

Loss, Grief, and Resilience:

In Children and Youth

by

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Abstract

This Capstone, *Loss, Grief, and Resilience: In Children and Youth*, discusses how children and youth develop resiliency when struggling with loss and grief on various levels. There are four sections to this literature review which include resilience, grief and loss, children and youth developing resilience, and children and youth coping with grief and loss. The information has been gathered from peer-reviewed articles that address these subjects in the past 5 to 10 years. Information has been compiled from experts in the field reassessing previous research as well as some original research, along with discussion on how to define these topics. While researching this topic, it became very evident that there is information available regarding concerns and strategies; however, there has been no cohesive outcome defined. My conclusion, based on my research and also as a professional nurse clinician working with children and youth, has been that communities and professionals need to merge to address these concerns on a financial and resource level.

Keywords: Children and Youth; Grief; Loss; Resiliency; Support

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Loss, Grief, and Resilience:

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Chapter 1: Introduction

Topic Overview

The hope of this paper was to have some clearly defined guidance on methods of supporting children and youth who are struggling with a variety of types of grief and loss and how to increase resiliency. I work with the Ministry of Children and Family Development with Child and Youth Mental Health (CYMH) as a nurse, and in my role, it has been clear to me that there have been huge gaps in the support that is offered provincially and in communities. One of the many significant gaps is supporting increased resiliency and grief and loss.

Purpose Statement

The research question that guides the literature review is “How do we support children and youth in helping develop resiliency when they experience grief and loss?” This research paper will examine this topic from the viewpoints of resiliency generally, resiliency in children and youth, discussion of grief and loss, and finally, discussion of grief and loss specifically in children and youth. Finally, this paper will unite how resiliency can be developed in youth and children who are experiencing grief and loss from a variety of causes.

In my community, when children, youth, and families attend intake at CYMH, most files whose general issue or concern revolves around grief, loss, and the increased resiliency required pertaining to that, those files are as a norm are encouraged to access other resources which unfortunately are always a fee for service resource. For me, I have always found that to be

viscerally challenging as those children need tremendous support as well and they are being sent away due to mandate protocols. We service everything else; why are we not servicing that stream as well? Which then brings another point: We are so busy trying to put on bandages that the part of our mandate that speaks to preventative work is lost for various reasons such as low staffing, high needs, budgetary challenges, and political doctrine.

This literature review focuses on research theories related to resiliency in grief and loss. It will discuss theories of characteristics of resiliency as well as how resiliency is perceived and defined across the field of psychology. It will also discuss the different parts of resiliency along with data-based literature perspectives. There will be a focus on resiliency in children and youth, backed up by studies that discuss screening tools and different concerns that pertain to children and youth resiliency.

This review will also focus on related research practices and applications. It will discuss interventions related to dealing with grief and loss. This paper will continue to discuss childhood and youth grief and loss specifically, including causes and various types of grief and loss, with outcomes, supports, and various assessment tools and applicable strategies in communities.

The operational variables of this paper encompass children and youth from the ages of 5 to 19 years old, with a multicultural and global perspective. For this paper, resources were gathered from a literature review of books and research articles gathered from the City University of Seattle library search engine and from personal professional grief and loss experience, and resiliency training and experience.

The intended audience for this literature review includes my academic supervisors, as well as the faculty committee reviewing this capstone, along with practitioners in the field and

workplace colleagues, and finally, ideally will reach out to policymakers such as those in the Ministry of and Youth.

Conceptual Framework

The traditional narrative approach, using mixed methods, has been implemented in the writing of this paper. This type of literature review is based upon different types of academic disciplines and uses a wide variety of research methods draws from a variety of academic disciplines and includes diverse research methods. The study highlights various issues, trends, complexities, and controversies related to this topic. This literature review aims to critically summarize existing research that examines various theories, methods and studies theories studies, and methods used in existing research, and includes both theoretical and empirical studies. For this study, a representative coverage and scope has been chosen because this is a literature review; at this time, I am not creating my own research study to test a scientific theory.

The variety of research areas used in the studies used in this literature review, some were pure research clinical based research studies and other encompassed areas such as attachment theory, constructivism, social justice, feminism, and narrative.

Contributions to the Field

In terms of critical lenses, this paper will compare various studies and literature reviews related to the research question. While there is a general amount of understanding of this topic, there is quite a range of how this topic is perceived and discussed, and there seems to be a lack of focused answers and new research to support existing knowledge. New peer-reviewed articles are predominantly literature reviews of old research with some new suggestions, but there is a lack of concrete actionable recommendations and limited new research.

It feels as though we need to take research back to specific communities, culturally, ethnically, religiously, geographically, and so on, with their particular situations and needs, and then move outwards, region to region. With the fields of counseling, psychotherapy, and therapeutic community work, there seems to also be a very westernized perspective or viewpoint, along with westernized supports and assessments suggested or used in the current literature. This points to a need to examine childhood and youth resiliency in terms of grief and loss as experienced in other regions of the world, especially as much of the most difficult grief and loss experiences at the present time are focused in non-western nations and regions where war, poverty, climate change extremes, and other issues are greatest.

This paper, while discussing the literature related to childhood and youth grief and loss, and development of resiliency to deal with it, will also attempt to contribute in a variety of way to extending previous theory and developing increased propositions for policy, practice, and action. The literature review definitely shows the challenges and the research already done in this field and displays the limited defined recommendations that are available. Therefore, a goal of this paper is to highlight these areas of challenge in the field by the experts in the field, and to provide some suggestions on how these challenges can be met--for example, having an evidence-based program in schools that starts in kindergarten up to grade 12 to build and increase resiliency in children and youth, better anti-bullying programs, and add grief and loss to the CYMH mandate so that these types of structural power systems that maintain social inequalities can be overcome. These recommendations will be developed in the conclusion to this paper.

Reflexivity and Positionality Statement.

This topic was chosen as I have reflected on my experiences in my professional capacity and have developed personal positions in relation to this topic. I see a huge gap in providing

service and support for the population of children and youth who require the development of resiliency as they experience a variety of forms of grief and loss.

When I first began my work with CYMH, I didn't actually expect to be working with children and youth. I came from an adult field of psychiatric nursing, and therefore I had a very naive view of the system I was entering, especially as the system I came from had been so flawed. This speaks to my lack of exposure as well as my own youth and desire that things are capable of being better. In my late 20s, I felt as if I worked hard enough and advocated hard enough, I alone could implement change.

What never changed was what I thought was missing or wrong. My advocacy waned and ebbed as I was small clop in a very big system. However, children and youth that are being damaged by divorcing parents, or parents that are struggled with mental illness, or families that are systemically flawed in their function, or finally, children and youth that have had other severe losses deserve service and access to that service. What has continued is my frustration with myself and others in my sphere of work life when I hear that does not fit our mandate.

As I have engaged in this research, I have realized that this is just not a community, regional, provincial, or federal problem. This is a global issue on various levels. The conclusion I have noticed is that the issues are so varied and complex that no one answer seems to work in any one place, especially when we bring in political agendas and financial struggles.

From a personal perspective, I see my role as both a subjective participant in this conversation around grief and loss resiliency, as well as a creative evaluator and interpreter of the literature and the supports available. For example, some of the research examined discusses effective support strategies and implementation of these strategies; unfortunately, funding gaps and

challenges render these evidence-based recommendations unavailable to many practitioners in the field.

Key Terms

This literature review will define grief and loss related to death, along with non-death related grief and loss, and will define and develop how resiliency can be developed to deal with these issues. Holistically, the current state of knowledge in this topic has extensive research on what resiliency, and grief and loss, are generally, and what they are specifically in terms of children and youth.

Yet, despite all this research, the field of psychology lacks a clear, agreed up definition of resiliency. Because there is no clear, agreed-upon definition between the studies, the research tends to veer away from the research question posed by this paper. This is complicated by differences in causes for both the need for resiliency and supports required for grief and loss in children and youth. Other complicating issues include the differences found at individual, community, regional, national, and global levels, related to events such as wars, natural issues such as floods, droughts, and earthquakes, and uneven distribution of wealth, all of which impact the differing needs for developing resiliency in children and youth. Sometimes this all feels insurmountable, and it is also reflected in the differing opinions in the research; even while keeping a focus on a local sphere of influence, there are still struggles for funding along with accessibility gaps.

Therefore, one of the aims of this paper is to provide a clearer definition of the following terms, in relation to the research question of developing resiliency for children and youth facing grief and loss. While this paper does provide some of the varying definitions given in the

research, the following definitions will be those that are used for the purpose of fulfilling the research question.

Children and Youth

In terms of this paper, children and youth are children from ages five through nineteen, for the most part. In certain circumstances, younger children may also be included.

Grief: (n)

Dictionary.com defines grief as “keen mental suffering or distress over affliction or loss; sharp sorrow; painful regret. A cause or occasion of keen distress or sorrow.”

Loss: (n)

Dictionary.com defines loss as “detriment, disadvantage, or deprivation from failure to keep, have, or get.” In terms of ***loss due to death***, this paper includes death of parental, family, and significant caregivers. In terms of ***non-death loss***, this paper includes family losses such as divorce or foster-care placement; loss of community; loss of social structure; loss of self. In terms of grief and loss, this paper will define it in the literature related to death, discuss literature related to non-death grief and loss, as well as literature that has offered interventions related to grief and loss.

Resiliency: (n)

Dictionary.com defines resiliency as “the ability of a person to adjust to or recover readily from illness, adversity, major life changes, etc.” In terms of resiliency generally, this paper will define resiliency, the characteristics of resiliency, resiliency as discussed in the literature available, the levels and constituents of resiliency, as well as data-based literature

perspectives. In terms of resiliency in children and youth, this paper will discuss different studies that use the CYRM-23 and the CYRM-R as well as literature that discusses concerns related to child and youth resiliency.

Support: (n)

Dictionary.com defines support as (noun) the act or instance of sustaining, upholding, helping, advocating for, etc.,” and (adj): as serving to assist, such as by providing instruction, or solving problems, managing administrative tasks, supplementing the activities of colleagues, etc.” In terms of this paper, “support” particularly involves outside counselling support to increase resiliency and decrease impact of loss leading to grief.

Finally, children and youth experiencing loss and grief from a variety of causes will be a focus on this paper as well exploring literature that discusses types of grief and loss, as well as symptoms of grief and loss. It also includes how resiliency can be developed and used to overcome challenges of grief and loss.

Chapter 2: Literature Review

Literature Review Introduction and Structure

Chapter 2 of this Capstone starts with a general examination of literature related to resilience, discussing general definitions of resiliency, characteristics of resiliency, forms of resiliency, resilience as discussed in the literature, levels and constituents of resiliency, and data-based literature perspectives. It then goes on to examine the literature related to grief resulting from loss generally, in the literature related to death, as well as non-death grief and loss, interventions related to dealing with grief and loss. Following these general examinations, the paper focuses on these topics as related specifically to children and youth. In relation to resilience in children and youth, the paper discusses studies using the CYRM-28 and the CYRM-R, and a variety of concerns related to child and youth resiliency. In relation to loss-caused grief in children and youth, this paper discusses ambiguous loss and disenfranchised grief, developmental considerations of this type of grief in children and youth, differences between child and youth grief versus psychiatric illness (and medicalization of grief in treating children and youth), resilience pertaining childhood and youth grief and loss, specific examples of childhood grief and loss (parental loss, foster care, mass death), and applications for practice (for professionals, tools, parental and community practice, and social and cultural factors).

Resiliency Defined Generally

When discussing resilience, the definition that is automatically understood is the ability to cope or manage emotionally or mentally when an adverse event or crisis occurs, and then

quickly return to the pre-event or crisis status. It is believed that naturally resilient individuals are more capable of managing challenges and rebuilding or resuming their life, post-challenge or post-struggle. Many factors may contribute to one's capacity for resiliency, such as genetics and/or social determinants. While less resilient people may possess some capacity for resiliency, they may need to learn and work toward this behavior more than those who come by resiliency more naturally.

Resilience is the capacity to cope with and recover from life challenges and setbacks. Resilience involves having strong coping skills and utilizing the available resources, asking for support when needed, and problem-solving ways to manage adverse life events. Resilient people can use both their strengths and coping skills to address life challenges (Horn et al., 2018).

This does not mean resilient people feel less anxiety, grief, or distress than others. Rather, it means they do not live in a space of despair or avoidance, and they use healthy coping skills to manage life difficulties. This also does not mean the process of coping is a linear event, but rather, it is a path to an outcome that is stronger, healthier and more desirable (Horn et al., 2018).

Characteristics of Resiliency

To be resilient requires developing several characteristics, such as effective emotional regulation, survivor mentality, problem-solving skills, self-compassion, and support (Vaughan et al., 2019). In my experience, effective emotional regulation for children and youth means support from early stages of development in learning to calm their bodies and brain down when they are dealing with situations that are highly escalating for them. For example, if my toddler is having a meltdown because it's time to put away the toys, instead of yelling at them or feeding into the chaos, staying calm, modeling, allowing the toddler the moment, and then engaging with them in

a calming activity and validating how upsetting the situation is to them. To me, survivor mentality involves a genetic foundation that allows for some level of resiliency when confronted with challenging childhood life situations; I would say a glass half full rather than half empty concept. Developing childhood resiliency therefore may require helping the parent or caregiver to develop better forms of coping strategies, problem-solving skills, and self-compassion, so that their children can in turn become more effectively self-regulated and resilient.

When discussing resiliency in individuals, we examine characteristics such as having the capacity to communicate well, developing an internal locus of control, managing emotions effectively, and having a developed sense of emotional intelligence, along with having confidence in oneself and one's capacity, and not falling into a victim mentality. These are all key to positive outcomes (Reid, 2016).

Forms of Resiliency

Resiliency not only requires different characteristics; there are also many forms of it, and each of these can influence an individual's capacity to cope with stress. These forms are emotional, mental, and social resilience (Whitson et al., 2016) (Kwok et al., 2016). Emotional resiliency, for me, is how one responds to challenging, difficult, and unexpected situations. Mental resiliency is the person's ability to adapt to change and uncertainty; it refers to your flexibility in challenging times. Social resiliency is the ability to tolerate and cope with environmental and social concerns, such as bullying.

A common belief is that those who are more resilient are better able to manage the challenges of life, and after a struggle, can have better life outcomes. Life challenges are inevitable and vary on the spectrum of inconsequential to disastrous. This can range from being

late or stubbing a toe, to suffering the loss of a loved one or experiencing natural disaster or being affected by a terrorist attack. When people lack resilience, they struggle to manage and may be overwhelmed by these experiences; so, they use unhealthy coping techniques or mechanisms to cope with or manage these situations. They may utilize behaviors that are dangerous, high risk, or just unhealthy; and they are slower to recover, and experience more trauma and distress, than their more resilient counterparts (Walker et al., 2017).

Resilience as Discussed in the Literature

Definitions of resilience vary in different ways across the available literature. Richards and Dixon (2020) describe resilience as a “dynamic process” that is not stagnant and continues to adapt in a way that is positive when coping with adversity. They argue that resilience is continually growing and shifting and does not stay “stagnant.” They state that resilience is “tested on an individual, organizational, and societal level, but appropriate guidance, access to resources, [and] early intervention can lead to strengthened resilience and improved mental health outcomes” (Richards and Dixon, 2020, p. 878).

Guimaraes (2018) states that resilience is the process of adjusting to difficult or challenging life, environmental, or social events. He feels that resilience alone is not usable or functional. It must be used in a variety of contexts such as cultures, families, societies, organizations and individuals. He states that resiliency is not being immune or vulnerable to stress or challenges, but rather, it is adjusting to difficult circumstances in a healthy, positive manner.

Guimaraes (2018) interestingly discusses resiliency in two different contexts. He suggests that if it can be defined as a trait or a process, both inherently activated in response to environmental engagement.

Kuldass and Foody (2022) have also explored the concept of resiliency being defined as a personality trait or a continuously shifting state. Although there is interest in resiliency in the field of psychology, there has not been a definitive, commonly accepted definition developed. These authors feel that instead of approaching this definition from a dualistic approach, it should be approached from a transactional perspective which will hopefully “facilitate and build consensus” in regard to an agreed upon definition for resiliency.

Bruijn (2020) indicates that resiliency has no common definition. He states that different literature has defined resiliency in different ways, depending on context and concepts addressed. He feels that available definitions address resiliency in either a very narrow or broad context, but that more recent literature is using it as an “umbrella concept” which, although it is being used in many ways, does not decrease the importance or value of the word. If anything, its broad scope indicates that resiliency is a word, a topic, a way of being that has great value in being explored and addressed and not ignored.

Angler et al. (2016) feel that “the original definition of resilience forwarded by Holling (1973) is still the most useful. It defines resilience as the amount of disturbance that a system can withstand before it shifts into an alternative stable state” (p. 617). They feel the word “resiliency” has lost its clear definition and is in many cases used exactly opposite to its original definition. They feel many current uses are “loose and incorrect.” Resilience is not shifting into an “alternative stable state,” but is the effort to “withstand attempts” to shift into other states, desirable or otherwise.

Whitson et al. (2016) also report that agreement has not been reached on how resiliency is defined, and have chosen to address the definition by encompassing a “whole person” view, which is effective in the broader sense, while resiliency as described earlier can be related to many issues, concerns, events and situations. However, at times it also needs to be more precise to address other situations.

Levels and Constituents of Resiliency

The available literature discusses resiliency on many levels including physical, psychological, environmental, social, ecological, and general. All these, combined or individually, are important aspects of resiliency.

According to Richards and Dixon (2020), many things can strengthen resiliency, such as suitable direction, approach to funds and other assets, and timely mediation which are also important for improved or stable mental health. One of the major constituents of resiliency is social connectedness, which is very necessary for improved coping and adjusting.

Richards and Dixon (2020) suggest building “psychological capital” through various means, focused on the particular individuals, such as building connections, prioritizing relationships, fostering wellness physically (such as sleep, hydration, nutrition and exercise), along with mentally (with activities such as mindfulness, enjoyable activities, and avoiding riskier coping methods like alcohol or drugs), promoting a positive outlook, and seeking outside support when needed, all of which help to increase capacity.

Santoro et al. (2020) report that the literature states the best method to increase resiliency and overall health is by supporting the increase and development of “internal skills and competencies” (p. 458). They encourage supporting behavioural competencies, such as

encouraging self care, learning, improving skills, and focus on healthy habits along with healthy relationships, positive regard, and a balanced lifestyle.

Vardy and Smith (2017) feel that the term “resilient” has become an exploited word to address anything and everything. They feel relationships and connections need to be given more support to address increased resiliency and improved societal and environmental functioning.

Vaughen et al. (2019) discuss the importance of emotional regulation as an important negotiator of resilience. There is a positive impact on coping when people can appropriately regulate and manage their emotions and responses. This coping enhances resilience. Emotional regulation supports increased resilience, along with increased management of distress.

Whitson et al. (2016) discuss that both emotional and physical resilience have a positive impact on aging and coping with the life consequences that are part of aging. As previously stated, they discuss resilience in terms of the whole person. In aging, resiliency is not only related to physical decline, but also to cognitive, emotional, social, and familial changes where all the life stressors involve shift.

Osorio et al. (2016) state that individuals respond and react to “extreme stress and adversity” in many different ways. Some may struggle in the moment, work their way through the distress, and either show no “symptoms of psychological or physiological ill health, while others may have anxiety, depression, or post-traumatic stress disorder. There continues to be a debate within the literature regarding the cause and effect of how resiliency is or is not enhanced.

Guimaraes (2018) points to different literature to discuss protective factors that encourage resiliency holistically. He reports that research offers physical and psychological characteristics that may have a causal relationship such as a higher standard of living which promotes an

improved quality of life, increased happiness, better mental health, gentle aging, lower rate of depression, and an improved and longer life span. This literature suggests that some individuals are more resilient than others due to environmental or social factors such as a present and effective support system, more successful opportunities, better biological factors that enhance coping, other non-biological factors that work with or without other factors to promote access to supportive and healthy relationships, effective and caring family bonds, and “quality bonds.” It is reported that having healthy and interactive social connections decreases stress mentally and physically.

Guimaraes (2018) also reports that personality plays a big role in resilience. Individuals with a positive outlook, good self-concept, strong belief in self, and optimism are more successful in coping and achieving their goals. He suggests that individuals who feel that their actions have an impact on the path their life takes, and who have a belief that they can deal with life, have less distress and suffer less from stress. These people are more flexible toward life events and adapt to challenges in a more effective manner.

Religion also plays an important role in resilience, according to Guimaraes (2018). In most situations, having a healthy religious or spiritual routine and relationship with a higher power improves quality of life and view of life. Individuals who have struggles with their own belief system may also struggle with long term healthy coping and stress management.

Data-Based Literature Perspectives

Different literature and studies come from varying perspectives with data-based research versus the narrative approach. There is some literature available that has studied the tools used to quantify resiliency.

Leykin et al. (2013) created an assessment tool to measure community resiliency. In their report, they determined that the tool they created, The Conjoint Community Resiliency Assessment Measure (CCRAM), was developed to attain “an integrated, multidimensional instrument for the measurement of community resiliency” (p. 313). The study reports the conclusion they reached, after using a sample of 1052 community participants, was that this is an effective tool for measuring internal and external validity. This tool was based on self-reporting using a degree of scientific protocols to maintain some level of standardization.

Chuang et al. (2020) attempted to modify Hollnagel’s Resilience Assessment Grid (RAG) for assessing resiliency in emergency departments in hospitals. The attempt was not as successful as they had hoped. The study concluded that the ED-RAG only addressed a small moment in time under specific circumstances. They reported that it needed to be performed multiple times to get any usable outcome; the scale also required up to two hours to be performed. Some of the challenges initially evident were translating the scale into Chinese to adapt to that particular population. The challenge is that the questions on the scale need to address the cultural challenges. The modifying of a general scale for a more unique setting is also problematic and may not address the unique circumstances related to emergency department needs for users. The authors of this study indicated in their conclusion that further studies are required to address and resolve the methodological weaknesses for this study.

Quinlan et al. (2016) published a study that, due to growing interest in learning how to manage resiliency, discussed measurable and standardized assessment tools. Despite that, resiliency is challenging to quantify in a measurable way. This literature analyzed the limits and strengths of assessing and quantifying resilience and how they worked together. In conclusion, the major issue in measuring and quantifying resiliency was having a clear and agreed upon

definition which would inform the usefulness of the tools developed, moving forward. This study concluded that “to be effective, metrics of resilience need to be evaluated to determine if they are actually meeting the needs for which they are designed” (p. 685).

Finally, Salisu and Hashim (2017) reviewed “some of the most commonly used measures of resiliency” (p.23). Of all the scales used, only four were used commonly, and therefore in this review only they were assessed. They reported that the scales were reviewed “based on their psychometric properties, validity, reliability” (p. 30), and of these the mostly widely used scale was the Connor Davidson Resilience Scale (CD-RISC). They concluded that some of the challenges were that most of the studies that used this scale were in medical or disaster settings and therefore it was important to test and study this scale in a variety of other settings to get a more accurate construct of its usefulness.

Grief and Loss Defined Generally

Grief is a personal response, whether in bodily, psychological, or societal form, to losses such as a highly regarded person, object, or other type of loss. The loss may be real; for example, the passing of a beloved person or the loss of valued belongings. Or the individual’s perception of the loss may be unique to that person, and not understood or experienced by others. However, people can express grief in unique and personal ways. Some people do not experience an intense reaction. Most people experience fluctuating reactions for a period. While some people do not experience grief intensely, many people do experience a variety of forms of grief which shift from time to time, and still others evolve a level of distress which becomes increasingly complex.

In conclusion, grief is generally viewed as a group of struggles, whether intellectual, psychological, or social, that develop after intense personal loss, whether by death or non-death causes. These grief responses to loss, no matter what personal form they take, are a normal and inevitable life process.

Grief and Loss in the Literature, Related to Death

Elisabeth Kubler-Ross is credited for introducing the stages of grief. Corr (2020) reminds us that “The five stages are denial, anger, bargaining, depression, and acceptance [DABDA] (p 294), and adds that the use of the “stage” format is common in many disease diagnoses.

According to McVean (2019), Kubler-Ross created these stages after interviewing a number of individuals with terminal illnesses. McVean states this “five stages of grief” model was never meant for the bereaved, but for the dying. The author also states that Kubler-Ross’s book, *On Death of Dying*, says that the individuals close to the dying person go through their own distinct stages of grief and coping, not dissimilar to the stages that the dying goes through. McVean continued that Kubler-Ross based her model on case studies, not any concrete research or investigation.

Moore et al. (2020) state that “dying, death, and grief are universal human experiences that are impacted by cultural values and beliefs” (p. 189). Ibrahim (2023) states that the loss of someone we love can have a strong impact on our personal identity, where the affect can be both terrible and wonderful. Terrible because the loss is so hard. But wonderful because such life challenges allow for the building of resilience. He does not view grief as a last answer but as a life process that requires navigation. Ibrahim indicated that for everyone grief takes different forms as its process is influenced by time, space, memories, and life experiences.

Smit (2015) indicates that it is normal to respond to loss by grieving, even in complex ways. The author goes on to discuss how grief is a personal journey and each person will have a different path related to the same loss. The grief process is individually unique and complex. The responses to the loss are varied due to relationship and attachment, the manner of the death and loss, religious beliefs, history of the relationship, age, gender, personality, ethnicity, and life experiences.

Smit (2015) goes on to state that “grief is about relationships ... [and the] more significant the loss is to the person, the more intense or complex the grief” (p. 34). The biggest issue most people have is feeling helpless and lost. When experiencing a loss, we are reminded about the harshness of death and grieving, and that is an inevitable life process. Furthermore, the thought that we need to “get over it” quickly is unhealthy, while developing a new way to manage our connection or relationship with a departed loved one is healthy.

Grief and loss of loved ones is a large topic with many variables and paths. Douglas (2014) indicates that health professionals and counsellors need to be familiar and comfortable with all grief theories, including “frameworks that promote more complex and long-term ways to cope with loss” (p. 695). Douglas suggests becoming familiar with more recent evidence-based theories that suggest healthier coping strategies and adjustments that are based in “meaning making.”

When coping with the loss of a spouse, one’s identity is impacted. Wehrman (2023) reports that reconstructing or recreating one’s identity after the loss of a spouse is a significant part of managing and coping with grief. Fagundes and Wu (2020) also report that “spousal bereavement is associated with elevated risk of morbidity and mortality” (p. 235).

Fagundes and Wu (2020) believe that bereaved spouses have maladaptive patterns of coping on a whole, whether it be physically, emotionally, psychologically, spiritually, or socially. They report that widows or widowers take poorer care of themselves after the loss of their spouse than before, although there is little research to support this.

Losing one's spouse or partner leads to extreme emotional distress and pain and has been described as being "broken-hearted." This kind of loss creates an emotional, psychological, and physical toll on a person, which makes coping challenging.

Nuttman-Schwartz et al. (2019) state that the loss of a spouse also includes challenges such as emotional, financial, physical, and social. These losses are accompanied by varying patterns of grief, ranging from chronic, complicated, prolonged, and traumatic responses to grief. There is also the outcome of growth post the trauma and developed resiliency.

They add that the way the bereaved spouse copes, including managing both internal and external conflict, is usually defined by the social and cultural community they function in.

Nuttman-Schwartz et al. (2019) further indicate differences regarding how younger bereaved spouses cope versus older. Loss of a spouse at a later stage in life is considered part of the life process. However, losing a spouse at a younger age does not fit the normal path of life and therefore is not as easily rationalized. These authors go on to discuss that an individual who loses a spouse at a younger age has additional challenges, including complicated grief, due to the cause or reason of loss, the additional challenges of raising children alone, their grief and loss, loneliness, and isolation as well as, again, the shift in finances.

There are expectations, hopes and values that are placed in a spousal, partner relationship, as well as in other relationships. However, when a spouse passes, for the remaining partner

accepting, managing and reconfiguring one's life path and worldview can be painful and complicated.

According to Meltzer (2022), there is link between the loss of a loved one, complications in coping with grief, and substance abuse. This study indicates that using substances is a response to maladaptive coping, and individuals who already struggle with addiction are more prone to complicated grief symptoms and they lack effective strategies to manage a loss. When trying to manage complicated grief, coping strategies range from withdrawing socially, wishful thinking, extreme emotional presentation, and self-criticism.

Levi-Belz and Ben-Yaish (2022) report that suicide loss survivors “are a population with unique characteristics that increase risk for developing grief complications and guilt” (p. 1). These feelings of guilt and complicated grief may lead to challenges with their support network and social relationships. They have reported that the feelings of guilt are an added factor in the already complicated grief situation and may require specific therapeutic interventions that focus on maladaptive thinking patterns.

Non-death Grief and Loss

Non-death grief and loss are also factors that need to be considered. Yehene et al. (2021) report that there appears to be a dramatic increase in those needing care as well as those providing the care. Loved ones are not only struggling with the added physical, emotional, financial, and psychological stress of giving care and support, but they are coping with loss of the person they once knew. They are grappling with not only the medical issues but also with grief over the loss of a relationship, as well as the changes that have and are occurring in the

person they once knew differently. They need to continually reassess and remind themselves that this is a different person now, with many ongoing challenges that will need to be addressed.

Gitterman and Knight (2019) report that individuals who are coping with non-death grief and loss are mostly ignored. These individuals are left alone to cope, managing all the various types of challenges, such as grief, financial, emotional, physical and medical on their own without any support.

Lewis and Fox (2019) state that supporting the grieving individual is a key intervention in helping them cope with the grief and loss process. They recognize that communication, education, and emotional support are important and key features in grief work.

Wheat et al. (2022) describe grief as a universal experience, no matter whether it follows various non-death losses, losses due to death, or ambiguous losses such as brain injury or addiction.

They indicate that not all grief and loss processes require professional intervention to help people in grief to manage, but a portion of the population coping with complicated grief do need additional support.

Granek et al., (2017) report that specialists have struggled to cope with grief alongside family and friends. They have experienced behavioural responses such as crying, sleep issues, cognitive challenges such as rumination, self-doubt regarding their own skills for the patient, and physical responses such as fatigue, aches and pain, and chest pain. They also noted that emotional responses such as anxiety, irritability, sadness, helplessness, relief, and guilt along with loss.

Ren (2023) states that grief instigates a wide variety of symptoms and sensations in the body and mind, such as weak muscles, anxious stomach, muscle and bone pain, and a feeling of hollowness and emptiness. There are challenges with sleeping, vision shifts, as well as shifts in the world view.

Interventions Related to Dealing with Grief and Loss

MacArthur et al. (2023) report in their study that there is a need to explore bereaved persons' experiences in order to better comprehend their personal grief responses, and to develop support that is specific to the person's needs. They used in-depth interviews and requested journals and diaries of individuals following their death in palliative or residential care facilities. They analyzed themes such as lived experience of loss, relationships in the bereavement, loss over time, social support, and acknowledgment and recognition.

They did report several limitations in their study. For example, they used an appropriate sample size; however, the sample population was not diverse and was very limited to one population, and the sample population was from only one care provider in one city.

Lewis and Fox (2019) discuss social work, hospital social work, and interventions. They discuss tasks of grief, shifts between loss and coping, and evidence-based techniques and trends which social workers use, develop, and extend in acute healthcare settings. This assessment of the use of practical versus theoretical models reflects a broad view of loss types and grief styles. These authors discuss factors influencing the loss experience, reducing the carer's burden, addressing mental health issues, and providing psycho-social education.

Lewis and Fox (2019) also reported that family-centered interactions were more effective in communication and emotional support, which is the backbone of grief work. They discussed

the need for more extended and longer-term support groups and the needs of these support groups. Challenges are reported when there is limited knowledge about death and grief, while working and supporting in a social worker role. It is understood that medical teams often have limited comforting skills, and there is a need to connect people to resources and supports that pertain to them. The medical team and social workers often have a lot of theory but limited training in counselling skills, and therefore they lack the ability to implement practical skills. However, it is important to practice and use what skills and theory that are available, while continuing to learn to improve and increase the skill set needed in this setting or other settings.

Ganeck et al. (2017) report educational and supportive interventions are required for not only friends and family but all members of the medical and care team, as all of them are impacted and have a grief response.

They report that literature is available on grief and loss of terminally ill patients, but there is not enough, and it is mostly anecdotal. The lack of research and study on the impact of loss and grief on the medical team, including the specialists, is limited, yet they are all adversely affected, and their professional and personal lives are impacted.

Douglas (2014) discusses that medical professionals who will be dealing with grief and loss in some form need to be aware of approaches to manage bereavement and need to develop some skills in bereavement counselling.

Smit (2015) shows that how we look at grief, and the models we use to help understand it, have changed over the years with more research and attention. Grief and loss models and theories attempt to address the impact and reaction to grief. This allows for better identification of appropriate supports.

In reflecting on professionals who work in palliative care situations, Strada (2013) notes they “need to recognize the impact of grief on coping skills, adjustment level, the decision-making process, and even treatment compliance” (p. 5).

Smit (2015) states that previous grief models helped create more effective present grief models as the new models give value to the person wholistically. He adds that “Grief models can help all professionals more fully understand both the impact of grief on the individual and their reaction, which helps to identify when additional support is appropriate and, in this way, improve grief and loss support for patients and their families” (p. 5).

Resilience in Children and Youth

Building, supporting and nurturing resilience in children and youth is necessary for healthy adults, lifestyles, and society. As much as there is a hope and desire that childhood is idyllic, that is unfortunately not realistic.

Children and youth face many adversities, be they social, academic, technology related, or health and environmental. There are also many children and youth that face more visceral hardship, such as abuse, violence, loss of parents and family, mental health concerns, developmental concerns, or physical issues.

Unfortunately, life and the world have intricacies and complexities that childhood may not allow for buffering against. “Building resilience—the ability to adapt well to adversity, trauma, tragedy, threats, or even significant sources of stress—can help our children manage stress and feelings of anxiety and uncertainty” (APA, 2012). Furthermore, as empathetic beings, it is not unexpected for us to experience some level of emotional response when faced with loss or trauma, whether our own or someone else’s. Unfortunately, resilience does not mean being

free of experiencing challenging life events, distress, or trauma, but just that the ability to manage it is present and evident.

Masten (2014) states that the United Nations reports development of children has been impacted worldwide as millions of children face yearly “disasters, conflict and many are displaced as a result” (p. 6). The author adds that an astronomical number are “suffering from abuse and neglect, as well as sex trafficking and other forms of exploitation” (p. 6). This article touches on the global concerns regarding children and youth, as well as the future of society.

Jefferies et al. (2019) collected data to identify whether there was a correlation between consistent physical education and increased extra-curricular activities focused on physical exercise and the psychosocial in relation to resiliency. They found improved resiliency where children and youth were physically strong and confident. They indicated that this study supported the importance of physical education and sports in schools.

Nelles-McGee et al. (2022) conducted a literature study to assess whether there was a biological shift in children and youth who were exposed to ongoing abuse and mistreatment. This document did show a shift in certain genes, and the role of resilience in child and youth outcomes. *Health & Medicine Week*, 21 Jan 2022, p 2542, reported that research from McMaster University indicates that there is a clear impact on children that are mistreated, leading to poor mental health and physical health outcomes, and reports that this mistreatment also leads to biological changes. I'm wondering if this is also evidenced by the generational trauma we are seeing in different ethnic cultures such as the First Nations. I have been witness to a growing discussion on epigenetic impacts and factors of ongoing mistreatment on shifts in genes and resulting effects on treatment of children by parents who have experienced trauma themselves.

Studies Using the CYRM-28 and CYRM-R

Renbarger et al. (2020) state that the Child and Youth Resiliency Measure (CYRM-28) came into existence as a way to quantify resilience cross-culturally, and this format has been used across the globe. Early research was aimed at preventing psychopathology among children; research focused on looking at issues that allowed for tolerance and resistance to stress in the important first twenty years of life, especially during adolescence.

Renbarger et al. (2020) correctly state that childhood and adolescence is time for significant change, emotionally, physically, cognitively, developmentally, and environmentally, and therefore studies on resilience need to give this developmental time great value and importance. They indicate that this is the time during which adaptive and maladaptive coping develops. They advocate for a comprehensive assessment to determine which factors need to be supported to promote and maintain resiliency.

Renbarger et al. (2020) define resiliency as a process of “positive adaptation in the face of significant adversity; a dynamic process in which an individual merges relatively unaffected despite exposure to ordinarily harmful circumstances” (p. 897).

This is very challenging definition, as life challenges, events, and circumstances are meant to change an individual, especially as a child and youth. These events, milestones, or just living are meant to help build, grow, and help teach the ability to adapt and cope, but this is not possible without some impact and shift, I do not believe, regardless of the situation, that one “merges relatively unaffected.” I am not sure how realistic this is.

Kaunda-Khangamwa et al. (2020) also studied the use of the CYRM-28 in Malawi with youth living with HIV, as there was limited evidence of its use in countries with limited

resources. Although the focus of this literature review is not screening tools, the use of this one is interesting.

According to Kaunda-Khangamwa et al. (2020), many international attempts have been made to validate this screening tool, such as in Canada, New Zealand, Australia, and South Africa. These studies have attempted to address many factors, including culture and biological, to allow for some level of standardization across populations and countries.

These authors were able to support the use of this tool, but in a very modified environment, and stated that they were unsure of how valid it would be across the population for their country.

Other studies have tested the validity of the CYRM-28 and CYRM-R in recent years and found it effective across cultures.

Girolotti and Patterson-Young (2023) used the CYRM-R along with qualitative interviews in the UK and were able to show a connection between increased resilience with consistent school attendance, family and social support, and with stable finances. Lower resiliency was indicated when attendance, support, and finances were impacted. Govender et al. (2017) found a similar correlation using a cross section of South African youth with the CYRM-28. And finally, Singh et al. (2022) used the CYRM-28 in India and determined not only a similar correlation, but also indicated that this tool showed a cross-cultural validity.

A Canadian study of the CYRM-28 unfortunately is older, from 2012, by Liebenberg et al., and was used with youth in Atlantic Canada with complex needs. They reported this scale was originally created for use across countries and may be used to assess resilience of youth and children in many cultures, communities, and ethnicities in Atlantic Canada. The Canadian study's outcome was that it was reliable in measuring resiliency in youth with complex needs.

However, Jefferies et al. (2019) later validated the findings of this study regarding the validity of this measure across cultures.

Concerns Related to Child and Youth Resiliency

There are many concerns for children and youth that challenge the building of resiliency. Bigsby (2018) suggested after a study in New Zealand that, due to the frontal brain still not being fully developed, adolescents' view of situations may and do differ from an adult's perception, thus skewing the teens' ability to cope. Bigsby referred to the ABC guide to resilience, where A is Adversity, B is Beliefs, and C is Consequences. She further adds D is Dispute, E is Evidence, and finally Alternatives to teach how to cope and build resiliency. This guide is reminiscent of the Thoughts, Feelings and Actions/Behaviour triangle in Cognitive Behavioural Therapy (CBT), where one is focused on recognizing their feelings, thought and responses, and then challenging them and looking for other outcomes as possibilities. The study's author endorses teaching these strategies to children and youth in schools and having educators and parents familiar with these skills to help support the young population.

Yoon et al. (2023) completed a study of children and youth in care, where the impact of being mistreated affected resiliency. They report that children in care who are mistreated and who struggle with low resiliency have very low protective factors in the domains of family, social, and academic environment, along with in care.

Oshri et al. (2017) have completed a study to recognize how social skill development impacts or supports resilience. Although children who are mistreated have vulnerabilities, there is still potential for positive outcomes. They report that protective factors such as individual therapy, family and school support, and social service availability lead to not only increased outcomes for social skills but resiliency as well. They conclude that increased social skills are

important to increased resilience, and they state that “despite developmental challenges, not all abused youth pursue maladaptive trajectories” (p. 1087).

Surili et al. (2021) explore the impact on Black, Indigenous, and People of Color (BIPOC) with numerous co-occurring crises in the world and the “deeply rooted social and racial injustices” (p. 1). From COVID-19, to environmental concerns, to social justice impacts, these are all harming children and weakening resilience and coping. Surili et al. report worldwide increase in anxiety regarding climate change, wars, disease, and the future. This is negatively impacting children and youth and their ability to cope as they are influenced by the reactions of the adults they rely on.

McDonald-Harker et al. (2021) discuss the positive impact of sports in building resiliency in children and youth. They report that sports have shown to have some positive gains with children and youth who have been exposed to trauma. “Sport can provide children with a safe, structured, and supportive learning environment” (p. 33). Use of sport allows the children and youth a safe place and opportunity to “discuss challenges and useful strategies, communicate and interact with peers” (p. 33) Furthermore, these children and youth have adults available who are mentoring and facilitating healthy coping and interactions.

Garcia-Parra et al. (2021) also published a review that concluded that building resilience would be more effective if it was a multidisciplinary approach, as opposed to focusing on only one factor or another. They supported addressing all the variables such as family, community, environment, and the academic arena.

Khanlou and Wray (2014) focused their study, using literature reviews, on how communities viewed and supported child and youth resiliency. They discuss that

Research clearly indicates a wide range of powerful social influences and relationships that foster and promote the development of resilience— influences and relationships that cut across individual, family, community, school and society in a longitudinal process. Yet existing evidence-based programs and the diffusion of resilience interventions do not fully reflect such an expansive view of strength development, social risks and assets. Despite evidence pointing to the powerful influence of community interventions such as home visiting or early child development programs on improving life chances for disadvantaged or marginalized children, these critical developmental sources of resilience are not well defined or shaped by resilience research and content knowledge (at least in terms of well evaluated and explicit program philosophies and approaches such as social emotional learning) (p. 75).

Khanlou and Wray acknowledge that although there is no research or “case-studies,” there is strong evidence that the whole community approach when used for promoting resilience shows that communities who work together can make significant shifts.

Ruiz-Roman et al. (2020) state in their review that resilience is not a static quality, but always adapting and shifting. They indicate that along with it being a personality trait, it also is enhanced and developed by not only the individual’s ability but their experience and supports in their environment.

APA (2012) reports a number of things that are necessary for resilience development in children and youth. They provide a number of practical and useful ways to develop resilience in children and youth. For example, children need to be taught to be involved with other children,

and with family and other networks, through the use of empathy skills, listening skills, and helping skills, all of which result in connection-making and empowerment. They would also benefit from structure that includes daily routines that start from basic self-care which includes nutrition, sleep, exercise, hydration, and relaxation. But with all this, regardless of the routine, flexibility is necessary along with taking time out to listen and validate, helping your children process big feelings. Along with this, helping children learn to problem-solve and create manageable goals, leads to them having increased confidence in themselves, and as they succeed in even the smallest goal, they learn to become hopeful and positive. Finally, during the process of problem-solving, as children work through options, the hope is that they learn more about themselves and the world around them. Therefore, as parents, we support them even as certain things do not work and they tackle the changes that are part of their journey and development.

Finally, building resilience in children and youth is evidenced to be multifaceted. It requires support and nurturing to be developed in all spheres of a child's or youth's existence, whether those spheres be internal or external. It is important to have compassion and empathy and learn the ability to problem solve and manage anxiety, along with many external protective factors such as effectively affectionate parenting, good health, healthy food, and access to proper health care as well as social and academic supports.

Grief and Loss in Children and Youth

Grief in children and youth happens when they lose a person of great value in their life, as well as loss from other sources which will be discussed below. In my research, I have found a significant number of articles on grief in adults, but unfortunately, considerably less literature about grief in children and youth.

While researching the definition of grief and loss for this paper, I have found this challenging, as grief and loss is so intimate and personal for each individual; no two people will process, describe, express, or define it in the same manner, and there will be an indescribable number of ways it can be caused.

“Grief is an inevitable, never-ending process that results from a permanent or temporary disruption in a routine, a separation, or a change in a relationship that may be beyond the person’s control. This disruption, change, or separation causes pain and discomfort and impacts the person’s thoughts, feelings, and behaviors. Although loss is a universal experience, the causes and manifestations of it are unique to each individual and many change over time” (Fiorini and Mullen, 2006, p. 10).

Grief is a normal and necessary outcome of loss. It should not be seen as a psychiatric response that one puts a time frame on. Although grief usually results in feelings of sadness sorrow and pain, it is necessary to recognize grief as a non-linear process which is expressed through emotions, perceptions, physical sensations, and behavior.

Types of Childhood Losses

The literature researched for this paper indicates there is a wide range of causes and types of childhood loss. Harris et al. (2017) list causes including family issues, unavailability of a parent(s), violence in the home situation, various types of abuse and mistreatment, foster care and similar guardianship systems, poverty, inadequate insurance, divorce, moves requiring changes in friends and school, moves which result in a child needing to develop new friendships and attend new schools, family trauma, changes in financial status, repeated violence and abuses, human made mass tragedies (existing with fear, unsafe childhoods, lack of safety, violence), and

other psychosocial stressors. Lin et al. (2021) add to this list, in a study of women who were child sexual abuse survivors and whose abuser has passed away, noting that the resulting grief reflects a complex relationship, in which there is loss of opportunity to confront the abuser and clarify and connect with the person; in which the funeral becomes a liability rather than a benefit; and often results in poor understanding of multilayered grief by others. These factors of course often add to the losses and grief listed by Harris.

Ambiguous Loss and Disenfranchised Grief

Mitchell (2018), in an article which focuses on the development of loss, grief, and other types of trauma faced by children placed in foster care situation), defines ambiguous loss as non-death loss which negatively impacts psychological and emotional well-being, and often provides little or no advance notice. Ambiguous loss may also be referred to as “symbolic loss” or “separation distress.” Disenfranchised grief can develop when the type of grief observed seems unusual in terms of what society expects of a person who is facing loss through death. Since non-death losses may not be seen as being as impactful as losses due to death, children may not be expected to suffer much grief and to be expected to quickly get over such losses.

Harris et al (2017) describes how ambiguous loss can impact all areas of a child’s life. Examples of ambiguous loss include divorce; physical absence of a parent who is still known to be alive and who consequently is still present to the child in a psychological way, (e.g. through war, incarceration, coma); psychological absence of a parent while still physically present (e.g. through dementias, some traumatic brain injuries, mental illness); and placement in foster care (resulting in physical absence and/or unavailability of parent(s) and other family members); or family members who are missing and assumed to be dead).

According to Leitch, J. (2022), relationship losses due to non-death causes and other social factors often result in problematic behaviors which may actually indicate ambiguous loss and disenfranchised grief. This study goes on to say that “the effects of ambiguous loss can be offset by supporting children ... to understand that their losses may not be resolvable, to build tolerance to this ambiguity, to rebuild their identity through forging permanent connections, and to make meaning of their situations.”

An example of loss that is often regarded as ambiguous is discussed by Sanchez-Ferrer et al (2023), who examines grief related to sexuality, particularly that of transgender youth—but “gender expansive” loss also includes sexual identity outside traditional conformity, such as gender diversity, Two Spirit selfhood, and non-binary gender self-recognition. This is becoming an increasingly important social issue even as I am doing this research. Sanchez-Ferrer et al discuss that youth sexual challenges include being part of a non-conformed gender population in a cis-normative society; and being discriminated against, both openly and covertly; gender dysphoria—all of which put these youth at risk which leads to economic vulnerability and insecure access to healthy food; and sexual violence including harassment and bullying. As parents and caregivers may personally struggle with understanding and supporting their child coming out with a gender diverse identity which is different or even opposite to how the parents have always identified with their child, these adults may themselves suffer ambiguous loss and disenfranchised grief as they feel they have lost aspects of their original expectations for their child. Therefore, there is a need for counselors to normalize the grief of both the child/youth and the parents/caregivers, helping them to see it as a positive emotional and physical event in the child’s development; help them reconstruct identity; assist with potential family and societal rejection; untangle complicated ideas of sexuality and gender; provide resources and referrals;

and help with understanding that negative societal ideas related to diverse sexual identities may often be myths rather than facts. Personally, I would also like to state that the person who is offering counseling support needs to be aware of their own challenges and biases related to the above issues as they have the potential to be very divisive topics.

In treatment of children with ambiguous loss and disenfranchised grief, there is a need to pay attention to cultural values, beliefs, class, race, and gender identity; as well as provide for youth and family counseling, with a multi-dimensional family approach and possibly also psychoeducational interventions. All of the studies I have researched on ambiguous loss agree that there is need for more research on childhood and youth ambiguous loss, and that social workers, counselors, and parents or other caregivers play key roles in their support. Furthermore, recognizing the counsellor's own religious, cultural, and social values in regards to this is very important.

Developmental Considerations of Grief and Loss in Children and Youth

In their study on grief, Harris et al (2017) note that there are some strong similarities between the grief experienced by children and youth, and that experienced by adults. They point out that dissimilarities are largely related to life stage and developmental differences. The authors of a study by Stonecipher et al (2023), which discusses *Considerations for Conversations About Violence, Grief, and Loss*, note that children's thoughts and feelings may be difficult for helpers to recognize, as children often have very different ways of expressing their feelings, due to lack of vocabulary, less life experience, and their particular stage of development; yet the helpers must find ways to respond to children and to answer their deep and complex questions. They recommend that therapists consider Piaget's four stages of cognitive development as a framework for approaching conversations with children. (Specific examples of how to use

developmental considerations in working with children suffering grief and loss will be provided below in the section on Practice Applications and Tools).

Differences Between Childhood/Youth Grief and Psychiatric Illness; Medicalization of Grief in Children and Youth

It is important to differentiate normal “grief” in children with psychiatric illness. Grief, if not properly dealt with, can result in illnesses such as depression. Ennis et al (2023) discuss how childhood grief, if not treated, can develop into maladaptive grief disorders, such as those listed in the *DSM Fifth Edition—Text Resources*: Persistent Complex Bereavement Disorder (PCBD); Complicated Grief (CG); and Prolonged Grief Disorder (PGD). All of these disorders include persistent emotional distress that becomes stronger as time passes and intrudes into the child’s day-to-day life functions. These levels of grief tend to occur most often when a child or youth has experienced the death of a beloved person, especially that of a parent.

The study by Harris et al (2017), focusing on attention deficit hyperactivity disorder (ADHD) and grief, also warns that grief can lead to physicians making medical interventions, when such treatment may not be needed, especially if the child is not suffering from a maladaptive grief disorder. It is important for primary-care physicians to examine the child’s experience of loss and grief carefully before considering a psychiatric referral and diagnosis. Medical personnel need to be careful to differentiate between grief symptoms, and similar symptoms which may instead be related to ADHD and anxiety; these include issues with attention, concentration, school performance, memory, and learning ability.

Resilience Related to Childhood and Youth Grief and Loss

Research by Harris et al (2017) indicates that “since ambiguous loss freezes grief, resolution must be replaced with resilience” (page 540). This can be developed through boundary maintenance in dealing with family structure; attention to cultural beliefs and values; as well as recognizing social differences such as class, race, and gender. They recommend that “Practice approaches include identity reconstruction, strengthening resilience, revisiting attachment, and discovering hope” (page 541). Schaefer et al (2022) add that there is a need to understand factors that promote positive functioning and resilience after loss. (This will be discussed in further detail below in the section on parental loss through death).

As a specific example of resilience and grief, the research study conducted by Giannopoulou et al (2021) discusses a study of 168 adolescents exposed to a fatal bus accident in which seven fellow students were killed. At 2 months and then at 18 months after the accident, the youth were assessed for post-traumatic stress disorder (PTSD), depression, and symptoms of grief. It was found that at the 18-month assessment, only 23% of the students in the study were considered to be resilient; while 20% had high persistent grief, 17% were moving “towards recovery,” and 39% were seen to be recovering. The fact that less than a quarter of the students in the study were considered to be resilient, demonstrates the need for more study and more development of tools related to resilience—as well as more work with children and youth in developing resilience from an early age.

Specific Examples of Childhood and Youth Grief and Loss

Grief related to parental loss. Revet et al (2021), in their study of peritraumatic distress and prolonged grief disorder, state that in 2015 nearly 140 million children and youth

experienced the death of one or both parents (and I would note that with current war zones in 2023-2024 that number is no doubt increasing). The researchers point out that in many cases the loss of a parent is considered one of the most impactful life events for a child. It may lead to Prolonged Grief Disorder (PGD)—yet despite this knowledge, the study authors indicate that there is minimal evidence-based information discussing the risk factors that can cause poor health in children. This particular study illustrates the need for development of early preventative strategies to prevent PGD and Complicated Grief (CG).

Harris et al (2017) quote Levine and Kline in their 2007 study as saying, “Wherever there is trauma, there is also grief.” Saladino et al (2023) develop this by stating that the loss of a loved one, especially a parent, through traumatic circumstances, can lead to prolonged grief symptoms which may change the grieving process, impair a child’s general functioning, and interfere with their cognitive development. Their study did illustrate that Cognitive Behavioral Therapy (CBT), in an examination of 20 studies, showed significant results. Those studies included the use of assessment tools including the Inventory of Prolonged Grief for Children/Adolescents, and Inventory of Complicated Grief—Revised for Children. They noted that there is not a valid, viable standardized method for dealing with prolonged grief symptoms in clinical settings or research settings. For me particularly, at Child and Youth Mental Health (CYMH), CBT is considered the gold standard for support management in issues such as depression, anxiety, and trauma.

Spuij et al (2015) note that to the date of their study, there has been no development of an efficacious method for treating children with PGD. This study of bereaved children therefore developed a treatment regimen of nine sessions using cognitive-behavioral methods with the child, and integrated with five counselling sessions with the parent who remains. This treatment

led to children who self-rated their changing levels of post-traumatic stress and PGD as well improved. Some minor to medium improvement was noted in cases of depression and parents noted improvements in the child internalizing and externalizing problems. But the helpfulness of this “Grief Help” program was found to be less useful and supportive for children and youth who had suffered their loss further in the past, and for those who had lost a parent to suicide.

Continuing symptoms included separation anxiety, continuing rumination about the lost person, a sense of purposelessness regarding the future, feelings of numbness and resentment, challenges with coming to terms with the loss, and difficulties with future planning with life without the lost person.

Spuij et al (2015) note that in a literature review that examined thirteen controlled studies of treatments involving bereaved children suffering grief, by Currier, Holland, and Neimeyer (2007), it was found that “bereavement interventions for children are no more useful than undergoing no intervention” (p. 186). However, recent programs have proven to lessen grief problems both immediately after the loss, and also in the longer term. These include programs such as the Sandler et al Family Bereavement Project (FBP), a group-based program targeting parenting skills and child coping skills, and the Layne et al. (2008) program which focused on treating youth in civil war conflict which showed reduced grief, depression, and anxiety symptoms. I would note that it would be ideal for our present governing bodies to offer funding for such programs locally.

Ducy & Stough (2018) how children with intellectual disabilities are impacted by the death of a parent. The study used Constructivist Grounded Theory to investigate statistics gathered by elementary Special Education teachers. The study’s findings included a need for additional training of teachers and counselors dealing with these cognitively impaired children.

The children showed lower self-esteem and self-efficacy, and academic difficulties, after loss of a parent. The researchers note that teachers are in general compassionate, but they often feel emotional difficulty in consoling children with intellectual disabilities who have experienced parental death. The researchers believe that these children are vulnerable to increased difficulties related to their grieving, especially if they have to move from home, or if the lost parent is the caregiver who “most effectively communicated with the child or navigated the disability-related social service system on their child’s behalf” (p. 159) In these cases, the parental loss for children with intellectual disabilities can be especially devastating, and they have a great need for grief support, especially with their lack of mental capacities to process the experience.

In another study, by Bylund-Grenklo et al (2016), grief resolution and morbidity related to loss of parents due to cancer, the researchers used a study-specific anonymous questionnaire, in which half the youth reported unresolved grief remaining 6 to 9 years after the loss, resulting in statistically significant elevated rates of insomnia, fatigue, and moderate to severe depression.

In a study conducted by Ennis et al (2023), children who have been exposed to the death of a loved one, especially in distressing, brutal, and/or unforeseen circumstances were found to be at risk for problems including development and mental health, including grief that is pathological. This conclusion was based on a systematic review of 39 studies; of those, 17 different psychological measures were noted. The most frequently used ones were the Inventory of Complicated Grief (ICG), and the Extended Grief Inventory (EGI). The review indicated that there is a need for increased standardization of psychological measures, as well as more reporting from parents or teachers, not just from students self-reporting, since most of the measures identified in the review were child self-reports. The study also indicated that Covid 19

may be causing a new pandemic of Complicated Grief among children experiencing parental death loss.

The authors of the Ennis study defined that the term, bereavement and grief, describes natural processes of adaptation to a variety of types of loss, whereas the terms including complicated grief, childhood traumatic grief, and complex bereavement, refer to dysfunctional reactions. They note that while most children's grief reactions lessen over time, some children's grief reactions continue and meet the criteria for maladaptive grief diagnoses. This study also notes that specific childhood grief-related concerns include "separation distress, behavioral regression, play imitating loss, and difficulty understanding death and its specific circumstances" (page 3205), especially among younger children. As for youth, the study notes for youth, adolescents are at consequential risk for trauma related to family or other significant loss; they are more likely than other ages to react in extremely negative forms such as suicide, due to their increasing levels of self-determination, spreading networks, interest in risk-taking behaviors, yet still lacking adult levels of self-regulation. Thus, researchers advocate for developmentally informed tools to assess grief, including psychometrically valid tools to identify children and youth who may benefit from targeted intervention.

In a study by Schaefer et al (2022), reflexive thematic analysis was used to explore social supports in the lives of youth whose parent(s) had died. The study explored support derived from a youth's spirituality, communication between the child and remaining parent, and therapist support through grief counseling. Youth themselves identified grief counseling and spirituality as most important in assisting them to get through and deal with parental loss. The level of communication between the youth and the remaining parent, related to the lost parent, varied widely in this study, illustrating how extra supports are needed beyond a remaining parent. The

study also showed differences related to gender and age of the youth in question, as well as their ethnic background. Parents are critical attachment figures; thus, parental loss can lead to significant problems for some youth, while other youth are more resilient. The study notes that a lack of work has been done to explore the different roles of social support networks and their protective functions. These networks can include many resources including family, friendships, members of the community, counselors, support groups, and spiritual beliefs and rituals. The “social support buffering hypothesis is a widely accepted theoretical framework that highlights social supports’ multifaceted and protective role.” I have recognized and these studies have cemented for me that those with secure attachment and higher levels of social support more easily cope with their grief and have improved well-being.

One more study I found related to childhood grief and parental loss, is a report by Thurman (2018) which took place among adolescent youth in Sub-Saharan Africa, and studied complicated grief, using the Inventory of Complicated Grief—Revised for Children. The study noted that when losing a biological parent, the remaining parent’s grief level, and economic stressors caused by the loss led to the possibility of increased complicated grief in youth. The study recommended interventions focused on the family, along with support services related to economic issues.

Grief related to foster care and related placement systems. According to a review by Kuit and Ryke (2021), children entering foster care or other care systems such as child and youth care centers or safe houses because they have experienced unsafe or otherwise unsuitable situations while being cared for by their biological parents, result in consequential life changes that include trauma, loss, and grief. This review of 14 studies relating to non-death loss suffered by children in foster care type systems, shows that standard interventions need to be developed to

address childhood loss and grief in this situation. Children basically need their family of origin, and although removing children at times becomes necessary, adding supports in the original home would be a more ideal solution to prevent some of this disenfranchised form of loss.

Grief related to mass death. A study developed by Stonecipher et al (2023) researched the impact on children and youth of human-made mass tragedies. The study noted that children hope to exist without fear, to simply feel safe and enjoy childhood. But exposure to mass death circumstances can destroy those hopes, resulting in experiences of denial, shock, and feeling unsafe. These mass-death circumstances can include events such as school shootings, living in war zones, and gun violence (which, the study states, remains the leading cause of death among children and youth).

Younger children exposed to mass death express sadness and anger; older children struggle with questions of what pushes humans to commit violent acts against one another. Symptoms of grief related to mass death include nightmares, behavioral changes, avoidance, sleep disturbances, social withdrawal, increased irritability, hyper arousal, and difficulty focusing. Children are particularly vulnerable to drastic changes in their daily lives and routines, and compounding losses that build up in mass death situations such as living in a war zone where civilians are targeted as well as military personnel, can make it difficult for children to feel any kind of normalcy. If these symptoms persist or worsen over time, and significantly interfere with daily life functions, extra supports may be needed.

Even indirect exposure to mass death situations can result in profound symptoms and reactions—from, for example, viewing news reports, hearing about the incidents from others, and observing abrupt changes in caregivers' moods and actions. This can result in negative emotions, negative cognitive performance, perceiving lack of safety, and fear, worry, regret, and

anger. And yet indirect exposure can also lead to empathy and hope when affected children are provided with supports (see the Applications for Practice section below).

Applications for Practice

Professional practice applications and tools. Professional practice approaches related to dealing with childhood and youth grief and loss include such aspects as identity reconstruction, strength resilience, revisiting attachments, and discovering hope.

Conversations between therapists and children are a key aspect of treatment, in many cases. In the Stonecipher et al (2023) study, the authors state that therapists are valuable for starting conversations with children and youth, asking open-ended questions, correcting misconceptions the children may have related to the situation, and assuring safety. The practitioners should create welcoming spaces that encourage difficult conversations. At the same time, they must realize that there may not be a “perfect” thing to say. Interactive conversations, rather than one-sided dialogue, help children feel a sense of control over the stories they share. Therapists need to create space for a child’s personal viewpoint of their experience to be heard. Open-ended questions can gather a more accurate understanding of a child’s current knowledge and experience of the loss event, and lead to more accurate and complete responses.

Professionals can provide parental and other social network supports by modeling adaptive coping and giving these caregivers access to age-appropriate information. They can also share guidance on how to correct misinformation from media and other sources, and model how to use a gentle, calm, and developmentally appropriate way to have conversations with children. Professionals can also provide support persons with measures and other safeguards useful for addressing safety fears.

In the study by Sanchez-Ferrer et al (2023), detailed information is given for a variety of specific counseling modalities and strategies, including strategies for transgender youth; caregiver and youth family counseling sessions; the multi-dimensional family approach; and psychoeducational interventions; and many others which we have previously discussed above. I recommend this detailed study for professional reading.

In a study by Marovitch, J. (2019), a Kirkwood Presence theatre therapy is used in a school setting, to explore, create, and rebuild children's and youths' personal internal identity which have been upended through loss and, to provide awareness of local services. In this multidisciplinary team approach, children are provided with supports which help them recognize and communicate their feelings and reactions and encourage them to tell about the death losses they have faced as well as share their memories of loved ones.

Likewise, in a study by Stylianou and Zembylas (2018), grade 5 school children in Cyprus participated in an active research study on the effects of educational intervention programs on children's emotions, including grieving, and how it affects behavior. This study helped children better define their own emotional responses to grief and loss and helped them overcome their anxiety as they shared their personal experiences.

In a study by Smit and Smith (2023), the use of animal-themed literature in supporting children suffering grief and loss by using animal-themed literature to build communication with them was examined. Such literature proved to be most effectual for younger children in the two year old to seven year old age range; but much less effective for children over 12 years old. Animal themed materials were found to be helpful in accessing children's emotions and providing a safe environment to share them. These materials are also helpful to help younger children understand death, since they are often familiar with death of animals. Therapists using

animal-themed literature should take into consideration each child's unique character, the practitioner's personal preferences, and availability of appropriate literature. In my own work at CYMH, we use children's books that have an animal theme to discuss and relate feelings and behaviors in terms of anxiety and depression.

In the Rahman & Mendy (2018) research on instruments, the authors found there is a lack of literature which assesses grief among bereaved youth. They recommend a need for development of, and use of, well validated measurement instruments to increase knowledge in this area. This review of 24 identified instruments indicated 3 categories: general-purpose grief scales; maladaptive grief scales; and specialized grief scales. The research indicated that direct research is required to develop more accurate authentication of instruments that currently exist, as well as to develop new and improved measurement instruments)

Parental and community practice. According to a review by Zhang et al, in the *Journal of Death and Dying*, healthcare providers and staff are essential in supporting children directly, and also indirectly as they educate parents on how best to help their child (see relevant strategies above). As parents may more often spend time with their children than do therapists, or even schoolteachers or daycare workers, they are very important for understanding each individual child, and knowing and maintaining routines that create a sense of normalcy for each child. My personal experience through my work as a psychiatric nurse working with children and youth, has been that there is a population of parents who expect us as counselors or therapists, or the school, to "fix" their children. However, it has been evident that consistency needs to start at home for shift and change. For example, if a child is not able to get to school due to being too tired, no amount of strategy outside of the home is going to overcome lack of bedtime routine. Parents can create safe spaces in the home, away from the busyness of classrooms and other

spaces. They can also be role models of how to feel, cope, grieve, and communicate after a tragic event. Of course, some parents are unable to provide these kinds of help, and in their place, friends, extended family, community support groups, and teachers can often supply these kinds of supports.

In the Harris et al (2017) study, related to patient and family centered care, it is noted that parents often occupy the role of experts on their child, family, and culture. Therapists should provide parents or other caregivers with tools and autonomy to make positive and useful decisions regarding their family needs. Furthermore, my own opinion is (with keeping confidentiality in the forefront) that working with families, along with the children and youth being counseled, is important and at times, valuable.

Practice related to values and beliefs; and social/cultural factors. A study by Cole (2016) noted that researchers need to pay more attention to cultural beliefs and values, as well as put more focus on differences in society such as gender, class and race, in order to empower children to cope with grief. This includes a need to know what beliefs the family has about an afterlife, which should be respected. Children need to hear the same story from both parents and professionals about the afterlife, to avoid confusion. Therapists need to give the children time to ask questions in their own way, and to use clear and concise words. They should also answer a child's questions honestly; let the child know it is okay to cry and express emotions; ensure the child understands death is not their fault; encourage remembering good things about the person who has passed away, and perhaps plan special days or events for remembering in a positive way. I would add that the therapist needs to be cautious that if their values do not align with the child and family they are supporting, to make sure they monitor projection and countertransference.

Chapter 3: Discussion and Application

Introduction

The hope for this capstone was to review literature pertaining to children and youth coping with grief and loss and how to support this population by increasing resiliency. The scope of this paper covers resiliency in general, and specifically in children and youth, and then grief and loss in general, and specifically in children and youth.

Discussion and Analysis

As I researched this topic, and read through the literature available, very quickly into my research I kept coming back to the same realization, repeatedly, that there was very little research performed in this area, in how I viewed them. There was quite a bit of research using different screening tools; there was also lots of research on global issues in this topic; there was lots of discussion around definition but lack of cohesion (experts cannot seem to actually agree and use it the same way). Therefore, many articles tend to spend time looking at all the definitions in various areas starting from mental health all the way to the environment. My opinion is that the causal factor of this is that research stays generic and there is a struggle to focus on the specifics on what would be helpful in reality for children and youth struggling with grief and loss and needing to increase resiliency. Ideally, a strong longitudinal research study in a community environment to research grief, loss, and resiliency would be beneficial.

Personal Learnings

I think what I appreciated, especially in the topic of resiliency, that there were a number of articles on the levels and constituents of resiliency. In the literature that was reviewed, there was good discussion of the many levels incorporated that spoke to supporting resiliency. Most of this

circled back to developing internal skills and competencies at times from an early age such as self-care, building healthy connections, increasing internal coping skills, and enjoyable activities. The literature also had lots of discussions on the impact of schools in either supporting building resiliency or causing harm. There was a lot of literature discussing standardized tools for assessment and quantitative measures, though the majority of them need more development for use with children and youth, rather than just with adults, as well as a need for modification for different cultures.

My research into grief and loss increased my knowledge in terms of the complexities of the definition. I've realized to a greater degree that grief and loss is very individual and varied. For example, how a younger spouse copes with the loss of their partner is markedly different than an older individual's coping with the loss of a spouse. And grief and loss is not just the purview of death; it spans a myriad of situations and events; it can be as simple as losing a favourite stuffy to PTSD from war to generational trauma. It was also very interesting that a lot of the research circled back to Kubler-Ross's work in the mid-twentieth century, with little development of new research studies up to the present day.

While researching, there was a consensus that building, supporting, and nurturing resilience in children and youth is necessary for building healthy adults which leads to healthy communities. There is also a consensus that the development of children worldwide has been impacted due to global disasters including both natural and man-made disasters, as well as abuse and neglect on a less global scale.

On the other hand, there are many studies that highlight a variety of concerns for children and youth that challenge the building of resiliency. I think attempts are being made, but mistreatment

of children whether in care or in homes of origin continues and there does not seem to be a system in place that effectively help prevent this.

Application

Application-wise, the discussion in the literature ranges from global to community. The issues and concerns that are impactful actually have left me feeling overwhelmed and at times pessimistic and hopeless.

Speaking globally, my perception of the literature very much had a western lens attached to it. The studies were limited by the culture within the culture to support wellness on an expansive level.

Most societies at present function within a patriarchal system which are opposed to western ideals. Ironically, western societies themselves struggle with their western ideals; for example, the United States and its stance to women's rights such as not only Roe vs. Wade being dismissed, but further in addition to that in certain states, not being allowed to access medical care when pregnant and in a life-threatening situation.

What has also become evident to me is that intervention methods are very generic, and they need to be specific to the culture. For example, in British Columbia alone, with the emergence of a focus on reconciliation with First Nations, western methodologies for treating generational trauma are ineffective, and it requires the continuing development of Indigenous focused methodologies.

It is also important to note that the world is becoming more global, and even in my particular community there is an increasing shift in the cultural dynamic. My community is no longer predominantly white, beyond the First Nations community which itself is uniquely cultured and

more and more determined to live in its own culture. As I have worked with children and youth for the last twenty-odd years as a mental health nurse clinician, I have slowly lost my optimism in terms of the larger picture and now focus on what I can affect in my own sphere of influence. However, the greatest challenge I have in my work personally is the fact that my capacity for preventative work is almost non-existent, and I can offer in my role no access to support for grief and loss in children and youth.

One other challenge I have realized recently is that in my office, if a South Asian client accesses service, with the exception of twice, none of my colleagues access my expertise as a member of that particular culture. We have increasing numbers of clients from a wide variety of cultures, especially as immigration has increased in our local area due to international cultural workers, people emigrating from war zones, economic immigration, educational immigration, and so forth. Though we are a small community, population wise, these are reflections of the global situation. As families move, children and youth are continually being affected, and the methodologies we have been using are not effective. I think that individual communities need to come together such as city hall, churches and other religious organizations, community partners such as banks or credit unions, health authorities, and of course provincial bodies on a local level. As a community, we need to pool our resources and find a common ground without conflict, so we can develop a plan for our own population. We need representation and understanding of the many cultural backgrounds in the community and learn from them ways in which their cultures have traditionally dealt with childhood resiliency and issues of childhood and youth grief and loss. We can then learn from each other, and also be more proactive and helpful as we deal with these issues.

The research cemented my general understanding that working with children and youth in regards to grief, loss, and resiliency needs to start in a preventative place, which then allows coping skills to be available in the immediacy. However, family dynamics and culture, social economic status, school culture, and political focus and financial disbursements all have a limiting and constraining role in creating resiliency.

While researching, a few things became apparent. The studies available were conducted over a short period of time, were screening-tool oriented with lots of theory and very little practical application. The studies that were conducted to support standardizing the screening tools had limited success as, for the most part, in this field one size does not fit all. The screening tools require more than modification; new screening tools are required to fit specific cultures and communities.

Another challenge in building resiliency in grief and loss for children and youth is that the literature did not really take into consideration the developmental stages. They were mentioned and minimal discussion occurred; however, nothing intensive or in depth.

Finally, there was a lot of discussion on interventions for dealing with grief and loss when it is death related, and some when within foster-care systems, but limited when dealing with non-death loss.

There is a definite consensus for what is required to increase resiliency. However, the practical application of it in terms of grief and loss has been challenging due to limited studies as there definitely needs to be long-term longitudinal studies focused in different communities on a community level, not just in North America, but worldwide in different cultures.

In conclusion, in my particular community, the challenges that have been represented throughout the research I have read, is duplicated. Staffing issues, financial concerns, political agendas, individual familial challenges, lack of community funding and resources along with focus have been huge barriers for the availability of preventative work towards building resiliency and having affordable access to grief and loss support.

Conclusions

In my research for this capstone, I was exposed to a lot of information, most of which cemented knowledge I already had. However, what was evident was the lack of specific, targeted research studies in terms of application. The theory and the basis behind the theory was very clear and sound, for the most part, and I did not really feel I disagreed with what the studies reported. However, I did recognize the western slant in all the studies. My desire would be to have more research studies conducted that focused more on the applications of the theories as opposed to the theories themselves.

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