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Experiences of School Psychological Counsellors Working with High School Students Experiencing Traumatic Mourning: A Focus Group Study Report

Travmatik Yas Yaşayan Lise Öğrencileriyle Çalışan Okul Psikolojik Danışmanlarının Deneyimleri: Bir Odak Grup Çalışması Raporu

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ABSTRACT

This study aims to identify experiences of school psychological counsellors working with high school students who experience traumatic mourning, through a focus group study. This study, through the focus group study method, presents experiences of school psychological counsellors working with high school students experiencing traumatic mourning. The sample of this study is comprised of 11 school psychological counsellors who worked in high schools in Bingöl city, Turkey, during the 2017-2018 school year and is conducted psychological Experiences of School psychological counsellors Working with High School Students who Experience Traumatic Mourning: A Focus Group Study Report counselling with traumatic mourning students in their professional lives. Data was obtained through the focus group discussion method. In the analysis of the data obtained from the research, content analysis was obtained from qualitative analysis methods. Findings indicate that the ways in which individuals experience traumatic mourning access the psychological counsellor in the following ways; student identification forms (f=23), or by notification of class teachers (f=21). Psychological counsellors describe the symptoms of individuals with traumatic mourning as inability to imagine (f=18), increased sense of guilt (f=16), academic failure (f=14), substance abuse (f=11), and a state of being depressed (f=6), respectively. Moreover, it is found that when working with individuals who experience traumatic mourning, the most difficult part for school psychological counsellors is one-to-one study (f=32) whereas, the easiest aspects for psychological counsellors are referring (f=19) and working with the family (f=5). When working with individuals who experience traumatic mourning psychological counsellors indicate their special procedures as using religious concepts (f=41), post-traumatic stress disorder treatment protocols (f=17), a trauma and crisis intervention route map (f=25), and providing social support. It was found that psychological counsellors are in need of knowledge and experience in intervening in adolescents with traumatic mourning.

ÖZET

Bu çalışma, travmatik yas yaşayan lise öğrencileriyle çalışan okul psikolojik danışmanlarının deneyimlerinin bir odak grup çalışması yöntemiyle tespit etmeyi amaçlamaktadır. Çalışma grubunu ise, 2017-2018 öğretim yılında Bingöl merkezde liselerde çalışan ve mesleki yaşantılarında travmatik yas yaşayan lise öğrencileriyle psikolojik danışma uygulaması yürüten 11 Okul Psikolojik Danışman oluşturmuştur. Araştırmaya ait veriler odak grup görüşmesi yöntemiyle elde edilmiştir. Araştırmadan elde edilen verilerin analizinde nitel analiz yöntemlerinden içerik analizi kullanılmıştır. Travmatik yas yaşayan bireylerin psikolojik danışmana hangi yollardan ulaştıkları ile ilgili bulgular; öğrenci tanıma fişleri (f=23), sınıf öğretmenlerinin bildirmesi (f=21) ulaştıkları görülmektedir. Okul psikolojik danışmanları travmatik yas yaşayan bireylerin semptomlarını ise sırasıyla hayal kuramama (f=18), suçluluk duygusunun artması (f=16), akademik başarısızlık (f=14), maddeyi kötüye kullanma (f=11) ve özgüven eksikliği (f=6) şeklinde ifade ederken, okul psikolojik danışmanları travmatik yas yaşayan bireylerle çalışırken onları en çok zorlayan kısım birebir çalışma (f=32), psikolojik danışmana en kolay gelen taraf ise refere etme (f=19) ve aile ile çalışma (f=5) olduğu görülmektedir. Okul psikolojik danışmanları travmatik yas yaşayan bireylerle çalışırken özel prosedürlerini; dini kavramları kullanmak (f=41), travma sonrası stres bozukluğu (TSSB) tedavi protokolleri (f=17), travma ve krize müdahale yol haritası (f=25) ve sosyal destek sağlama şeklinde belirtmektedir. Okul psikolojik danışmanların travmatik yası olan ergenlere müdahale konusunda bilgi ve deneyime gereksinim duydukları görülmüştür.

Experiences of School Psychological Counsellors Working with High School Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

INTRODUCTION

According to the Turkish Statistical Institute 2015 data, the number of deaths in Turkey was 405 thousand 202, while in 2016 this number reached 422 thousand 135 people, increasing by 4.2%. A total of 5476 of this number consists of adolescents in the high school period (TSI, 2017). In children and adolescents' lives, the death of a family member or the loss of a loved one or important person to them is a very difficult situation for children and adolescents to deal with (Mannarino & Cohen, 2011). So much so that, in a statistical study (Children's Bereavement Center of South Texas, 2008), it is stated that under 25 years old individuals experience the loss of one of their family members almost every year, and this rate is around 400 thousand. In the same study, it is reported that under 18 years old individuals witness the death of one or both of their parents, and this rate is about 2 million. Similarly, a study on the developmental and traumatic crisis of adolescents in Turkey in recent times (Kaya, Yıldırım and Atli, 2018) found that one of the most common traumatic crises experienced by adolescents is 'mourning', and, it is emphasized that psychological counsellors working in schools, which are one of the places where adolescents spend the most time, do not see themselves as sufficient in 'crisis intervention' and need help in this regard (Kaya & Yildirim, 2017).

The high school period is an important time for the individual's personality, social and professional development. In this period, the changes in the identity and personality of the adolescent carry traces of positive and negative experiences formed after this. For this reason, it becomes necessary to provide psychological counselling services to adolescents to overcome the very depressed and stressful adolescence period effectively and properly On the other hand, during adolescence, many troublesome formations occur that will challenge the identity and personality of the adolescent. One of these formations is traumatic mourning. Traumatic mourning, on the other hand, is defined as the reactions that occur as a result of the sudden loss of a relative with whom he/she is in a close relationship; and family and friend relationships and the occupational and social functionality of the individual are significantly affected by these reactions (Bonanno, 2004; Barle, Wortman, and Latack, 2017).

There are no direct diagnostic criteria for traumatic mourning in ICD-11 and DSM-5 (Rosner et al., 2014). However, in the diagnostic criteria of 'post-trauma tension disorder' in the DSM-5, APA (2013) states that 'the real death or the possible death of a family member or friend caused by brute force or by accident', or 'distressing memories' can be taken as the definition of traumatic mourning. On the other hand, the criteria presented by Prigerson et al. (2009) and Shear et al. (2011) are included in the literature. Here, only the criteria presented by Prigerson et al. (2009) were written in terms of the criteria presented by both researchers to show similar characteristics and are as follows: Criterion A, Incident: The individual has experienced the loss of someone important to him. Criterion B, Separation Anxiety: Intense feeling of longing for the lost person (e.g., longing for the lost person, desire to meet with the deceased but not realized, or the emotional pain caused by the desire to meet again). Criterion C, cognitive, emotional and behavioural symptoms: Five (or more) of the following symptoms should be present every day or cause disability in the person with a loss: 1. Confusion about the role of the individual in his / her life or a decrease in self-perception (that is, the individual feels that a part of himself/herself is lost), 2. Difficulty in accepting the loss, 3. Fleeing from the loss reminding object or people, 4. Do not trust other individuals after the loss, 5. Intense anger, pain and resentment about the loss, 6. Difficulty in continuing his daily life (e.g. creating a new social environment and continuing his existing interests), 7. Emotional bluntness after the loss, 8. Life is empty and meaningless after the loss. 9. Feeling stunned or

Experiences of School Psychological Counsellors Working with High School
Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

shocked. Criterion D, Duration: At least six months have passed since the loss to be diagnosed by mental health professionals. Criterion E, Impairment: Disorder causes functional impairment in social, occupational or other areas. Criterion F, its relationship with other mental illnesses: It is said that the disorder cannot be explained by a generalized anxiety disorder, major depressive disorder and post-traumatic stress disorder. Considering all these criteria, traumatic mourning in adolescents has a high level of depression and suicide risk (Boelen & Prigerson, 2017; Di Ciacco, 2008), and symptoms of fear, anxiety, withdrawal and avoidance (Taylor, 2006), anger, sadness and longing (Mallon, 2008) can be seen.

When the literature in our country is examined, many research findings related to the description of mourning are encountered including, complicated mourning (Pinar, 2013), mourning reactions and the mourning process (Zara, 2011; Tuba, 1999; Karpat, 2011; Genlik, 2012), traumatic mourning (Yilmaz, 2014; Cesur, 2012), pathological grief (Bildik, 2013; Celik & Sayil, 2011), death (Karakus, Ozturk & OK, 2012), an acute period of mourning (Karabulut, 2010), and death anxiety (Ozturk, Karakus, & Ok, 2011; Karakus, Ozturk & Ok, 2012). On the other hand, for the solution of the problems of individuals with losses; it is seen that they are doing activities such as mourn case reports (Şenelmiş, 2006; Karaca, 2012), how to approach the mourning individual (Duman, 2014; Berksun, 1995; Okyavuz, 1999), helping the grieving family (Erden, 2002; Kıvılcım & Dogan, 2014). However, no research has been found on the experiences of psychological counsellors working with adolescents with traumatic mourning. In this direction, it is thought that this study will contribute to undergraduate, graduate and doctorate programs aiming to train psychological counsellors, adolescents with traumatic mourning and their families, especially with the suggestions put forward, and have an important and original value in terms of understanding the reflections of the subject on the field. Furthermore, this research is thought to contribute to the literature in terms of understanding what kind of process psychological counsellors working in the field experience when they work with adolescents with traumatic mourning and what their functions are in this process.

Studies (Malkinson, 2009) show that adolescents need help because of the problems they experience. Moreover, psychological counsellors are one of mental health professionals who help individuals in emotional situations that prevent learning and personal adaptation (including the mourning components) such as social withdrawal, sudden bursts of anger, hopelessness about the future, anxiety or fear, and in solving many other problems (Ozguven, 1999. ; Ercan, 2001; Avci and Gulbahce, 2019). Based on this, the experiences of the school psychological counsellors regarding the experiences of adolescents with traumatic grief were shared within the scope of this study. It is thought that this situation will contribute greatly to the field of both the experiences of adolescents after a traumatic loss and the way school counsellors manage the event. On the other hand, preventive, disincentive and improving mental health services; it is defined as services for early detection of the condition of individuals who have just started to show mental health problems or risky behaviours and to heal the problem before it becomes chronic (Psychological Counselling and Guidance Association, 2017). The reference to "early detection and intervention of mental health problems" here indicates that school psychological counsellors should be more competent in psychopathology. However, the scarcity of psychopathology-oriented courses in PCG undergraduate programs causes psychological counselling to not be sufficiently beneficial in this area. For this reason, it is a necessity for the field of PCG, which is identified as 'school psychological counselling', to provide a professional mental health service outside the school and to make new initiatives by turning to society (Dogan, 2001). Even Prigerson et al. (1999) stated that individuals with traumatic grief symptoms are five times more likely to have suicidal thoughts than normal individuals,

Experiences of School Psychological Counsellors Working with High School
Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

which is the direct task of mental health professionals to understand how young adults react to traumatic events and how to formulate their treatment. This study aims to contribute to the field in this respect. When looking at the national literature, there is no qualitative study addressing traumatic mourning in line with the experiences of school counsellors. Only a few studies deal with traumatic grief in terms of descriptive (Celik & Sayıl, 2003; Volkan & Zıntl, 2010; Cesur, 2012) and family resilience (Kaner & Bayraklı, 2010). Accordingly, this field of study will fill an important place, and at the same time, the scope of this study, will show how school psychological counselling reaches adolescents who experience traumatic mourning, define the symptoms of adolescents in this process, the difficulties faced by psychological counsellors in working with adolescents experiencing traumatic mourning, and processing their suggestions to the new generation of counsellors. We can say that it will make a great contribution. Considering all these processes, this study aims to examine the experiences of school psychological counsellors working with high school students experiencing traumatic mourning, using a focus group method.

METHOD

Research Model

In this study, which aims to reveal the experiences of school psychological counsellors working with individuals experiencing traumatic grief, a case study design, which is one of the qualitative research designs, was used. The case study is an experiential research method that works on a current phenomenon in the context of its life frame, is used in situations where the boundaries between the content are not clear, and where there are multiple sources of evidence or data (Yin, 1984). In this descriptive study, which was examined based on content analysis, 8 open-ended questions were prepared for the experiences of school psychological counsellors working with high school students experiencing traumatic mourning. In this context, the following 8 basic questions were asked to the participants, with the open-ended interview technique.

1. In what ways do individuals experiencing traumatic mourning access you?
2. How would you describe the symptoms of individuals experiencing traumatic mourning?
3. How do you deal with this issue different from working with other problems?
4. Do you have any special procedures when working with individuals experiencing traumatic mourning?
5. What do you feel and say about yourself when working with an individual with traumatic mourning (during the counselling process)?
6. If a school psychological counsellor who has just started the profession encounters a similar case, what kind of suggestions would you give him/her both professionally and personally?
7. If you wanted to present your experiences to the school counsellors as a briefing, what questions do you think should be asked in this briefing?
8. When you think about your traumatic mourning experience, can you tell us an anecdote that is striking for you?

Study Group and Data Collection

The criterion sampling technique, one of the non-probabilistic sampling methods, was used in this study. The aim here is to study and review all situations that meet some of the previously determined criteria of importance (Patton, 2014). These criteria can either be created by the researcher or based on a previously

Experiences of School Psychological Counsellors Working with High School Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

created criteria list (Yildirim & Simsek, 2008). Accordingly, the study sample was devised as psychological counsellors who in their professional lives work in high schools and conduct counselling with individuals who experience traumatic mourning. Thus, psychological counsellors working with traumatic grief were determined and voluntarily included in the study by obtaining permissions from the Provincial National Education. Participants' ages range from 25 to 35. The participants consisted of 11 school counsellors, 6 men and 5 women, who participated in the study to share their experiences related to traumatic mourning.

To collect data a semi-structured interview form was used. This form contains eight basic questions and 3-4 sub-questions, which are open-ended and require comment according to the content of the subject. The main reason for this is that 3-4 sub-questions are probably at least 4-6 interview questions and can be investigated through a series of probes (Yildirim & Simsek, 2006). While preparing the questions, the related literature was scanned, and opinions and suggestions were received from field experts who were educated at the academic staff and doctoral level. After the form was prepared, the focus group interview method was used to collect the research data. Morgan (2002) defines the focus group interview as a group interaction about a problem included in the study, while Powell, Single, and Lloyd (1996) define it as a problem that is the subject of research based on the experiences of a group of experts selected and brought together by the researcher and their expressions of opinions and discussions on the subject. The interview started with the determination of the subject named "Examining the experiences of school psychological counsellors working with individuals experiencing traumatic mourning" by the researcher because the focus group interview is a series of discussions planned to learn the thoughts of a pre-determined group of participants on a predetermined topic (Bas, Camir, & Ozmaldar, 2013). In this direction, the study effectively recorded felt the feelings and thoughts of the individuals participating in the focus group interview (Stewart et al., 2007), and by asking open-ended questions about group management; There was a moderator who provided detailed information about the thoughts, observations and experiences of individuals, and a reporter who recorded the statements in the group into minutes.

The study was carried out by informing the participants about the purpose and subject of the research in the meeting room of the Bingöl Guidance and Research Center, which was prepared in a U-layout. Participants who accepted the interview were informed about confidentiality, they were informed that the interviews would be recorded on a professional basis (both voice and written), their permission was obtained from the Bingöl Provincial Directorate of National Education, and the interviews began after the participants briefly introduced themselves. The interviews, which were based on questions and answers, lasted 120 minutes. Also, numbers, ranging from Participant 1 to Participant 10, were given to each School psychological counsellor to protect the identity information of the participants in the presentation of the research findings.

Ethical Statement

This study was carried out in 2017 with the permission of the Republic of Turkey Bingöl Governorship, Provincial Directorate of National Education. No. 48605746-44-E.19000041 dated 09/11/2017 and 92860497-903903.01-E. It has been stated that it is appropriate to carry out the study by the relevant article. Also in this study, the Constitution of Turkey, compliance with the general objectives of the National Education Basic Law was approved by the Turkish National Education.

Experiences of School Psychological Counsellors Working with High School
Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

Data Analysis

The data obtained through the interviews were analyzed in two stages. The first was through the inductive analysis technique, which is the stage of writing the data on paper, coding, writing interviewer comments and forming themes (Silverman, 2001). Second, content analysis, which is one of the qualitative data analysis methods, was used to analyze the data. Content analysis is to gather similar data under several concepts and themes and to ensure that the content is understood (Yildirim & Simsek, 2006). The interviews were recorded and to analyze the data, they were deciphered by two field experts and the codings and themes were created. In the coding, the expressions of the psychological counsellors, the concepts used in the literature, and the original expressions created by the researcher were taken as codes, and these coded data were categorized according to their content. The frequency values of the grouped data are presented in the figures.

The frequencies obtained show how many times the participant expressed which concept or data to the questions asked. The validity of the study was attempted to be ensured by explaining the categories reached using the one-to-one expressions of the interviewed group (Yildirim & Simsek, 2006). In terms of reliability, the transcription of the data, which is an important issue emphasized by Creswell (2016), was checked by comparing it with the recording. Some of the answers given by the psychological counsellors to the interview questions were presented as direct quotations. Indirect quotations, information about the psychological counsellors is given as participant number and gender; i.e. expressed as the sixth participant and male (P6: M).

RESULTS

Findings in the study related to the demographic information of the psychological counsellors' are in Table 1. The ways of accessing the counsellor by individuals experiencing traumatic grief are shown in Figure 1. The description of the symptoms of individuals experiencing traumatic grief is in Figure 2. It is seen that how psychological counsellors deal with this issue unlike other subjects in Figure 3. Special procedures of psychological counsellors when working with individuals experiencing traumatic grief is in Figure 4. What psychological counsellors feel and think about when working with an individual with traumatic grief is indicated in Figure 5. What kind of suggestions do you have when a school counsellor who has just started the profession encounters a similar case? This is addressed in Figure 6. What questions to ask you when you want to present your experiences to the school psychological counsellors in the form of a briefing are presented in Figure 7. Finally, the noteworthy anecdotes of the psychological counsellors about traumatic grief are presented in Figure 8.

Table 1. Demographic variables of participants

Participants	Age	Gender	Education Level	Time in Position
Participant 1	28	Female	Undergraduate	6
Participant 2	45	Male	Undergraduate	18
Participant 3	30	Female	Undergraduate	4
Participant 4	25	Female	Undergraduate	4
Participant 5	26	Female	Undergraduate	4
Participant 6	32	Male	Undergraduate	10
Participant 7	30	Male	Undergraduate	9
Participant 8	38	Female	Undergraduate	14
Participant 9	35	Male	Undergraduate	9
Participant 10	34	Male	Undergraduate	8
Participant 11	28	Female	Undergraduate	7

Experiences of School Psychological Counsellors Working with High School
Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

According to Table 1, the information about the general structure of the participants is as follows: 11 psychological counsellors, 6 male and 5 female, participated in the study. Their ages ranged from 45 to 27, and their average age was 30. When the education levels are examined, while all of the participants are graduates of Psychological Counselling and Guidance, their time in the position varies between 18 and 4 years.

Data on the ways in which high school students experiencing traumatic mourn reach a counsellor and coding of data have been made, and it was collected under certain themes and sub-themes and presented in Figure 1.
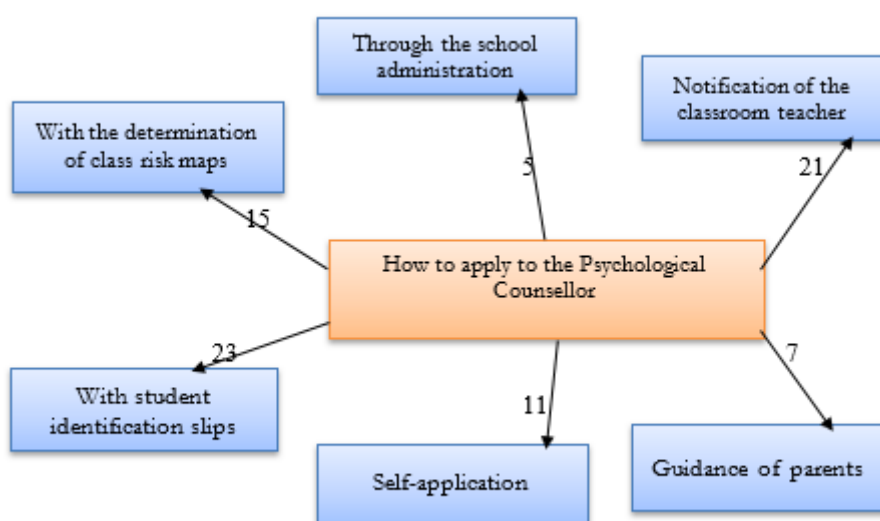

Figure 1. How to apply to the psychological counsellor

Looking at Figure 1, the way individuals who experience traumatic mourning apply to a psychological counsellor is determined as the main theme and the related sub-themes are; Student identification slips (f = 23), notification of classroom teachers (f = 21), determination of class risk maps (f = 15), self-application (f = 11), guidance of parents (f = 7), and school administration (f = 5). Below are examples of the views of psychological counsellors on the ways individuals reach the unit.

Participant expressions regarding the class teacher reporting category are as follows:

Last semester the 9-A class counsellor came to me, there was a student who was quiet and sad in his class recently, but this student was a talkative and cheerful person before. And there was a decrease in attendance, although not serious "(P7: M).

Participant statements regarding the category of class risk mapping: *'Two months after the start of school, we prepared school classroom risk maps through our classroom counsellors. There were death and traumatic situations that caught my attention. Then I reached out to two of my students. Their father has died in a traffic accident, they were two brothers. I started to counsel my students "(K11: F).*

The participants' statements regarding the guidance of parents category: *'A student who lost his aunt and cousin five years ago was brought to the Counselling Service by his family. One night in Istanbul, a bus hit them and they stayed in intensive care for a few days and later died. Five years have passed, but my student still hasn't normalized. He still doesn't smile. He surely cries when he sees me because when he looks at me like that, he says that I look like her cousin "(K10: M).*

Experiences of School Psychological Counsellors Working with High School
Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

It was asked that Psychological counsellors 'how would you describe the symptoms of individuals experiencing traumatic mourn' to describe the symptoms of individuals experiencing traumatic mourn. In line with the responses received, the data were coded, combined in common themes and are presented in Figure 2.
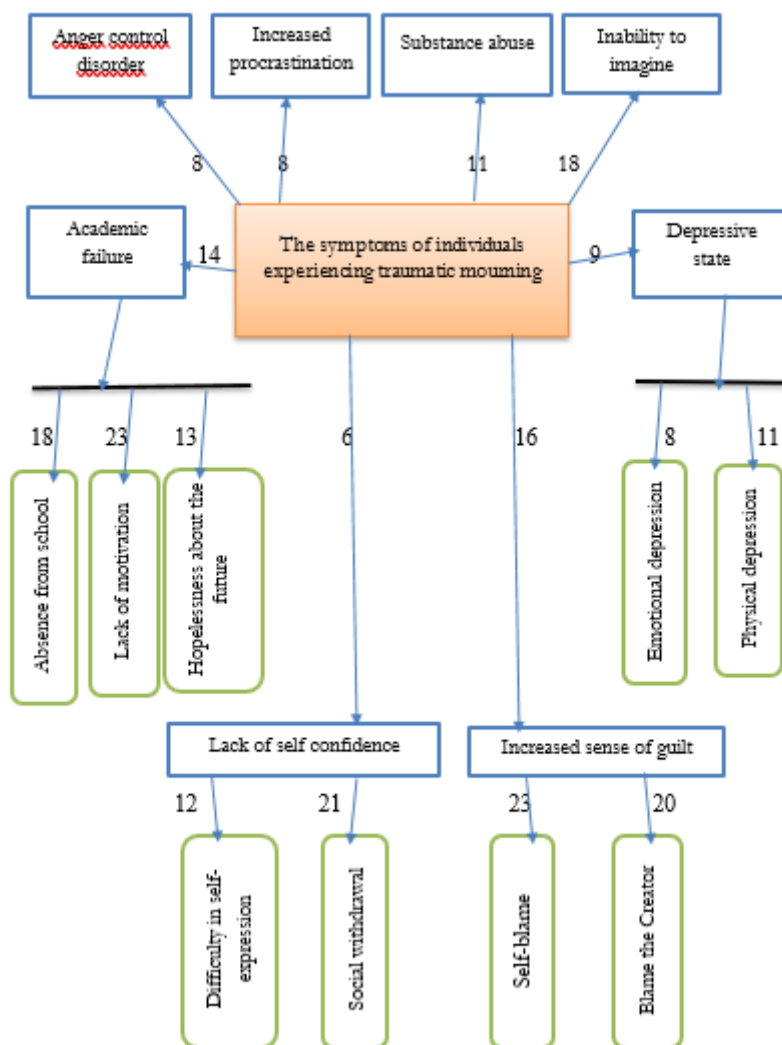

Figure 2. The symptoms of individuals experiencing traumatic mourning

Considering Figure 2, psychological counsellors show the symptoms of individuals experiencing traumatic mourning, respectively; inability to imagine (f = 18), increased sense of guilt (f = 16), academic failure (f = 14), substance abuse (f = 11), and a state of depression. (f = 9), increased procrastination (f = 8), and lack of self-confidence (f = 6). Feeling of guilt is defined as self-blame (f = 23) and blame the Creator (f = 20), academic failure; lack of motivation (f = 23), absence from school (f = 18) and hopelessness about the future (f = 13), depression; physical depression (f = 11) and emotional depression (f = 8), lack of self-confidence; social withdrawal (f = 21) and difficulty in self-expression (f = 12). Below are examples of the views of psychological counsellors about the symptoms of individuals experiencing traumatic mourning.

*Experiences of School Psychological Counsellors Working with High School
Students Experiencing Traumatic Mourning: A Focus Group Study Report*

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

Participant expressions regarding the category of anger control disorder and inability to daydream: 'I think this child is worse and one of the things I experience is that I don't know if he has a sense of pain, but when he inflicts violence on someone, there is no limit. He has no consistency. So he can kill. Anger is never out of control. His violence, for example, when someone can hit someone with his hand or arm, hits him with a belt. He took off his belt and beat him with a belt. Or hitting his head against the wall "(K1: F).*

Statements of the participants regarding the category of substance abuse: 'I think substance abuse can be seen a little more among adolescents. It happens because he does not know how to deal with the problem or find solutions but instead increases or starts the substance use"(P8: F).*

Participant statements regarding the category of blaming the Creator: 'The person already feels powerless, uncontrolled, helpless, and rebels, why me? God, why did you do this? So why am I experiencing this? Why did a car pass over him? (K8: F).*

Statements of the participants regarding the category of not being confident: 'He was not confident. He did not trust himself in any way and was directly blaming God for the most negative things, using the supreme will. He says "you do all kinds of injustice to me", that is, he does not take any refuge in fate here. On the contrary, when one says fate, it almost even comes to a situation where he will swear "(P7: M).*

Participant expressions regarding the categories of academic failure and not being able to daydream: 'In other words, his academic success is always low, that is, his mental development is in place but there is no academic success. There is no expectation. No dreaming. There is no dream. So three years later, he doesn't have a dream when you ask where you are '(P1: F).*

While studying the traumatic mourning of psychological counsellors, the way they deal with the subject as opposed to other problems, the related data are codified, collected under certain themes and sub-themes and presented in Figure 3.
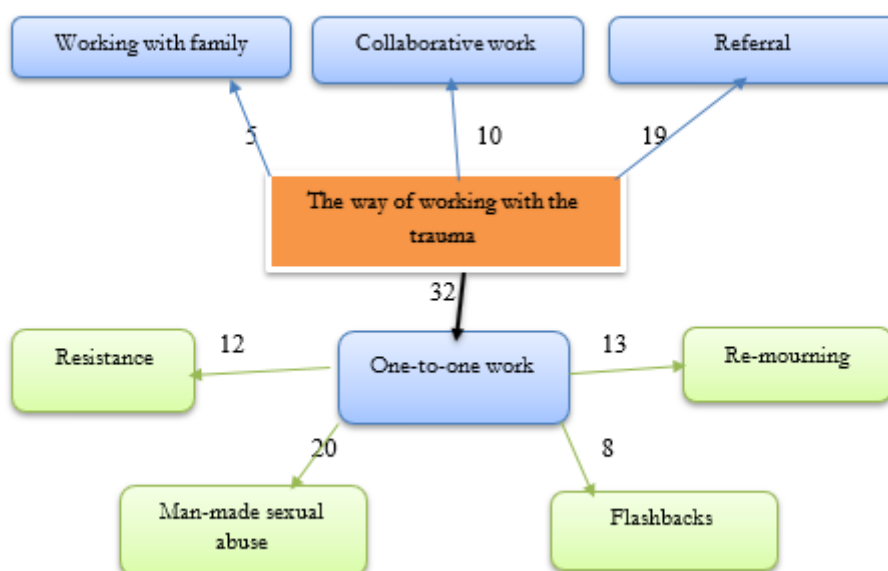

Figure 3. The way of working with the trauma

Looking at Figure 3, how psychological counsellors work with individuals experiencing traumatic mourning are, respectively; one-to-one work (f = 32), the most difficult part of the counsellor, referral (f

Experiences of School Psychological Counsellors Working with High School
Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

= 19), collaborative work (f = 10) and working with family (f = 5). On the other hand, when looking at the most difficult situations in one-to-one work; it is observed that man-made especially sexual abuse (f = 20), re-mourning (f = 13), resistance (f = 12) and flashbacks (f = 8). The views of psychological counsellors who work with individuals who experience traumatic mourning are given below.

Participant expressions regarding the flashback category: *"The moments that a person experiences again in traumatic events are challenging situations for me" (P8: F).*

The participants' statements regarding the resistance category: *'Let's say if he lived in the past for a long time and if you think that the trauma that the child experienced will still affect his life, he shows serious resistance here. These students were the most difficult for me "(P5: F).*

Statements of the participants regarding the cooperative working category: *'One of the most difficult cases for me is the emergence of sexual abuse cases in schools. In such cases, I refer to psychiatry because it does not work in this school anymore, it is a psychiatric science (P1: F). "The beginning is a bit more important; I am surprised what I will do. In general, when there are difficult traumas that I cannot handle, there is a child and adolescent psychiatrist in the maternity hospital, I refer them to them" (K11: F).*

Participant expressions regarding the re-justification category: *The part I have difficulty with myself is the situation we call re-justification (P5: F).*

Coding of data about what are the special procedures of psychological counsellors when working with individuals experiencing traumatic mourning, were collected under certain themes and sub-themes, which are presented in Figure 4.
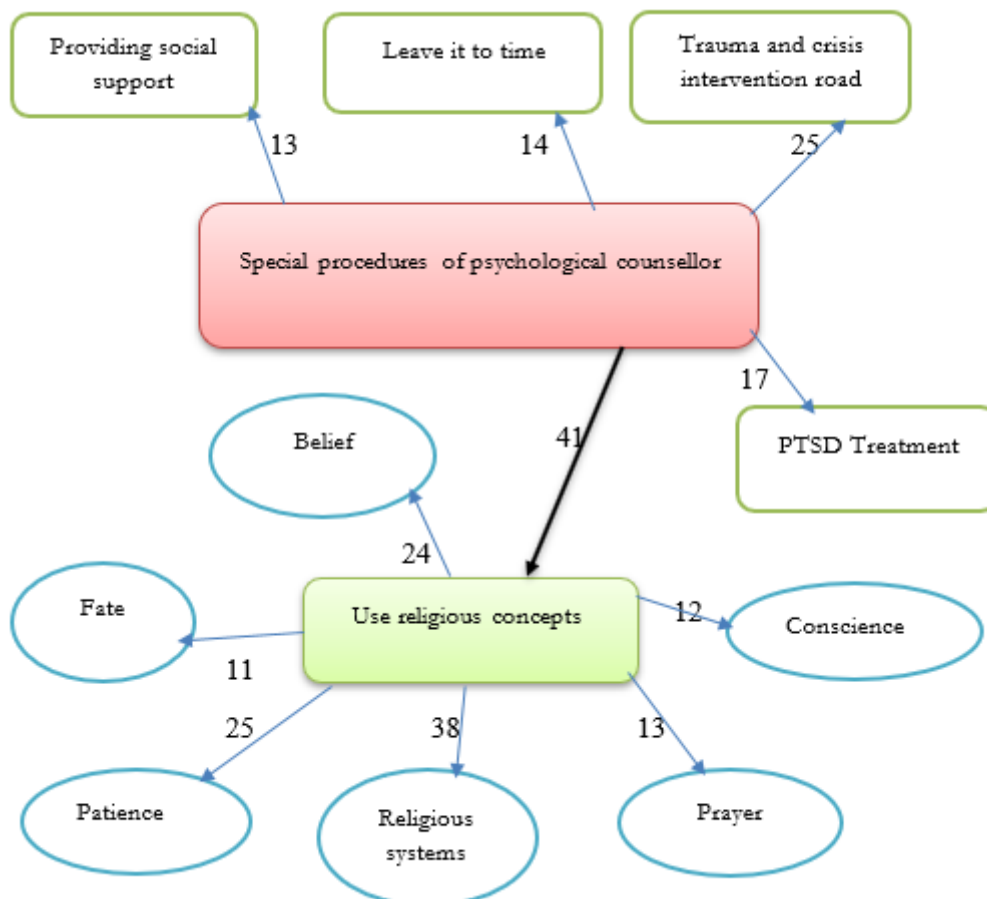
Figure 4. Special procedures of psychological counsellor

Considering Figure 4, the special procedures of psychological counsellors when working with individuals who experience traumatic mourning are to use religious concepts (f = 41), post-traumatic stress disorder (PTSD) treatment protocols (f = 17), leave it to time (f = 14), a trauma and crisis intervention roadmap (f = 25) and providing social support. On the other hand, sub-themes in spiritual counselling appear to be are religious systems (f = 38), patience (f = 25), belief (f = 24), prayer (f = 13), conscience (f = 12) and fate (f = 11). The views of psychological counsellors working with individuals experiencing traumatic grief on specific procedures are given below.

Statements of the participants regarding the category of using religious concepts: '*In traumatic grief, I think one should pray first. Whatever I say in the early days has no effect. They are in a constant dilemma. Why me? Why is that? Will it come back? That is why it is necessary to approach from a religious point of view at first "(P9: E). "There is a power other than us, we cannot decide, we cannot control it, I think it is very correct to use religious systems at that moment" (P8: C). 'It is necessary to act according to the dynamics of the people according to the event. For example, religion is very important in the mourning process. In other words, whether you are a Christian, a Muslim, or a Jew, I believe that a belief should step in there "(P8: F).*

The statements of the participant regarding the category of giving it time: "*If the child does not open up, you definitely had a trauma, let's work with you, I do not go to that aspect, I give the situation time and wait" (P5: F).*

The statements of the participant regarding the trauma and crisis intervention roadmap category: *'I had a lesson called post-traumatic intervention when I was in college; I always remembered that procedure, so I definitely try to apply that procedure. How did the child learn about the incident? Then I ask some questions without much intervention. What happened then; I want him to talk about the funeral process and then the burials. Then what happened, what did you think, what did you feel, what happened? All the questions come up like this. What is the event, what do you think, what do you feel? What do you do? You see that the violence decreases and the stress symptoms shown after the trauma are not seen after 1 week or after 2 weeks' (P5: F).*

Data and regarding how psychological counsellors feel and think about themselves while working with individuals experiencing traumatic mourning were coded, collected under certain themes and sub-themes, and are presented in Figure 5.
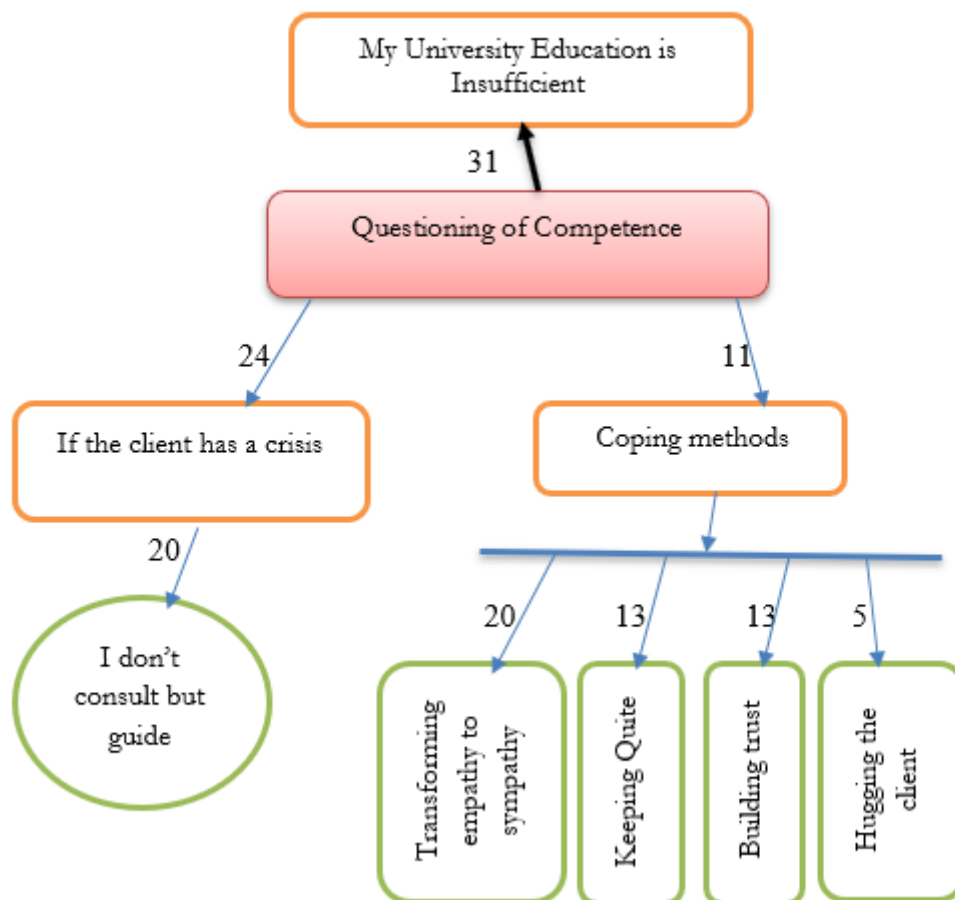
Experiences of School Psychological Counsellors Working with High School Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

Figure 5. Questioning of competence

As seen in Figure 5, the psychological counsellors' feelings and thoughts about their competencies when working with high school students experiencing traumatic mourning; Firstly, "the education I received at university is not enough for me to conduct a consultation process with these cases" (f = 31). Secondly, "even if I start the consultation process, I do not know what to do if the client has a crisis" (f = 24). "If the client has a crisis, I do not consult, but guide" (f = 20). "I developed coping methods in order not to cause further harm to the client with traumatic mourning" (f = 11). "These coping methods are seen to be transforming empathy into sympathy" (f = 20), building trust (f = 13), keeping quiet (f = 13), and hugging the client (f = 5). Below are examples of the views of psychological counsellors who work with individuals who experience traumatic mourning regarding their feelings and thoughts about their competencies.

Statements of the participants regarding the coping method category: *As my teacher X said, we sometimes confuse empathy and sympathy. If there is a similar situation that we experience directly, we also involve ourselves. Actually, it is the most difficult thing for us (P2: E). 'When we include ourselves in the work when you fall into the same intensity of emotion, you feel as if you are in their shoes and naturally sometimes you have difficulty understanding it. Because you can lose your professional sense sometimes. Not only the client's control but sometimes there may be points where the consultant has lost control. "(P6: E). 'Oh my God, what kind of burden is this? What do I do? What should I do now? I don't have the strength to cope with myself right now, how can I help him? For example, holding a student's hand does not seem unprofessional to me at that moment "(P8: F).*

Experiences of School Psychological Counsellors Working with High School Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

The statements of the participants regarding the category of if my university education is insufficient and the client gets into crisis: *"My 6th grader came for the first time, for example, and an abuse case came to me. What to do? For example, my hands were intertwined there. Because my undergraduate education is not enough to intervene in this case. But when I want to intervene, I do not consult but guide "(P10: M).*

When a field worker who has just started the profession encounters a similar case, the data related to the question of what kind of suggestions you would have both professionally and personally as a psychological counsellor were made, collected under certain themes and sub-themes, which are presented in Figure 6.

Figure 6. Recommendations to the new psychological counsellor
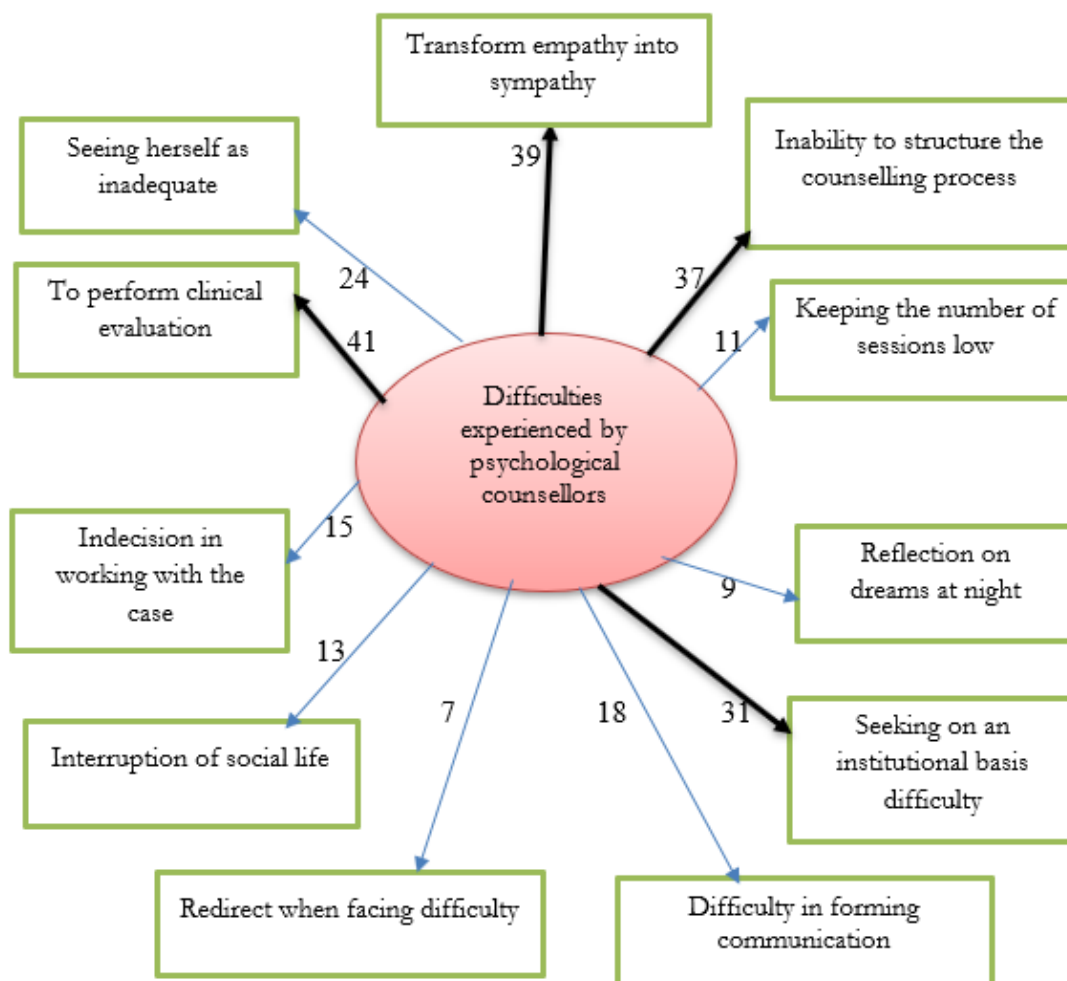
As seen in Figure 6, when a new field worker encounters a similar case, as a psychological counsellor, get support from another expert (f = 37) for the question of what kind of suggestions you would have both professionally and personally; = 27), do research and read on the subject (f = 18), behave cautiously (f = 17), if abuse is confidential (f = 17), not emotional (f = 14), pay attention to peer pressure (f = 14), do not insist on the interview (f = 13), wait for the student to open himself (f = 6), get to know the social environment (f = 6) and get to know the cultural structure of the school (f = 5). Below, an example is given of the psychological counsellor's views on both professional and personal recommendations when a field worker who has just started the profession encounters a similar case.

Experiences of School Psychological Counsellors Working with High School Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

Statements of the participants regarding the "Let another expert handle it" category: *A newly appointed person should definitely consult someone before intervening in the first traumatic event, and then start the intervention after consulting university professors with experienced and hypothetical psychologists who have worked on this issue. Because when you encounter the case for the first time, you panic, you don't know what to do and how to intervene "(P5: P).*

The statements of the participants regarding the confidentiality category in case of abuse: *'Information should be kept confidential during both the investigation and prosecution phase, especially in cases of abuse and negligence. It should be known that the trauma of disclosing the child's identity in the reflection of such events in the press will last a lifetime. So great sensitivity should be shown at this point "(P4: F). "A psychological counsellor should know the characteristics of the region where the child will be interviewed, the characteristics of the school, language, cultural characteristics very well" (P5: F)*

Statements of the participants regarding the "should be cautious" category: *'I don't think they should jump into the event immediately. I will take care of it, I will solve the job, I do this job, if he gets in the mood, he will snap out of it. Wait for a little, then wait for the person to open himself. Besides, he has difficulty when he gets in the mood of "I will handle this". He needs to be cautious "(P9: M).*

Encoding of the data regarding the peer briefing of experiences and what questions should be asked scenario was grouped under themes and sub-themes and are presented in Figure 7.

Experiences of School Psychological Counsellors Working with High School
Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

Figure 7. Difficulties experienced by psychological counsellors

If you wanted to present your experiences in Figure 7 to other school psychological counsellors as a briefing; and in this briefing what questions do you think should be asked. While answering this question, it was noticed that the psychological counsellors mostly asked about the difficulties they encountered while conducting the counselling process. Therefore, the top theme was determined as the difficulties experienced by the psychological counsellor. These difficulties are inability to perform clinical evaluation (f = 41), transform empathy into sympathy (f = 39), inability to structure the counselling process (f = 37), seeking an institutional basis (f = 31), seeing herself inadequate (f = 24), difficulty in communicating (f = 18), indecision in working with the case (f = 15), interruption of social life (f = 13), keeping the number of sessions low (f = 11) and reflection on night dreams (f = 9). If you asked to present your experiences in the form of a briefing to the school counsellors; examples of views on what questions should be asked to you in this briefing is given.

Statements of the participants in the category of reflection on night dreams: *'How are you affected by what you hear or are you affected at all? Or how do you continue your life? Does everything continue as before? Or is what you experience during the day reflected in your dreams of when you go to bed at night? If it is reflected in your dreams, how do you deal with it? "(P1: F).*

Statements of the participants regarding the category of keeping the number of sessions low: *'How many sessions can you have when working with such a difficult case? Because while I am counselling, I cannot organize too many sessions because the client is difficult and resistant "(K11: F).*

Could you tell the school counsellors an anecdote that strikes you when you consider your traumatic mourning experience? The data regarding this question are presented below:

"My student lost his father and mother when he was in primary school. I helped him a lot, but the constant negative thoughts are always anxious and saddening. He did not have any self-confidence and, in the slightest negativity, directly blamed the Devine Will. He says "you do all kinds of injustice to me", I mean, he does not take any refuge in fate here. On the contrary, when one says fate, it almost even comes to a situation where he will swear "(P7: M).

"When a student of mine who was sexually abused expressed a form, I understood the situation. I was amazed that there was a family relationship and the individual desired to explain it. I'm really still trembling when I explain this situation. He told me that his uncle had done some things to him and that he wanted it to be known that he could no longer bear it because of this situation, and then he brought the pictures of his uncle to me. Of course, he cried, naturally, I had experienced such a thing for the first time. This is the first time I've seen such a trauma. I listened, more carefully. Of course, I was lacking, I was not enough. Later, I contacted the Provincial Directorate of Family and Social Policies. One month later, we were still lacking, we couldn't do it. I established sympathy instead of empathy and cancelled the official situation "(P6: F).

'Seven years ago I lost my cousin. One night, a bus hit him in Istanbul, and he died after a few days in intensive care. Seven years have passed, but my aunt still hasn't normalized. She still doesn't smile. When she sees me she surely cries because; she used to say I looked after him as a son. My aunt is a devout person. For example, my mother and everyone around her says; 'Why are you still rebelling?' I'm thinking, why? She does not have a good relationship with her husband; a woman who has been wronged by her husband does not feel strong in that sense. Her childhood was already very difficult. After her marriage, she was also subjected to great oppression and violence from her husband. Now, how can this woman can cope with this trauma, although she is older than her husband, she still cannot normalize '(P8: F).

Experiences of School Psychological Counsellors Working with High School Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

DISCUSSION, CONCLUSION & SUGGESTIONS

The aim of this study is to examine the experiences of school psychological counsellors working with high school students experiencing traumatic mourning, using the focus group interview method. Within the scope of the research, various questions were asked to the school counsellors about the ways in which the clients reached them. The first of these questions is in what ways do high school students who experience traumatic mourning access a psychological counsellor? Results of the trauma of high school students to psychological counsellors showed that they have reached through student identification slips, notifications of classroom teachers, determination of class risk maps, application by themselves, the guidance of their parents, and through the school administration. In the study conducted by Atici (2008), it was determined that the way high school students applied to a psychological counsellor was to go by themselves, the counsellor to come and help, or the teacher to send them. Although these methods of access do not support the research in terms of ranking, it is in line with the content of the subject and the information obtained in the research. It is important to provide support in the school environment, which is where the adolescent with a loss spends most of their time, apart from his / her family. Schools should have a pre-planned crisis response action plan, and a part of this plan should address loss and cope with loss. Moreover, it is important for school administrators, teachers, family and school psychological counsellors in both cases of loss, for a referral to experts of individuals who have suffered a loss (Dogan & Erdur, 2014).

Considering the findings of field workers' identification of the symptoms of individuals experiencing traumatic grief, it is seen that the themes are, inability to dream, an increased sense of guilt, academic failure, substance abuse, a depressed state, increased procrastination, anger control disorders and a lack of self-confidence. Sub-themes are feelings of guilt, self-blame and blaming the Creator, academic failure, lack of motivation, absence from school, hopelessness about the future, physical and emotional depressions, and a lack of self-confidence, which is defined as social withdrawal and difficulty in self-expression. Studies show that adolescents with traumatic losses have increased feelings of anxiety, anger, and guilt (Erdur-Baker, 2007; Atici, 2009; Volkan, 2010; Dyregrov, 2012). These data are parallel to the finding that individuals with traumatic mourning have an increased sense of guilt and experience anger control disorders. On the other hand, substance abuse, hopelessness and desperation, difficulty in concentrating, physical depression, academic failure, dissociative experiences, social withdrawal (Cesur, 2012; Heath et al., 2008; Avci, 2019), and a lack of self-confidence (James and Friedman, 2009), are all similar to the findings of the study. In the early days after the loss, problems with the school may continue while emotional and physical reactions diminish because the decline in academic failure continues as a vicious cycle and negatively affects the academic life of the adolescent in later periods.

When the views of the psychological counsellor s on the ways of working with individuals experiencing traumatic grief are examined, it is seen that one-to-one work, referral, cooperative work and working with family are the prominent methods. On the other hand, in the one-on-one method, it is seen that the most difficult area for Psychological Counsellors is the traumatic losses caused by human hands, that is, sexual abuse, re-mourning the case, the resistance shown by the client during the counselling phase, and flashbacks, which defines the experience and feeling of the trauma event. In the study of Tuzgöl Dost and Keklik (2012), the areas where field workers have the most difficulties are psychological counselling, trauma and crisis intervention, and clinical/special cases (adolescence, anger, suicide, abuse, death, incest, etc.). These findings are in line with the findings of the current study. Other difficulties faced by field

Experiences of School Psychological Counsellors Working with High School
Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

workers are cases of sexual abuse, re-mourning, resistance or absence of the client during the counselling phase, and flashbacks, which defines re-experiencing and feeling the trauma event. The easiest situation mentioned by field workers is to refer to clients. Although referring an individual with traumatic mourning seems to be the easiest subject for school psychological counsellors, it can be said that the case has actually made it obligatory for the employee to turn to this. Other forms of work appear to be collaborative and family work. This finding is similar to the one found by Tuzgöl Dost and Keklik (2012). Similarly, it is observed that field workers working with losses have difficulty in analyzing the resistance they encounter. Egan (2011) found that the psychological counsellor who is faced with resistance has to take control of his / her emotional reactions. It is stated that it would not be wise to become angry with a resisting client, to exhibit aggressive behaviour, and to wait for the resistance to resolve on its own. Psychodynamic therapists invite the client to be curious about resilience because a thorough study of the things that hinder therapy sheds light on wishes, phantasies, conflicts and desires. In this case, the non-insistence of the psychological counsellor who encounters resistance may be useful in analyzing the resistance (Gabbard, 2011). Another challenge is re-justification. This method considers it appropriate to focus on lost relationships, memories about the deceased, and reactions to the moment of death, rather than focusing on the reactions of concrete loss or largely ignoring the general psychological existence of the person (Volkan, 1992). For this reason, it can be said that the psychological counsellor should carefully choose the subject on which he will focus during re-justification.

What is striking in the finding of the special procedures of psychological counsellors when working with individuals who experience traumatic mourning, is that the field workers keep religious concepts at the forefront. A significant number of field workers state that they use religious systems, patience, belief, prayer, conscience, fate, and religious concepts that constitute the content of the accident as effective methods when working with adolescents experiencing traumatic mourning. In a study by Webb (2007), it was found that especially adolescents who think that a loved one "watches" them after their loss, perceive this as being watched over by a being who protects and loves them and is relieved. Similarly, Humphrey (2017) appears that the bereaved individual uses a spiritual strategy such as praying to focus on the here and now experience, find meaning and facilitate emotional expression. This situation supports the findings in the study. However, in the study by Martin and Doka (2000), it is stated that an untimely loss can be interpreted as the Will of God and provides relief, but later it may be the source of grief and fragility. This finding contrasts with the findings in the study. On the other hand, it is seen that psychological counsellors use religious concepts (accident, fate, belief, patience, religious systems, conscience, and prayer) when working with adolescents experiencing traumatic mourning, trying to comfort the client or to convey the values that exist in their own culture. However, transferring values in the counselling process are considered an ethical violation. Adolescents who can obtain support from school and peer groups during the mourning process can overcome this process more easily (Carter, 2016). This situation is seen to be similar to the method of providing social support, which is another finding of the study.

What Psychological Counsellors feel and think about their competencies when working with high school students who experience traumatic mourning are; firstly, "the education I received at university is not enough for me to conduct a consultation process with these cases". Secondly, "even if I start the consultation process, I don't know what to do if the client has a crisis. If the client has a crisis, I will be a guide, not a counsellor. On the other hand, while I intervene with the client with traumatic mourning, I develop coping methods in order to not harm him more". It seems that these coping methods are

Experiences of School Psychological Counsellors Working with High School Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

transforming empathy into sympathy, building trust, keeping quiet, and hugging the client. What is striking in these results is that the field workers stated that their university education was insufficient to conduct a consultation process with adolescents with traumatic mourning. This result shows that there is a serious gap in theory and practice in psychological counselling and guidance undergraduate education. According to Dogan and Erkan (2001), the reason why psychological counselling and guidance services could not be provided at a sufficient level is due to the fact that in the past, existing undergraduate programs aimed at training psychological counsellors differ in terms of the number of courses, variety, number and quality of lecturers. Similarly, Paisley and Borders (1995) state that counsellors may encounter different student problems in schools and especially in clinical cases, they need supervised training where they can get support. The existence of the above findings, which supports the fact that psychological counsellors do not consider themselves competent in the counselling process, shows how important the issue is. In particular, the counsellors express their concerns as if the client has a crisis, what will they do if the client cries. In order to cope with all these issues, it is seen that they use the methods of hugging the client, turning empathy into sympathy, and providing guidance rather than counselling and staying silent in the face of the case. In the study conducted by Aydemir Sevim and Hamamci (1999), it was determined that psychological counsellors were able to regulate the informative function of counselling, but they felt competent at a moderate level in the counselling part. This finding supports current research.

Another result obtained in this study was recommendations to a psychological counsellor who has just started the profession. In this context, the recommendation that a psychological counsellor who has just started the profession should seek support from another specialist when faced with a traumatic mourning case is the most emphasized suggestion. Other suggestions, in order include; ask the advisor know how to manage his / her own crisis first, do research and read about the subject, behave cautiously, if there is abuse, pay attention to confidentiality, do not be emotional, pay attention to peer pressure, do not insist on interviews, wait for the student to open upon his / her own, get to know the social environment, and get to know the cultural structure of the school expressed. Atici (2008), Kaya and Yildirim (2017) consider it important that psychological counsellors who encounter similar cases have knowledge and skills on the subject. This finding is in line with the findings in the study. On the other hand, Fonseca (2008), in his study about the counsellor's management of his own crisis, attributes the psychological counsellor solving or overcoming his own crisis, more to professional experience. Considering that the longer the psychological counsellors have worked in the field, the higher the number of cases they will encounter; it can be said that they have gained an advantage in evaluating the crisis situation. Although experience is important for the psychological counsellor to overcome his own crisis, training in traumatic mourning and supervision are required.

If you wanted to present your experiences to the school psychological counsellors as a briefing, it is seen that the questions are mostly clustered on the difficulties experienced by the psychological counsellor, when looking at the findings of which questions to ask you in this briefing. One of the main difficulties experienced by school counsellors is clinical evaluation. The issues that psychological counsellors do not consider themselves sufficient when making clinical evaluations are the unknown psychological assessment tools, and on the other hand, their inability to use their psychological counselling skills. It is stated that there are difficulties such as not knowing which questions to ask, difficulty in asking questions to clarify the client's situation, fear of losing focus or asking too many questions one after another (Aladag, Yaka, & Koc, 2014). However, psychological counsellors who conduct clinical evaluations (by interview

Experiences of School Psychological Counsellors Working with High School Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

or via a psychological test application method) should be able to ask questions skillfully in order to make a good evaluation about the client, in addition to active listening in counselling sessions. Other findings are that the counsellor turns empathy into sympathy, cannot structure the counselling process, has difficulty in communicating with the client, and their social life is interrupted because of the counselling process, who then reduces the number of sessions and thus tries to prevent the difficult process from reflecting on night dreams.

Based on these findings, suggestions made within the framework of the results achieved are as follows:

1. It is thought that it would be beneficial to organize in-service training for psychological counsellors of the Ministry of National Education on how to intervene more effectively in individuals with traumatic mourning.
2. According to the findings of the research, it is seen that psychological counsellors working with individuals with traumatic mourning have the most difficulty in one-to-one work. For this reason, it may be recommended to teach a compulsory course on "working with traumatic mourning" in the psychological counsellor training.
3. Psychological counsellors working with individuals with traumatic mourning felt more inadequate about themselves. In order to manage this situation in a healthy way, supervision support can be provided to field employees in cooperation with the Ministry of National Education and universities.
4. One of the difficulties experienced by psychological counsellors in the research findings is that they cannot perform clinical evaluations about adolescents experiencing traumatic mourning. For this reason, it can be included in both undergraduate education and in-service training of the Ministry of National Education regarding the way and process of clinical evaluation in trauma and grief or traumatic mourning.
5. The research findings show that the difficulties that psychological counsellors encounter while working with an adolescent with traumatic mourning are at the forefront. In this direction, it can be said that the difficulties faced by the psychological counsellors working in the field, and the needs analysis for them, will shed light on both making undergraduate education qualified, and the in-service training activities of the Ministry of National Education more active.
6. It is a limitation that the qualitative and sampling of this study is only for Bingöl. Therefore, it is suggested that other researchers can conduct similar quantitative studies in other provinces.

*Experiences of School Psychological Counsellors Working with High School
Students Experiencing Traumatic Mourning: A Focus Group Study Report*

Avcı & Yıldırım (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

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Experiences of School Psychological Counsellors Working with High School Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
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Experiences of School Psychological Counsellors Working with High School
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Experiences of School Psychological Counsellors Working with High School Students Experiencing Traumatic Mourning: A Focus Group Study Report

Avcı & Yıldırım (2021), 11(60)
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Conflict of Interest

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This study was carried out in 2017 with the permission of the Republic of Turkey Bingöl Governorship, Provincial Directorate of National Education. No. 48605746-44-E.19000041 dated 09/11/2017 and 92860497-903903.01-E. It has been stated that it is appropriate to carry out the study by the relevant article. Also in this study, the Constitution of Turkey, compliance with the general objectives of the National Education Basic Law was approved by the Turkish National Education.