

**ADMINISTRATION OF COGNITIVE-BEHAVIORAL THERAPY ON
LEARNERS EXPERIENCING POST-BEREAVEMENT CHALLENGES
AT LUANSHYA SCHOOL FOR CONTINUING EDUCATION IN
COPPERBELT PROVINCE**

By

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of the Requirement for the Award of the Degree of Master of Education in
Educational Psychology**

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DECLARATION

I **Beatrice Chilufya Situmbeko** do hereby declare that this is wholly my own work, and that the work of other persons utilised in this dissertation has been dully acknowledged. The work presented here has not been previously presented at the University of Zambia or indeed any other University for similar purposes.

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APPROVAL

This dissertation of **Beatrice Chilufya Situmbeko** has been approved as fulfilling the requirements for the award of the Degree of Master of Education in Educational Psychology by the University of Zambia.

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ABSTRACT

This study examined the efficacy of cognitive behavioural therapy (CBT) in improving the academic performance and the mental wellbeing of learners experiencing post-bereavement challenges at Luanshya School for continuing education in Copperbelt Province. The objectives of the study were; to identify the challenges post bereaved learners were faced with after the death of their parent(s), to determine the effect of CBT as an intervention in improving the academic performance of learners experiencing post bereavement challenges and to evaluate the efficacy of CBT in improving the academic performance and the mental wellbeing of PBL. The study employed a mixed method approach with an embedded research design. Simple random sampling was used to select a total number of 45 learners that constituted the sample size. Data was collected through structured interviews, questionnaires, document analysis, focus group discussion and observations, and was analysed using thematic analysis and descriptive statistics. The study established that PBL faced several challenges that negatively affected their mental wellbeing and academic performance after the death of their parent(s). These challenges comprised: walking long distances to and from school, lower self-esteem, stigmatized as “orphans”, lack of food, love, parental control and representation by guardians, substance abuse and fear of being abandoned. Based on these findings, CBT was administered as an intervention. The CBT intervention included strategies that were designed to help each PBL identify and deal with negative thoughts which affected his/her mental wellbeing by considering alternative perspectives. Behavioral strategies such as gradual exposure to feared situations, deep breathing, decision making, muscle relaxation exercises, reduction of unhelpful behaviours that contributed to anxiety, cognitive restructuring setting, managing goals to apply in everyday life to overcome dysfunctional thinking during and after the administration of CBT were also inculcated in the PBL. This involved questioning practicality, analysing positive beliefs and testing reality. The PBL were encouraged to replace negative thoughts with realistic and positive ones to seal the therapeutic approach. The CBT intervention also included the inculcation of coping skills, which indicated favorable responses as the PBL gained enough skills to continue on their own. Based on the comparison of the pre-test and post-test results obtained before and after the CBT intervention, the findings indicated an improvement in the behaviour and academic performance of the PBL. The findings also indicated that PBL had changed their dysfunctional thoughts and beliefs about the way they perceived life, and that they had inadequate basic human needs which highly affected their academic performance, self-esteem, and rational thinking. Failure to administer CBT could have increased the negative effects of stressors on the PBL need satisfaction. This study therefore, recommended that school policies should promote the emotional wellbeing of learners experiencing post bereavement by raising awareness on how to respond to bereavement related challenges through the provision of school-support, outreach and specialist help when appropriate.

Key words: *Cognitive Behavioural Therapy (CBT), Post Bereaved Learners (PBL), bereavement, thinking, behaviour*

DEDICATION

To my sons Mulenga and Mufaya Mulenga, you are my pride and joy. To my parents, *bondate* Mr. Sanford and Mrs. Doris Situmbeko, I am blessed to have been raised by you. To my two brothers and five sisters, am humbled to be part of you.

Thank you and May the Good Lord continue blessing us.

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TABLE OF CONTENTS

DECLARATION	i
COPYRIGHT.....	ii
APPROVAL	iii
ABSTRACT	iv
DEDICATION	v
ACKNOWLEDGMENTS	vi
LIST OF FIGURES	xi
LIST OF TABLES	xiii
LIST OF APPENDICES.....	xiv
OPERATION DEFINITIONS.....	xv
ACRONYMS:	xvi
CHAPTER I.....	1
INTRODUCTION	1
1.1. Overview	1
1.2. Background.....	1
1.3. Statement of the Problem	3
1.4. Purpose of the study.....	4
1.5. Objectives of the Study	4
16. Research Questions	4
1.7. Significance of Study	5
18. Limitation of study.....	5
1.9. Delimitation of the study	5
1.10 Theoretical Framework	6
1.11. Summary.....	7

CHAPTER II	8
LITERATURE REVIEW	8
2.1 Overview	8
2.2 Psychosocial Wellbeing	8
2.3. Efficacy of CBT in Improving the Performance of Learners Experiencing ..	10
2.4. Cognitive-Behavioural Therapy Studies	11
2.5. Common Symptoms of Post bereavement Challenges Among PBL	15
2.6. Challenges Faced by PBL	17
2.7. Summary.....	21
CHAPTER III	23
METHODOLOGY	23
3.1. Overview	23
3.2. Research Design.....	23
3.3. Study Area	23
3.4. Study Population	24
3.5. Sample size	24
3.6. Sampling Procedure	25
3.7. Description of the Sample and Sampling Procedure	25
3.7.1. Schools	25
3.7.2. Learners	Error! Bookmark not defined.
3.8. Research Instruments	26
3.8.1. Questionnaire	26
3.8.2. Interviews	27
3.8.3. Focus Group Discussion.....	27
3.8.4. Observation.....	28
3.8.5 Document Analysis	29
3.9. Data Collection Procedure.....	29
3.10. Validity and Trustworthiness.....	30
3.10.1. Validity	30
3.10.2. Trustworthiness.....	30
3.10.3. Credibility.....	31

3.10.4. Transferability.....	31
3.10.5. Confirmability.....	31
3.11. Data Analysis.....	31
3.12. Ethical Considerations.....	33
3.13 Summary.....	33
CHAPTER IV	35
PRESENTATION OF THE FINDINGS	35
4.1. Overview	35
4.2. Challenges Faced by PBL	35
4.3. Pre-Test Before the Administration of CBT on PBL	36
4.4.1. Performance in Class at Pre-Test Before the Administration of CBT	37
4.4.2 . Relationship with Friends at Pre-Test Before the Administration of CBT	38
4.4.3. Participation in Class at Pre-Test Before the Administration of CBT	39
4.4.3.1 Deep Breathing Technique	42
4.4.3. 2 Self-Monitoring Technique.....	42
4.4.3. 3 Behavioural Activation Technique.....	42
4.4.3. 4 Decision-Making: Weighing Pros and Cons	43
4.4.3.5 Cognitive Restructuring.....	43
4.4.3.6 Setting and Managing Goals.....	43
4.5. Evaluation of the efficacy of CBT in Improving the Performance of PBL ...	44
4.6. Summary.....	46
CHAPTER FIVE	47
DISCUSSION OF THE FINDINGS.....	47
5.1 Overview	47
5.2. Challenges PBL faced after the death of their parent(s)	47
5.3. Administration of CBT in Improving the Academic Performance of PBL ...	49
5.4. The Effect of CBT in Improving the Academic Performance of PBL	52
5.5 Summary.....	53

CHAPTER SIX	54
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	54
6.1 Overview	54
6.2. Summary.....	54
6.3. Conclusion	55
6.4. Proposed Areas for Future Research.....	56
REFERENCE	57
APPENDICES	65

LIST OF FIGURES

Figure 4.2. Percentage distribution on Performance of PBL	37
Figure 4.2. Percentage Distribution on the relationship with friends	
Error! Bookmark not defined.	
Figure 4.3.3. PBLs participation in class.....	39
Figure 4.3. Percentage distribution in participation in class.....	39
Figure 4.4. Assessment of the efficacy of CBT in improving the performance....	44
Figure 4.4. Percentage distribution of performance in class at post-test	Error! Bookmark not defined.
Figure 4.5, Percentage distribution on the relationship with friends.....	45
Figure 4.6. Percentage Distribution on the participation of PBLs at post-test..	Error! Bookmark not defined.

LIST OF TABLES

	Pages
Table 3.1. Biographical Data of PBL.....	29
Table 4.1. Demographic and baseline characteristics of PBL.....	24
Table 4.2. Percentage and Distribution of Challenges faced by PBLs after the death of the parent(s).....	35

LIST OF APPENDICES

Appendix A 83

Appendix B..... 84

Appendix C 85

Appendix D 87

OPERATION DEFINITIONS

Awareness: Having Knowledge or Perception of CBT and other Psychotherapeutic Services.

Demographic Variables: Variables including age, education level, employment status, marital status, past history of depression, family history of depression and residential status.

Education Level: Status of having been to school, having attained primary education, secondary education and tertiary education.

Orphan: Status of not having surviving parents

Double Orphan: A child who does not have a surviving parent

Single Orphan: A child who has one living parent

Pre-Test: Assessment done before treatment.

Post-Test: Assessment done after treatment or intervention.

Residential Status: Place where a person lives as being low cost with thousands of people, medium cost with hundreds of people and high cost with tens or few people.

Specific Symptoms: Symptoms involving anxiety, overall depression and thought of harming oneself as reflected on EPDS.

Youth: A person aged 15 to 35 years.

ACRONYMS:

BCBT	Brief Cognitive Behavioral Therapy
CBT	Cognitive Behavioral Therapy
CSO	Central Statistics Office
DSM-5	Diagnostic and Statistical Manual for mental disorders-5 th edition.
MOH	Ministry of Health
NCHS	National Centre for Health Statistics
PBL	Post bereaved learners
QTA	Qualitative Thematic Analysis
FD	Frequency Distribution
WHO	World Health Organization

CHAPTER I

INTRODUCTION

1.1 Overview

This chapter gives an insight to the research work, on the efficacy of Cognitive Behavioural Therapy (CBT) in improving the academic performance and the mental wellbeing of learners experiencing post-bereavement challenges at Luanshya School for Continuing Education in Copperbelt Province. It highlights the background of the main problem of the research, and its problem statement. The chapter also outlines the main objective of the research and provides a justification for the study. It entirely gives a picture of the need to research into the efficacy of CBT in improving the academic performance and the mental wellbeing of learners experiencing post-bereavement challenges.

1.2. Background

The death of a parent is a major life transitioning event that can be stressful and may increase the risk for mental health problems in school going youths and children (Cerel, Fristad, Verducci, Weller and Weller, 2006). Many school going youths and children fail to succeed academically due to the challenges faced after the death of parents (Murray, Davidson, Haward, and Brand, 2006; Kranzler, Shaffer, Wasserman, and Davis, 1990). The death of a parent may impact negatively on the learner's academic achievement as a parent plays a critical role in most learners' academic development (Stone & Church, 1968). Parental death may lead to financial difficulties, change in residence, change in school, less contact with friends and neighbours, and increased socio-economic responsibilities for the orphaned children. This situation has a huge effect on them as it negates their future general wellbeing. Therefore, this study sought to investigate the efficacy of administering CBT in improving the academic performance and the mental wellbeing of learners experiencing post-bereavement challenges.

Parents play a very important role in moulding a child into a psychologically and sociologically adjusted person and that children who get full attention, affection and emotional satisfaction from their parents develop perfect and healthy personality. The psychosocial domain of this development includes changes in personality, motivation, affects, self-concept and social behaviour. Psychosocial changes involve the interplay of psychological (personal) and social

factors. The childhood loss of parents represents a profound psychological trauma that threatens the child's social and emotional development.

Existing evidence suggests that bereaved children constitute a vulnerable population at increased risk for social impairment and psychopathology (Siegel, 1996; Finkelstein, 1988; Berlinsky & Biller, 1982). A child with only one-parent feels insecure, alone and show immaturity of behaviour because; parental loss brings about emotional sufferings like separation anxiety disorder and depression. Young people whose parents are both alive have better ability to form friendly relationships and have better social adjustment and are less likely to be depressed, compared to those whose parents are dead (Berk, 1994). Therefore, the effects of parental death on children and young people's development are long lasting as it brings about deficiency in certain parameters of psychosocial functioning if an intervention such as CBT is not administered in time. Psychosocial functioning encompasses physiological and social factors, which are assumed to play a vital role in ensuring a persons' effective adjustment in society. It covers the home and family, health and physical development, social psychological relations, and adjustment to school work among others.

From a social and psychological perspective parents are primary institutes of a child's learning and have great impact on child's psychosocial functioning. When a child loses a parent(s), the psychosocial functioning becomes disturbed due to the conditions of getting less than appropriate psychological and social interaction, contact and experience with the parent(s). It is said that healthy minds stimulate appropriate social relations which lead towards effective psychosocial functioning, hence the death of a parent, be it of a mother or father and in some instances both, has negative effects on the physical health as well as psychological functioning of a child. In this case the mental wellbeing and academic performance of a bereaved child gets affected. This is so, because parents provide physiological as well as psychosocial satisfaction. Psychosocial health is not limited to the concept of basic needs satisfaction rather it includes some of the higher order needs which must be fulfilled for a healthy development. Love, affection, and security also indirectly affect the health of a child. Research has shown that affection and love become basic needs of children and youths (Muller, 1992) and orphaned learners are unable to satisfy these needs.

Braden and Miller (2007) asserts that parental involvement in a child's education has been related to multiple positive effects in young people's school achievement. Children whose parents were involved in their education earned higher grades, had better attendance, completed

more homework, and were more motivated to learn. This proves that parental involvement in a child's education is of critical importance in the educational welfare of young people. For instance, Zambia has a program for parent-teacher collaboration in the educational welfare of the learners which is referred to as Parent-Teachers Association (PTA). The purpose of this association is to have parent-teacher involvement in the educational welfare of the learners in order to enhance their educational needs. Brannigan, Hansen, Walsh, and Falco (2005), postulates that a strong family-school partnership improves both academic and behavioural outcomes for children. Hence, there is need to address the challenges that PBL face after loss of a parent(s) who once stood as a supportive pillar in their educational welfare.

Kendler, Sheth, Gardner and Prescott (2002) contend that the disruption of the parent-child bond during childhood has been widely considered as an important risk factor in future development of children. For instance, the Learners' mental wellbeing and academic achievement could be just one area largely impacted by such risk factors. Researchers have also discussed the pathways leading from the receipt of poor parenting in childhood to worse mental health in later life. These models assert that children who receive chaotic, harsh or neglectful care from their care givers develop poor emotional regulation strategies, which in turn leaves them more susceptible to emotional distress later in life (Repetti, Taylor and Seeman, 2002). Research findings are consistent with these models, indicating that retrospective ratings of low parental quality during childhood are related to higher levels of negative emotionality in adulthood, including anger, hostility, depression and anxiety (Lehman, Taylor, Kiefe and Seeman, 2009; Turner and Muller, 2004).

1.3. Statement of the Problem

Learners in schools that have experienced bereavement due to the death of their parent(s) fail to succeed academically (Archibald, Bell, Miller, and Tudennan, 1962, Berlinsky and Biller, 1982, Reber, 1985). These learners go through many post bereavement challenges that create difficulties in coping with academic work (Murray, Davidson, Haward, and Brand, 2006; Kranzler, Shaffer, Wasserman, and Davis, 1990). This situation has a huge effect on the learners as it negates their future general wellbeing. Efforts to address the academic difficulties experienced by learners with post-bereavement challenges have been made through the provision of Cognitive Behavioural Therapy (CBT). However, there is very little knowledge about the efficacy of CBT on the improvement of academic performance of learners

experiencing post bereavement challenges in Zambian schools. Therefore, this study sought to examine the efficacy of CBT in improving the academic performance of learners experiencing post-bereavement challenges at Luanshya School for Continuing Education.

1.4. Purpose of the study

The purpose of this concurrent mixed methods study was to investigate the efficacy of Cognitive Behavioural Therapy (CBT) in improving the academic performance and the mental wellbeing of learners experiencing post-bereavement challenges at Luanshya School for Continuing Education (LSCE) in Copperbelt Province. In this study, the efficacy of administering CBT was explored and measured by making comparisons between the previous results of already conducted tests and those obtained after the administration of CBT. This was attained through document analysis, observation of the PBL throughout the study, Focus Group Discussion, in-depth interviews and questionnaires. The qualitative and quantitative data were then presented to provide a better understanding of the efficacy of CBT in improving the academic performance and mental wellbeing of the PBL.

1.5. Objectives of the Study

The following objectives guided this study:

1.5.1. To identify the challenges post bereaved learners face after the death of their parent(s)

1.5.2. To determine the effect of CBT as an intervention in improving the academic Performance of learners experiencing post bereavement challenges

1.5.3 To evaluate the efficacy of CBT in improving the academic performance and the Mental wellbeing of PBL

1.6. Research Questions

1.6.1 What post-bereavement challenges did the learners face after the death of their parent(s)?

1.6.2 How effective is CBT in improving the performance of learners experiencing post bereavement challenges?

1.6.3 To what extent is the efficacy of CBT in improving the performance of learners experiencing post bereavement challenges?

1.7. Significance of Study

This study is important as it may contribute to the literature on the post bereavement challenges learners are faced with after the death of a parent. The study may also assist teachers, counsellors, education psychologists and administrators to have a better understanding of the factors that affect learners after the death of a parent. It is also hoped that this study may contribute to the international scholarships on the effectiveness of CBT as an intervention on learners experiencing post bereavement challenges after the death of a parent(s).

1.8. Limitation of study

Considering that this study was conducted from one school, Luanshya School for Continuing Education, the findings may not easily be generalised to the rest of the schools in the country. Zainal (2007) explains that results of one school may not be generalised because it only investigated one school which could not give an overall representation of the wider body of similar instances. This implies that the small size of sample and detail of findings in this study is mostly unique to a specific phenomenon.

1.9. Delimitation of the study

This study was conducted at Luanshya School for Continuing Education formerly (Adult Training Centre), Luanshya District, Copperbelt province. There are about thirteen (13) Schools for Continuing Education in Zambia. This school was chosen because it is specifically established for those who have difficulties in attending regular schools, those who are advanced in age and those who attain lower marks at second choice selection. The school also accommodates a big number of orphans and vulnerable learners as evidenced from the school registers and records. The school has a population of an estimated number of 800 learners of a mixed age range. In addition, the school is a General Certificate Examination (GCE) centre and has several departments and programmes for academic and skills training, making it rich for a two-tire education system.

1.10 Theoretical Framework

This study was anchored on Becks' CBT model which stresses that thoughts and cognitive constructions are at the root of emotions and behaviour patterns. The core premise of this therapy is that maladaptive cognitions contribute to the maintenance of emotional distress and behavioural problems. These maladaptive cognitions include general beliefs or schemas, about the world, the self, and the future, giving rise to specific and automatic thoughts in particular situations (Beck ,1970; Ellis, 1962). Maladaptive behaviour is counter-productive and interferes with everyday living. The CBT focuses on changing an individual's thoughts (cognitive patterns) in order to change his or her behaviour and emotional state. The CBT model provides a useful framework for guidance and counselling teachers, teaching staff and other behavioural mentors, as it allows them to understand the bereaved school-going youths and children's experiences. It also offers strategies to increase these younger people's sense of control because CBT is based on giving insights towards psycho education, collaborative pragmatism, active problem solving, assessing the nature and quality of supports, and improvement of the adaptation to the new lifestyle after a mood disorder. In this therapy, post bereaved learners may find their thoughts contributing to affective symptoms and feelings and how they can transform them (Kootker, Fasott, Rasquin, Heugten and Geurts, 2012). The figure below depicts the CBT Model diagrammatically.



Figure1. CBT Model (Beck,1970)

The above CBT model presented in figure 1, indicates that reason and emotion depict a comprehensive method of treating human disturbances. This model stresses that people feel according to what they think, that is, thoughts and cognitive constructions are at the root of emotions and behaviour patterns. Therefore, this model sits well in this study because Cognitive behavioural therapy (CBT) deals with one's cognition (thoughts) and behaviour.

1.11. Summary

This chapter presented the background of the study, statement of the problem, purpose of the study, research objectives, research questions and significance of the study. It also covered the delimitation, limitations, theoretical framework and definitions of key terms. The next chapter looks at Literature Review.

CHAPTER II

LITERATURE REVIEW

2.1 Overview

In this chapter, the literature review that highlights the research works done by other scholars is reviewed. The reviewed literature is focused on the efficacy of cognitive behavioural therapy (CBT) on children and youths experiencing post bereavement challenge. The literature reviewed also brought forth various pieces of literature work that is associated to the conditions of post bereavement; its effects on mental wellbeing and academic performance on post-bereaved learners. Text books were used; Electronic literature search databases were also used and these included PsycINFO, MEDLINE and PubMed. Both theoretical and empirical literatures were reviewed. Theoretical literature provided explanatory framework relevant to the problem at hand while empirical literature provided information on research conducted so far that is relevant to this study.

2.2. The Impact of Parental Death on the Learners' Academic Performance and Psychosocial Wellbeing

Parental presence, particularly the years lived with the father and mother, has positive associations with various issues such as children's cognitive skills, education, income and wealth (Lang and Zagorsky 2001). The parents contribute to their children's development by doing the parenting as such (Guo and Harris 2000; Thomsen 2015). Children whose exposure to parental role modeling is limited due to parental death may lack those skills and, as a consequence, may be less successful in school and may experience other issues (Steele, Sigle-Rushton and Kravdal, 2009). Parents contribute to children's education by helping with school work and providing informed advice on educational choices (Björklund and Salvanes 2010), both of which can be assumed to decline after parental death.

Parental death may also have harmful consequences because of prolonged stress. Numerous studies have shown that parental death causes multiple stressors in a child's life because, in addition to losing a primary caregiver, the child is also exposed to series of changes that may include moving to new neighborhood, a new school and living with the remaining parent's new partner (e.g., Amato 2000; Fauth, Thompson and Penny 2009). Therefore, this study endeavors

to identify the challenges learners are faced with after the death of their parent(s), thereafter administer CBT as an intervention to the challenges with a view to enhance academic performance.

According to a British study, children who experienced early parental death showed difficulties in trust, relationships, self-esteem and feelings of self-worth, loneliness, isolation and the ability to express feelings as an adult (Ellis, Dowrick and Lloyed-Williams 2013). Additionally, the remaining parent's caregiving can be impaired due to the stress of the loss of a partner (Amato and Anthony 2014; Steele, Sigle-Rushton and Kravdal 2009). If the surviving parent is able to offer warmth and discipline, better resilience is predicted for the children (Lin et al. 2004), which leads to better overall outcomes for them. The current study tried to improve the lost trust, relationships, self-esteem, and feelings of self-worth, loneliness, isolation and the ability of self-expression through the administration of CBT.

In another study of ten African countries, bereaved children were found to be less likely to enroll in school; the negative effect of parental death increased with the child's age (Case, Paxson and Ableidinger 2004). In South Africa, the loss of a mother was found to have more adverse effects than the loss of a father (Case and Ardington 2006). Paternal death was related to only the family's economic well-being. In Ethiopia, maternal death was associated with a lower likelihood of school enrolment and a higher probability of illiteracy (Himaz 2009). Paternal death was associated with only the child's sense of optimism about the future. In a later Ethiopian study, it was found that maternal death had adverse effects if a child was still in the middle of childhood but not during early adolescence, whereas paternal death had adverse effects in early adolescence (Himaz, 2013). In Indonesia, parental death was found to increase school dropouts in all age groups and at all school levels (Gertler, Levine and Ames 2004). The results also suggested that parental death had more severe effects for younger children. Paternal death was found to have a slightly greater effect for elementary schooling than maternal death. The overall effect was largest close to school transitions.

In Western countries the prevalence of early parental death is rare and the population's educational level is no similar to those countries than non-western ones, especially in Africa. Additionally, cultural differences in children's position in and responsibilities to the family are likely to play a role. In addition, there are also institutional differences in Western countries with the US offering the minimum support from the state and Nordic countries offering more extensive support. Finland is a strong egalitarian welfare state that is, with the regard to

intergenerational mobility, quite open in comparison to North America (e.g., Erikson and Goldthorpe 1992; Jäntti, 2006), thus it is an ideal context for exploring the negative effect of parental death

2.3. Efficacy of CBT in Improving the Performance of Learners Experiencing

Post-Bereavement Challenges.

CBT is highly recommended as a critical component of treatment, particularly when medications are contraindicated or ineffective (Driessen, Van, Don, Peen, Kool, Westra and Hendriksen, 2013). But it's not clearly reported when contraindication and effectiveness are reported in most treatments. There seem to be an oversight to the fact that post bereavement challenges, if untreated has multiple potential negative effects on the mental wellbeing and academic performance of learners (Elizabeth, Sarah, Allison, and Kristin, 2011). After the death of a parent most children and youths are left without any psychosocial counsel as a preparatory measure for the loss.

CBT is used in different regions especially the developed countries to treat disorders that come about as a result of experiencing the death of a loved one, but its effects as well as effectiveness has not been clearly documented. If used, most therapists use brief cognitive behavioural therapy (BCBT) aside other psychotherapy options such as art therapy and motivational interviewing. The reason for such an option has not clearly been unveiled.

There seem to be a general lack of research in the effects of CBT on learners experiencing post bereavement challenges and why it is preferred on the improvement of the mental wellbeing and academic performance (Beck, 2006). If research has been done on the efficacy of CBT on the improvement of the mental wellbeing and academic performance of learners experiencing post-bereavement stressful challenges, then, limited evidence in publication does exist.

There seems to be a gap of knowledge and resource base, and the needed services in matters of post-bereavement challenges faced by learners (World Health Organisation, 2012). Although post-bereavement challenges are amenable to treatment, evidence shows that there are more cases undetected, untreated or undertreated in secondary school settings (Driessen, Van, Don, Peen, Kool, Westra and Hendriksen, 2013). Untreated and undertreated post bereavement challenges have multiple potential negative effects on the mental wellbeing and

academic performance of PBLs (Elizabeth, Sarah, Allison, & Kristin, 2011). The effects may either be psychotic in nature or even morbidity.

2.4. Cognitive-Behavioural Therapy Studies

In a qualitative research study conducted in Zambia with the Applied Mental Health Research group (AMHR) at Johns Hopkins University on mental health issues, grief was identified as a major problem in the Zambian community (Murray, Dorsey and Lucid, 2006). This study was conducted across five different partner sites with Orphans and Vulnerable Children (OVC), including: Barefeet, Ngombe Home Based Care, Kaunda Square Ministry of Health Clinic, City of Hope, and St. Paul's School. The purpose of this study was to investigate the effectiveness of TF-CBT in reducing trauma-related symptoms and impairments in critical functioning ability. The AMHR group reviewed the treatment literature to identify intervention options that could be adapted to the Zambian context to treat these problems. Based on this review and consultation with local health professionals and mental health experts, an evidence-based therapy called Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) was selected (Murray, Dorsey, Skavenski, Jere, Kasoma, Bolton, Bass and Cohen, 2013; Bolton et al., DIME manual, module 6). The AMHR also used the results of the qualitative study to adapt, test and validate an assessment tool to identify youth with trauma histories and significant (i.e. severe) mental health symptoms (Murray et al, 2011; Bolton et al, DIME manual module 2). Through a number of studies, AMHR learned that TF-CBT was feasible, acceptable and potentially efficacious (Murray, Dorsey, Skavenski, Jere, Kasoma, Bolton, Bass Phans and Cohen, 2013). Since this study was more inclined to addressing trauma on or and vulnerable children, this current study was CBT aligned, and was based on modification of dysfunctional thinking which arises from both biological and psychological influences as a result of the post bereavement experiences that learners go through. Modifying dysfunctional thinking, behaviour and beliefs leads to improvement in symptoms of post-bereavement challenges, hence improvement of the mental wellbeing and academic performance of PBLs. The other gap in knowledge was the small sample size of this study which was taken from a secondary school, with many PBLs coming from different home backgrounds and not from the OVC and partner sites.

In another study conducted by (Murray, Dorsey, Skavenski, Jere, Kasoma, Bolton, Bass and Cohen, 2013), It has been reported that, orphans and vulnerable children (OVC) are at high risk for experiencing trauma and related psychosocial problems, yet little is known about what

interventions may be effective. The purpose of the study was; to evaluate the effectiveness of lay counsellor- provided trauma-focused cognitive behavioural therapy (TF-CBT), with treatment as usual to address trauma and stress-related symptoms among OVC in Lusaka, Zambia. The TF-CBT adapted for Zambia was proved to decrease stress-related symptoms and produced a smaller improvement in functional impairment among OVC. Although this study was Trauma- Focused CBT among OVC, it highlighted the stress-related symptom which is in line with what secondary school learners experiencing post-bereavement go through. Therefore, this current study sought to investigate the efficacy of CBT in reducing post bereavement challenges in learners who have experienced the death of a parent(s).

O'Donnell, Dorsey, Gong, Ostermann, Whetten, Cohen, Itemba, Manongi and Whetten (2014) also conducted a qualitative study in East Africa, Tanzania, which was designed to test the feasibility and child clinical outcomes for group-based trauma-focused cognitive behaviour therapy (TF-CBT) for orphaned children. Using a task-sharing approach, the intervention was delivered by lay counsellors with no prior mental health experience. Primary child outcome assessed was symptoms of grief; secondary outcome included symptoms of depression and overall behavioural adjustment. All assessments were conducted pre- treatment, post-treatment, and 3 and 12 months after the end of treatment. Results showed improved scores on all outcomes post-treatment, sustained at 3 and 12 months. O'Donnell's study is important to the current study in that it provides an insight in the characteristics of group-based initiatives in cognitive based therapy. However, there is a gap in O'Donnell and her cohort's study which the current study endeavours to address. Their study was trauma focused and counsellors had no prior mental health experience while this study is CBT focused with a trained CBT therapist.

In another study conducted by Boelen, Kip, Voorsluijs and van den Bout, (2004), a group of 30 students who were grieving the loss of a parent or a sibling was examined against a control group of 30 non-bereaved individuals with the object of tracing the relationship between beliefs and emotional responses, and whether a loss affects the cognitive process. They also examined whether there was a relationship between cognitive variables and symptoms of traumatic grief, and whether there were differences between bereaved and non-bereaved in their basic suppositions and level of irrational thinking. In this study, the results indicated that the group of bereaved students had fewer positive beliefs about the significance of their world, of their self-worth, and a higher level of irrational thinking than did the group of non-bereaved students. The results also showed a connection between the overall usage of irrational thoughts and those

specifically associated with bereavement and between symptoms of traumatic grief. They found no relationship between basic beliefs and traumatic grief, although the beliefs reflected a lower cut-off of frustration that explained the higher rate of variability in traumatic bereavement.

These findings support the proposition that there is a connection between the adaptation to loss, and the ability, even partially, to change the beliefs and adapt them to the new situation. It means that treatment interventions such as CBT should focus on identifying the patterns of irrational thinking and the emotional, non-adaptive consequences and adopting patterns of rational thinking, whose consequences are healthy negatives. Such a thought pattern emphasizes the choice that we have to adapt more healthily to an unwanted situation (Dryden, 2009; Ellis, 1994b; Ellis and Dryden, 1997). Although there is a difference in the study sample size and the methodology used, the study has broadened the research base for the current study.

Youth (2014) analyses the cognitive behavioural interventions with bereaved anxious youth, in which two cases were intensively reviewed to explore how clients expressed, and how therapists accommodated around bereavement themes in a course of an empirically-supported cognitive behavioural therapy (CBT) for anxious youths. In one case where a youth met criteria for principal generalized anxiety disorder, bereavement-focused strategies were incorporated secondarily into a standard manual-based protocol for anxiety. For the second youth who was treated primarily for bereavement, general CBT principles and strategies were applied to target bereavement related themes, but a specific manual treatment was not used. Intensive review of each case revealed bereavement themes that contributed to bereavement-related distress, which included: depressive dysfunctional thoughts about the self, life, and the world; specific anxious dysfunctional thoughts about the grief reaction; fear of abandonment; depressive avoidant behaviours, such as withdrawal from relationships or activities; avoidance of loss reminders; and problems integrating the loss. These bereavement themes were found to be prominent in the earlier part of treatment and were targeted using cognitive behavioural interventions, including bereavement-related exposures, behavioural activation, and proactive problem solving.

With regard to Youth's findings, this current study supports the use of CBT approach to conceptualizing and treating post bereavement challenges faced by learners who had experienced the death of a parent(s). The principles and framework of CBT appear to appropriately target the dysfunctional thoughts, avoidance behaviours, and poor integration of

the loss that work to complicate the grieving process in learners experiencing post bereavement. Kavanagh (1990), recommends CBT to be one of the most effective treatments of a wide range of disorders; hence it has been suggested as treatment for bereaved children and young people going through post bereavement experiences in this study.

Comparing these four distinct psychotherapy approaches; interpersonal therapy (IPT), cognitive behavioural therapy and non-directive counselling showed similar efficacy among the four (Cuijpers, 2008), this gives mixed evidence on the effects of CBT on the improvement of the mental wellbeing and academic performance of PBLs.

CBT is a therapeutic intervention based on the premise that one's thoughts and feelings play a fundamental role in behaviour. It usually incorporates behavioural activation and cognitive restructuring according to a protocol with homework assignments (Beck, 2006). It provides supportive and insight-facilitating techniques to address the emotional background of the depressive symptoms by discussing current relationships, internalized past relationships, and intrapersonal patterns (Dekker, Van, Maat, and Jonghe, 2008). These different treatment modalities are severely limited in low resource countries like Zambia.

It is important now to realize that the treatment of post-bereavement challenges is resolute based on the PBLs history, current symptoms and treatment preference (Dennis, 2004). However, a number of psychological symptoms need psychological treatment for the effective management of the person experiencing post-bereavement challenges.

CBT treatment approach is a relationship therapy. Misri, Kostaras, Fox, and Kostaras, (2004) specified that psychotherapy is the systematic use of a human relationship for therapeutic purposes of alleviating emotional distress by effecting enduring changes in a patient's thinking, feelings and behaviour. The mutual engagement of the affected person and the psychotherapist, both cognitively and emotionally, is the foundation for effective psychotherapeutic work (Kay and Tasman, 2006). Therefore, treatment of post bereavement distress-related challenges using psychotherapy such as cognitive behavioural therapy is a psychologically-based program, incorporating education and advice, to target individuals' emotional adjustment to the impact of disorders that come about as a result of bereavement, and to increase their sense of control over their recovery (Elizabeth, 2011).

2.5. Common Symptoms of Post Bereavement Challenges Among PBL in schools

Symptoms of post bereavement have a varied range. According to the online publication (*Think CBT 2018*), the most common psychological and emotional symptoms of post bereavement include emotional detachment, numbness, shock, disbelief, and denial, often occurring immediately following the loss, emotional distress which is often focused on separation, resulting in an all-consuming sense of personal yearning, constant searching and sometimes intrusive images of death. This distress can lead to continuous crying, dreaming, delusions, visual and auditory hallucinations and detached or erratic behaviour. Some people often experience severe anger, deny or protest the loss and often undergo significant periods of anxiety and depression. Grief bursts can also occur when people experience short and highly intense spells of anxiety and distress. These episodes can often occur on an unexpected basis or following a period of improved mood or recovery. Musau (2013) also lists tearfulness, despondency, feeling of hopelessness, inadequacy, poor classroom attention, mood swings, and extreme anxiety, guilty or hopeless, irritability, fatigue, loss of interests, and sleep disturbances.

Beck (2006) also itemizes change in appetite, feeling angry or nervous, not enjoying life as much as in the past, lack of interest in friends or family, crying uncontrollably, feeling of being a bad person, trouble of concentrating, low energy and thoughts of harming oneself. However, this does not clearly state the symptoms common in different age groups especially among secondary school learners. There is therefore need to identify other common symptoms among children and youth experiencing post bereavement distress challenges, and evaluate the contribution of the specific symptoms to the mental wellbeing and academic performance of school going children and the youths. It is evident that post bereaved people often continue to experience feelings of sadness for many years, however their ability and resilience to cope with the loss gradually improves upon the administration of CBT as an intervention. People eventually learn to cope with their loss and sadness.

At present, post-bereavement challenges have been proposed for the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-V): Adjustment Disorder Related to Bereavement*, to be located in the main body of the text as an official diagnostic entity; and *Bereavement-Related Disorder*, including a *Traumatic Death Specifier*, to be located in the Appendix as an invitation for further research (Kaplow et al., 2012). These diagnoses currently do not include developmentally informed criteria, despite the importance of developmental processes in the way children and adolescents grieve. In this article, a

selective review of the empirical literature and expert clinical knowledge to recommend developmentally informed modifications and Specifiers of the proposed criteria for both bereavement disorders and strategies to improve future research was drawn. This article is derived from an invited report submitted to the DSM-V Posttraumatic Stress Disorder, Trauma, and Dissociative Disorders Sub-Work Group, and suggested modifications have received preliminary approval to be incorporated into the DSM-V at the time of this writing. Adoption of these proposals will have far-reaching consequences, given that DSM-V criteria will influence both critical treatment choices for bereaved children and youth in the next generation of research studies on post bereavement related disorder.

Although refraining from unwarranted diagnosis is important in evaluating a person experiencing post bereavement challenges, the need for treatment must also be considered. Post bereavement is a severe stressor that can trigger the onset of a physical or mental disorder. Therapists and counsellors and clinicians need to recognize and treat those disorders when present and a cause of significant morbidity or mortality. Untreated illness potentially interferes with natural healing and this is one pathway to the development of complicated grief. For example, major depression, post-traumatic stress disorder and sleep disorders often occur and need treatment.

In Zambia, the SAD research (2010) was number eight of a series of briefs providing new insights on the wellbeing of rural children in Sub-Saharan Africa, a previously much under researched population. Its findings were derived from a longitudinal (2008-2010) controlled study in five communities of Kafue District, Zambia. This study was aimed at evaluating and developing a results-based intervention programme focused on the interface between psychosocial wellbeing and livelihood of PBLs. Further, the study identified particular risk and protective factors for the psychosocial wellbeing of vulnerable children. With regards to grief, the study established that the cause of grief among school going children in Kafue District, was loss of parents. Such a loss ultimately has a negative bearing on the performance of children at school. Nkhoma (2012) whose dissertation focused on the challenges following the death of parents in some selected townships in Lusaka urban district in Zambia also agrees with this finding. This current study strongly agrees with the SAD study because it has highlighted parental death as a protective factor for psychosocial wellbeing and its negative bearing on children's performance at school, although it did not specify the kind of intervention which was provided to the children after the loss of parents. Therefore, this study endeavour to investigate the challenges that learners experience after the loss of their parent(s), thereafter administer CBT as an intervention to improve on their mental wellbeing and academic performance.

2.6. Challenges Faced by PBL

Coyne et al (2012), in United States of America also conducted a research titled "the death of a parent may have a profound negative impact on student's academic achievement," It was found that a parent plays a large role in most children's academic development. The purpose of this research was to better determine the types of struggles a student faces following the loss of a parent by death. Previous research was analysed to help determine what manifestations are more significant following parental death. Results indicated that: academic achievement is not researched enough to state whether it is specifically impacted by parental loss through death, elementary and secondary age groups are the most academically impacted, a child's developmental level contributes to their reaction to parental death, a student's emotional well-being is the most commonly researched manifestation, and University faculty are the most common publishers of this topic from previous research. This study recommended that there is need for further research regarding the impact of parental death on learners. This current study strongly agrees with this recommendation but further suggests that there is need for post

bereaved learners to undergo CBT treatment and motivational talks to raise awareness about the challenges that comes with the death of a parent(s), and the universality of death to man. By so doing, necessary adjustments would be made to overcome the impact of post bereavement challenges on learners.

Adil et al., (2008) also conducted a study in Pakistan, which examined the effect of parental death of adolescents on their psychosocial functioning. It was hypothesized that adolescents who had lost a parent would experience significantly more severe psychosocial problems compared to those having their both parents alive. Data were collected from the various colleges of Sargodha. Findings indicated that adolescents who had lost a parent reported severe psychosocial problems as compared to those having their both parents alive. Significant differences in psychosocial functioning of adolescents were found on health and physical development, home and family, and adjustment to college work whereas the differences on psychosocial relations came out to be non-significant. These findings are consistent with the previous work of Meiss (1952). Findings of Meiss' research showed that parental loss could affect the health of adolescents. Another research showed that adolescents who had lost mother (by death) before they were 17, were twice as likely to suffer from depression and anxiety disorder as compared to those who had their mothers alive (Flanagan, 1995). Parents' death either father or mother affects the whole range of functioning of adolescents, the health or physical disturbances, therefore, are no exceptions. Adil's study is similar to the current study because both studies looked at the psychosocial effects that comes about as a result of losing a parent to death, although a knowledge gap still exists because his study did not apply an intervention such as CBT to decrease the effects of psychosocial problems which adolescents were experiencing.

Parental absence, therefore, results in the loss of primary shelter, which crop up a lot of physical, behavioural and psychological problems. Depression has been found to be the major problem with bereaved adolescents (Flanagan, 1995). Children who lose a parent or grow up with strained family relationships face a greater risk as adults for health problems such as heart diseases. This is in accordance with Luecken's (1998) study of young adults' reaction to stressful situations which showed that those who had a parent died when they were a youngster and those who reported poor relationships with family members had higher blood pressure and abnormal hormone responses to stress.

Researchers have also explored the implications of post-bereavement challenges for young people's lives in both the short and longer term to see if it may place them at greater statistical risk of experiencing unwelcome 'outcomes'. The range of outcomes considered includes: educational issues; age of leaving home; sexual activities and health behaviour; aggressive or delinquent behaviour; depression; and self-concept and self-esteem. While the initial post-bereavement responses tend to decline over time, mental health and other problems can persist or even increase. There can be fluctuations over time, and delayed grief reactions may be triggered when subsequent life changes occur (Christ, 2000), such as the remaining parent re-marrying or the bereaved person having their own child. Any negative events that follow the death, and the child's resources for coping with these, seem to be significant for the long term (Haine et al. 2008). However, the difficulty of disentangling the impact of bereavement from other factors increases with the passage of time since the death, so drawing conclusions about long-term impact is apprehensive with problems. For instance, studies conducted with African youth have found that those who are orphaned have higher rates of maladaptive grief, posttraumatic stress (PTS), depression, suicidal thoughts, anxiety, behaviour problems, and a negative outlook on their lives relative to those not orphaned (Atwine, Cantor-Graae and Bajunirwe, 2005)

Dowdney (2000) also reports that suitable longitudinal studies do not exist to indicate whether young people's emotional or behavioural disturbance following bereavement will persist. However, Christ and Christ (2006) cite Worden's (1996) findings from the Harvard Bereavement Study of 'late effects' of child bereavement with differences in the levels of clinical difficulty between parentally bereaved school-aged children and their non-bereaved controls becoming significant two years after the death. At this point, bereaved children's self-esteem and beliefs about their control over life were significantly lower than those of their peers. This current study totally agrees with these findings because the death of parent(s) appears to be like an embarrassment to the bereaved because in most cases death happens when it is least expected. Therefore, there is need to raise awareness among learners about death and its devastating effect and that at the appointed time, everyone will die.

According to the reviewed literature, there is relatively little evidence concerning the relationship between bereaved young people and educational outcomes, and what there is tends to suffer from the limitation of retrospective parental recall of child functioning prior to the

death, and a reliance on indirect measures of educational attainment. Dowdney (2000) notes that this limitation, combined with learner's differences in academic skills, competence, and response to parental death, means that it is difficult to conclude more than that outcomes will vary between learners.

A more recent review (Haine et al., 2008) concludes that the balance of evidence does suggest that parentally bereaved young people are at risk of lower academic success. For example, a UK study which reported on the GCSE results of 73 pupils who had lost a parent and 24 who had lost a sibling (Abdelnoor and Hollins, 2004) found that bereaved participants underachieved significantly depending on age, gender and parents' employment history. The exam scores of young people bereaved before the age of five or at 12 years old were significantly more affected than those bereaved at other ages. The researchers suggested that the effect of bereavement may be prolonged, and that intermittent support could be needed throughout secondary and perhaps tertiary education. School attendance seemed to be unaffected, however.

On the contrary, not all outcomes of parental bereavement are negative. Thirteen young people who had attended a child bereavement service in Brewer et al, (2011) ethnographic study reported a range of ways in which they had derived some positive psychological changes or post-traumatic growth through their experiences of parental bereavement and participation in the service. These include a positive outlook, gratitude, appreciation of life, desire to live life to the full, and altruism. In their study, (Wolchik, Coxe, Tein, Sandler, & Ayers 2008) found that over six years after the death of a parent, intra- and interpersonal coping processes explained improvements in several areas of growth including developing new areas of interest, accepting help from others, and coming to a realization of personal strengths. Such studies point to the great range of responses that young people may develop after the experience of the death of a parent or sibling, with some finding ways to turn their experience towards positive outcomes, while others may struggle in ways that persist across their life course.

There is some suggestion from clinical experience and research interviews that some bereaved young people try harder and do better at school as a form of tribute to their dead parent (Dowdney, 2000). Others report more difficulty in concentration, and distress, particularly when memories of their dead parent are evoked in school. In addition, teachers of bereaved children rate them as being significantly less attentive than matched classroom controls,

although it is not clear whether this impacts in any systematic way on attainment or school relationships.

Although most youths who experience parental death return to pre-death levels of functioning by a year after the death (Worden, 1996), a sizeable percentage experiences significant depressive symptom such as social withdrawal, and academic difficulties long after the death (Cerel et al, 2006). This research focused on explaining variability in adaptation after parental death and has consistently shown that negative life and positive caregiver-child relationships after the death are significantly associated with fewer adjustment problems.

From a motivational perspective, major life events such as parental death influence outcomes in part through their effect on basic needs. Skinner & Furrel (1994) argued that such events threaten the needs of relatedness, competence, and autonomy. Similarly, Sandler (2001) proposed that stressors embedded in life transitions can threaten satisfaction of the basic needs of positive self-worth, social relatedness and control, and that protective resources can facilitate positive adaptation by promoting need satisfaction or decreasing the negative effects of stressors on need satisfaction. According to Sandler (2001), children construe themselves in relation to their social context around these needs through self-system belief sets, which are viewed as reflecting the degree of fulfilment of basic needs. Fulfilment of these needs should promote the process of redefining and reintegrating oneself into a life without the physical presence of the person who died. As this reintegration occurs, painful feelings decrease and thoughts about the deceased no longer are dominate (Shear & Shair, 2005). This shows how bereavement may have significance in young people's lives over long periods of time, even while individuals cope and carry on. This significance may be seen in various terms, including their spiritual development, their perspective on which they are and what is important in their lives, and how to understand their own identities and family histories. The case studies also provide insight into the lives of bereaved young people who are not in touch with services. They may struggle over many years in response to major bereavement challenges, in ways that appear to be quite unnoticed by those around them.

2.7 Summary

Extensive literature related to the devastating effects of parental death on the mental wellbeing and academic performance of learners, and the efficacy of CBT on improving the mental

wellbeing and academic performance of learners has been reviewed. However, there is still knowledge gap on the factors affecting provision CBT on learners experiencing post bereavement challenges in secondary schools in Zambia. In addition, literature does not show the extent to which CBT services are provided in secondary school. In the next chapter the research methodology that guided the study is discussed.

CHAPTER III

METHODOLOGY

3.1 Overview

This chapter provides an account for the research methodology employed by the researcher to investigate the efficacy of cognitive behavioural therapy (CBT) in improving the academic performance of learners and the mental wellbeing of learners experiencing post bereavement challenges at Luanshya School for Continuing Education. Furthermore, the type of research design used, target population, sample size, sampling techniques, research instruments and data collection instruments have been described. In addition, data analysis techniques, study credibility and ethical considerations which were adhered to in the process of conducting the study are also presented. A summary is also given at the end of the chapter.

3.2. Research Design

The research design employed in this study was anchored on a paradigm, strategy of inquiry and specific research methods (Creswell, 2009). The paradigm used is the pragmatic perspective which enabled the researcher to collect both qualitative and quantitative data. Further, the study employed the embedded mixed methods research design. In using the embedded design, qualitative methods of data collection dominated over quantitative methods. Thus, it depended more on the descriptive analysis hence the frequency of the charts and tables. When using the qualitative methods, the researcher depended a lot on the views of participants, which implied asking broader questions through interviews while on the other hand the quantitative method was used to assist the researcher to ask specific, narrow questions which allowed the researcher to collect quantifiable data from participants through the use of a questionnaire. The other reason for using an embedded concurrent research design in this study was due to the fact that it enabled the researcher to collect and analyse quantitative and qualitative data in a single study. In particular, the collection of qualitative data during an experiment may be to understand the process the participants were going through, whereas the quantitative data assesses the impact of the treatment on the outcomes (Creswell, 2015).

3.3. Study Area

This study was conducted at Luanshya School for Continuing Education formerly (Adult Training Centre), Luanshya District, Copperbelt Province. There are about thirteen (13)

Schools for Continuing Education in Zambia. This school was chosen because it is specifically established for those who have difficulties in attending regular schools, those who are advanced in age and those who attain lower marks at second choice selection.

3.4. Study Population

This comprised of 59 learners who had experienced bereavement due to the death of a parent(s) at Luanshya School for Continuing Education in Luanshya district.

3.5. Sample size

In this study the total sample size of PBL was 75. In order to arrive at the actual sample size, a table 8.1 in Cohen, Manion & Morrison (2011: 143) was used and 59 PBL were sampled with the confidence level of 90%. Due to many challenges that were faced by the PBL which include among others; early marriages, financial constraints and absenteeism, 14 PBL failed to participate in this study. Hence, the sample size of was reduced to 45 from which information was gathered. Out of forty-five (45) PBL who participated in the study, twenty-two (22) were male aged between sixteen (16) and twenty-one (21) years old and twenty-three (23) were female aged between sixteen (16) and twenty-one (21) years old.

Table 3.1, presents the common demographic factors of PBL. These included the number of post bereaved learners, geographic location, single/double orphan, gender, age, level of education, age when parent/parents died, previous school attended before the death of parent/parents and nature of death of parent. This was compiled during the interviews conducted with PBL.

Table 3.1. Demographic and baseline characteristics of PBL

Number of participants	45	Single /Double Orphan	
Residential Area of participant		Single Orphan	22
Town Centre	06	Double Orphan	23
Junior Mine Township	09		
Mine Area Township	11	Level of Education	
Municipal Council Location	19	Grade 11	15
Gender		Grade 12	20
Female	23	Grade 10	10
Male	22		
Current Age (Years)			
17	06	Age when Parent (s) died	
18	10	Below 10 years	15
19	11	Below 15 years	30
20	18	Nature of Death of Parent	
Previous School Attended before death of parent (s)		Accident	06
Private School	18	Illness	30
Public School	27	Sudden death	09

Table 3.1, Demographic and baseline characteristics of PBL

3.6. Sampling Procedure

Mixed methods research uses more than one kind of sampling procedure (probability and non-probability) and samples of different sizes, scope and types (cases: people; materials: written; other elements in social situations: locations, times, events) within the same piece of research (Teddlie and Tashakkori, 2009; Teddlie and Yu, 2007). In this study, both probability and non-probability sampling techniques were used when selecting participants.

3.7. Description of the Sample and Sampling Procedure

3.7.1. Schools

In Luanshya district, there is only one school for continuing education offering both skills training and academic education. Therefore, the school was purposively selected in this study.

3.7.2 Learners

Random sampling according to Kombo and Tromp (2006) is a method in which every member of the population has an equal chance of being included in the sample. In random sampling, the participants are randomly selected from a list of a total population. Based on the merits of random sampling technique as stated by Kombo and Tromp (2006), in this study, learners were selected using stratified sampling. Stratified sampling was appropriate in this study because learners were stratified according to their sexes, thus boys and girls. Cohen, Manion and Morrison (2007) argued that stratified sampling involves dividing the population into homogenous groups, each group containing subjects with similar characteristics. In this study, the researcher requested for a class register for all PBLs in the school. After obtaining the class register, the researcher stratified the names of the learners according to their sexes. Stratified sampling was best for this study as it gave a sample that allowed equal participation by both sexes. Then, simple random sampling was used to select 29 males and 30 females from each stratum. This gave a total sample of 59 learners that were sampled. However, out of the 59 learners who were given questionnaires, only 45 learners managed to return completed questionnaires and these were picked for the study.

3.8. Research Instruments

Research instruments are tools used to gather information and this included the following: Observation checklist, questionnaire, interview guides, records analysis checklist and focus group discussion checklist (Kombo and Tromp, 2006). In this study, all the above stated instruments were used to collect data. The manner in which each instrument was used is as follows:

3.8.1. Questionnaire

A questionnaire in this study was preferred to collect information from PBL regarding the challenges faced after the death of their parent(s). It was used as a self-assessment tool for PBL to state their academic performance in class, relationship with friends (how the participant was interacting with friends in school), classroom behaviour (the mood and altitude of the participant in class) and participation in class (speaking in class: answer and ask questions, make comments and join in class discussions). The questionnaire was administered before and after the administration of CBT. The questionnaire had both open and close-ended questions,

and was used because some of the data required could not be gathered through face to face interviews. On capturing data through the questionnaire, the excel application was used. This method was efficient and friendly as the respondents did not labour much to supply the required data. This made it very easy for the next stage of data collection.

3.8.2. Interviews

The purpose of interviews in this study was to explore the views, experiences, beliefs, motivations and challenges faced by PBL on specific matters regarding their post bereavement. Through the use of interviews PBL were able to state the challenges they faced after the death of their parent(s). In addition, the interviews provided a deeper understanding of the social phenomena, most appropriate where little was known about the study phenomenon or where detailed insights were required from individual participants. Interviews were also particularly appropriate for exploring sensitive topics, where participants did not want to talk about certain issues in a group environment. These were oral interviews based on the use of interview guides. They were flexible because they consisted of both open and closed-ended questions and allowed the interviewer to probe further on particular issues. The interviews also allowed for repetition of questions where respondents were not clear. The interviews were also used as an instrument for initial, continuous, summative and psychological assessments regarding the academic performance and mental wellbeing of the PBL before and after the administration of CBT.

3.8.3. Focus Group Discussion

In this study, four groups of PBL were constituted to discuss their bereavement experiences and challenges faced after the death of their parent(s). The course of the discussion was planned in advance and the moderator relied on an outline, or moderator's guide, to ensure that all topics of interest were covered. The items discussed during focus group discussion were participation in classroom activities, relationship with friends, anger, moods, classroom behaviour and absenteeism. The participants influenced each other through their answers to the ideas and contributions during the discussions. The discussions were stimulated by running comments from the moderator and subjects. The fundamental data produced by this technique were transcripts of the group discussions, the moderator's reflections and observations.

The focus group discussions enabled the researcher to gain a larger amount of information in a short period of time. The participants were able to bring to the fore issues relating to their bereavement experiences, discuss each other's strengths and weakness regarding their post bereavement challenges which included their academic performance, participation in classroom activities, relationship with friends, anger, moods, classroom behaviour and absenteeism. The participants also debated on many issues regarding post bereavement. This offered the researcher an opportunity to study the ways in which individuals collectively made sense out of a particular phenomenon and construct meaning around it. This instrument was particularly utilized because it was objective, economical on time and focused on the academic performance and mental wellbeing of the PBL. The Focus Group Discussion was not only used as an instrument for data collection but also as an instrument for the initial, continuous and summative assessments regarding the academic performance and mental wellbeing of the PBL.

3.8.4. Observation

This study used observation as an instrument for data collection, pre-assessment, continuous and summative assessments regarding the academic performance and mental wellbeing of the PBL based on the need to obtain data from the actual setting (Cohen, Manion and Morrison, 2011:21). In the same way, the researcher looked directly at what was taking place in a situation rather than relying on second-hand accounts. The observations were carried out throughout the study, that is during lessons, interviews, Focus Group Discussions before and after the administration of CBT. Of particular interest to this study was the classroom behaviour and academic performance in which the behavioural and performance checklist was used. An observation checklist provided the criteria for observation and allowed the observer to show PBL progress over time. This method helped to eliminate subjectivity in data collection and gave the researcher accurate information related to what was actually seen in time and place. The observation technique increased the chance for the researcher to obtain a valid and credible picture of the phenomena being studied (Kothari, 2008).

The items on the observation checklist included classroom behaviour, interactions between students and the dynamics between the teacher and students. This enabled the provision of rich information descriptions of behaviour about PBL conversations, interactions, organizational processes, and other type of human experiences obtained through observation. During these observations, PBL moods, relationship with friends, participation in class, anger, memory,

concentration during lessons, attention and school attendance were observed. These observations were both participant and non-participant.

3.8.5 Document Analysis

Document analysis is a systematic procedure for reviewing or evaluating documents both printed and electronic (computer-based and Internet-transmitted) material. Like other analytical methods in qualitative research, document analysis requires that data be examined and interpreted in order to elicit meaning, gain understanding, and develop empirical knowledge (Corbin and Strauss, 2008; Rapley, 2007). Atkinson and Coffey (1997) refer to documents as ‘social facts’, which are produced, shared, and used in socially organised ways. Documents that may be used for systematic evaluation as part of a study take a variety of forms. In this study attendance registers, learners’ continuous assessment reports and classroom attendance registers were analysed and recorded. The analytic procedure entailed finding, selecting, appraising (making sense of), and synthesizing data contained in documents.

3.9. Data Collection Procedure

PBL were availed with the information sheet for them to read about the study. Interested PBL were then asked to sign the consent/assent form. The same participants were used as control group and intervention group, that is for pre-tests and post-tests results. Data was collected by means of interviews, questionnaires, focus group discussions, record analysis and observation schedules. The interviews were conducted with one participant at a time to maximise the collection of data from each participants and emerging themes were recorded.

CBT was used as the principle Psychotherapeutic intervention on the PBL as the norm treatment. The principle investigator and a teacher by profession, who was well trained in CBT and psychosocial counseling, administered the CBT to the PBL. The CBT sessions were administered to the participants in the intervention group on a weekly basis, and ran up to a maximum of 12 sessions. The CBT sessions lasted 45-60 minutes and targeted modification of negative patterns of thinking and behaviour occurring in the context of post-bereavement period.

The completion of the therapy was based on observation and confirmed by post-test scores, regardless of the number of sessions attended. The principal investigator, made the relevant observations throughout the study, and the PBL with severe or complicated conditions were referred and recommended for further intervention. To determine the effect of CBT,

participants were objectively observed throughout the study using observation schedules. During the observation process, the researcher recorded each item physically observed on the schedule as appropriate. The observational method of collecting data had the advantage of overcoming the limitations of the self-report methods of collecting data (Mugenda and Mugenda, 1999). PBL were tasked to complete a questionnaire which required them to indicate the extent to which they agreed or disagreed with a series of statements.

3.10. Validity and Trustworthiness

It was extremely important to ensure that the credibility of research findings for this study was addressed. The aspect of validity and trustworthiness were taken care of as explained in the sections that follow:

3.10.1. Validity

Cohen, Manion and Morrison (2011) defined validity as the extent to which an instrument measures what it is supposed to measure and perform what it is supposed to perform. Evaluating the quality of research is essential if findings are to be utilized in practice and incorporated into finding solutions to societal problems in the related field. In this study, prolonged engagement, persistent observation, researcher's reflectivity, member checking, thick description, and triangulation were used as strategies to guarantee validity. Prolonged engagement refers to spending extended time with respondents in their native culture and everyday world in order to gain a better understanding of behaviour, values, and social relationships in a social context. Triangulation involved the collection of data through focus group discussions, observations and literature review. However, the purpose of triangulation was not necessarily to cross-validate data but rather to capture different dimensions of the same phenomenon. Member checking procedure allowed asking and confirming with the participants if the themes or categories that emerged made sense. The researcher also collaborated with other colleagues who had experience in interpretative data analysis.

3.10.2. Trustworthiness

Credibility, transferability, confirmability and dependability are criteria that are employed to accept the trustworthiness of qualitative findings (Shenton, 2003). These criteria are extremely important in a qualitative approach.

3.10.3. Credibility

Credibility deals with the idea of internal consistency (Gasson, 2004). In this study, credibility was addressed by prolonged engagement with participants as well as persistent observation in the field during the research. Further, member checking and triangulation was employed.

3.10.4. Transferability

This refers to the extent to which the reader of the particular study is able to generalize the findings of that study to her or his own context and addresses the core issue of “how far a researcher may make claims for a general application of their theory (Gasson, 2004). In this case, it implies similar situations, populations and phenomena (shenton, 2003). This was ensured through the provision of sufficient information about the research instruments, the research context, processes and participants. In addition, Morrow (2005) suggested that since specific information is maximized in relation to the context in which the data collection occurs, it was prudent to use purposive sampling in this study so as to ensure transferability of the research findings.

3.10.5. Confirmability

Shenton (2003) defined confirmability as a degree of neutrality in the research findings. In other words, this means that the findings were based on the participants’ responses. This also involved making sure that the researchers’ bias did not skew the interpretations of what the research participants said. In order to address confirmability in this study, member checking was applied by asking the interviewees to clarify some responses which could have seemed too ambiguous to the researcher.

3.11. Data Analysis

Data analysis involves the cleaning and organizing data, describing the data and testing of the models in the relationships and associations. In this study, both quantitative and qualitative analyses were used. To ensure accuracy in data entry, data was firstly checked, cleaned and organized. Checking and cleaning of data was done by cross checking to identify and correct the errors. The improvement of the academic performance and the mental wellbeing of PBL were compared before, during CBT process and CBT treatment through observation, document

analysis, interviews and focus group discussion. To assess the effect of CBT on the improvement of the academic performance and the mental wellbeing of PBL, result before and after CBT intervention were compared. Analyses were done on the two tests, to see if there was a statistically significant difference between them, following pre-intervention and post-intervention. Thematic and descriptive approach were used to analyse qualitative data that emanated from the structured interviews for all the participants.

Qualitative data was analysed using thematic analysis (Cohen, Manion and Morison, 2011). The researcher opted to use thematic analysis to identify concepts that could help make sense of what was going on regarding the challenges faced by post bereaved learners. In this study, constructs, themes, and patterns were identified from the interviews as the researcher read-through the data over and over to get a description of phenomenon under study (Gall et al., 1996). The understandings of the phenomenon (post bereavement challenges) were noted.

Interviews were tape-recorded and transcribed before the analysis. The objective of the analysis of the interviews was to understand and explain the impact of post bereavement challenges learners were faced with after the death of their parent(s) from the narratives. Transcriptions and written texts of interviews were independently read and analysed. Qualitative descriptive analysis involved:

- i. Developing codes that represented a category or theme found in the data and these were put directly into the text by attaching to segments of text.
- ii. Each participant interviewed was evaluated by the set of thematic codes developed.
- iii. Recording insights and reflections on the data across the codes.
- iv. Sorting through the data to identify similar phrases, patterns, themes, subthemes sequences and important features.
- v. Looking for commonalities and differences among the data and extracting them for further consideration and analysis.
- vi. Gradually deciding on a small group or generalizations that hold true for the data.
- vii. Examining these generalizations in the light of existing knowledge.

Quantitative data was analysed using descriptive statistics. The PBL questionnaire was designed with open and closed ended questions. Firstly, the variables were created; and an initial data analysis was conducted to check the distributional characteristics. Frequency analysis was used to understand the trends of PBL performance, classroom behaviour,

relationship with friends and participation in classroom activities before and after the administration of CBT. Descriptive statistics was used for the purpose of generating frequencies and tables regarding PBL performance before and after the administration of CBT to assess its effectiveness.

Since the study involved both qualitative and quantitative research paradigms, the data gathered from the interviews and observation schedules were categorized and arranged according to key concepts which corresponded with research questions. Thus, raw data was transformed into meaningful statements, graphs and tables for illustration purposes.

3.12. Ethical Considerations

The research procedures were determined by the plan and the direction of the research in advance. Since the collection of information was largely dependent on research instruments and the voluntary participation of the sampled respondents, it was of significance to seek permission from all relevant authorities which included; the UNZA Ethical Committee were the clearance letter was obtained (**Reference Number: HSSREC: 2018 AUG-024**). Further, the researcher got permission from the Ministry of General Education through the District Education Board Secretary (DEBS), school authorities and guardians before commencement of the study.

Voluntary participation was sought from the participants through a written informed consent and assent. Participants were assured of their right to freely withdrew from participation at any time and without necessarily giving the reason.

Respect and justice were upheld through giving the participants empathy and freedom of choice on the language to use and how far the responses would be given. Anonymity and confidentiality were upheld. This was done by use of codes instead of names of participants and securing data through locking it up. After the period of data collection, participants who did not fully recover after the period of study were referred to continued or follow-up treatment.

3.13 Summary

This chapter looked at the methodology that encompassed research design, study site, target population, sample size, sampling techniques, instruments for data collection, data analysis,

validity, reliability, trustworthiness and research procedures. The chapter also included ethical considerations. In the next chapter, the research findings are presented.

CHAPTER IV

PRESENTATION OF THE FINDINGS

4.1 Overview

In this chapter the findings of the study are presented. The findings are based on the following three (3) main objectives: to identify the challenges PBLs are faced with after the death of their parent(s); to administer CBT as an intervention in improving the academic performance of learners experiencing post bereavement challenges and to investigate the efficacy of CBT in improving the performance of learners experiencing post-bereavement challenges. Data was collected through the use of the questionnaire, interview guides, focus group discussion, document analysis and observations.

4.2. Challenges Faced by PBL

PBL responded differently to their challenges and the following are some of the notable challenges they were faced with after the death of their parent(s). Table 4.1 depicts the distribution of challenges learners were faced with after the death of their parent(s).

Table 4.1.

Items responses	<i>F</i>
Absenteeism from school as a result of stressful factors	3
Stress as a result of walking long distances to school	4
stress as a result of material and financial lack	4
Lower self-esteem as a result of improper uniforms	5
worry as a result of daily life struggles and lack of food	4
Lack of love from care givers who are already burdened	6
Memorable reminders of the deceased parent (s)	3
Depression as a result of parental death	4
Depression as a result of lack of representation by care	5
negative emotions such as sadness, frustration, and pain	4
Fear of being rejected by the guardian.	3

From the illustrations in Table 4.1, it is noticeable that PBL had similar responses regarding their challenges experienced after the death of their parent(s). In particular, 3 out of 45 PBL had expressed ideas which included; lower self-esteem as a result of not having biological parents and being labelled as an “orphan” both in school and at home, Fear of being rejected by the guardian, memorable reminders of the deceased parent(s). In addition, 4 out of 45 PBL expressed the following similar opinions; negative emotions such as sadness, frustration, and pain, depression as a result of parental death, lack of love from care givers who are already burdened and stress as a result of walking long distances to school.

In order to get more understanding of the challenges faced by the PBLs, this is what one PBL said:

I stay in Fisenge farm block area which is 8km away from my school. I walk a distance of eight kilometres every day to and from school because I do not have a bicycle to use when going to school. Due to the long distances from home to school, I normally arrive late such that every day I miss the first period. This has made me to be behind, because my friends manage to reach school on time because they use bicycles, and some are taken to school in cars by their parents. The fact that I stay very far from school, I normally fail to complete the five school days coming to school because I get tired. When it comes to class work, I do very well in my studies. I wish my parents were not dead. Sometimes I feel like taking my own life because these sufferings are never ending (Interviewed, October 2017).

Besides, another PBL when interviewed expressed the following sentiments:

As you look at me madam, I am a parent on my own. I have no one to help me with my education. My parents died when I was a little boy and since that time I live with my grandmother. I just keep imagining how they used to look like. Sometimes I wander a lot when I think about my parents. May be I should just follow them. Life is very difficult for me because I have no one to help me in challenging situations. Sometimes I go for days without eating nshima and this lowers my morale to be in class. If I have a challenging piece work, sometimes I abandon going to school.

These were the views of PBL regarding the challenges they were faced with after the death of their parent(s). The information is a blend of the experiences of the PBL from Luanshya School for Continuing Education. These sub-themes emerged as a result of the interview with each individual PBL.

4.3. Pre-Test Before the Administration of CBT in Improving the Academic

Performance of PBL Experiencing Bereavement Challenges

PBL were subjected to a questionnaire, interviews, document analysis and objective observation in their respective classes for three weeks before the administration of CBT. The PBL were also observed in classroom behaviour and academic performance. The following

items were noted during observations and document analysis where continuous assessments from the previous tests were recorded, relationship with friend, hopefulness for a better life, performance in class, self -confidence, concentration on school work, school attendance, attention when talking to someone, anger, mood and memory. This was done in order to obtain correct information before the administration of CBT.

4.2.1. Performance in Class at Pre-Test Before the Administration of CBT

In order to solicit for this information, question 2 in a questionnaire (refer to question 2 appendix B) which required the PBL to indicate their opinion on a five point Likert Scale, and the classroom behaviour and academic checklist were used. On a Likert Scale, 1= represented excellent, 2=Very Good, 3=Good, 4=Average and 5=Poor. The following were the results collected from the questionnaire on the performance of PBL in class at pre-test before the administration of CBT. Figure 4.1 shows the distribution on the performance of PBLs before the administration of CBT.

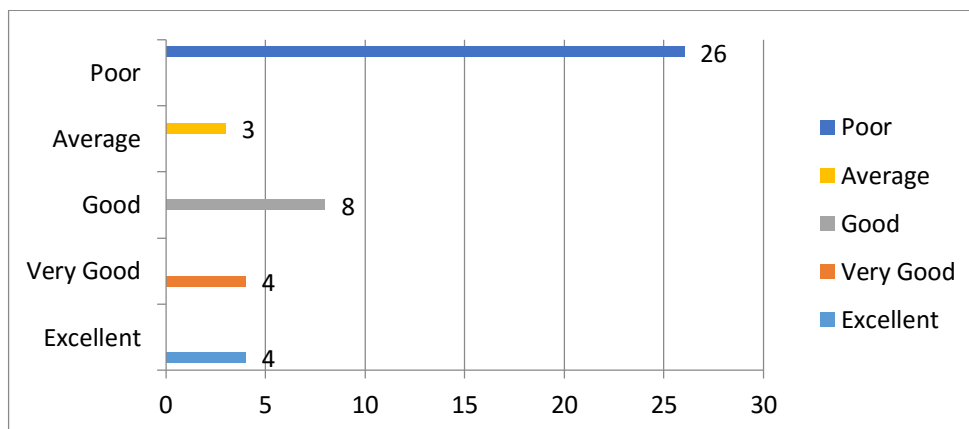


Figure 4.1. Frequency Distribution on Performance of PBL

Figure 4.1, illustrates that 16 out of 45 PBL were performing well in school work, while 26 were not performing well, and 3 were performing on an average rate. The result shows that PBLs were not performing well because of the many challenges they were faced after the death of their parent(s) as indicated in Table 4.1. In order to get more understanding on the performance, PBL were interviewed using interview schedules (refer to question 3 appendices A) and the following was an excerpt from one of the PBL.

Madam, since the death of my parents, things have never been the same. My performance has really been affected the past two years. Despite the fact that they registered me with the social

welfare for support, I do not receive any support. Sometimes I don't even come to school when I have no transport money

Besides, another PBL said that:

“I have a big challenge with school fees and uniforms. This has affected my performance in school because in most cases, I am not in school. My aunt tries to assist me, but she fails to provide all the materials for my school. This uniform I am wearing was bought for me when I started grade ten. This year I am now in grade 12, I have grown big and my uniform is very small on me. The school shoes I am wearing are not even meant to be worn as school uniform, and for this reason, the school authority which includes the teacher on duty and the school prefects are always on me to punish me for wearing wrong shoes. This lowers my self-esteem and leads me to withdraw myself from interacting with my friends, because some of my friends mock me.” (Interviewed- October, 2017)

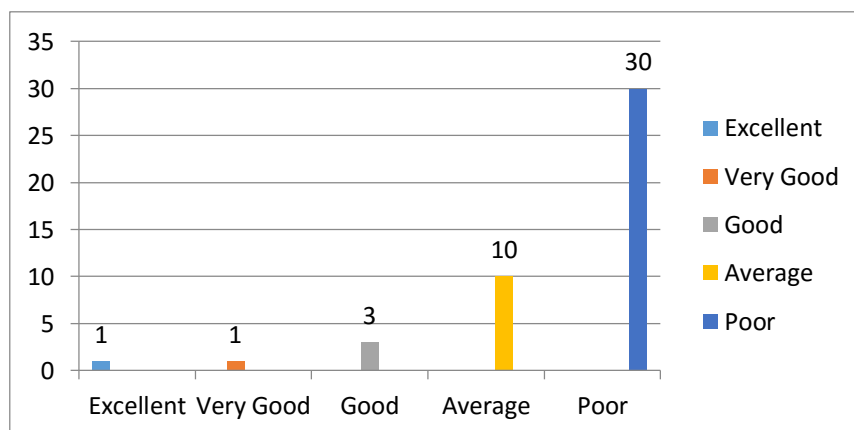
In order to respond to the same question, another PBL said:

“As you look at me madam, I am a parent on my own. I have no one to help me with my education. My school reports have poor results because I have to do piece works to sustain my livelihood. My parents died when I was a little boy and since that time I have been living with my grandmother. I just keep imagining how they used to look like. Sometimes I wander a lot when I think about my parents. May be I should just follow them. Life is very difficult for me and because I have no one to help me in challenging situations. Sometimes I go for days without eating nshima and this lowers my morale to be in class. If I have a challenging piece work, sometimes I abandon lessons.

The responses from the PBL indicated that they were facing many challenges which adversely affected their academic performance. Several excerpts from the PBL suggested that they had a number of challenges as illustrated in Table 4.1.

4.3.2. Relationship with Friends

To solicit for more information on the behaviour and academic performance of learners, the respondents were also asked to state their relationship with friends after the death of their parents in line with question 1 on the questionnaire (see Appendix B). The results obtained were as shown in Figure 4.2 before the administration of CBT.



From the frequency distribution in Figure 4.2, it was perceptible that out of 45 PBL, only 5 PBL were doing well in terms of relationship, while 30 PBL were not and 10 PBL’s relationship with friends was on average. Similarly, the PBL were interviewed in order to obtain more information on relationship with friends by the use of the interview schedule (see Appendices A, question 5). This is evident from what one of the PBL said;

Some of my classmates like teasing me and they laugh at me for wearing shoes which is not part of the school uniform. They humiliate me and this makes me feel embarrassed. This has led me to disassociate myself from everyone in class.

In response to the same question this is what another PBL said

Madam many people including our classmates and teachers look down upon us, they call us name such as “orphans”, and that’s the reason we don’t interact.

From the PBL responses, it was apparent that PBL felt stigmatised and discriminated against by whoever referred to them as ‘orphans’. This prevented them from having any significant relationship with anyone who called as such.

4.3.3. PBL Participation in Class at Pre-Test Before the Administration of CBT

PBL participation in class was also assessed and Figure 4.3 illustrates the results on their participation. A questionnaire and an observation checklist were used to assess PBL participation in class (refer to appendices B and C).

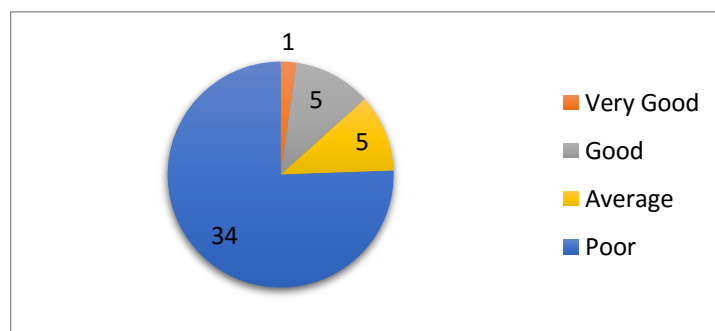


Figure 4.3: Frequency distribution on participation in class

Figure 4.3 shows the frequency distribution in terms of participation in class for PBL at pre-test. Participation in class usually means students speaking in class: answer and ask questions, make comments, and join in discussions. It was observed that majority PBL were not

participative in class. For instance, 21 out of 45 PBL were not participative in class while 13 out of 45 PBL were neutral and 11 out of 45 agreed to be participative in class. Therefore, from the illustrations above, it can be noted that lack of participation and poor relationship in school also contributed to the poor academic performance by PBL before the administration of CBT (refer to Figure 4.1 and Figure 4.2). The other reason could be that PBL were not confident enough because of the challenges they were going through after the death of their parents as illustrated in Table 4.2.

The findings of this study shows that PBL experienced many challenges as expressed in Table 4.2. The findings from behavioural observations and academic performance also indicated that PBL had many challenges which affected their psychosocial wellbeing. This study also revealed that PBL had difficulties in adapting to social environments in and outside the classroom. This adversely affected their mental wellbeing and academic performance. These challenges were hypothesized for the whole group and a group CBT was deliberated as an effective therapy to reduce the aforementioned challenges.

Basing on the findings of this study, a description of the treatment course was provided for the whole group after the pre-test observations. Specific cognitive behavioural interventions and exposures addressing each post bereavement challenge and complicating factors were explored. The effectiveness of these exposures were determined by; each PBL level of emotional distress and ease of completing the exposure. Treatment outcomes were provided for the group and were assessed for significance through qualitative and quantitative methods of analysis.

The sessions for CBT were 12 every week, lasting 45-60 minutes. The sessions were structured indicating specific set of topics to cover in each session. These topics targeted the specific post-bereavement challenges that were in line with the common emerged themes. Group members were encouraged to think about the material presented to them, and also to share on how it applied to their thoughts and experiences with it. PBL were also expected to practice the skills taught in the group.

In order for CBT to be a highly effective psychological treatment for PBL, all the 45 group members were encouraged to attend, participate and do between session homework exercises. Between sessions homework was assigned every week, because CBT is a skills-based approach, the skills one learns in session each week was to be practiced throughout the week.

What participants did between sessions counted as much or more than what they did in session. Participants in this group were encouraged not to miss a single session but to be committed to devoting time and energy between sessions to applying what they had learnt. This really helped to reduce their anxiety and improved their overall psychological functioning.

All the 45 PBL learners were primarily treated for post-bereavement challenges following the death of their parent(s). In this case, the therapist employed a CBT approach to make use of cognitive-behavioural strategies while maintaining a focus on post-bereavement challenges and academic performance. The therapist explained to PBL that post-bereavement challenges were a common and normal experience for those who lost loved ones. Additionally, it was important for the group to know that there were external events and circumstances that could trigger a grief reaction. To increase awareness of specific triggers, post bereaved learners were encouraged to prepare for them. Although all the group participants were free to talk about the group in a general way, it was agreed by group members to keep others' information private and confidential. This helped everyone feel safe sharing in group. A Group CBT was an effective way to reduce symptoms of anxiety with the added benefit that participants meet others who were struggling with the same concerns.

In this study, PBL responded well to CBT according to the post observations and interviews recorded by the researcher. PBL were asked to take their own self-examinations regarding their interactions, moods, attitudes, performance, participation and concentration in class. Post bereaved learners were asked to: (1) Identify negative thoughts, especially the ones that had the potential to cause harm to self and/or others. (2) Post bereaved learners were taught to challenge their negative thoughts beginning with the evaluation of their own perceptions. This involved questioning practicality, analysing positive beliefs and testing reality. A number of experiments and counselling sessions were conducted to make their minds believe that negative thoughts were baseless. (3) Post bereaved learners were encouraged to replace negative thoughts with more realistic and positive ones to seal the therapeutic approach. While the therapist helped learners to come up with rational and accurate thoughts; it was the affected individual that must derive positive thoughts so that their anxiety levels were reduced to normalcy.

In this study, PBL were trained in coping skills. The coping skills for the group were a form of brief, structured group psychotherapy in which the PBL were taught a variety of cognitive behavioural techniques to be used for reducing post bereavement psychosocial challenges and

for coping more effectively with the problems and stresses of everyday life. The cognitive behavioural techniques incorporated into the group therapy program were cognitive restructuring, problem solving, relaxation, and assertiveness training. These were carefully chosen to provide participants with a complementally set of coping strategies on which they were able to draw when dealing with current problems and with a broad range of potential future problems. The following were some of the CBT coping skills: Deep breathing, self-monitoring, behavioural action, decision making, cognitive restructuring plus setting and managing goals, The PBL were trained to apply in their everyday life to overcome dysfunctional thinking during and after the administration of CBT.

4.3.3.1 Deep Breathing Technique

Post bereaved learners were trained in breath taking which is a very basic cognitive-behavioural therapy coping strategy for managing anxiety. It was a simple technique, but very powerful.

4.3.3.2 Self-Monitoring Technique

Post-bereaved learners were also trained in self-monitoring skills, which is a very basic cognitive-behavioural therapy coping strategy. This skill is at the core of all of the cognitive-behavioural coping strategies described in this study. In order to address a problem or a symptom, there was need for post bereaved learners to first become aware of it. There were a number of steps to self-monitoring; however, the steps were easily learnt and quickly applied to their lives.

4.3.3.3 Behavioural Activation Technique

Post bereaved learners were also trained in behavioural activation technique. This technique is anchored on the belief that, those that felt depressed or anxious, were less likely to do the things they enjoy, and therefore, it was important for them to learn how to be more active. Behavioral activation was a way to do this. The goal of behavioural activation was simple. It just helps people get more active in areas of their life that are pleasurable and enjoyable. Being more connected and involved with these experiences improves one's mood.

4.3.3.4 Decision-Making: Weighing Pros and Cons

Post bereaved learners were trained on how to weigh pros and cons whenever they were faced with a decision, which made them, feel paralyzed or trapped. They may not be able to know what the best choice could be, but one way to move forward was to weigh the short- and long-term pros and cons of a situation. Doing so helped them to identify the best path (that is, a path that is associated with low risk and was consistent with the goals and priorities) to take.

4.3.3.5 Cognitive Restructuring

Post bereaved learners were also trained on the cognitive restructuring technique, which is also a common cognitive-behavioural coping strategy. In this technique post bereaved learners were taught how to evaluate and think about themselves, other people and events that had a major impact on their mood. Cognitive restructuring focuses on identifying negative thoughts or evaluations and modifying them. This was achieved by gathering evidence for and against certain thoughts. By modifying their thoughts, post bereaved learners were able to improve their moods and make better choices with regard to behaviours.

4.3.3.6 Setting and Managing Goals

Post bereaved learners were taught on how to set goals in life. Goals (or things that one wants to accomplish in the future) can give someone a life purpose and direction, as well as motivate healthy behaviours focused on improving one's life. The importance of goal setting was very much emphasized, and participants responded very well because they realized they had no goal's they were pursuing, and much of their thinking was centred on post bereavement and orphanhood. Participants were taught to set goals and approach them in a way that improves their mood and quality of life, as opposed to increasing distress.

After the administration of CBT all participants responded well to coping skills according to the post observation which was carried out with the same research instruments. The observations were mandatory because the researcher wanted to know whether the participants were responding well to the treatment of CBT and its copying skills or not. This enabled the researcher to find out whether the objectives of the study were achieved or not. Since the CBT sessions lasted only for a certain number of weeks, after which participants were expected to

have gained enough skills to continue on their own, it was necessary for the researcher to examine whether CBT had really worked or not. The program was therefore in a very real sense preventive as well as remedial.

4.4. Evaluation of the efficacy of CBT in Improving the Performance of Learners Experiencing Post-Bereavement Challenges.

After the administration of CBT as an intervention on learners experiencing post bereavement challenges, PBLs were subjected to a post-test observation to assess the efficacy of CBT on their performance. The same instruments used at pre-test were also implemented at post-test as shown in Figure 4.3 and the following were the recordings and observations.

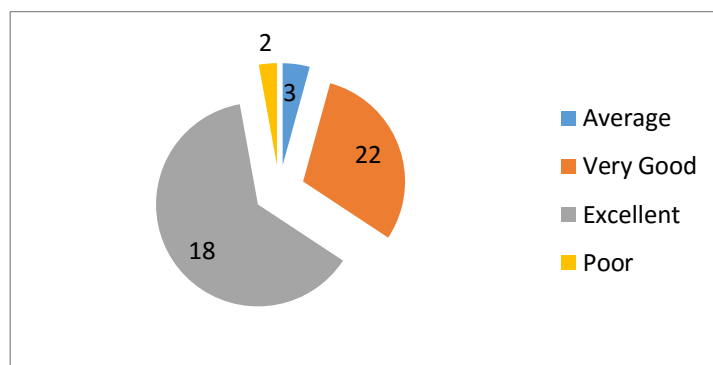


Figure 4.3 shows the frequency distribution of PBLs academic performance after the administration of CBT as an intervention to the challenges they were facing after the death of their parent(s). The PBLs post-test results on performance scored 40 out of 45 PBLs, while at pre-test performance was 16 out of 45 PBLs. PBLs also scored on confidence and concentration were also different at pre and post-test after the administration of CBT. This shows that PBLs had improved in behaviour and academic performance after the administration of CBT. This is what one PBL said after the post-test observation:

Madam, many things have changed in my life after CBT training. My performance in class has improved; I pay attention whenever I am in class. I am able to concentrate on my studies. Today I can confidently contribute in class during lessons. Thanks so much for teaching us on how to embrace positive thoughts.

The PBL were also rated in the manner they interacted with their friends in school. The following Figure 4.5. illustrates the frequency distribution on the relationship with friends.

Figure 4.5

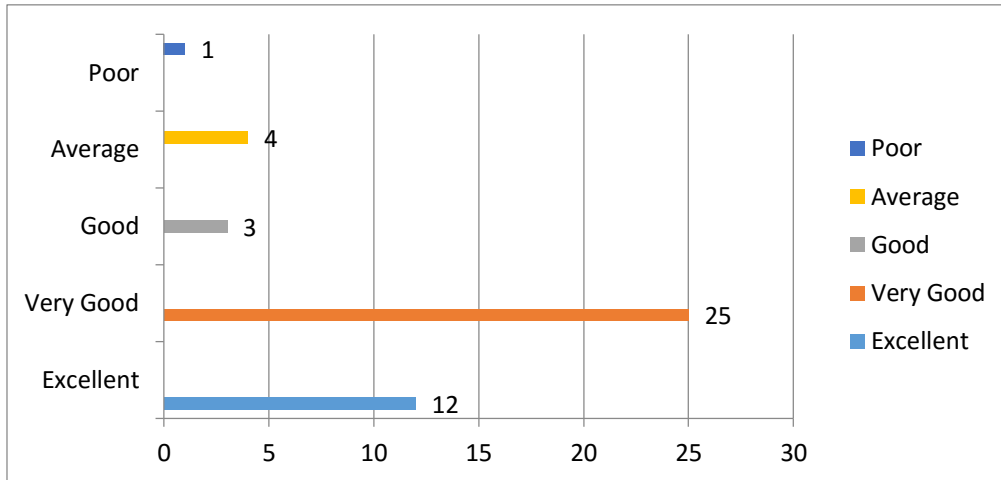


Figure 4.5 shows the frequency distribution on the relationship with friends of PBLs after the administration of CBT on the challenges they were facing after the death of their parent(s). The frequency distribution on the relationship with friends scored 40 out of 45 PBL.

The PBL's Classroom Participation was also observed and the following results illustrated in Figure 4.6 were recorded.

Figure 4.6.

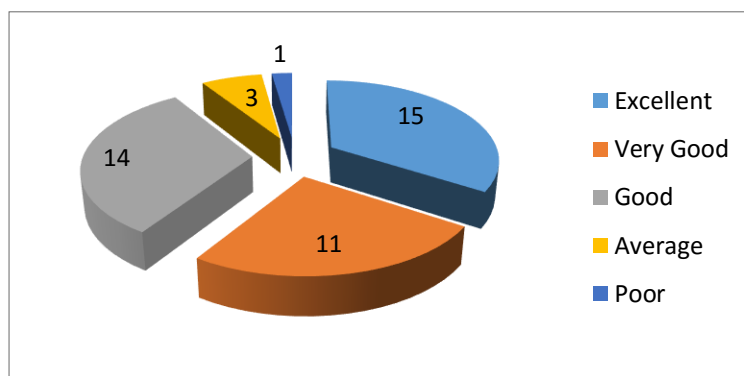


Figure 4.6 shows the Frequency distribution on the participation of PBLs at post-test after the administration of CBT as an intervention to the post bereavement challenges. PBLs scored 30 out of 45 in terms of participation in class.

After the administration of CBT and training in CBT coping skills, PBLs were interviewed on how they felt about the bereavement challenges they were experiencing after the death of their parent(s). Below is what one PBL said:

These days I am a changed person both at home and in school. My relationship with friends and family members has changed. I no longer exhibit anger towards my friends. My moods have improved. I am very hopeful of a brighter future.

Besides this, another PBL said:

The CBT therapy has helped me to develop cognitive strategies such as questioning and challenging my thinking, and looking at situations from different perspectives. I developed CBT strategies and tools to deal with things that were keeping me depressed, lowering my moods and increasing sense of hopelessness. My confidence and self-esteem have improved and the therapy helped in a positive way. I wouldn't hesitate to recommend this service...

Responding to the same interview, another PBL said:

Having CBT sessions has given me the tools and confidence I need to cope better especially when faced with difficulties. I have learnt so many ways to worry less, especially about the future. CBT has helped make daily life easier, and I never thought I could do something to stop my worrying.

4.5 Summary

The findings of this study shows that PBL faced challenges comprising lower self-esteem as a result of not having biological parents, stigmatised both in school and at home by the label “orphan”, fear of being rejected by the guardians and memorable reminders of their deceased parents. The other challenges included feeling of negative emotions such as sadness, frustration and pain, depression as a result of parental death, lack of love from already burdened care givers and stress as a result of walking long distances to and from school. The administration of CBT to PBLs as well as inculcation of coping skills indicates favourable responses. The PBL gained enough skills to continue on their own. The program was therefore in a very real sense preventive as well as remedial. After the administration of CBT there was an improvement in the behavioural and academic performance of learners as observed from the pre and post test results.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.1 Overview

This chapter discusses the findings of the study. The discussion is divided in three parts according to the research objectives. The research objectives were; to identify the challenges post-bereaved learners were faced with after the death of their parent(s), to administer CBT as an intervention in improving the academic performance of learners experiencing post bereavement challenges, and to assess the efficacy of CBT in improving the academic performance of learners experiencing post bereavement challenges.

5.2. Challenges post bereaved learners were faced with after the death of their parent(s)

In order to establish the challenges PBL were faced with after the death of their parent(s), an interview guide, observation checklist, a questionnaire, FGD checklist and a document analysis checklist were used. The findings of this study indicated that PBL were exposed to quite a substantial number of post bereavement challenges that impacted their mental wellbeing and academic performance negatively. Some of the notable post bereavement challenges which were identified among PBL are as follows: absenteeism from school, stress as a result of walking long distances to and from school, lack of finances to cater for school basic resources, lower self-esteem as a result of not having biological parents and being labelled as “orphans” both in school and at home, lack of love and care from their guardians which led some participant to engage in intimacy relationships, depression due to lack of representation by guardians in school activities, sporadic moods as a result of hibernating negative emotions such as sadness, frustration and pain, illicit substance abuse due to lack of parental control and worry as a result of daily life struggles, lack of food and fear of being rejected by the guardian.

These findings are in agreement with Youth’s (2014) intensive review of case on revealed bereavement themes that contributed to bereavement-related distress. In his findings, depressive dysfunctional thoughts about the self, life, and the world; specific anxious dysfunctional thoughts about the grief reaction; fear of abandonment; depressive avoidant behaviours, such as withdrawal from relationships or activities; avoidance of loss reminders;

and problems integrating the loss, were bereavement themes found to be prominent in the earlier part of treatment and were targeted using cognitive behavioural interventions, including bereavement-related exposures, behavioural activation, and proactive problem solving skills.

These findings are also supported by Worden's (1996), from the Harvard Bereavement Study of 'late effects' of child bereavement with differences in the levels of clinical difficulty between parentally bereaved school-aged children and their non-bereaved. Nonetheless, it should be noted that most of the findings in this study such as lack of finances to cater for school basic needs, worry as a result of daily life struggles, lack of food and fear of being rejected by the guardian and the school, pose a threat to the security needs category of a human being. Human beings at all times strive to be safe and secured. Any form of insecurity in the environment may trigger anxieties. If these needs are not met, the mental wellbeing of a person especially a PBL cannot be sound and cannot perform to expected academic standards.

The findings in this study, also established that PBL had lower self-esteem as a result of not having biological parents and being labelled as "orphan (s)" both in school and at home. This restricted PBL in the circles of interactions and relationships. On the other hand, PBL were found to be depressed due to lack of representation by guardians in school activities; this in turn affected their moods as a result of hibernating negative emotions such as sadness, frustration and pain regarding guardian representation. This affected PBL psychosocially as they posed a threat to the self-esteem needs category. The feeling of self-worth which is very crucial to every human being was quite compromised. Any form of threat to the self-esteem or self-worth of a person induces anxieties. These anxieties may be a risk factor to mental illness of a person. In order to address these challenges, CBT was administered to the participants in this study.

The findings in this study especially on the PBL moods as a result of hibernating negative emotions such as sadness, frustration and pain are in line with the symptoms of post bereavement listed on an online publication (Think CBT 2018), in which the most common psychological and emotional symptoms of post bereavement included emotional detachment, numbness, shock, disbelief, and denial, often occurring immediately following the loss. In line with this study, we can say that the anger, moody, lack of attention and concentration exhibited by the PBL were a result of the common psychological and symptoms of post bereavement challenges which needed immediate CBT intervention in order to avoid the acceleration of these problems.

Although its traditionally the human tendency to think irrationally following a death event, because bereaved individuals think that the death should not have happened to them, or that it is too painful for them to stand, others also think it's embarrassing for them to lose a loved one, there is always a way out of these irrational thoughts, and the answer lies in the administration of CBT. Many research studies also show that mental changes occur following such a death (Boelen et al., Kip et al., 2004; Boelen et al., 2003). This elucidates that many people who have experienced the death of a loved one often experience severe anger, deny or protest the loss and undergo significant periods of anxiety and depression which if not well treated may result in mental health problems. PBLs in this study were not exceptional and that's why they were given the much needed attention by applying CBT as intervention, and it was successful.

The findings of this study also revealed that most PBL were not provided with counsel after experiencing the death of their parent(s). PBL were supposed to be inducted in the whole process of adaption to bereavement from the cognitive perspective. In this way post bereaved learners could have the ability to adapt their thoughts to new situations; difficulties in doing so indicated dominancy of irrational beliefs that enhanced the risk of complicated post bereavement. This is in line with the study which was conducted by Boelen et al., (2004) in which the relationship between loss and irrational beliefs in a group of 30 students who were grieving the loss of a parent or a sibling was examined against a control group of 30 non-bereaved individuals. The objective of the study was to trace the relationship between beliefs and emotional responses, and whether a loss affects the cognitive process.

5.3. Administration of CBT in Improving the Academic Performance of PBL

The major goal of administering CBT to the PBL in this study was aimed at improving their academic performance and the mental wellbeing after experiencing the death of their parent(s). The CBT model emphasizes that reason, a product of thinking, and emotion in psychotherapy is a comprehensive method of treating human disturbances. This model stresses that people feel according to what they think, that is, thoughts and cognitive constructions are at the root of emotions and behaviour patterns. The application of this model in this current study was to address dysfunctional thought using functional analysis in CBT

In this study, based on the findings from the participants, it was realized that most PBLs behaved in the manner they did because of their bereavement experiences and the transitioning of events they went through after the death of their parent(s). In order to address their concerns,

PBL were subjected to an overhaul cognitive restructuring process which required significant effort to avoid risks of mental disorders like social anxiety disorder (SAD).

According to Beck (2006), cognitive behavioural therapy deals with ones cognition (thoughts) and behaviour. The two, that is thoughts and behaviour, do interact (Beck, 2006). In this current study, the thoughts and grievances about the life and the identity that PBLs learners experienced so suddenly and unexpectedly triggered post bereavement related stress which consequently also triggered negative thoughts. In this current study, the administration of CBT on PBLs was focused on helping them to identify and deal with such negative thoughts and feelings that lead to undesirable behaviours. This is in agreement with the finding of Laidlaw et al., (2010).

During the administration of CBT, PBLs were subjected to CBT coping skills. Copying skills such as cognitive behavioural techniques were incorporated in the group therapy program. This included cognitive restructuring techniques, problem solving techniques, relaxation, and assertiveness training. These copying skills were carefully chosen to provide the PBLs with a complementally set of copying strategies on which they were able to draw when dealing with current problems and with a broad range of potential future problems.

The findings of this study also show that all PBL responded well to CBT coping skills during and after the administration. These copying skills training were mandatory to this study and the PBL because they were used to assess efficacy of CBT on PBL, and also to evaluate whether the participants responded well to CBT and its copying skills or not. The following were some of the CBT copying skills PBL acquired during the study; PBL were trained in breath taking which is a very basic cognitive-behavioural therapy coping strategy for managing anxiety. PBLs were also mentored on self-monitoring skills which was a very basic cognitive-behavioural therapy coping strategy, which is at the core of all of the cognitive-behavioural coping strategies described in this study. In order to address a problem or a symptom, there was need for participants to first become aware of it. There were a number of steps to self-monitoring; however, the steps were easily learnt and quickly applied to their lives. PBLs were also exposed to behavioural activation techniques. This technique is anchored on the belief that, those that felt depressed or anxious, were less likely to do the things they enjoy, and therefore, it was important for them to learn how to be more active. Behavioral activation was the only way to do this. The goal of behavioural activation was simple. It helped PBL to get

more active in areas of their life that were pleasurable and enjoyable. Being more connected and involved with these experiences improved the psychosocial life and moods of the PBL.

The PBL were also encouraged to weigh pros and cons whenever they were faced with a decision, which made them, feel paralyzed or trapped. They may not be able to know what the best choice could be, but one way to move forward was to weigh the short- and long-term pros and cons of a situation. Doing so helped them to identify the best path (that is, a path that is associated with low risk and was consistent with the goals and priorities) to take. PBL were also subjected to the cognitive restructuring technique, which is also a common cognitive-behavioural coping strategy. In this technique PBL were taught how to evaluate and think about themselves, other people and events that had a major impact on their mood. Cognitive restructuring focuses on identifying negative thoughts or evaluations and modifying them. This was achieved by gathering evidence for and against certain thoughts. By modifying their thoughts, PBL were able to improve their moods and make better choices with regard to behaviours. Lastly, PBL were encouraged to set goals in life. Goals (or things that one wants to accomplish in the future) can give someone a life purpose and direction, as well as motivate healthy behaviours focused on improving one's life. The importance of goal setting was very much emphasized and PBL responded very well because they realized they had no goal's they were pursuing, and much of their thinking was centered on post bereavement and orphanhood. PBL were taught to set goals and approach them in a way that improves their mood and quality of life, as opposed to increasing distress.

In this current study, learners were provided with multiple opportunities to practice CBT copying skills. In order to change maladaptive habitual impulsivity, PBLs were encouraged to create opportunities to practice CBT skills. In this current study, CBT had proved to have very strong and positive effects on PBLs because it did not only improve and build their confidence but it also enhanced their daily lifestyle through a range of activities as postulated by Rector (2010) in his findings.

According to the research findings, practicing CBT as a group allowed a wider source of feedback, and engaged the entire group in the process of learning and reinforcing new skills. PBLs in the group CBT therapy showed greater openness to the feedback of fellow group members. Despite the PBL previous histories, all the group members generally offered constructive feedback by encouraging pro-social solutions by their peers, at the same time, reviewing the previous or anticipated results of constructive behaviours provided an

opportunity to “elicit change talk;” the more PBL hear themselves state the benefits of constructive change, the more they reinforced their belief in the benefits of pro-social change.

5.4. The Effect of CBT in Improving the Academic Performance of PBL

To assess the efficacy of CBT in improving the academic performance and mental wellbeing of PBL experiencing post-bereavement challenges, the findings in this study shows that PBLs were subjected to pre-test before the administration of CBT and post-test after the administration of CBT. PBLs were assessed in performance in class; relationship with others in school and participation in class. PBL scored low in almost all aspects of interest at pre-test, before the administration of CBT. For instance, the scores of PBLs’ performance at pre-test showed PBL scoring 16 out of 45. This implies that only 35% scored highly. While at the second test, which was post-test, after the administration of CBT, the results on performance showed PBLs scoring 40 out of 45 PBL. This indicates there was an improved equivalent to above 88 % improvement in scores compared to what was scored at pre-test. Similarly, the results on PBL relationship with others at pre-test showed 5 out 45 PBL relating well with others, while at post-test after the administration of CBT the score were much higher with PBL scoring 40 out 45 compared to the scores at pre-test. Correspondingly, the results of PBL participation class at pre-test shows 5 out 45 PBL were participative in class. After the administration of CBT, the scores of PBL at post-test were 30 out 45 compared to the scores at pre-test. All the post tests conducted on the PBL after the administration of CBT showed improvements in the manner the PBL were scoring compared to the results scored at pre-test before the administration of CBT regarding the challenges the PBL were facing after the death of their parent(s). Although the post-test results indicated a marked improvement in scores, that is above the previous scores, there was still a small number of PBL that did not score well in terms of performance in class, relating with others and participation in class. The PBL that failed to improve the academic performance and the mental wellbeing after the administration of CBT did this on account of continued holding on to the grief, worse conditions in their residences and slow process of recovery. Despite that five (5) PBL failed to improve their academic performance and mental wellbeing after the administration of CBT, the results show that CBT was efficacious in the improvement of the mental wellbeing and academic performance of PBL as indicated from the scores.

5.5 Summary

Based on the findings and discussions, it is perceived that the resultant behaviour exhibited by the PBLs in this study was attributed to by their faulty thought patterns after experiencing the death of their parent(s). These faulty or dysfunctional thought patterns needed immediate interventions such as CBT, to replace them with functional thoughts that aimed at enhancing mental wellbeing and improved academic performance.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Overview

In this chapter the summary of the study is given. Conclusions drawn from the investigations are also outlined. In addition, recommendations based on the findings are presented. The chapter ends up with suggestions for further research.

6.2. Summary

This study investigated the efficacy of Cognitive-Behavioural Therapy as an intervention to improve the academic performance and mental wellbeing of learners experiencing post-bereavement challenges. The study objectives were: To identify the challenges post bereaved learners were faced with after the death of their parent(s), to administer CBT as an intervention in improving the academic performance of learners experiencing post bereavement challenges, and to determine the efficacy of CBT in improving the academic performance of learners experiencing post bereavement challenges.

Based on the findings, the study established that PBL at Luanshya School for Continuing Education were faced with many challenges after the death of their parent(s). These challenges were; absenteeism from school, stress as a result of walking long distances to and from school, lack of finances to cater for school needs, lower self-esteem as a result of not having biological parents and being labelled as “orphans” both in school and at home, lack of love and care from their guardians which led some participant to engage in intimacy relationships, depression due to lack of representation by guardians in school activities, sporadic moods as a result of hibernating negative emotions such as sadness, frustration and pain, illicit substance abuse due to lack of parental control, worry as a result of daily life struggles, lack of food and fear of being rejected by the guardian. These post-bereavement challenges affected the PBL academic performance and mental wellbeing as they were stressful enough to distract the learner’s attention, concentration, performance, and participation in classroom activities.

6.3. Conclusion

The findings of this study have implications pointing out the importance of parental presence and affection for children. Findings from this study are very important from a psychosocial point of view suggesting that the caregivers of the PBL without parents must have some special considerations while dealing with these individuals. This may ensure the inculcation of healthy psychosocial functioning in PBL that may in turn lead them to better adapt to the societal demands regarding post bereavement challenges.

The findings in this study imply that there is need for more psychotherapists in schools and more specific knowledge in general on the devastating effects of bereavement on post bereaved learner's mental wellbeing, strategies that aims at improving their academic performance, as well as insights into the individual's functioning, to alleviate depressive symptoms of post bereavement. The content of CBT in terms of concrete home assignments and behavioural activation needs to be individualized.

In this study we have addressed complications of post bereavement which from the perspective of CBT denotes difficulties in changes in the beliefs and the adaptation to a reality that excludes the deceased, as this difficulty points to the preservation of irrational beliefs and aggravates the development of complications such as depression, anxiety, guilt and unhealthy anger. The CBT therapeutic intervention is directed at facilitating the adaptive process to post bereavement stressful factors including changes in irrational-rational thoughts.

The findings of the study revealed that learners experienced many post bereavement challenges. The prevalence of post bereavement stress factors gives counsellors and administrators assignments to look into how best post bereavement challenges should be attended to among post bereaved learners at any point in time as post bereavement challenges results into elicit behaviour.

6.4. Recommendations

In order to improve the mental wellbeing and academic performance of learners at Luanshya School for Continuing Education, post-bereaved learners should be identified continuously and be provided with necessary needs at any given point in time whenever such situations arises.

- The Ministry of Education and the Ministry of Health should corroborate, and intensify on therapist training efforts through deliberately creating technical positions for counsellors and psychologists in schools.
- This also indicates the need for imparting training in CBT to the teaching staff dealing with post bereaved learners and other vulnerable learners who are prone to different circumstances, so that they can intervene early in the course of the challenge with the view to control it.
- To sustain implementation through staff turnover, learning institutions should increase staff turnover by providing teachers with CBT skills that are in high demand within the community.
- To improve wide-scale dissemination, research should continue to identify cost-effective ways to develop therapist competencies, such as through blended training models or computer simulations, as well as identify key characteristics of staff most likely to develop adequate competence.
- Research on the significant impact of CBT on the improvement of the mental wellbeing and academic performance of PBLs suggests there's need for an effective public health approach.

6.5. Proposed Areas for Future Research

Since this study was conducted in one school in Luanshya. The researcher recommends that another study be conducted in a different setting in particular the rural area and thereby be replicated on other schools to see if additional information could be provided regarding CBT on learners experiencing post bereavement challenges.

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Appendices

Appendix A: Interview Schedule for PBLs

I am a Masters of Education student in Educational Psychology at the University of Zambia carrying out an academic study in which your participation is important. This interview is meant to find out your opinions concerning the 'Administration of Cognitive-Behavioral Therapy on Learners Experiencing Post-Bereavement at Luanshya School for Continuing Education in Copperbelt Province.' You are therefore requested to be as objective as you can in view of what you know about the administration of Cognitive-Behavioral Therapy on Learners Experiencing Post-Bereavement. The information you will give will be treated with utmost confidence and will only be used for academic purposes.

1. Demographic variables

- a. Present age:..... Sex:.....
- b. Who is the person who died?
- c. How old were you at the time of death?

2. Tell me about personal changes that you have experienced since the death of your parent happened

3. How has been your performance in school after the death of your parents?

4. What has felt different, what has felt the same?

5. How have your relationships over the years been influenced by the death?

6. Tell me about school following the death.

7. Tell me about your family after the death?

8. Did school change for you, such as your ability to perform or grades?

9. How has your education over time been affected by the death?

10. Do you feel there was any community support after death?

11. Did your community connections change (e.g. did you have to move, no longer engage in activities that were previously enjoyed by the family)?

12. Did you experience any counseling services after the death?

13. How do you cope with reminders of the death?

Debrief

Is there anything else you would like to add, or that you would like to tell me?

Based on your responses, you will now be/not be, recruited for CBT.

Signature of Researcher /person taking the consent_____

Date _____

Appendix B: The Integration of Stressful Life Events Scale

I am a Masters of Education student in Educational Psychology at the University of Zambia carrying out an academic study in which your participation is important. This interview is meant to find out your opinions concerning the ‘Administration of Cognitive-Behavioural Therapy on Learners Experiencing Post-Bereavement at Luanshya School for Continuing Education in Copperbelt Province.’ You are therefore requested to be as objective as you can in view of what you know about the administration of Cognitive-Behavioural Therapy on Learners Experiencing Post-Bereavement. The information you will give will be treated with utmost confidence and will only be used for academic purposes. Please indicate the extent to which you agree or disagree with the following statements with regard to (the most stressful life event you experienced in the past two years). Read each statement carefully and be aware that a response of agreement or disagreement may not have the same meaning across all items.

1. How is your relationship with your friends after the death of your parent(s)?
(1) Excellent (2) Very good (3) Good (4) Average (5) Poor
2. How has been your performance in class after the death of your parent(s)?
(1) Excellent (2) Very good (3) Good (4) Average (5) Poor
3. How has been your memory after the death of your parent(s)
(1) Excellent (2) Very good (3) Good (4) Average (5) Poor
4. Do your previous goals and hopefulness for future still make sense any more after
5. the death of your parent(s)?
(1) Strongly Agree (2) Agree (3) Neutral (4) Disagree (5) Strongly Disagree
6. Do you have confidence in yourself after the death of your parent(s)?
(1) Strongly Agree (2) Agree (3) Neutral (4) Disagree (5) Strongly Disagree
7. Has your participation in class changed after the death of your parent(s)?
(1) Strongly Agree (2) Agree (3) Neutral (4) Disagree (5) Strongly Disagree
8. Do you have difficulties concentrating on your school work?
(1)Strongly Agree (2) Agree (3) Neutral (4) Disagree (5) Strongly Disagree
9. Do you pay particular attention when someone is talking to you?
(1)Strongly Agree (2) Agree (3) Neutral (4) Disagree (5) Strongly Disagree
10. How has been your mood after the death of your parent(s)
(1) Excellent (2) Very good (3) Good (4) Average (5) Poor
11. Do you at times exhibit anger when you are with your peers?
(1)Strongly Agree (2) Agree (3) Neutral (4) Disagree (5) Strongly Disagree

Appendix C: Questionnaire for learners

I am a postgraduate student at the University of Zambia carrying out an academic study in which your participation is important. The study is titled 'Administration of Cognitive-Behavioral Therapy on Learners Experiencing Post-Bereavement at Luanshya School for Continuing Education in Copperbelt Province'. Please kindly respond as truthful as possible to the items in the instrument by a tick (✓) or a brief explanation in the spaces provided. The information you will give will be treated with utmost confidence and will only be used for the purpose of this particular study.

Instructions

- a. Do not write your names on this questionnaire.
- b. Do not mention any name of any person in this questionnaire.
- c. Read the questionnaire items carefully before you answer them.

SECTION A: DEMOGRAPHIC INFORMATION

1. Grade
2. Gender
3. Age

SECTION B: EXPERIENCES AND CHANGES OF PBLs

4. Do you have parents available at home?

Yes No

5. (a) Do you experience any changes as a result of the death for your parents?

Yes No

(b) If your answer to question 4a is yes, explain some of the changes you experience.....
.....

6. (a) Were there any changes in your friends after the death of your friends?

Yes No

(b) If your answer to question 5a is yes, explain how your relationship has been.....
.....

7. Since the death of your parents/guardians, how has been your relationships with your friends?

Excellent Very Good Good Average Poor

8. How do you find school work now as compared to the past before your parents/guardians died?

Excellent Very Good Good Average Poor

9. (a) Do you feel there was any community support after the death of your parents/guardians?

Yes No

(b) If your answer to 6a is yes, explain the type of support that you receive from your community.