

Exploring the effects of the 'Seasons for Growth' intervention for pupils experiencing change and loss

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The purpose of this study was to critically evaluate the impact of the Seasons for Growth (SFG) programme for pupils experiencing loss and change. SFG is a manualised group intervention led by a trained facilitator (a 'companion') for young people aged 6 to 18 who have experienced significant loss (Graham, 1996). A repeated measures design was used whereby two groups of Year 7 and Year 8 pupils (N=5; N=7) took part in the study, within a mainstream secondary school. Pupils' self-ratings of anxiety, self-concept, depression and emotional resiliency were collected pre-intervention, post-intervention and, at two-month follow-up. All pupils were interviewed individually to explore their experiences and perceptions of the SFG programme. Qualitative and quantitative analysis of the data provided evidence that the SFG programme had a positive and significant impact on pupils' emotional health and coping behaviours. The findings of this study are discussed in relation to the wider theoretical framework and the practice of educational and child psychology.

PSYCHOLOGICAL LITERATURE and Government publications consistently highlight the importance of emotional health to children's academic, social and emotional development (Department for Education and Skills, 2003; Welsh Assembly Government, 2004). Given the well documented risk that loss and separation can pose to children's emotional, psychological and physical health (Thompson et al., 1998), there is a critical urgency to develop a wider knowledge base on the efficacy of grief interventions.

There are a number of ways in which a child or young person may experience loss and grief. It is estimated that two per cent of children experience the death of a parent before the age of 16. Moreover, 92 per cent of children and young people aged 16 or below report having experienced a 'significant' bereavement (Harrison & Harrington, 2001), which may include the loss of relatives, friends or pets. One of the most common types of grief experienced in childhood is the circumstantial loss of a parent through separation or divorce. Meanwhile, asylum-seeking and refugee children may

have left family members behind in dangerous circumstances. Grief reactions may also be triggered by the processes of fostering, adoption, moving house, moving school or loss of health. Therefore, it can be argued that experiences of separation and loss are 'normal' parts of growing up (Ribbens-McCarthy, 2007).

It is evident that grief forms a universal human trait, although its characteristics and expressions are culturally shaped; the role of rituals, religion and communities varies considerably across cultures (Archer, 1999). Bereavement, separation and loss are rarely single traumatic incidents in a child's life and are particularly significant if they cause major disruption to an individual's meaning system or identity (Sevarty & Hayslip, 2001). The repercussions felt within the school setting are inevitable given the significant amount of time which children and young people spend in school. However, the link between children's loss experiences and subsequent difficulties is not always made and may even be overlooked or misinterpreted by professionals and care givers (Ross & Hayes, 2004).

Much of the research in this area has concentrated on the associated risk factors and long-term consequences for children's and young people's social, emotional and academic progress following experiences of separation and loss. A number of studies have indicated an association between parental bereavement or parental separation and negative mental health outcomes (Dowdney, 2000; Rodgers & Prior, 1998). Modern psychological perspectives of grief recognise and validate the experiences of children and young people through a child-centred approach, focusing on children's conception of separation and loss, cognitive, developmental, risk and resilience factors (Monroe & Kraus, 2005). Attention has shifted more recently to consider the role of resilience rather than focusing solely on risk factors.

Various definitions of resilience are evident within the literature. The current paper adopts the definition of resilience as the degree to which an individual is able to react and adapt to internal and external life stressors (Stewart & McWhirter, 2007). Resilience processes involve an interplay between environmental, biological and cognitive factors. It is argued that some of these processes are innate and idiosyncratic and some may be learned (Knight, 2007; Prince-Embury, 2006). Therefore, developing service provision and interventions which strengthen emotional resilience for children and young people dealing with loss forms a valid area for psychological study.

Support for children and young people experiencing loss has traditionally been focused at the individual and family level through counselling and therapeutic approaches. At the systemic level, there are calls to incorporate loss within the Personal, Social and Health Education (PSHE) curriculum for all pupils (Ribbens-McCarthy, 2007). Support at the group level often takes the form of clinical or school-based interventions. There is much evidence within the literature to support the use of educational peer support programmes within the school

setting (Barnard et al., 1999; Ribbens-McCarthy, 2007; Ross & Hayes, 2004; Worden, 1996). It is argued such programmes delivered within the school setting can provide an effective model of intervention by providing a safe and familiar context where pupils have support of peers and a group leader to explore their feelings around grief (Barnard et al., 1999; Ribbens-McCarthy, 2007; Ross & Hayes, 2004). However, there are relatively few studies currently available which investigate the efficacy of grief interventions with young people. This study critically evaluates the impact of the Seasons for Growth (SFG) programme, one such peer group intervention for young people who have experienced significant loss (Graham, 1996).

The Seasons for Growth programme

SFG is a manualised grief education programme for children and young people (aged 6 to 18 years) who have experienced 'significant loss' due to death or family breakdown (Graham, 1996). In line with recommendations in the literature (Barnard et al., 1999; Philips, 2003; World Health Organisation, 1992), SFG promotes the normalisation of grief within the immediate school setting. The programme consists of eight weekly sessions of 50 minutes duration, led by a trained group facilitator (a 'companion') followed by a celebration session and two re-connector sessions. The programme materials are differentiated across five age levels. The programme employs a range of activities to help pupils explore their reactions to loss and change, including discussions, group co-operation games, relaxation, guided visualisation, narrative, art, craft and music activities. The core aims of the programme are to promote resilience and self-esteem, to normalise grief, to build a peer support network and to encourage positive coping strategies.

The theoretical underpinning of SFG is informed by Worden's Task Model of Grief (Worden 1991; 1996). Worden's model portrays the individual as taking an active

role in managing grief through four 'tasks': accepting the reality of the loss, working through the pain of grief, adjusting to the new situation and emotionally relocating. This approach contrasts traditional stage models (Kubler-Ross, 1982) which position the individual in a passive role, moving between the various stages of grief. Worden (1996) applies the task model of grieving to children as well as to adults but emphasises that children's grief should be understood within the context of their emotional, social and cognitive development. Within the SFG programme, Worden's four tasks of grief are linked to the four seasons of the year and the journey of seasonal change, with the message that no season lasts forever, each is different and each provides challenges, changes and opportunities for growth. The metaphor of seasonal change reflects Worden's assertion that grieving represents a process which has to be worked through, that feelings may fluctuate and tasks may need to be revisited.

The existing evidence base

To date, there remains a paucity of research into the efficacy of grief interventions with children and young people. Many studies in this area rely on anecdotal evidence with a few notable exceptions such as the research carried out by Rolls and Payne (2007) and Ross and Hayes (2004). The SFG programme has been the subject of a series of evaluation studies commissioned by the Commonwealth of Australia which indicated positive findings (Commonwealth of Australia, 1999; Frydenberg & Muller, 2005; Jolley & Master, 2004). The key findings of these studies indicated that the SFG programme was highly valued by participants, parents and school staff. In line with previous research, the peer group approach was found to confer distinct advantages including the normalisation of experiences, reducing feelings of isolation, building trust and social support.

There remains scant independent, peer-reviewed research within a British context on the efficacy of SFG. A brief evaluation by

Warner (2009) described the delivery of a SFG programme to a group of seven Year 10 pupils in a girls' secondary school. Drawing upon personal reflections and qualitative feedback from group members, it was reported that grief was normalised, pupils felt less alone and were helped in identifying social support systems. Nevertheless, when examining the evidence base on grief interventions, there remains a lack of rigorous evaluation, over-reliance on anecdotal evidence, limited emphasis on the voice of the young people and a lack of mixed methods (Huss & Ritchie, 1999).

The current study aimed to address gaps within the evidence base by critically evaluating the SFG programme in relation to the following research questions:

- Is the SFG group intervention successful in improving pupil ratings of self-concept, depression and anxiety?
- Is the SFG group intervention successful in promoting pupil ratings of resiliency?
- What perceptions do pupils have of the SFG intervention?

Method

Participants and design

The current study adopted a mixed method approach, in line with calls by researchers to make practical, pragmatic choices in response to increasingly complex challenges encountered within the real world of educational research (Johnson & Onwuegbuzie, 2004). A single group repeated measures design was used, combining pre-intervention, post-intervention and, at two-month follow-up quantitative self-rating measures and qualitative interview data. The sample consisted of two groups of pupils ($N=12$) in Years 7 and 8 who participated in a SFG programme within a single case study school. The school, a suburban mainstream secondary located in north Wales, was identified through contact with the local SFG co-ordinator, who supplied the researcher with a list of schools where SFG groups would be taking place over the next six months. The school was selected through

opportunity sampling, on the grounds that there would be sufficient numbers of groups taking place during the time span of the research project. Two groups taking place within the same setting also ensured that immediate environmental conditions were consistent across both groups.

Pupils were recruited to the SFG programme through the pastoral system at the school based on the following criteria:

- Participants were in Year 7 and Year 8.
- Participants had suffered a loss or change which they considered to be 'significant'.
- The loss had occurred at least six months prior to commencing the programme.

Twelve pupils participated in the current study (six males and six females). All pupils were of white British heritage. At the beginning of the intervention, participants were aged between 11:8 and 13:6. The types of loss experienced by participants varied. Eleven pupils had experienced parental or close family bereavement, parental separation or divorce, their own or a family member's serious medical condition. One pupil had experienced loss issues arising from transition to secondary school. Therefore, pupils had experienced different types of loss and may have been at different points along the grief continuum.

Permission to approach the study participants was sought only after the SFG groups had been established. It was stressed that refusal to participate in the evaluation study would have no influence on pupils' access to the SFG programme. Consent to approach the SFG participants was sought from the headteacher, companions and pastoral staff. Once permission had been given the researcher sought consent from the individual pupils and parents/carers for participation in the research study. All participants and parents/carers were informed of the purpose of the study and their right to withdraw at any stage. All pupils and their parents/carers gave their consent for the pupils on the two SFG programmes to participate in the study. Companions were professionals external to the school; both had

received the SFG training and took part in the debriefing procedures which form part of the delivery of SFG. Programme fidelity was monitored carefully via the collection of evaluation sheets from companions outlining the content and structure of each session with reference to the manual. Each group received a weekly SFG session for a period of eight weeks. Sessions took place during the school day, in a quiet room within the school setting. Each group session lasted 50 minutes with a break of a week taken in the middle of the programme to allow for half-term.

Quantitative measures

The two SFG programmes were delivered during the Summer term 2008 and Spring term 2009 respectively. Quantitative data collection occurred in the week prior to pupils commencing the SFG programme (pre-intervention), at programme completion (post-intervention) and two months after programme completion. The Beck Youth Inventory Scales II (BYI-II) (Beck et al., 2005) and the Resiliency Scales for Children and Adolescents (RSCA) (Prince-Embury, 2006) were used as standardised pre-intervention and post-intervention measures of emotional health.

- The BYI-II (Beck et al., 2005) is a self-rating measure (for ages 7 to 18 years) which comprises five report scales to assess experiences of depression, anxiety, anger, self-concept and disruptive behaviour.
- The RSCA (Prince-Embury, 2006) takes the form of a questionnaire (for ages 9 to 18 years) which measures perceived psychological resiliency through self-ratings across three scales; sense of mastery, sense of relatedness and emotional reactivity. Scores on these three scales also provide resource index and vulnerability index scores.

These measures were selected in order to assess change in perceived emotional state and resiliency over time as a function of the intervention. Both measures confer good

levels of reliability and validity and are relatively easy to administer. This author met with participants on a group basis to administer the self-rating measures. Participants were asked to respond to each statement by circling the frequency of their behaviour on a scale of one to five.

Qualitative measures

Individual semi-structured interviews were recorded with pupils two months after they had taken part in the SFG programme. The aim of the interviews was to access pupils' perspectives of their experiences taking part in the SFG programme. A semi-structured interview style, using mainly open and some closed questions, was adopted in order to elicit direct responses to questions and to allow for further probing and clarification of responses. An interview schedule was devised (Appendix A) in order to provide some uniformity regarding the content of interviews and to allow the clarification and exploration of key themes of interest. A diagrammatic stimulus (Appendix B) was used to facilitate discussion about family, school and community support systems and a visual rating scale was used to enable pupils to rate SFG activities. Time was made available at the end of the interview for participants to ask any questions of the interviewer and to prepare themselves emotionally for leaving the conversation and returning to the events of the day in a similar mood and emotional state as when they arrived.

Results

The quantitative and qualitative research findings are presented in relation to each research question.

Analysis of quantitative data

Data gathered from both groups were aggregated, it was meaningful to collate and analyse the data in this way as environmental conditions, programme fidelity and inclusion criteria were consistent for both groups. Inferential statistics were used to test whether the differences between pre-inter-

vention, post-intervention and follow-up scores on the BYI-II and RSCA were statistically significant. Data sets met the parametric requirements of homogeneity of variance, scale level data and an approximately normal distribution. Mauchly's test for sphericity was found to be non-significant ($p>.05$) therefore it was possible to assume that the variances between the three sets of scores were roughly equal (Field, 2000). Repeated measures Analysis of Variance (ANOVA) tests were conducted using the Statistical Package for the Social Sciences (SPSS version 16) software to compare the differences between mean pre-intervention, post-intervention and follow-up scores.

Research question 1: Is the SFG group intervention successful in improving pupil ratings of self-concept, depression and anxiety?

Pupils' ratings of self-concept, depression and anxiety, as measured using the BYI-II, at pre-intervention, post-intervention and follow-up were compared. Figure 1 highlights the improvements in mean pre-, post-intervention and follow-up standardised scores of self-concept, depression and anxiety respectively.

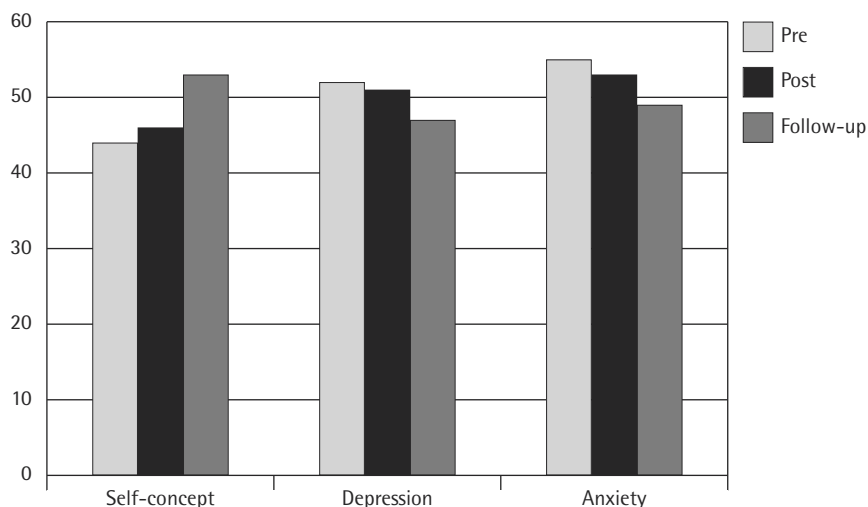
NB: A higher self-concept score indicates higher rated levels of self-concept; a lower depression/anxiety score indicates lower rated levels of depression/anxiety. None of the mean self-concept, depression or anxiety scores for this sample fell within clinical levels (Beck et al., 2005).

Self-concept scores

There were statistically significant differences in mean self-concept scores between the three times of measurement; scores were higher at the two-month follow-up than both pre- and post-intervention ($F(2,22)=3.60$, $p<.05$). Partial eta-squared value (effect size)=.25.

The Least Significant Difference (LSD) test was selected as an appropriate post-hoc test when comparing three means; it holds the familywise error rate while maintaining power, following a significant one-way

Figure 1: Bar chart to show mean pre-, post-intervention and follow-up scores on the BYI-II.



ANOVA (Levin et al., 1994). Post-hoc LSD comparisons ($p < .05$) revealed that mean self-concept scores were significantly different from each other between post-intervention ($M=45.4$, $SD=16.0$) and at two-month follow-up ($M=52.3$, $SD=19.7$). There were no significant differences between pre-intervention and post-intervention scores or between pre-intervention and two-month follow-up scores.

Depression scores

There were statistically significant differences in mean depression scores between the three times of measurement; scores were lower at the two-month follow-up than both pre- and post-intervention ($F(2,22)=4.92$, $p < .05$). Partial eta-squared value (effect size) = .31

Post-hoc LSD comparisons ($p < .05$) revealed that mean depression scores were significantly different from each other between pre-intervention ($M=51.4$, $SD=17.8$) and two-month follow-up ($M=46.9$, $SD=19.1$), and between post-intervention ($M=50.8$, $SD=20.4$) and two-month follow-up.

Anxiety scores

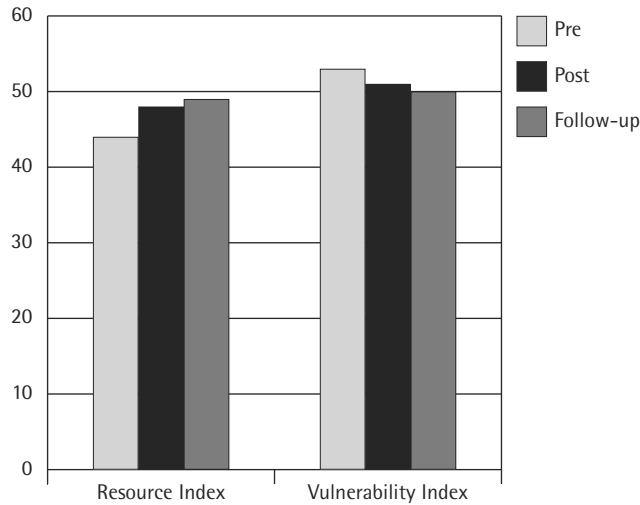
There were statistically significant differences in mean anxiety scores between the three times of measurement; scores were lower at the two-month follow-up than both pre- and post-intervention ($F(2,22)=9.43$, $p < .01$). Partial eta-squared value (effect size) = .46.

Post-hoc LSD comparisons ($p < .05$) revealed that mean anxiety scores were significantly different from each other between pre-intervention ($M=55.1$, $SD=17.3$) and two-month follow-up ($M=49.6$, $SD=18.1$), and between post-intervention ($M=52.3$, $SD=18.4$) and two-month follow-up.

Research question 2: Is the SFG group intervention successful in improving pupil ratings of resiliency?

Pre-intervention, post-intervention and follow-up pupil self-ratings were obtained using the RSCA to determine whether the SFG group intervention was successful in improving pupil ratings of resiliency. Standardised scores of mastery, relatedness, and emotional reactivity for each pupil were

Figure 2: Bar chart to show mean pre-, post-intervention and follow-up scores on the RSCA.



collected and used to calculate a resource index score and a vulnerability index score for each pupil. Figure 2 shows the improvements in mean pre-, post-intervention and follow-up resource and vulnerability index scores.

NB: Higher ratings of resiliency are indicated by higher resource index scores and lower vulnerability index scores.

Resource index scores

The differences in mean resource index scores between the three times of measurement were not found to be significant ($F(2,22)=1.60, p>.05$) although there was an overall trend of improvement in mean scores over time, as shown in Figure 2.

Vulnerability index scores

The differences in mean vulnerability index scores between the three times of measurement were not found to be significant ($F(2,22)=1.15, p>.05$) although, as can be seen in Figure 2, there was an overall trend of improvement in mean scores over time.

Analysis of qualitative data

Interviews were transcribed as soon as possible after they had taken place to ensure optimum familiarity with the context. For the purposes of this study, it was the substantive content of the interviews rather than their linguistic features or the minutiae of social interaction which formed the main unit of qualitative analysis. Therefore, the interviews were transcribed purely for their content and it was deemed legitimate to omit paralinguistic features of speech such as tone, pace and hesitations (Gillham, 2005).

Transcribed interviews were analysed thematically in order to provide a systematic account of participants' views. Tapes were listened to repeatedly and hard copies of the interview transcripts were read and re-read a number of times. This initial step of 'purposeful reading' (Richards, 2005, p.60) allowed the researcher to become immersed within the data and apparent themes to emerge. 'Open coding' was used to highlight pertinent ideas, themes and concepts in relation

to the semi-structured interview schedule. Memos were written as records of thoughts throughout the analytical process. Patterns within the coded data were compared and contrasted across interview scripts using principles outlined by Silverman (2005) to increase the validity and authenticity of qualitative findings.

Research question 3: What perceptions do pupils have of the SFG intervention?

Analysis of the semi-structured interviews indicated that pupils rated their experience of the SFG programme positively. Detailed analysis indicated seven main themes emerging from the data. Table 1 summarises the key points of view expressed by pupils in relation to the principal themes.

All 12 pupils stated that they had enjoyed taking part in the group intervention. Pupils

particularly valued the opportunity to meet new people and develop friendships within the group. Pupils spoke of the close-knit ties they had formed with other members of the group, for example:

I have become really good friends with... Even my friends I knew before I've become even better friends with. It brings the seven people closer together because with that ball game we got to know each other really well, everything about us.'

Overall, pupils valued the art and creative activities highly, indicating how helpful they found this area of activity, which included art and collage work, clay modelling, drama activities, musical relaxation and guided imagery techniques. One pupil explained how the process of writing down his worries and putting them on the feelings tree helped him to recognise his emotions:

Table 1: Summary of pupils' perceptions towards SFG.

Theme	Key findings
Satisfaction with the programme	All pupils reported having enjoyed taking part due to being able to talk about their feelings, make friends, deal with personal issues, relate to their companions and engage in group activities.
Macro versus micro level	All pupils claimed to have gained skills in one or more of the following areas: Macro level: Making changes and setting goals for the future. Micro level: Developing practical coping strategies to manage stress.
Activities	Overall, pupils valued the art/creative activities most highly. Some evidence of generalisation of coping skills across home and school settings noted. Written activities and initial group discussions were cited as areas of difficulty by some pupils.
Circles of support	All pupils able to name at least one person they could turn to in school and at home. Community support networks were weaker.
Acquiring coping strategies	All pupils able to name at least two adaptive coping strategies. Wider range of emotion-focused than problem-focused strategies.
Group versus individual input	All pupils favoured group over individual input due to feelings of reduced isolation, opportunities to make friends, normalisation of feelings, learning from others, building confidence and supporting each other.
Suggested improvements	A minority of pupils offered suggestions of how to improve the intervention including having a smaller group, not playing music and having longer sessions.

'With the feelings tree I just let go of what I was thinking, jotted them down in a sealed envelope. It would stay on the tree. It was things which worried us. The day after we did that I went home and wrote them all down.'

All of the pupils interviewed were able to describe the coping strategies they used to help manage difficult feelings. Responses varied from emotion-focused coping strategies aimed at managing emotions such as recreation, distraction and relaxation activities to problem-focused coping strategies, aimed at actively modifying the source of stress, such as talking to others. The majority of pupils commented that the programme had helped them to develop a wider repertoire of coping strategies. Furthermore, there was some evidence of generalisation of coping strategies across school and home settings:

'Well she (the companion) said about if we got angry with something don't just shout maybe go for a little walk. So I've been going around the estate for a walk so that's been helping. Instead of shouting at my Mum and my Mum getting upset I tell her I'm going out and just calm down a bit.'

'I used to lock myself in my room but now I just sit and spend time with my family and do as much as I can with them. I talk to my family every day. We used to talk about things at the dinner table, now we're getting back into that. Seasons helped us as a family to get closer but it's also helped other people around the school to get closer. I didn't think SFG would be good just always crying and all that but it was really good.'

Pupils spoke positively of the benefits of the group setting in helping to connect with others, normalise feelings and build confidence. Evident in pupils' accounts was the normalisation process of being in a group with other individuals in a similar situation:

'It helped me to know that I wasn't the only one to have problems like this. I thought I was the only one who had a really bad problem but I realised that other people have problems just as bad. I made friends.'

Overall, pupils spoke positively of what they had gained from taking part in the programme, notably in terms of being able to make friends in the group, feeling less alone, being able to express their feelings and develop coping strategies.

Discussion

This section discusses the key findings of the study drawing upon previous research and a theoretical understanding of loss in young people. The overall findings of this study provide evidence that the SFG intervention was well received and valued by participants. Avenues for further research and the implications of the current for the practice of educational and child psychology are discussed.

Statistically significant improvements in standardised scores ($p < 0.05$) were noted across all three measures of self-concept, depression and anxiety as measured by the BYI-II. Pupils indicated higher self-ratings of self-concept and lower self-ratings of depression and anxiety in post-intervention compared to pre-intervention conditions. Post-hoc comparisons indicated that pupils' depression and anxiety scores showed a significant improvement at the two-month follow-up compared to both before and immediately after the intervention. Self-concept scores showed significant improvement between post-intervention and the two-month follow-up. Closer examination of the data provides strong evidence of a 'sleeping' effect, whereby significant improvements in scores were seen at the two-month follow-up stage rather than immediately after the intervention, particularly in the case of the self-concept data.

Improvements were noted between pre-intervention and post-intervention standardised scores of resiliency as measured by the RSCA resource and vulnerability indices, however, these changes did not reach statistical significance. These findings indicate that the SFG intervention exerted less of an impact on RSCA measures of resiliency than upon the BYI-II measures of self-concept,

depression and anxiety. It is worth noting that the RSCA is a newly-designed instrument which may warrant further investigation as to its validity in measuring resiliency, particularly through the use of indices which contain aggregated scores across subscales. It is possible that expected trends in scores may have been evident at the subscale level which were not visible at the aggregated level.

The qualitative findings indicate that participants spoke positively about the programme, particularly in terms of peer support, creative activities and the development of coping skills. Several significant themes emerged among these findings which warrant further discussion. Firstly, the findings of this study highlight the role which grief work can play in the development of coping strategies. Although the changes in self-reports of resiliency did not reach statistical significance, participants stated clearly that the programme facilitated a wider range of coping strategies to deal with loss. These findings are significant given the mediating role of coping abilities on emotional and psychological health (Hampel & Petermann, 2005; Kraaij et al., 2003). By analysing coping behaviour, programmes such as SFG can help to offer new ways of thinking and alternative strategies to counter potentially maladaptive ways of coping, which pose a significant risk factor in psychological development (Compas et al., 2001; Frydenberg & Lewis, 1993). This finding is pertinent in relation to early adolescence, which is marked as a high risk developmental stage for maladaptive coping strategies (Hampel & Petermann, 2005).

Secondly, this study draws attention to the significant role which art and creative activities can play in facilitating grief work. It was notable that pupils consistently highlighted the positive impact of this mode of expression and communication, supporting previous positive findings (Dalton & Krout, 2005; Davis, 1995; Nabors et al. 2004; Saunders & Saunders, 2000). Pennells and Smith (1995) assert that such activities provide an outlet for the expression of feelings; the

process of turning those feelings into tangible, concrete objects can help them to be recognised, labelled and externalised. Therefore, art and creative activities can enable the non-verbal communication of intense feelings and emotions at a time where language and direct verbal communication may be more difficult or threatening. This process may then stimulate further dialogue about feelings and experiences.

The third theme to emerge from this study was the enjoyment which pupils attached to taking part in the SFG programme. At first, grief work may not seem synonymous with enjoyment, however, pupils' views highlight the need for individuals to experience recreation, distraction, relaxation and self-esteem boosting activities even during times of difficulty. Such activities can help to promote physical health and reduce the rumination of excessive negative thoughts; emotion-distraction activities may also enhance problem-focused coping (Hampel & Petermann, 2005).

Pupils' unanimous preference for group intervention over individual support concurs with previous research which suggests that peer group work may be less anxiety-provoking than the intensity of individual therapy with an adult (Fell, 1994). Fostering positive peer support at a time of emotional vulnerability can help to increase social connectedness and reduce a negative chain of events such as social isolation and withdrawal (Zambelli & De Rosa, 1992). Through group games and a range of collective activities, the participants in this study were able to develop social bonds within a safe, protective and familiar atmosphere.

The evidence presented in this study supports the notion that peer group support can be psychologically empowering for grieving youngsters by encouraging them to rely on their own resources as well as support through a peer network (Barnard et al., 1999; Ribbens-McCarthy, 2007; Ross & Hayes, 2004). Interventions such as SFG may offer support to youngsters at a time when similar support may not be available within

their family setting (Ross & Hayes, 2004). Furthermore, this study highlights some of the advantages of delivering grief interventions within the immediate school setting due to the familiarity and continuity of support and personnel, and increased opportunities to develop on-going peer networks of support beyond the lifetime of the programme (Barnard et al., 1999).

Critical examination of the methodology and findings of the current study highlights areas for further research. The relatively small size of the sample and lack of a control group must be taken into account when interpreting the findings of this study. Ethical considerations preventing the assignment of a control group made it difficult to control for confounding variables between pre- and post-intervention conditions including possible maturation effects. It was considered unethical to attempt to identify similar groups of young people who had undergone loss and then not be able to provide one of the groups with any support or counselling. A wait list control design was considered, whereby a group of pupils on a waiting list would function as a control group whilst the treatment group received the intervention, before switching over. However, at the recruitment stage, there were insufficient numbers of pupils to form a matched control group and this was exacerbated by time pressures in gathering informed consent. The research design adopted in this study was considered to be the most ethically viable given the circumstances but caution should be taken attributing direct causation. Nevertheless, the findings of this study provide positive preliminary evidence to support the use of the SFG peer group intervention for young people dealing with loss.

Future studies could explore how effectively SFG meets the needs of children across the age range and who have experienced different types of loss. The effects of loss through peer or sibling bereavement were not experienced by any of the participants in this study, however, this is recognised as an

area of neglect in the literature which warrants further study (Ringler & Hayden, 2000). Further research studies should examine the potential benefits for families that arise from children and young people's participation in grief intervention programmes. This would enable a greater focus on the individual and ecological dimensions of grief interventions such as SFG. Future work in this area should investigate longitudinal outcomes, being mindful of the need for follow-up work with this particular group of children and young people.

Whilst there is a range of literature on grief reactions in children, there remain relatively few independent empirical studies which investigate the efficacy of grief interventions for children and young people. Given the numbers of children and young people experiencing significant loss, relatively few receive support. Often, this support is offered when the individual reaches 'crisis' point through a referral to specialist mental health services. Interventions such as SFG offer a broader preventative measure to promote positive emotional health outcomes at a crucial time in the grief process. Educational and child psychologists are arguably well placed, at the group and systemic level, to carry out and support the delivery of such interventions in addition to mentoring, supervisory and training roles. Interventions of this kind require careful planning and preparation and should not be used as a crisis response tool.

Educational and child psychologists could arguably play a key role in delivering training to school staff on incorporating resiliency in to the curriculum. This type of preventative work may complement the type of work which many psychology services currently offer to schools through critical incident response teams (Mallon & Best, 1995). At the group and individual level, this study highlights the importance of using art and creative techniques to elicit feelings and dialogue around grief. Depending on the style of service delivery and the capacity available within services, this area of work offers

opportunities to work directly with children and young people or to collaborate jointly with other agencies.

This study set out to provide an empirical investigation of the SFG intervention in terms of its impact on pupils' self-ratings of emotional health and perceptions of the programme. The qualitative and quantitative findings of the current study provide evidence that the SFG programme had a positive impact on pupils' emotional health and coping behaviours. In particular, this study provides positive qualitative feedback from SFG participants of the benefits of taking part in the intervention. Furthermore, the findings of the current study indicate that the SFG intervention produced positive outcomes in terms of increased ratings of self-concept and decreased ratings of depression and anxiety on standardised measures such as the *BYI-II*. Collectively, these findings suggest that SFG can provide an effective model of grief intervention by providing a supportive context for pupils to explore and normalise their feelings surrounding grief, loss and change.

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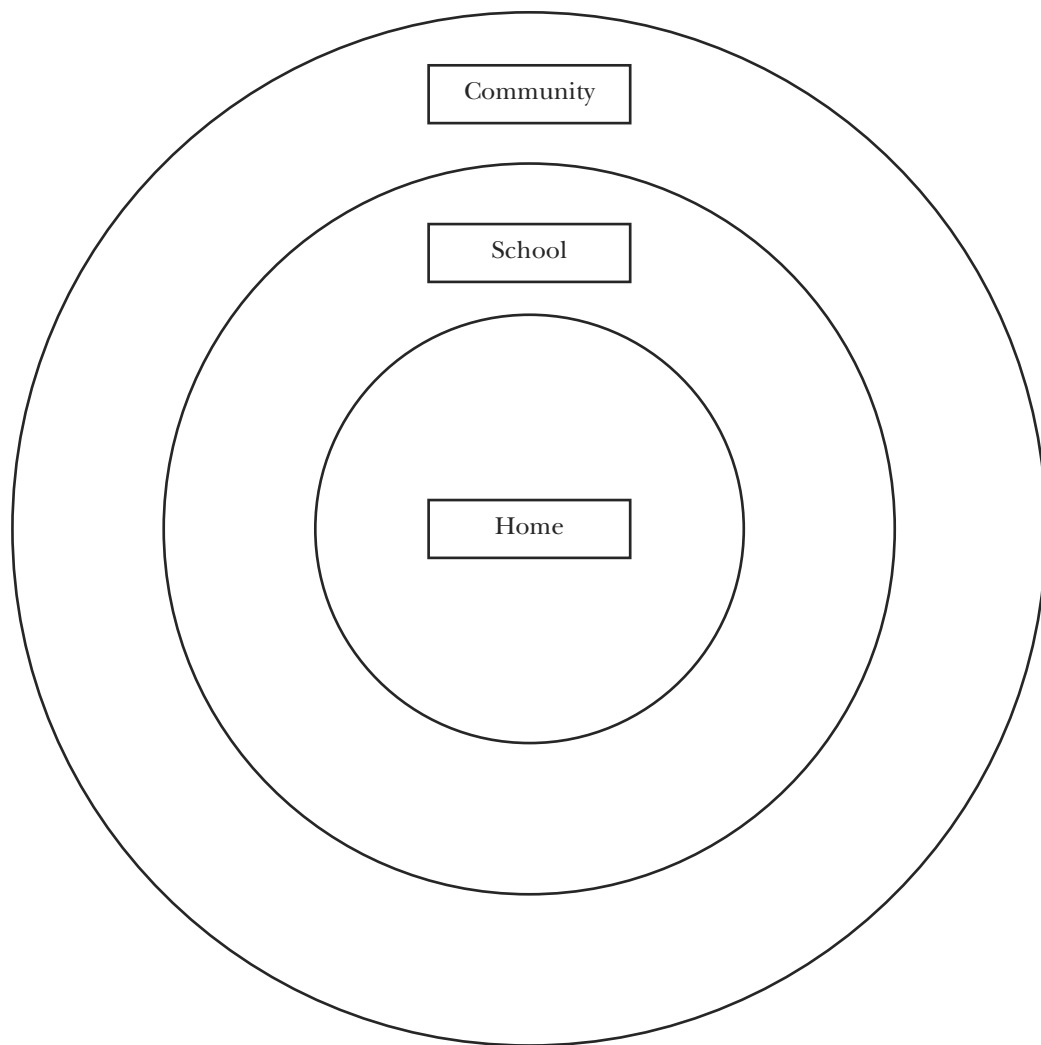
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Appendix A: Pupil interview schedule

	OPENING	Response
Closed Open	Have you enjoyed taking part in the SFG group? Can you tell me why/why not?	
	SKILLS/CONTENT	
Closed Open	Do you feel you have gained anything from taking part in the group? What did you do/learn in the group? Was there anything you found helpful/useful/unhelpful/less useful?	
	ACTIVITIES	
Closed/ Open	Which activities did you enjoy doing the most/least? Why? Were there any things you found difficult in the group? (Rating scales)	
	COPING SKILLS	
Closed Open	Do you have some ways to help you cope with change/difficult feelings? What kinds of strategies do you use to manage changes which happen in your life? Manage difficult feelings? (Before and after SFG)	
	ONGOING SUPPORT	
Closed Open	Do you have someone to turn to if you need to talk? Where or who would you go to for help if you felt you needed it? Home/school/community? (Circles of Support diagram)	
	GROUP SETTING	
Closed/ Open	Did you like taking part in the SFG sessions? As a group? Would you have preferred individual sessions? Why? Why not? Are there any ways the group could have been improved?	
	QUESTIONS	
Closed/ Open	Is there anything else you want to share? Any questions you would like to ask?	

Appendix B: Circles of Support

If you were feeling upset, worried or angry about something, to whom would you be able to turn to/talk to at home, in school and in your community? You can draw the person/people or jot down their initials in the circles below.



References

- Archer, J. (1999). *The nature of grief*. London: Routledge.
- Barnard, P., Morland, I. & Nagy, J. (1999). *Children, bereavement and trauma*. London: Jessica Kingsley.
- Beck, J.S., Beck, A.T., Jolly, J.B. & Steer, R.A. (2005). *Beck Youth Inventories for Children and Adolescents* (2nd ed.). Texas: Harcourt Assessment.
- Commonwealth of Australia (1999). *An evaluation of the Seasons for Growth programme Consolidated Report funded by the Commonwealth Government*. Canberra: Department of Health and Aged Care.
- Compas, B.E., Connor-Smith, J.K., Saltzman, H., Harding Thomsen, A.H. & Wadsworth, M.E. (2001). Coping with stress during childhood and adolescence: Progress, problems and potential in theory and research. *Psychological Bulletin*, 127, 87–127.
- Dalton, T.A. & Krout, R.E. (2005). Development of the Grief Process Scale through music therapy songwriting with adolescents. *The Arts in Psychotherapy*, 32(2), 131–143.
- Davis, C. (1995). Coaching children's grief through art. In S. Smith & M. Pennells (Eds.), *Interventions with bereaved children*. London: Jessica Kingsley.
- Department for Education and Skills (DfES) (2003). *Every Child Matters: Change for children*. London: DfES Publications.
- Dowdney, L. (2000). Childhood bereavement following parental death. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41(7), 819–830.
- Fell, M. (1994) Helping older children grieve: A group therapy approach. *Health Visitor*, 67(3), 92–94.
- Field, A. (2000). *Discovering statistics using SPSS for Windows: Advanced techniques for the beginner*. London: Sage.
- Frydenberg, E. & Lewis, R. (1993). Boys play sport and girls turn to others: Age, gender and ethnicity as determinants of coping. *Journal of Adolescence*, 16, 253–266.
- Frydenberg, E. & Muller, D. (2005). *Coping with loss: An evaluation of the Seasons for Growth programme*. University of Melbourne: Seasons for Growth National Office.
- Gillham, B. (2005). *Research interviewing: The range of techniques*. Berkshire: Open University Press.
- Graham, A. (1996). *Seasons for Growth: Loss and grief education programme*. Sydney: The Mary MacMillop Foundation.
- Hampel, P. & Petermann, F. (2005). Age and gender effects on coping in children and adolescents. *Journal of Youth and Adolescence*, 34(2), 73–83.
- Harrison, L. & Harrington, R. (2001). Adolescents' bereavement experiences: Prevalence, association with depressive symptoms and use of services. *Journal of Adolescence*, 24(2), 159–169.
- Huss, S.N. & Ritchie, M. (1999). Effectiveness of a group for parentally bereaved children. *The Journal for Specialists in Group Work*, 24(2), 186–196.
- Johnson, R.B. & Onwuegbuzie, A.J. (2004). Mixed methods research: A research paradigm whose time has come. *Educational Researcher*, 33(14), 14–26.
- Jolley, G. & Master, S. (2004). *An evaluation of the Seasons for Growth programme*. South Australian Department of Human Services. Flinders University: South Australian Community Health Research Unit (SACHRU).
- Knight, C. (2007). A resilience framework: Perspectives for educators. *Health Education*, 107(6), 543–555.
- Kraaij, V., Garnefski, N., de Wilde, E.J., Dijkstra, A., Gebhardt, W., Maes, S. & Ter Doest, L. (2003). Negative life events and depressive symptoms in late adolescence: Bonding and cognitive coping as vulnerability factors? *Journal of Youth Adolescence*, 32, 185–193.
- Kubler-Ross (1982). *On death and dying*. London: Tavistock.
- Levin, J.R., Serlin, R.C. & Seaman, M.A. (1994). A controlled, powerful multiple-comparison strategy for several situations. *Psychological Bulletin*, 115, 153–159.
- Mallon, F. & Best, C. (1995). Trauma in school: A psychological service response. *Educational Psychology in Practice*, 10(4), 231–237.
- Monroe, B. & Kraus, F. (Eds.) (2005). *Brief interventions with bereaved children*. Oxford: Oxford University Press.
- Nabors, L., Ohms, M., Buchanan, N., Kirsh, K.L., Nash, T., Passik, S.D., Johnson, J.L., Snapp, J. & Brown, G. (2004). A pilot study of the impact of a grief camp for children. *Palliative and Supportive Care*, 2, 403–408.
- Pennells, M. & Smith, S. (1995). Creative group work methods with bereaved children. In S. Smith & M. Pennells (Eds.), *Interventions with bereaved children* (pp.141–159). London: Jessica Kingsley.
- Philips, A. (2003). *Understanding children's grief and loss in the family*. Liverpool: The Alder Centre.
- Prince-Embury, S. (2006). *Resiliency scales for children and adolescents: A profile of personal strengths*. San Antonio: Harcourt Assessment.
- Ribbens-McCarthy, J. (2007). *Children, young people and bereavement*. London: National Children's Bureau.
- Richards, L. (2005). *Handling qualitative data: A practical guide*. London: Sage.
- Ringler, L.L. & Hayden, D.C. (2000). Adolescent bereavement and social support: Peer loss compared to other losses. *Journal of Adolescent Research*, 15(2), 209–230.

- Rodgers, B. & Prior, J. (1998). *Divorce and separation. The outcomes for children*. York: Joseph Rowntree Foundation.
- Rolls, L. & Payne, S.A. (2007). Children and young people's experiences of UK bereavement services. *Mortality*, 12(3), 281–303.
- Ross, D. & Hayes, B. (2004). Interventions with groups of bereaved pupils. *Educational and Child Psychology*, 21(3), 95–108.
- Saunders, E.J. & Saunders, J.A. (2000). Evaluating the effectiveness of art therapy through a quantitative, outcomes focused study. *The Arts in Psychotherapy*, 27(2), 99–106.
- Sevarty, H.L. & Hayslip, B. (2001). Adjustment to loss among adolescents. *Omega*, 43(4), 311–330.
- Silverman, D. (2005). *Doing qualitative research: A practical handbook* (2nd ed.). London: Sage.
- Stewart, D. & McWhirter, J. (2007). Thinking positive: The importance of resilience and listening to children and young people. *Health Education*, 107(6), 489–493.
- Thompson, M.P., Kaslow, N.J., Kingree, J.B., King, M., Byrant, L., Jr., & Rey, M. (1998). Psychological symptomatology following parental death in a predominantly minority sample of children and adolescents. *Journal of Clinical and Child Psychology*, 27, 434–441.
- Warner, R. (2009). Working with bereaved adolescents: An educational psychologist using the Seasons for Growth programme. *Debate*, 131, 16–21 (Division of Educational and Child Psychology newsletter)
- Welsh Assembly Government (2004). *Children and young people: Rights to action*. Cardiff: Department for Education, Lifelong Learning and Skills.
- Worden, J.W. (1991). *Grief counselling and grief therapy*. New York: Springer.
- Worden, J.W. (1996). *Children and grief: When a parent dies*. New York: Guilford Press.
- World Health Organisation (1992). *Life skills education in schools*. WHO/MNH/PSF/93. A Rev. 1. Geneva: WHO.
- Zambelli, G.C. & De Rosa, A.P. (1992). Bereavement support groups for school-aged children: Theory, intervention and case example. *American Journal of Orthopsychiatry*, 62(4), 484–493.