
- Barr, J., Paulson, S. S., Kamdar, B., Ervin, J. N., Lane-Fall, M., Liu, V., & Kleinpell, R. (2021). The Coming of Age of Implementation Science and Research in Critical Care Medicine. *Critical care medicine*, 49(8), 1254–1275. <https://doi.org/10.1097/CCM.0000000000000513>
- Belotto, M. J. (2018). Data Analysis Methods for Qualitative Research: Managing the Challenges of Coding, Interrater Reliability, and Thematic Analysis. *Revista Brasileira de Enfermagem*, 71, 2622–2633.
- Breen, L. J., Szyllit, R., Gilbert, K. R., Macpherson, C., Murphy, I., Winchester Nadeau, J., Reis e Silva, D., Wiegand, D. L., and International Work Group on Death, Dying and Bereavement (2019). Invitation to grief in the family context. *Death Studies*, 43(3), 173-182.
- Bowlby, J. (1980). "Loss: Sadness and Depression (Vol. 3)." Basic Books.

- Case, D. M., Cheah, W. H., & Liu, M. (2020). "Mourning With the Morning Bell": An Examination of Secondary Educators' Attitudes and Experiences in Managing the Discourse of Death in the Classroom. *Omega*, 80(3), 397–419.  
<https://doi.org/10.1177/0030222817737228>
- Center for Health Care Strategies. (2024). *What is Trauma-Informed Care?* Retrieved April 2024 from: <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>
- Clay, V. S. (1976). Children deal with death. *The School Counselor*, 23(3), 175-184.  
<https://www.jstor.org/stable/23903238>
- Clarke, J. (2020). The Irrationality of Grieving: Using critical reflection as a method to navigate and reconstruct deep grief. *Social Alternatives*, 39(3), 12–19.
- Coalition to Support Grieving Students. (2024). Teacher Training Modules.  
<https://grievingstudents.org/modules/teacher-training-modules/>
- Creswell, J.W. & Creswell, J.D. (2018). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. Sage Publications.
- Cunningham, K. E. (2021). In Search of Hope and Healing: Guideposts for Whole-Hearted Living, Loving, and Teaching after Loss. *Educational Forum*, 85(3), 283–302.
- Cyfers, M. A. (2021). A Phenomenological Study: Understanding Teacher Experiences with Grief in the Classroom. <https://core.ac.uk/download/519835920.pdf>
- Dearing, J. W. (2009). Applying Diffusion of Innovation Theory to Intervention Development. *Research on Social Work Practice*, 19(5).
- DeMuth, M., Taggi-Pinto, A., Miller, E.G., and Alderfer, M.A. (2020). Bereavement Accommodations in the Classroom: Experiences and Opinions of School Staff. *J School Health*, 90: 165-171. <https://doi.org/10.1111/josh.12870>

- Dennis, D. (2009). *Living, dying, grieving*. Jones and Bartlett.
- Dimery, E., & Templeton, S. (2021). Death, bereavement, and grief: the role of the teacher in supporting a child experiencing the death of a parent. *PRACTICE: Contemporary Issues in Practitioner Education*, 3(2), 146–165.  
<https://doi.org/10.1080/25783858.2021.1882263>
- Dunn, M. B. (2022). Teaching While Grieving a Death: Navigating the Complexities of Relational Work, Emotional Labor, and English Language Arts Teaching. *English Education*, 54(4), 315–332.
- Dunn, M. B. (2021). When Teachers Hurt: Supporting Preservice Teacher Well-Being. *English Education*, 53(2), 145–151.
- Eftoda, K. (2021). Addressing Grief in the Classroom: A Complicated Equalizer. *BU Journal of Graduate Studies in Education*, 13(4), 3–10.
- Everett, S., & Dunn, M. B. (2021). Creating Space for Grief: Cultivating an Intersectional Grief-Informed Systemic Pathway for Teacher Leaders. *English Leadership Quarterly*, 43(4), 2–6.
- Fire, N., Gvion, Y., Alkalay, S. & Zalsman, G. (2022). The “Forgotten Grievors”: The Impact of Pupil Suicide on Post-Trauma and Grief Symptoms in School Staff. *International Journal of Environmental Research and Public Health*, 19(12160), 12160.  
<https://doi.org/10.3390/ijerph191912160>
- Fraser, M.W., Richman, J.M, Galinsky, M.J., and Day, S.H. (2009). *Intervention research: Developing social programs*. Oxford University Press.

- Fraser, M.W. & Galinsky, M.J. (2010). *Steps in intervention research: designing and developing social programs. Research on Social Work Practice*, 20(5), 459-466.  
<https://doi.org/10.1177/1049731509358424>.
- Frei-Landau, R. (2023). Who should support grieving children in school? Applying Winnicott's viewpoint to conceptualize the dyadic roles of teachers and school mental health professionals in the context of pediatric grief. *Frontiers in Psychiatry*, 14.  
<https://doi.org/10.3389/fpsyt.2023.1290967>
- Gay, M. (2023). Multidisciplinary Teams Tackle School Safety. *School Administrator*, 80(3), 35–39.
- Gee, K., Murdoch, C., Vang, T., Cuahuey, Q., & Prim, J. (2020). *Multi-Tiered System of Supports to Address Childhood Trauma: Evidence and Implications*.
- Granek, L. (2010). Grief as pathology: The evolution of grief theory in psychology from Freud to the present. *History of Psychology*, 13(1), 46–73. <https://doi.org/10.1037/a0016991>
- Greiner, C. M., Park, J., & Goldstein, S. E. (2022). Teacher trainees' experiences with and beliefs about responding to students' challenging life events. *Teaching and Teacher Education*, 111. <https://doi.org/10.1016/j.tate.2021.103603>
- Grigoropoulos, I. (2024). Can We Talk About Life Without Taking Death Into Account? Early Childhood Educators' Self-Perceived Ability to Approach the Topic of Death With Children. *Omega: Journal of Death & Dying*, 88(4), 1369–1382.  
<https://doi.org/10.1177/00302228211057733>
- Hocker, W. (1989). President's perspective. *The Director*, 60(7), 5, 8.
- Judi's House/JAG Institute (2024). Childhood Bereavement Estimation Model.  
<https://judishouse.org/research-tools/cbem/>



- Irgatoglu, A., & Kirmizi, Ö. (2021). Pre-Service Efl Teachers' Beliefs about Educational Philosophies in Relation to Teacher Emotions. *Turkish Journal of Social Research / Türkiye Sosyal Arastirmalar Dergisi*, 25(2), 625–638.
- Kennedy, C. J., Gardner, F., & Farrelly, C. (2020). Death, Dying and Bereavement: Considering Compassion and Empowerment. *Pastoral Care in Education*, 38(2), 138–155.
- Kennedy, C. J., Gardner, F., & Southall, A. (2021). The Intentional Compassion Framework for School Communities. *Health Education Journal*, 80(6), 660–671.
- Klewicki, L. (2015). Grieving over those we love. *Catholic Digest*, 79(10), 23–26.
- Knight, C., Tufford, L., & Dylan, A. (2025). Integrating a Trauma-Informed Perspective in the Generalist/Foundation Practice Curriculum. In *Trauma-Informed Care in Social Work Education* (pp. 95–115). Routledge.
- Koenig, T., Spano, R., & Thompson, J. B. (2019). Human behavior theory for social work practice. Sage Publications, Inc.
- Komesidou R. & Hogan, T. P. (2023). Minding the Gap: Using Implementation Science to Improve Clinical Practice in Schools. *Language, Speech, and Hearing Services in Schools*, (54), 1035-1037.
- Kübler-Ross, E. (1969). On death and dying. New York, The Macmillan Company.
- Kübler-Ross, E. (with Byock, I.). (2014). On death & dying: What the dying have to teach doctors, nurses, clergy & their own families (50th anniversary ed.). Scribner
- Lahti, M., Korhonen, J., Sakellari, E., Notara, V., Lagiou, A., Istomina, N., Grubliauskienė, J., Makutienė, M., Šukytė, D., Erjavec, K., Petrova, G., Lalova, V., Ivanova, S., &

- Laaksonen, C. (2023). Competences for promoting mental health in primary school. *Health Education Journal*, 82(5), 529–541. <https://doi.org/10.1177/00178969231173270>
- Larvin, C., Griffiths, J., & Bockock, L. (2023). Teacher development: Measuring what matters. *Impact (2514-6955)*, 17, 24–26.
- Lee, S. A., Callan, S. M., & Gibbons, J. A. (2016). School and religious factors impact the neuroticism-grief link in adolescents. *Death Studies*, 40(10), 601–606. <https://doi.org/10.1080/07481187.2016.1198843>
- Leviton, D. (1977). The scope of death education. *Death Education*, 1(1), 44. <https://doi.org/10.1080/07481187708252877>.
- Levkovich, I., & Duvshan, R. (2021). “I Keep it Together at Work but Fall Apart at Home”: The Experience of Israeli Homeroom Teachers Coping With the Death of a Student in Their Class. *Omega: Journal of Death & Dying*, 84(2), 474–490. <https://doi.org/10.1177/0030222819899501>
- Linder, L., Lunardini, M., & Zimmerman, H. (2022). Supporting Childhood Bereavement Through School-Based Grief Group. *Omega*, 302228221082756. <https://doi.org/10.1177/00302228221082756>
- Linder, P. & Kline, M. (2007). Measuring the Effectiveness of Professional Development Training. *Educational Resource Service Spectrum*, 25(1), 11-30.
- Lively-Endicott, H. R., Naimi, K., Hudson, S. M., & Schonfeld, D. J. (2024). Educator Perspectives on Grief-Sensitive Training during the COVID-19 Pandemic in US Public Schools. *Journal of School Health*, 94(1), 5–13.
- Lynagh, M., Gilligan, C., & Handley, T. (2010). Teaching about and dealing with sensitive issues in schools : how confident are pre-service teachers? *Asia-Pacific Journal of*

*Health, Sport and Physical Education*, 1(3), 5–11.

<https://doi.org/10.1080/18377122.2010.9730332>

Lytje, M. (2017). The success of a planned bereavement response – a survey on teacher use of bereavement response plans when supporting grieving children in Danish schools.

*Pastoral Care in Education*, 35(1), 28–

38. <https://doi.org/10.1080/02643944.2016.1256420>

Maguire, M., & Towers, E. (2023). A critical rethinking of ‘teacher effectiveness.’ *Impact* (2514-6955), 17, 16–19.

Mefford, L. C. (2022). Healing from Childhood Loss. *Nursing Science Quarterly*, 35(2), 217–225. <https://doi.org/10.1177/08943184211070595>

Mirick, R. G., McCauley, J., & Bridger, J. (2023). Integrating trauma-informed principles into suicide prevention, intervention, and postvention. *Practice Innovations*, 8(4), 305–316.

<https://doi.org/10.1037/pri0000212>

Morell-Velasco, C., Fernández-Alcántara, M., Hueso-Montoro, C., & Montoya-Juárez, R. (2020). Teachers’ Perception of Grief in Primary and Secondary School Students in Spain: Children’s Responses and Elements which Facilitate or Hinder the Grieving Process. *Journal of Pediatric Nursing*, 51, e100–e107.

<https://doi.org/10.1016/j.pedn.2019.12.016>

National Association of Social Workers (NASW). (2017). NASW Code of Ethics. Retrieved April 2024 from <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

National Association of Social Workers (NASW). (2012). NASW Standards for School Social Work Services. Retrieved April 2024 from

<https://www.socialworkers.org/Practice/School-Social-Work>

National Center for School Crisis and Bereavement. (2024). About: History.

<https://www.schoolcrisiscenter.org/history/>

National Education Association (NEA) (2024). Teacher Professional Growth. Retrieved July

2024 from <https://www.nea.org/professional-excellence/professional-learning/teachers>

New York Life's Award-Winning Grief-Sensitive Schools Initiative Surpasses Milestone with More Than 1,000 Schools Nationwide Taking Action to Foster Culture of Grief Sensitivity. (2019, July 11). *PR Newswire*.

Niche.com (2024). Retrieved July 2024 from <https://www.niche.com/k12/d/perkiomen-valley-school-district-pa/>

Nickerson, A., Bryant, R. A., Aderka, I. M., Hinton, D. E., & Hofmann, S. G. (2013). The impacts of parental loss and adverse parenting on mental health: Findings from the National Comorbidity Survey-Replication. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(2), 119–127. <https://doi.org/10.1037/a0025695>

Nolan, R.D., Hallam, J.S. (2019) Construct Validity of the Theory of Grief Recovery (TOGR): A New Paradigm Toward Our Understanding of Grief and Loss. *American Journal of Health Education*, 50(2), 88-98.

Opperman, C., Liebig, D., Bowling, J., Johnson, C. S., Stiesmeyer, J., & Miller, S. (2022). Measuring Return on Investment for Professional Development Activities. *Journal for Nurses in Professional Development*, 38(6), 333-39. Padgett, D. (2017). Qualitative methods in social work research. Sage.

Pallis, C. A. (2024). *Death*. *Encyclopedia Britannica*. <https://www.britannica.com/science/death>

Pennsylvania Association of School Social Work Personnel (PASSWP). (2024). Our Values and Mission. Retrieved April 2024 from: <https://passwp.com/>.

Pennsylvania Department of Education (2019). *Act 48 Professional Education Plan Guidelines*.

Retrieved April 2024 from: <https://www.education.pa.gov/Documents/Teachers-Administrators/Act%2048->

[PERMS/Professional%20Education%20Plan%20Guidelines.pdf#:~:text=Pennsylvania%E2%80%99s%20educator%20professional%20development%20law%2C%20known%20as%20Act,180%20hours%20of%20professional%20development%20every%20five%20years.](https://www.education.pa.gov/Documents/Teachers-Administrators/Act%2048-PERMS/Professional%20Education%20Plan%20Guidelines.pdf#:~:text=Pennsylvania%E2%80%99s%20educator%20professional%20development%20law%2C%20known%20as%20Act,180%20hours%20of%20professional%20development%20every%20five%20years.)

Pennsylvania Department of Education (2024). Act 48 information. Retrieved July 2024 from

<https://www.education.pa.gov/Educators/ContinuinEd/Act%2048%20and%20PERMS/ApprovedProvider/Pages/ApprovedProviderGuidelines.aspx>.

Pennsylvania Department of Education (2024). Act 80 information. Retrieved July 2024 from

<https://www.education.pa.gov/Policy-Funding/BECS/Purdons/Pages/InstructionalTime.aspx> .

Perkiomen Valley School District (2024). Annual Report. Retrieved from July 2024 from

<https://viewer.joomag.com/pvsvd-annualreport21-22/0467600001680292907?short&>Pine,

V. R. (1986). The age of maturity for death education: A socio-historical portrait of the era 1976-1985. *Death Studies*, 10(3), 209-231.

<https://doi.org/10.1080/07481188608252819>

Pollack, M. S., Lloyd, B. P., Crowell, G. E., Santini, M. A., & Biggs, E. E. (2024). Perspectives of Behavior Analysts and Mental Health Specialists on Collaborating to Support Students

- with Intensive Intervention Needs. *Behavioral Disorders*, 49(3), 131–148.  
<https://doi.org/10.1177/01987429231225623>
- Qualtrics. (2024). Qualtrics [Software]. Available from <https://www.qualtrics.com>
- Rando, T. (1993). *Treatment of Complicated Mourning*. Champaign, IL: Research Press.
- Redmond, L. (1989). *Surviving: When someone you love was murdered*. Clearwater, FL: Psychological Consultation and Education Services.
- Reneau, C. M., & Eanes, B. J. (2022). The Invisible Pandemic of Grief: Finding Meaning in Our Collective Pain. *Illness, Crisis & Loss*, 30(3), 396–409.  
<https://doi.org/10.1177/105413732096388>
- Rice, K. & Girvin, H. (2021) Applying intervention research framework in program design and refinement: a pilot study of youth leadership, compassion, and advocacy program, *Social Work with Groups*, March 2021. <https://doi.org/10.1080/01609513.2021.1896164>
- Robbins, S. P., Chatterjee, P., Canda, E. R., & Leibowitz, G. S. (2019). *Contemporary Human Behavior Theory: A Critical Perspective For Social Work Practice* (4th ed.). Pearson.
- Rodriguez Herrero, P., de la Herrán Gascón, A., Pérez-Bonet, G., & Sánchez-Huete, J. C. (2022). What do teachers think of death education? *Death Studies*, 46(6), 1518–1528.  
<https://doi.org/10.1080/07481187.2020.1817176>
- Rowling, L. (1996). A Comprehensive Approach to Handling Sensitive Issues in Schools, with Special Reference to Loss and Grief. *Pastoral Care in Education*, 14, 17–21.
- Rubin, A., and Babbie, E.R. (2017). *Research methods for social work*. Cengage Learning.
- Rybakova, K., Whitt, K. C., & Christie, C. (2021). How experiences with student grief inform our practice: Teaching teachers to navigate healing processes. In N. Sieben & S. A. Shelton (Eds.), *Humanizing grief in higher education: Narratives of allyship and hope*.

(pp. 142–148). Routledge/Taylor & Francis Group.

<https://doi.org/10.4324/9780429326493-17>

Sawyer, J. S., Wilner, L. L., & Ertl, M. M. (2022). Grief and bereavement beliefs among U. S. mental health professionals and the general public. *Death Studies*, 46(10), 2346–2353.

<https://doi.org/10.1080/07481187.2021.1944399>

School Social Worker Association (SSWA). (2024). *Role of School Social Worker: Services to Districts*. <https://www.sswaa.org/school-social-work>

Shannon-Baker, P. (2023). Commentary: Practices for effectively communicating and applying a rationale for mixed methods research. *School Psychology*, 38(6), 410–414.

<https://doi.org/10.1037/spq0000606>

Slaughter, V., & Griffiths, M. (2007). Death understanding and fear of death in young children. *Clinical Child Psychology and Psychiatry*, 12(4), 525–535.

<https://doi.org/10.1177/1359104507080980>

Smilie, K. D. (2022). Death education's "period of popularity": Lessons for contemporary P-12 schools in the United States during the COVID-19 pandemic. *Death Studies*, 46(1), 65–77. <https://doi.org/10.1080/07481187.2021.1902427>

Stroebe, M., Hansson, R., Stroebe, W., & Schut, H. (Eds.). (2008). "Handbook of Bereavement Research and Practice: Advances in Theory and Intervention." American Psychological Association.

Stylianou, P., & Zembylas, M. (2021). Engaging with issues of death, loss, and grief in elementary school: Teachers' perceptions and affective experiences of an in-service training program on death education in Cyprus. *Theory & Research in Social Education*, 49(1), 54–77. <https://doi.org/10.1080/00933104.2020.1841700>

Stylianou, P. & Zembylas, M. (2018). Dealing with the Concepts of “Grief” and “Grieving” in the Classroom: Children’s Perceptions, Emotions, and Behavior. *Omega: Journal of Death and Dying*. Volume 77(3), 240-266.

The Teachers Academy (2024). Retrieved July 2024 from

<https://theteachersacademy.com/pennsylvania/#:~:text=To%20maintain%20an%20active%20teaching,hours%20from%20an%20authorized%20provider.>

Varish Craig, T. A. (2007). *An Analysis of Continuing Professional Education Reform in Pennsylvania and Implications for Policy and Practice*. University of Pittsburgh, Department of Education. [https://d-scholarship.pitt.edu/7356/1/craigtav1\\_etdPitt2007.pdf#](https://d-scholarship.pitt.edu/7356/1/craigtav1_etdPitt2007.pdf#)

Warren, W. G. (1989). *Death education and research: Critical perspectives*. The Haworth Press.

Wass, H., Miller, D. M., and Thornton, G. (1990). Death education and grief/suicide intervention in public schools. *Death Studies*, 14(3), 253-268.  
<https://doi.org/10.1080/07481189008252366>

Whitworth, B. A., Rubino-Hare, L., & Bloom, N. E. (2022). Scaling Professional Development: Integrity of Implementation as a Measurement Approach. *Science Educator*, 28(2), 75–85.

Wisconsin Trauma Project: Department of Children and Families. (2025) Retrieved from:  
<https://dcf.wisconsin.gov/cwportal/prevention/trauma>

Worden, J. W. (2009). *Grief counseling and grief therapy [electronic resource] : a handbook for the mental health practitioner / J. William Worden*. Springer Pub. Co.

Zullig, L. L., Drake, C., Check, D. K., Brunkert, T., Deschodt, M., Olson, M. S., & De Geest, S. (2024). Embedding implementation science in the research pipeline. *Translational*



*Behavioral Medicine*, 14(2), 73–79. <https://doi.org/10.1093/tbm/ibad050>

## Appendix

### **Appendix A: Frontline Advertisement**

#### **Elevate Your Support: Professional Development on Death, Loss, and Grief**

##### **Are you prepared to support students through life's toughest challenges?**

Join us for a transformative professional development (PD) session to empower school staff with the knowledge and skills to navigate sensitive topics like death, loss, and grief.

##### **What You'll Gain:**

- **Enhanced Understanding & Knowledge:** Learn about the impact of death and grief on students of different ages and de-bunk some myths and beliefs.
- **Practical Strategies:** Equip yourself with tools to provide compassionate and effective support.
- **Collaborative Learning:** In a supportive environment, share experiences and insights with fellow educators and a panel of local experts.

##### **Who Should Attend? How is this training different (research)?**

- All PVSD school staff are invited to attend.
- This pilot study is part of a research project; school staff may attend the training with or without participating in the research. Using online surveys, the research will study school staff knowledge on these topics and request feedback about the training (to improve future training).
- Research participant information will be confidential.

**Date:** Tuesday, November 5, 2024 (*this is a two-hour training with breaks*)

##### **Why It Matters:**

Every student deserves a safe space to process grief. With the right training, you can be a beacon of support during their most vulnerable moments.

##### **Ready to Make a Difference?**

Register today and join a compassionate community committed to supporting our students through life's inevitable challenges. (*If five or more school staff participate from each building, those buildings may earn the designation "Grief Sensitive Schools."*)

Appendix B: Consent Form

# Millersville University

## Consent to be Part of a Research Study

Title of the Project: **Effect of Professional Development on Teacher Knowledge Related to Death, Loss, and Grief**

Principal Investigator: **Patti J. Colucci, LMSW, HSV**  
Faculty Advisor(s): **Dr. Karen Rice & Dr. Bertha DeJesus, Millersville University**

### Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be over 18 years old and an employee at Perkiomen Valley School District (PVSD). Taking part in this research project is voluntary.

### Important Information about the Research

Things you should know:

- The purpose of the study is to gauge school staff knowledge of death, loss, and grief myths and beliefs, explore integrating death, loss, and grief education within the public school professional development framework, and retest knowledge to determine whether the training had the desired effect to improve knowledge. Additional qualitative data will be collected to inform future iterations of this training. If you choose to participate, you will be asked to attend the pilot study professional development training on November 5, 2024 at Perkiomen Valley School District (PVSD) and complete two online surveys (one before the training and one directly after the training). This entire pilot study will take approximately 2 hours (with breaks).
- Risks or discomforts from this research include the potential to trigger participant experiences with death, loss, or grief.
- The study will afford school staff to gain valuable information, connection with resources, and interact with a panel of experts on the topics of death, loss, and grief.
- Taking part in this research project is voluntary. You don't have to participate and you can stop at any time. School staff may participate in the professional development training without participating in this research study.

Please take time to read this entire form and ask questions before deciding whether

to take part in this research project.

#### **What is the study about and why are we**

When a child experiences loss, it can create questions, fears, and insecurities. While families are grieving, the child may need the support of well-informed adults to serve as protective factors in the child's development (Eftoda, 2021). In public education, school staff serve as pivotal figures, not only in imparting knowledge but also in shaping the holistic development of students. When school staff are not trained, it can affect a student's grieving process and impact the child's learning and mental health (Eftoda, 2021). This pilot study will test school staff knowledge of death, loss, and grief myths and beliefs, explore integrating death, loss, and grief education within the public school staff professional development framework, and retest knowledge to determine whether the training had the desired effect. Additional qualitative data will be collected to inform future iterations of this training.

Eftoda, K. (2021). Addressing Grief in the Classroom: A Complicated Equalizer. *BU Journal of Graduate Studies in Education*, 13(4), 3–10.

#### **What will happen if you take part in this study?**

If you agree to take part in this study, you will be asked to complete an online survey prior to the professional development training and another online survey after the training. The training will consist of an introduction of the topics, agreed upon objectives for the training, viewing of a training video followed by a presentation by a panel of experts. There will be an opportunity for participants to ask the panel questions or share case scenarios where recommendations might be made to create best practices in public schools when encountering death, loss, and grief. I expect this to take about two hours and will be hosted during regular contractual time for school staff.

#### **How could you benefit from this study?**

Although you will not directly benefit from being in this study, others might benefit because you might be better prepared and more knowledgeable when dealing with death, loss, or grief in the future. You might benefit from being in this study because death, loss, and grief are inevitable parts of life.

#### **What risks might result from being in this**

Participants might experience potential discomfort with these sensitive topics. I believe the risks from this pilot study are benign. Participants will be given resources including contact information for the PVSD Employee Assistance Program (EAP).

#### **How will we protect your information?**

I plan to publish the results of this study. To protect your privacy, I will not include any information that could directly identify you. I will protect the confidentiality of your research records by de-identifying your name or email from the data that is

collected in the surveys. Your name and any other information that can directly identify you will be stored separately from the data collected as part of the project. Each participant will be given a pseudonym (or a unique #).

**What will happen to the information we collect about you after the study is over?**

I will keep your research data to use for future research of other purposes. Your name and other information that can directly identify you will be kept secure and stored separately from the research data collected as part of the project.

I may share your research data with other investigators without asking for your consent again, but it will not contain information that could directly identify you.

**What are the costs to you to be part of the study?**

There are no costs to school staff to participate in this study and there is no compensation offered to school staff.

**Who can profit from study results?**

New York Life Foundation and is a named sponsor of the Grief Sensitive Schools Initiative in partnership with the Coalition to Support Grieving Students, both of whom have an interest in the findings of this research study to guide future iterations of this type of professional development and understanding of school staff knowledge.

**What other choices do I have if I don't take**

School staff may participate in the professional development training without participating in this research study. School staff may also choose to participate in different trainings offered at the same time (none on this topic).

**Your Participation in this Study is**

Participating in this study is completely voluntary. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer. If you decide to withdraw before this study is completed, your data will not be complete and noted as such within this study.

**Contact Information for the Study Team and Questions about the Research**

If you have questions about this research, you may contact:

**Patti Colucci, LMSW, HSV**

[PColucci@pvsd.org](mailto:PColucci@pvsd.org)

**215-520-2621**

**and Millersville University Faculty Advisor(s):**

**Dr. Karen Rice**

**or**

**Dr. Bertha DeJesus,**

[karen.rice@millersville.edu](mailto:karen.rice@millersville.edu)

[bertha.dejesus@millersville.edu](mailto:bertha.dejesus@millersville.edu)

**717-871-5297**

**717-871-7350**

**This study has been approved by the Millersville University of Pennsylvania Institutional Review Board. Jeffry Porter, Associate VP for Grants, Sponsored Programs and Grants, can be contacted with any questions at either 717.871.4829, or at [Jeffry.Porter@millersville.edu](mailto:Jeffry.Porter@millersville.edu).**

**Contact Information for Questions about Your Rights as a Research Participant**

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

Office of Grants, Sponsored Programs, and Grants  
Millersville University  
PO Box 1002  
Millersville, PA 17551

Jeffry Porter  
717.871.4829  
[mu-irb@millersville.edu](mailto:mu-irb@millersville.edu)

**Your Consent**

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. I will give you a copy of this document for your records. I will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

*I understand what the study is about, I acknowledge that I am 18 years of age or older, and my questions so far have been answered. I agree to take part in this study.*

---

Printed Subject Name

---

Signature

11/5/2024  
Date

**Appendix C: Survey(s)****Pre-intervention survey:**

<b><i>Question:</i></b>	<b><i>Response Option:</i></b>	<b><i>Purpose/Source</i></b>
Select the building where you primarily work:	<ol style="list-style-type: none"> <li>1. High School</li> <li>2. Middle School West</li> <li>3. Middle School East</li> <li>4. Evergreen</li> <li>5. Schwenksville</li> <li>6. Skippack</li> <li>7. South</li> <li>8. District Office</li> <li>9. Multiple Buildings</li> </ol>	Demographic
How long have you been working in a school setting?	<ol style="list-style-type: none"> <li>1. 0-4 years</li> <li>2. 5-9 years</li> <li>3. 10-14 years</li> <li>4. 15-19 years</li> <li>5. 20 - 24 years</li> <li>6. 25+ years</li> </ol>	Demographic
Please select the title that best describes your job position:	<ol style="list-style-type: none"> <li>1. Teacher</li> <li>2. Paraprofessional</li> <li>3. Mental Health Provider (BCBA, Counselor, Psychologist, etc)</li> <li>4. Speech, Occupational Therapist, Nurse (or related fields)</li> <li>5. Administration</li> <li>6. Safety &amp; Security</li> </ol>	Demographic
Please select the race that best fits you:	<ol style="list-style-type: none"> <li>1. African American/Black</li> <li>2. Asian American/Pacific Islander</li> <li>3. Hispanic/Latino/a</li> <li>4. Multiracial</li> <li>5. Native American/Indigenous American</li> <li>6. White/Caucasian</li> <li>7. Another race not listed</li> <li>8. Not reported</li> </ol>	Demographic information
Please select the gender that best fits you:	<ol style="list-style-type: none"> <li>1. Man</li> <li>2. Woman</li> <li>3. Gender not listed</li> <li>4. Not reported</li> </ol>	Demographic information
Please select the highest level of education (completed):	<ol style="list-style-type: none"> <li>1. High School</li> <li>2. Some college</li> <li>3. 2 year degree</li> <li>4. 4 year degree</li> <li>5. Master's degree</li> <li>6. Doctorate</li> <li>7. Not reported</li> </ol>	Demographic information
Please assess your own knowledge of death,	1: I have no knowledge of death, loss, and	Self-assessment



loss, and grief at this moment in time:	grief...2...3...4...5...6...7: I am an expert on death, loss, and grief.	
<b>Please rate the following questions to the best of your ability at this time:</b>	<b>Knowledge of myths and beliefs</b>	<b>Sawyer, et al (2022)</b> <i>(references below are the thanatology sources)</i>
1. The process of grief can be expected to progress through a predictable series of stages, starting with denial and ending with acceptance.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Neimeyer, 2000; Stroebe et al., 2017
2. People are more likely to show signs of resilience rather than long-term grief responses after experiencing the death of a loved one.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Bonanno, 2004
3. Older people are usually more anxious about death than younger people.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Fortner & Neimeyer, 1999; Russac et al., 2007
4. About 20–30% of people who have experienced the death of a loved one will experience intense yearning, longing, or emotional pain, frequent preoccupying thoughts and memories of the deceased person, a feeling of disbelief or an inability to accept the loss, and difficulty imagining a meaningful future without the deceased person.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Shear, 2015
5. People who do not become depressed after the death of a loved one are probably denying their true feelings.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Bonanno, 2004; Wortman & Silver, 1989, 2001
6. Approximately 25–30% of college students have experienced the death of someone within the past year.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Servaty-Seib & Taub, 2010
7. Most people develop a mental disorder after the death of a loved one.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Bonanno, 2004; Wortman & Silver, 1989, 2001
8. Responses to grief are typically consistent even when considering cultural differences.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Clements et al., 2003

9. It is typically more helpful for people to "move on" with their lives rather than think about memories of the deceased.	<ol style="list-style-type: none"><li>1. Definitely True</li><li>2. Probably True</li><li>3. Probably False</li><li>4. Definitely False</li></ol>	Boerner & Heckhausen, 2003
10. Most people need professional help to cope with grief.	<ol style="list-style-type: none"><li>1. Definitely True</li><li>2. Probably True</li><li>3. Probably False</li><li>4. Definitely False</li></ol>	Bonanno, 2004; Wortman & Silver, 1989, 2001
11. Bereaved children and adolescents do not grieve as deeply as adults.	<ol style="list-style-type: none"><li>1. Definitely True</li><li>2. Probably True</li><li>3. Probably False</li><li>4. Definitely False</li></ol>	Adams et al., 1999
12. Experts typically recommend that children should be protected from the pain and suffering that death creates.	<ol style="list-style-type: none"><li>1. Definitely True</li><li>2. Probably True</li><li>3. Probably False</li><li>4. Definitely False</li></ol>	Adams et al., 1999

**Post-intervention survey:**

<b><i>Question:</i></b>	<b><i>Response Option:</i></b>	<b><i>Purpose/Source</i></b>
Please assess your own knowledge of death, loss, and grief at this moment in time:	1: I have no knowledge of death, loss, and grief...2...3...4...5...6...7:I am an expert on death, loss, and grief.	Self-assessment
<b>Please rate the following questions to the best of your ability at this time:</b>	<b>Knowledge of myths and beliefs</b>	<b>Sawyer, et al (2022)</b> (references below are the thanatology sources)
1. The process of grief can be expected to progress through a predictable series of stages, starting with denial and ending with acceptance.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Neimeyer, 2000; Stroebe et al., 2017
2. People are more likely to show signs of resilience rather than long-term grief responses after experiencing the death of a loved one.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Bonanno, 2004
3. Older people are usually more anxious about death than younger people.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Fortner & Neimeyer, 1999; Russac et al., 2007
4. About 20–30% of people who have experienced the death of a loved one will experience intense yearning, longing, or emotional pain, frequent preoccupying thoughts and memories of the deceased person, a feeling of disbelief or an inability to accept the loss, and difficulty imagining a meaningful future without the deceased person.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Shear, 2015
5. People who do not become depressed after the death of a loved one are probably denying their true feelings.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Bonanno, 2004; Wortman & Silver, 1989, 2001
6. Approximately 25–30% of college students have experienced the death of someone within the past year.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Servaty-Seib & Taub, 2010
7. Most people develop a mental disorder after the death of a loved one.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Bonanno, 2004; Wortman & Silver, 1989, 2001

8. Responses to grief are typically consistent even when considering cultural differences.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Clements et al., 2003
9. It is typically more helpful for people to "move on" with their lives rather than think about memories of the deceased.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Boerner & Heckhausen, 2003
10. Most people need professional help to cope with grief.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Bonanno, 2004; Wortman & Silver, 1989, 2001
11. Bereaved children and adolescents do not grieve as deeply as adults.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Adams et al., 1999
12. Experts typically recommend that children should be protected from the pain and suffering that death creates.	1. Definitely True 2. Probably True 3. Probably False 4. Definitely False	Adams et al., 1999
Have you ever had a student under your care that you <u>knew</u> was bereaved/grieving?	1. Yes 2. No	Qualitative
What did you learn in this training that you would apply professionally or personally?	<i>(open-ended question)</i>	Qualitative
Are there additional topics related to death, loss, and grief that you would like us to expand on or explore with future professional development training?	<i>(open-ended question)</i>	Qualitative
In your anonymous opinion, how could this training be improved?	<i>(open-ended question)</i>	Qualitative
What are the strengths within our school district related to addressing death, loss, and grief experienced by our students?	<i>(open-ended question)</i>	Qualitative
What are the primary challenges to addressing death, loss, and grief experienced by our students?	<i>(open-ended question)</i>	Qualitative
What do you think about utilizing professional development as a means of addressing this issue?	<i>(open-ended question)</i>	Qualitative
What specific behaviors need to happen to ensure we adequately address the death, loss, and grief that our students experience?	<i>(open-ended question)</i>	Qualitative

Please rate how this training met your expectations.	1: This training did not meet my expectations...2...3...4...5...6...7:This training met and exceeded my expectations.	Qualitative
--	---	-------------

**Appendix D: Letter of Support**

## Perkiomen Valley School District

*What Will You Learn Today?*

August 9, 2024

Mrs. Patti J. Colucci,  
453 Reginald Lane  
Collegeville, PA 19426

Dear Mrs. Colucci,

I am granting you permission to include school staff from the Perkiomen Valley School District in your research study entitled *Effect of Professional Development on School Staff Knowledge Related to Death, Loss, and Grief*. It is my understanding this study will investigate the knowledge of school staff about death, loss, and grief as well as offer a pilot intervention. The intervention will consist of an introduction to the goals and objectives, a group viewing of a training video, a panel discussion with content experts, followed by the opportunity for participants to ask questions of the panelists about death, loss, and grief.

I understand that participants will be asked to complete surveys online before and after the intervention to assess their knowledge and gain insights about the professional development to guide future iterations. I am aware that this study will include descriptive statistics about the Perkiomen Valley School District but will not identify the school district nor the participants of the study; all information will remain confidential and protected.

I recognize that participants will be presented with informed consent information prior to participating in this study. Taking part in this study is completely voluntary, school staff may participate in the professional development without participating in the research study and participants are welcome to discontinue participation in this study at any time.

I have received a copy of the informed consent and your contact information should I need to reach out to you for further information.

Sincerely,

A handwritten signature in black ink that reads "Barbara A. Russell".

Barbara A. Russell, Ed.D  
Superintendent

---

Dr. Barbara A. Russell, Superintendent  
3 Iron Bridge Drive • Collegeville, PA • 19426  
610.489.8506 • Email: [brussell@pvsd.org](mailto:brussell@pvsd.org) • [www.pvsd.org](http://www.pvsd.org)

## Appendix E: Permission to Use Survey

**pcolucci@pvsd.org**

---

**From:** Jacob S Sawyer <sawyerjs@alma.edu>  
**Sent:** Sunday, May 19, 2024 7:40 PM  
**To:** Patricia J Colucci  
**Subject:** Re: [External] Myths and Beliefs Scale

CAUTION: This email originated from outside of Millersville. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello, you are free to utilize the questionnaire for your doctoral work.

--

**Jacob S. Sawyer, Ph.D.**  
Assistant Professor of Psychology  
Alma College  
[SPEAR Team](#)

---

**From:** Patricia J Colucci <pjcolucc@millersville.edu>  
**Date:** Sunday, May 19, 2024 at 2:39 PM  
**To:** Jacob S Sawyer <sawyerjs@alma.edu>  
**Subject:** [External] Myths and Beliefs Scale

You don't often get email from pjcolucc@millersville.edu. [Learn why this is important](#)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

May we discuss your 12-question scale and the possibility of me utilizing it in my doctoral work?  
Would you prefer that I explain the study or set up a time for us to connect?  
I look forward to your response.  
Respectfully,  
Patti Colucci, LMSW, HSV

**Appendix F: IRB Approval**

P.O. Box 1002  
Millersville, PA 17551-0302  
[www.millersville.edu](http://www.millersville.edu)

Phone: 717-871-4146  
[sponsored.programs@millersville.edu](mailto:sponsored.programs@millersville.edu)

October 2, 2024

Patricia Colucci  
Doctoral Candidate  
Doctorate in Social Work- Leadership and Education  
Millersville University of Pennsylvania  
P.O. Box 1002  
Millersville PA 17551

### MU IRB Letter of Determination

RE: **MU IRB Protocol: 240909**  
Study Title: Effect of Professional Development on Teacher Knowledge Related to Death, Loss, and Grief  
Principal Investigator: Patricia Colucci  
Faculty Mentor: Dr. Karen Rice  
Project Period: October 1, 2024 - October 1, 2025

Dear Patricia Colucci,

The Millersville University (MU) Institutional Review Board (IRB) has reviewed the subject IRB Protocol and determined that the study is approved to proceed under Exempt Review.

In the event that you wish to change any of the conditions of the study as approved here (e.g. personnel, project period, study methods, etc.), you must submit any proposed changes for IRB review and approval as an amended protocol using the online [MU IRB protocol application](#), prior to implementing those changes.

In the event that any study participant(s) experience adverse effects (i.e. any unanticipated negative, physical, psychological, or social research-related event which is definitely, probably, or possibly related to the study; where the risk was not included in, or exceeded the nature, severity, or frequency of risks described in the approved study methods, study consent form, participant recruitment materials, or other study information that has been reviewed and approved by the IRB), you must notify the MU IRB of the adverse event in writing at [MU-IRB@millersville.edu](mailto:MU-IRB@millersville.edu) no later than five days after you become aware of the adverse event.



Patricia Colucci – IRB Protocol 240909  
October 1, 2024

Any questions you may have regarding the conditions of this approval, IRB review and approval, or other matters regarding the protection of human subjects can be directed to the IRB at [MU-IRB@millersville.edu](mailto:MU-IRB@millersville.edu) or to me at [Jeffry.Porter@millersville.edu](mailto:Jeffry.Porter@millersville.edu) or 717-871-4829.

Sincerely,

A handwritten signature in black ink that reads "Jeffry Porter". The signature is written in a cursive, flowing style.

Jeffry Porter, IRB Administrator  
Associate Vice President for Grants, Sponsored Programs, & Research

JP/rlo  
att: MU IRB Protocol # 240909