

Efficacy of Interventions for Children Experiencing Grief

By

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Abstract

This literature review examines grief interventions used with children and adolescents and the efficacy of said interventions. Grief and loss are universal human experiences that every person will encounter at some point in their lives. While not all grief requires therapeutic intervention, intervention is sometimes required. Children and adolescents are a population that may require special consideration when it comes to the therapeutic interventions used for grief. Mental health professionals need to be able to provide interventions at appropriate developmental levels, as well as understand what supports the client already has and the cultural standards that the client subscribes to. Common themes derived from the review of literature are the importance of the setting of therapeutic intervention, domains of therapeutic change, the psychological impact of different grief situations, and the psychological impact of different grief interventions. Common interventions used with younger age groups include Cognitive Behavior Therapies, immersive therapies such as grief camps, and creative therapies. Examples of successful interventions include creative pursuits such as storytelling and art, Cognitive Behavior Therapy and immersive therapies showing significant impact

Keywords: childhood grief, grief and loss, grief interventions, child and adolescent grief, bereavement

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Chapter One: Introduction

The purpose of this study is to investigate how grief is addressed with young clients and to understand the efficacy of these interventions. Grief and loss are issues that will impact every individual at some point in their lives. Despite how common the experience of grief is, it remains a topic that is uncomfortable for many to discuss, so far as many people attempt to avoid the topic entirely (Li et al., 2024). The expression of grief carries a stigma, both public and internal. This can result in those grieving searching for a safe and secure place to express their grief. While grief is a normal response to loss, sometimes the grief becomes complicated, or prolonged, and this might be when an individual begins to seek out a mental health professional to assist them in their grief journey, though grief counseling is often underutilized (Breen et. al., 2019).

Therapy can be a process in which one can feel exposed and vulnerable, and in the case of grief work, these feelings could be elevated. Grief is not something that can be ‘fixed’ or an issue in which a certain prescribed sequence of steps can be assumed to be helpful to every client that presents in therapy (Bugen, 1977). As such, being aware of different techniques and how they may impact the client in their journey is of extreme importance.

Certain populations might be more likely to seek out therapeutic interventions for grief, such as women. However, there is not a definitive understanding of who will and will not seek out counselling for grief (Breen et. al., 2019). Culture is also an important consideration in working with grieving clients as cultures vary in their approach to dying, death and bereavement (Li et. al., 2024; Thanasiu & Pizza, 2019). A population that could benefit from special consideration in how grief is approached and supported is children and adolescents. This population will have many of the same issues associated with their grief as other populations but

also the added dimensions of developmental stage and ability to effectively communicate (Thanasiu & Pizza, 2019). Societal norms around death and mourning may also become relevant, as many may try to ‘protect’ children from these things (Gimenez-Llort, 2021); however, children will still be impacted by death and mourning. While many of the same techniques and interventions could potentially be utilized with children and adolescents, there may be some adaptations needed in order to make them more effective with this population in particular.

Pediatric populations have fewer published studies surrounding grief and bereavement support and interventions, and the studies that do exist do not all report the same findings (Chen & Panebianco, 2018). Additionally, it can be noted that studies that do exist, often examine subjects or varying ages, which do not necessarily take into account the differences that may exist in developmental stages that could impact how grief is understood and expressed by the child (Ridley et al., 2021).

The modality in which grief programming is provided to children and adolescents appears to vary, but many of the programs used appear to have a foundation in Cognitive-Behavioural Therapy (Griese et al., 2018; Hill et al., 2019; Saladino et al., 2024). Understanding whether this modality is best for addressing grief reactions with any age of young clients might also help to discover which interventions will be most successful.

Research Problem

Based on the background information above, it can be understood that while research exists on various interventions for working with clients experiencing grief, much of the research focuses on adult populations. Additionally, some of the research that does include younger

demographics do not tend to solely focus on children and adolescents, which brings into question the efficacy of these interventions with the different age groups and developmental stages (Breen et. al., 2019; Breen et. al., 2019; Chen & Panebianco, 2018). As such, it may be helpful to understand how interventions work with these populations and how effective grief interventions actually are with children and adolescents. As such, the research problem seeks to discover how receiving grief specific interventions impacts the mental health of children and adolescents that are experiencing grief, and what the efficacy of said interventions is. Being unaware of effective interventions for children and adolescents experiencing grief could result in these populations not receiving the appropriate assistance through their grief journey, or even in re-traumatizing of the client. The research question being considered is what are the interventions that are used with children and adolescents experiencing grief, and are they effective in supporting the clients through their grief journey?

Justification/Significance of the Study

This information could prove to be invaluable to those not only working with children in mental health settings, such as therapists, social workers and psychologists, but also those that interact with children in other environments, such as teachers and those working in childcare. Additionally, understanding the efficacy of interventions available could enable practitioners to be able to work with clients in a more time-efficient manner. Given that mental health supports are often expensive to obtain, or if offered at a reduced cost in community settings with session limits, finding ways to support clients quickly would be a benefit to society. Many community agencies also prefer practitioners used evidence-based interventions, which again makes understanding what works and what does not imperative.

Understanding children and adolescents, developmental stages, and communication styles is important in working with this population of client, regardless of their presenting concern. However, this is especially important when working with clients experiencing grief, as grief can unearth other issues or concerns that may exist for the client. Additionally, having a better understanding of what works when working with these populations would allow future counsellors to be better educated in the subject of grief counselling with children and adolescents, which is important when working in this area (Ross et al., 2021).

Furthering knowledge as well as ensuring our clients are being responsibly cared for are both mandated by the Canadian Psychological Association's Code of Ethics for Psychologists (2017). As such, this paper will further the knowledge of working effectively with children and adolescents who are grieving.

Through the exploration of literature on the topic, this writer intends on providing information that can further inform the work of mental health professionals in their work with clients experiencing grief and loss and more specifically pediatric clients that are currently experiencing grief and loss. This compiled information could also be helpful to parents or guardians of these young people experiencing grief, giving them an opportunity to explore and understand what options may be available to support the young person in their lives. Having the support of adults in their lives, whether it be mental health professionals, family or educators, can be helpful for the young person in seeking assistance, as well as in understanding what grief is, and what is considered normal or common in the process. Knowing or having an understanding of what to look for in a grief intervention or program is also key to ensure that the child will not be re-traumatized through treatment.

Grief and loss as a topic is a relevant topic in counseling psychology as it is something that will impact every person at some point in their lives and can be tied into many different elements of one's life. As the world emerges from the fog of the COVID-19 pandemic, this is a topic that will deserve proper consideration, as many will likely be feeling grief. This could be due to the death of a loved one, loss of employment, or grief over the loss of what was.

Additionally, with an aging baby boomer population, having a proper understanding of grief, and in particular how to approach grief with children, will become an important understanding to have.

Theoretical Framework

In order to guide this paper, constructivist and social constructivist theoretical frameworks will be utilized. These frameworks could assist in further understanding the impact and efficacy of grief interventions in child and adolescent populations.

Constructivism asserts that individuals are subjective in the way that they assign meaning to different experiences (Knapp, 2019), making constructivism a good fit when researching grief and loss. Grief is a very personal journey, and subjectivity can be found not only in the ways in which one experiences grief but also in how interventions and results thereof are perceived.

Interventions could have an impact of how one perceives the grief that they are feeling, allowing for a change to occur. Specifically, a social constructivist framework allows for the subjectivity in experience that those involved in grief therapies may provide. Thus, research used in this paper should be open to the subjectivity of the human experience of grief.

Social constructivist theory asserts that development and knowledge comes from interaction with others. In examining a topic in which people are reacting to the loss of a

connection to others, social constructivism is a relevant theory to use. The social constructivist framework allows for more than black-and-white, or dual thinking (Knapp, 2019), instead understanding that a variety of reactions are indeed acceptable. Culture can play a role in how an individual grieves, and this cultural understanding often comes from interactions with others in their community (Li et. al., 2024; Thanasiu & Pizza, 2019). Using a social constructivist framework would include providing evidence and citations to existing research on grief interventions with children and adolescents, as well as remaining cognizant of the cultural and social components of death, dying and grief.

Psychodynamic theories on grief and loss suggest that the grief, bereavement, and mourning that occur after a loss are multidimensional, and how an individual experiences grief is impacted by various variables (Berzoff, 2003). These include the nature of the loss, meaning of the loss to the griever, and how the loss is construed socially. Bonds with the deceased continue, and the individual grieving may utilize transitional phenomena such as pictures or objects belonging to the deceased to maintain ties to them. These theories assert that grief does not occur in a linear fashion, and that not all losses hold the same weight. Grief can result in psychic change in an individual. Further development in psychodynamic theories of grief lead to the tasks of mourning, which hold that most individual grieving with experience the same four tasks of mourning. However, this does not occur in a uniform fashion or pace for every person (Mann-Feder, 2018). These four tasks include accepting the reality of the loss experienced, processing the pain experienced from the loss, adjusting to the new reality after the loss, and finding ways to stay connected to person lost.

Definition of Key Terms

Grief – Grief is what a person experiences internally after the experience of a loss. Often, the term grief refers to the emotions experienced due to the loss (Mann-Feder, 2018).

Loss – Loss refers to losing contact with an important person, relationship, place or thing. Often, the term loss is associated with the loss of a person through death (Mann-Feder, 2018).

Bereavement – Bereavement refers to the fact of the loss and to the state of having lost someone in their lives to death (Zisook & Shear, 2009).

Grief work – The work that promotes healthy adjustment in one's grief journey (Mann-Feder, 2018).

Reflexivity/Positionality

Gaining further insight into how best to work with grief in clients holds personal significance for me. Having firsthand seen, as well as experienced, the impact that grief and loss can have on individuals and families spurred my interest in the topic, particularly in children and adolescents. As death and grief are often still regarded as topics that are stigmatized, or uncomfortable to talk about, I feel a greater concern about the younger demographics and whether they are getting the support that they may require in an already difficult time.

Additionally, many of the clients that I had the opportunity to work with at my internship site were experiencing issues that could be linked to some type of loss, solidifying to me just how prevalent loss is in our society, though it is not always readily addressed. While I did not see as many pediatric clients as I would have preferred to, I was fortunate enough to have a supervisor that had worked extensively with children in grief work. All of this has further motivated my

curiosity and passion surrounding grief and young people and interventions that may be useful in working with these clients and beneficial for the clients themselves.

It is imperative that that I examine multiple facets of my life, including gender, race, sexual orientation, age, beliefs about religion and politics and culture, just to name a few. As I have personal experience with the unexpected death of a loved one in adolescence, it is something to be aware of when I am both doing research and working in a counseling capacity with clients. This could influence how I relate to others who have experienced similar situations or expect to know how they might react in situations. Being aware of and continuing to monitor my positions will allow better objectivity in working with clients. Maintaining reflexivity is an important aspect of ethical work both in research and in clinical settings.

In conducting this research, I will need to be aware of my own biases, particularly those that could have an impact on the research for and writing of this paper. As someone who worked with many clients experiencing grief, including children and adolescents, it will be important for me to be cognizant of the articles I am including. It will be important to remember that it may be easy to sit in the belief that the way in which I work with clients is the 'correct' way, thus influencing the types of articles that I choose to include in my analysis. Tuck et al. (2023) discuss that if the researcher is more aware of their own position, they can then be more aware of how that is impacting not only their research but the world around them. Also indicated by these authors, is the importance of decolonizing the practices of researchers, in order to lessen power dynamics at play. Understanding my own position, including how it could shift, will be integral to producing an ethical paper.

Overview

This chapter explored the topic of grief and loss as well as the need for further insight into the grief experiences of children and adolescents. The research problem was provided, along with the justification for the current study. Key terms were defined, and the positionality and reflexivity of the researchers were explored.

This paper will seek to explore literature and research surrounding the research question and outlining the findings accordingly. This will be accomplished by outlining the writer's methodology in conducting the literature review, followed by the literature review itself. The literature review will include thematic analysis of concepts more commonly found in the literature. Next, the potential clinical applications of the research will be discussed, exploring how the research could be utilized in real-world practice with clients. Finally, the writer will propose recommendations for the future.

Chapter 2: Methods

This section explored the methods used to determine how this study used the existing literature on the topic of interventions for children experiencing grief and the efficacy thereof. Understanding how the process of selecting articles occurred allows for a more well-rounded way to understand findings of the literature review. Next, a methodological analysis of the strengths and limitations of the core articles used for the literature review will be conducted.

In conducting research for this paper, sources used were focused on peer-reviewed, scholarly articles. There exists a significant amount of research on the field of grief as a whole, but less so that focuses solely on the population of children and adolescents. As such, it was important to narrow the search for sources to those that have recognized that these populations may differ in responding to the interventions used. Even within this smaller subset of grief literature, there is a broad range of the types of loss that the participants were grieving. As such, narrowing the research to certain types of loss also seems relevant. Common types of grief and loss addressed in the literature for the child and adolescent populations include death of an immediate family member, the death of an extended family member, death of a pet, loss due to an extended illness, and grief and loss due to the divorce or break-up of their parent's relationship.

Literature Search Process and Selection of Articles

During the beginning stages of research, broad searches on the City University library website were conducted. Databases from which articles were discovered included PsychINFO, EBSCO, and PubMed. Search terms of 'children and grief', 'children and bereavement', and 'childhood grief' were used to initially understand how much research may have been readily

available. Many articles found were focused on adults trying to face unresolved grief that originated in childhood, or on adults who were dealing with the loss of a child. These articles were excluded from the research conducted for this study. Inclusion criteria for these searches included the following terms: adolescents, bereavement, grief, counselling, children, paediatrics, cultural competence, grief therapy, treatment effectiveness, death, family, and prolonged grief. Also included in the search for articles was limiting results to articles published within the last 5 years and including only articles that had been peer reviewed. Exclusion criteria included articles older than 5 years, pieces that were not peer reviewed, and articles that focused on the grief experienced by adults. From these search results, the articles were further pared down, with articles including research subjects of adult age groups with children and adolescents also being excluded.

Data Analysis Procedures

The critical analysis of the core articles used in this study involved the processes of evaluating the articles, synthesizing the information obtained from the articles, and through the interpretation of the information. Understanding the articles, as well as methodology used and assumptions made by the authors, is important in order to better analyse the articles. While examining the methodology used in the articles, the following areas were explored: research paradigms, role of the researcher, sampling and recruitment of participants, data collection, validity and reliability of instruments used, and data analysis. These areas include both qualitative and quantitative studies.

Methodological Strengths and Limitations

The following section summarizes the methodology found in the ten core articles used for this paper. Of these chosen articles, six used a qualitative design, and four used a quantitative design. A summary of the articles used in this section are presented in Table 1.

Table 1

Reference List of Studies Critiqued

Author	Year	Title	Journal	Type
Ross et al.	2021	How best to provide help to bereaved adolescents: a Delphi consensus study	<i>BMC Psychiatry</i>	Qualitative
Patterson et al.	2021	Development and evaluation of the good grief program for young people bereaved by familial cancer.	<i>BMC Palliative Care</i>	Quantitative
Ridley et al.	2021	Description and evaluation of a French grief workshop for children and adolescents bereaved of a sibling or parent.	<i>BMC Palliative Care</i>	Qualitative
Thanasiu & Pizza	2019	Constructing culturally sensitive creative interventions for use with grieving children and adolescents	<i>Journal of Creativity in Mental Health</i>	Qualitative
Chen & Panebianco	2018	Interventions for Young Bereaved	<i>Child and Youth Care Forum</i>	Qualitative

		Children: A Systematic Review and Implications for School Mental Health Providers		
Hill et al.	2019	Multidimensional grief therapy: Pilot open trial of a novel intervention for bereaved children and adolescents	<i>Journal of Child and Family Studies</i>	Quantitative
Weber Falk et al.	2022	Outcomes of the grief and communication family support intervention on parent and child psychological health and communication.	<i>Death Studies</i>	Quantitative
Griese et al.	2018	Pathfinders: Promoting healthy adjustment in bereaved children and families	<i>Death Studies</i>	Qualitative
Saladino et al.	2024	The effectiveness of cognitive behavioral therapy for prolonged grief symptoms in children and adolescents: A systematic review	<i>International Journal of Stress Management</i>	Quantitative
Blake et al.	2020	Using a storytelling intervention in schools to explore death, dying, and loss	<i>Journal of Public Mental Health</i>	Qualitative

Strengths and Limitations of Qualitative Studies

Given the nature of the grief and mourning, it appears that a large amount of the research on grief, and subsequently grief interventions, is qualitative in nature. As such, this would also be the case in trying to better understand not only the relationship that children and adolescents have with grief but also what interventions or treatments work effectively with this specific population.

The general philosophical way in which the researchers approach research is a worldview or a research paradigm (Creswell & Creswell, 2018). The worldview that a researcher holds influences the research paradigm that they use when developing a research project and completing their research. It is not uncommon for constructivist paradigms to be used in qualitative research. Constructivism asserts that reality is different for everyone, as it relies on the experiences that individuals have, as well as how they reflect on and interpret their experiences. It is this focus on experience that makes constructivism a good fit with qualitative research. Of the ten core articles included in this paper, six qualitative articles included a constructivist paradigm (Blake et al., 2020; Chen & Panebianco, 2018; Griese et al., 2018; Ridley et al., 2021; Ross et al., 2021; Thanasiu & Pizza, 2019). These articles may have used a constructivist paradigm due to the fact that grief can be a very personal experience, and as such, the experience of grief can be vastly different from person to person. This aligns closely with the constructivist view that individuals can have different views of reality as well as different ways of interpreting and reflecting upon their experiences.

Researchers using qualitative methods, in particular in a constructivist fashion, need to be aware of how their experiences and what they already know or believe can influence how they conduct their research as well as how the resulting data is interpreted (Creswell & Creswell, 2018). In a study using an observational style (Thanasiu & Pizza, 2019), the researchers observe sessions and use the information derived from the sessions to form their conclusions. However, it is unclear whether the counselor of the participants was one of the researchers or a counselor independent of the researchers. Other studies also do not specify exactly which researcher did what (Blake et al., 2020; Chen & Panebianco, 2018; Ridley et al., 2021).

In other studies, researchers split up tasks among them (Ross et al., 2021), with one researcher beginning the process of narrowing information to add to surveys, two more researchers examining what was determined to be appropriate for the survey, and finally sent to the rest of the researchers to make any further revisions. In all cases, the researchers must remain cognizant of their biases and how they may impact not only the study as a whole but how they may interact with the participants as well (Creswell & Creswell, 2018).

Understanding how sampling and recruitment occurred allows for a better understanding of the validity of the study as a whole. While not necessarily the most desirable way to sample for a study, convenience sampling was used in the core studies examined. Convenience sampling involves choosing participants based on who is available and who is convenient to use as a participant, rather than choosing participants completely randomly (Creswell & Creswell, 2018). For example, in the case of Blake et al. (2020), participants were recruited by putting out an invitation to specific grade levels to participate in a voluntary creative writing project about death and grief – those that participated were not required to, and the researchers did not choose participants, beyond extending the invitation. Participants were also recruited through

community agencies, using methods such as flyers, emails, and phone calls (Ridley et al., 2021). When case studies are used in research, clients that have already begun counseling sessions are sometimes used (Thanasiu & Pizza, 2019), with the permission of the client (and/or guardian) to use their stories for a case study. It is important to note that with smaller sample sizes, as can be the case in qualitative studies such as the ones used for this study, that generalizability may be more difficult (Tipton et al., 2017). This is due to a smaller sample size not being able to account for the great variability that can exist throughout an entire population.

Data collection can be done in a variety of ways, including methods such as interviews, observation, surveys, and written materials (Creswell & Creswell, 2018). The method in which the data is collected is dependent on how the study is structured. When case studies are being conducted, such as in the study of Thanasiu and Pizza (2019), observation was used. Other studies utilized surveys post intervention such as Ridley et al. (2021), which allows the participants to complete the survey on their own time. Many also utilize semi-structured interviews (Griese et al., 2018; Ridley et al, 2021; Ross et al, 2021; Thanasiu & Pizza, 2019), where the participants have a guided discussion with the interviewer/researcher where the data can be extracted from the transcripts of the interview. These types of studies are helpful because they allow for personal experiences to be shared and a deeper understanding of not only what the grief experience is like for these children and adolescents but also of how the interventions worked on a subjective and personal level.

Data analysis in qualitative research involves coding the findings, deciphering themes and organizing data collected, followed by trying to interpret the findings (Creswell & Creswell, 2018). In many of the articles examined, themes and common findings were extracted from the data collected from participants (Blake et al., 2020; Thanasiu & Pizza, 2019). Some studies used

both common themes as well as survey results, such as in Ridley et al. (2021). In this particular study, freeform comments at the end of the survey were encouraged to be completed by the participants but not required. As such, not all participants provided such a response, but in those that were completed, common ideas were derived.

Strengths and Limitations of Quantitative Studies

Quantitative research involves the testing of a theory using numbers and statistical analysis (Creswell & Creswell, 2018). While less common, quantitative studies on grief interventions do exist and this can be seen in the works of Hill et al. (2019), Patterson et al. (2021), Saladino et al. (2024) and Weber Falk et al. (2022). A positivist research paradigm can be seen in these studies. This particular research paradigm asserts that researchers should employ strategies, whether methodological or philosophical, that best fit the research problem in question (Creswell & Creswell, 2018). The strength of the positivist paradigm lies in the ability of the researchers to use methods which they deem appropriate for the situations that they are facing.

In quantitative research, the researchers use the numeric data to measure the information about the phenomena. These results are used to analyse and draw conclusions about the topic being investigated (Creswell & Creswell, 2018). Researchers can be responsible for reaching out and finding participants for their studies as well as administering surveys or inventories for the participants to complete (Hill et al., 2019; Patterson et al., 2021; Weber Falk et al., 2022). Additionally, the researchers are then responsible for the analysis of the data received. In some cases, the researchers designed the interventions and tools used with the participants, with other professionals working directly with the participants (Hill et al., 2019; Patterson et al., 2021; Weber Falk et al., 2022). The researchers participate in training the professionals in the

techniques that they would like the professionals to use with the participants. This is a strength in the role of the researcher as having other professionals administrate can eliminate the chance of the researcher influencing the responses from the participants.

Quantitative studies often employ the use of convenience sampling, and convenience sampling was used in the core studies examined (Hill et al., 2019; Patterson et al., 2021; Weber Falk et al., 2022). Convenience sampling involves choosing participants based on who is available and who is convenient to use as a participant, rather than choosing participants completely randomly (Creswell & Creswell, 2018). In some cases, participants self-refer through community agencies, which was the case in the study of Hill et al. (2019). From there, inclusion and exclusion criteria can be used to determine the suitability of the participant for the study. Participants were also recruited through community agencies, using methods such as flyers, emails, and phone calls (Patterson et al., 2021). In the study by Weber Falk et al. (2022), recruitment was done by contacting family members of deceased people. Thus, sampling for the studies used did not include people who had not experienced a loss. Sampling is important to the generalizability of the results of a study (Tipton et al., 2017). Given the sample sizes used in the core articles were relatively small, broad generalizability to the population as a whole may not be indicated.

Some studies utilized surveys post intervention such as Patterson et al. (2021), which allows the participants to complete the survey on their own time. This method is advantageous as a survey distributed to participants to complete on their own time could eliminate some researcher influence on how the participant responds. However, leaving the surveys for the participants to complete independently could also result in some surveys not being returned to the researchers. Pre and post test questionnaires were utilized by Weber Falk et al. (2022), with

delivery of said questionnaires being done online. This offers similar strengths and limitations to the surveying used by Patterson et al. (2021). Many also utilize semi-structured interviews, where the participants have a guided discussion with the interviewer/researcher where the data can be extracted from the transcripts of the interview (Patterson et al., 2021). In the study by Hill et al. (2019), assessments were used after each stage of the intervention was completed. The assessments occurring shortly after each stage allows the information to remain fresh in the participant's mind, allowing them to provide the best response possible.

Ideally, research studies will use instruments that have strong validity and reliability. Hill et al. (2019) utilized The Persistent Complex Bereavement Disorder Checklist, which has demonstrated high validity, indicating that the checklist is accurately measuring what it is intended to. This validity can be seen as a strength of this particular study. Reliability in the measures used indicate that the measure is consistent. In circumstances where the information is being provided by someone other than the individual being studied, such as a parent providing information on a grieving child's situation, high proxy reliability is advantageous. This can be found in Weber Falk et al. (2022), who found that the Prolonged Grief Disorder measure contained high proxy reliability.

Quantitative research data analysis involves analysing the numerical data that is collected in the study and using different methods to determine results (Creswell & Creswell, 2018). In the case of Hill et al. (2019), the researchers chose to use a statistical analysis computer program, the Statistical Package for Social Sciences (SPSS) 24.0, to process the data. This helps the researchers to determine whether there were statistically significant treatment effects. Patterson et al. (2021) opted to use MANOVA to further analyse their data after first determining averages for the different scales tested. T-tests were used by Hill et al. (2019) to determine if statistically

significant differences occurred between groups. These researchers also employed the use of the Reliable Change Index to determine whether a participant's change over time is statistically significant. Both of these tests were seemingly appropriate to use in the study, especially given that the participants were tested multiple times over a period of time. Weber Falk et al. (2022) also utilized a measure of Reliable Change, utilizing the standard deviation and internal consistency to calculate. Again, this appears to be an appropriate approach as participants are being measured multiple times over time.

As gleaned from above, the methodology used in research studies is incredibly important. This includes the how the participants are selected, what the role of the researcher in the study is, how the data is collected, the measures used, and finally how the data obtained in the study is analysed.

Chapter Three: Literature Review and Findings

In order to better understand the topic of grief in childhood and adolescence, having an understanding of the existing literature on the subject is paramount. As such, this section will provide a review of the current literature surrounding interventions for children and adolescents experiencing grief and loss. This section will also present common themes found in the literature and seek to further synthesize the information found. Using this information, various grief interventions used in work with children and adolescents will be discussed. An ethical discussion will also be presented, which will focus on the 10 articles that were selected for methodological critiquing. The ethical discussion will also touch on ethical issues that may arise in working in with pediatric populations that are experiencing grief and loss.

Concepts of Grief

Much like other topics, multiple theories surrounding grief and loss exist. However, not all theories are widely accepted, and some are no longer considered to be accurate in our current climate. Indeed, Daniel (2023) asserts that Kuebler-Ross' five stages of grief model should no longer be used by professionals working with grieving populations. Popular culture has long used the idea of five separate stages of grief, which could be interpreted as grief occurring in a uniform way and in a linear fashion. This is no longer the standard used by most grief professionals as it is thought that grief does not follow specific steps and can be different and deeply personal for each individual. Criticism for this model also includes the fact that the five stages – denial, anger, bargaining, depression and acceptance – focus on more negative aspects of grieving, while leaving out things such as hope, which can often be found in grief work (Daniel, 2023). The social pervasiveness of this model may impact the way in which a griever

feels about how they are grieving as though they are doing it wrong if they do not conform to those five stages.

It is important to note that specific interventions are not always a necessity for an individual experiencing grief (Dudley, 2019; Hoeg et al., 2018). Grief is a common and normal part of the human experience and something that every person will experience. In fact, Hoeg et al. (2018) suggest that in pediatric populations, as much as 5% of children, will have a parent die before the end of their teenage years. Shulla and Toomey (2018) assert the same, adding that by the time they are finishing High School, 90% of adolescents will likely have experienced the death of a friend or family member. It can still be unsettling, and some clients may need reassurance from a professional that what they are experiencing is common, or normal, even if they are not at a point where their grief could be considered prolonged or complicated. Receiving support through the grieving process can be helpful for young people (Schaefer et al., 2022) even if the support does not involve traditional therapeutic work. Social supports, such as the support from one's remaining family or friends or from one's community such as a church or school group, can be beneficial in providing young people support in a non-clinical sense (Schaefer et al., 2022). Schaefer et al. (2022) assert that less research exists on these social supports for young people after the loss of a loved one, so understanding the true impact of social supports after a loss is difficult to quantify. Some research exists on the benefits of social supports for grieving adults, suggesting positive outcomes that may lessen maladaptive or prolonged grief.

Culture and Spirituality in Grief Therapy

Death, dying, and grief are concepts that can be approached in many different ways, and spirituality/religion and culture can play a large role in this. Spirituality, which is not always

associated with a specific church or religion, can lead to young people experiencing positive outcomes in their mental health, including in the realm of grief and bereavement (Schaefer et al., 2022). The authors state that spirituality may contribute to continuing bonds with the deceased, as well as instilling attributes such as hope or meaning that can help individuals in their grief journey. They also postulate that feeling connected to one's spirituality could facilitate coping and help to reduce worry. Belonging to a spiritual or religious group may also provide a grieving individual with a place in which they can feel safe and accepted, as well as another avenue in which to explore feelings and ideas surrounding death, dying and grief.

Culture can be very influential in how someone grieves. The ways in which death and grief are handled can often be dictated by culture. This can include customs and rituals practiced, thoughts on burial versus cremation, what is acceptable in terms of length and expression of grief, and how funeral/memorial services are conducted (Thanasiu & Pizza, 2019). It is thus imperative that the therapist takes the time to understand the cultural perspective that the child or adolescent are approaching their grief journey from. Understanding where they are coming from can help to determine which grief interventions may be the most effective or accepted by not only the client but also the family of the client. Having an understanding of their cultural approach to grief is also beneficial in helping the child or adolescent navigate their grief from their own cultural viewpoint.

Thanasiu and Pizza (2019) assert that those working with children and adolescents experiencing grief should first explore how their own culture impacts how they experience and understand grief and the mourning process.

Helpful Components in Grief Therapy

While recognizing that not every individual that has experienced a loss will require intervention, it is also important to understand what is perceived as helpful by the pediatric clients themselves.

Adolescent clients may have the tools to better articulate what felt the most helpful to them in a session or intervention than pre-school or elementary aged clients. For instance, Blake et al. (2020) were able to understand from their participants that writing about their grief and loss allowed them to be more open to discussing the topics with important people in their lives.

One of the helpful components in grief therapy is community and common experiences. As grief and bereavement can be such an isolating experience, it appears that there is benefit in finding others that have had similar experiences. These shared experiences may help the client to feel more understood and in turn feel more comfortable with what they experience in their grief journey (Patterson et al., 2021; Ridley et al., 2021).

Another evidence based helpful component is psychoeducation. Being given appropriate information and education about grief and loss seems to be important to young clients, particularly adolescent populations (Patterson et al., 2021). Providing these young people with the resources that they can reach out to for support, as well as resources to understand what grief reactions are common, can feel empowering when life events can feel as though you are powerless.

Flexibility has been identified as another helpful component in grief processing. Flexibility can be an important aspect of any therapeutic relationship; however, this may be even more applicable in grief therapy. This could be due to a variety of factors, such as understanding

the grief process is not linear, and a client may appear to regress to a stage that was thought to be through. This flexibility could also be applied to pediatric populations and adapting interventions to be appropriately used within the developmental stage that the client is in. In fact, flexibility is also appreciated by the clients themselves, as found by Ross et al. (2021) surveying individuals that received grief support as adolescents.

Thematic Findings from the Literature

The research question for this paper asked how receiving grief specific interventions impact the mental health of children and adolescents that are experiencing grief and what the efficacy of said interventions is. The literature that was explored revealed that many grief interventions exist for children and adolescents; however specific age groupings in the literature are more difficult to find. Many articles looking at grief interventions explore the interventions with a range of ages, which means that there will also be a range of developmental stages to be found amongst these participants. This could make it more difficult to determine effectiveness for each unique age range as developmental stages are vastly different at different ages, such as between a young school age child to an older adolescent. In addition to the developmental stage of the client, other factors can also be vastly different from client to client, which must also be considered when considering interventions for grief. These factors include who the person who died was in relation to the client, how the deceased died, and support systems already in place. As such, it seems as though there is not a ‘one-size-fits-all’ solution for grief interventions with children and adolescents.

It is also interesting to note that age is not the only factor that may have different impacts on how a child or adolescent experiences grief – differences in sex may also impact how the grief is experienced and expressed (Shulla & Toomey, 2018). These authors discovered that while

both female and male adolescents often experienced externalized responses to grief, it was female adolescents that tended to exhibit internalized grief responses, including symptoms of PTSD. These sex differences may also be influenced by external factors, such as public stigma associated with death and grieving as well as gender expectations that are placed upon or felt by the adolescents.

The table below identifies relevant findings based on the review of the literature on the effect of grief therapy on children and adolescents.

Table 2

Overview of Findings

Category	Themes
1. Psychological Impact of Different Grief Situations	<ul style="list-style-type: none"> a. Psychological impact based on suicide b. Psychological impact based on parental loss c. Psychological impact based on divorce d. Psychological impact based on violent death
2. Psychological Impact of Different Grief Interventions	<ul style="list-style-type: none"> a. Psychological impact of caregiver and trusted person interactions b. Psychological impact of arts and creative-based interventions

	<ul style="list-style-type: none"> c. Psychological impact of cognitive behavior therapy d. Psychological impact of Grief Camps
3. Significance/Impact of Therapeutic Settings	<ul style="list-style-type: none"> a. Traditional therapeutic settings b. Educational/community settings c. Immersive settings
4. Domains of Therapeutic Change	<ul style="list-style-type: none"> a. Neurobiological Changes b. Intrapersonal Changes c. Interpersonal Changes

Psychological Impact of Different Grief Situations

While colloquially thought to be limited to the death of a loved one, loss can occur in many different ways and in different areas of one's life. The majority of existing literature on the loss experiences of children were centred on the death of someone in their lives. However, there is also some literature to be found on the impact of divorce of their parents and moving away from an area where they had spent a large amount of time, which can both also be considered significant losses in the life of a child.

When looking specifically at feelings of loss caused by the death of someone in their lives, one can narrow the scope into types of death – which could include suicide, cancer/long illness, unexpected or violent deaths – as well as by the relationship of the deceased to the child. Children's experience of grief after a loss by suicide is backed by a significant amount of research. The loss of a parent or sibling also has a fair amount of research surrounding it. Each

type of loss can impact children in different ways psychologically as well as impact how they relate to others.

Psychological impact based on suicide – Suicide as a topic can have stigma attached to it and as such grieving the loss of someone who died by suicide may present differently in the grief journey of an individual. As such, it may be necessary to tailor interventions for those mourning a death by suicide (Ross et al., 2021). Providing the appropriate resources and support for children and adolescents can be incredibly important, as losing someone to suicide can impact the individual throughout the lifespan. In a study of adult intimate relationships in individuals that experienced the loss of a parent at a young age, Hoeg et al. (2018) indicate that the early loss of a parent can heavily impact how an individual approaches relationships later in life. This particular study also asserts that a death by suicide can have a distinctly different impact on those grieving and this is no different in the case of children and adolescents. Often, traumatic circumstances of a death by suicide may also further complicate the grief experienced by children and adolescents.

In addition to the long-term effects of early parental loss by suicide, these types of losses can result in a huge shift in home life and experiencing feelings of shame, guilt, and rejections (Hoeg et al., 2018). While shame is an emotion that can often be associated with grieving, this shame coupled with the social stigma that accompanies the topic of suicide can make reaching out for support difficult for the individual or difficult for the surviving guardian to seek support for the young person. Hoeg et al. (2018) also suggest that children who have had a parent die by suicide may also be at more risk of insecure attachments in relationships later in life.

Psychological impact based on parental loss – Loss of a parental figure is a significant loss for most individuals, even into adulthood. As such, a parental loss could have a greater

impact on children and adolescents. Experiencing the loss of a parent as a child or adolescent may result in various issues over the lifespan, including engaging in risky behaviours, emotional/mood issues, use of substances, poor coping skills, and even suicidal ideation (Akhtar & Aftab, 2018; Hoeg et al., 2018; Zhang et al., 2023). Having social supports, as well as a positive relationship with a surviving caregiver, may increase protective factors in youth, leading to fewer adverse behaviours presenting (Schaefer et al., 2022). A young person's support in the home after a parental loss can also impact how they grieve and whether they display maladaptive reactions to their grief. For instance, if the surviving caregiver actively avoids talking about the deceased person, their own or the child's grief, or focuses only on happy emotions, this could imply to the child that it is inappropriate to talk about the deceased or be sad and unhappy (Schaefer et al., 2022).

Psychological impact based on divorce – Divorce is a loss that is common in society that may not always be associated with feelings of grief and loss. This is true not only for children and adolescents, but also for adult children of parents divorcing as well as those parties participating in the divorce. This disruption of the family unit can have a lasting impact on the life of a young person, both on their mental health and future relationships (Akhtar & Aftab, 2018). Even if a separation is amicable in nature, it still comes with major upheaval in the life of the family, with changes occurring that could leave a longing for the way that things were before. Additionally, in some cases a separation or divorce leads to the child(ren) no longer having contact with one parent which could feel like a death in and of itself. While there is some research surrounding parental divorce as a loss, the research is much more sparse than that on other forms of loss. Research on divorce as a loss seems to centre more on the experience of the parties getting divorced themselves as opposed to others in the home.

Psychological impact based on violent death – Losing a loved one by violent means, whether this is by homicide or an accident, could potentially lead to greater psychological distress in the experience of grief (Currier et al., 2015). These types of death may also result in the bereaved experiencing more complicated grief symptoms than other types of death, while additionally having the potential of contributing to attachment issues for the bereaved. In fact, Currier et al. (2015) discovered that violent deaths were positively correlated with the bereaved experiencing attachment anxiety and attachment avoidance. Shalev et al. (2021) assert that having someone close to them die in a violent manner and especially if it is a close relation such as a parent or sibling, can result in social and emotional issues, physical and psychological development, and overall functioning. With children in particular, the authors point out that a violent death could also result in the bereaved child experiencing intrusive thoughts surrounding the deceased and manner of death.

Many individuals experiencing grief due to a violent death, including children and adolescents, may attempt to try to ‘make sense’ of the death and details surrounding it (Currier et al., 2006). While the attempt to make sense of the situation is not an issue in itself, more distress may be experienced when an explanation is not available.

Psychological Impact of Different Grief Interventions

As with other presenting issues in mental health, there are many different ways in which to work with a client. That is to say that an intervention, while effective with some clients, may not be the most appropriate intervention to use with other clients.

In general, mental health interventions that are evidence-based are the gold standard amongst clinicians. Gold-standard implies that it is the preferred method used by professionals

in the field. Using evidence-based interventions also gives some credibility to the clinician and could help to create more trust in the clinician and the therapeutic process.

Psychological impact of caregiver/trusted person interactions – While not necessarily considered a clinical intervention, it should be noted that often the ability to talk with others in their circle can be beneficial for grieving young people. When given the opportunity to talk openly and honestly with people not only about their experience of grief but also about their deceased loved one, they may experience fewer negative or maladaptive symptoms of grief (Schaefer et al., 2022). Being positively connected to a caregiver can boost self-esteem, lower rates of emotional suppression, as well as potentially lower the risk of suicide later in life (Zhang et al., 2018). Additionally, being encouraged to only express positive emotions associated with their loved one can make the child feel as though all the other emotions that they are experiencing are not valid or appropriate to have. Having a relationship with a trusted person in their lives in which they can share experiences and emotions with one another gives the child a safe place to express themselves and feel understood. This can allow the young person to be more comfortable with their own emotions, even the uncomfortable ones, as well as providing them with a healthy example of what sharing their thoughts and feelings can accomplish. Having this may, but not in all cases, eliminate the need for outside interventions to work through the grief that they are experiencing (Schaefer et al., 2022). Interestingly, it seems that the older a child is, the more likely the adult in their lives is to share more of their own grief experiences.

Psychological impact of arts and creative-based interventions - Arts and creative-based interventions are frequently used in work with those experiencing grief, in particular with populations in which talk therapy may not be as effective such as children and adolescents.

Storytelling and writing can be used as an outlet for the client to express what they may not be comfortable expressing verbally. Writing using prompts, which can be seen in studies such as that by Blake et al. (2020), gives the client a place to start while still allowing them the freedom to express themselves openly in their writing. In addition to the actual exercise of writing or storytelling, these interventions could be used as a gateway to further discussions about death and dying, allowing for more openness on the subject.

Psychological impact of cognitive behaviour therapy - Cognitive Behaviour Therapy is a very commonly used form of therapeutic intervention, used with a variety of different presenting issues. Cognitive behavioural therapy has also been adapted to be used with a variety of different populations including children and adolescents. While studies examining the effectiveness of Cognitive Behavioural Therapy in working with issues surrounding grief – including prolonged grief, complex grief, and anticipatory grief – can easily be found, the literature becomes more sparse when specifically looking for studies using cognitive behavioural therapies with child and adolescent populations experiencing issues surrounding grief. Saladino et al. (2024) indicate that cognitive behavioural therapies can successfully be used with young clients presenting with symptoms of prolonged grief but indicate that the most success was found if the parent(s) were also engaging in therapies with the child. Spuij et al. (2015) also used cognitive behavioural therapy with grieving children, as well as with their parents. It appears that having the parents experience similar therapy as the children might allow the parents to better understand what the child is experiencing and how best to support them using the tools presented in therapy. Cognitive behavioural therapy for bereaved children can equip them with the tools to be able to feel more confident in facing activities or thoughts that remind them of the

loss, which they may have otherwise avoided or that made them feel anxious. It can also help to address negative self perceptions, which when struggling with grief may include guilt or shame.

Psychological impact of grief camps – Grief camps are a more immersive form of grief intervention in which the participants spend longer spans of time with others that are also experiencing grief. These camps – which are sometimes also referred to as retreats – include peers which can normalize the experience of grieving and help them to understand that they are not alone in their feelings that they are experiencing (Hartwig & Marlow, 2022). Grief camps allow the individual to make connections with others attending, which the individual could potentially receive support from (and provide support to) even after the grief camp has concluded. Activities during the camp can include a variety of different things such as group or individual talk-therapy, art/creative interventions, and even some activities that are seemingly unrelated to processing grief, such as recreational activities or games.

Not all grief camps are structured in the same fashion – these camps can run in a variety of different ways. One way these camps run is what could be considered a traditional summer camp type format where the participant remains onsite for a period of time, including staying the night. This type of grief camp can be seen in the ‘Good Grief’ program outlined by Patterson et al. (2021) that while the camp offers activities such as traditional talk therapy and expressive arts activities, it is also designed to act as respite for the participants, a place where they are able to just be themselves. Another form is grief camp involves the same group meeting multiple times over a period of time which could look like meeting for a few hours once per week for a couple of months or even once per month, as can be seen in Ridley et al. (2021). In this case, the way in which the participants were divided amongst the groups – by both age and type of loss – allowed

the participants to better connect with their groups and find the support and understanding that they needed within them.

Significance/Impact of Therapeutic Settings

Therapy in a traditional sense is often thought of as the client and therapist in a room conversing (Stefanopoulou et al., 2018). Different modalities may allow for different therapeutic settings and it is worth noting that it may not always be feasible for clients to attend sessions in an office – thus having other options could be beneficial. For instance, offering mental health supports and grief supports in particular, available in public health and educational settings could allow for greater access to these services.

Providing grief support services in spaces where they are needed may result in more clients taking advantage of them. Particularly in the case of young people attending traditional brick and mortar schools, having these supports available in the school could allow them to receive necessary supports, with minimal disruption to their day-to-day routines. Studies such as one by Blake et al. (2020) indicate that bringing these supports into the community can result not only in ease of access but also in more adolescents choosing to use the supports, which may not have occurred if the supports were not available in their school environment. The authors also indicate that bringing supports into the school environment can also result in more connection to others.

Providing grief support for child and adolescent populations in immersive settings was seen multiple times in the literature search. An immersive setting can take a number of different forms, with camps appearing many times in searches. This camp style of immersive support may be beneficial for various reasons including removal from environments that may be difficult

for the client, ability to focus more intently on what is being discussed/worked through, more time to process information, and more opportunities to ask questions and the ability to find connection with others that may have experienced similar situations and emotions (Patterson et al., 2021). While this form of immersive treatment could be beneficial for certain ages of children and adolescents, pre-school age groups may not be well-suited to camp-style interventions due to various factors, such as the ability to be away from guardians, and attention spans. Other immersive therapies – such as some art or creative based therapies – may be more appropriate for this age group.

Domains of Therapeutic Change

Neurobiological changes – While not in a pediatric population, it has been found that grief can profoundly impact the neurobiology of an individual. In a study by Kark et al. (2022), it was determined through fMRI that grieving mothers had distinct differences in corticolimbic white matter tracts from those that were not grieving. Additionally, differences were noted in learning, memory, and executive function, from others who were not currently experiencing grief. Severity of symptoms may be related to the severity of the grief being experienced by the individual.

Changes that occur in children experiencing bereavement can include developmental impacts (Blake et al., 2020; Chen & Panebianco, 2018; Griese et al., 2018; Ross et al., 2021; Weber Falk et al., 2022). Additionally, grief can manifest in somatic ways, which may be more prevalent in young pre-school populations (Chen & Panebianco, 2018; Ridley et al., 2021). While it is not fully understood why this may be, grief therapies could provide an outlet for their grief which could in turn relieve some of the somatic symptoms. Additionally, an individual's biology and developmental stage can also have an impact on how they understand and interpret

death but also on how they grieve. Thanasiu & Pizza (2019) indicate that children under the age of 12 do not often have the abstract reasoning to fully discuss concepts that come with grieving.

Intrapersonal changes – Grief, especially maladaptive responses to grief, can cause poorer mental health (Blake et al., 2020; Chen & Panebianco, 2018; Griese et al., 2018; Hill et al., 2019; Ridley et al., 2021; Ross et al., 2021; Weber Falk et al., 2022). This often includes fear, anxiety, and depression. Intrapersonal changes that can occur from the experience of grief in adolescence include poor coping strategies, which can be improved through grief therapies (Andriessen et al., 2020). Grief interventions can have the benefit of a greater sense of control for the bereaved and providing a sense of comfort. The ability to reflect on the topic without the added anxiety and sit in uncomfortable emotions is a positive change brought on by grief interventions. Many grief interventions use ‘working through’ the grief, which can in turn help the child to navigate grief and perhaps other intrapersonal changes in a better way.

Interpersonal changes – Experiencing the death of someone important in their lives can cause relationship issues for young people far into their future (Griese et al., 2018; Ridley et al., 2021; Ross et al., 2021). The experience of grief can feel isolating and make them feel different from their peers (Andriessen et al., 2020). Among these issues could be separation anxiety, which is often found after the loss of a parent/guardian (Patterson et al., 2021) as well as difficulties forming relationships with peers (Weber Falk et al., 2022). Receiving grief interventions can have benefits interpersonally. Some participants indicated that after engaging in creative-based grief interventions, in this case it was prompted poetry writing, they felt more able to talk openly with their parents, not only about the loss that was experienced but also about losses that haven’t yet occurred (Blake et al., 2020). These grief interventions can also create a

sense of safety between people in which to communicate about more than just death and grief (Chen & Panebianco, 2018; Patterson et al., 2021; Ridley et al., 2021).

Ross et al. (2021) indicate that the relationships and quality of said relationships held prior to the loss can also be impactful on how a young person grieves. This is also echoed by Weber Falk et al. (2022), who state that these strong relationships could be considered a protective factor. If strong relationships existed before the loss, stronger relationships are likely to remain after the death, provided the relationship was not with the deceased. Young people can also benefit from forming strong therapeutic relationships with mental health professionals such as therapists during their journey through grief.

Culture and spirituality can provide an easier way for young people to connect with other after a loss, as relationships as well as ideas around death and grieving already exist within their communities (Thanasiu & Pizza, 2019).

In conclusion, various themes can be found in grief literature that center around children and adolescents. These include the psychological impact of different grief situations, the psychological impact of different grief interventions, the significance or impact of therapeutic settings, and domains of therapeutic change. Findings of this study appear to fit within the theoretical framework outlined earlier in this paper, in that the subjective experiences of the subjects is often considered, as are the cultures and customs of the subjects.

Ethical Considerations

As with any mental health work, there are ethical considerations that should be observed when working with children and adolescents experiencing grief. In exploring the ethical considerations that should be observed when working with this population, this study utilized the

Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2017) as a framework for what may or may not be appropriate. The Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2017) is expected to be adhered to by psychologists in Canada and provides a framework to understand what should be considered when making ethical decisions in the field. The Code of Ethics is comprised of four main principles: Respect for the Dignity of Persons and Peoples, Responsible Caring, Integrity in Relationships, and Responsibility to Society. While this current paper is being written in Canada and I need to adhere to the standard set forth by the Canadian Code of Ethics for Psychologists, it is important to note that the articles being examined for the purpose of this paper were not all written in Canada. Thus, the authors of those articles will not all have been bound to adhere to this specific set of ethical guidelines. Creswell and Creswell (2018) assert that ethical standards are important in practice and research in order to protect the participants, the researchers, and the public. It is likely that even if these are outside of Canada, those authors are following similar ethical considerations laid out by their jurisdiction. In addition to the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2017) there are two other documents to be utilized in the understanding and analysis of the ethics in research literature: the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council, 2022) and the Standards of Practice set out by the College of Alberta Psychologists (2023). These three documents provide a useful framework for ethical considerations as well as ethical decision making. Ethical considerations to be explored include informed consent, withdrawing from participation in a study, confidentiality, protection of vulnerable individuals and groups, and avoiding deception and conflicts of interest.

Informed Consent – The first principle in the Canadian Code of Ethics for Psychologists is Respect for the Dignity of Persons and Peoples, with an important aspect of this principle involving informed consent (Canadian Psychological Association, 2017). The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council, 2022) echoes the importance of respect for persons, of which informed consent falls under. As with working with clients in a counseling relationship, it is of the utmost importance that researchers obtain informed consent from research participants. When obtaining informed consent, research participants should be made aware of what the study is researching, what their rights are as a participant, how data will be collected, how data will be used, how their identity and personal information will be protected, and finally what limits to confidentiality exist. Informed consent should also address risks and benefits to participation in the research so that the participant is aware what could occur and make the decision about whether the risk is something they are willing to face. One risk that may be present in working with grieving populations is a risk of re-traumatization, should the death have been in a sudden or violent manner. As this paper is particularly focused on minors, it is also important that both the guardians and participants have an understanding of what will occur (College of Alberta Psychologists, 2023) – as such, it may be prudent to word the informed consent in a way that could be more easily understood by children to obtain their assent in addition to the consent of the guardian(s).

Many of the articles examined included a statement that informed consent was obtained (Blake et al., 2020; Hill et al., 2019; Patterson et al., 2021; Ridley et al., 2021; Ross et al., 2021; Weber Falk et al., 2022). Some articles have a specific statement surrounding about informed

consent at the end of the paper, while some have a statement about informed consent included in the body of writing (Weber Falk et al., 2022). Hill et al. (2019) obtained written assent from the minor participants, specifying assent over consent. While the other studies obtained an informed consent, it is not clear if all obtained consent/assent from the children and adolescents as well or only the guardians of these young people. The study by Ridley et al. (2021) also included a statement that parental/guardian consent was obtained for participants under the age of 16, as did Patterson et al. (2021) for participants under 18 years of age. In those articles that did not include such a statement (Griese et al., 2018; Thanasiu & Pizza, 2019), it is not clear whether or how informed consent was obtained for their studies. One might assume that publishing a peer-reviewed article would imply that informed consent was obtained by participants, however without that being explicitly stated it is dangerous to assume that it was. Ethically, these participants should have been provided with the information required for them to properly provide their informed consent.

Withdrawing from the study – Also falling within Principle 1 of the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2017), as well as being addressed in the informed consent portion of the College of Alberta Psychologist’s Standards of Practice (2023), participants must be informed about their right to withdraw from a study at any time. While none of the examined articles address whether participants were informed of this fact, some do mention that some participants did drop out of their studies (Ross et al., 2021; Thanasiu & Pizza, 2019). Weber Falk et al. (2022) and Hill et al. (2019) discuss the attrition in their study; however, they do not address whether details for removing oneself from the study were provided to the participants in advance. Providing the information on participants removing themselves from the study is also ethically relevant, as it helps to provide a more thorough picture of the

study and the results produced. It should be noted that if a participant chooses to withdraw from a study, it is also within their rights to request that their data in the research be removed (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council, 2022). This gives the participant autonomy over not only themselves, but also the data that results from their participation.

Confidentiality – Principle 1 of the Canadian Code of Ethics of Psychologists also addresses the topic of confidentiality (Canadian Psychological Association, 2017). Confidentiality ensures the protection of the participant’s information and that information used will be used in a way in which the participant cannot be identified. Addressing confidentiality early on in the process ensures that the participant is aware of when it may need to be broken. Confidentiality and disclosure of information can also become more complicated when working with minors, particularly when the parent or guardian is not in the session with the minor and therapist. Confidentiality is commonly addressed within the informed consent process, so as such, it is logical to assume that it was addressed in the studies that included statements about informed consent (Blake et al., 2020; Hill et al., 2019; Patterson et al., 2021; Ridley et al., 2021; Ross et al., 2021; Weber Falk et al., 2022). In the instances in which informed consent and confidentiality were not explicitly addressed (Griese et al., 2018; Thanasiu & Pizza, 2019), it is unclear whether confidentiality was discussed with the participants. It may be important for the minor that the information disclosed stay between them and the therapist, so these instances should be addressed early in the therapeutic or research process (College of Alberta Psychologists, 2023).

Protections for Vulnerable Individuals and Groups – Also located within Principle 1 of the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2017), protection for vulnerable people should be considered in conducting research. Autonomy over self and participation should be sought from any participant, but in the case where a participant cannot have absolute autonomy, such is the case with children or participants with cognitive delays, efforts should be made to ensure the protection of these groups (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council, 2022). In the case of working with children and adolescents experiencing grief this population could be considered a vulnerable group, as they are minors and this alone puts them in a vulnerable position (Chen & Panebianco, 2018). Additionally, the developmental stage that the participant is at could also make them more vulnerable, as there is a great difference between the developmental stage of a 5-year-old child, and a 17-year-old adolescent – though both qualify as minors. Ridley et al. (2021) protected their vulnerable group of participants by recognizing when what they were offering was not appropriate for their needs and referring them onward, instead of having them stay in the group – they opted to lose a participant over potential harm that an inappropriate therapy could produce.

Many articles do not specifically address vulnerable groups but recognize that minors are a part of a vulnerable group. Specifically, some acknowledge that they are not working with the minors directly, but instead are getting their information from the parents/guardians of the children (Weber Falk et al., 2022). This begs the question of whether or not having the guardian, rather than the research subject, report is in the best interests of the vulnerable group. Protecting vulnerable groups and people could also look like taking culture into consideration when working with a client in order to avoid saying, doing, or suggesting anything that might harm

them in some way (Thanasiu & Pizza, 2019). Interestingly, Griese et al. (2018) noted that experiencing the death of a loved one can make a child more vulnerable, which could indicate that these experiences could make an already vulnerable group even more vulnerable.

Avoiding Deception and Conflict of Interest – Both sitting within Principle 3 of the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2017), the researcher is to avoid deceiving participants of the study, as well as avoiding conflicts of interest. It is important that the researcher is forthright with the participants and does not present the study as something that it is not. The researchers should be as transparent as possible and avoid providing misleading or false information to the participants or other stakeholders (College of Alberta Psychologists, 2023). This could also be included in informed consent but is worth noting on its own. Most articles include a disclaimer that the authors are not aware of any conflicts of interest that would impact the results of the study (Chen & Panebianco, 2018; Hill et al., 2019; Patterson et al., 2021; Ridley et al., 2021; Ross et al., 2021; Saladino et al., 2024). In other articles, no explicit statement regarding the existence of deception or conflict of interest were made (Weber Falk et al., 2022).

In psychological research it is important to note that sometimes deception is required in order to perform an experiment. In case such as this, it will be important to ensure that the participants are made aware after the fact and debriefing is offered (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council, 2022).

Summary of Ethical Considerations – Not every article examined directed addressed the ethical standards previously outlined. It could well be that all of these standards were met by the authors, however it was overlooked when writing and publishing the articles. Without being

explicitly stated, the authors leave room for speculation as to whether these standards were met or not.

When doing therapy with young populations, many of the ethical considerations used when working with adult populations will be relevant. These include following the ethical guidelines as laid out by the Canadian Psychological Association (2017) in the Canadian Code of Ethics for Psychologists. Informed consent and confidentiality remain paramount in establishing a strong therapeutic alliance, though they present extra challenges when working with a younger population. For example, the parent or guardian of the young person will need to give consent to therapy and also has the right to withdraw that consent at any time. As such, a therapist would need to seek informed consent from the guardian and assent from the child. Confidentiality could also become a gray area in working with minors, as technically the guardian could request access to their file, which may prevent the child from full sharing in session for fear of upsetting their guardian. In this case, it may be prudent to have an open and honest discussion with the child and guardian to set boundaries that all are comfortable with. It will also be important for any therapist working with grieving young people to remain curious about cultural considerations with each client, as well as how the setting may impact the client. Among the most important considerations for grief work with young people would be remaining cognizant of not re-traumatizing the client and meeting them where they are at.

Chapter Four: Application to Clinical Practice

This section explores how the findings of this study of interventions and the efficacy of interventions for children and adolescents experiencing grief can best be applied to clinical practice. The focus of this section will be on the clinical and therapeutic applications of the findings, scientific knowledge, the well-being of society, and finally the cultural and diversity implications of the study.

Clinical/Therapeutic Applications

Understanding grief and loss, as well as understanding what is effective in terms of supporting someone who is grieving, is incredibly important for mental health clinicians (Gold, 2020). This could be due to the fact that grief and loss can occur in many different ways and it is inevitable that every person will be impacted at some point in their lives (Friedman, 2012; Gold, 2020). As such, the chances that a therapist will have a client experiencing grief is high.

The findings of the study affirm that grief and the grieving process are very personal and that the experience can vary between individuals. As grief is such a common occurrence and something that everyone will experience at some point in their lives it is also important for mental health professionals to be aware of the fact that not every person or child grieving requires therapy or interventions (Dudley, 2019; Hoeg et al., 2018). Also indicated, is that the loss experienced can impact the grief that the child is experiencing. As such, understanding the circumstances surrounding the loss that occurred, whether it be death by suicide, a violent death, prolonged illness, or divorce, is paramount to providing the proper support.

There are many factors that a therapist should be taking into consideration when they begin a therapeutic relationship with a minor who is experiencing grief. It is important to

understand what their other supports are. Having supports outside of the therapy space, where they can express themselves openly is another resource that the therapist can incorporate to benefit the child (Patterson et al., 2021; Ridley et al., 2021). From here, the therapist can also work with the parent or guardian of the child, so that they can also be better supported in the home. This can occur separately from the child or in a more collaborative fashion with the child, parent/guardian, and therapist all together. The therapist should also be aware of the positive impact that peers can have on one another and the feeling of understanding they receive from others that have had similar experiences can be profound.

The setting of where therapy is occurring is also important, as it can impact not only the comfort of the client but also accessibility to therapy (Blake et al., 2020). Providing supports in environments such as school, community centers, medical centres, and churches can not only make it easier for the clients to attend but also being in a less clinical feeling setting might ease some anxiety.

Therapists should also remain cognizant of where the client is developmentally. As the developmental stage of the client can inform their understanding of death (Ridley et al., 2021; Thanasiu & Pizza, 2019), the therapist should remain aware of this and meet the client where they are at. For example, psychoeducation can be effective with older adolescents (Patterson et al., 2021), but may not be appropriate with younger children.

Scientific Knowledge

A literature review, such as this one, adds to the scientific knowledge that exists on a topic and can help to determine where additional research is needed (Lim et al., 2022). Knowing that evidence-based information on the topic is available gives the therapist resources that they

can consult in order to better work with their clients. There appears to be a few main areas in which research on grief interventions for children and adolescents has been done. These include Cognitive Behavior Therapy (Griese et al., 2018; Saladino et al., 2024), grief camps (Patterson et al., 2021; Ridley et al., 2021), and creative or play-based interventions (Blake et al., 2020; Chen & Panebianco, 2018; Hill et al., 2019; Ridley et al., 2021; Thanasiu & Pizza, 2019). While efficacy of these interventions is discussed, it is also noted that formal intervention is not always required for individuals that are experiencing grief. Though this literature review provides a number of studies, more research into the topic of childhood grief would be helpful. Further research could examine ways in which clinicians can not only better support children that are grieving but also how to better prepare them for inevitable loss. Additionally, it may be relevant to examine the ways in which psychoeducation about death, dying, and grief may impact the grief experience for children and adolescents.

Well-Being of Society

According to the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2017), psychologists have a responsibility to society. This includes the development of knowledge, which this paper has attempted to do. The findings of this literature review indicate that as with other mental health concerns, accessibility to mental health supports for grief is important. Not every child that experiences a loss will require professional support through their grief journey, but those that do can face other mental health difficulties in addition to the grief itself. Given this, having access to appropriate grief supports is important to not only the individual, but also to their families and society as a whole. Providing these supports could be preventive in nature, giving the children skills and psychoeducation about mental health well into the future. It may also be relevant to speak more about death and grieving in society in

order to decrease the stigma associated with it and normalize the emotions surrounding it. Children are often shielded from these topics as a form of protection (Gimenez-Llort, 2021) and this may prevent them from getting needed support.

Cultural Implications

The Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2017) asserts that it is the duty of the therapist to remain culturally aware as well as remain non-discriminatory in their practice. Thus, culture and diversity should remain top of mind for those working with children and adolescents experiencing grief.

The findings from this study indicate that culture is an important aspect for clinicians to consider when approaching the topics of grief and loss with clients, especially when working with younger demographics. A large amount of diversity exists among the populations experiencing grief as every client will have a different worldview. Culture is often very intertwined with grief and loss as different cultures have different understandings of death, the afterlife, and what is deemed to be acceptable in grieving (Li et. al., 2024; Thanasiu & Pizza, 2019). It will be important for those working with young people in their grief journey to remain curious about their beliefs, both culturally and spiritually. This curiosity is important even when the client may appear to hold similar beliefs to the therapist, as even within similar cultural or spiritual ideologies, there may be differences. Remaining aware and sensitive to the cultural and spiritual ideologies that a client may possess, can help to create a more open and trusting therapeutic relationship. Being aware of traditions surrounding grief and mourning can also help the therapist to better tailor sessions and treatments to the client's unique needs and hopefully this can help to reduce maladaptive grief responses in their young clients (Gold, 2020; Thanasiu & Pizza, 2019).

Chapter 5: Conclusions and Recommendations

This section of the paper will discuss conclusions drawn from the methodological critique and literature review and analysis of this study, which sought to determine interventions used with children and adolescents experiencing grief and the efficacy of these interventions. The conclusions will then be used to present recommendations to be used by mental health professionals working with children and adolescents experiencing grief. Finally, future research directions will be explored in order to better inform professionals working with this population.

Conclusions

Through this literature review, the different variables that can influence the grief journey that a child or adolescent became apparent. Common themes emerged through the exploration of the literature including the psychological impact of different grief situations, the psychological impact of different grief interventions, the significance or impact of therapeutic settings, and domains of therapeutic change. Also apparent through the literature review is that even though grief is a common human experience, not every experience is the same. Grief is a very personal experience and even if individuals are mourning the same loss, their experiences could vary greatly. It is also important for clinicians to make an effort to have a well-rounded understanding of the client, in order to provide the most appropriate treatment for their young clients. Clinicians need to be aware of the developmental stage of the client, as certain therapies may not be developmentally appropriate for all clients. Finally, the clinician should be aware of the culture of the client and their family and what their beliefs are when it comes to dying, death, and mourning. These beliefs can greatly influence the grief process and having the understanding of what they believe can be helpful is working with the client. This study has shown that interventions for grieving children and adolescents exist, and some have proven efficacy.

Conclusions from the Literature Findings

Various conclusions were found in each of the themes found in the literature. Different grief situations can have psychological impact. Having an understanding of the relationship of the client to the deceased, as well as how the loss occurred can provide vital information for the clinician. The way in which a loved one has died, as well as the relation to the deceased can further inform the ways in which the client experiences their grief journey and how the clinician can approach working with them (Currier et al., 2015; Hoeg et al., 2018; Ross et al., 2021).

Different grief interventions can have a psychological impact. Clinicians should be cognizant of what can further impact the client's experience of grief and be able to recognize when the client's grief could benefit from therapeutic intervention (Schaefer et al., 2022). Not every individual experiencing grief requires therapeutic intervention. Grief camps can be beneficial to children and adolescents, as they are able to bond with others that may have a better understanding of their grief journey (Hartwig & Marlow, 2022; Patterson et al., 2021). Creative therapies, including play therapy, and group therapies can also be helpful when working with children and adolescents experiencing grief (Blake et al., 2020).

The therapeutic setting can have an impact on the client. It is also important that the clinician be aware of the support system that the child or adolescent has outside of the therapy room, as having someone that they feel comfortable sharing with outside of therapy can be beneficial for them. Additionally, different settings of therapy can make a difference in working with pediatric clients. Making services more accessible, such as in schools or community centres, may help more children and adolescents to access the help that they need (Blake et al., 2020; Patterson et al., 2021).

Grief can impact clients in different areas of their life and relationships. Grief has been found to impact clients neurobiologically, as well as in interpersonal and intrapersonal ways (Blake et al., 2020; Chen & Panebianco, 2018; Griese et al., 2018; Hill et al., 2019; Ridley et al., 2021; Ross et al., 2021; Weber Falk et al., 2022). As such, grief intervention may help to mitigate some of these impacts.

Conclusions from Methodological Critiquing

Various conclusions from the methodological critiquing were found. The studies used in this paper utilized both quantitative and qualitative research methods, though qualitative research methods appear to be often utilized in grief and loss research. Constructivism was also frequently used, as it allows for the idea that reality can be different for everyone, as is the case with grief (Creswell & Creswell, 2018). Case studies are a commonly used research methodology in grief studies, allowing for a more in-depth look at individual experiences of grief and what was effective in supporting the participant through their grief journey.

Researchers in grief and loss studies are often quite involved in the process, including in the collection of data from participants. This is especially true when case studies or previous clients are used for research data. They may also share responsibility with other researchers, including splitting up tasks such as survey collection and data analysis. Researchers may also design the studies and have other professionals administer them. (Hill et al., 2019; Patterson et al., 2021; Weber Falk et al., 2022).

Studies concerning grief in children and adolescents seem to generally have smaller sample sizes that use convenience sampling. This type of sampling is thus not random, using who is available and willing to participate (Creswell & Creswell, 2018). Often, participants have

already sought some type of mental health support in regard to their grief or alternatively, participants self-refer to a study. Due to small sample sizes, it is unknown how much can be generalized to the larger population.

Data analysis varied based on the study, with qualitative studies utilizing the results to code the data, and then deciphering common themes. In quantitative studies, the numerical data is used in various ways to analyse the data. Inventories and checklists may be used, as was the case of Hill et al. (2019) and their use of The Persistent Complex Bereavement Disorder Checklist.

Recommendations

Clinical/Therapeutic Recommendations

Based on the present study, clinical and therapeutic recommendations for mental health professionals can include the following. Ensure that the mental health professional is aware of how the loss occurred, as well as the relationship the deceased had with the client (Schaefer et al., 2022). This information is vital to better understand the grief of the client. Before offering grief interventions, be curious about the client and their situation. This can include how grief is impacting their life, support systems already in place, and developmental stage (Dudley, 2019; Schaefer et al., 2022).

Engage in psychoeducation about death, dying, and grief to younger people in developmentally appropriate ways (Patterson et al., 2021). Open discourse about grief and what grief may look like in individuals, could help in demystifying grief and perhaps decrease people's discomfort with it. Psychoeducation about grief for society in general should also be explored, to further normalize grief as a normal and common part of the human experience in order to continue reducing the stigma associated with talking about grief.

It is imperative that mental health professionals remain culturally competent in their practice (Canadian Psychological Association, 2017), and culturally curious regarding the customs and traditions of their clients. This is especially true with death and grieving, as the client may engage in customs that the therapist is not familiar with (Schaefer et al., 2022; Thanasiu & Pizza, 2019).

Attempt, when possible, to make services available in different locations, so that clients have more options of where they can attend services and also in places that may feel more comfortable such as schools, churches, or community centres (Patterson et al., 2021; Ridley et al., 2021). Offering virtual sessions for clients unable to attend sessions in person also allows for greater access to services.

Remain cognizant of the changes that grief can cause - neurobiologically, intrapersonally and interpersonally (Blake et al., 2020; Chen & Panebianco, 2018; Griese et al., 2018; Ross et al., 2021; Weber Falk et al., 2022)– and how these changes are impacting the life of the client.

Research Recommendations

Based on the methodological conclusions, some research recommendations can be made. The continued use of both qualitative and quantitative research methods, to produce a variety of different types of research on the efficacy and impacts of grief interventions. Researchers, when able, should use other professionals to perform the research. This could reduce the chance of researcher influence on the results (Creswell & Creswell, 2018). If a researcher is conducting the study and analysing the data, they may inadvertently influence the results. In order to produce more generalizable results from grief research studies, participant selection through random sampling would be ideal. Additionally, larger sample sizes would also benefit research

studies (Creswell & Creswell, 2018), perhaps helping to increase the generalizability of research findings. Data should be analysed using methods that have been empirically proven, in order to produce reliable and valid results. While the studies examined in this paper did use empirically proven methods of data analysis, this should still be considered in future research (Creswell & Creswell, 2018). Longitudinal studies are recommended to determine the long-term effects of therapeutic grief interventions. Longitudinal studies would allow for a better understanding of what interventions work most effectively with young clients experiencing grief. Future research could focus on researching the role that schools have in the experience of grief in young people. Understanding how schools can help or hinder a student's grief journey can further inform how not only mental health professionals, but also educators and administrators, can best support these students (Blake et al., 2020).

Research Questions for the Future

Research questions for the future could include:

- How can grieving children be best supported within the educational system?
- Does the age at which a child experiences a loss impact how they respond to grief interventions?

Personal reflection

Reflexivity is identified by Berger (2015) as self-appraisal of the researcher in research, while positionality is understanding oneself and what they bring to their work. The researcher should be able to use the same lens with which they examine research participants and turn it to themselves to better understand where they are situated and how that might impact their research.. Through the process of researching and writing this paper, I have learned that there

are many methods that can be useful, both in research and in practice. As such, it is incredibly important to have a firm understanding of what research is attempting to study. Additionally, in a clinical setting I have learned that clients can differ greatly and as such, it is important for the clinician to remain curious about the client and their specific situation. Grief is deeply personal and intimate, which further makes a respectful and responsible approach by the clinician working with these clients imperative.

In conclusion, this literature review and analysis has explored interventions that are used with children and adolescents experiencing grief, as well as exploring the efficacy of these interventions. Some limitations in the literature were found, such as small sample sizes which may reduce the generalizability of the results to the larger population. Further research and larger sample sizes could increase the understanding of the experience of grief in younger populations and how better to support these individuals.

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