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TALK, LISTEN, CONNECT (TLC III) KIT EVALUATION FINDINGS



Center for the Study of Traumatic Stress
Uniformed Services University

TALK, LISTEN, CONNECT: WHEN FAMILIES GRIEVETM

*Talk, Listen, Connect (TLC III)
Kit Evaluation Findings*

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I

SUMMARY STATEMENT

In 2010, the Center for the Study of Traumatic Stress (CSTS) undertook an evaluation of Sesame Workshop's materials, *Talk, Listen, Connect III: When Families Grieve™* (TLC III). TLC III was designed to improve the coping of families with young children who experienced the death of a parent. Presented below are both a summary of findings, as well as a detailed report of the evaluation which was completed in April of 2011. CSTS is part of the Department of Psychiatry of the Uniformed Services University and specializes in the impact of trauma in both military and civilian populations.

Background

- *Talk, Listen, Connect III: When Families Grieve™* (TLC III) is a bilingual (English and Spanish) set of materials designed to help military and civilian families with young children better cope with the death of a parent, by providing resources, tools and communication strategies.
- TLC III is a multimedia kit developed by Sesame Workshop (the non-profit organization and producer of *Sesame Street* and other resources for children and their families) that includes a DVD, print materials for caregivers, tips and activities for families, a storybook for children, as well as supporting materials available via the Internet.



- The goal of *TLC III* was to provide English and Spanish speaking families with materials that guide parents and engage young children with resources uniquely suited to bereaved civilian and military families.
- This study was conducted by the Center for the Study of Traumatic Stress (CSTS). CSTS is part of Uniformed Services University's (USUHS) Department of Psychiatry, as well as a component center of the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury. CSTS is one of the most highly regarded, academic-based organizations dedicated to advancing trauma-informed knowledge and care. CSTS conducts research and develops materials to educate leaders in government, industry, healthcare, public health, and academia about mitigating the effects of disaster and trauma in military and civilian populations including the effects on individuals, children, families, and communities.

Evaluation Objectives

- The purpose of this study was to evaluate the impact of the *TLC III* kit (as compared to another Sesame Workshop kit, *Let's Get Ready*) on helping bereaved caregivers and their children (ages 2 to 16 years) cope with grief and loss related to a parental death.
- This study examined caregivers' reports of (1) utilization and overall satisfaction with the Sesame Workshop *TLC III* kit, (2) emotional reactions to the kit materials, (3) impact on caregivers' and children's coping, (4) use of suggested activities to sustain positive memories of the deceased parent, (5) impact on emotional health and functioning of the children and caregivers, and (6) impact on child — caregiver relationships.

Results

- Results of the evaluation indicate that *TLC III* was a highly appealing and easy-to-use set of materials that effectively met its goals of providing useful tools to families with young children and helping them better cope with the death of a parent. The kit was highly rated in the areas of utilization, satisfaction, and impact.

Utilization and Satisfaction

- *TLC III* materials were well utilized by families participating in the study. Kit materials were used by over 95% of the families who received them. Eighty-six percent of caregivers viewed the DVD, 70% reported use of the storybook/activity book, and 80% viewed the parent/caregiver guide.
- Sesame Street *TLC III* materials were highly rated by study participants.
 - Ninety-one percent of *TLC III* group caregivers rated the overall kit materials as *good* to *excellent*.
 - Over 85% of these caregivers stated that the materials were *easy* to *extremely easy* for their child to understand.
 - More than 75% of the caregivers rated the individual kit components

(i.e., DVD, Guide for caregivers, Storybook, & Website) as moderately to extremely appealing, relevant, and helpful.

- Written comments regarding the *TLC III* kit materials were also very positive. Caregivers praised the kit's "realistic" and "effective" strategies for addressing the various ways in which families experience grief, and the kit's appropriate use of "clear" and "honest" language for discussing difficult concepts such as death and suicide with children.

Impact

- Participants who used the *TLC III* kit materials were significantly more likely to report that the materials had a positive impact on their child's coping with grief than those study participants who used the *Let's Get Ready* materials.
- Participants who used the *TLC III* kit materials were significantly more likely to report that the materials had a positive impact on *their own* coping with grief than those who used the *Let's Get Ready* kit materials.
- The majority of caregivers in the *TLC III* group reported a positive change in their interactions with their children since viewing the kit materials. For example:
 - 83% felt they had "more appropriate language to better discuss the death with my child."
 - 79% felt "better able to reassure my child that he/she is loved and safe."
 - 79% felt "better able to comfort my child."
 - 79% felt "more comfortable talking with my child about death."

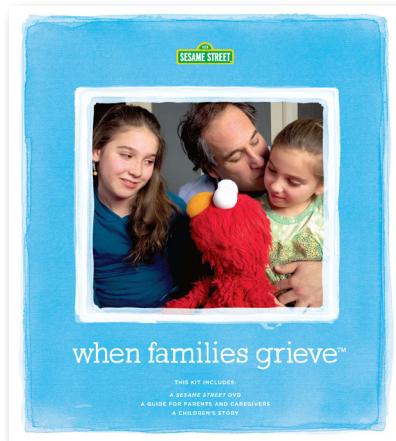
Sample

- Study participants included 93 adult caregivers of parentally bereaved children whose parent had died since Sept 11, 2001.
- Recruiting and retaining participants in the study was challenging partly because participating in a research study is not a high priority for grieving families. Even though families uniformly praised the value of the *TLC III* materials, the kit's emotionally difficult content may have served as a barrier to some families to complete the post questionnaire.
- Caregiver participants included mostly women (92%) over the age of 30 (85%) with annual incomes greater than \$40,000 (61%). Caregivers were highly educated, with 93% educated beyond high school. Both civilian and military families were well represented in the sample. Forty-four percent were in the military at the time of death. Of those in the military, 71% were in the Army, 15% were in the Navy, 12% were in the Air Force, and 1% was in the Marines.
- The majority of the deceased were fathers (87%) of children in the study.
- The majority of children in the baseline cohort were between the ages of 2 and 8 years (58.2%), with girls (50%) and boys (44%) equally represented. Most children in the baseline cohort were white (80%), with fewer black/African American (5%), multiracial (4%), or other racial groups (4%) represented.

- Low enrollment of Spanish speaking participants resulted in a second recruitment phase targeting only Spanish speaking participants. During this second phase a new recruitment protocol was enacted but despite the new efforts recruitment of Spanish language participants remained low.

Design and Method

- Participants were randomly assigned to view the *TLC III* kit materials or a different, but comparable, Sesame Street outreach kit about emergency preparedness entitled, *Let's Get Ready! Planning Together for Emergencies (Ready kit)*.
- The study utilized a pre-post design with participants completing a baseline questionnaire prior to viewing the *TLC III* or *Ready* materials and then completing a post questionnaire 4 weeks after receiving the kit in the mail.
- Both the *TLC* kit and *Ready* kit included a DVD, print materials for caregivers, tips and activities for families, a storybook for children, as well as supporting materials available via the Internet at kit specific websites. All kit materials prominently featured well known Sesame Street Muppets.
- The *Ready* kit was selected as a comparable control due to its potentially anxiety-provoking topic and its similarity to the *TLC III* kit in structure, but not in content.



*Distinct versions
of TLC III kits were
created for both
civilian (cover
images shown here)
and military (cover
images shown on
page 1) families.*



II

REPORT

INTRODUCTION

Overview

In 2006 Sesame Workshop, creator of the highly regarded *Sesame Street* television program and other award-winning children's media, began a new initiative to help children and families confront stressors associated with military deployment of a family member. *Talk, Listen, Connect III: When Families Grieve™ (TLC III)* represents the third phase of Sesame Workshop's acclaimed *Talk, Listen, Connect* initiative. The first two phases of this initiative provide resources for military families with young children experiencing the challenges of deployment, multiple deployments, or a parent's return home with a combat related injury or illness. Overall, the *TLC* initiative has been well received by families dealing with difficult times of separation and change. Given the unique focus of *TLC III* on helping young children understand and cope with the death of a parent or loved one, this latest installment expands the scope of the initiative to include both military and civilian families.

The United States Social Security Administration reports that approximately 1.25 million children under the age of 18 received benefits from a deceased parent in 2009 (US Census Bureau, 2010). Researchers in the United States estimate that 1 in 20 children under 16 years of age experience the loss of a parent (Haine, Ayers, Sandler, & Wolchik, 2008). Sesame Workshop created the *TLC III* materials (hereon referred to as *kits*) for young children in both military and civilian families, developing distinct versions designed to meet the unique needs of each group. In addition, Sesame Workshop produced the *TLC III* materials in both English and Spanish. These bilingual kits include a DVD featuring Muppet characters, Elmo and Jesse, in a storyline about the death of Jesse's father (Elmo's Uncle Jack), as well as live footage of military and civilian families coping with loss and celebrating the lives of their loved ones.

The death of a parent is one of the most difficult things a child can face. Grieving encompasses one's whole being, and has cognitive, behavioral, emotional, and psychological consequences. For young children in particular, loss and the resulting life changes can feel overwhelming as they are in the midst of learning and developing. However, children are not the only ones who feel overwhelmed and experience change in their behavior; grieving is a family experience. Every member of the family is likely to react differently to the situation. Young children rely on the health and availability of trusted adults in their lives in order to meet the challenges of parental bereavement. Often, adults may not know how best to help young children manage parental death. In addition, adults often don't know the developmentally appropriate language to help young children and may compound confusion and anxiety by

avoiding discussion or telling children that their parents are “lost” or “asleep.” To support young children as they struggle to understand and cope with the death of a parent, adult caregivers must be able to communicate effectively with their children. *TLC III* was designed to help caregivers use honest and clear, yet developmentally appropriate language that is neither confusing nor overwhelming.

Therapy and bereavement support groups are useful for families dealing with issues that arise throughout the grieving process. Therapeutic programs for families and children provide support and face-to-face interactions with professionals. Yet, there is also need of materials that provide a different kind of support to families who are unable to seek professional or peer support services or who might benefit from supplemental resources. Although materials exist to help with the immediate and long term emotional consequences of death, there is a lack of readily available tools that are specifically designed for young children. Indeed, books and informational Internet sites offer useful information, but often lack age-appropriate strategies that can both help adult caregivers and can engage young children directly. Sesame Workshop’s goal in producing *TLC III* was to provide materials uniquely suited to the needs of bereaved civilian and military families with young children. Sesame Workshop was uniquely suited to such a venture, given that Muppet characters are widely recognized and trusted by children, as well as their parents, many of whom grew up watching *Sesame Street* and other Sesame Workshop programming.

Research on childhood bereavement has indicated that children who experience the death of a parent show higher levels of anxiety, depression, and posttraumatic stress symptoms than children who do not experience the death of a loved-one. Psycho-social interventions for childhood grief generally show positive effects (Currier, Holland, & Neimeyer, 2007). However, to date no work has evaluated the impact of multimedia materials similar to *TLC III*. This evaluation provides a unique opportunity to better understand childhood grief and patterns of resource use among bereaved families as well as the impact of multimedia materials on young bereaved children and their caregivers.

The Current Study

Study Design

This study examined the impact of the *TLC III* kit in helping bereaved caregivers and their children (ages 2 to 16 years) cope with grief and loss related to a parental death. This document presents data from caregiver reports using a combination of standardized and developed measures to evaluate (1) the utilization and overall satisfaction with the Sesame Workshop *TLC III* kit, (2) emotional reactions to the kit materials, (3) impact on caregiver’s and children’s coping, (4) use of suggested activities to sustain positive memories of the deceased parent, (5) impact on emotional health and functioning of the children and caregivers, and (6) impact on child-caregiver relationship.

This study was conducted by the Center for the Study of Traumatic Stress (CSTS) at the Uniformed Services University of the Health Sciences (USUHS) under a protocol approved by the Institutional Review Board at USUHS and in compliance with all human use regulatory requirements. CSTS is one of the nation’s oldest and most highly regarded, academic-based organizations dedicated to advancing trauma-informed knowledge and care. CSTS has a long history of conducting research on the effects of disaster and trauma in military and civilian adults, children, families and communities.

The study was conducted in collaboration with Sesame Workshop and its research study partners, including: the Tragedy Assistance Program for Survivors (TAPS), a non-profit foundation that offers support for those who have suffered the death of a military connected friend or relative, and five nationally known civilian bereavement centers (The Dougy Center, Portland, OR; The Center for Grieving Children, Portland, ME; The Mourning Start Center, Palm Desert, CA; Ele's Place, Lansing and Ann Arbor, MI; and Willow House, Riverwoods, IL) selected for their size, their geographic diversity and their representation of the population-of-interest. Two additional bereavement centers (The Children's Bereavement Center, Miami, FL and Rays of Hope: Children's Grief Center, Midland, TX) were later added to increase recruitment of Spanish speaking participants in the study (see details below).

Study participants were adult caregivers of parentally bereaved children whose parents had died since Sept 11, 2001. Data were collected only from adult caregivers. Data were not collected directly from children although children did view the kit materials. All participating caregivers provided informed consent after reading online information about the study, its objectives, and participant activities. They were then asked to complete an online, baseline questionnaire that collected information about the deceased, themselves, and the bereaved child in their care. An Internet-based design was used to streamline delivery of study materials and data collection, while providing participants with privacy and flexibility to complete the questionnaires at their convenience.

After completing the baseline questionnaire, participants were randomly assigned to the experimental group that received the *TLC III* kit or to a control group that received a Sesame Workshop kit about emergency preparedness entitled, *Let's Get Ready! Planning Together for Emergencies* (hereon referred to as the *Ready* kit). The *Ready* kit was similar to the *TLC III* kit in structure but not in content (see details below) and was selected as a comparable control due to its potentially anxiety-provoking topic and similar structure.

Following random assignment to one of two study conditions, the kits and instructions for viewing were sent by mail to the participants. After four weeks, study participants were contacted by e-mail and reminded to return to the website and complete an online post-viewing questionnaire. In the event that participants did not respond, they were contacted by letter or telephone to encourage completion of the post questionnaires. Two versions of the post questionnaires were used and participants completed the version that corresponded to the kit to which they were assigned.

Recruitment

Information about the study and the opportunity to participate was made available by TAPS and the collaborating civilian grief centers through email, postal service mail, flyers, and posters displayed at the sites of respective centers. All study recruitment materials were available and distributed in English and Spanish. People who could not access the Internet, lacked access to a DVD player, had difficulty understanding or responding to written English or Spanish versions of the questionnaire, or had difficulty for any other reason completing the online version of the questionnaire were excluded from the study. The study included several incentives for participation. In addition to a bereaved adult caregiver's intrinsic motivation to help others who had similar loss experiences, the study encouraged participation by offering a VISA gift card valued at \$10 and an attractive Sesame Street Muppet tote

bag. All study participants, including those in the *Ready* group, received a *TLC III* kit after completing baseline and post questionnaires.

Recruiting and retaining participants in the study was challenging. First, the specificity of the subject limited the overall pool of possible participants. In addition, caregivers who met inclusion criteria also likely had mixed feelings about participating. Although many participants were eager to support this project that many felt to be of great benefit to grieving families, participating in a research study is not a high priority for many families experiencing bereavement. Also, the emotionally difficult topic covered in the *TLC III* kit may have served as a barrier to caregivers who did not wish to revisit a difficult time they thought they and their children had since overcome. Nonetheless, caregiver enrollment in the study was satisfactory as was the rate of participant retention through completion of the study (i.e., approximately 50% of baseline participants completed post questionnaires).

Recruitment of Spanish Speaking Participants

Although a goal of the study was to specifically examine the use of the Spanish version of the *TLC III* kit materials by native Spanish speakers, it was especially difficult to recruit Spanish speakers in the study. All study materials including kits, questionnaires, consent forms, recruitment posters, and sign-up forms were translated and distributed in Spanish. Following an initial period of low recruitment, a second phase of recruitment targeting only Spanish speaking participants was initiated. Two additional bereavement centers (Children's Bereavement Center, Miami, FL; and Rays of Hope, Midland, TX) were enlisted to help recruit Spanish speaking participants and alternative methods for completing the questionnaires were introduced. The baseline and post questionnaire format was replaced by a single post-viewing questionnaire to lessen time burden on the participants. In spite of these efforts, recruitment of Spanish language participants remained low. As a result, a separate evaluation of the Spanish language kit was not possible and therefore is not included in the current report.

Kit Materials

Both the *TLC III* kit and the comparison *Ready* kit included a DVD featuring Sesame Street Muppets. In addition to the DVD, both kits also included print materials for caregivers, tips and activities for families, a storybook for children, as well as supporting materials available via the Internet at kit specific websites. The *TLC III* kit content focused on experiences and feelings associated with grief and provided activities for children and caregivers designed to assist with caregiver-child communication and to support coping during bereavement through education and parent guidance. Support materials for the *TLC III* kit can be found online at www.sesamestreet.org/grief. The *Ready* kit content focused on helping families stay safe and plan together for community and family emergencies. Support materials for the *Ready* kit can be found online at www.sesamestreet.org/ready. While there are similarities between these two kits in that they both address difficult and potentially emotionally upsetting subjects, due to its subject matter, *TLC III* was more serious in content and tone, whereas *Ready* was more entertaining and fun in teaching emergency preparedness. These differences are important to consider when examining outcomes between groups.

Measures

Study questionnaires were developed using a combination of validated instruments as well as items developed by the CSTS research team specific to the aims of the evaluation study. For example, many of the items used to collect information about family constellation, demographics, characteristics of the parental death (including military service and combat injury), and caregiver's assessments of the Sesame Workshop kits were developed by the research team. Questionnaires also included items taken from widely used measures to assess a variety of child and caregiver emotional and behavioral responses. Some of the items included in the questionnaire, such as those related to caregivers' and children's grief, were considered exploratory and were included to gain a more complete understanding of the sample population as well as to measure a potential, but less likely impact of the kit materials on these outcomes. Table 1 provides a summary of the domains, measures, and corresponding number of items.

Table 1. Questionnaire Items and Domains

Domain	Measure	Sub-scale	# of items
Child Demographics	Created by CSTS	None	6
Caregiver Demographics			12
Deceased Parent Demographics			11
Characteristics of the Death			8
Kit Usage			19
Kit Evaluation			37
Kit Reactions			6
Kit Impact			21
Child Overall Functioning			15
Child Emotional Problems	Strengths and Difficulties Questionnaire	Emotional Problems	5
Child Peer Problems		Peer Problems	6
Child Conduct Problems		Conduct Problems	1
Child Pro-social Behaviors		Pro-social Behavior	1
Child Grief Reactions	UCLA Grief Screening Scale*	Normal Grief	2
		Existential Grief	3
		Traumatic Grief	1
Caregiver Mental Health	Mental Health Inventory	Depression	3
Caregiver Functioning	Short Form Health Survey	Role Functioning	1
Caregiver Grief Reactions	Inventory of Complicated Grief	Complicated Grief	3
Parent – Child Relationships	Parenting Relationship Questionnaire	Attachment	3
Parent – Child Relationships		Communication	1

*Items were adapted from the original version of the measure.

Table 2. Caregiver Demographics

Demographic Characteristics	Baseline		Post Evaluation					
	Total		Grief Kit		Ready Kit		Total	
	n=185	(%)	n=59	(%)	n=34	(%)	n=93	(%)
Gender								
Male	14	(7.6)	3	(5.1)	1	(2.9)	4	(4.3)
Female	171	(92.4)	56	(94.9)	33	(97.1)	89	(95.7)
Annual Income*								
\$0–\$40,000	58	(31.4)	22	(37.3)	8	(23.5)	30	(32.6)
\$40,001–\$80,000	90	(48.6)	23	(39.0)	25	(73.5)	48	(52.2)
Over \$80,001	22	(11.9)	7	(11.9)	1	(2.9)	8	(8.7)
Highest Education Level*								
High School or Less	13	(7.0)	3	(5.1)	3	(8.8)	6	(6.5)
Some College	72	(38.9)	23	(39.0)	15	(44.1)	38	(41.3)
4-year College Degree	56	(30.3)	19	(32.2)	6	(17.6)	25	(27.2)
Graduate/Professional Degree	38	(20.5)	13	(22.0)	10	(29.4)	23	(25.0)
Current Marital Status*								
Single/Divorced/Widowed	149	(80.5)	46	(78.0)	28	(82.4)	74	(80.4)
Married/Remarried	26	(14.1)	10	(16.9)	6	(17.6)	16	(17.4)
Other	2	(1.1)	0	(0.0)	0	(0.0)	0	(0.0)
Age*								
20–29	22	(11.9)	6	(10.2)	6	(17.6)	12	(13.0)
30–39	76	(41.1)	22	(37.3)	18	(52.9)	40	(43.5)
40–49	65	(35.1)	28	(47.5)	8	(23.5)	36	(39.1)
50+	17	(9.2)	2	(3.4)	2	(5.9)	4	(4.3)
Hispanic/Latino								
Yes	22	(11.9)	5	(8.5)	4	(11.8)	9	(9.8)
Race*								
White	156	(84.3)	51	(86.4)	30	(88.2)	81	(88.0)
Black/African American	9	(4.9)	3	(5.1)	2	(5.9)	5	(5.4)
American Indian/Alaskan	3	(1.6)	0	(0.0)	0	(0.0)	0	(0.0)
Asian	1	(0.5)	1	(1.7)	0	(0.0)	1	(1.1)
Pacific Islander	1	(0.5)	0	(0.0)	0	(0.0)	0	(0.0)
Missing	5	(2.7)	3	(5.1)	2	(5.9)	5	(5.4)

*Sum of the percentages does not equal 100 due to unreported or missing data.

Study Participants

Baseline data were obtained for 185 participants who completed the online surveys. Of the 185 caregivers who completed the baseline questionnaire 93 also completed post-viewing questionnaires; 59 were in the *TLC III* group, 34 in the *Ready* group. Table 2 shows the demographic characteristics of the adult caregiver participants who completed the baseline questionnaire ($n = 185$) and of those who completed the baseline and the post questionnaires ($n = 93$). For those who completed both questionnaires, demographic characteristics are presented separately by group (i.e., *TLC III* versus *Ready*). Demographic characteristics of participants who completed only the baseline questionnaire were not significantly different from those who completed both baseline and post questionnaires. Similarly, participants in the *TLC III* group did not differ from *Ready* group participants on demographic characteristics.

Caregivers' Demographic Characteristics

The majority (92% at baseline and 97% at post questionnaire) of caregivers who participated in the study were female. Their mean age at baseline was 38.7 years. Nearly half (49% at baseline and 52% at post questionnaire) reported a yearly income between \$40,000 and \$80,000 per year. Approximately 90% (90% at baseline and 94% at post questionnaire) of the participants completed some education beyond high school. More than half of the participants were younger than 40 years of age (43% at baseline and 57% at post questionnaire) and nearly 85% identified themselves as white non-Latino (84% at baseline and 88% at post questionnaire). Forty-four percent of deceased parents were in the military at the time of death. Of those in the military, 71% were in the Army, 15% were in the Navy, 12% were in the Air Force, and 1% was in the Marines.

Children's Demographic Characteristics

Demographic characteristics of the children whose caregiver participated in the study are presented in Table 3. Half of the children in the study were girls (50% at baseline and 56% at post questionnaire). The majority of the children (58% at baseline and 62% at post questionnaire) were between 2 and 8 years of age. Children's mean age at baseline was 8.9 years. For most of the children (86% at baseline and 90% at post questionnaire) the deceased parent was the biological or adoptive father. As shown in Figure 1, for more than 70% of families the parent's death occurred within 4 years of completing the baseline survey, with 18% occurring within the year, and nearly 40% within the past two years.

Characteristics of the Parent's Death

The majority (61%) of the deceased parents were over 35 years of age. The cause of death varied, with medical illness the most commonly reported cause of death (42%) followed by injuries sustained by military personnel during combat (24%). The next most common causes of death were accident (20%), suicide (11%), and homicide (3%). Figure 2 shows causes of death for total sample and separately for military and civilian deaths.

Table 3. Child Demographics

Demographic Characteristics	Baseline		Post Evaluation					
	Total		Grief Kit		Ready Kit		Total	
	n=185	(%)	n=59	(%)	n=34	(%)	n=93	(%)
Age*								
02–08	113	(58.2)	37	(62.7)	21	(61.8)	58	(62.4)
09–17	66	(34.0)	20	(33.9)	13	(38.2)	33	(35.5)
Gender*								
Boy	85	(43.8)	24	(40.7)	16	(47.1)	40	(43.0)
Girl	97	(50.0)	34	(57.6)	18	(52.9)	52	(55.9)
Hispanic/Latino								
Yes	23	(11.9)	7	(11.9)	2	(5.9)	9	(9.7)
Race*								
White	156	(80.4)	52	(88.1)	29	(85.3)	81	(87.1)
Black/African American	10	(5.2)	3	(5.1)	2	(5.9)	5	(5.4)
American Indian/Alaskan	4	(2.1)	0	(0.0)	0	(0.0)	0	(0.0)
Asian	2	(1.0)	0	(0.0)	0	(0.0)	0	(0.0)
Pacific Islander	1	(0.5)	0	(0.0)	0	(0.0)	0	(0.0)
Biracial	7	(3.6)	2	(3.4)	0	(0.0)	2	(2.2)
Age of Child at Time of Parents Death*								
0–2	50	(25.8)	16	(27.1)	7	(20.6)	23	(24.7)
3–5	57	(29.4)	18	(30.5)	9	(26.5)	27	(29.0)
6–11	57	(29.4)	20	(33.9)	15	(44.1)	35	(37.6)
12+	16	(8.2)	3	(5.1)	2	(5.9)	5	(5.4)

*Sum of the percentages does not equal 100 due to unreported or missing data.

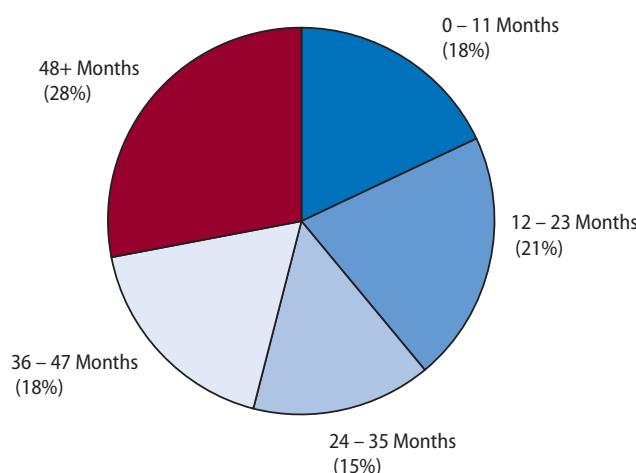
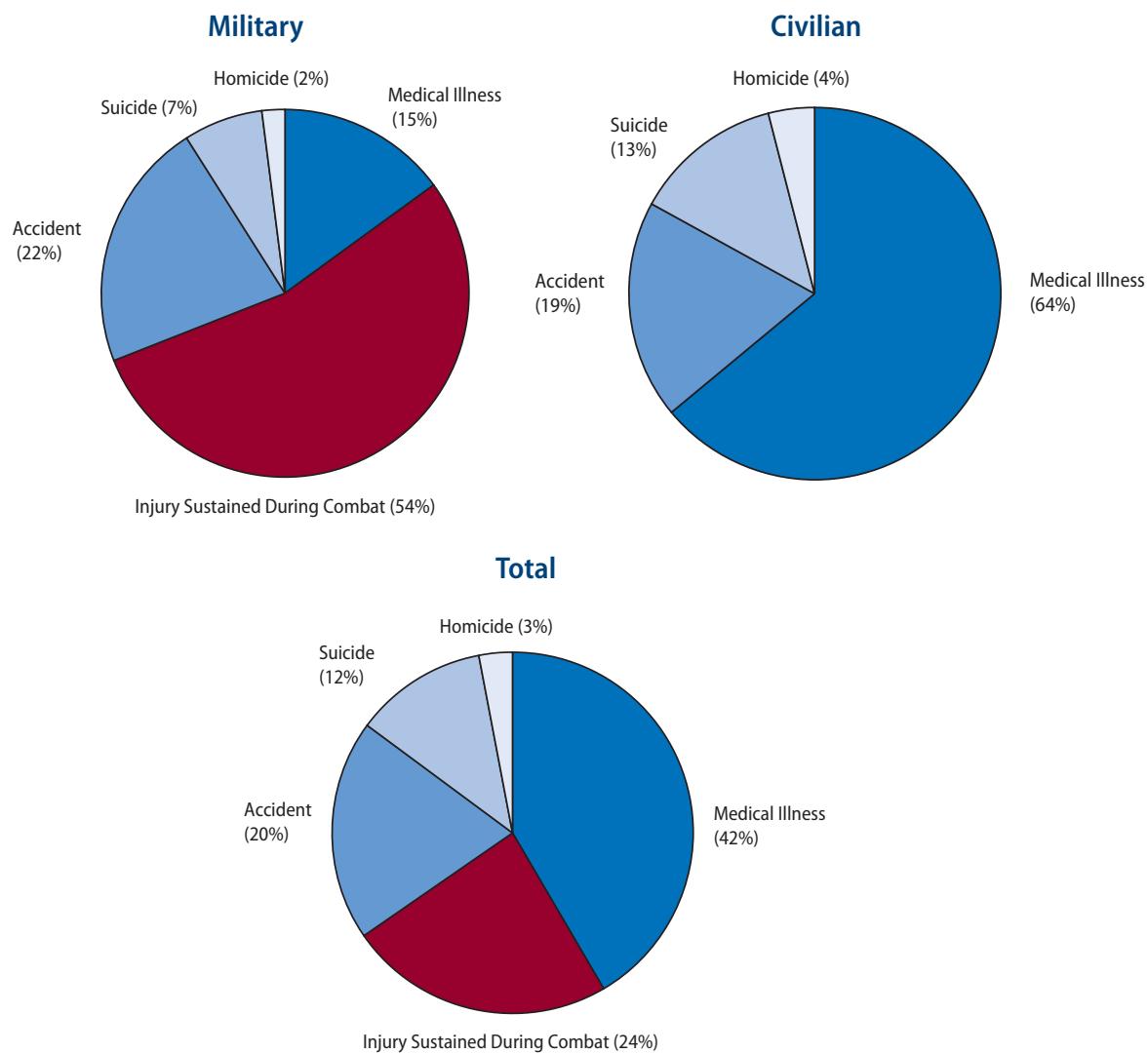
Figure 1: When did the death occur?

Figure 2: Causes of death for total sample and separately for military and civilian



RESULTS

Ninety-three study participants (*TLC III* n=59; *Ready* n= 34) completed both the baseline and post questionnaires. Evaluation data reported in this section corresponds to these 93 participants. Positive effects were measured in the areas of utilization, satisfaction, and understanding of kit materials by participant caregivers. In addition, significant results were found when measuring *TLC III* kit effects on child and caregiver coping and communication. These results and other findings are presented in greater detail below. The primary set of analyses focused on comparison of caregivers' ratings of the two kits (i.e., *TLC III* and *Ready*). These analyses were conducted by comparing changes in questionnaire responses from baseline to post questionnaire and also by comparing differences in the responses of participants in the *TLC III* group to those in the *Ready* group.

Utilization and Satisfaction with Materials

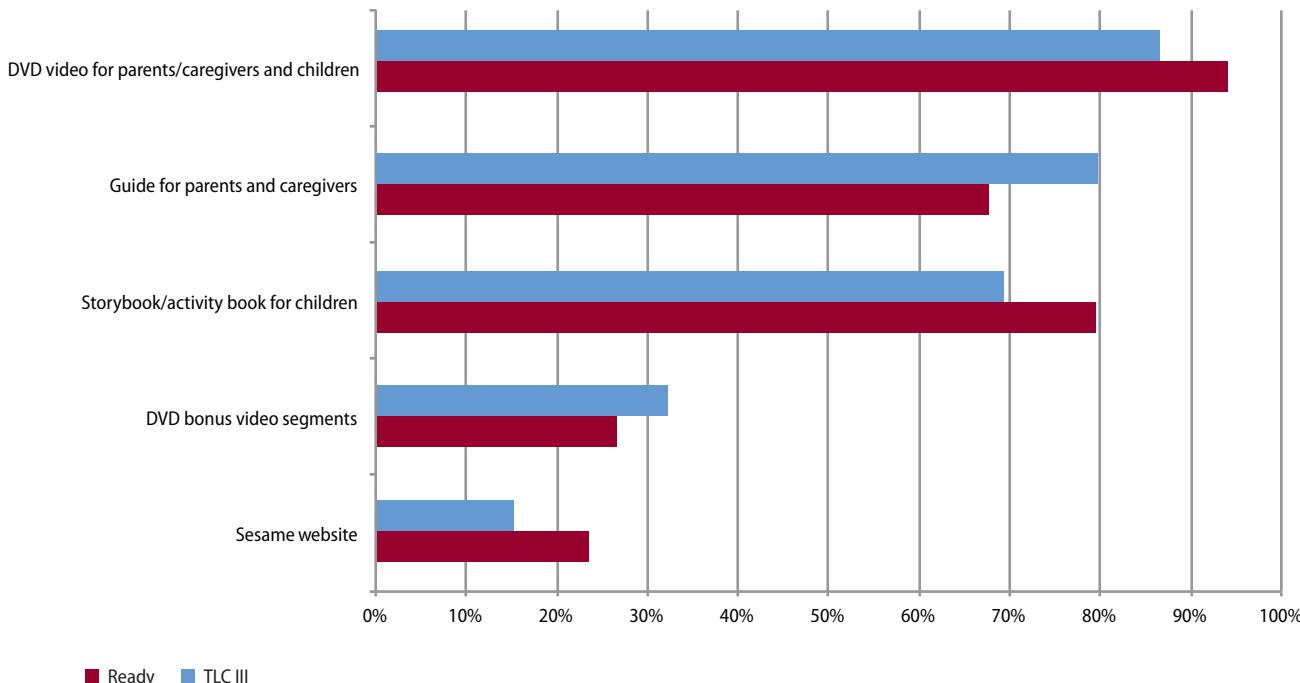
Caregiver's Utilization of Kit Materials

Sesame Street kit materials were highly utilized by caregivers in both groups. All participants who completed the baseline and post questionnaires reported that the Sesame Street kit they received was viewed by the family; either by the child, the caregiver, or both. Figure 3 shows the percentage of caregivers in the two groups who viewed each component of the kit materials. Caregivers in both the *TLC III* and *Ready* groups stated that they used the DVD most often of all kit components, 86% and 94% respectively. Although rates of kit usage overall were high, there was some variation between the two groups in non-DVD component use. For example, caregivers in the *TLC III* group reported higher rates of kit materials usage for the bonus DVD section (32%) and the guide for parents (80%) than did the caregivers in the *Ready* condition, 27% and 68%. Caregivers in the *Ready* group reported higher rate of usage of the storybook/activity book for children (79%) and the Sesame Street website (24%) compared to the *TLC III* group, 70% and 15% respectively.

Caregiver's Satisfaction with Kit Materials

Caregiver satisfaction was high when rating kit materials as a whole, as well as when rating component materials. As shown in Figure 4, more than 80% of caregivers in both groups rated the kit materials as 4 or 5 on a scale of overall satisfaction ranging from 1 = *poor* to 5 = *excellent*. Figures 5-7 show that caregivers also gave positive ratings for the kit's overall relevance, organization, and ease of understanding. Using a 5-point scale ranging from 1 = *not at all* to 5 = *extremely*, more than 65% percent of caregivers in the *TLC III* group rated the kits relevance as 4 or 5, more than 85% rated the kits organization as 4 or 5, and more than 90% rated the

Figure 3: Percent of caregivers who used the materials



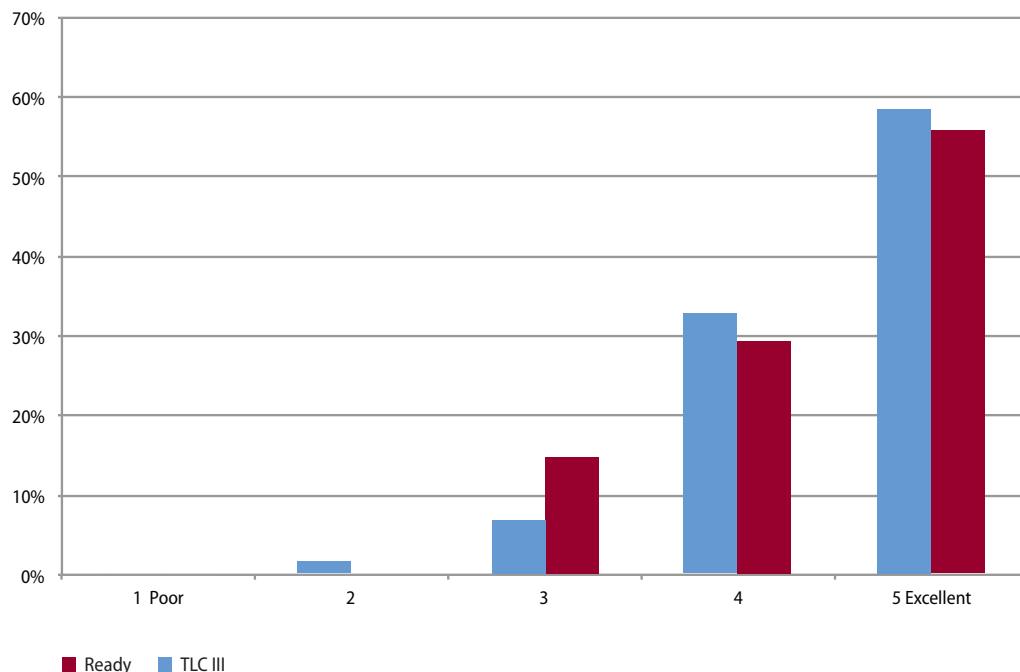
kit's ease of understanding as 4 or 5. Figure 8 shows the percentage of caregivers who viewed the *TLC III* materials and reported the individual components of the kit to be moderately to extremely appealing, relevant, and helpful.

Children's Utilization and Understanding of Kit Materials

Children's utilization of materials was high but varied by kit component. Children's use of kit materials was high for the DVD and storybook, but was generally lower than their caregivers' for other kit components. As shown in Figure 9, in both the *TLC III* and *Ready* groups, use of kit materials by children was highest for the DVD and storybook components, with use by *Ready* group children reported higher (91% and 68%) than use by *TLC III* group children (71% and 61%). This lower use likely reflected hesitancy on the part of some parents to share the grief related materials with their children due to the strong emotional content of the materials. Likewise, rates of use of other kit materials by children in the *TLC III* group were lower (19% for the bonus DVD section, 5% for the guide for parents, and 7% for the Sesame Street website), than rates for children in the *Ready* group (24%, 15%, and 9%, respectively). The lower rates of use for these other kit materials by children were not surprising because these components were developed primarily for use by adults.

Both kits stimulated conversation between adult caregivers and children about their respective topics, a major objective of the program. Ninety percent of caregivers in the *TLC III* group and 88% in the *Ready* group reported having discussed the kit materials with their children. Thirty-one percent of children viewed the *TLC III* DVD more than once and 33% of the children who viewed the *Ready* DVD did so

Figure 4: Caregiver's ratings of kit materials overall



more than once. Ninety-eight percent of caregivers in the *TLC III* group reported that their child understood the message delivered in the DVD versus 90% in the *Ready* group. In response to how much the DVD interested their children, 57% of caregivers in the *TLC III* group and 50% in the *Ready* group reported that the DVD interested their child “very much” or “a lot.”

Emotional Reactions to Kit Materials

Caregivers’ emotional reactions to the DVD differed between the two groups (i.e., *TLC III* and *Ready*) and reflected expected outcomes based upon the unique characteristics of the different kits. Caregivers were asked to report on their children’s and their own emotional reactions to the DVD stories by endorsing feeling words (e.g. *happy*, *sad*, *lonely*, etc.) from a checklist. Caregivers selected words from the checklist that best described their own and their children’s reactions to the DVD stories.

Notably, caregivers in the *TLC III* group reported feelings of sadness, loneliness, and loving in both themselves (*sad*, $\chi^2 = 41.493$, $p < .001$; *lonely*, $\chi^2 = 6.843$, $p = .048$; *loving*, $\chi^2 = 4.028$, $p = .045$) and their children (*sad*, $\chi^2 = 30.679$, $p < .001$; *lonely*, $\chi^2 = 3.898$, $p = .048$; *loving*, $\chi^2 = 7.290$, $p = .007$) significantly more than did caregiver’s in the *Ready* group. Caregiver’s in the *TLC III* group also reported feelings of worry in themselves (*worry*, $\chi^2 = 3.897$, $p = .048$), but not their children, significantly more than caregiver’s in the *Ready* group. Caregivers in the *Ready* group reported feeling entertained ($\chi^2 = 11.184$, $p < .001$) by the DVD more than caregivers in the *TLC III* group.

Given the different contents, topics, and tones of the two kits, differing emotional reactions to the DVD were expected. For example, when asked what they liked most about the kit, more caregivers in the *Ready* group mentioned the songs

Figure 5: How relevant are the kit materials to your family?

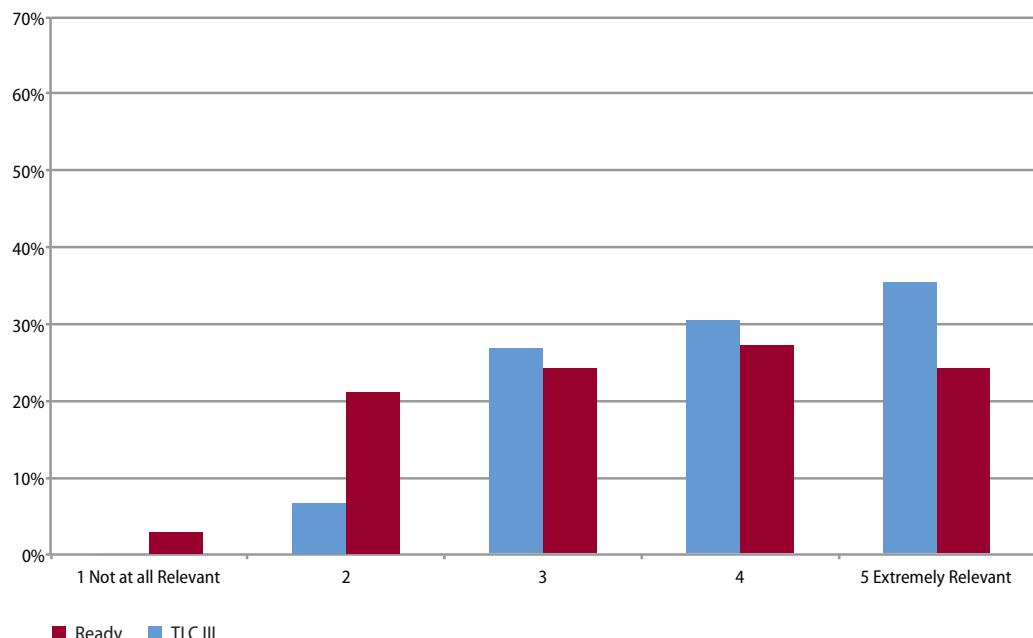
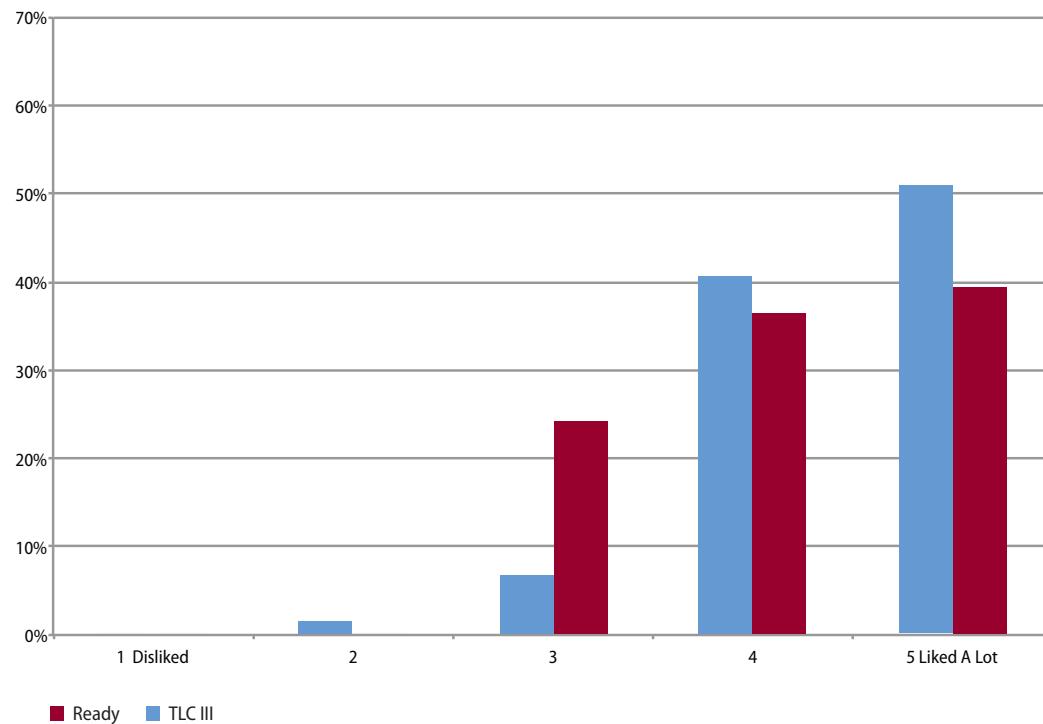
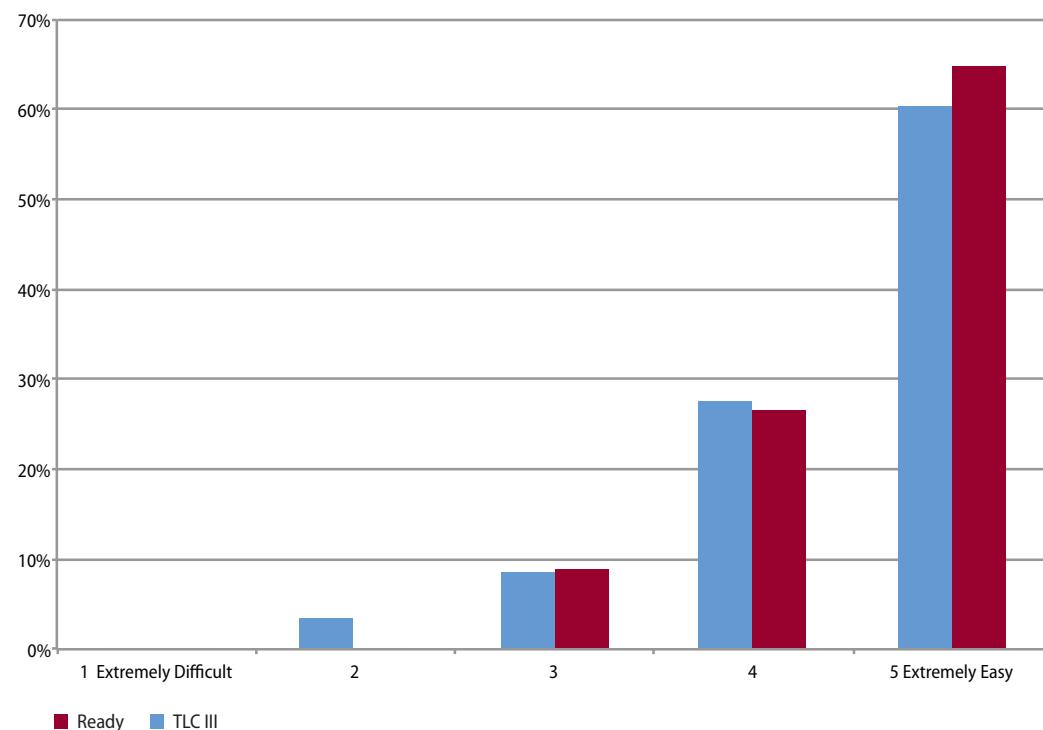


Figure 6: How did you like the organization of the kit materials?**Figure 7: How easy were the kit materials for your child to understand?**

and described the video as “fun” and “entertaining.” Caregivers in the *TLC III* group reported that children more commonly experienced “loving” feelings, suggesting that the kit materials supported a sense of connection and positive memories of the deceased.

Caregivers’ and Children’s Coping

A main goal of *TLC III* was to impact children’s ability to cope with the death of a parent. Findings suggest that *TLC III* did, in fact, have a positive impact on children’s coping, with caregivers in the *TLC III* group reporting significantly higher perceived impact of the kit on their children’s coping ($M = 3.00$, $SD = 1.20$) than did caregivers in the *Ready* group ($M = 2.03$, $SD = 1.40$), $t(89) = 3.417$, $p = .001$. These findings were based upon caregivers’ ratings of whether they thought that using the Sesame Street materials had an impact on their child’s ability to cope with the death of his/her parent on a scale of 0 = *no impact* to 5 = *great impact*. In further support of the success of *TLC III*, and similar to caregiver report of impact on their children’s ability to cope with the death of a parent, caregivers in the *TLC III* group reported significantly higher perceived impact of the kit on *their own* coping ($M = 2.83$, $SD = 1.78$) than did caregivers in the *Ready* group ($M = 1.91$, $SD = 1.33$), $t(89) = 3.418$, $p = .001$. These findings are consistent with Sesame Street’s main objective to guide caregivers and to engage children in an effort to support families coping with the death of a parent.

Activities to Sustain Positive Memories of the Deceased Parent

An additional objective of *TLC III* was to provide recommendations for healthy activities related to memorializing or remembering the deceased parent. The findings show a positive change from baseline to post questionnaire in the number of

Figure 8: Percent of caregivers who thought the TLC III kit components were moderately to extremely appealing, relevant, & helpful



caregivers who found these activities helpful. Caregivers were given a list of nine activities and asked to indicate whether they thought the activities were helpful to children dealing with the death of a parent. Figure 10 lists the activities and shows the percentage of caregivers in the *TLC III* group who thought the activities to be helpful at baseline and post questionnaire. As shown in Figure 10, a slightly higher percentage of caregivers endorsed each activity as helpful from baseline to post questionnaire. However, most of these increases in endorsement over time did not reach significance. For one activity (i.e., write a letter to the deceased) there was a significant change in the number of caregivers from baseline (51%) to post questionnaire (75%) who thought the activity to be helpful, $t(58) = 2.946, p = .005$. The lack of significant changes for the remaining eight activities was likely due to the high levels of baseline endorsement. Nonetheless, for many caregivers the activities recommended in the kit stood out as particularly useful resources for helping their families grieve. One caregiver noted that her child wanted to have a “balloon launch” in memory of his father.

Emotional Health and Functioning of the Children and Caregivers

Children’s Emotional Reactions and Peer Relations

Caregivers in both groups reported positive changes in their children’s emotional health and functioning. Caregivers were asked to complete the *Emotional Problems Scale* of the Children’s Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) at both baseline and post questionnaire. The *Emotional Problems Scale* of the SDQ includes 5 items scored on a 3-point scale ranging from 0 = *not true* to 2 = *certainly true*; the 5 items are summed yielding a scale score ranging from 0 to 10. As shown in Table 4, caregivers in both the *TLC III* [$t(55) = 2.37, p = .021$] and the *Ready* [$t(33) = 2.41, p = .022$] groups reported a significant decrease from baseline to post questionnaire in children’s *Emotional Problems* total score on the SDQ.

Figure 9: Children’s use of kit components

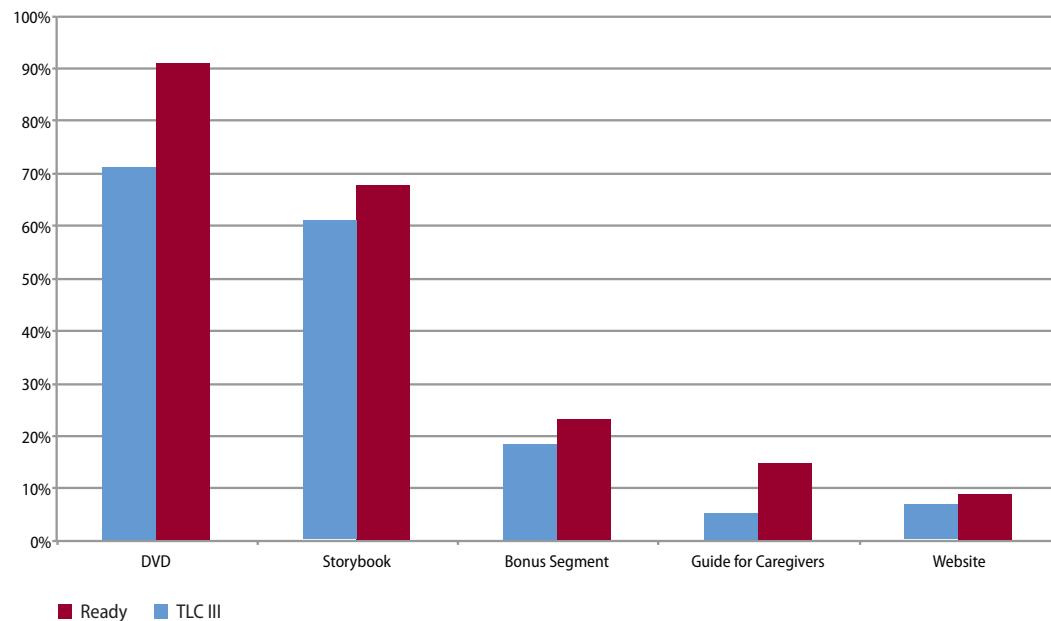
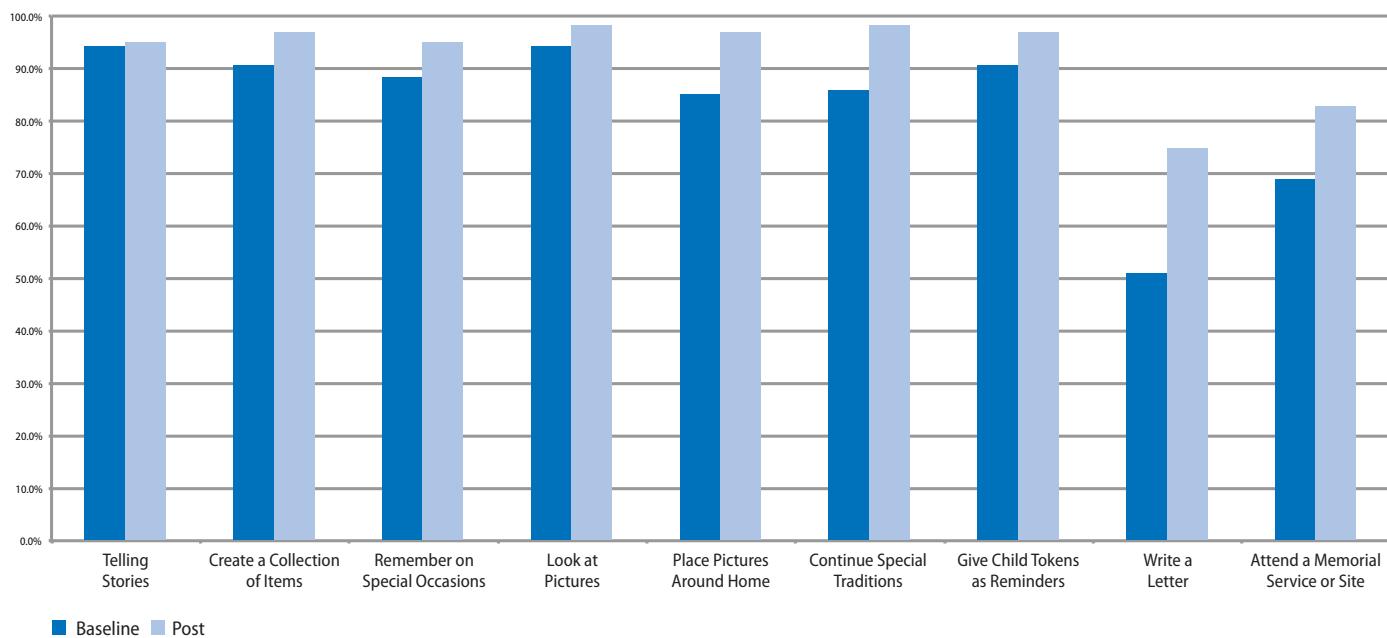


Figure 10: Percent of caregivers in TLC III group who considered activities to remember deceased parent helpful to child's grieving



However, there were no significant differences between the two groups at either assessment point or over time. Table 4 also presents means, standard deviations, and test statistics for individual items at baseline and post questionnaire.

Children's Grief Reactions

Caregivers in both groups reported no significant changes in their children's emotional grief reactions as a result of using the Sesame Street materials. While there was an interest in evaluating childhood grief symptoms and measuring potential impact of *TLC III* use on childhood grief, significant findings on these variables were not expected. *TLC III* was designed as a resource to support children and families through their grief experience, not to "treat" symptoms of grief. To evaluate the *TLC III* kit's impact on children's grief, caregivers were asked at baseline and post questionnaire to report on their child's grief reactions using six questions selected (and modified for caregiver report about the child) from the UCLA Grief Screening Scale (Layne, Pynoos, & Steinberg, 2007) — scored on a 5-point scale ranging from 0 = *never* to 4 = *almost always*. For this evaluation the 6 items were summed yielding a scale score ranging from 0 to 24. As shown in Table 5, caregivers in both kit groups reported similar grief reactions in their children. There were no significant differences from baseline to post questionnaire on the total grief score in either the *TLC III* or *Ready* group, or on any of the individual items in the scale. There were also no significant differences between the two groups on the total scale score or on the individual items that make up the scale. Table 5 presents means, standard deviations, and test statistics for the sum score and individual items at baseline and post questionnaire. As indicated above, items related to children's grief were considered exploratory and not expected to yield significant findings.

Table 4. Children's Strengths and Difficulties

Question	Kit	Main Effects of Time				Test Statistic	p value		
		Pretest		Posttest					
		Mean	SD	Mean	SD				
Often complains of headache or sickness	TLC III	0.67	0.76	0.39	0.59	t(57) = 2.74	0.008*		
	Ready	0.68	0.77	0.44	0.66	t(33) = 1.85	0.073		
Often worries	TLC III	0.71	0.75	0.60	0.75	t(55) = 1.36	0.180		
	Ready	0.76	0.78	0.65	0.77	t(33) = 1.00	0.325		
Often unhappy or depressed	TLC III	0.47	0.71	0.44	0.68	t(57) = 0.18	0.855		
	Ready	0.39	0.61	0.38	0.65	t(32) = 0.37	0.712		
Nervous or clingy	TLC III	0.86	0.66	0.76	0.70	t(57) = 1.47	0.146		
	Ready	0.76	0.74	0.56	0.71	t(33) = 2.23	0.033*		
Scares easily	TLC III	0.74	0.72	0.61	0.70	t(57) = 1.59	0.117		
	Ready	0.68	0.68	0.53	0.66	t(33) = 1.30	0.201		
Emotional Problems Total Score	TLC III	3.45	2.40	2.75	2.54	t(55) = 2.37	0.021*		
	Ready	3.12	2.46	2.36	2.58	t(33) = 2.41	0.022*		

Caregiver's Reactions — Grief, Depression, and Functioning

On the post questionnaire, caregivers in both groups reported changes in their own grief reactions, as shown in Table 6. However, differences between the two groups were not statistically significant. Caregiver's grief reactions were assessed using 3 questions selected from the Screen for Complicated Grief (Shear, Jackson, Essock, Donahue, & Felton, 2006) scored on a 3-point scale ranging from 0 = *not at all* to 2 = *a lot*. The 3 items were summed yielding a total scale score ranging from 0 to 6. Caregivers in the both groups reported a decrease in the total scale score over time. For caregivers in the *Ready* group the change from baseline to post questionnaire was statistically significant, $t(32) = 2.30$, $p = .028$, whereas for caregivers in the *TLC III* group the change from baseline to post was not statistically significant, $t(56) = 0.89$, $p = .375$. Examination of single scale items revealed that caregivers in both the *TLC III* [$t(57) = 2.01$, $p = .049$] and the *Ready* [$t(32) = 2.96$, $p = .006$] groups reported a significant decrease in trouble accepting the death from baseline to post questionnaire. This finding was unexpected and interesting in that it was present in both the *TLC III* and *Ready* groups. Perhaps elapsed time or involvement in a study that focused on family bereavement (regardless of materials used) may explain the measured effect. There were no significant differences between the two groups on the total scale score or on the individual items. Means, standard deviations, and test statistics for the sum score and individual items at pretest and posttest are presented in Table 6.

Child-Caregiver Relationship**Caregivers' Connection with Child**

Using a rating scale ranging from 0 = *never* to 3 = *always*, caregivers in both groups were asked to rate their connection to their child at baseline and post ques-

tionnaire. As shown in Table 7, none of those questions showed a significant change from baseline to post questionnaire; nor were significant differences in caregiver ratings of the connection to their child found between the *TLC III* and the *Ready* groups. Mean scores for the three caregiver-child connectedness questions across both time and group remained near 2.0 (ranging from 1.91 to 2.26), indicating that experiences described by the statements were stable in both groups and typically endorsed by caregivers as occurring *often*. These findings suggest that caregiver-child connectedness was satisfactory before use of the kit materials and, therefore, a statistically significant change would not be expected.

Caregivers' Communication with Child about the Concept of Death

Caregivers in the *TLC III* group felt more comfortable talking with their children about death after viewing the kit materials. Child-caregiver communication specifically related to the death of the child's parent was assessed in both groups using a rating scale ranging from 0 = *never* to 5 = *almost always*. As shown in Table 8 there was a significant increase in *TLC III* caregivers' comfort talking to their child about death, $t(57) = 2.29, p = .026$. *Ready* group caregivers showed no significant increase in comfort talking to their children about death, $t(57) = 0.98, p = .334$. However, when the two groups were compared no statistically significant differences were detected between the groups at either of the two assessment points or across time. None of the other questions about caregiver's communication with the child were statistically significant.

Another goal of the *TLC III* materials was to educate families about the

Table 5. Children's Grief Reactions

Question	Group	Main Effects of Time						
		Pretest	Posttest	Mean	SD	Mean	SD	Test Statistic
Thinking about the death is upsetting	<i>TLC III</i>	2.39	1.20	2.31	1.22	$t(58) = 0.46$	0.645	
	<i>Ready</i>	2.09	1.26	2.15	1.28			
Child is anxious or worried about deceased	<i>TLC III</i>	1.78	1.13	1.72	0.87	$t(57) = 0.31$	0.756	
	<i>Ready</i>	1.79	1.25	1.85	1.05	$t(33) = 0.32$	0.751	
Life for child does not have much purpose	<i>TLC III</i>	0.66	0.90	0.76	0.77	$t(58) = 0.81$	0.419	
	<i>Ready</i>	0.71	0.87	0.71	0.10	$t(33) = 0.00$	1.000	
Child gets angry	<i>TLC III</i>	1.36	1.14	1.47	0.99	$t(58) = 0.66$	0.511	
	<i>Ready</i>	1.33	1.24	1.42	1.20	$t(32) = 0.59$	0.557	
Child's life feels empty	<i>TLC III</i>	1.47	1.09	1.37	0.81	$t(58) = 0.85$	0.401	
	<i>Ready</i>	1.38	1.33	1.47	1.24	$t(33) = 0.48$	0.638	
Child is more lonely than before death	<i>TLC III</i>	1.59	1.09	1.69	1.05	$t(57) = 0.69$	0.496	
	<i>Ready</i>	1.98	1.25	1.53	1.29	$t(33) = 0.82$	0.419	
Grief Total score	<i>TLC III</i>	9.26	5.21	9.53	3.81	$t(56) = 0.39$	0.689	
	<i>Ready</i>	9.15	5.90	9.33	5.90	$t(32) = 0.22$	0.826	

appropriate use of language in describing the concept of death to children. Adults sometimes inappropriately use words such as “gone” “lost” or “asleep,” which can be confusing and in some children lead to fear, doubt, and distrust. Caregivers were asked to select phrases from a checklist that best described language they use when speaking with their children about their parent’s death. Figure 11 lists the phrases that caregivers were given to select from, as well the percentage of caregivers that selected each phrase at baseline and post questionnaire.

There was no significant change in the use of any of the specific words or phrases provided in the checklist and there were no significant differences between the *TLC III* and the *Ready* groups. This may be due to the fact that at baseline, the most commonly used phrase by caregivers in both groups was “*Your mother/father is dead or has died*”— one of the phrases recommended in the *TLC III* materials. This finding also reflects Sesame Street’s goals in producing the *TLC III* kit: that materials be used by families as a resource rather than as a primary means for coping with grief. As a supportive resource much of the content in the kits was intended to remind families to continue using positive coping practices and to provide clarity about practices with which families are less familiar.

Caregivers’ Communication with Child about Their Parent’s Death

One objective of the *TLC III* materials was to facilitate child—caregiver communication about the parent’s death. Caregivers in this study reported that they were more comfortable communicating with their children about the parent’s death after using the *TLC III* kit. Caregivers in the *TLC III* group were asked, using a rating scale ranging from 1 = *not at all true* to 5 = *completely true*, whether they felt that after using the *TLC III* kit they were more comfortable talking with their child about the parent’s death, and whether they felt they had more appropriate language with which to discuss the death with their child. Caregivers were asked also to report on whether they believed the materials had an impact on their ability to reduce their children’s general anxiety or death-related sadness. Figure 12 shows the percentage of caregivers who responded 4 or 5 to items regarding impact of the *TLC III* kit on

Table 6. Caregiver’s Grief Reactions

Question	Group	Main Effects of Time				Test Statistic	p value
		Pretest	Posttest	Mean	SD		
Have had trouble accepting death	TLC III	1.02	0.74	0.84	0.72	$t(57) = 2.01$	0.049*
	Ready	0.94	0.70	0.61	0.70	$t(32) = 2.96$	0.006*
Grief still interferes	TLC III	0.84	0.70	0.91	0.54	$t(56) = 0.89$	0.376
	Ready	0.82	0.68	0.70	0.64	$t(32) = 1.16$	0.254
Felt cut-off or distant	TLC III	0.95	0.63	0.90	0.64	$t(57) = 0.60$	0.553
	Ready	1.00	0.75	0.88	0.82	$t(32) = 1.00$	0.325
Caregiver Grief Total Score	TLC III	2.81	1.71	2.65	1.46	$t(55) = 2.30$	0.375
	Ready	2.76	1.71	2.18	1.79	$t(32) = 0.89$	0.028

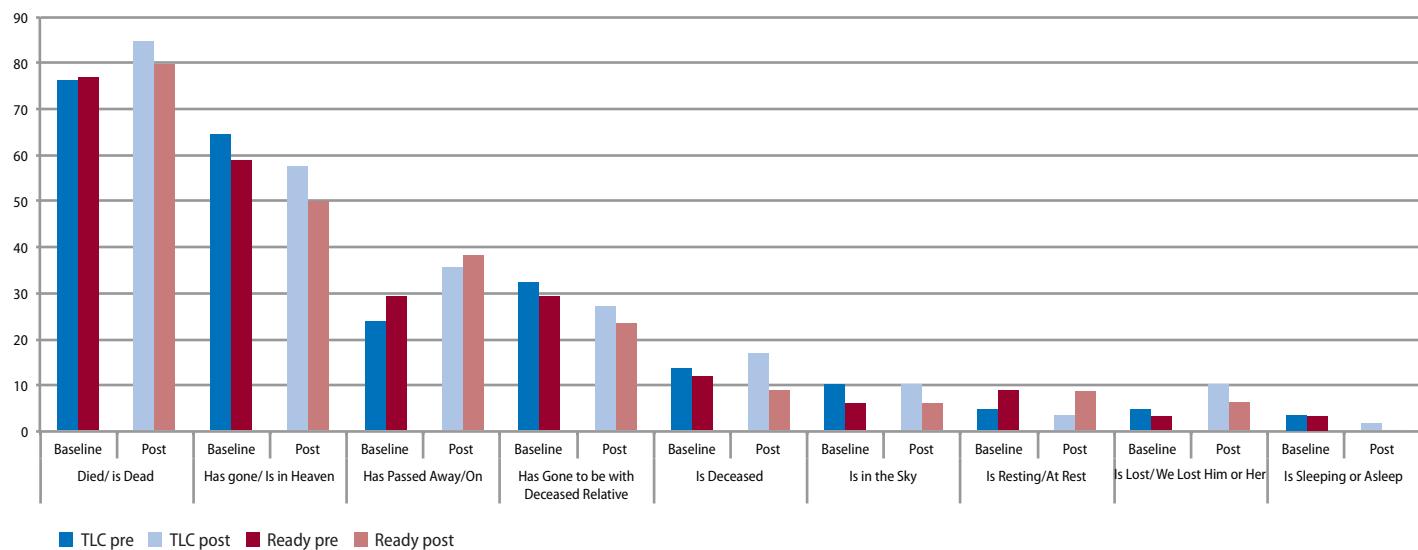
Table 7. Caregiver-Child Connection

Question	Kit	Main Effects of Time				Test Statistic	<i>p</i> value
		Pretest	Posttest	Mean	SD		
I can sense my child's moods	TLC III	2.09	0.69	2.25	0.71	$t(56) = 1.64$	0.107
	Ready	2.09	0.62	2.26	0.62	$t(33) = 1.53$	0.136
My child comes to me for comfort when upset	TLC III	2.17	0.86	2.07	0.81	$t(57) = 1.10$	0.277
	Ready	1.97	0.76	2.06	0.89	$t(33) = 0.65$	0.521
I can calm my child when he/she is upset	TLC III	2.11	0.72	2.11	0.77	$t(56) = 0.00$	1.000
	Ready	1.91	0.71	2.03	0.72	$t(33) = 0.94$	0.353

Table 8. Caregiver-Child Communication

Question	Kit	Main Effects of Time				Test Statistic	<i>p</i> value
		Pretest	Posttest	Mean	SD		
My child easily asks questions	TLC III	3.41	1.23	2.10	0.40	$t(58) = 0.70$	0.484
	Ready	3.44	1.05	2.21	0.41	$t(33) = 0.80$	0.432
My child easily shares memories	TLC III	3.03	1.35	3.34	1.06	$t(57) = 1.92$	0.060
	Ready	3.35	1.18	3.50	1.14	$t(33) = 0.71$	0.483
I feel comfortable talking about the death	TLC III	3.64	1.26	3.95	0.93	$t(57) = 2.29$	0.026*
	Ready	3.74	0.99	3.94	1.10	$t(33) = 0.98$	0.334
I tell my child it is okay to share memories	TLC III	4.20	1.15	4.33	0.78	$t(54) = 0.72$	0.472
	Ready	4.44	0.75	4.29	1.06	$t(33) = 0.72$	0.474
I tell my child it is okay to have all kinds of feelings	TLC III	4.26	1.12	4.20	0.92	$t(57) = 0.40$	0.689
	Ready	4.32	0.98	4.31	1.03	$t(31) = 0.15$	0.884
I reassure child everything will be okay	TLC III	4.36	0.91	4.19	0.90	$t(57) = 1.30$	0.199
	Ready	4.35	0.95	4.12	1.20	$t(33) = 1.11$	0.274
My child is able to put sadness about death into perspective and be happy at times	TLC III	3.92	1.13	4.08	0.90	$t(58) = 1.20$	0.235
	Ready	3.94	1.13	3.88	1.23	$t(33) = 0.25$	0.804

Figure 11: Which Statement Might You Tell a Child about the Death of a Parent?

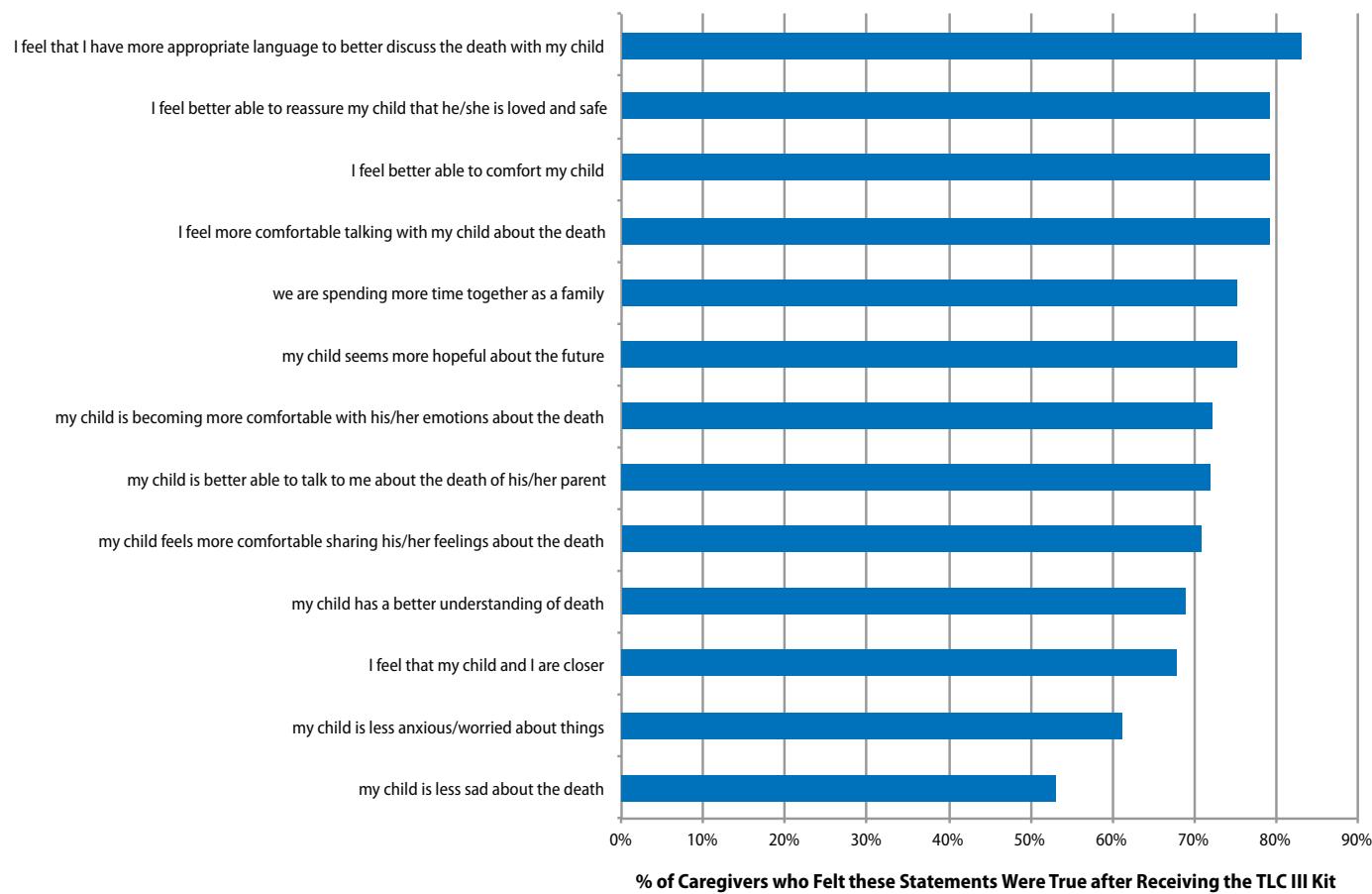


child-caregiver relationship, communication, and distress. Most caregivers felt that the *TLC III* kit had a positive effect on their child's communication and distress regarding the parent's death. According to caregivers' responses to open-ended questions, their child's improved communication about death extended beyond their own homes. One caregiver was pleased that the video encouraged her "children to talk about their Dad more and ask other family members about him."

Additional Data Analyses

Four subsets of participants were of particular interest in this study. Specifically, the research team evaluated the impact and utilization of kit materials in (1) families with children between the ages 2 and 8 years, (2) families with more recent deaths (i.e., when parents died no more than two years prior to participation in the study), (3) families who experienced a military death, and (4) families in which the parent's cause of death was identified as a suicide. The first two subsets were targeted because the kit materials, although appropriate for all families, were deemed most relevant for families with younger children and more recent deaths. The third subset was selected because of interest in comparing differences in utilization and impact in civilian and military families. The fourth subset was selected due to the unique and potentially stigmatizing nature of suicide deaths. Data corresponding to families who met these criteria were selected and analyzed separately.

Criterion 1 resulted in a sample of 58 participants with children between the ages of 2 and 8 years; criterion 2 resulted in a sample of 36 participants who completed the questionnaire within 2 years of the parent's death; criterion 3 resulted in a sample of 41 participants for which the deceased parent was an active member of the military; criterion 4 resulted in a sample of 11 participants in which the cause of death was identified as suicide. The four subsamples did not differ from the overall sample ($n=93$) on any of the demographic variables. Where sample size permitted, outcome analyses similar to those completed for the overall sample were replicated using each subsample. Following these additional analyses, no further significant outcomes were found beyond those identified in the analyses of the overall sample. As a result, no further subsample data analyses are reported here.

Figure 12: Impact of the TLC III Kit on Families

One noteworthy finding with regard to military status was that 100% of caregivers of children whose deceased parent was an active member of the military, reported the death to be sudden and unexpected as compared to 71% of the caregivers of children whose deceased parent was not in the military. This finding led to further analyses of caregivers ($n = 78$) who reported the parent's death to be sudden and unexpected. For this subsample as well, no further significant outcomes were found beyond those identified in the analyses of the overall sample. Therefore no further subsample data analyses are reported.

Given the particularly sensitive topic of parental suicide and the potential for stigmatization surrounding a suicide, Sesame Street's intent to include parental suicide in the *TLC III* kit is a noteworthy effort. Although the subsample of participants who experienced a parental suicide was too small to allow for meaningful group comparisons, it is worthwhile to note that these participants reported similar responses when compared to the overall sample regarding utilization, satisfaction, and understanding of *TLC III* kit materials. In response to open-ended questions, several caregivers acknowledged the importance of including parental suicide within the kit materials. One caregiver commented that, "the topic of suicide was difficult, but it was handled well." Interestingly, although none of the caregivers who experienced a parental suicide commented specifically on the suicide portion of the kit,

most provided responses to the open-ended questions. These generated comments that were similar to those provided by caregivers in the overall sample, praising the materials as “excellent” or “great” resources.

Narrative Comments about the Kit

Overwhelmingly, caregivers’ narrative responses about the *TLC III* kit provided an overall positive evaluation of the materials. Specifically, all caregivers who remarked on the presentation of the materials noted the high quality of the DVD and print materials. Caregivers also remarked on the use of Muppets and live characters — some found that their children could relate better to one than the other — noting the benefit of including both. None of the caregivers reported any problems with the organization or presentation of the materials.

The majority of caregivers also were pleased with the content provided in the kit materials. As mentioned above, the *TLC III* kit was designed to communicate a tone sensitive to and reflective of the serious nature of the topic and delicate nature of its audience. As a result, caregivers reported that they and their children felt sad when viewing the materials. Nevertheless, they were pleased that the materials provided an excellent opportunity to discuss the parent’s death, in some cases for the first time. Caregivers also noted that the materials were useful for helping “families realize that many of their feelings and experiences are normal.” As one caregiver explained, “my 7 year old daughter, who lost her father, said, I didn’t know it was okay to be angry.”

Many caregivers with children 10 years or older thought the materials were best suited for younger children, but noted that the kit was “an EXCELLENT resource to use alone as a parent, and with a child.” Still, other caregivers with children older than 10 years found the materials to be helpful to their children; one caregiver explained that her “11 year old son was very reluctant for weeks about watching, because he did not want to be upset and was unsure what to expect. He was relieved and seemed interested in the other kids’ stories.” A common suggestion by participants was that another kit be produced for older children as they could also benefit from such a valuable resource for grieving families. Caregivers who suggested a kit for older children often lamented not having *TLC III* as a resource available to them when their child was younger.

As a related point, some caregivers who were farther removed in time from their loved one’s death wished that such materials would have been available at a time closer to the death of their own child’s parent. As noted above, approximately 25% of the participants reported the death of the child’s parent occurred more than four years prior to completing the baseline questionnaire. Comments from these caregivers indicated that they “felt this was an excellent starting point for families just beginning the grieving process” but “although still helpful” the kit would have had a greater effect on the family during a time more closely following the death. These comments were expected given that the kit was intended for families with children between the ages of 2 to 8 years. As described above, to provide a more complete evaluation of the effects of the kit, the study included families with children between the ages of 2 to 16 years.

Caregivers also praised the kits’ “realistic” and “effective” strategies for addressing the various ways in which families experience grief, and the kits’ appropriate use of “clear” and “honest” language for discussing the concept of death with children. Although less commonly noted, other comments described the suggested activities to memorialize the child’s deceased parent (e.g., releasing balloons) as helpful to

their family. Other parts of the kit including the parent's guide and storybook also received positive praise from caregivers. One noteworthy suggestion came from the mother of a 10 year old girl. The girl, who has experienced bullying as a result of her father's death, suggested that the video be shown to children at school as a tool to facilitate communication and empathy.

DISCUSSION

Perhaps the most difficult event a child can face is the death of a parent. By producing *TLC III: When Families Grieve*, Sesame Workshop developed a much needed resource for children and families facing this experience. The extension of Sesame Workshop's *Talk, Listen, Connect* series to include materials to assist with the process of coping with parental death posed some unique challenges. The content is more sensitive than many of the other difficult topics that Sesame Street has addressed, either in the *TLC* series, or in other programming. Would families accept these materials? Would parents/caregivers allow their children to view such materials? Would reactions to the emotional content be manageable and not overwhelming to children and parents? Despite these challenges, few are able to provide support and advice from a source as recognized and trusted as Sesame Workshop. Indeed, there is a lack of tools that are readily available and specifically designed for young children in this predicament, particularly those materials aimed at helping families cope with their grief together in age-appropriate ways for young children.

The *TLC III* kit materials provide psycho-education and evidence-based prevention strategies in an attractive package, and in a tasteful, and engaging format delivered by well-known Sesame Street Muppets. But, other questions remain. Could *TLC III* assist in providing useful information that could foster understanding about grief, facilitate communication within families, and assist in recovery and resilience building? Would *TLC III* have an impact on child and caregiver behaviors and grief outcomes? What level of impact is reasonable to expect from a high quality multimedia based prevention program? Could Sesame Workshop successfully include more difficult topics such as parental suicide in broadly targeted family bereavement resources? The purpose of this study was to answer these and other questions about *TLC III*'s impact and success. Results of this study strongly support the success of the program in meeting its programmatic goals.

The kit materials were very well received by families and broadly utilized. Nearly all of the families that received the materials used them. In addition to high utilization of the DVD, the vast majority of caregivers also reported use and benefit of the other materials, especially the storybook/activity book, as well as the parent/caregiver guide. Over 90% of caregivers rated the overall *TLC III* kit as *good to excellent* in quality, with the vast majority of caregivers rating the individual components as appealing, relevant, and helpful. Caregivers reported on the helpfulness of using Muppet characters that were known and trusted to their children. This was reflected in statements such as "my daughter related well to Jesse," or as another parent explained, "it helped her to see the other children's stories, as well as Elmo." Comments suggested that the familiarity of these characters, "friends" that both children and parents grew up with, made it more comfortable for families to use the materials.

Interestingly, caregivers used the materials at a higher rate than did their children, and children in the *TLC III* group used the materials less frequently than those in the *Ready* group. This result may be related to the reluctance of some caregivers to

share the emotionally charged materials with their children. Given the nature of the programming, some mixed emotional reactions were to be expected. In fact, differences in emotional reactions were identified between the two groups with more caregivers in the *TLC III* group indicating that the video made both their children and them feel *sad, lonely, and loving*, than did caregivers in the *Ready* group. This mixed set of emotional reactions is consistent with grief responses — both a sense of connection and loss — indicating that the grief materials served as intended, to connect with the experience of the family without being overwhelming.

Despite greater emotional reactivity and caregiver hesitation, 90% of caregivers discussed the *TLC III* kit materials with their children, indicating that *TLC III* stimulated conversations within families about the parental death. One caregiver's narrative response provides insight into these findings: "my 11 year old son was very reluctant for weeks about watching, because he did not want to be upset and was unsure what to expect. [When he eventually watched] he was relieved and seemed interested in the other kids' stories." Caregivers were instructed to use the *TLC III* materials in ways that seemed appropriate for their individual children. Ultimately, adult study participants used their own judgment to determine how and in what ways they would engage their children with the materials. Also of interest, more *TLC III* group children were reported by their caregivers as interested in the DVD, in comparison to those in the *Ready* group, suggesting that when used, the materials proved engaging. Although sometimes difficult to watch, the *TLC III* DVD was reported as helpful and instructive.

Additional positive findings of this study included *TLC III* caregivers' perceived impact on coping with the death, as well as their ability to talk with their children about the death, both major goals of the program. Caregivers in the *TLC III* group gave higher marks to the impact of the materials on their children's and their own coping with the death compared with *Ready* group caregivers, a statistically significant finding. Similarly, in comparison to the *Ready* group, *TLC III* caregivers more commonly endorsed increased comfort in communicating with their children about the death, another statistically significant finding. In addition, *TLC III* caregivers' narrative responses indicated that the activities and topics suggested within the kit materials provided their families with new strategies for coping and communicating about the death. Caregivers also noted that kit materials validated effective coping strategies that their family already had in place. In these ways the kit served its intended purpose as a resource and support for families coping with the death of a parent.

Given the nature of the materials, some null findings were expected in this study. As mentioned above, the *TLC III* materials were intended as a resource for families, and not as a substitute for grief therapy or treatment for more complex symptoms or problems. Many items included in the questionnaire were intended as exploratory. Items related to caregivers' and children's grief, for example, were included to gain a complete understanding of the sample population as well as to gain insight about the scope and limits of the possible impact a multimedia kit has on grieving families. Also exploratory were items related to caregivers' and children's relationships and engagement. That *TLC III* had no measurable impact on these areas is to be expected.

The overwhelmingly positive evaluation by caregivers' of the *TLC III* kit points to its effectiveness and to the promise of developing future psycho-educational materials for various problems faced by children and families, even very complex

or emotionally charged problems. Both Sesame Street kits were well used and well liked by the study participants. Of note, caregivers' high ratings of the *Ready* materials point to the overall quality and usability of all of the Sesame Street materials that were employed in this study. Nevertheless, multimedia kits are likely to have the greatest impact when used as targeted programs for populations that view the materials as extremely relevant to their most pressing concerns. The data presented in this report support the success of the *Talk, Listen, Connect: When Families Grieve* program and its potential to make a significant impact on bereaved children and families. The findings of this evaluation suggest that materials similar to *TLC III*, which demonstrated its capacity to help adults and their young children communicate about difficult topics, can be further used to educate and engage our nation's families and communities about diverse, emotionally challenging issues.

III

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Elmo's cousin Jesse (center) holds a book with memories of her deceased father.



talk, listen,
connectTM

When Families Grieve

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