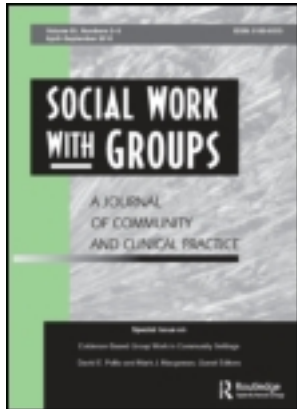


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## Social Work With Groups

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/wswg20>

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

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Available online: 02 Jan 2012

To cite this article: Pamela A. Malone (2012): The Impact of Peer Death on Adolescent Girls: An Efficacy Study of the Adolescent Grief and Loss Group, *Social Work With Groups*, 35:1, 35-49

To link to this article: <http://dx.doi.org/10.1080/01609513.2011.561423>

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

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*This study examines the efficacy of the Adolescent Grief and Loss (AGL) group, a 6-week group designed to address the needs of adolescent girls who have experienced the death of a peer within the past 2 years. The goal of the AGL group was to reduce or lessen physical, emotional, social, and cognitive responses to grief. The results indicate that adolescent girls benefited from participation in the AGL group as evidenced by significantly reduced scores on the Loss Response List for all domains of physical, emotional, social, and cognitive grief responses.*

*KEYWORDS* *grief and loss, adolescence, peer death, grief reactions, group work, violent death, short-term group therapy*

## INTRODUCTION

Adolescent girls (23%) are more likely than boys (19%) to experience peer death within a one-year time frame (Rheingold et al., 2004). These deaths are typically sudden, unexpected, and often violent (Barrett, 1996) and are typically viewed as preventable, which can complicate the grief reactions of adolescent girls. Furthermore, girls of minority race/ethnicity and adolescents from households with lower incomes are at the greatest risk for experiencing peer death (Johnson, 2010). Estimates of adolescents who report past-year death of a friend range from 20% (Rheingold et al., 2004), with earlier studies showing that 40% of adolescents experienced the death

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Received December 8, 2010; revised February 4, 2011; accepted February 11, 2011.

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of a close friend (Ewalt & Perkins, 1979), and that 87% of adolescents experienced the death of a peer (Schachter, 1991). The rate of adolescent deaths has remained constant from 1999 to 2006, at an average of 16,375 deaths per year for ages 12 to 19 years (Minino, 2010). Of deaths among 12- to 19-year-olds, 67% were due to accidents (unintentional injuries), 13% to homicide, 11% to suicide, 6% to cancer, and 3% to heart disease (Minino, 2010). Motor vehicle accidents account for 73% of all deaths due to unintentional injury (Minino, 2010). The leading cause of death among 12- to 14-year-olds is accidents, followed by cancer, and then homicide; for 15- to 19-year-olds it is accidents, followed by homicide, and then suicide (U.S. Department of Health and Human Services, 2004).

The impact of peer death on adolescent girls involves a number of physical, emotional, social, and cognitive grief responses (Balk, 2008; O'Brien, Goodenow, & Espin, 1991) that differ from those experienced and expressed by boys (Chapman, 2003; Fleming & Balmer, 1996). Girls are more likely than boys to experience a prolonged and intense grief reaction and to score higher on measures of the above-mentioned negative outcomes in response to the death of a peer (Servaty & Hayslip, 2001). Negative outcomes associated with adolescent girls who experience the death of a peer include school problems, depression, substance abuse, and suicidal ideation. The aim of this article is to inform social workers about a group treatment approach, the Adolescent Grief and Loss (AGL) Group, which offers a supportive group environment where girls can voice their thoughts and feelings about the death of a peer.

#### LITERATURE REVIEW: THE NATURE OF ADOLESCENT GRIEF AND LOSS

The majority of adolescent grief and loss studies focus on adolescent responses to the death of a parent (Servaty & Hayslip, 2001; Tyson-Rawson, 1996) or adolescent sibling bereavement (Balk, 1983; Bearman & Moody, 2004; Hogan & DeSantis, 1996). Few studies look at the impact of the death of a friend (Chapman, 2003; Noppe & Noppe, 2008; Oltjenbruns, 1996; Rheingold et al., 2004; Sklar & Hartley, 1990; Webb, 2002), and even fewer on the impact that peer death has on adolescents (Dyregov, Gjestad, Wikander, & Vigerust, 1999; Melhem, Day, Shear, Day, Reynolds, & Brent, 2004; O'Brien et al., 1991; Ringler & Hayden, 2000).

Adolescent grief responses do not necessarily parallel the grieving of adults. Notably, adolescent grief may involve mourning that comes and goes, and the overall process may extend over a long period (Hogan & DeSantis, 1992). Adolescent grieving is paradoxically continuous and intermittent (Balk & Corr, 1996). However, some adolescents are naturally resilient and have support systems in the form of family, religion or spiritual system, and caring

others that aid them in navigating and coping with grief. Adolescents' grief in response to the death of a peer is often considered *disenfranchised grief* (Doka, 2002). Types of loss that may be categorized as disenfranchised grief include those where the relationship with the deceased is not recognized, the loss is not acknowledged, and there is exclusion of the griever (Doka, 2002). The death may be viewed by parents, teachers, and friends as unimportant in an adolescent's life, especially if the peer was not someone the adolescent hung out with or appeared to be very close to.

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

Adolescent girls are very attentive to and expressive regarding their emotions, as well as the reactions and feelings of those around them. As compared to boys, girls express the need for more time to overcome the death of a classmate and that the deceased peer means more to them (Dyregrov et al., 1999). Bearman and Moody (2004) found that socially isolated girls have substantially increased suicidal ideation following the suicide of a peer. Girls tend to be more reactive to loss than boys but are also more receptive of social support, which may make social support a more crucial stress-buffering factor for adolescent girls (Gilligan, 1982; Gore & Eckenrode, 1996). Girls who are part of cohesive friendship groups and social networks that are designed to increase positive connection, personal and collective strengths, and competence, and who exhibit high self-esteem are likely to face the death of a peer with fewer long-lasting negative effects (Bearman & Moody, 2004; Steese et al., 2006). The quality of the connection with others contributes to adolescent girls' psychological health, self-image, and relationships (Brown & Gilligan, 1992; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991).

Groups are an important and intrinsic component of an adolescent's life, which makes participation in a group an effective treatment modality for adolescents confronting the death of a peer (Aronson, 2004). Groups can provide an environment that promotes resilience that acts as a protective factor against the physical, emotional, social, and cognitive grief responses of adolescents. "Groups of peers struggling together buffer life's blows and can even turn adversity into opportunity" (Lee & Swenson, 2005, p. 587). The AGL group can be viewed as a potentially effective and healing setting in which to strengthen connection to others; decrease physical, emotional, social, and cognitive grief responses; and improve the psychological health

of adolescent girls who have experienced the death of a peer. Additionally, it provides a framework toward understanding the impact of grief and loss (Balk, 1996).

### ADOLESCENT GRIEF AND LOSS (AGL) GROUP

The intervention goals of the AGL group for adolescent girls who have experienced the death of a peer within the past 2 years were to reduce physical, emotional, social, and cognitive grief responses experienced by adolescent girls. Each AGL group lasted 60 minutes, with the exception of the first and final groups that lasted for approximately 90 minutes to incorporate the administration of the pre- and posttest measures. Each group met once per week for 6 weeks.

The AGL group curriculum and structure was developed by incorporating elements of therapeutic factors involved in interactional groups (Yalom & Leszcz, 2005), mutual aid group processes (Gitterman & Shulman, 2005), adolescent developmental concepts, and the impact of sudden and unexpected death as it pertains to disenfranchised grief. The researcher also utilized practice knowledge accrued from 26 years of clinical work with adolescents in individual, family, and group settings. The group was constructed to focus on three main phases: Creating and Relating, Coping, and Transitioning. The first phase, Creating and Relating, focused on developing a safe environment in which the girls could relate to one another in their own voices, narrative language, and expressive manners. The second phase, Coping, focused on normalizing the girls' thoughts, feelings, and behaviors related to grief and loss. The third and final phase, Transitioning, focused on acquisition of the necessary skills to continue through life without the deceased peer.

#### Study Sites and Participants

The researcher identified the need for the AGL group based on her experience running adolescent girls' groups in her private practice. Girls discussed the impact of peer death that appeared to affect a variety of areas within their lives. The researcher received approval from three different school districts within Central Texas to provide the AGL group. Recruitment produced a number of girls who had experienced peer death, but only four high schools had enough interested girls for whom to provide the AGL group. More girls wanted to participate in the group but were unable to obtain parental/guardian consent, or had conflicting school/work schedules. However there was a 100% retention rate of the participants that speaks to the great need for this group. The similarities among the schools included three at a mid to low socioeconomic area, and one located in the lowest

socioeconomic section of a major Central Texas city. Four treatment groups were established consisting of four to six girls each, resulting in a total sample of 20.

Potential group participants were self-selected and identified by teachers, school social workers, and Communities in Schools social workers. The ages of the girls ranged from 15 to 18 years, with a mean age of 16.75. There were four girls in 9th grade, 3 in 10th grade, 3 in 11th grade, and 10 in 12th grade. The ethnic background of the girls reflected the ethnicity of the surrounding geographic school communities. The participants included two White girls, five African American girls, and 13 Hispanic girls.

### Quantitative Instrumentation

The Loss Response List (LRL), a standardized self-administered scale that measures grief responses in adolescent girls who read at the fifth-grade level, was utilized for this study. It was initially developed to measure the physical, emotional, social, and cognitive grief responses to loss among adolescent girls who experienced perinatal or early pregnancy loss (Wheeler & Austin, 2000). The LRL is also sensitive to adolescents who have experienced losses to include the death of a parent, other family member, a friend or peer, or significant other (Wheeler & Austin, 2000). The LRL is an 83-item self-report questionnaire that contains grief responses in four domains: 27 physical questions, 25 emotional questions, 11 social questions, and 20 cognitive questions. Studies support good reliability and validity for the LRL (Wheeler & Austin, 2000; Wheeler & Austin, 2001).

Pre- and posttest scores on the LRL were compared to assess changes in physical, emotional, social, and cognitive responses to grief. Responses on the LRL pertain to these four domains and range from 1 (*I have not had this feeling/experience at all since my loss*) to 5 (*I have had this feeling/experience all of the time since my loss*). The pretest measures were given 2 weeks prior to the first AGL group and at the beginning of the first AGL group. The posttest measures were given at the end of the final AGL group, as well as at 30 days and 60 days after completion of participation in the final AGL group. Demographic information was collected at pretest and used as control variables. Demographic information included age, self-identified ethnicity, grade in school, type of classes taken, living situations, and number and approximate dates of experience(s) of peer death.

## FINDINGS

### Number of Losses

Information gathered from the demographic data indicated that the girls experienced one to six or more deaths of peers within the past 2 years. Ten

girls (50%) experienced one peer death, six girls (30%) experienced two peer deaths, three girls (15%) experienced three peer deaths, and one girl (5%) experienced six or more peer deaths. While participating in the AGL group, one girl who initially had experienced one peer death described the death of a second peer that occurred during the final AGL group.

### Cause of Death

The participants reported a total of 28 peer deaths among them. Of those 28, 10 died as a result of a car accident, eight were murdered, four died due to a motorcycle accident, four were murdered by gang members, one died suddenly of a brief battle with cancer, and one death was due to a handgun accident. All of these peer deaths were sudden and unexpected. One particular AGL group consisted of six Hispanic girls who were good friends with a seventh. One girl described having just being with her the previous day, and after being informed that she had been murdered, stated "I just saw her. I could not accept the fact that she wasn't there any more." In another AGL group a girl was in a car traveling behind the car full of friends when she witnessed the accident: "I was in shock. EMS said he was just cold but I knew better."

### LRL Results

The results of for all four domains of physical, emotional, social, and cognitive grief responses on the LRL show there were no statistically significant differences in the scores between first and second pretests. Comparisons were made between scores on first and second posttests (30 days after the final AGL group), as well as between scores on second and third posttests (60 days after the final AGL group). No significance was found for either of these results on all four domains. Table 1 highlights the comparison of pre- and posttest means for each of the dependent variables of physical, emotional, social, and cognitive grief responses. All are statistically significant with the exception of the second posttest of the physical grief response dependent measure.

Scores on the LRL indicated that girls did exhibit significantly reduced emotional, social, and cognitive grief responses, with reductions maintained

**TABLE 1** Comparison of Pre- and Posttest Means

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

through the first posttest, as well as the 30-day and 60-day posttests. The lessening of physical grief responses can ultimately be maintained as evidenced by the lowered scores at the third posttest, 60 days after the final AGL group.

### Physical Grief Responses

Comparisons were made between scores on the second pretest and the first posttest. The mean for the posttest scores ( $M = 2.52$ ,  $SD = .67$ ) was lower than the mean for the pretest scores ( $M = 2.73$ ,  $SD = .59$ ),  $t(1.89) = .04$ ,  $p < 0.10$ . There was a statistically significant difference in the scores before and after participation in the 6-week AGL group with a reduction in physical grief responses from the second pretest to the first posttest. There was no statistically significant difference between the means of the second pretest scores and the second posttest scores. However, the mean for the third posttest scores ( $M = 2.44$ ,  $SD = .68$ ) was lower than the mean for the second pretest score ( $M = 2.73$ ,  $SD = .59$ ),  $t(1.95)$ ,  $p < 0.10$ . There was a statistically significant difference in the scores. This indicates that girls did exhibit reduced grief responses from pretest to the first and third posttests.

### Emotional Grief Responses

Comparisons were made between scores on the second pretest and the first posttest. The mean for the post-test scores ( $M = 2.80$ ,  $SD = .76$ ) was lower than the mean for the pretest scores ( $M = 3.09$ ,  $SD = .77$ ),  $t(1.75)$ ,  $p < 0.10$ . There was a statistically significant difference in the scores before and after participation in the 6-week AGL group with a reduction in emotional grief responses from the second pretest to the first posttest. Comparisons were made between scores on the second pretest and the second posttest. The mean for the posttest scores ( $M = 2.72$ ,  $SD = .81$ ) was lower than the mean for the pretest scores ( $M = 3.09$ ,  $SD = .77$ ),  $t(2.152)$ ,  $p < 0.10$ . There was a statistically significant difference in the scores before participation in the 6-week AGL group and 30 days following the final AGL group, with a reduction in emotional grief responses. Comparisons were made between scores on the second pretest and the third posttest. The mean for the posttest scores ( $M = 2.70$ ,  $SD = .90$ ) was lower than the mean for the pretest scores ( $M = 3.09$ ,  $SD = .77$ ),  $t(3.188)$ ,  $p < 0.10$ . There was a statistically significant difference in the scores before participation in the 6-week AGL group and 60 days following the final AGL group, with a reduction in emotional grief responses.

### Social Grief Responses

Comparisons were made between scores on the second pretest and the first posttest. The mean for the first posttest scores ( $M = 3.30$ ,  $SD = .72$ ) was



lower than the mean for the second pretest scores ( $M = 3.35$ ,  $SD = .74$ ),  $t(1.86)$ ,  $p < 0.10$ . There was a statistically significant difference in the scores before and after participation in 6-week AGL group with a reduction in social grief responses from the second pretest to the first posttest. Comparisons were made between scores on the second pretest and the second posttest. The mean for the first posttest scores ( $M = 2.94$ ,  $SD = .88$ ) was lower than the mean for the second pretest scores ( $M = 3.35$ ,  $SD = .74$ ),  $t(2.194)$ ,  $p < 0.10$ . There was a statistically significant difference in the scores before participation in the 6-week AGL group and 30 days following the final AGL group, with a reduction in social grief responses. Comparisons were made between scores on the second pretest and the second posttest. The mean for the first posttest scores ( $M = 2.83$ ,  $SD = .80$ ) was lower than the mean for the second pretest scores ( $M = 3.35$ ,  $SD = .74$ ),  $t(3.984)$ ,  $p < 0.10$ . There was a statistically significant difference in the scores before participation in the 6-week AGL group and 60 days following the final AGL group, with a reduction in social grief responses.

### Cognitive Grief Responses

Comparisons were made between scores on the second pretest and the first posttest. The mean for the posttest scores ( $M = 2.90$ ,  $SD = .73$ ) was lower than the mean for the pretest scores ( $M = 3.27$ ,  $SD = .74$ ),  $t(2.15)$ ,  $p < 0.10$ . There was a statistically significant difference in the scores before and after participation in the 6-week AGL group with a reduction in cognitive grief responses from the second pretest to the first posttest. Comparisons were made between scores on the second pretest and the second posttest. The mean for the post-test scores ( $M = 2.90$ ,  $SD = .99$ ) was lower than the mean for the pretest scores ( $M = 3.27$ ,  $SD = .74$ ),  $t(1.96)$ ,  $p < 0.10$ . There was a statistically significant difference in the scores before participation in the 6-week AGL group and 30 days following the final AGL group, with a reduction in social grief responses. Comparisons were made between scores on the second pretest and the third posttest. The mean for the post-test scores ( $M = 2.64$ ,  $SD = .95$ ) was lower than the mean for the pretest scores ( $M = 3.27$ ,  $SD = .74$ ),  $t(3.10)$ ,  $p < 0.10$ . There was a statistically significant difference in the scores before participation in the 6-week AGL group and 60 days following the final AGL group, with a reduction in social grief responses.

### Demographic Variables

The findings from repeated measure ANOVAs for all four domains gathered from the pre- and posttest scores using the variables of age, ethnicity, grade level, number of groups attended, and number of peer deaths experienced evidence no main effects for any of these variables. This suggests that the commonality of the experience of peer death is enough to create group

cohesion, and that this experience affects all adolescent girls at some level of physical, emotional, social, and cognitive grief.

## IMPLICATIONS FOR SOCIAL WORK PRACTICE AND RESEARCH

The results of this study are significant for social work practitioners working with adolescent girls in high schools and other settings. This study has implications for prevention interventions with youth who are likely to experience the death of a peer, particularly in schools located in violent areas. Given that the majority of adolescent deaths are sudden and unexpected, the AGL group provides a setting in which adolescent girls obtain support as they strive to find ways to cope with the impact of this often unrecognized, or disenfranchised loss.

### Implications of Physical Grief Responses

Many of the girls consistently scored high on questions that pertained to headaches, stomach cramps, and problems with sleep. One girl summed up her physical response as, "My body felt hurt and broken. Felt like everything was broken." All of the girls expressed problems with sleep. Many of them described doing anything they could to avoid going to sleep.

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

One of the AGL individual tasks instructed the girls to use a Breathe Work exercise at home inhaling, exhaling, and thinking about her deceased peer. While doing the Breathe Work exercise, each girl kept a Body Awareness Log noting any sensations she might have regarding her body. Most of the girls were able to define where they held their tension and obtained some relief by the breathing exercise. One girl reported, "My heart just hurt," while another stated, "My heart felt like it was gonna come out of my chest." Many had similar bodily sensations which benefited in validating and normalizing these physical grief responses. Another girl expressed that, "I know I cannot be the only one who has had someone die and is affected by it. Just knowing that someone else had problems with their body feeling so sad and so sick," was helpful. A couple of girls mentioned successfully using the Breathe Work technique at times of stress related to home or school situations. This helped to relieve tension in their bodies and to remain calm. Research supports bodily complaints and physical grief responses among adolescent girls who

tend to score high on subscales of somatization (Servaty & Hayslip, 2001). It may also suggest that girls hold grief responses more in a physical capacity, unsure of how to express it in physically appropriate ways.

### Implications of Emotional Grief Responses

The girls reported enduring a range of emotional grief responses such as sadness, anger, confusion, fear, frustration, and guilt. Many of the girls were stymied about how to react, particularly about whether or not to cry. One girl stated, "I just put my head down and started crying. I didn't know how to feel or what to do or what to say." Another girl mentioned, "When I first read the message I was like, am I supposed to cry or what?" This became a big topic of discussion in all four groups. Crying appeared to have different meanings. Most of them did cry but described differences about where, when, and with whom they cried. Some cried alone in private, some with family and friends. A couple of girls mentioned not knowing if they were allowed to cry. This seemed particularly true if they had no model for crying in their families. Adolescents often hide or camouflage these feelings from adults and from one another (McNeil, Silliman, & Swihart, 1991). Participation in the AGL group allowed for expression of feelings and exploration of labels and/or definitions for a range of emotions.

### Implications of Social Grief Responses

Many of the girls reported that they felt more grown up than their friends, wanted to stay in their room, felt alone, tried to stay away from all reminders, and tried not to talk about their loss. Evidence of this showed up as one girl wrote, "Don't talk about it!!!" next to a drawing of a monkey covering its mouth. The girls discussed who they could talk to about their loss and the responses varied greatly.

My boyfriend was really easy to talk to because he had met her but he didn't actually know her that well. So he was there for me, not for my family, but for me which was good because I needed that one person be worried about me because I wasn't worried about me. I was worried about everybody else.

I talk to my mom and my dad. Sometimes my brother. But I don't want comfort. I just want to cry.

During the final group girls were asked to discuss their own growth within group and what they gained from one another. A couple of girls told the group members they were helpful because,

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

Talking to you girls. Knowing I'm not the only one going through this. Especially 'cause another girl had someone die because of a gang. It's a lot better talking with people who understand.

The majority of girls expressed not being understood by some of their friends, or that others said negative things about their reactions. Participation in the AGL group allowed for the girls to learn that they were not alone in their thoughts, feelings, and behaviors and to experience universality, a common and necessary therapeutic factor attributable to groups (Yalom & Leszcz, 2005).

### Implications of Cognitive Grief Responses

Developmental tasks inherent in the middle adolescence of 9<sup>th</sup> and 10<sup>th</sup> graders and late adolescence of 11<sup>th</sup> and 12<sup>th</sup> graders influence how girls cognitively process the death of a peer. Middle adolescence marks an advance in abstract thinking and increased capacity for problem solving (Noppe & Noppe, 2004). Late adolescence tends to eliminate denial as an ongoing coping strategy (Balk, 1996). These cognitive developments also have an impact on how they utilize their group participation. "Group work and the dialectical process it promotes to advance mutual aid provide an ideal context for accommodating and fostering this quantum leap in cognitive development during adolescence" (Malekoff, 2004, p. 8).

The AGL group allowed the girls to discuss opposing views about death, what happens after death, and ideas about their own deaths. In one group, two girls experienced the sudden death of the same peer. As one stated,

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

The other girl proposed a different perspective:

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

Through discussion of the death of a peer, the girls had the opportunity to explore their thoughts with one another. The insight gained and shared during the AGL group may have contributed to the reduction in cognitive grief responses.

This study on the efficacy of the AGL group contributes to what is currently known about adolescent girls' grief responses within physical, emotional, social, and cognitive domains. They were affected in all of these areas, and participation in the AGL group significantly reduced their grief responses. By participating in the AGL group, adolescent girls gained support from other group members, knew that they were not the only ones to have had this experience, heard what others thought and felt, and received valuable feedback and ideas about how to cope with their emotions. The tough topics were discussed openly and directly. These mostly focused on having negative thoughts and feelings, and not knowing what to do with them. This was evident as a couple of girls summarized their group experience to other group members:

Like getting to know everybody's opinion and letting know how I felt. You probably thought I was a little bit in your face or I was just a little bit more angry than you.

I like when we talked about how we felt about what happened and I had doubts about my reaction to what happened. Now I know how you felt because I didn't know. But now that I do it feels more like a relief, like I guess I was curious, and I'm not the only one.

The difficult thoughts were expressed and listened to with empathy. Thoughts, feelings, and behaviors were normalized and validated, and healthy options and alternatives were provided. Group concepts of universality, peer feedback, and group cohesiveness/bonding, all become protective factors when adolescent girls come together to share their experiences of peer death with one another. The AGL group incorporated these elements. Additionally, the rapport and openness modeled by the researcher as the group facilitator is another important element of this group model.

## CONCLUSIONS

This study examined an intervention that has considerable theoretical support but very little empirical support to date. This study empirically supports the value of such an intervention for adolescent girls who have experienced the death a peer. Given the prevalence of peer death during adolescence and its often disenfranchised nature, the outcome of this study may have

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

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