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**Preparing Students for Social Work Practice with Grieving Clients**

Lisa Battle

School of Social Work

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December 2023

### **Abstract**

Social workers will encounter grief, death, and dying in their professional careers. Whether or not it is integral to the practice setting, it is integral to life, and clients in all settings will be impacted by grief and death. Rapidly increasing research in this area has uncovered grief and death as an important competency that new social workers are lacking (Pomeroy et al., 2019). This shortfall impacts social workers through increased risk of vicarious grief and trauma, and their clients through decreased level of care provided (Richmond et al., 2021). Extricating social workers and clients from this burden is a simple solution—an increased focus on death education for social work students and practitioners. Even brief courses given to practitioners increased confidence and client outcomes (Bear & Chandran, 2019). The question that remains is whether social work students agree with new practitioners on the necessity of death education. In this study, the attitudes and interests of current social work students are examined through a multi-method exploratory study conducted at a large, public, urban, Hispanic Serving Institution (HSI) in the United States.

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## Background

Social workers play a key role in helping clients who are coping with grief, loss, and suffering. Regardless of the practice setting, social workers will inevitably encounter clients who have been impacted by loss in some capacity (Clark, 2018). Some research on social work practice indicates that many social workers do not feel prepared by their degree programs to encounter grief, death, and dying once they enter practice. For example, Thieleman and Cacciatore (2018) explain, “Social workers are likely to encounter clients experiencing grief and bereavement, yet few receive adequate training and support” (p. 472).

As early as the late 1990s, the field saw the introduction of interventions designed to train social workers in areas like palliative care and end of life care when it was recognized that there was not enough attention paid to these areas in social work education (Bear & Chandran, 2019). Since that time, additional resources to support social workers practicing in palliative and end-of-life care have been developed, such as the National Association of Social Workers’ Standards for Palliative and End-of-Life Care (*Standards for Palliative and End of Life Care*, n.d.). These standards, which were first published in 2004, as well as the widespread availability of continuing education training and certificates on grief and loss, and even peer reviewed journals dedicated to this area of practice are now commonplace (Clark, 2018). And yet, despite these developments, the same problem remains--new social work practitioners are unprepared to encounter grief, death, and dying in the field (Cacciatore et al., 2014).

One reason for the persistence of the finding that social workers continue to indicate their lack of self-confidence and self-efficacy in encountering grief and loss in practice may be the lack of curricular focus on grief, death, and dying in undergraduate and graduate social work programs. While some programs offer individual courses in this area, most are offered as

electives rather than as required core courses (Cacciatore et al., 2014). One study uncovered that at 88 US graduate social work programs, 64% offered a dedicated course on grief, death, and dying, while other courses averaged about one lecture per class on subjects like grief, death, and dying (Pomeroy et al., 2019). An in-depth content analysis of social work textbooks showed a similar trend in required social work coursework. In the analysis of 50 commonly used social work textbooks, only 3.4% of material was devoted to the topics of grief, death, and dying (Cacciatore et al., 2014). With little to no education on the subject, many new social workers report feeling anxious and unprepared to effectively assist clients coping with loss. Wallace, et al. (2017) found that when faced with these issues in practice, social workers often feel “discomfort, anxiety, and [fear]” (p. 328).

The purpose of the current study was to examine current undergraduate and graduate social work students’ exposure to education and training on working with clients facing grief and loss. The study examined the required and elective course curricula content that addresses this subject in the undergraduate and graduate curriculum for Social Work students at a large, public School of Social Work. Further, the study explored current students’ perspectives regarding the relative importance of grief and loss-focused curriculum in the Bachelor of Social Work (BSW) and Master of Social Work (MSW) programs, both of which maintain current accreditation status from the Council on Social Work Education.

### **Literature Review**

It can be a client’s own impending death in a hospice setting or a client who has been impacted by a loss “to the extent that they do not feel equipped to deal with the loss independently” (Yousef-Abramson & Addams, 2021, p. 367) in a therapeutic setting, but either way, grief and loss is often a subject a social worker will meet at work. A variety of studies show

that clinicians “report high levels of distress when faced with death,” (Cacciatore et al., 2014, p. 92) and that this fear is strongly associated with distress when encountering death and grief with clients. Further, practitioners who have personal experience with death and dying report less anxiety and are less likely to engage in avoidant behavior.

This problem is not isolated to the social work profession. It is found across other health professions such as nursing and medicine as well. Research that explored undergraduate nursing students’ attitudes about working with death and dying in the field revealed that death and dying is frightening to them, and showed an increase in confidence and comfort over a longitudinal study that followed them after participating in educational training focused on grief, death, and dying (Haglin et al., 2021).

There are many ways in which social workers who lack adequate training and education in the areas of grief and loss may struggle when encountering a grieving client, and the consequences of being unprepared to assist clients in a meaningful way can have serious consequences. Across health professions, there is growing evidence that this lack of education leads to lower client outcomes. De Lima, et al. (2018) found that registered nurses without proper education were unable to provide high quality assistance to the patient’s family when faced with the death of a critically ill patient. The same is reported for social workers whose lack of education in this area “can impact [their] well-being or even their ability to provide client care” (Richmond et al., 2021, p. 162).

Clients are not the only ones impacted when social workers are unprepared to help them with grief, death, and dying. Research indicates that caretaking professionals report anxiety around the subject of death and avoid talking about it if possible (Üzar-özçetin et al., 2021).

Social workers who work with clients experiencing grief and loss are at risk of developing vicarious grief themselves (Richmond et al., 2021). Vicarious grief is “the experience of loss and consequent grief and mourning that occurs following the deaths of others not personally known by the mourner” (Richmond et al., 2021, p. 162). Though recently brought into the social sciences, vicarious grief has been around the human zeitgeist for quite some time. Sullender (2009) explains, “Vicarious grieving is built into the human psyche. It comes out of our capacity to be empathetic, [...] [even] the ancients knew that grief is vicariously experienced when they paid mourners to express intense grief to get the tears flowing for the public mourning. [They knew] tears [...] beget tears” (p. 193). There are two types of vicarious grief, one in which the vicarious griever feels what it must be like for the bereaved, and one in which the vicarious loss brings about renewed grief for the vicarious griever’s personal losses (Jose et al., 2023). Vicarious grief is “comparable with the organismic response to a personal loss” and triggers the same symptoms as the client for the social worker (Kastenbaum, 1987).

Training and experience have been shown as the strongest protective factors against vicarious grief and promote provider wellness, clinical preparedness, and positive client outcomes (Richmond et al., 2021). In a social work education study, students in grief, death, and dying focused courses reported that the content helped them “face their own anxiety over death and dying [and] was seen as a win-win for students and their patients” (Pomeroy et al., 2019, p. 266). Students who engaged in grief, death, and dying coursework even reported that simply “talking about the death, as well as their thoughts and feelings about the death,” (Newton & Ohrt, 2018, p. 168) a common aspect of death education, was very or somewhat helpful. Further, students are helped not just in their future profession but in their own lives, with death education shifting the way they experience personal losses (Cacciatore et al., 2014).

In one study, shadowing social workers in palliative care settings “better [prepared] social work students for future in practice” and improved “students’ competence and comfort” (Pomeroy et al., 2019, p. 266). In a study of over 400 active social work practitioners, over 80% of students enrolled in a continuing education grief, death, and dying course reported that the course increased their competency in treating end of life and grief needs in clients (Pomeroy et al., 2019). In another study, support staff in a palliative care setting took a self-paced online course on grief, death, and dying that lasted just five weeks, and participants stated that it “helped them cope with their own fears about death and made them more competent about engaging with dying patients [...] [and] positioned them to better provide care for patients and families including their own” (Bear & Chandran, 2019, p. 120).

Much is known about active practitioners and very little about active students. Research on practice indicates that social workers are likely to encounter grief, death, and dying regardless of their field of practice, and that many do not feel adequately prepared to help clients in this area. As a result, clients may not receive the assistance they need, and social workers may experience vicarious grief and burnout. Educational interventions in the form of continuing professional education courses have demonstrated effectiveness in addressing this lack of preparation among practicing social workers, however little is known about how social work students feel about grief, death, and dying coursework. For example, do students, like practitioners, also feel underprepared and desire more coursework on this subject? Do students that have taken optional grief, death, and dying coursework feel prepared to help clients facing loss? The present study attempted to answer these questions by exploring the needs, attitudes, and preferences of social work students related to education on grief and loss.

## **Methods**

This three-part study used a mixed methods design to gather data. First, a content analysis was conducted using the master syllabi for all required and elective courses in the BSW and MSW programs. Second, a mixed methods survey was sent out to gather student attitudes and interest in and around death education. Third, a focus group was conducted with students who had engaged with some type of death education in the past to learn more about how their experience impacted their attitudes. All study procedures were reviewed and approved by the Institutional Review Board prior to the study's initiation.

**Table 1**

*Grief, death, and dying education studies summary table*

Study	Research question	Data collection	Inclusion criteria	Sample size
Content Analysis	How much content at this University's school of social work is focused on grief, death, and dying?	Content review	Course available in 2023-2024 catalog at the SSW	100 course syllabi
		Key word count		17 key words
		Key word count analysis		
Mixed Methods Survey	Do social work students feel prepared to encounter grief, death, and dying in the field?	Survey	Enrolled in BSW or MSW degree	45 Survey Responses
	Do social work students desire more grief, death, and dying coursework?		Reached Q7 and beyond	
Focus Groups	Do those that participated in grief, death, and	Focus Groups Interview	Experience with grief, death, and dying education	9 total students across focus

### **Content Analysis**

All syllabi offered in the 2023-2024 school year were collected for the content analysis project. In total, 100 syllabi were analyzed. Key terms were defined ahead of analysis that would indicate presence of grief, death, and dying coursework on syllabi. The key terms defined were: euthanasia, suicide, mourn/mourning, grief/grieving, terminal illness, palliative care, death/dying, loss, and bereavement. No threshold for what volume of keywords would indicate a grief, death, and dying focus was determined ahead of time. It was assumed that during analysis clear high, medium, low count categories would emerge and a threshold could be determined based on these categories.

### **Mixed Method Survey**

An online survey was distributed to all enrolled BSW and MSW participants to collect data on their perceptions of grief, death, and dying related to knowledge, preparedness, desire for further education, and preferred mode of learning. The survey employed an adapted instrument used in a similar study examining social worker preparedness to effectively assist clients in a managed care setting (Kane et al., 2002). This study developed an instrument that measured “perceptions of preparedness to function in managed care environments” and used “a five-point Likert-type scale (5 = strongly agree, 1 = strongly disagree)” (Kane et al., 2002, p. 45) for practitioners to indicate their agreement or lack thereof with statements pertaining to preparedness. This study used 51 separate statements organized in categories, with three to six statements per category, of perceived understanding of various aspects of managed care, perceived preparedness to perform various aspects of managed care, and the impact of social

work education on understanding and preparedness (Kane et al., 2002). The survey is included in Appendix B.

Surveyed students were recruited through an email advertisement to students enrolled in the School of Social Work. Inclusion criteria questions were included in the beginning of the survey and sample size includes only participants who met the inclusion criteria. Participants who did not meet this criteria were terminated from the remainder of the survey. To increase participation participants were offered the chance to enter a drawing for a water bottle or travel mug worth up to \$25 as an incentive. QuestionPro was the data collection tool for survey informed consent. Participants agreed to the informed consent as the first step of the QuestionPro survey and could exit if they chose not to consent. QuestionPro software was also used to analyze survey results.

### **Focus Groups**

Students who have completed or are currently enrolled in a course identified as having a clear focus on death, dying, or grief were asked to participate in a focus group to understand their perceptions of knowledge, preparedness, and impact of the education they received. The courses were identified using the content analysis described above and students were asked in the survey if they had enrolled or were currently enrolled in these above threshold classes. Participants who indicated that they had received outside education on the subject from work experience, field experience, or other educational courses were also invited to participate. The focus group questions are included in Appendix C.

Students were recruited to participate in focus groups through the initial mixed method survey. If participants met focus group criteria, they were asked if they would like to participate in a focus group to share more insights. To increase participation participants were offered the

chance to enter a drawing for a water bottle or travel mug worth up to \$25 as an incentive. Focus groups and interviews lasted up to 90 minutes each and were facilitated by the research team. QuestionPro was the data collection tool for focus group informed consent. Students were sent a QuestionPro survey to sign up for their focus group time if they opted into that phase of research and asked to consent prior to choosing a focus group. Microsoft Teams software was used to facilitate all focus groups and interviews through video conferences. QuestionPro allowed participants to remain anonymous if preferred while Microsoft Teams allowed for confidentiality to be maintained while allowing only facilitators, and if applicable focus group participants, to have access to identifying student information.

## **Results**

### **Content Analysis**

Content analysis was performed utilizing Microsoft Excel and syllabi were stored in a secured Onedrive folder. During content analysis, additional words were added to the key terms list, primarily different tenses of these same terms: suicidal, grieves, grieved, palliative, and bereaved. Appendix A includes a list of all BSW and MSW courses that were reviewed. As word count was examined across all syllabi, a threshold was established based on only high, medium, and low categories. Many classes contained zero to nine instances of the established vocabulary words, or a low count, and when examined more closely, their syllabi contained no content focused on grief, death, or dying. Two classes fell in the medium count range which was established to be counts between 11 and 100. The last category was classes over 100 count, the high count category, which only contained one class. The medium and high-class syllabi did contain content with a main focus on grief, death, or dying. Therefore, the threshold was

established for a medium or high count class to be considered a class with a focus on death education.

### **Mixed Method Survey**

A total of 45 participants responded to the mixed method survey from October 3rd, 2023, to October 26th, 2023 after exclusionary criteria removed some respondents. Participants were excluded if they did not indicate that they were enrolled in a BSW or MSW degree program and participants who did not complete at least through question seven of the survey. Questions were asked about students' knowledge of grief, death, and dying, feelings of preparedness on encountering these topics at work and in life, and interest in more education on the subject.

QuestionPro software was used to conduct quantitative analysis on survey results. Qualitative information from the survey was thematically analyzed and openly coded in Microsoft Excel by investigators until saturation occurred and investigators determined there were no new categories emerging. Themes were created collaboratively in a discussion format by investigators.

In the mixed method survey, only about 2% of the social work school responded or a total of 45 participants. Most respondents were MSW students, 36 total students, and the remaining 9 were BSW students. Of the MSW advanced students, the majority were enrolled in the health and mental health specialties, making up 13 of the 18 total. Over half of all respondents had never taken any coursework on grief, death, and dying or learned about it in field education or outside coursework.

### **Figure 1**

*Knowledge survey question*

Please rate the following statements about your understanding of grief, death, and dying subject matter.



Statement	Strongly disagree	Disagree	Agree	Strongly Agree	Overall
I understand when and where I might encounter grief, death, and dying as a social work practitioner.	0 0%	1 2.22%	25 55.56%	19 42.22%	45 100%
I understand common interventions used for grief, death, and dying.	1 2.22%	18 40%	22 48.89%	4 8.89%	45 100%
I understand what kind of advocacy I can provide clients struggling with grief, death, and dying.	1 2.22%	21 46.67%	19 42.22%	4 8.89%	45 100%
I understand ways to cope with my own emotions when I encounter grief, death, and dying at work.	1 2.22%	10 22.22%	23 51.11%	11 24.44%	45 100%
I understand ways to cope with my own emotions when I encounter grief, death, and dying in my personal life.	2 4.44%	8 17.78%	22 48.89%	13 28.89%	45 100%



When surveyed on knowledge, it was seen that participants understand they will encounter it at work and they understand best how to cope with their personal emotions about grief, death, and dying in life and at work. Where participants lack understanding is in the areas of intervention and advocacy for clients facing grief, death, and dying.

**Figure 2**

*Preparedness survey question*

Please rate the following statements about your feelings of preparedness when confronted with grief, death, and dying.



Statement	Strongly disagree	Disagree	Agree	Strongly Agree	Overall
I feel prepared to encounter grief, death, and dying in social work settings.	2 4.65%	17 39.53%	17 39.53%	7 16.28%	43 100%
I feel prepared to perform interventions with clients struggling with grief, death, and dying.	4 9.3%	25 58.14%	10 23.26%	4 9.3%	43 100%
I feel prepared to advocate for clients struggling with grief, death, and dying.	2 4.65%	12 27.91%	23 53.49%	6 13.95%	43 100%
I feel prepared to cope with my own emotions when I encounter grief, death, and dying at work.	1 2.33%	13 30.23%	18 41.86%	11 25.58%	43 100%
I feel prepared to cope with my own emotions when I encounter grief, death, and dying in my personal life.	2 4.65%	13 30.23%	17 39.53%	11 25.58%	43 100%



When surveyed on preparedness, overall, students reported feeling less prepared than they did knowledgeable. The lowest category of preparedness by significant margin was intervention-based preparedness, with 67% of students, or 29 students, reporting they disagreed or strongly disagreed that they felt prepared to perform interventions with clients about grief, death, and dying.

When asked what experiences most contributed to their knowledge and preparedness, over 50%, or 22 participants, cited social work coursework and personal experience. Reported with moderate frequency were also work and field experience.

**Figure 3**

*Desire for more education question*

Please rate the following statements about your desire to receive more education about grief, death, and dying.



Statement	Strongly disagree	Disagree	Agree	Strongly Agree	Overall
I would like more education on when and where I will encounter grief, death, and dying in social work settings.	1 2.38%	1 2.38%	16 38.1%	24 57.14%	42 100%
I would like more education on interventions for clients struggling with grief, death, and dying.	1 2.38%	0 0%	12 28.57%	29 69.05%	42 100%
I would like more education on advocacy for clients struggling with grief, death, and dying.	1 2.38%	0 0%	15 35.71%	26 61.9%	42 100%
I would like more education on how to cope with my own emotions when I encounter grief, death, and dying at work.	1 2.38%	4 9.52%	15 35.71%	22 52.38%	42 100%
I would like more education on how to cope with my own emotions when I encounter grief, death, and dying in my personal life.	1 2.38%	4 9.52%	15 35.71%	22 52.38%	42 100%
Grief, death, and dying coursework is important to my future career as a social worker.	1 2.38%	0 0%	19 45.24%	22 52.38%	42 100%



When surveyed about additional coursework, almost all respondents, or 41 participants, say that grief, death, and dying education is important to their future career as a social worker. Students are most interested in education on interventions and advocacy, but many would also like to be educated on when and where they will encounter it as a social worker.

When participants were asked about why they did or did not want to receive more education on this subject, around 40% of students, or 18 students in total, stated it was because they desired to help clients and/or thought they would encounter it at work. A smaller but significant portion indicated they wanted to learn more because death is a part of life, they wanted to be prepared, and that they believed it would impact their personal life.

**Figure 4**

*Coursework options survey question*

Please rate the following course work options to learn more about grief, death, and dying. Please rate as if you are not bound by the requirements of your degree plan.



Statement	Very unlikely	Unlikely	Likely	Very likely	Overall
Full semester course on grief, death, and dying.	0 0%	7 16.67%	26 61.9%	9 21.43%	42 100%
Short course (videos, reading) that is about the length of a module in a semester long course.	1 2.38%	4 9.52%	19 45.24%	18 42.86%	42 100%
Hands on experiential learning workshop (live, applied learning).	0 0%	8 19.05%	18 42.86%	16 38.1%	42 100%
Interprofessional education course.	0 0%	4 9.52%	26 61.9%	12 28.57%	42 100%
Open Access Course on Canvas that students can do at their own pace if they choose.	1 2.38%	3 7.14%	19 45.24%	19 45.24%	42 100%
A certification course that awards students a micro credential after completion that can be placed on resumes and job applications.	1 2.38%	6 14.29%	17 40.48%	18 42.86%	42 100%
Add this material to a field orientation to help students when they begin working and may encounter grief, death, and dying.	2 4.76%	2 4.76%	24 57.14%	14 33.33%	42 100%



Participants were also asked what modality for the education they would be most likely to attend. The options were full semester course, short course, hands on workshop, IPE, open access Canvas course, microcredential certificate course, and field education module. Out of 42 students, 28 indicated they were likely or very likely to attend an IPE or open access Canvas course. When students were asked to expand on options given for types of grief, death, and dying education, the vast majority had nothing to add to the options listed. However, a couple of students indicated that it was important that instructors or speakers have direct practice experience in grief, death, and dying.

**Focus Groups**

In total, 19 students were eligible to participate in focus groups. Initially, 13 people indicated that they would be willing to participate in a focus group, however, only 9 individuals signed up for focus groups when sent the informed consent and available times.

Three focus groups and one individual interview were held from October 24th, 2023, to October 26th, 2023. All the groups and the interview were conducted via Microsoft Teams meeting and recorded and transcribed for qualitative coding after the fact. Participants were encouraged but not required to turn on their video during the video call while facilitators kept their videos on for participant comfort. Focus groups contained a minimum of two participants and maximum of three participants. The intention was to have four focus groups, but when one group had only one participant attend, it turned into an individual interview instead.

Qualitative feedback from focus groups and interviews was analyzed using recorded transcripts from video calls. Thematic analysis was also conducted in this case by analyzing feedback line by line with open coding by investigators in Microsoft Office. Data analysis continued until all investigators agreed saturation had occurred, with no new categories emerging to describe students' experiences. Themes were then created collaboratively across all researchers in a collaborative discussion.

Four major themes emerged when participants were interviewed who had engaged with grief, death, and dying education in one form or another and shared their attitudes and interests post education using focus groups and interviews. The first theme, *Grief and death is part of being a social worker*, represents an attitude seen in the survey as well, that social work students believe they will encounter grief, death, and dying at work regardless of the role. The second theme, *Grief and death causes fear and worry*, showcases the overwhelming feelings communicated by focus group participants that they fear encountering grief, death, and dying in

any setting. A third theme emerges, *Death education is vital*, a theme that shows the important participants placed on grief, death, and dying education. The fourth theme, *Confidence means practical application*, dives deeper into the type of education that participants feel would resolve lack of preparedness and feelings of fear and worry.

**Theme: Grief and death is part of being a social worker**

Participants are cognizant of the fact that regardless of their eventual position within the social work position, they will encounter grief, death, and dying. Kai, a BSW student, explained that grief, death, and dying education “is extremely important for social workers, [...] it’s gonna touch everyone in some way or another.” He added that “no matter where you’re working, you’re gonna come across people who are going through grief or loss.”

Maya, a foundation MSW student, noted that “even if it happens in your personal life, [...] it’s going to affect your professional life” and that “if you’re gonna be a social worker [...] you have to get prepared for it.” She continued by saying that “no matter what path you’re going, no matter where you’re going, you’re gonna experience it” if you choose to be a social worker.

Isabella, an advanced MSW student, felt the impacts of this importance in the field with clients encountering grief, death, and dying and said, “I feel very strongly about [it and] I really wish I could have helped all those people more.” When asked about the importance of this type of education for social workers, she simply stated “10s across the board” and reiterated what many had already said, that it was of great importance. Throughout focus groups and interviews, participants emphasized the high likelihood of encountering this subject at work.

**Theme: Grief and death causes fear and worry**

When students were asked about their current knowledge and preparedness on grief, death, and dying, many expressed feelings like fear and worry alongside their answers. Maya

expressed that even when it comes up in her personal life, “I really just don't know [...] what to say, how to act [or] even process like my own feelings.” Maya continued by saying that when it comes to encountering it at work, “I'm going to have imposter syndrome. [...] I'm pretty nervous about the bigger issues [and] I'm nervous to say the wrong thing.”

Another participant, Fatima, echoed these sentiments, saying that “it's something I worry about.” She added that she feels extra pressure when she thought about the well-being of her clients, “It's making me a little bit more nervous because [...] I have these people that are, you know, relying on me to some extent. So that's also pretty scary.”

Fatima added that it also worried her in her personal life, “I'm very fearful to experience that [in my personal life] and [...] it's given me a lot of anxiety because it is something that's so real and and happens to everybody, [...] [it's] very, very scary.” Maya experienced similar feelings when thinking about personal losses, and expressed that some losses, “I would need to be sedated [...] because I don't want to feel anything.” Mary, an advanced MSW student, agrees, adding that “I would just be a zombie [...] I know I'd be a mess.”

Words that indicated fear and worry were strewn throughout transcripts when discussing the idea of encountering grief, death, and dying at work and in life as a professional social worker and it's clear that this subject creates anxiety for social work students.

### **Theme: Death education is vital**

Grief, death, and dying, as mentioned above, is something social workers will encounter at work. Participants indicate how important it is for a social worker's career or that many participants believe it should be a required learning experience for all students.

Kai stated plainly that “it's extremely important” and expands by saying “I [...] actually think it should be a required course. [...] It's unavoidable.” Maya agreed and when asked what

the university should do to prepare social workers said, “the best thing to do is to have a required course” and added that “I think that would be beneficial for everybody” when thinking about social work students and how best to prepare them for the field. Marie, a BSW student, felt much the same, and shared that she believed “it should be a requirement for social work students to know how to deal with death and dying.” Isabella agreed wholeheartedly and added simply, “this is essential stuff that we need to know” and believed it should be a required course.

Though how it should be incorporated varied, from semester-long course requirements to more incorporation into required courses, focus group participants all agreed that this material was essential for social workers and should be a required part of their degree program to ensure their ability to be effective in the field.

### **Theme: Confidence means practical application**

Participants who were invited to focus groups had participated in some grief, death, and dying education as a part of college coursework, field or work experience, or other coursework. Despite this education, many participants still stated they felt unprepared. Lucia, an advanced MSW student, stated “I would say that I'm not really prepared.” Maya agreed and shared, “I do not feel prepared at all.” These sentiments are common even among those who have taken grief, death, and dying coursework.

Kai had a different perspective after he encountered it at work in a substance abuse role and shared “I feel very knowledgeable” and that he felt prepared now, after some field experience to help clients with grief, death, and dying. Students have an inkling that experience like this would help in the form of expert guidance in grief, death, and dying education. When asked about how the school could best prepare social work students, Lucia suggested “different speakers talking about the topics [so] we can take all the tools we’re given and kind of make

them our own”. Maya recommended a similar solution stating that she would “prefer listening to people who are really knowledgeable about the subject” while Mary agreed, adding it could be a lecture “or someone doing a [video lecture].” Fatima, a foundation MSW student, agreed, adding that “it needs a human face behind it.”

### **Discussion**

The widespread nature of grief, death, and dying within the social work profession was highlighted by participants again and again. They maintained that regardless of the position obtained, social workers were highly likely to encounter grief, death, and dying, even in macro social work positions and that knowledge and preparedness in this area were greatly needed. This finding rings true in previous literature that cited “social workers are likely to encounter clients experiencing grief and bereavement” (Thieleman & Cacciatore, 2018, p. 472).

In the survey responses, a point of view shared again and again was that “death is a part of life.” Social work students are keenly aware that it will be a part of their clients lives and that they will encounter it at work. Study participants conveyed the importance of a social worker’s ability to help clients cope with topics like grief, death, and dying and recounted past experiences of their own in the field when they encountered this topic with clients and felt ill equipped to help in those moments. This sentiment is also shared in past studies that reiterate the high likelihood of social workers encountering death and grief in a variety of settings including hospitals, substance abuse agencies, schools, child welfare, and disaster and crisis services (Cacciatore et al., 2014).

There are ubiquitous feelings that emerge when discussing grief, death, and dying with social work students: fear and worry. These emotions were repeated by participants when discussing the potential of encountering grief and death and work or even in their personal lives.

This emergence is expected given that active practitioners express this same anxiety when asked similar questions in previous studies. Many report feeling high levels of distress when faced with death, feeling they do not even have adequate support for their own work-related grief, let alone feel prepared to help with the grief of clients (Cacciatore et al., 2014).

Participants also report fear related to their capability to care for clients if they are impacted by death and grief. The fear reported by these social work students is not misguided. Previous literature recognizes the risk of vicarious grief when practitioners encounter grief and death at work. Vicarious grief can lead to “behavior changes, interpersonal issues, shifts in personal values and beliefs, and diminished job performance” (Richmond et al., 2021, p. 162) impacting a practitioner’s personal well-being as well as their ability to provide adequate care to their clients.

Participants communicated persistently the importance of grief, death, and dying education to their future careers as social workers. Nearly 100% of survey respondents, 41 participants in total, agreed with focus group participants that this education was vital to their future careers. Students want to be able to help clients and feel prepared to do so as they know they will encounter grief, death, and dying at work. Previous literature concurs with studies reporting that lack of education in this area is “a factor that interferes with the quality of the assistance provided” by health care professionals (De Lima et al., 2018, p. 1780). They also believe this education will help them cope with personal losses and the literature agrees with them. Death education has been shown to reduce death avoidance and shift how students experience death in their personal lives (Cacciatore et al., 2014).

Many participants emphasized that this education should be a requirement, whether it was included in existing required courses, or added as a requirement to the degree plan.

Participants in the survey too reported often that they had received little to no education so far in their social work program about grief, death, and dying and any knowledge they did have was often a result of field, work, or personal experience. Although previous research has repeatedly reported that practitioners in the field do not feel prepared and do need this education because they do encounter grief, death, and dying at work, it is still not a requirement of social work degree programs in the United States and at best is offered in the form of electives (Thieleman & Cacciatore, 2018).

This dearth of death education is not unexpected given that the Council on Social Work Education does not include education on grief, death, and dying in its accreditation criteria. Therefore, social work programs around the country are left to decide on an individual basis how to address or not address this competency. The content analysis showed that there is very little education on grief, death, and dying in this school of social work's program for both BSW and MSW students. The classes that do contain a focus on grief, death, and dying are all optional courses offered at the MSW level. The reported feelings of students' lack of confidence in encountering these subjects in the field are not without merit given the content analysis findings.

A belief also communicated by some students throughout conversations was that even the specialized education they had received was not sufficient. They expressed that reading about death and dying and writing papers about it did not lead to them feeling confident to help clients with the issues. The survey also showed this trend with students who had taken specialized classes still reporting a lack of preparedness and a desire for more grief and death education. Participants suggested the inclusion of expert guidance in the form of lectures or short videos including practitioners with real world experience. They also expressed a desire for more hands-on activities to practice interventions. This is represented in one of the most popular

options indicated in the survey, inter professional education, an experience that includes expert speakers and hands-on activities.

Previous literature is lacking in this area as most studies that measure the effectiveness of this type of education are doing so on health care practitioners in the field that are given the opportunity to immediately apply their learnings in the work environment. In these studies, the results are positive. A six-week seminar for pediatric residents was conducted that resulted in significant increases in ability to discuss end-of-life care, symptom management, and personal responses to caring for dying children at posttest (Cacciatore et al., 2014). Findings in a palliative care setting for social work students doing practicum work found that experiential learning and training throughout their practicum experience built up foundational competencies in EOL care (Pomeroy et al., 2019). Another study distributed a five-module curriculum that nursing and social work students in a palliative care setting could do at their own pace that covered palliative and hospice care, supporting residents and families, role of support staff in symptom and pain management, and creating a comfortable environment in the final days and hours. This study once again allowed student participants to practice their new skills throughout their education at work and resulted in participants feeling more competent about engaging with dying patients (Bear & Chandran, 2019).

One study that did measure social work student perception before and after completion of an experiential death education course does confirm what participants in this study suggested may have been more effective in their own learning. The course was led by an instructor with “extensive research and practice experience in traumatic death and grief” and “crisis intervention and counseling” (Thieleman & Cacciatore, 2018, p. 473). Students participated in many mindfulness, art therapy, and music therapy exercises and heard from other experts and even

currently bereaved individuals on panels (Thieleman & Cacciatore, 2018). The study showed positive results in the form of overall empathy, affective response, affective mentalizing, and perspective-taking (Thieleman & Cacciatore, 2018). Participants did report afterwards that the course helped prepare them to work with grief and death-related issues in practice (Thieleman & Cacciatore, 2018).

This study has implications for many areas of social work. First, social work students would benefit greatly from engaging with death education prior to graduation. Social work programs have an obligation to their student body to prepare them to be successful in the field upon graduation and are not even offered optionally at the BSW level. An interprofessional education course that is open to all social work students could be an effective means of remedying this problem as students are very interested in this option and previous literature shows that other professions commonly included in IPEs like nurses and doctors also desire this type of education and feel similarly underprepared (Cacciatore et al., 2014).

There are also policy implications resulting from this study. CSWE's lack of requirement in this area leaves this responsibility up to social work schools and can make it logistically difficult for Universities to require students to engage with death education. CSWE should consider adding death education to competencies required of accredited programs.

There are also implications related to practice. Employers should be aware of this knowledge gap and be ready to educate new social workers in their employ, so they are prepared to encounter grief, death, and dying at their place of work and provide adequate service.

Implications for research are primarily that further investigation is required. A larger sample size is needed to determine if trends remain true at scale. It would also be helpful to test a shorter course that utilizes expert guidance and experiential learning to see if it has a similar

impact on social work students as short courses completed with professionals who applied learnings in the field immediately afterwards.

### **Limitations**

This study is primarily limited by the sample size as the study only included 45 participants in a social work student population of nearly 2000. The survey was advertised by email in the social work school's weekly newsletter which has historically low readership. It was additionally sent to faculty who could send it to their individual classes if they so desired but very few seemed to have done so. The total views were 283, only about 14% of the total student body. The low views are likely due to the distribution channels used and future studies should consider a direct email with the survey to increase views and potential participation. The survey was issued during midterms in the fall semester and the timing may have contributed to the lack of response as well.

It is also true that the sample is not representative of the social work school as the sample contained a much higher percentage of health concentration students than is represented in the overall MSW population. This higher percentage may also have impacted the popularity of the IPE education option as most health care MSW students are familiar with and often participate in this type of education. It must also be conceded that the participants who opted in are those who are likely interested in grief, death, and dying education and that interest is likely to bias the results.

### **Conclusion**

This study is one of very few. Most of the grief, death, and dying education studies have been completed with practitioners or students in practicum internships. There has been very little established regarding current students and where they are in terms of knowledge, confidence,

and interest in this subject. There has been a very clear pattern established in literature as to the need for this education once social workers enter the field. This study begins to close the gap in terms of understanding how best to address this need ahead of graduation, by collecting interests and attitudes of current students.

Much like active practitioners, this study showed that social work students feel unprepared and frightened of the prospect of encountering this topic and being unable to help clients. Participants in this study communicated the importance of this education and their desire for more of it. They shared that what was lacking in some education they had previously received was expert guidance and hands-on practice. Previous literature shows the myriad of benefits of preparing practitioners to encounter grief, death and dying from improved client outcomes to reduced vicarious grief and trauma in practitioner populations.

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**Appendix A - SSW Course Catalog**

SOCW 1231. SOCIAL WORK PROFESSIONALISM.

SOCW 2302. LIFE SPAN DEVELOPMENT AND HUMAN BEHAVIOR.

SOCW 2325. INTRODUCTION TO STATISTICS FOR SOCIAL WORK AND THE SOCIAL SCIENCES.

SOCW 2361. INTRODUCTION TO SOCIAL WORK.

SOCW 3300. SOCIAL WORK PROFESSIONALISM AND STUDENT SUCCESS.

SOCW 3301. THEORIES OF HUMAN BEHAVIOR.

SOCW 3303. SOCIAL WELFARE POLICY AND SERVICES.

SOCW 3305. SOCIAL WORK PRACTICE I.

SOCW 3306. SOCIAL WORK PRACTICE III: MACRO PRACTICE.

SOCW 3307. DIVERSE POPULATIONS.

SOCW 3308. SOCIAL WORK RESEARCH METHODS.

SOCW 3309. SOCIAL WORK PRACTICE II.

SOCW 3310. ENVIRONMENTAL JUSTICE & GREEN SOCIAL WORK.

SOCW 3312. DISABILITY & SOCIAL WORK.

SOCW 3314. THE LATINA EXPERIENCE.

SOCW 3315. INTRODUCTION TO SUBSTANCE USE DISORDERS.

SOCW 3318. SCREENING, ASSESSMENT, & ENGAGEMENT.

SOCW 3319. TREATMENT PLANNING, COLLABORATION & REFERRAL.

SOCW 3320. U.S. IMMIGRATION POLICY AND THE AMERICAN DREAM.

SOCW 3321. SUBSTANCE USE TREATMENT.

SOCW 4310. SOCIAL WORK WITH CHILDREN AND FAMILIES.

SOCW 4314. INTIMATE PARTNER VIOLENCE.

SOCW 4335. AGING IN AMERICAN SOCIETY.

SOCW 4344. HEALTH INSURANCE AND ACCESS TO CARE.

SOCW 4350. SPECIAL ISSUES IN SOCIAL WORK.

SOCW 4366. SEMINAR IN WOMEN'S ISSUES.

SOCW 4370. SOCIAL WORK IN THE SCHOOLS.

SOCW 4371. INEQUITIES AND INCARCERATION.

SOCW 4391. CONFERENCE COURSE.

SOCW 4451. SOCIAL WORK FIELD SEMINAR I.

SOCW 4452. SOCIAL WORK FIELD SEMINAR II.

SOCW 4455. SOCIAL WORK FIELD SEMINAR BLOCK PART 1.

SOCW 4456. SOCIAL WORK FIELD SEMINAR BLOCK PART 2.

SOCW 4551. SOCIAL WORK FIELD INSTRUCTION I.

SOCW 4552. SOCIAL WORK FIELD INSTRUCTION II.

SOCW 4555. SOCIAL WORK FIELD INSTRUCTION BLOCK PART 1.

SOCW 4556. SOCIAL WORK FIELD INSTRUCTION BLOCK PART 2.

SOCW 5301. HUMAN BEHAVIOR AND THE SOCIAL ENVIRONMENT I.

SOCW 5303. FOUNDATIONS OF SOCIAL POLICY AND SERVICES.

SOCW 5304. GENERALIST MICRO PRACTICE.

SOCW 5306. GENERALIST MACRO PRACTICE.

SOCW 5307. DIVERSE POPULATIONS.

SOCW 5308. RESEARCH AND EVALUATION METHODS IN SOCIAL WORK I.

SOCW 5310. ENVIRONMENTAL JUSTICE & GREEN SOCIAL WORK.

SOCW 5311. ADVANCED MICRO PRACTICE.

SOCW 5312. COMMUNITY AND ADMINISTRATIVE PRACTICE.

SOCW 5313. RESEARCH AND EVALUATION METHODS IN SOCIAL WORK II.

SOCW 5314. INTIMATE PARTNER VIOLENCE.

SOCW 5315. BRAIN AND BEHAVIOR.

SOCW 5316. STRESS, CRISIS, AND COPING.

SOCW 5317. PALLIATIVE CARE.

SOCW 5318. DEATH & DYING.

SOCW 5319. SUICIDE PREVENTION AND INTERVENTION.

SOCW 5320. ADVANCED ADMINISTRATIVE PRACTICE.

SOCW 5321. ADVANCED COMMUNITY PRACTICE.

SOCW 5323. PROGRAM EVALUATION.

SOCW 5324. SOCIAL WORK SUPERVISION.

SOCW 5325. BUDGETING AND FINANCIAL MANAGEMENT.

SOCW 5326. GRANT PROPOSAL DEVELOPMENT SEMINAR.

SOCW 5327. HUMAN BEHAVIOR IN MACRO ENVIRONMENTS.

SOCW 5328. ADVOCACY AND SOCIAL POLICY.

SOCW 5332. DIRECT PRACTICE WITH AGING.

SOCW 5333. AGING AND SOCIAL POLICY.

SOCW 5334. FAMILY CAREGIVING & AGING.

SOCW 5335. AGING IN AMERICAN SOCIETY.

SOCW 5342. DIRECT PRACTICE IN HEALTH CARE.

SOCW 5343. HEALTH POLICY AND SOCIAL JUSTICE.

SOCW 5344. HEALTH INSURANCE AND ACCESS TO CARE.

SOCW 5345. SPECIAL TOPICS IN HEALTH EQUITY.

SOCW 5352. DIRECT PRACTICE IN MENTAL HEALTH.

SOCW 5353. SOCIAL POLICY AND MENTAL HEALTH.

SOCW 5354. PRINCIPLES OF SUBSTANCE MISUSE TREATMENT.

SOCW 5355. MILITARY SOCIAL WORK.

SOCW 5356. SEMINAR IN COGNITIVE-BEHAVIORAL INTERVENTION STRATEGIES.

SOCW 5357. GROUP DYNAMICS AND SOCIAL WORK PRACTICE.

SOCW 5358. TREATMENT OF CHILDREN AND ADOLESCENTS.

SOCW 5359. MILITARY FAMILIES.

SOCW 5360. TREATMENT OF MILITARY POPULATIONS.

SOCW 5362. DIRECT PRACTICE WITH CHILDREN AND FAMILIES.

SOCW 5363. SOCIAL POLICY FOR CHILDREN & YOUTH.

SOCW 5365. CLINICAL ASSESSMENT OF CHILD MALTREATMENT.

SOCW 5366. SEMINAR IN WOMEN'S ISSUES.

SOCW 5367. TREATING PARENT-CHILD RELATIONSHIPS.

SOCW 5369. SEMINAR IN FAMILY THERAPY.

SOCW 5370. SOCIAL WORK IN SCHOOLS.

SOCW 5371. INEQUITIES AND INCARCERATION.

SOCW 5381. FOUNDATION FIELD SPLIT II.

SOCW 5385. FOUNDATION FIELD BLOCK II.

SOCW 5390. INDEPENDENT STUDY.

SOCW 5392. SELECTED TOPICS IN SOCIAL WELFARE.

SOCW 5395. INTEGRATIVE SEMINAR.

SOCW 5396. THESIS RESEARCH.

SOCW 5398. THESIS.

SOCW 5482. ADVANCED FIELD SPLIT I.

SOCW 5483. ADVANCED FIELD SPLIT II.

SOCW 5485. ADVANCED FIELD BLOCK I.

SOCW 5486. ADVANCED FIELD BLOCK II.

SOCW 5581. FOUNDATION FIELD SPLIT I.

SOCW 5585. FOUNDATION FIELD BLOCK I

SOCW 5698. THESIS.

## Appendix B - Mixed Method Survey

### Consent Language:

My name is Lisa Battle, and I am asking you to participate in a [REDACTED] research study titled, “Social Work Grief, Death, and Dying education” This research study is about interest in grief, death, and dying education for social work students. You can choose to participate in this research study if you are at least 18 years old AND if you are currently enrolled in a Master’s or Bachelor’s degree program at [REDACTED] school of social work.

Reasons why you might want to participate in this study include to share your interest in different types of grief, death, and dying coursework, but you might not want to participate if you are not interested in providing input. Your decision about whether to participate is entirely up to you. If you decide not to be in the study, there won’t be any punishment or penalty; whatever your choice, there will be no impact on any benefits or services that you would normally receive. Even if you choose to begin the study, you can also change your mind and quit at any time without any consequences.

If you decide to participate in this research study, I will ask you to complete a short online survey. It should take about fifteen (15) minutes. Although you probably won’t experience any personal benefits from participating, the study activities are not expected to pose any additional risks beyond those that you would normally experience in your regular everyday life or during routine medical / psychological visits.

You will not be paid for completing this study. You will be entered into a drawing to win a reusable water bottle worth \$22.95 before tax for participating in this research study. The winner of the prize will be notified by [REDACTED] email within five weeks from the date the survey is made available to participants. There are no alternative options to this research project.

The research team is committed to protecting your rights and privacy as a research subject. We may publish or present the results, but your name will not be used. While absolute confidentiality cannot be guaranteed, the research team will make every effort to protect the confidentiality of your records as described here and to the extent permitted by law. If you have questions about the study, you can contact me at lisa.battle@[REDACTED] If you have additional questions, you can contact my faculty advisor Diane Mitschke at [REDACTED] or diane.mitschke@[REDACTED] For questions about your rights or to report complaints, contact the [REDACTED] Research Office at [REDACTED] or regulatoryservices@[REDACTED]

You are indicating your voluntary agreement to participate by beginning this survey.

### Survey Questions

1. Do you graduate in December 2023?
  - a. Yes
  - b. No
2. Are you currently enrolled in an MSW or BSW at [REDACTED]?
  - a. BSW (*Skips MSW specialty question*)
  - b. MSW, Foundation
  - c. MSW, Advanced
  - d. Neither (*Exits from survey*)
3. What's your specialty?
  - a. Aging (*Skips Undergraduate question*)
  - b. Children & Families (*Skips Undergraduate question*)
  - c. Health (*Skips Undergraduate question*)

- d. Mental Health & Substance Misuse (*Skips Undergraduate question*)
  - e. CAP (*Skips Undergraduate question*)
4. Undergraduate Students: Please select all the coursework focused on grief, death, and dying that you've completed and/or are currently enrolled.
- a. None (*Skips Graduate question & Focus Group Question*)
  - b. Intimate Partner Violence (*Skips Graduate question*)
  - c. Field placement experience and/or trainings (*Skips Graduate question*)
  - d. Other (Inter Professional Education program, Conference, etc.) (*Skips Graduate question*)
5. Graduate Students: Please select all the coursework focused on grief, death, and dying that you've completed and/or are currently enrolled.
- a. None (*Skips Focus Group Question*)
  - b. Palliative Care
  - c. Death & Dying
  - d. Suicide Prevention and Intervention
  - e. Field placement experience and/or trainings
  - f. Other (Inter Professional Education program, Conference, etc.)
6. Would you be willing to participate in a focus group to discuss your educational experiences? We'll enter you into another drawing to win an additional prize worth up to \$25.
- a. Yes
  - b. No (*Skips Mavs Email Question*)
7. Please Enter            Email Address

a. SHORT ANSWER ENTRY

8. Please rate the following statements about your understanding of grief, death, and dying subject matter. (*Strongly Disagree, Disagree, Agree, Strongly Agree*)

- a. I understand when and where I might encounter grief, death, and dying as a social work practitioner.
- b. I understand common interventions used for grief, death, and dying.
- c. I understand what kind of advocacy I can provide clients struggling with grief, death, and dying.
- d. I understand ways to cope with my own emotions when I encounter grief, death, and dying at work.
- e. I understand ways to cope with my own emotions when I encounter grief, death, and dying in my personal life.

9. What educational experience(s) most contributed to your understanding of grief, death, and dying?

a. PARAGRAPH ANSWER ENTRY

10. Please rate the following statements about your feelings of preparedness when confronted with grief, death, and dying. (*Strongly Disagree, Disagree, Agree, Strongly Agree*)

a. PARAGRAPH ANSWER ENTRY

- a. I feel prepared to encounter grief, death, and dying in social work settings.
- b. I feel prepared to perform interventions with clients struggling with grief, death, and dying.
- c. I feel prepared to advocate for clients struggling with grief, death, and dying.

- d. I feel prepared to cope with my own emotions when I encounter grief, death, and dying at work.
- e. I feel prepared to cope with my own emotions when I encounter grief, death, and dying in my personal life.

11. What educational experience(s) most contributed to your feelings of preparedness when confronted with grief, death, and dying?

- a. PARAGRAPH ANSWER ENTRY

12. Please rate the following statements about your desire to receive more education about grief, death, and dying. (*Strongly Disagree, Disagree, Agree, Strongly Agree*)

- a. I would like more education on when and where I will encounter grief, death, and dying in social work settings.
- b. I would like more education on interventions for clients struggling with grief, death, and dying.
- c. I would like more education on advocacy for clients struggling with grief, death, and dying.
- d. I would like more education on how to cope with my own emotions when I encounter grief, death, and dying at work.
- e. I would like more education on how to cope with my own emotions when I encounter grief, death, and dying in my personal life.
- f. Grief, death, and dying coursework is important to my future career as a social worker.

13. Why do you want, or not want, to receive more education on grief, death, and dying?

a. PARAGRAPH ANSWER ENTRY

14. Please rate the following course work options to learn more about grief, death, and dying. (*Very unlikely, Unlikely, Likely, Very likely*)

a. Full semester course on grief, death, and dying.

b. Short course (videos, reading) that counts as extra credit in a required course.

c. Hands on experiential learning workshop (live, applied learning) that counts as extra credit in a required course.

d. Interprofessional training that counts as extra credit in a required course.

e. Open Access Course on TAO or Canvas that students are invited to when they enroll at [REDACTED] that students can do at their own pace.

15. Please list any other types of course work options you'd like available that aren't listed above. (*Optional*)

a. PARAGRAPH ANSWER ENTRY

16. Fill in your information below so we can enter you into the raffle for a prize worth up to \$25!

a. First Name

b. Last Name

c. [REDACTED] Email Address

### **Appendix C - Focus Group Questions**

#### Focus group questions

1. How knowledgeable do you feel on the subjects of grief, death, and dying?
2. How prepared do you feel to help clients in the field with grief, death, and dying?
3. How prepared do you feel to cope with grief, death, and dying in your personal life?
4. How important is coursework on grief, death, and dying to your future career as a social worker?
5. What should [REDACTED] do to prepare social workers to encounter grief, death, and dying?