'*Give us a break!*': using a solution focused programme to help young people cope with loss and negative change

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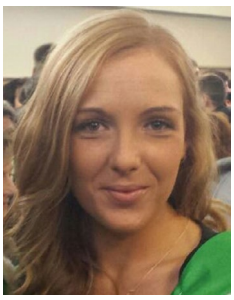

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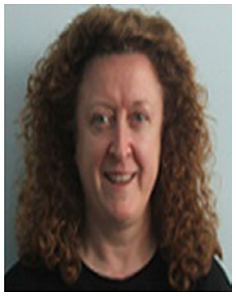

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Abstract: This research evaluated the impact of *Give us a break!* (GUAB!) – a programme for children and young people who have experienced bereavement or negative change including the impact of divorce/separation; experiences around ill health and circumstances leading to individuals being 'looked after'. A repeated measures design was utilised to measure the pre-post difference in the factors which contribute to young people's resilience following intervention. Additionally, as the programme is based on a model of Solution Focused Brief Therapy – which aims to develop a positive orientation towards the future – optimistic thinking was closely evaluated. Young people completed the Resiliency Scales for Children and Adolescents (Prince-Embury, 2006) and, to increase the rigour of data collection, parents/carers and teachers completed the Devereux Student Strengths Assessment (LeBuffe, Shapiro & Naglieri, 2009). The findings provide evidence that the programme positively impacted on young people in terms of their Sense of Relatedness to others, Sense of Mastery, Social and Emotional Competence and Optimistic Thinking. Furthermore, these findings were not contingent upon the type of loss experienced (bereaved/non-bereaved). Some methodological limitations are highlighted and directions for future research considered.

Keywords: Resilience, bereavement, solution-focused, young people, loss, change

Introduction

Research suggests that 92% of young people in the UK will experience a significant bereavement - the death of someone the young person perceives as close to them - before the age of 16 (Harrison & Harrington, 2001). Bereavement can affect young people's relationships and attachments which are essential to the development of emotional wellbeing and resilience (Bowlby, 1973). Young people may experience other adverse life changing experiences and losses, such as: parental separation; growing up in local authority care; parental incarceration; caring for an ill relative; or the loss of a family home. This list is not exhaustive, but these challenging and distressing events can have a negative effect on the wellbeing of young people. Moreover, research suggests that there is an association between experiencing an adverse event in childhood and being diagnosed with a mental health problem later in life (Kessler et al., 2010).

The effects of bereavement can vary considerably between individuals and are often influenced by the circumstances surrounding the death (Stroebe, Schut, & Stroebe, 2007). Research in this area indicates that factors such as level of family support, age, level of understanding and time can impact on the response to bereavement (Worden, 1996; Akerman & Statham, 2011). Additionally, the relationship to the bereaved person and the manner in which the person died may impact on how the child is affected. For example, in a survey of adolescents, Harrison and Harrington (2001) provided modest evidence to suggest that the emergence of depressive symptoms is linked to the closeness of the young person to the deceased. Their descriptive data found an initial trend, wherein self-reported depressive symptoms were higher for those who had lost a first/second degree relative than for those who had lost a distant relative/pet, or had no loss at all. Statistical analysis found significance in the ability to predict depressive symptoms, depending on whether the young person had lost either a first/second degree relative or a distant relative/pet. Notably, a mediating factor in the emergence of depressive symptoms after a close relative had died was how much the young person's life had changed after the bereavement, suggesting that the loss of a significant other, who has a large bearing on a young person's life, creates widespread disruption and is linked to the emergence of depressive symptoms. Other researchers also found that depressive symptoms were notably higher in people bereaved through suicide in comparison to those bereaved through natural causes (de Groot, de Keijser & Neeleman, 2006).

A young person's response to other adverse life experiences and losses will also be influenced by the interplay of individual characteristics and external factors. For example, the adverse impact of life events such as parental separation or incarceration often depends upon factors including previous family conflicts and/or a young person's understanding about the absence of their parent (Jensen, 2015). Moreover, other aspects such as a child's developmental age and stage can impact on their response to the loss experience (Leon, 2003). Primary loss experiences, through death and other adverse life circumstances, can also lead to secondary losses. For instance, parental separation may lead to a change of family home and/or school, which could in turn reduce contact with the wider family, potentially exacerbating the impact of the initial loss. Within bereavement research, Fauth, Thompson and Penny (2009) found that young people bereaved of a parent or sibling were more likely to have changed school and/or been in care of the local authority for a period of time, than those who had not.

It is common for young people to respond to bereavement and loss experiences without any complicated or traumatic grief (Akerman & Statham, 2011). However, a number of young people may require additional support to cope, and research indicates that interventions are more likely to lead

to positive outcomes if they are targeted at young people who display a specific need for further help, such as low mood, anxiety or conduct problems (Riley, 2012; Trickey & Nugus, 2011; Currier, Holland & Neimeyer 2007). Several researchers have called for more rigorous research on the impact of childhood bereavement interventions with an emphasis on providing clear outcomes for such interventions (Rolls, 2011; Curtis & Newman, 2001).

Resilience

Resilience is a complex psychological construct, the precise definition of which is widely debated. In general, resilience is referred to as positive adaptation in the face of risk or adversity (O'Dougherty Wright, Masten, & Narayan, 2013). In their review of resilience research, O'Dougherty Wright et al. (2013) note that early work in the area focussed on individual protective factors such as personality traits which were thought to make a child 'invulnerable' to stress. Later researchers began to consider the role played by external protective factors, such as family factors and wider community factors, in resilience rather than focusing on within-child factors (see Luthar, Cicchetti, & Becker, 2000).

The concept of resilience has gained significant prominence, both in research and popular culture, and interventions are often planned with a view to 'building' children's resilience. However, most researchers refer to resilience as an interactive concept; it is inferred by observing outcomes amongst children who have experienced adversity (Rutter, 2012). Researchers have suggested that individuals may show 'resilient patterns', 'resilient adaptation' or have 'features of resilience' (Masten & Powell, 2003; Luthar, 2005), but that resilience is not a personality trait. Rather, it is a dynamic process by which individual and external protective and risk factors interact and lead to outcomes following stressful circumstances.

Young people may have the potential to respond with resilient adaptation in the face of adversities such as bereavement and loss; however, this is often dependent on the availability of protective mechanisms (Toland & Carrigan, 2011). Resilience research has explored the factors that protect the individual from being overwhelmed by grief and seeks to identify sources of strength and positive strategies to help the young person adapt to bereavement (Stroebe, 2009; Lin, Sandler, Ayers, Wolchik, & Luecken, 2004). The personal attributes of an individual and how these interact with their environmental circumstances are critical (Prince-Embury, 2006). This means that emotional components that might foster a resilient pattern could be explicitly taught, through encouraging individuals to increase the range of strategies and techniques available to them during difficult periods in their life (Prince-Embury, 2006).

Literature suggests that informal peer support and close relationships can promote features of resilience (Dowdney, 2000). Some research also advocates the use of a strength-based approach to supporting bereaved young people in school (Bonanno, 2004). However, there is a general paucity of evidence for interventions to increase resilient responses (Akerman & Stratham, 2011). Further research, particularly exploring the interplay between environmental and individual factors, is necessary to create a solid evidence base for intervention before generalisations can be made.

Optimism

Optimism has been defined as an ability to meet adversity as a challenge and a temporary setback which can be overcome (Seligman, 2006). This ability to remain positive about the future following a difficult life event, such as significant bereavement, is of particular interest due to the implications for positive outcomes and future supports. Research has shown that optimistic people are more likely to engage in activities which help them cope and find something positive following bereavement (Nolen-Hoeksema, 2000). Furthermore, research highlights that optimism correlates with positive life outcomes, such as improved general and mental health, as well as engendering effective coping strategies in times of adversity (Scheier, Carver, & Bridges, 2001).

Seligman (2006) expands his explanation of optimism by proposing that optimism is not a fixed trait and argues that people can learn to become more optimistic and gain skills in positive thinking. This is thought to be achieved by encouraging young people to: understand the adversities they have faced; explore their beliefs and feelings in relation to these adversities; and subsequently challenge these beliefs. It is proposed this will allow young people to alter their thought processes and become more optimistic and positive about the future (Seligman, 2006). Additionally, research indicates that having a goal-oriented approach and focusing on something positive can help individuals cope with bereavement (Nolen-Hoeksema, 2000). Therefore, the concept of optimism warrants further consideration in supporting young people to cope with bereavement and loss.

The *Give us a break!* programme

Give us a break! (GUAB!) is an eight session groupwork programme, developed jointly by South Lanarkshire Council Psychological Service and NHS Lanarkshire, in collaboration with Macmillan Cancer Support. It was developed for young people who are experiencing ongoing difficulties following any significant adverse event and thus encompasses both non-bereaved and bereaved individuals. However, it is not fully clear if these constitute two discrete groups or if it is sufficient to operate these groups collaboratively. As yet there is little research exploring this difference in terms of young people. There is some suggestive evidence, however, that negative responses to both bereavement and other forms

Table 1: Solution focused techniques incorporated in the *Give us a break!* programme

***Give us a break!* Weekly Sessions**	**Solution-Focused Element**
Week 1	Problem-free talk, i.e. looking for strengths
Week 2, 3	Acknowledging the problem
Week 4	Preferred future/the 'miracle' question
Week 4	Looking for exceptions
Week 5, 6, 7	Doing more of what works/ doing something different
Week 5, 6, 7	Goal setting and scaling
Week 5, 6, 7	Revising or re-setting goals
Week 8	Looking at successes, recognising own efficacy, taking control

of change may harbour similarities. For example, depression shows similar symptoms in adults whether triggered by bereavement or by different form of loss (Wakefield, Schmitz, First, & Horwitz, 2007) and there are associations between experiencing adversity in general at a young age, and future mental health problems (Kessler et al., 2010).

GUAB! offers young people an opportunity to make sense of their loss in a supportive group environment. It aims to increase factors contributing to resilience and help young people develop a possibility-orientated outlook through recognising their strengths; expressing their feelings regarding important life events; identifying goals; developing effective coping strategies and celebrating their progress.

The GUAB! programme is based on the model of Solution Focused Brief Therapy, an approach developed by de Shazer (1985) which supports individuals to recognise their personal strengths and use these to identify a future where the problem is reduced. A recent systematic review provides evidence supporting the effectiveness of Solution Focused Brief Therapy groupwork with young people (Bond, Woods, Humphrey, Symes, & Green, 2013). GUAB! incorporates key solution focused techniques throughout the programme, as outlined in Table 1.

GUAB! groups are facilitated by a range of trained education, health, social work and voluntary sector professionals. All GUAB! group facilitators receive training in the solution focused model and theories of bereavement and loss. Facilitators also attend ongoing support sessions, organised and managed by South Lanarkshire Council Psychological Service.

Aims

This research aimed to investigate the impact of GUAB!, by assessing factors related to young people's resilience and optimistic thinking prior to and following participation in a GUAB! group.

It aimed to critically evaluate the GUAB! programme through addressing the following research questions:

1. Does the GUAB! programme improve young people's self-reported ratings of the factors contributing to resilience?
2. Does the GUAB! programme improve the factors contributing to young people's resilience, as rated by parents/carers?
3. Does the GUAB! programme improve the factors contributing to young people's resilience, as rated by teachers?
4. Does the GUAB! programme improve young people's optimistic thinking?

Furthermore, we sought to explore whether any difference is found dependent upon the type of loss experienced (bereavement vs non-bereavement).

Methods

Design

A mixed group (bereaved/non bereaved) repeated measures (pre/post) design was used for this study. Young people participating in a GUAB! group, their teachers and their parents/carers were asked to complete standardised questionnaires prior to and following group participation.

Participants

Informed consent and pre-intervention measures were collected for 112 young people. To increase the rigour of data collection triangulation of outcome measures was sought from young people, their parents/carers and teachers. At post-intervention, 31 (28%) were excluded as no follow-up measures were obtained. A range of outcome measures were available for the remaining 81 young people. The reasons for incompletion of follow-up measures (and exclusion from the data set) and the pattern of completed measures are outlined in Figure 1. Final data was collected for 66 young people, 42 teachers and 30 parent/carers.

This sample of 81 young people had participated in one of 32 different GUAB! groups. They were aged between eight and 17 years, with a mean age of 11.01 years (SD = 1.91) and in total, 35% (n=28) were female and 65% (n=53) were male. The young people in the sample had been referred to a GUAB! group following a variety of circumstances. As can be seen in Figure 2, 35 young people (43%) were identified to participate in this research following a bereavement, nine of whom had also experienced another type of loss. Other losses experienced by young people in this research were related to family changes. The most common reasons were: parental separation; parental illness; incarceration of a family member; transition into local authority care; and/or move to kinship care.

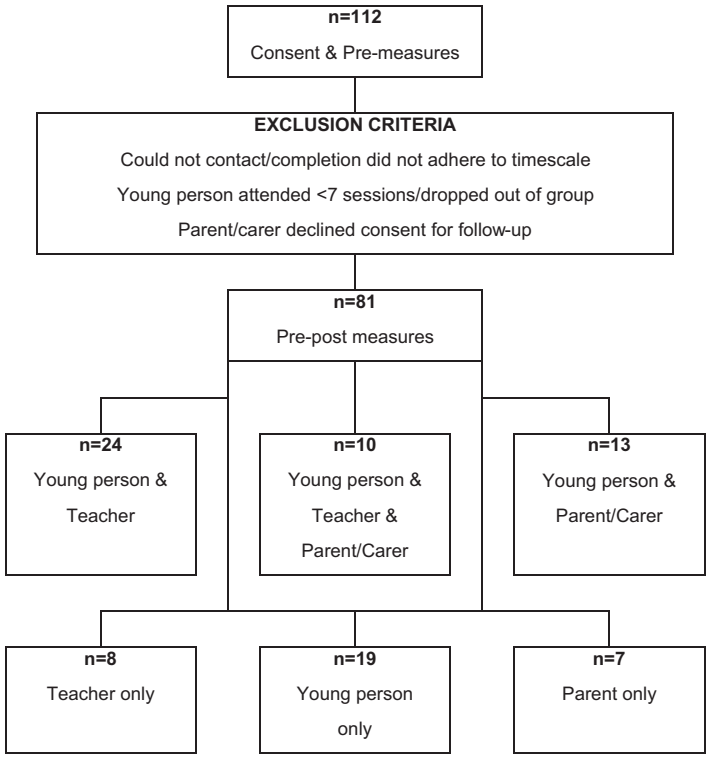

Figure 1: Exclusion criteria and pattern of data collection (see above)

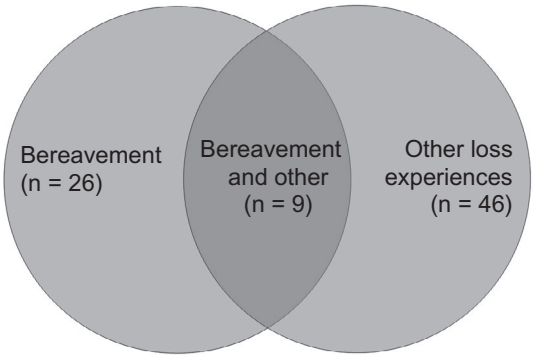

Figure 2: Referral reasons

Measures

Resiliency Scales for Children and Adolescents (RSCA)

The Resiliency Scales for Children and Adolescents (Prince-Embury, 2006) is a 64-item self-report standardised rating scale, divided into three subscales representing the underlying factors of personal resiliency: Sense of Mastery, Sense of Relatedness and Emotional Reactivity. The Mastery subscale measures optimism, efficacy and adaptability. The Sense of Relatedness subscale assesses trust and access to support, and the Emotional Reactivity subscale reviews perceived ability to regulate emotions and recover. Within the subscale of Emotional Reactivity, a secondary subscale measures Optimistic Thinking. This subscale contains seven questions, which are totalled to provide a standard score, and recalculated to provide a scaled score based on the authors' guidelines (Prince-Embury, 2006). The RSCA has moderate reliability and strong validity across each subscale and age band (Prince-Embury, 2006).

Devereux Student Strengths Assessment (DESSA)

The Devereux Student Strengths Assessment (LeBuffe, Shapiro & Naglieri, 2009) is a 72-item standardised rating scale, which measures the young person's protective factors and provides an overall indication of their social-emotional competence, as rated by parents/carers and teachers. It encompasses eight subscales which measure: Self-Awareness, Social-Awareness, Self-Management, Goal-Directed Behaviour, Relationship Skills, Personal Responsibility, Decision Making and Optimistic Thinking.

The total raw score from the subscale of Optimistic Thinking, which comprises of seven questions, can also be recalculated to provide a T-score based on the authors guidelines (LeBuffe, Shapiro & Naglieri, 2009). The DESSA has good reliability and validity (LeBuffe, Shapiro & Naglieri, 2009; Nickerson & Fishman, 2009). Each of these subscales directly links to core learning outcomes from each session of the GUAB! programme.

Procedure

The research project was highlighted to young people and parents/carers by the GUAB! facilitators following

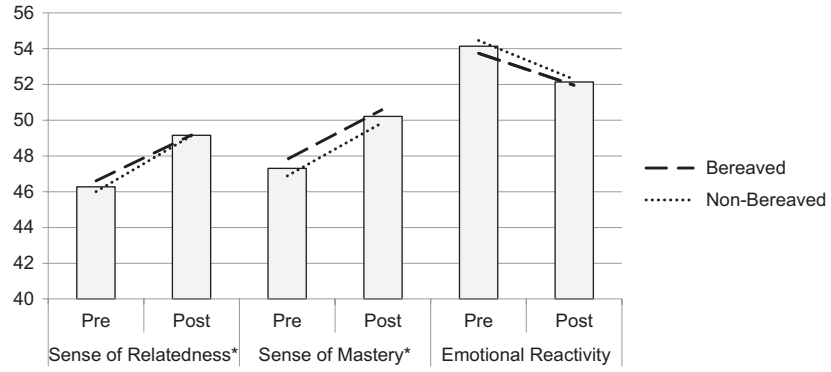

Figure 3: Mean pre and post-test scores across the subscales of the RSCA and interaction with Loss Type

* denotes statistically significant ($p < 0.05$) difference between pre- and post-test scores

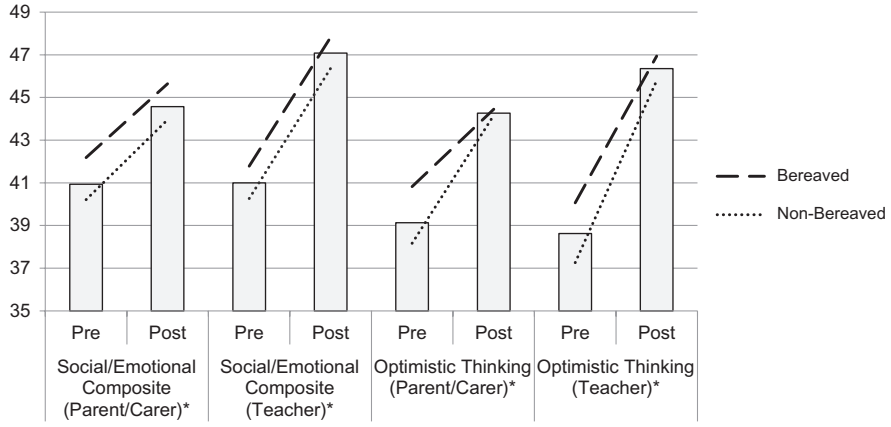

Figure 4: Mean pre- and post-test scores across subscales of the DESSA, and interaction with Loss Type

* Denotes statistically significant ($p < 0.05$) difference between pre- and post-test scores

referral to a GUAB! group. Researchers contacted families, explained the nature of the research, and obtained informed consent from parents/carers and the young people to participate in the research. Information sheets explaining the research project, the right to withdraw and the research team's contact details were shared.

Members of the research team visited young people in schools, youth centres or at home to complete the RSCA. The majority of young people completed this with a researcher, although some chose to complete it independently. As part of the research protocols, young people were informed that should they mention anything that was concerning to the researcher during the completion of the measures, this might be shared with the head teacher and/or parents (as appropriate). On occasions when a young person's response was concerning (i.e. they became unsettled or distressed), the researcher discontinued the formal data collection, and the young person was supported to speak to an adult (usually parents/head teachers) who was best place to provide appropriate support. Research assistants were supervised by registered psychologists in the research team, and available to offer immediate advice when necessary.

Parents/carers and teachers were provided with the DESSA. All teachers and the vast majority of parents/carers opted to complete this independently and return to the research team. However, some parents/carers received assistance in this from the research team over the telephone or face to face. Consideration was also given to the experiences of loss/change for these individuals with signposting offered by the research team as necessary.

Results

The final data set comprised of: 66 young person completed RSCA questionnaires; 42 teacher completed DESSA questionnaires and 30 parent/carer completed DESSA questionnaires. All analyses were subjected to a 2 X 2 mixed ANOVA. The within-subject factor was Time (pre-test vs. post-test) and the between-subject factor was Loss Type (bereavement vs. non-bereavement).

The results can be summarised as follows: i) Across 6 of the 7 outcomes analysed, a significant main effect of Time was found, indicating a change from pre- to post-test across all participants; ii) Across all outcomes analysed, no significant main effect of Loss Type was found; iii) Crucially for the present purposes, no significant interaction between

Table 2: Pre and post RSCA subscale scores for bereaved and non-bereaved participants

Measure	Time	Bereaved		Non-bereaved		Total	
		n	M (*SD*)	n	M (*SD*)	n	M (*SD*)
Sense of Relatedness	Pre	28	46.61 (*10.53*)	35	46.00 (*10.91*)	63	46.27 (*10.66*)
	Post	28	49.18 (*9.09*)	35	49.14 (*10.44*)	63	49.16 (*9.79*)
Sense of Mastery	Pre	28	47.82 (*10.60*)	34	46.88 (*10.42*)	62	47.31 (*10.42*)
	Post	28	50.61 (*12.35*)	34	49.88 (*10.61*)	62	50.21 (*11.33*)
Emotional Reactivity	Pre	28	53.75 (*10.21*)	35	54.46 (*11.43*)	63	54.14 (*10.82*)
	Post	28	51.96 (*8.48*)	35	52.29 (*10.70*)	63	52.14 (*9.70*)

Table 3: Pre and post DESSA composite scores for bereaved and non-bereaved participants

Measure	Time	Bereaved		Non-bereaved		Total	
		n	M (*SD*)	n	M (*SD*)	n	M (*SD*)
Social-Emotional Composite (parent/carer)	Pre	11	42.18 (*10.04*)	19	40.21 (*8.14*)	30	40.93 (*8.77*)
	Post	11	45.64 (*9.43*)	19	43.95 (*10.82*)	30	44.57 (*10.37*)
Social-Emotional Composite (teachers)	Pre	18	41.78 (*7.77*)	19	40.26 (*5.52*)	37	41.00 (*6.66*)
	Post	18	47.83 (*9.93*)	19	46.37 (*8.21*)	37	47.08 (*8.99*)

Table 4: Pre and post Optimistic Thinking scores for Bereaved and Non-bereaved participants

Measure	Time	Bereaved		Non-bereaved		Total	
		n	M (*SD*)	n	M (*SD*)	n	M (*SD*)
Optimistic Thinking (RSCA)	Pre	28	10.11 (*3.22*)	35	9.51 (*2.94*)	63	9.78 (*3.06*)
	Post	28	11.18 (*3.13*)	35	10.34 (*3.33*)	63	10.71 (*3.25*)
Optimistic Thinking (DESSA parent/carer)	Pre	11	40.82 (*9.44*)	19	38.16 (*7.96*)	30	39.13 (*8.48*)
	Post	11	44.45 (*7.61*)	19	44.16 (*10.45*)	30	44.27 (*9.37*)
Optimistic Thinking (DESSA teacher)	Pre	18	40.06 (*7.03*)	19	37.26 (*6.07*)	37	38.62 (*6.62*)
	Post	18	46.94 (*10.01*)	19	45.79 (*8.25*)	37	46.35 (*9.04*)

Time and Loss Type across any of our measures was found. Thus, whilst across 6 of the 7 outcomes a pre- to post-test change in scores was found, the lack of a significant interaction indicates that these changes were not dependent on the type of loss experienced (see Figures 3 & 4).

For reasons of brevity, individual statistics for the main effects of Loss Type (all *F's* <= 1) and the interaction effect between Time and Loss Type (all *F's* < 1) have not been reported. However, these statistics can be found in Appendices I and II. Details of the individual statistics for the main effects of Time are reported below.

Research Question 1: Does the Give us a break! *programme improve young people's self-reported ratings of the factors contributing to resilience?*

The mean scores across all three subscales of the RSCA are presented in Table 2 and graphically in Figure 3.

A significant main effect of Time was found on both the Sense of Relatedness subscale, $F(1, 61) = 5.84$, $p = 0.019$, $\eta_p^2 = 0.09$ and Sense of Mastery subscale, $F(1, 60) = 4.29$, $p = 0.043$, $\eta_p^2 = 0.07$, indicating a post-intervention improvement in young people's self-reported ratings of these factors contributing to resilience.

A post-intervention improvement (decrease) was observed on the Emotional Reactivity subscale, however, statistical analysis demonstrated no significant main effect of Time, $F(1, 61) = 2.63$, $p = 0.110$, $\eta_p^2 = 0.04$.

Research Question 2: Does the Give us a break! *programme improve the factors contributing to young people's resilience, as rated by parents/carers?*

The DESSA provides an overall indication of social-emotional competence. The mean pre-post scores from the

parents/carers completed DESSA are presented across Table 3 and Figure 4.

A significant main effect of Time, $F(1, 28) = 4.43$, $p = 0.044$, $\eta_p^2 = 0.14$, indicating a post-intervention improvement in social-emotional competence as rated by parents/carers, was detected.

Research Question 3: Does the Give us a break! *programme improve the factors contributing to young people's resilience, as rated by teachers?*

The mean scores from the Teacher completed DESSA are presented across Table 3 and Figure 4.

Analysis demonstrated a significant main effect of Time, $F(1, 35) = 26.62$, $p < 0.001$, $\eta_p^2 = 0.43$, indicating an improved teacher report of social-emotional competence post intervention.

Research Question 4: Does the Give us a break! *programme improve young people's optimistic thinking?*

Further analyses were conducted to determine if young people's optimistic thinking had changed following participation in a GUAB! group. The changes in the pre-post mean scores from the parent/carer rated and the teacher rated Optimistic Thinking are presented in Table 4 and Figure 4. The mean scores from the young person's self-report of Optimistic Thinking are also presented in Table 4.

A significant main effect of Time was found on all three triangulated measures - self report measure, $F(1, 61) = 5.72$, $p = 0.020$, $\eta_p^2 = 0.09$; parent rating, $F(1, 28) = 7.13$, $p = 0.012$, $\eta_p^2 = 0.20$ and teacher rating, $F(1, 35) = 31.17$, $p < 0.001$, $\eta_p^2 = 0.47$, indicating a post-intervention improvement in young people's optimistic thinking.

Discussion

This research aimed to assess the impact of the GUAB! programme, through measuring factors which contribute to young people's resilience and optimistic thinking. Short term follow-up analyses indicate that the GUAB! programme has a positive impact on young people's social-emotional competence, a measure thought to contribute to resilience. The data collected suggests that parents/carers and teachers report higher scores in social-emotional competence. Furthermore, the overall positive impact of GUAB! appeared independent of the type of loss experienced.

Self reports from young people indicate that the GUAB! programme had a positive effect on their Sense of Mastery and Sense of Relatedness to others, as measured by the RSCA following participation in the group. Both have been found to be highly correlated and collectively considered as perceived personal resources (Prince-Embury, 2008). The findings support literature which suggests that these perceived personal resources may act as a defence against negative change and loss, by allowing the individual to view certain relationships and supports as helpful resources in future adverse situations (Prince-Embury, 2008). This would be in keeping with the suggestion from Dowdney (2000) that informal peer support and close relationships can promote resilience.

Although there was not a statistically significant change in young people's self-reported Emotional Reactivity, the mean scores indicated improvements in this subscale following participation in a GUAB! group. This change was measured within a few weeks of participation in the programme. However, research investigating other bereavement and loss programmes found there to be a greater impact three months at post intervention (Riley, 2012). It could be argued that a longer period between participation and follow-up may also have identified further change which might have been significant in this study.

Additionally, all of the measures gathered from parents/carers, teachers and young people highlight a positive and significant difference in optimistic thinking following participation in a GUAB! group. Since we know that having an optimistic outlook can drive people to engage in activities which help them to cope with loss (Nolen-Hoeksema, 2000), this is an important finding. It is even more important when considering research which indicates a positive correlation between optimism and favourable life outcomes in times of adversity (Scheier, Carver, & Bridges, 2001). It may be that participation in the group was the first step in helping young people to increase their optimistic thinking. This may have allowed them to begin to move forward and adjust to their loss.

Across all measures, participants who had experienced bereavement and another adverse loss did not significantly differ. However, it is interesting to note that the resilience and optimism scores of the bereaved group, whilst not significantly different, were actually higher than their non-bereaved peers. These non-significant differences should be taken with the utmost caution; however, at the very least this should oblige professionals to also consider the needs of those who suffer a non-bereavement related loss or change.

We could also make a case that for a subset of non-bereaved children, working through their loss and adopting a solution-focussed approach may have been more difficult. For example, a change such as divorce can be constantly re-experienced (Amato, 2000), with parental strife and conflict interwoven into the everyday fabric of life. Bereavement, on the other hand, is finite and cannot be changed, although is often revisited during different life milestones (Mallon, 2011). Despite the difficulties of bereavement, coming to believe that the future can be changed for the better may actually be more feasible in some cases. Of course, there are bereavements such as by suicide which can be sudden and exceptionally traumatic

(Jordan, 2001), perhaps making adaptation more difficult. Exploring how the particulars of a young person's loss interact with participation in GUAB! (or similar programmes) would be a valuable direction for future research.

Previous research has supported the use of a strengths based approach to support young people experiencing bereavement (Bonanno, 2004) and this research provides further evidence in support of this approach. Furthermore, the results of this study suggest that the GUAB! programme is increasing capacity for optimistic thinking in young people. Based on a model of Solution Focused Brief Therapy, GUAB! encourages young people to recognise their strengths, make sense of their situation and focus on the resources they have to move forward in their lives. It is possible that thinking more optimistically about their future is helping them to cope better with their loss, which would support previous research suggesting that people can learn to become more optimistic (Seligman, 2006) and that having a goal-oriented and positive outlook can help individuals cope with bereavement (Nolen-Hoeksema, 2000). These results suggest that GUAB! is doing both.

Encouragingly, GUAB! also appears to be making a difference to the factors contributing to the resilience of children and young people. These outcomes are particularly important for young people experiencing negative change in terms of helping to manage the longer term impact on their mental health (Kessler et al., 2010).

Limitations and future research

With positive results, this research gives support for the use of GUAB! with young people experiencing loss and negative change. Nevertheless, there are some methodological limitations which should be highlighted.

The high level of attrition, especially of parents/carers and teachers, at post-intervention for young people who had completed the programme and had not had consent withdrawn is acknowledged. The initial goal of incorporating outcome evaluations from parents/carers, teachers and young people proved challenging due to the flexible nature of the programme and notification of the end of groups to the research team. Strict guidelines following ethical and time standards inhibited the data gathering from all three sources for every participant, as did the impact of school holidays. Therefore, it was not always possible to triangulate the data from the different sources, resulting in a reduced sample size. Further consideration of such factors should be taken into account for future research capturing data predominantly within an educational context

Methodologically, the division made between young people who had been bereaved and those who had not experienced a loss through bereavement was a simple dichotomy for an extremely complex and personal experience. The data capture focused on the primary reason for inclusion within a GUAB! group. However additional loss experiences, not captured, were identified by a number of young people during their participation in GUAB!. Further qualitative research would assist in gaining a more meaningful context around the types of loss experienced by young people. Individual GUAB! groups also comprised of a range of different loss experiences and if/how this affects qualitative experiences of GUAB! could be a course for future research.

The evidence for this intervention could have been strengthened by using a control group which could have enabled more direct comparisons and minimised the possible effects of confounding variables. Future research could consider using a waiting list control group. However, as previously noted, the interplay of factors which impact upon loss experiences (Akerman & Statham, 2011) would make comparison difficult. A range of real world constraints, including delivering the programme within an educational setting and the complex and unique nature of loss experiences, prevented the use of a control group in this research.

The current research included young people from thirty two GUAB! groups; these groups were all facilitated by a range of trained multi-agency facilitators. Facilitator influence must be considered when interpreting these results. However, it would have been interesting to measure the impact of the relationship between the young people and the facilitators on group outcomes, as well as more rigorously gathering data on implementation and fidelity effects. This could be a helpful future direction for further study.

Conclusions

The results of the current research provide evidence that GUAB! has a positive impact on the factors which contribute to resilience and optimistic thinking amongst young people who had experienced bereavement and loss. These findings add to the existing evidence for strengths-based approaches as a means by which to promote resilience and increase coping (Nolen-Hoeksema, 2000; Bonanno, 2004). For the participants, the opportunity to relate to their peers in a supportive group environment may serve as an important protective factor in the future. However, further research would be beneficial to determine if the benefits identified in this research will be sustained. ■

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Appendix I: Main effect of Type of Loss

	F	*df*	*p*	η^2_p
Sense of Relatedness	0.02	(1, 61)	0.891	< 0.01
Sense of Mastery	0.12	(1, 60)	0.733	< 0.01
Emotional Reactivity	0.05	(1, 61)	0.826	< 0.01
Social and Emotional Composite (Parent/Carer)	0.01	(1, 28)	0.935	< 0.01
Social and Emotional Composite (Teacher)	0.40	(1, 35)	0.983	< 0.01
Optimistic Thinking (self-report)	1.01	(1, 61)	0.308	0.02
Optimistic Thinking (Parent/Carer)	0.26	(1, 28)	0.615	0.01
Optimistic Thinking (Teacher)	0.79	(1, 35)	0.381	0.02

Appendix II: Interaction between Time and Type of Loss

	F	*df*	*p*	η^2_p
Sense of Relatedness	0.06	(1, 61)	0.810	< 0.01
Sense of Mastery	< 0.01	(1, 60)	0.939	< 0.01
Emotional Reactivity	0.03	(1, 61)	0.87	< 0.01
Social and Emotional Composite (Parent/Carer)	0.01	(1, 28)	0.935	< 0.01
Social and Emotional Composite (Teacher)	< 0.01	(1, 35)	0.983	< 0.01
Optimistic Thinking (self-report)	0.09	(1, 61)	0.761	< 0.01
Optimistic Thinking (Parent/Carer)	0.43	(1, 28)	0.518	0.02
Optimistic Thinking (Teacher)	0.35	(1, 35)	0.557	0.01