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Childhood Bereavement and Interventions that Improve Outcomes & Increase Resilience

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ABSTRACT

Childhood bereavement is an adverse childhood experience that can put children at risk for several negative outcomes including psychiatric difficulties with post-traumatic stress disorder (PTSD), depression, and prolonged grief disorder (PGD) (Spuij et al., 2015). In addition, children are at risk for aggression, externalizing and internalizing problems, social withdrawal, substance abuse, somatic symptoms, and emotional difficulties (Cipriano & Cipriano, 2019; Spuij et al., 2015). Unfortunately, childhood bereavement is not an uncommon occurrence, as about 4% of children in the U.S. will experience the death of a parent by the age of 18 (Schoenfelder er al., 2015). Bereavement interventions in the form of formal bereavement programs can play a major role in preventing these adverse outcomes from occurring. The purpose of this systematic review is to gain a better understanding of the characteristics of the interventions that make them effective in improving outcomes in bereaved children. The questions answered include: 'What interventions were effective in addressing childhood grief reactions?' (Question 1) and 'What characteristics about the interventions helped to build the protective factors that made them effective?' (Question 2).

A systematic review was conducted using PubMed, CINAHL, and PsychINFO. A description of the search terms used can be found in Appendix A. Inclusion criteria included articles that were published between 2015 and 2021, were original research articles, were peer reviewed, were written in English, and addressed childhood bereavement interventions. Articles were excluded if the target population was not bereaved children, if the article did not focus on bereavement interventions, if they were duplicate articles, or if they were systematic reviews. The systematic review includes a total of 18 articles, with supporting articles cited in the references.

Interventions that included components to strengthen the individual child were effective. These interventions consisted of helping children develop coping strategies, protective factors, control, and meaning. Bereavement interventions that were most effective included elements that also focused on building strong systems around the child, according to Bronfenbrenner's ecological systems approach (Bronfenbrenner, 1974). These programs included a parental component to help parents through their grief, and they assisted caregivers in guiding their children through grief reactions.

Recommendations to expand the systems approach are included in the discussion. They include implementing a mentoring program into bereavement interventions and creating a systemized way to refer children to bereavement services. Several professions have the means to reach bereaved children and guide them into proper bereavement programs. However, there is a lack of training and a lack of a system to do so. It would benefit bereaved children if healthcare workers, funeral home directors, school nurses, teachers, and other community members received the proper training in identifying at-risk children and referring them to bereavement services available within the community they are in. This systematic approach could save the lives of children burdened with bereavement.

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FIELD OBSERVATION: NOTES FROM THE FIELD

In an effort to understand how group bereavement programs are implemented, I traveled to Highmark Health's "The Caring Place," located in Erie, PA. At my visit, I was given a tour of the facility and had the opportunity to interview the Outreach and Education Coordinator. In addition, I viewed several videos of children and parents at The Caring Place speaking about their bereavement journeys. The Caring Place was founded in Pittsburgh, PA in 1996 and its Erie location opened in 2001. The goal of The Caring Place is to provide support to grieving families through various group therapy programs and activities. Unique to The Caring Place is their inclusion of all age groups in therapy. There are five small groups within the larger group consisting of adults, teens, middle schoolers, elementary schoolers, and preschoolers. The facility is the only one in the region that provides such comprehensive care for people in a variety of developmental stages. Especially notable is their inclusion of children under five. Oftentimes they are a forgotten age group when it comes to grieving; however, they are capable of feeling, which makes them capable of grieving. The typical program consists of a ten-week intervention. One night a week the grieving family comes to The Caring Place and starts the night off with dinner and a mingling session. Dinner time is often a difficult time in the day for a grieving family, as they are faced with an empty chair that was once inhabited by their deceased loved one. Serving dinner at group nights lifts this burden from the family for at least one night each week. A pivotal aspect of The Caring Place is that all services are completely free to participants. In addition, the services provided are not reserved for a specific geographical location, as people can travel from any distance to attend the programs.

After dinner, the large group breaks off into smaller groups based on age. Several volunteers orchestrate developmentally appropriate activities for each age group. A common theme among children's testimonials was that being in a room of kids that were of similar age was extremely comforting. Many kids commented on the fact that it made them feel as though they were not alone in their grief, and that they had a safe space to talk about what they were feeling. One boy articulated this feeling saying that at The Caring Place he found "A second family that could relate to [him] easily…[he] always felt safe here, [he] felt cared for here, [and he] felt loved here." Another child said that The Caring Place gave him "just a lovely feeling" and explained that it is "beautiful that we can let our emotions out."

A unique project that all families engage in during week eight of therapy is the memory quilt. In this activity, families design a quilt square in memoriam of their lost loved one. The quilt includes photos, memorabilia representing the loved one, and quotes to help their memory live on. Oftentimes, this activity is so impactful that families come to visit the quilt instead of, or in addition to, the grave site of the deceased. Art therapy is highlighted in the literature as an effective way to help children grieve. It allows them to express emotions that they are unable to articulate and helps them to remember their loved one. The Caring Place's inclusion of art in their curriculum aligns with what has proven effective in the literature, which is an impressive aspect of their program.

Most of the families going through The Caring Place are referred to the program through word of mouth, but there are several community outreach efforts made to make the services offered, known to the community. In addition, brochures about The Caring Place are placed strategically throughout the community in hospitals and at funeral homes. A large portion of their outreach efforts center around Children's Grief Awareness Day, which was founded in Erie

after a student was conflicted with why there wasn't a day to honor kids who were grieving. Since its founding in 2008, the day has become nationally and internationally recognized. The community and schools rally to raise awareness and support by wearing blue and butterflies. The day is an excellent opportunity to open the conversation about grief because it is a topic that many people, of all ages, do not know how to approach. However, grief plagues our communities and children, as 1 in 20 children will have a parent die before they graduate high school (The Caring Place, 2021). In addition, The Caring Place engages in outreach with schools. They give presentations to students and provide training for staff members in grief intervention and referral.

An important strength of The Caring Place is their philosophy surrounding grief. They realize that grief looks very different for everyone. They do not believe in a one intervention fits all approach, which makes their program very effective. They tap into several domains of grief including emotion sharing, creative outlets, storytelling, and even anger release. Likewise, they believe that grief does not progress through a linear trajectory. When asked about the stages of grief, The Caring Place staff described it as a slinky. Rather than a linear path to recovery, grief is more of a spiral. Sometimes you can see through it and focus on day-to-day life, like when a slinky is outstretched. However, when the slinky is wound all the way up, it may be hard to see through it. This is analogized to being unable to see through the grief on days when emotions are triggered and running high. Understanding grief with these two philosophies in mind is a major strength of the program because it allows them to reach a larger audience and help individuals feel heard.

All in all, The Caring Place is a program that has implemented findings from research into practice. Through my research of The Caring Place, I found several avenues to explore

within the growing body of literature on childhood bereavement interventions. Early and continuous intervention is imperative to improve the outcomes of children plagued with grief. However, quality bereavement resources are lacking in several communities. Fortunately, I was able to get a first-hand view of a successful bereavement intervention program. I will be able to use the knowledge I gained in my personal research to guide my thesis literature review.

Chapter 1

Introduction

The death of a family member can be one of the most stressful events a family endures. In fact, the event has been added to the list of Adverse Childhood Experiences (ACEs; Felitti, 2002) that are evaluated on the National Survey of Children's Health (NSCH). It's inclusion stems from the impact the experience can have on the child, both in the short-term and the long-term. The importance of ACEs cannot be overstated, as there is a powerful relationship between emotional experiences as a child and our adult emotional health, physical health, and major causes of mortality in the US (Felitti, 2002). Experiencing the death of a loved one is particularly challenging for children who may not have the cognitive and social capacity to appropriately deal with the loss (Parsons et al., 2021). Unfortunately, childhood bereavement is not an uncommon occurrence. Nearly 4% of children in America will experience the death of a parent by the age of 18 (Schoenfelder et al., 2015). In addition, by the age of 20, about 11% of adolescents in the United States will experience the death of a parent, and about 14% will experience the death of a sibling (Tillman & Prazak, 2018). These statistics are significant with as many as 20% of bereaved children likely to experience severe psychological disturbance if they are unable to cope with the loss (Parsons et al., 2021). Cipriano & Cipriano (2019) support this statistic positing that within one to two years after the death of a parent, 20% of parentally bereaved children will experience depression or other mental health issues.

Clinically significant psychiatric problems that are common among bereaved youth include major depression, post-traumatic stress disorder (PTSD), and prolonged grief disorder (PGD) (Spuij et al., 2015). PGD can be described as a cluster of symptoms including separation distress, preoccupation with thoughts about the deceased, purposelessness about the future,

numbness, bitterness, difficulties accepting the loss, and difficulty moving on after the loss (Spuij et al., 2015). Unfortunately, the psychiatric disorders that bereaved children are at increased risk for can lead to several other secondary issues such as cortisol dysregulation, internal and external behavioral problems, and social withdrawal (Spuij et al., 2015; Cipriano & Cipriano, 2019). Bereaved children are additionally at risk for aggression, substance abuse, and feelings of sadness, loneliness, anxiety, and guilt (Hill & Lineweaver, 2016). Tillman & Prazak (2018) add that children may experience physical ailments such as a stomachache or headache, problems sleeping, nightmares, fears related to safety, disturbed thoughts about the death, and cognitive problems such as distraction and denial.

In addition to social and emotional difficulties, Schoenfelder et al. (2015) mentions that children experiencing the loss of a parent may also experience academic issues, which will likely lead to functional consequences in adulthood. Academic achievement is associated with higher resilience from adversity and is related to long term mental health; therefore, maintaining high academic achievement after the death of a loved one can serve as a protective factor for bereaved youth (Schoenfelder et al., 2015). Due to the high incidence of mental health disorders and the secondary problems that they can result in, it is not surprising that bereaved youth have approximately double the risk of death by suicide compared to the general population (Sandler et al., 2016). The significance of this increased risk of suicide cannot be ignored.

Bereaved children face unique challenges when burdened with the death of a loved one, depending on their stage of development. When children experience the death of a loved one, their developmental stage will in part, determine how they will react. Moreover, their grief experiences vary, depending upon their developmental stage (Cohen & Samp, 2018). For example, children aged four to seven typically view death as reversible and think that their

thoughts caused the death; whereas, seven- to eleven-year-olds will often understand the permanence of death but tend to view it as punishment (Cohen & Samp 2018). Unfortunately, research shows that when children progress through the stages of development, they often are faced with the challenge of experiencing death all over again at their new level of developmental understanding. Consistently reprocessing the death can lead to a prolonged process of grieving, which only increases the need for early intervention to increase children's ability to cope with and process the death at each developmental stage. With that being said, it is important to tailor interventions to the child's current level of development to ensure the best long-term outcomes.

Most bereaved children will return to baseline functioning approximately a year after the death of a loved one (Siddaway et al., 2015). However, with all the risk factors in mind, it is extremely important to explore the interventions that are most effective in helping youth build resilience and cope with the loss of a loved one. In addition, it is crucial to determine the timeframe in which the interventions will be the most effective. In the end, a relatively simple intervention, employed within the correct time frame, can save the life of a child faced with bereavement. To reach maximum effectiveness, bereavement interventions should focus on an upstream approach, in which interventions are delivered promptly after the death to prevent mental health problems and their accompanying issues later in life (Sandler et al., 2016). This upstream approach will have cascading effects to decrease the risk of more severe mental health disorders and death by suicide in bereaved youth.

Research shows that early intervention for bereaved children is effective in decreasing the chances of prolonged grief by increasing coping and resilience. However, Hill & Lineweaver (2016) report that despite the risk factors bereaved children face, only a small percentage of bereaved families participate in bereavement interventions. Several programs have been

developed and researched for effectiveness including The Family Bereavement Program (FBP; Sandler et al., 2018; Sandler et al., 2016; Schoenfelder et al., 2015), Grief Help (Boelen et al., 2021; Spuij et al., 2015), CHUMS Child Bereavement Group (Siddaway et al., 2015), Life Imprint (Patterson et al., 2019), Kids Supporting Kids (Tillman & Prazak, 2018), multidimensional grief therapy (Hill et al., 2019), the memory book intervention (Braband et al., 2018), art therapy (Hill & Lineweaver, 2016), and songwriting (Fiore, 2016; Myers-Coffman et al., 2019). Common themes of building community, enhancing constructive coping skills and resilience, making connections with the deceased, and expressing emotions within a safe space were present in the majority of bereavement interventions reviewed in this paper. Clinicians, teachers, school nurses, and other community members that may have close contact with bereaved youth are in a unique position to become educated on the available bereavement resources in their community. With this knowledge, they will be in the position to refer at-risk youth to effective programs to improve their long-term psychological outcomes. Overall, the more bereaved children we can help, the less chance there will be for these children experiencing adverse mental health problems in the years following the death of a loved one.

In addition to focusing on the child, educating parents with respect to the bereavement process is critical. Parental warmth and consistent discipline, described as “positive parenting,” predicts the most positive outcomes in children (Cipriano & Cipriano, 2019). Therefore, interventions should not only focus on building children's resilience, but they should also concentrate on building the remaining caregivers parenting skills. The remaining caregivers have a unique role in assisting their child to navigate through the bereavement process. Sandler et al. (2016) supports this dual intervention structure by highlighting that strengthening protective factors such as positive parenting and the development of emotional regulation skills in the

bereaved youth are equally essential in reducing the risks associated with childhood bereavement. Evaluating interventions based on the strength's perspective is the best approach to bereavement intervention, as it encompasses individual strengths along with the support and resources in the family and the community that surround the child. Building systems that create protective environments for bereaved children is equally important to strengthening the child's individual coping mechanisms. This system's approach is based on Bronfenbrenner's (1974) ecological theory, which posits that children's behaviors are a result of their personal characteristics and their environment. Parental intervention is mainly integrated into interventions to help build on this system's approach.

Problem, Purpose, & Research Questions

Childhood bereavement is an unavoidable occurrence that is unfortunately more common than one may believe (i.e., Schoenfelder et al., 2015; Tillman & Prazak, 2018). Children have every capability to feel grief, although the grief may look different at each developmental level. Therefore, it is of utmost importance that children are not forgotten when it comes to helping them navigate through the grieving process. Early grief and trauma focused intervention can have profound impacts on bereaved children's mental and physical health in the short and the long term. In recent years, researchers have begun to focus on grieving children and how community resources can be developed and utilized to improve these children's mental health outcomes. The purpose of this systematic review of the literature was to evaluate methods and specific programs designed to address children dealing with the death of a loved one. Articles were reviewed for program effectiveness and methodology, including specific characteristics of

interventions (i.e., timeframe), individual protective factors that helped children navigate through their grief, and the systems that can be built around the child to improve coping. The ecological theory explains this approach, as children's behavior (i.e., their constructive coping strategies) is a function of their person (i.e., protective factors) and the environment that surrounds them (i.e., interventions). The questions addressed in this systematic review include ‘What interventions were effective in addressing childhood grief reactions?’ (Question 1) and (Question 2).

Chapter 2

Methods

The purpose of this systematic review was to investigate the adverse effects of childhood bereavement and explore the interventions that are most effective in preventing and/or addressing these adverse experiences. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines were utilized in this systematic review (Moher et al. 2009). A literature review was conducted in October 2021 using three databases including CINAHL, PubMed, and PsychINFO. Search terms were selected for each database to yield an appropriate number of articles. Search terms used in CINAHL include *childhood bereavement, childhood grief AND interventions, strategies,* and *best practices* (see Appendix A). PubMed search terms were *childhood bereavement or childhood grief AND interventions, strategies,* and *best practices* (see Appendix A). Lastly, search terms used in PsychINFO consisted of *bereavement in childhood AND interventions* (see Appendix A). Inclusion criteria included articles that were published between 2015 and 2021, that were original research articles, that were peer reviewed, that were written in English, and that addressed childhood bereavement interventions. During the abstract screen, articles were excluded if the target population was not bereaved children, if the article did not focus on bereavement interventions, if they were duplicate articles, or if they were systematic reviews.

The PRISMA flow diagram (see Appendix B) outlines the process used to select the articles included in this systematic review. The original search generated eighty-four articles, of which fifty-four were excluded during the abstract screen. Twenty-seven articles were selected and retrieved in full text for review. Of those reviewed in full text, nine were excluded on the basis that they were unrelated to the topic, were an informational article rather than a research

article, and were focused on the incorrect target population. A total of eighteen articles were selected for inclusion in the systematic review.

Chapter 3

Findings

Eighteen articles were used in the systematic review, twelve were quantitative, four were qualitative, and two were mixed methods. There were a variety of design methods across the studies. Four articles were true research studies with a comparison group to compare intervention effectiveness to (i.e., Boelen et al., 2021; Hill & Lineweaver, 2016; Sandler et al., 2018; Sandler et al., 2016). Ethical implications of bereavement intervention studies made it challenging to find articles in which an intervention group was compared to a control group that received no form of bereavement intervention. Two articles included both qualitative and quantitative data to examine the impacts of bereavement programs (Myers-Coffman et al., 2019; Schoenfelder et al., 2015). The Schoenfelder et al. (2015) study included a control group, while the Myers-Coffman et al. (2019) study did not include a control group. Three qualitative studies lacked a control group and relied on the pretest, posttest comparison to measure effectiveness of the bereavement intervention (i.e., Hill et al., 2019; Siddaway et al., 2015; Spuij et al., 2015). Four articles employed the qualitative action research design to evaluate the effectiveness of the intervention according to participant, parent, and teacher reports (i.e., Braband et al., 2018; Fiore, 2016; Patterson et al., 2019; Tillman et al., 2018). The Fiore (2016) article additionally analyzed the thematic content of the song lyrics bereaved children wrote. Finally, five of the articles included in the review used a qualitative descriptive design to describe different dimensions of grief reactions and interventions (i.e., Cipriano & Cipriano, 2019; Cohen et al., 2018; Dyregrov et al., 2020; Gao & Slaven, 2017; Parsons et al., 2021).

Given the range of quantitative and qualitative studies, sample sizes for the studies varied significantly and ranged from nine (Gao & Slaven, 2017) to 244 participants (Schoenfelder et al.,

2015). Ages of the bereaved children participating in studies ranged from three to 24 years old. Two studies used participants who are experts in the field of childhood bereavement to share their insight on best practices in childhood bereavement interventions (i.e., Dyregrov et al., 2020; Gao & Slaven, 2017).

The characteristics of the eighteen articles included in the systematic review of the literature are described in detail (see Appendix C). Each article was appraised for purpose, population/sample, and data collection methods. Quantitative studies were evaluated for major findings and conclusions, while qualitative studies were evaluated for themes and conclusions. The articles in Appendix C are arranged from most recent to least recent.

Question 1

To assess which programs were effective in addressing childhood grief reactions several articles assessing programs and interventions were reviewed. An overview of the bereavement interventions and their effect on participants are presented first. Interventions include the Family Bereavement Program, Grief-Help, CHUMS Child Bereavement Therapy, Life Imprint, Kids Supporting Kids, the memory book intervention, art therapy, songwriting, and multidimensional grief therapy.

Question 2

A contextual approach using Bronfenbrenner's (1974) ecological systems model was used to identify the individual characteristics within the effective interventions. The systems approach was used to explain how interventions are essential in the microsystem, mesosystem, exosystem, macrosystem, and chronosystem to truly build a child's resilience in the face of adversity. Data collected from the 18 articles were compiled and common characteristics were

extracted. Several protective factors emerged from the analysis of the characteristics present in effective interventions.

Overview of Bereavement Interventions, including effectiveness

The following explains the most effective childhood bereavement programs and their impact on the child's health outcomes.

Family Bereavement Program

The Family Bereavement Program (FBP) is a 12-session resilience building group intervention. It includes both child and caregiver components to enhance the program's effectiveness. The group focus is to improve protective factors and decrease risk factors following the death of a loved one. For example, caregiver components included a focus on caregiver-child relationships, effective discipline, caregiver mental health, and children's exposure to stress (Schoenfelder et al., 2015). Individual child program characteristics targeted positive caregiver youth relationships, positive coping, self-esteem, negative appraisals of stressful events, and adaptive control beliefs and emotional expression (Schoenfelder et al., 2015). The families exposed to the FBP were compared to a literature control group who were given books on bereavement to read on their own. Follow up studies at 11-months, 6-years, and 15-years were conducted after the original FBP study, consisting of 244 youth ages 8 to 16.

At the 11-month follow up, positive results were found, as families assigned to the FBP group, compared to the literature control group, demonstrated improved parenting by the caregivers and fewer internalizing problems in the youth with higher internalizing problems pre-

intervention (Schoenfelder et al., 2015). At the 6-year follow up, the FBP proved to improve warm and consistent parenting, which was consistent with better academic support and performance. (Schoenfelder et al., 2015). Although the FBP helped with improvement in GPA, this was only true for younger children (Schoenfelder et al., 2015). In addition, at the 6-year follow up, the FBP improved teacher-reported externalizing and internalizing problems, with increased educational expectations for youth who entered the program with lower behavioral problems initially (Schoenfelder et al., 2015). At the 15-year follow up, FBP participants showed lower internalizing and externalizing problems still on the Young Adult Behavior Checklist (YABCL; Achenbach & Rescorla, 2003) (Sandler et al., 2018). In addition, young adults in the FBP were rated to have fewer total problems and reported fewer visits to the doctor for mental health problems, attended fewer support group meetings, and took fewer psychiatric drugs (Sandler et al., 2018). Parental measures were also collected at the 15-year follow up and showed that the caregivers that participated in the FBP reported fewer symptoms of alcoholism, as compared to the control group, who were six times more likely to be diagnosed with alcoholism (Sandler et al., 2018). In addition, parents in the control group attended 10 times the number of support group meetings than the parents in the FBP 15 years later (Sandler et al., 2018).

At the 6- and 15 -year follow up, program participants were also evaluated for suicide ideation and attempts, as suicide is a major risk factor for bereaved youth (Sandler et al., 2016). Intervention effects were measured using t-Statistics, which included t values and P values. The intervention effects were marginally significant ($t = -1.94$, $p = 0.53$) at six years, with 6.42% of FBP participants and 14.4% of participants experiencing suicide ideation and/or attempts (Sandler et al., 2016). Effects were significant ($t = -2.039$, $p = 0.041$) at 15 years, as 1.94% of the FBP youth and 8.64% of control group children experienced suicide ideation and/or attempt

(Sandler et al., 2016). By combining the results of the two follow up studies, researchers were able to conclude that for every 100 parentally bereaved youth that participate in the FBP, ten of them will be prevented from experiencing suicidal ideation and/ or attempt over the subsequent 15 years (Sandler et al., 2016).

Grief-Help

Grief-Help is a nine-session cognitive-behavioral treatment (CBT) for bereaved children with Prolonged Grief Disorder (PGD), that is combined with a five-session parental counseling program (Spuij et al., 2015). The cognitive-behavioral theory of PGD suggests that people with PGD will eventually reach a point of impairment when separation distress, negative cognitions about self, and withdrawal will overwhelm the individual's ability to cope with the loss (Spuij et al., 2015). Grief-Help uses CBT to target the areas that are contributing to the individual's distress to decrease PGD, PTSD, depression, and internalizing and externalizing problems. To address separation anxiety and integrate the irreversibility of the separation, several mechanisms are used. For example, imagery exposure allows individuals to tell their story of the loss, in vivo exposure involves visiting the scene of the death, and confrontational writing involves writing a letter to the deceased, explaining what the individual misses most about them (Spuij et al., 2015). Maladaptive and negative appraisals are addressed using Socratic questioning, in which a discussion ensues about the rationale of maladaptive beliefs, and behavioral experiments, in which participants use behavioral assignments to test the validity of their cognitions. Coping skills are built using behavioral assignments and skills training (Spuij et al., 2015).

Grief-Help sessions are broken up into five parts. The first part focuses on getting to know the child, the second part provides psychoeducation about the loss, the third and fourth parts address cognitive restructuring and maladaptive behaviors. The final part of the program centers on ending therapy and looking towards the future (Spuij et al., 2015). The parental counseling sessions are focused on supporting the caregiver in helping their child through the therapeutic process (Spuij et al., 2015).

Overall, Grief-Help was successful in declining the severity of PGD during the course of treatment in all participants (Spuij et al., 2015). Effect sizes were large for the reduction in PGD and PTSD at a 61.8% reduction (Spuij et al., 2015). Moderate effect sizes were noted for depression and internalizing and externalizing problems at 22%, 34.5%, and 17.2% reductions, respectively (Spuij et al., 2018).

In subsequent follow-up evaluations of Grief-Help at 3-months, 6-months, and 12-months, there was a large effect size in symptom reduction (Boelen et al., 2021). Effect size was evaluated using Cohen's d (Cohen 1988), with a large effect size being $d > 0.8$. Reductions in depression were greater for those participating in Grief-Help compared to those in the supportive therapy control group (Boelen et al., 2021). PTSD symptoms had equal reduction between the Grief-Help group and the control group at the 3-month follow up, but Grief-Help showed greater reductions at 6-month and 12-month follow ups (Boelen et al., 2021). This finding indicates that the CBT therapy used in Grief-Help may be more effective when it comes to long term outcomes. Reductions in parent rated internalization were stronger for participants in the CBT treatment as well (Boelen et al., 2021). Lastly, older participants and those that lost a parent, as opposed to another relative, benefited the most from Grief-Help. Overall, Grief-Help leads to greater improvement in PGD symptoms and better long-term effects than the control of

supportive therapy (Boelen et al., 2021). Overall, CBT therapy is effective because it produces positive changes in negative thinking, decreases maladaptive coping, increases pleasant activities, strengthens social problem-solving skills, and encourages emotional processing of the reality of death (Boelen et al., 2021).

Multidimensional Grief Therapy

Multidimensional Grief Therapy (MGT) is a multiphasic intervention for bereaved youth that focuses on three broad dimensions of childhood grief reactions which include separation distress, existential/identity distress, and circumstance related distress (Hill et al., 2015). The individual intervention is broken up into two phases, where participants only advance to phase two if the assessment after phase one reveals that further intervention is needed. This allows the interventions to be more personalized in terms of needed intensity and duration (Hill et al., 2015). The sessions are delivered individually once per week and are tailored to individually address grief related reactions and bereavement related circumstances (Hill et al., 2015). There are also parent-child sessions intended to help facilitate communication and parental facilitation of grief (Hill et al., 2015). Phase one includes six sessions and is titled “Learning about Grief.” This first phase includes psychoeducation, skill building, and identification of loss and trauma reminders (Hill et al., 2015). Phase two, titled “Telling My Story,” addresses the child's own loss narrative by focusing on the grief dimensions and promoting adaptive grief reactions (Hill et al., 2015). This phase encourages exploring thoughts, feelings, and emotions in a safe space, and it focuses on ways to cope with the individual experiences of the loss (Hill et al., 2015).

The goal of MGT is to reduce maladaptive grieving including, intense sadness, separation distress, and preoccupation with the circumstances of the loss, facilitate adaptive coping, such as finding ways to feel connected with the deceased and meaning making of the loss, and promoting adaptive development in bereaved youth (Hill et al., 2015). Results of the trial were very promising, as 33.3% to 61.9% of participants showed improvement in maladaptive grief reactions after phase one (Hill et al., 2015). After phase two, 15.8% to 26.3% of remaining participants showed improvement in maladaptive grief reactions (Hill et al., 2015).

Phase one mainly showed reductions in the maladaptive grief reactions of separation distress, existential/identity distress, and circumstance related distress; in addition, there was a decrease in PTSD and depressive symptoms (Hill et al., 2015). Favorably, all reductions in phase one showed a very large effect size (Hill et al., 2015). After phase one, 25% of participants were deemed recovered and were not advanced to phase two (Hill et al., 2015). In phase two, there were significant improvements in maladaptive grief reactions, including separation distress and circumstance related distress, with a medium effect size (Hill et al., 2015). There was no significant improvement noted in existential/identity distress in phase two (Hill et al., 2015). In addition, phase two showed large effect sizes for reductions in PTSD and depressive symptoms (Hill et al., 2015). After evaluation of both phases, reliable improvement rates were found on at least one outcome variable for 83.3% of phase one participants and 42.1% of phase two participants (Hill et al., 2015).

Child Bereavement Therapy

The Child Bereavement Therapy (CHUMS) service offers help to referred youth, ages three to 19 years. Before the program, youth are assessed to determine the most effective interventions for them. Most of the participants are referred to group therapy, which takes on a similar structure to the Family Bereavement Program (FBP; Sandler et al. 2004). There are three workshops that are organized by a play therapist or counselor, and several volunteers (Siddaway et al., 2015). The first session is five hours long, while the other two sessions are three hours long; all sessions are held in a school setting (Siddaway et al., 2015). Children's groups are split up by age, and a parent group is included to support parents in improving their relationships with their children and aid them in their own struggles (Siddaway et al., 2015). There are slight differences between the two child age groups in terms of intervention delivery, but the theoretical basis for intervention is the same across groups.

The therapy targets social support and normalization, which normalizes the feelings of grief and offers support to children in expressing emotions (Siddaway et al., 2015). Memory activities are offered to enable youth to help with reminiscing and communicating about the person who died (Siddaway et al., 2015). Openly talking about memories with the deceased and owning mementos of them help youth stay connected with their loved one and is associated with better adjustment (Siddaway et al., 2015). Another activity is information and meaning making where kids are given the opportunity to ask any questions, they have to make meaning out of the death; this new information can help them through the grieving process (Siddaway et al., 2015). Lastly, the program fosters coping and resilience by helping youth understand their feelings, encouraging adaptive expression, and developing effective coping strategies (Siddaway et al., 2015). CBT is often used to help children across age groups who are dealing with difficult

emotions (Siddaway et al., 2015). In using CBT, children learn how to reframe their cognitions and behaviors to effectively manage their grief.

Overall, interventions were generally effective, as 13-18% of young people were deemed recovered after the intervention (Siddaway et al., 2015). However, 0 - 8% of the child participants deteriorated during the intervention (Siddaway et al., 2015). Effectiveness was determined based on parent, teacher, and self-reports. Participants experienced a medium size decrease in symptoms over time when rated by parents and children, but a small effect size when rated by teachers (Siddaway et al., 2015).

Life Imprint

The Life Imprint session is part of a larger bereavement intervention called Good Grief (Patterson et al., 2019). Life Imprint strives to help the grieving child create and maintain a connection with his/her deceased loved one. Before the session, a close family member or friend is asked to write a letter to the youth guided by four questions that reflect the values and mannerisms the young person has that reminds the writer of the deceased (Patterson et al., 2019). This letter is meant to show the young person the connection and meaning that the deceased had in his/her life. During the session, the letters were given to the youth and three activities were carried out, a group discussion to explore shared values, individual and group reading of the letter, and the construction of a bracelet to serve as a shared values memento to help promote continued bonds with the deceased family member (Patterson et al., 2019).

Directly after the session, engagement was rated by the participants and facilitators; six months later the youth were contacted for an interview gauging the sessions' effectiveness

(Patterson et al., 2019). Two themes were derived from the interviews: affirming and reframing life stories and strengthening existing bonds with family and friends (Patterson et al., 2019). Qualitative data were evaluated based on these themes. Thematic analyses indicated that participants reported a strong connection with the deceased family member after reading the letter (Patterson et al., 2019). Participants also reported that the letter enabled them to reflect on positive memories and create meaning of the death (Patterson et al., 2019). In addition, the activity helped strengthen connections with present family members by guiding the youth in asking questions about her/his perceived shared values with the deceased (Patterson et al., 2019). Through these conversations, youth were able to understand that their deceased family member was remembered and valued. Overall, the session had high participant engagement, as reported by facilitators and participants (Patterson et al., 2019). This enabled youth to reap the benefits of the session and aided them in affirming their sense of self, values, and beliefs, and helped them to strengthen their familial relationships (Patterson et al., 2019).

Kids Supporting Kids

Kids supporting kids is a 10-week program that meets weekly in small groups. Each session focused on a different topic such as creating grief narratives, identification and expression of emotions, and the development of coping skills (Tillman & Prazak, 2018). The ten sessions included establishing safety and getting acquainted (session 1), sharing stories (session 2 & 3), creating a narrative with positive memories (session 4), identifying, and expressing emotions (session 5), developing coping skills (session 6), drawing on social and family support (session 7), remembering loved ones (session 8), saying goodbye (session 9), and group

termination (session 10) (Tillman & Prazak, 2018). One month after the completion of the program, data collection packets were sent out to students, parents, and teachers to address the functioning and well-being of the children before and after the intervention (Tillman & Prazak, 2018). Failure to collect data before the intervention may have led to recall bias, as participants were forced to use retrospective recall to report on prior functioning and well-being before the intervention.

After data analysis, two themes were derived including a high degree of growth in emotional well-being and ability to cope, and a positive change in student behaviors (Tillman & Prazak, 2018). Post intervention, there was notable growth in emotional awareness, coping, and grief expression (Tillman & Prazak, 2018). Coping strategies used post intervention included praying, breathing, looking at their memory box, writing a note or talking to their loved one, and talking to friends (Tillman & Prazak, 2018). Student reports revealed a range of emotions post intervention including free, happy, sad, not worried, not alone, and positive; however, before the intervention, the most common emotion reported was sad (Tillman & Prazak, 2018). Parents reported that their children were actively using their coping strategies learned during the intervention, while before they were struggling in navigating through painful and confusing grief emotions (Tillman & Prazak, 2018). Teachers also reported that students were able to experience, and express emotions more appropriately post intervention (Tillman & Prazak, 2018). Written responses across all three groups indicated qualitative improvements in children's functioning and well-being post intervention (Tillman & Prazak, 2018).

The Memory Book Intervention

The memory book intervention is a bereavement therapy technique that can be implemented in a wide variety of settings. In the present study, it was used on orphaned children who were experiencing traumatic grief due to poverty, war, or disease (Braband et al., 2018). The memory book intervention asked children to use drawings, writing, and storytelling to tell their story and integrate their thoughts and feelings (Braband et al., 2018). The children not only told the story of their deceased loved one, but they also integrated their personal traits and stories into the memory book. This provided an outlet for the children to explore the traumatic aspects of the death in a personal way, which ultimately gave them more control of their grief (Braband et al., 2018). In writing, drawing, and telling their story, children were able to develop the perception that they could cope with the grief (Braband et al., 2018). After the books were complete, participants were asked open ended questions to provide researchers with their feelings and thoughts about their book (Braband et al., 2018).

Data were collected to saturation and the primary themes of identity and relationships were derived from data analysis (Braband et al., 2018). For identity, children were able to identify their achievements and favorite things, and they were reminded that their life goes on after the death of a loved one (Braband et al., 2018). In the theme of relationships, children recognized their changed relationships after the death. They felt disrupted connections with family and friends, but demonstrated their love and care for them, indicating that they are integral in their bereavement support (Braband et al., 2018). Secondary themes were also derived and included coping, hope and emotion (Braband et al., 2018). Coping was demonstrated by the sharing of stories and the evidence of coping strategies used within their stories (Braband et al., 2018). Hope was displayed by the children in their mention of dreams for the future and a better

life (Braband et al., 2018). Lastly, emotions were shared through verbal and nonverbal expressions related to loss, grief, recovery, healing, and hope (Braband et al., 2018).

In the present study, the memory book intervention was a simple, yet impactful intervention for the bereaved participants. The memory book provided children with a non-threatening means to explore their loss and help strengthen their feelings of control; this ultimately helped enhance their perception of their ability to cope with grief and loss (Braband et al., 2018). The storytelling aspect of the intervention allowed children to express their feelings or pain and loss; in addition, it helped children assess their inner strengths and enhance their resilience (Braband et al., 2018). Overall, the memory books helped children attend to their higher-level needs, as demonstrated by Maslow's Hierarchy of Needs, such as love and belonging and self-esteem (Braband et al., 2018). Lastly, the outward sharing of memory book stories encouraged more attachment relationships and support from caregivers (Braband et al., 2018). After caregivers were told the children's stories, caregivers were better able to guide children in problem solving skills and self-regulation (Braband et al., 2018). For example, the books revealed that many children were experiencing grief at the lower end of Maslow's continuum, which focuses on physiologic and safety needs. The sharing of the memory book helped caregivers realize the children's need for higher level needs of love and belonging and self-esteem (Braband et al., 2018).

Art Therapy

Art therapy is gaining interest in bereavement research, as it is a relatively simple and easy to implement activity. It can be easily applied in a variety of settings and draws on

children's natural inclination towards play and creativity. The current study set out to evaluate the effect of grieving children after participating in an art making activity (Hill & Lineweaver, 2016). The children participating in art therapy were aged 6-13 years old and were compared to a control group that completed a visuospatial task of completing a jigsaw puzzle (Hill & Lineweaver, 2016). Groups were further broken up into individuals who would complete the tasks individually, and those that would complete it as part of a group (Hill & Lineweaver, 2016). The four groups (individual art, individual jigsaw, group art, and group jigsaw) were compared in data analyses to determine if art therapy was effective in improving the negative outcomes of grieving children, and if the therapy was more effective when working individually, as opposed to working in a group.

Children's emotions were measured using the revised Positive and Negative Affect Schedule (PANAS-C; Laurent et al. 1999). To examine potential changes in emotions, children completed the PANAS-C before and after the treatment. Results indicated a decline in negative affect in only one group post intervention (Hill & Lineweaver, 2016). Study results showed that individuals who participated in art therapy individually showed a statistically significant decrease in negative affect (Hill & Lineweaver, 2016). The collaborative art group and the two puzzle groups failed to reach statistically significant improvement in negative affect (Hill & Lineweaver, 2016). With these data, researchers concluded that because art making is a creative and personal activity, working on the task individually resulted in more promising results (Hill & Lineweaver, 2016). The individual creation of art allows children to express their own feelings and ideas, which is what makes the task effective in improving affect (Hill & Lineweaver, 2016). In general, researchers concluded that art can be a therapeutic intervention across clinical settings (Hill & Lineweaver, 2016). It is an intervention that can be implemented very soon after the

death of a loved one, and it can help children process and express their emotions throughout the grieving process.

Songwriting

Literature suggests that songwriting is a very optimistic approach to improving childhood outcomes after grief (Myers-Coffman et al., 2019). Music can help a young person form interpersonal relationships, regulate emotions, form an identity, and gain personal control and competency through agency (Myers-Coffman et al., 2019). In addition, among grieving children, music therapy is shown to increase their positive coping behaviors, as the music gives them an outlet to grieve in a healthy way (Myers-Coffman et al., 2019). Songwriting allows grieving children to express emotions, thoughts, and memories; it also gives them the opportunity to make connections with other group members and helps them to create a symbolic connection with their deceased loved one (Fiore, 2016).

In a pretest-posttest convergent mixed methods study by Myers-Coffman et al. (2019), researchers set out to evaluate the effectiveness of an 8-week resilience songwriting program (RSP). The program focused on developing protective factors in grieving youth and explored their experiences with the program. In a similar study by Fiore (2016), the purpose was to evaluate the lyrical content of the songs to determine the differences in coping and emotional expression in different age groups. Overall, both studies found that songwriting could have positive effects on grieving youth.

In the Myers-Coffman et al. (2019) study, there was not a statistically significant improvement in scores for grief, coping, self-esteem, and meaning making; however, some

participants did report a decrease in grief, improved self-esteem, improved coping, and enhanced meaning making. A small sample size of ten participants could have contributed to the lack of statistical significance, despite the evidence of improved symptoms on the individual level. This is evidenced by the qualitative experiences of the songwriting program expressed by the participants. Themes derived from participants during in session journaling and post-intervention interviews included growing through songwriting, togetherness and belonging, and safe spaces and new ways to express emotions (Myers-Coffman et al., 2019). By giving the children a safe space to express their emotions, children were able to come to terms with the reality of death, make more meaning of the death, revisit their memories, share their memories, and access their own feelings about the death in a different way (Myers-Coffman et al., 2019). In addition, the group atmosphere helped children form a sense of togetherness and belonging, and it helped them build positive coping skills (Myers-Coffman et al., 2019). For example, through the mastery of writing a song, participants were able to develop self-esteem. (Myers-Coffman et al., 2019). Cognitive behavioral therapy and negative thought reframing was also used within the songwriting process, as children learned how to regulate emotions by focusing on the positive aspects of situations (Myers-Coffman et al., 2019).

In the Fiore (2016) study, lyrical content was found to be different across age groups. Children (ages 6-10) focused more on shared experiences, fond memories, and actions and feelings that described the deceased person (Fiore, 2016). The tween group (ages 10-13) primarily expressed shared experiences and expressed emotions; in addition, they demonstrated growth in their understanding of death by making statements about emotional connection and adaptation (Fiore, 2016). The tween group was the only group to include questions in their lyrics, suggesting that they may need additional information to process the death (Fiore, 2016). The teen

groups (ages 14-16) lyrical content included shared experiences, reflection, and messages of appreciation (Fiore, 2016). The teens were the only group that reflected on the value of a continuing bond and relationship with the deceased person (Fiore, 2016). Overall, the songwriting program was rated by the teens and tweens as a positive and enjoyable process.

Characteristics of Effective Interventions & the Protective Factors Generated

To address the second research question, 'What characteristics about the interventions helped to build the protective factors that made them effective,' the children's age and level of baseline risk were assessed. In addition, the timeline of the intervention in relation to the time since the death was evaluated. Lastly, the characteristics of the interventions themselves were analyzed to extract common intervention strategies that yielded positive results in participating children.

Child Characteristics: Age

The characteristics of the child at the time of bereavement play an important role in how he/she will react to the death and the interventions employed after the death. Age is important to consider, as research shows that it has an impact on how well children react to intervention. Reactions to death differ among ages because the developmental stage that a child is in will affect the way he/she processes and thinks about the death. For example, in the beginning stages of grief processing, children under seven typically view death as reversible, and believe that the deceased person will come back (Cohen & Samp, 2018; Fiore, 2016). By the elementary years, children will likely view death as final, but may not realize that it eventually happens to

everyone. In addition, they may also view it as a punishment (Cohen & Samp, 2018; Fiore, 2016). Lastly, children over ten years of age will start to view death as final and inevitable. However, adolescents may have a more difficult time understanding death due to their occupation with self at this age (Fiore, 2016). Overall, understanding how children at different developmental stages view death can help select the most appropriate interventions for each unique child.

Across many studies, results showed that younger children generally benefit more from grief interventions (Sandler et al., 2018; Schoenfelder et al., 2015; Spuij et al., 2015). For example, in the Family Bereavement Program, bereaved children were found to be more responsive to the intervention than bereaved adolescents (Sandler et al., 2018). For those who participated in the program between 8 and 11 years of age, there were significantly lower internalizing and externalizing scores than older children on the Young Adult Behavior Checklist (YABCL; Achenbach & Rescorla, 2003) when evaluated 15 years after the program (Sandler et al., 2018, Schoenfelder et al., 2018). This finding indicates that the younger the child is at FBP intervention, the longer the effects of the intervention may be on the child. In addition, at the 6-year follow up for the FBP, the improved parenting skills from the original FBP had a stronger impact on the academic achievement of younger children. The higher achievement is evidenced by improved GPAs by younger, but not with older youth (Schoenfelder et al., 2018). This difference is likely explained because parents are typically more involved in younger children's school functioning than older children’s (Schoenfelder et al., 2018). Similarly, older youths' educational trajectory may have been more established at the time of the intervention and more resistant to change (Schoenfelder et al., 2018). Younger children are at an earlier stage on the developmental continuum, making them more susceptible to external intervention. This concept

can be explained by the window of sensitivity. A sensitive window is a time in development in which children are most susceptible to their experiences shaping their phenotypic development (Hensch, T. K. & Bilimoria, P. M., 2012). Research indicates that the sensitive window for successful bereavement intervention occurs in younger children. Results from the FBP intervention suggest that it can change children's developmental trajectory and set them up for more favorable long-term outcomes (Schoenfelder et al., 2018).

In the studies evaluating the effect of cognitive behavioral therapy (CBT), delivered through the Grief Help program, age effects were different. When elevated by Spuij et al. (2015), the intervention appeared to help younger children more than older children. However, when evaluated by Boelen et al. (2021), CBT was more beneficial to older participants than younger participants. However, the Boelen et al. (2021) study had a significantly larger sample size at 134, compared to 10 in the Spuij et al. (2015) study. In addition, the age ranges were different, as Boelen et al. (2021) included ages 8 to 18, while Spuij et al. (2015) included ages 10 to 18. Overall, when considering the components that give a study strength, a larger sample size and broader age range may strengthen the Boelen et al. (2021) study. CBT is likely more effective in older participants because they have a more developed level of cognitive processing than younger children and can more easily implement the cognitive behavioral interventions of the program.

Child Characteristics: Gender

Gender was found to have measurable impacts on how children reacted to the FBP and the CHUMS child bereavement group. For the FBP, which included children aged 8-16, the

intervention yielded more improvement in self-reported internalizing and externalizing symptoms for girls, but not for boys at an 11-month follow up (Schoenfelder et al., 2018). No explanation was provided for why this finding was true; however, development between genders is drastically different, which may explain why they are affected differently by bereavement interventions. For example, different neurotransmitters and hormones act differently in the brains of girls and boys; this indicates that the two genders may need different types of interventions and coping mechanisms. This is evident in the way female brains are structured, in that they have verbal centers on both sides of the brain, rather than on one side of the brain, which boys have. Having more verbal centers helps females generate more connections between their words and their emotions and feelings. When participating in groups where memory sharing and emotional discussion is taking place, females tend to have more success in discussing their feelings and emotions. In addition, socialization effects may play a role in how emotions are expressed, as boys may not receive the same encouragement and support in expressing feelings.

In the CHUMS child bereavement group, which included participants aged 3-16, males and females on average changed equally over the course of the intervention (Siddaway et al., 2015). However, there was a difference in difficulty scores as reported by parents, teachers, and the children. Difficulty scores were determined using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997), which assesses young people's behaviors, emotions, and relationships. Parents and teachers reported statistically significant higher difficulty scores in males than in females; this was measured with a medium effect size (0.60), according to Cohen’s d (Siddaway et al., 2015). On the other hand, when analyzing the self-reports of difficulties, females self-reported higher total difficulty than males, with a Cohen d score of -0.52 (Siddaway et al., 2015). These findings are interesting when looking at internalizing and externalizing

problems. After the death of a loved one, research shows that males tend to show higher rates of overall psychological difficulties and more external problems than females (Siddaway et al., 2015). Externalizing problems can manifest as external aggression, verbal aggression, and other forms of outward negative behavior. This is obvious to the outside viewer, but it may be less apparent to the individual expressing external problems. For females, who tend to have more internalizing problems, such as social withdrawal, feelings of loneliness and guilt, and unexplained physical symptoms, the problems are often more evident to the individual experiencing them. This difference is explained by the evidence that females tend to rate their total difficulties higher than males. Overall, these gender differences can help inform intervention development, by highlighting the importance of having interventions that address both internalizing and externalizing problems if the intervention is to target both females and males.

Child Characteristics: High Risk v. Low Risk Children

In addition to age and gender, the child's level of risk had an impact on intervention effectiveness. High risk individuals were those who entered the program with high levels of distress or symptoms (Sandler et al., 2018). The 15-year follow up of the FBP intervention, which included 194 young adult participants from the original study of 8 to 16-year-olds, evaluated the effect of baseline risk. Data analysis revealed that in the long term, benefits of the program were not moderated by baseline level of problems (Sandler et al., 2018). This revealed that FBP was effective for both high and low risk children in the long term. However, this

finding differed in the short term follow up studies in which high risk individuals benefited more from the FBP than low risk individuals.

These findings may indicate that those with high risk are more susceptible to initial treatment because they need immediate intervention to help alleviate intense symptoms. The group atmosphere of the FBP may give these high-risk children the community, support, and sense of belonging that they need to begin their healing process. The equal long-term benefits can be explained by the protective factors that are instilled in all children during intervention. Overall, the intensity of symptoms at the start of bereavement interventions should be considered when enrolling children in programs. This is important when considering the goals of the intervention and if there is limited space in the programs. Children in acute distress benefit more in the short term; therefore, priority enrollment should be given to the children who need short term benefits for better functionality. Early intervention may help ease their distress following the death and set them up for better long-term outcomes by instilling protective factors in them and teaching them constructive coping strategies early in the grief process.

Timeline

In bereavement literature, it is often said that ‘early intervention’ is the most effective for children experiencing a trauma, such as the death of a parent. However, what constitutes as early is not always well defined. Determining the best time to intervene is important because it can help inform interventionalists when the families will be most prepared and benefit the most from the programs. For example, in the Spuij et al. (2015) study, it was reported that the treatment was more effective for losses that were experienced closer to the time of the treatment. However, this

study did not outline the precise definition of "closer." To some, closer could mean hours after the death, whereas, to others, closer could mean 2 weeks since the death. In individual research studies, clarity can be achieved by including operational definitions regarding the timeline of interventions. Obviously, more information on an effective timeline for intervention is needed. Dyregrov et al. (2020) set out to answer this question by asking mental health professionals what constitutes early intervention.

In general, professionals highlighted the fact that all individuals experience grief differently, and the timing of grief interventions needs to be tailored to the individuals needs and circumstances. In the qualitative study, 85% of participants defined early intervention within the first month after a loss, but not immediately after due to the tendency of bereaved youth to experience overwhelming emotions after the loss (Dyregrov et al., 2020). There is an exception in the case of traumatic loss, in which immediate intervention and debriefing is more effective. For most losses, these overwhelming emotions would interfere with the child's ability to fully participate, engage, and benefit from the interventional programs. Professionals indicated that the type of death greatly influenced intervention timing. For example, in the case of an expected loss, intervention should begin before the death to address anticipatory grief and to develop coping skills that can be used once the death does occur (Dyregrov et al., 2020). In the case of traumatic loss, interventions should begin immediately to help children debrief and deal with the intense emotions of a trauma before they manifest into more serious and long-term conditions, such as PTSD and depression (Dyregrov et al., 2020). Overall, intervention is suggested to occur as early as possible according to the specific situation to prevent long term adjustment problems.

Furthermore, intervention should not only occur when a clear diagnosis shows up; rather, bereavement interventions can be used early on as a primary prevention method to prevent

disease development. Although there are suggestions as to when interventions will be most effective according to the type of death, interventions should be tailored to the needs of the individual. Factors that should be considered in the decision of timing include the needs of the family, the grief reactions, the type of death, any previous history of trauma and loss, and the support system available to the bereaved (Dyregrov et al., 2020). With all things considered, a general rule for intervention timing is one month after the loss; however, many factors must be considered on an individual basis to determine when children will benefit the most from bereavement programs.

Focus of the Intervention

Although factors such as child characteristics and timing of the intervention are important, it is of utmost importance to determine which characteristics within the interventions make them effective. To do this, Bronfenbrenner's contextual, ecological model (1974) was used. As explained in the introduction, this model recognizes the importance of building up positive coping strategies within the child, along with the importance of building up the systems around the child, such as their parental support, school support, and community support. Much of the interventions included in this literature review contain elements that focus on the child and the systems surrounding the child. For example, Grief-Help (Boelen et al., 2021; Spuij et al., 2015), the Family Bereavement Program (Sandler et al., 2018; Sandler et al., 2016; Schoenfelder et al., 2015), CHUMS (Siddaway et al., 2015), and multidimensional grief therapy (Hill et al., 2015), all contained a parental therapy component. By including separate sessions to help parents facilitate their children's grief, these interventions helped to build up the child's mesosystem.

At the child level of intervention, important elements included maintaining a connection with the deceased, making meaning from the death, building protective factors, developing positive coping strategies, helping to express and regulate emotions, gaining control, psychoeducation, and correcting negative appraisals through CBT. At the systems level, a large emphasis was placed on relationships. The interventions employed helped youth build relationships and utilized family support and draw on the support of other participants in the program through storytelling. Some programs included a parental intervention to help build up the remaining parents' ability to support their children. These interventions focused on the parents' mental health and informed them on how to guide their child through the grieving process.

Maintaining a connection with the deceased was used in multiple interventions (Fiore, 2016; Myers-Coffman et al., 2019; Patterson et al., 2019; Siddaway et al., 2015; Spuij et al., 2015). Research suggests that rather than encouraging the child to end his/her relationship with the deceased and ‘move on,’ interventions should focus on helping the child continue bonds (Siddaway et al., 2015). Better adjustment is noted when children can talk openly about the deceased, own mementos, and change the nature of their relationship so that it continues to be a source of comfort (Siddaway et al., 2015). In addition to maintaining a connection with the deceased, helping children make meaning out of the death was also an effective intervention (Fiore, 2016; Myers-Coffman et al., 2019; Patterson et al., 2019; Siddaway et al., 2015). Making meaning included answering any questions the child had about the death and helping the child reframe his/her mindset to believe that the family member was still living on through him/her (Patterson et al., 2015; Siddaway et al., 2015). When children can find comfort in asking questions and talking about the deceased, they are able to find more meaning and have improved

outcomes. Fiore (2016) found that songwriting helped with maintaining a connection with the deceased and meaning making. The Life Imprint program helped children realize how their loved one was living within them through letters and communication with family (Patterson et al., 2019). Overall, meaningful conversation about the deceased is a good starting point to help children maintain a connection and form their own meaning related to their loved one's death and life after the death.

Building positive coping strategies and protective factors in the children was common across nearly all interventions (Braband et al., 2018; Fiore, 2016; Hill et al., 2015; Myers-Coffman et al., 2019; Tillman & Prazak, 2018; Sandler et al., 2018; Sandler et al., 2016; Schoenfelder at al., 2015; Siddaway et al., 2015; Spuij et al., 2015). Common protective factors included building self-esteem (Fiore, 2016; Myers-Coffman et al., 2019; Schoenfelder et al., 2015), hope (Braband et al., 2018), identity (Fiore, 2016), gaining control (Braband et al., Fiore, 2016; Myers-Coffman et al., 2019; Schoenfelder et al., 2015), and promoting healthy development (Hill et al., 2015). When these protective factors are built up in children, they are more equipped to manage stressful situations when they arise. To support this, Parsons et al. (2021) conducted a qualitative study that endorsed the personal attributes of optimism, purpose, valued talents, a positive self-image, a sense of humor, and adaptable temperament as attributes that helped develop positive coping. These attributes are largely developed through learning, and interventions strive to help children develop them. For example, gaining a sense of control in a situation can help a child's perception that he or she can work through and cope with the traumatic loss. Research showed that providing children with creative outlets, such as creating a memory book or writing a song, helped to build their sense of control and agency (Braband et al., 2018; Myers-Coffman et al., 2019).

To develop positive coping strategies, interventions focused on helping the children build resilience, develop problem solving skills, and facilitate adaptive coping. When dealing with a stressful or traumatic event, people often turn to maladaptive coping strategies to deal with their negative emotions; unfortunately, this can lead to negative consequences. Common negative coping mechanisms in children, noted in the literature, include social withdrawal, violence and aggression, substance use, school failure, and denial, to name a few (Parsons et al., 2021). Interventions strive to help children understand the difference between negative and constructive coping mechanisms and to guide them in choosing constructive ones. Positive coping mechanisms that are simple to implement include gratitude, speaking openly about the deceased, participating in activities, and seeking creative outlets (Parsons et al., 2021). Participation in home, school, and recreational activities helped with coping (Parsons et al., 2021). In addition, creative outlets such as dancing, drawing, and writing provided children with an outlet to cope (Parson et al., 2021). Several of these strategies were embedded in the interventions reviewed in the literature.

One of the main goals of the intervention programs for bereaved youth is to provide them with a safe place to express emotions and share feelings (Braband et al., 2018; Fiore, 2016; Hill & Lineweaver, 2016; Hill et al., 2019; Tillman & Prazak, 2018; Sandler et al., 2018; Sandler et al., 2016; Schoenfelder et al., 2015; Spuij et al., 2015). Unfortunately, children do not always have the support to do this at home or at school; therefore, the programs provide them with an outlet to express themselves. In addition, the programs are beneficial because the children are sharing their experiences and feelings with other children that have gone through similar losses (Siddaway et al., 2015). The similarities among the children help them feel like they are not alone, and it builds a sense of community within the group; this gives children social support to

work through the loss. Siddaway et al. (2015) indicated this by highlighting that group activities are designed to normalize the experience of grief by recognizing that others are working through similar emotions.

The final intervention characteristic focusing on the children, dealt with the cognitive aspect of grief. Many interventions included psychoeducation (Hill et al., 2015; Spuij et al., 2015) and cognitive reframing of negative appraisals (Fiore, 2016; Sandler et al., 2018; Sandler et al., 2016; Schoenfelder et al., 2015; Spuij et al., 2015). Cognitive behavioral therapy was the focus of Grief Help (Spuij et al., 2015), which focused on children with prolonged grief disorder (PGD). Participants of Grief-Help were aged 8-18 years old, and interventions were geared toward older children with more developed cognitive processing ability. Children with prolonged grief are typically held back by three processes: insufficient integration of the loss; negative thinking about oneself and the ability to deal with the loss; and avoiding reminders of the loss and withdrawing from normal routines (Boelen et al., 2021). The target of the Grief-Help intervention is to change these unhelpful thinking patterns, which will help subsequently change negative behavioral patterns (Spuij et al., 2015). Activities such as exposure interventions (imaginary and in vivo) and writing to the deceased helped with avoidance behaviors (Boelen et al., 2021). Socratic questioning and behavior experiments were used to help correct maladaptive thinking, and interventions were employed to help participants use adaptive coping in place of maladaptive coping mechanisms (Boelen et al., 2021).

Psychoeducation was used as a part of CBT in the Grief Help intervention, and it was also used as part of the multidimensional grief intervention investigated by Hill et al. (2015). Multidimensional grief also focused on children with prolonged grief, indicating that psychoeducation may be especially helpful for youth dealing with PGD. Psychoeducation

focuses on normalizing the grief reaction, educating on how the grief process fluctuates over time, identifying adaptive coping strategies, and identification of loss and trauma reminders that can trigger different grief reactions over time (Hill et al., 2015). Having this knowledge can help children recognize their grief reactions as normal and help them to take adaptive steps to cope with their emotions and behavioral components of grief. The research indicates that cognitive interventions are often more successful when implemented closer to the time of death (Boelen et al., 2021). This may be true because children are taught how to regulate their cognition and behavior early on before maladaptive patterns of coping are developed. In addition, older participants are more receptive to cognitive interventions, which could be explained by more advanced cognitive development (Boelen et al., 2021). Overall, CBT and psychoeducation are excellent intervention strategies to implement in the case of prolonged grief or in an effort to prevent prolonged grief among older children.

Although several of the interventions reviewed focused mainly on children and ways to improve their coping and emotion regulation, research suggests that building up the system around the child can be equally important. Having positive relationships with caring adults is consistent with positive youth development; however, one in five youth report no strong relationships (Search Institute, 2019). This finding indicates that there is a gap in support systems among developing children. This gap becomes more apparent when a stressor disrupts a child's life, such as the death of a loved one. Therefore, it is important that interventions focus on building systems of support to help with children's grief and development. Some interventions account for the importance of the systems approach by including a parental component to their program (Hill et al., 2015; Sandler et al., 2018; Sandler et al., 2016; Schoenfelder et al., 2015; Siddaway et al., 2015; Spuij et al., 2015). These parental programs focus on parent-child

relationships, effective and consistent discipline, children's exposure to stress, parental mental health, and parental facilitation of the grief process. Although parents are the main participant in bereavement programs, there may be significant opportunities for grieving children to develop positive relationships with other caring adults, such as program volunteers.

Research shows that consistent and authoritative parenting and discipline is consistent with more positive outcomes for youth (Schoenfelder et al., 2015). After the death of a partner, consistent, authoritative parenting can be very difficult for the remaining parent to accomplish. Programs such as the Family Bereavement Program (FBP; Schoenfelder et al., 2015) intervene by providing guidance on how to stay consistent with discipline, even during the grieving process. In addition, children have historically been ignored when it comes to grieving and assumed to not understand what is going on. For example, in the case of prolonged grief disorder, it has largely been studied among adults; however, empirical studies have shown that PGD can develop in children and adolescents (Spuij et al., 2015). With this lack of research for children, there is not yet an effective treatment of childhood PGD. Due to the belief that children do not experience grief like adults do, they have been sheltered away from grieving and have not been encouraged to work through their grief, but rather they have been guided to ignore it. Current research on childhood bereavement indicates that more favorable outcomes are achieved when children have the opportunity to express their grief, reminisce on memories of the deceased, and talk openly about the death (Siddaway et al., 2015). Parents may not know how to talk about the death with their children and may have a fear that they will make the grief worse. Programs with a parental component help guide parents through the process of childhood grief and normalize their feelings through group support (Hill et al., 2015; Spuij et al., 2015). Caregivers are taught how to facilitate their child’s grief reactions and how to manage their

exposure to stressful situations. Parental programs typically coincide with child sessions, so both parents and children benefit from attending interventions.

In order to effectively guide children through their grieving process, parents need to have the mental capacity to facilitate the process. Research shows that parental grief reactions do have an impact on children's grief (Cipriano & Cipriano, 2019). As parental distress increases, the impact of parents coping on children's grief reactions decreases (Cipriano & Cipriano, 2019). That is, when parents are too distressed, their capacity to facilitate grief decreases, and subsequently children are not positively impacted by parental coping. In addition, high parental internal locus of control, which is when a person perceives themselves as being in control of their behavior and outcomes, is associated with lower levels of children's grief symptoms, when parental distress is low (Cipriano & Cipriano, 2019). Interestingly, research revealed that when parents had a high level of social support, children's grief symptoms were higher, when parental distress was low (Cipriano & Cipriano, 2019). This can possibly be because children feel threatened by their parents' support systems, fearing that they will take away from the time and support they get from their parents (Cipriano & Cipriano, 2019). Building support systems around the child may combat this fear, as the child will perceive that there are more outlets for support than just their individual parent.

The Family Bereavement Program recognized the need to improve the mental health of parents and incorporated mental health interventions into their parental programming (Sandler et al., 2018). Their interventions proved effective as parents in the FBP showed better results on mental health indicators than the control group fifteen years after intervention. FBP parents reported fewer symptoms of alcoholism and were less likely to have attended support group meetings (Sander et al., 2018). Overall, it is important to build a strong support system around

the grieving child in order to support his/her bereavement journey. Currently, research is working towards this systems approach, but lacks in systems beyond the parent.

Chapter 4

Discussion

The Systems Approach for Childhood Grief Intervention

Throughout the reviewed research, it is evident that children are a product of their surrounding environment. The interventions performed at the children's level help them to function within their environment; however, a supportive and nurturing environment will enhance children's development and growth after the loss of a loved one. In this way, childhood bereavement research should focus on using context as an actual intervention point. Building a supportive system around the child, as outlined by Bronfenbrenner's ecological perspective (1974), may help aid in the process of building grieving children's effective coping skills and overall resilience levels.

Within Bronfenbrenner's ecological system, there are five system levels. At the microsystem, the focus lies in the people who have direct contact with the child in his/her immediate environment (i.e., parents, siblings, teachers, and school peers). Interventions that included parental components proved to help enhance positive outcomes for children (Hill et al., 2015; Sandler et al., 2018; Sandler et al., 2016; Spuij et al., 2015; Schoenfelder et al., 2015; Siddaway et al., 2015). There was limited research on how siblings, teachers, and school peers can help enhance coping. However, future research should address how these other components of the microsystem can be utilized to enhance effective coping and resilience in bereaved youth. For example, teachers could receive training on how to therapeutically communicate with

bereaved children, or peers could be taught how to communicate supportively with grieving individuals. A highly effective support team could include the implementation of a mentoring program, in which the child would be assigned a supportive individual to guide them after participation in initial bereavement interventions.

The next ecological system (Bronfenbrenner; 1974) level that needs to be addressed is the mesosystem. The mesosystem includes the interactions between the child's microsystems. This is arguably the most important level to enhance in order to encourage collaborative efforts on the child's behalf. For example, parents and teachers can work together to identify children's needs and get them into the proper treatment according to their level and type of grief. The school nurse can also play a role in the collaboration by serving as a collaborative resource. Lastly, teachers can work with school peers to encourage the use of supportive communication with the bereaved child.

The third level of the ecological model (Bronfenbrenner; 1974) is the exosystem, which is composed of the formal and informal structures that do not directly affect the child. However, the structures indirectly influence them by affecting one of the microsystems. These structures can include the child's neighborhood, the parent's workplace, or the media. Interventions are more difficult to implement in this system, but they could target creating a safe and supportive neighborhood. In addition, workplaces could be encouraged to offer bereavement and family emergency leave to parents and caregivers who need to be available to support grieving children.

The fourth level includes the macrosystem, which includes how culture affects child development. Culture includes economic status, overarching values, and governmental influence and structure. In addition, it includes the community that the child lives in. Interventions that

target the macrosystem would include drawing on and creating community resources that are accessible and affordable. They could also include creating a culture that includes the normalization of grief. Not only do these resources have to be created, but caregivers need to be connected with them. This will help bereaved children get the timely help they need to successfully work through the grieving process.

The last level of the ecological model (Bronfenbrenner; 1974), is the chronosystem. This consists of the major life transitions and changes that occur overtime which influence development. As children develop, their cognitive capacity to understand death evolves. As outlined by Cohen & Samp (2018), intervention needs to be tailored to meet children's developmental level of understanding. For example, cognitive behavioral therapy has shown to be more effective in older children who have the capacity to understand cognitively based interventions (Boelen et al., 2021). Whereas may of the bereavement programs that focus on building coping and resilience (i.e., The Family Bereavement Program) were more effective in younger children (Schoenfelder et al., 2015). In addition to childhood development, it is also important to consider the timing of the intervention itself in relation to the time since the death. Research shows that early intervention (i.e., within the first 2 weeks after the death) is more effective; therefore, the evaluation and referral process should begin shortly after the death to enhance positive outcomes.

Overall, future research can be guided using this ecological systems approach developed by Bronfenbrenner (1974). In health care and the school system, there is currently a lack of a streamlined process for referring bereaved youth to bereavement services. One of the first steps towards creating a process for evaluation and referral is education. School faculty, medical professionals, school nurses, and even funeral directors would be better equipped to intervene

early if they received proper training on how to do so. Recognizing bereaved children is extremely important, as childhood bereavement is not an uncommon occurrence (Tillman & Prazak, 2018). Providing this education would be yet another avenue to build the support system around the child.

Creating a streamlined process for child bereavement referral is important because it would ensure that fewer children slip through the cracks. From my field observation, I noted that referral is often by word of mouth, which only benefits children who know the right people. Therefore, creating a streamlined process is necessary to reach a higher percentage of bereaved children. A streamlined process would include identifying if the deceased individual had a relationship with young children who could benefit from bereavement intervention. These children could be identified quickly by medical professionals, teachers, school nurses, or funeral directors. Once identified, an educated evaluator could help connect the child to proper support channels. These trained individuals could also work with the remaining caregiver to guide them in identifying the best care for their grieving child. Currently, there is not a structured process in place to identify bereaved children. Implementing a streamlined process could ultimately save the lives of bereaved children who are at risk for a host of negative outcomes following the death of a loved one.

The Benefits of Building Relationships and Resilience: The Strengths Perspective

Building up the systems around the grieving child is extremely important to facilitate and build effective coping skills and resilience. When taking a strengths perspective, interventions are ultimately being implemented so that children can come out stronger on the other side of

their acute grief reaction. Martin Seligman, a positive psychologist, defines strengths as traits that can be learned and developed, but take effort to achieve (Seligman, 2002). This strengths perspective is also consistent with Carol Dweck's work on the growth mindset (Dweck & Yeager, 2019). Current bereavement interventions do an excellent job at teaching and cultivating strengths that enhance resilience and effective coping, such as hope, self-esteem, identity, and relationship building. However, there is a lack of continuous intervention following formal program participation.

A recommendation for bereavement intervention is the inclusion of a mentor to maintain a relationship with youth after the formal program adjourns. This mentor could serve as a model and provide another source of support and connectedness to the grieving child. In addition, mentors involved in bereavement programs would be able to serve as a link to continuing bonds between the child and the program. Research shows that nonparental adults can have a very positive impact on youth development (Bernat & Resnick, 2009). Mentors can include natural mentors such as a coach, teacher, aunt, uncle, older sibling, or other community member. They can also come from formal mentoring programs in which a mentor is assigned to each child. Both methods of obtaining a mentor have shown to improve youth outcomes in a variety of ways. For example, when the mentoring relationship has the characteristics of warmth, acceptance, and closeness, the youth tend to have higher academic achievements, lower risk and problem behaviors, lower depressive symptoms, higher school completion rates, higher reports of self-esteem and physical activity, and higher social skills and psychological well-being (Bowers et al., 2014). In addition, these youth were able to learn positive characteristics from their mentors such as integrity, honesty, rule following, value diversity, and social connectedness

(Bowers et al., 2014). Youth with a mentor were also less likely to engage in problem behaviors such as violence (Bernat & Resnick, 2009).

Interestingly, the effect of a mentor was stronger for those children who were at risk or had few contextual resources (Bowers et al., 2014). In these cases, the mentor relationship served as a "compensatory resource" for the children who lacked support in other areas of their lives (Bowers et al., 2014). This relationship served as a protective factor for the youth to form connections with their environment. In addition, the relationship gave the youth a safe space to talk about their lives, while the mentor can instill positive values and perspectives into the youth's development (Bernat & Resnick, 2009). Lastly, mentors have shown to help youth form connections in other areas of their lives, by enhancing their ability to communicate with parents and build relationships with prosocial peers (Bernat & Resnick, 2009).

When considering the constructive research on the effect of mentoring relationships on developing youth, it is important to evaluate the benefits mentors could have on grieving children. Having a safe place to express emotions and thoughts is critical in building resilience among grieving children after the death of a loved one, and a continued relationship with a mentor could serve this purpose. Bereaved youth are at risk for negative outcomes, as death of a loved one is recognized as an adverse childhood experience. When youth experience a parental death, they are at risk for losing a strong parental influence, as the remaining parent is likely to be facing strong grief emotions him/herself. Mentors can act as a compensatory resource for these youth and step in as a positive role model and guide. Research does show that mentors have the strongest effect on at-risk youth, such as those who are bereaved (Bernat & Resnick, 2009). With the research on mentoring in mind, all bereavement programs should consider the addition of a mentoring program.

In addition to a mentoring program, interventions should include a parental and caregiver component. A parental component will help caregivers through their own grief and will guide them in supporting their grieving child. Research shows that family connectedness is one of the most powerful protective factors in the lives of adolescents (Bernat & Resnick, 2009). Inclusion of a caregiver component can help develop a positive home environment, which will positively enhance the system being built around the grieving child. Many interventions already contain a parental component with results showing benefits for both the children and caregivers (Hill et al., 2015; Sandler et al., 2016; Sandler et al., 2018; Schoenfelder et al., 201; Siddaway et al., 2015; Spuij et al., 2015). In sum, the inclusion of an intervention that will positively enhance the supporting systems around the child should be considered in bereavement interventions.

Overall, immediate, and continued intervention, through mentor programs, can assist bereaved children achieve post traumatic growth (PTG) following the death of a loved one. PTG is when a positive psychological change is experienced as a result of the struggle with a highly challenging life circumstance (Kaufman, 2020). When people dealing with a significant stressor ruminate over the event but have a strong support system and outlet for expression, growth can occur from the event (Kaufman, 2020). By engaging in supportive outlets, grieving individuals can begin to rebuild their sense of meaning and purpose within their new life circumstances (Kaufman, 2020). Bereavement interventions need to strengthen these supports by focusing on building the systems around the child within the microsystem, mesosystem, exosystem, exosystem, and chronosystem.

Implications

This systematic review has many implications for healthcare professionals and bereavement intervention programs. Although several intervention models exist for bereaved youth, this review summarized the common characteristics that evidently make the programs effective for children. This work can be used across existing programs to improve intervention methods, as well as to develop new programs. Children's grief is unique and often overlooked. Without the appropriate support, grief can negatively affect children's development. Children usually experience grief in waves of intense grief followed by a return to their daily activities, and they often experience it according to their developmental age (Gao & Slaven, 2017). According to Gao & Slaven (2017), normalizing grief within interventions is an important component of grief work. In addition, peer support, alternative therapies such as play, art, music, and mentoring programs can help children through the grieving process (Gao & Slaven, 2017). In addition to the interventions at the child level, systems need to be built around the child to enhance outcomes. Death education in schools and the community can help normalize conversations about death, especially among children (Gao & Slaven, 2017). In addition, education and training needs to be available for medical professionals about the bereavement services available in the community, in addition to how they can intervene in the immediate aftermath of a death. This training can help medical professionals serve as an advocate for grieving children and help to bridge the gap between bereavement and accessing the available services (Gao & Slaven, 2017).

This systematic review provides evidence that there are certain characteristics that make bereavement interventions more effective in improving youth outcomes. These characteristics include promoting a connection to the deceased, building various protective factors within the

youth (i.e., a sense of control, self-esteem, and hope), developing effective coping skills, helping youth to gain control, enhancing relationships and family support, expressing and regulating emotions, and providing support in the process of meaning making. In addition, older youth were shown to benefit from psychoeducation and cognitive behavioral therapy, as their developmental capacity enhanced their understanding and engagement with the intervention (Boelen et al., 2021; Spuij et al., 2015). The inclusion of a parental component was proven to be beneficial, and future research should focus on the benefits of adding a mentoring component to bereavement programs. This would further enhance the supportive system surrounding the child and would likely help lead to better outcomes in the long term.

Limitations

Research on bereavement interventions is limited in its ability to design true experimental studies with a control group. This limitation is rooted in the ethical obligation to intervene for all children at risk of grief complications. In an effort to stay ethically sound, while collecting the most accurate experimental results in comparison to a control, future research should consider using a wait list control design. Intervention programs are often limited in the number of participants they can accept at a given time, and often put people on wait lists for participation in future sessions. Researchers could optimize use of this wait list by collecting data from these children and comparing it to the data from children currently in the program.

In addition, many of the studies included in this review collected data only in the time immediately after intervention or shortly after its completion (i.e., three months). The Family Bereavement Program collected data longitudinally and was able to conclude that the

interventions did improve outcomes in the long term (Sandler et al., 2016; Sandler et al., 2018; Schoenfelder et al., 2015). More research on interventions should employ a longitudinal design in order to evaluate how long the effects of the interventions last. This will help to guide placement of bereaved children in appropriate interventions according to their needs.

Lastly, bereavement interventions have proven to be beneficial for grieving children and their families; however, enrollment is often by word of mouth. This is a major limiting factor in terms of reaching the children impacted by bereavement and enrolling them in the programs that will benefit them. Research on various recruitment methods such as through hospitals, doctors' offices, funeral homes, and school nurses' offices would be beneficial to enhance appropriate enrollment in interventions.

Chapter 5

Conclusion

In sum, the findings show that bereavement interventions at the individual level help grieving children function in their altered environment. This is achieved through building constructive coping strategies and protective factors within the child. In addition, encouraging children to take control of their situation, express and regulate emotions, and create meaning from the death can help them individually. Various activities are used as tools to help develop these individual factors in children. Research findings show the benefits of connections to the systems surrounding the child, and interventions help enhance connections with the deceased, relationships with family, and connections with other bereaved youth. Lastly, building the systems around the child, such as strengthening caregiver ability to guide youth through the grief process, helps to enhance positive outcomes in bereaved children. Future research should focus on connecting youth to non-parental mentors through formal bereavement mentoring, which would be an excellent intervention point in the community.

Health professionals, psychologists, school nurses, and various community members can play a pivotal role in identifying bereaved youth and getting them the help, they may need. Facilitating early enrollment into bereavement programs would be better achieved with a streamlined process of identification and referral within the systems that children are involved in. Building a bereavement model consistent with the contextual view will require researchers to develop systems that support and maintain positive development for our youth.

At the start of data collection, I made a visit to Highmark Health's The Caring Place to see a bereavement intervention that was offered in my local community of Erie, PA. I was

impressed with their facility, and my time spent there made me excited to research other bereavement services to determine what exactly made them effective in improving childhood outcomes after bereavement. After several months of research and analysis of various interventions, this literature review has been compiled. The findings summarized here will help the field of childhood bereavement intervention by contextualizing the methods that are already effective and offering further intervention that may be effective for grieving children.

In addition, I have identified gaps in the literature where further research and intervention would be beneficial, such as in the case of implementing mentors and streamlining the process of bereavement referral. Childhood bereavement is unfortunately not uncommon, and because bereavement interventions have been proven by research as effective in improving outcomes, more children need to be funneled into them. (Tillman & Prazak, 2018). Lastly, bereavement programs are excellent interventions, but it is important that support does not stop there. Children need to be supported at the system level, in which the systems around the child are built up to provide them long term support. One suggestion to achieve this is by implementing mentoring programs following formal bereavement programs. Mentoring is supported by research to be effective in improving the outcomes of at-risk youth; therefore, it could be beneficial for at risk bereaved children (Bernat & Resnick, 2009).

Appendix A

Databases and Search Terms Used

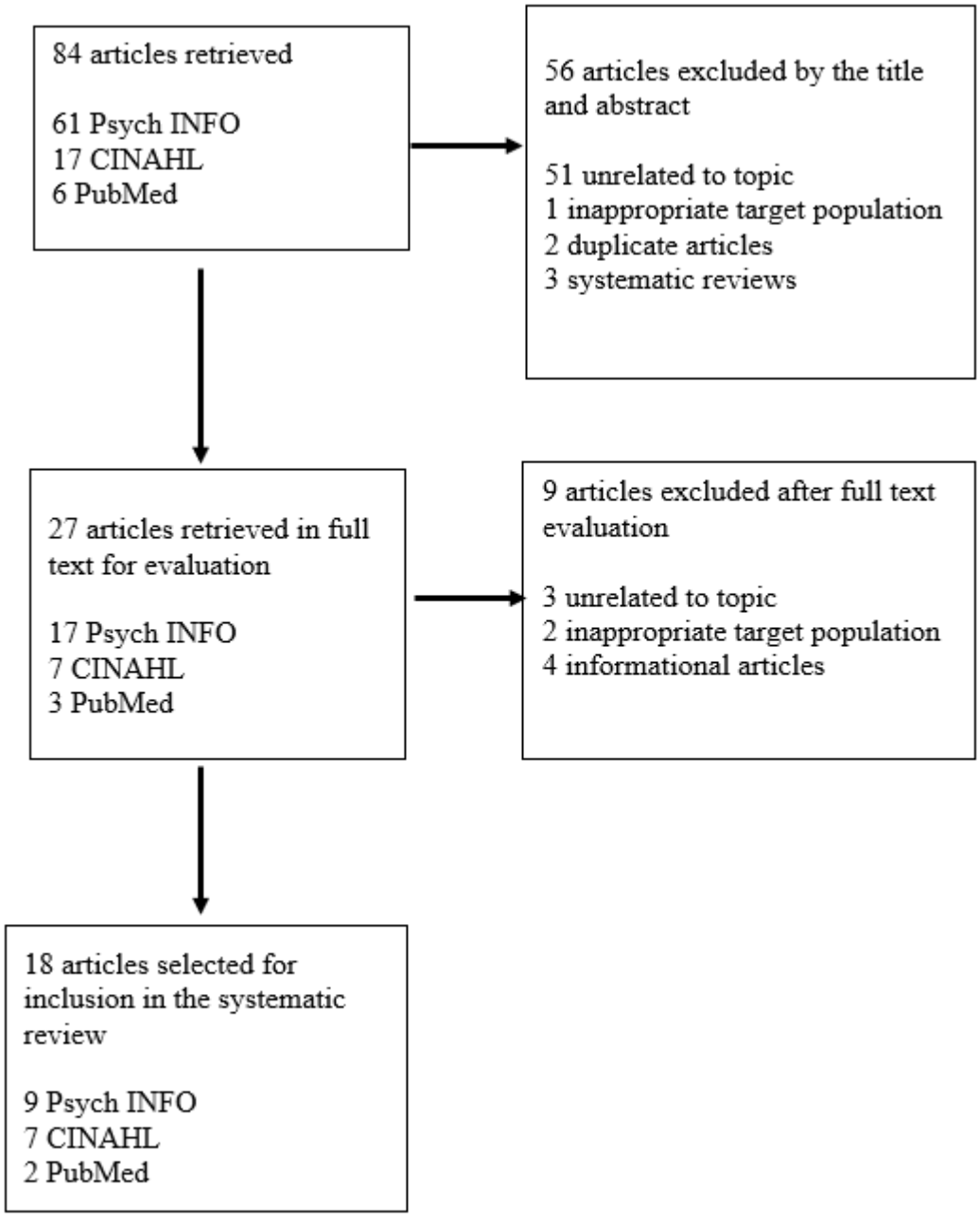
Table 1. Databases and Search Terms Used

Databases Searched	Search Terms
CINAHL	(Childhood bereavement OR childhood grief AND (interventions or strategies or best practices)
PubMed	(Childhood bereavement OR childhood grief) AND (interventions or strategies or best practices)
PsychINFO	(Bereavement in childhood) AND (interventions)

Appendix B

Selection of Articles for Inclusion in the Review

Figure 1. PRISMA Flow Diagram



Appendix C
Characteristics of Articles in the Systematic Review

Table 2. Characteristics of Articles in the Systematic Review

Citation	Boelen, P. A., Lenferink, L. I., & Spuij, M. (2021). CBT for prolonged grief in children and adolescents: A randomized clinical trial. *American Journal of Psychiatry, 178* (4), 294-304. DOI: 10.1176/appi.ajp.2020.20050548
Purpose	Examine if Grief-Help, an individualized treatment for prolonged grief disorder (PGD) in bereaved children, is effective in reducing symptoms of PGD, depression, PTSD, and internalizing and externalizing behaviors.
Sample/ Population	The sample consisted of 134 children and adolescents with PGD. Ages ranged from 8-18 ($M = 13.1$), and mean bereavement in months was 37.79 months. The sample consisted of 47.8% male participants. They had to have experienced the loss of a close relative and were experiencing distressing and disabling PGD symptoms. A score of >40 was required on the IPG-C to be enrolled in the study. All participants were randomly assigned to CBT Grief-Help or to individual supportive counseling.
Data Collection/ Methods	Assessments were conducted before the intervention, upon the completion of Grief-Help or supportive counseling, and at 3-month, 6-month, and 12-month follow up. The Inventory of Prolonged Grief for Children (IPG-C; Pregerson 1995) was used to assess prolonged grief disorder symptoms. The Children's Depression Inventory (CDI; Kovacs 2003) was used to measure depression; and the Child PTSD Symptom Scale (CPSS; American Psychological Association 2000) measured PTSD symptoms. The Child Behavior Checklist (CBCL; Achenbach 2001) was completed by caretakers to measure emotional and behavioral problems.
Major Findings & Conclusions	Major Findings: • Reductions in PGD severity were stronger for participants who received CBT Grief-Help compared to those who participated in supportive counseling. • Reliable change on the IPG-C from pretreatment to posttreatment, 3-month, 6-month, and 12-month follow-up had a large effect size. • Reductions in depression were greater for Grief-Help participants compared to the control group. • PTSD symptoms had equal reduction in severity in Grief-Help and supportive therapy at posttreatment and 3-month follow-up, but Grief-Help showed greater reductions at 6-month and 12-month follow-up. • Reductions in parent rated internalization were stronger for participants in CBT Grief-Help. • Older Participants benefited more from CBT Grief-Help than younger participants.

Citation	Parsons, A., Botha, J. & Spies, R. (2021). Voices of middle childhood children

	who lost a mother. *Mortality, 26* (1), 1-16. DOI: 10.1080/13576275.2019.1696291
Purpose	Describe how children experience losing a mother during middle childhood and identify coping strategies to help them come to terms with the loss of a mother.
Sample/ Population	Twenty-two participants between the ages of 10-12. They had all lost a mother between the ages of 6 and 12, but not within the previous 12 months.
Data Collection/ Methods	Semi-structured interviews were conducted with each participant to reach data saturation. The design was a qualitative descriptive design that provided a description of children's lived experiences. Questions were based on theoretical frameworks, including the attachment theory (Bowlby, 1960), the ecological systems theory (Bronfenbrenner, 1974), and the compensatory, challenge, and conditional models (Garmezy et al., 1984). The funneling technique was used in the interviews. All answers were audio recorded and transcribed. Analysis was done in three phases, preparation, organization, and reporting by researchers and an independent coder.
Themes & Conclusions	Themes: ● Children's experiences of losing a mother during middle childhood ● Children's concept of death and various responses ● Coping strategies children employed to cope with the loss of a mother Conclusions: ● Emotions surrounding the death include anger, helplessness, sadness, and worry. ● Participants expressed yearning & longing for their mother. ● Children's mourning does not cease at any point. ● Some participants experienced anger towards the death. ● Some participants used denial as a defense mechanism and appeared unaffected by the death. ● Some turned to gratitude as a coping mechanism. ● Some expressed their emotions through violence and aggression. ● Changes in behavior included appetite and sleep disturbances, lethargy, and difficulty concentrating. ● Many found comfort in caring for and playing with pets ● Speaking openly and instilling hope about the death helped. ● A desire to make their deceased mother proud played a role in positive behavior choices. ● Participation at home, school, and recreational activities helped with coping ● Creative outlets such as dancing, drawing, and writing allows for introspection, providing an outlet to cope. ● Personal attributes of optimism, purpose, valued talents, a positive self-image, a sense of humor, and adaptable temperament helped with coping.

Citation	Dyregrov, A., Dyregrov, K., Pereira, M., Kristensen, P., & Johnsen, I. (2020).

	Early intervention for bereaved children: What mental health professionals think. *Death Studies, 44* (4), 201-209. DOI: 10.1080/07481187.2018.1531086
Purpose	Explore the views of experienced professionals working with bereaved children about effective interventions and the appropriate timing of intervention implementation.
Sample/ Population	Eighty-four mental health professionals anonymously completed the study survey. 70% had more than 10 years, 25% had between 4-10 years, and 6% had between 1 and 3 years of experience working with bereaved children. Psychologists made up 51% of the population, social workers 18%, nurses 6%, and psychiatrists 3%.
Data Collection/ Methods	A survey was sent out via SurveyMonkey and contained 8 questions, two of which were open ended. Qualitative data was collected from these questions: "When you reflect on early intervention, what kind of interventions do you have in mind?" and "In your opinion, how early must a grief intervention start for you to consider it an early intervention?" Data was organized using thematic analysis into relevant units of meaning, then into major categories, and finally into themes.
Themes & Conclusions	Themes: ● Content - conversion and support, psychoeducation, mediation therapy for severe cases of distress, and screening and assessment. ● Intention - primary prevention and empowerment. ● Timing - dependent on the individual loss. Conclusions: ● 85% of participants defined early intervention within the first month after loss, and not immediately because many bereaved youths experience overwhelming emotions after the loss. ● In cases of expected death, intervention should begin before the death. ● In cases of traumatic loss, interventions should be immediate. ● Early intervention is suggested to prevent long-term adjustment problems. ● Psychoeducation, including written and verbal information, information about normal grief reactions, how to best cope, and when to get more help was mentioned as an effective intervention. ● Intervention does not only occur when there is a clear diagnosis, it can act as primary prevention to avoid disease development. ● Interventions should be tailored to the needs of the individual, considering the needs of the family, the grief reactions, the type of death, any previous history of trauma and loss, and the support system available to the bereaved.

Citation	Cipriano, D. J. & Cipriano, M., R. (2019). Factors underlying the relationship between parent and child grief. *Journal of Death and Dying, 80* (1), 120-136. DOI: 10.1177/0030222817726935
Purpose	To determine if parental coping strategies can have an impact on the child's coping, independent of the child's previous coping strategies.

Sample/ Population	Thirty-eight parent child dyads were recruited from a community-based grief support center. Participating caretakers were 84% female and 84% white. Caretaker age reneged from 29-71 (*M = 43).* Caretakers were 71% biological parents and 23% stepparents. 38 children, ages 4-18 (*M = 11, female = 21*), participated. Time since loss ranged from 1 month to 3.5 years (*M = 14 months*).
Data Collection/ Methods	Questionnaires were used to collect the data. Parents completed the Parent Self-Report and Parent Report on Child Functioning. Children completed the Child Self-Report version. Subscales were included in the questionnaires. General distress was evaluated using the Depression Self Rating Scale (Burleson et al., 1987) and the Depression, Anxiety, and Stress Scales, 2nd Edition (Lovibond 1995). Grief symptoms were assessed using the Texas Revised Inventory of Grief (Fasching Bauer 1987), the Jimmerson Youth Common Grief Reaction Checklist (Jimerson 2002), and the Hogan Grief Reaction Checklist (Hogan 2001). Locus of control was measured using the Nowicki-Strickland Children's Locus of Control Scale (Howicki & Strickland 1973). The social support subscales consisted of five items that measured how the subjects felt about accessibility to people they can count on. Demographic data and the circumstances surrounding the death were obtained as well.
Major Findings & Conclusions	Major Findings: ● Time since death did not significantly predict children's distress or grief symptoms. ● There was no effect found for child age, but females were more likely to report worse grief symptoms than boys. ● There was no direct effect found between parental emotional functioning and children's grief symptoms. ● The moderators of parental social support and parental locus of control had effects on children's grief reactions only when parental distress was relatively low. Conclusions: ● As prenatal distress increases, the impact of parents coping on children's grief reactions decreases. ● Parental distress does not affect the child's grief substantially. ● High social support is associated with greater children's grief symptoms when parental distress is low. ● High parental internal locus of control is associated with lower levels of children's grief symptoms when parental distress is low. ● Parental coping can be a stress modifier for the parent's distress and functioning, which can impact the child through the medicators of parental social support and locus of control.

Citation	Hill, R. M., Oosterhoff, B., Layne, C. M., Rooney, E., Yudovich, S., Pynoos, R. S., & Kaplow, J.B. (2019). Multidimensional grief therapy: pilot open trial of a novel intervention for bereaved children and adolescents. *Journal of Child and Family Studies, 28*, 3062-3074. DOI: http://dx.doi.org/10.1007/s10826-019-01481-x

Purpose	To describe and determine the effectiveness of Multidimensional Grief Therapy, an assessment driven, phasic intervention for youth suffering from maladaptive grief reactions, PTSD, and/ or depression. The intervention contains two phases, of which progression to phase two depends on the need for further therapy intervention after phase one. Phase one is titled *Learning about Grief*, and Phase II is labeled *Telling My Story*.
Sample/ Population	A sample of 65 youths 6-17 years old (*M = 11.62, 53% = female)* and their parents/ caretakers, who were seeking treatment for bereavement were included in the study. Average duration since the death was 16.29 months (range = 1-84 months). Inclusion criteria included the endorsement of bereavement, a score of greater than 2 on any grief domain on the PCBD checklist, and/or psychological distress determined by the clinical team. Of the 65 original youth included, 19 completed phase II treatment.
Data Collection/ Methods	Data was collected before intervention (T1), after phase I (T2), and after phase II, if it was completed (T3). The Persistent Complex Bereavement Disorder Checklist (PCBD; Kaplow 2018) was used to assess DSM-5 PCBD criteria. The primary grief domains assessed included separation distress, ethical/identity distress, and circumstance-related distress. The UCLA PTSD Reaction Index for DSM-5 (Elhai et al. 2013) was used to measure PTSD symptoms; a score of ≥35 was significant. Depression was measured by the Short Mood and Feelings Questionnaire (SMFQ, Angold et al. 1995); a score of ≥8 was significant for depression. Data was analyzed using paired-samples t-tests to compare T1 versus T2 and T2 versus T3 scores.
Major Findings & Conclusions	Major Findings: After completion of Phase 1: ● 33.3% to 61.9% showed improvement in maladaptive grief reactions ○ 50% showed improvement in PTSD symptoms ○ 35.7% showed improvement in depressive symptoms ○ 83.3% showed improvement in at least one outcome After completion of Phase 2 (only completed by those who needed more intervention after phase 1): ● 15.8% to 26.3% showed improvement in maladaptive grief reactions ○ 38.9% showed improvement in PTSD symptoms ○ 16.7% showed improvement in depressive symptoms ○ 47.4% showed improvement in at least one outcome Conclusions: ● About 25% of youth progressed significantly enough in phase 1, that they did not need to participate in phase 2. ● Phase 1 showed reductions in maladaptive grief reactions' including separation distress, existential/identity distress, and circumstance-related distress. A reduction in PTSD symptoms, and depressive symptoms were noted as well. All reductions showed a very large effect size. ● Phase 2 resulted in significant improvement in maladaptive grief

	reactions, including separation distress and circumstance related distress with a medium effect size, but not existential/identity distress. ● Phase 2 resulted in large effect sizes for reductions in PTSD and depressive symptoms. ● Reliable improvement rates on at least one outcome variable were 83.3% for phase I and 42.1% for phase II.

Citation	Myers-Coffman, K., Baker, F. A., Daly, B. P., Palisano, R., & Bradt, J. (2019). The resilience songwriting program for adolescent bereavement: a mixed methods exploratory study. *Journal of Music Therapy, 56* (4), 348-380. DOI: http://dx.doi.org/10.1093/jmt/thz011
Purpose	To explore the impact of an 8-session, 1.5 hour long, group song-writing program, driven by the Contextual Resilience Model (Sandler et al., 2007). The program developed is the Resilience Songwriting Program (RSP), and it is designed to enhance the protective factors in adolescent bereavement. The program employed the writing and recording of two original songs.
Sample/ Population	Ten adolescents (50% male) ages 11-16 years who self-identified as grieving a loss were included in the study.
Data Collection/ Methods	A single group pretest-posttest convergent mixed methods design was used to evaluate the effectiveness and impact of the program. Grief, coping emotional expression, self-esteem, and meaning making were quantitatively measured. The Texas Revised Inventory of Grief (TRIG) Present Feelings subscale (TRIG; Faschingbauer et al.1987) was used to measure grief. Inhibition of emotional expression was measured by the Active Inhibition Scale (AIS; Ayers et al. 1998). Coping efficacy was measured using the General Coping Efficacy Scale (GCE; Sandler et al. 2000). Self-esteem was evaluated using the General Self-Worth subscale of the Self-Perception Profile for Adolescents (SPPA; Harter 2012). Meaning making was assessed using the Integration of Stressful Life Experiences Scale (ISLES; Holland et al. 2010). Post session journaling and a post program semi-structured interview were used to collect qualitative data. Interviews were conducted within 3 weeks of program completion and lasted 15-30 minutes. The two methods were compared and integrated into study findings and conclusions.
Major Findings/ Themes & Conclusions	Major Findings: ● There was not statistically significant improvement in scores for grief, coping, self-esteem, and meaning making. ● There was a statistically significant increase in inhibition of emotional expression, which was present in 7 of the participants. ● Eight participants reported decreased grief. ● Six participants reported improved self-esteem. ● Six participants reported improved coping.

	● Five participants reported enhanced meaning making. Themes: ● Growing through songwriting ● Togetherness and belonging ● Safe spaces and new ways to express emotions Conclusions: ● Thematic findings support individual trends for improved grief, despite the lack of significant improvement in qualitative measures. ● RSP offered a place for grieving adolescents to safely express their emotions verbally and musically. ○ Through this, they were able to come to terms with the reality of death. ○ They were able to revisit memories and share moments. ○ This helped them access their own feelings differently. ● RSP offered a sense of togetherness and belonging. ● RSP helped build coping skills. ● Social support was gained during the program and helped in exploring and understanding the loss. ○ By feeling less alone in their bereavement. ○ By increasing sociability within the group. ● Music therapy offered a way to build self-esteem. ○ Through the mastery of writing a song. ○ By learning how to regulate emotions by focusing on the positives. ● Creating songs helped adolescents in meaning making as it related to the loss.

Citation	Patterson, P., Noke, M., McDonald, F. E., Kelly-Dalgety, E., Sidis, A., & Jones, B. L. (2019). Life imprint and meaning reconstruction for young people who have experienced the death of a family member from cancer. *Psycho-Oncology, 28,* 1938-1941. DOI: http://dx.doi.org/10.1002/pon.5159
Purpose	To evaluate the *Life Imprint* session in a grief therapy program, *Good Grief*. The intervention included the participants receiving a letter from a family member or friend of their choice about the characteristics and values that the person saw in the youth reflecting the characteristics and values of the deceased family member. The session included a group discussion, individual reading and group reflection on the letter, and a construction of a shared values bracelet, memorializing their relationship.
Sample/ Population	Sixty-three bereaved youth aged 12-24 (*M = 16.7;* 66.7% female) completed the session. Ten participants aged 13-24 (*M = 19*; 60% female) participated in the interview within 6 months of the intervention.

Data Collection/ Methods	Fidelity of the session was measured by facilitators indication of the activities being completed as outlined. Engagement of youth participants was assessed by facilitator ratings of perceived helpfulness, meaningfulness, and interest. Semi-structured interviews were conducted over the phone to evaluate the participants' constricted meaning of their deceased family member, and the familial communication about the family member following intervention. Open-ended questions were coded using content analysis by two researchers to reach agreement.
Themes & Conclusions	Themes: ● Affirming/ reframing life stories ● Strengthening existing bonds with family and friends Conclusions: ● Participants reported a strong connection to their deceased family member after reading the letter. ● The letter enabled youth to reflect on positive memories. ● The letter helped youth create meaning from the familial death. ● The activity strengthened communication and connections to the family members by facilitating the youth to be inquisitive about the shared values. ● Some youth shared that it was important and helpful that they understood that their family member was remembered and valued. ● Facilitators and participants reported high participant engagement. ● In the open-ended questions, participants revealed that the season was enjoyable, enabled them to identify shared similarities, helped them feel closer to their family members, and aided them in understanding how others recognized the similarities shared with their family members. ● The Life Imprint session supported youth to affirm their sense of self, values, and beliefs, and to strengthen familial relationships. ● Individually creating meaning from the loss helped in creating family meaning-making through conversation.

Citation	Braband, B. J., Faris, T., & Wilson-Anderson, K. (2018). Building resilience among orphaned and vulnerable children through the memory book intervention. *Journal of Christian Nursing, 35* (3), 184-190. DOI: 10.1097/CNJ.0000000000000504
Purpose	Explore and compare the lived experiences of orphaned children, adolescents, and caregivers who used the Memory Book intervention.
Sample/ Population	Sixty-six children participated in the Memory Book intervention and provided feedback about their experience. Five caregivers (adult staff who directly cared for orphaned children) provided feedback about the children's lives. Children participants were ages 10-17 years old and had used the Memory Book for 2-8 years. Data was collected from two South African children's homes, three Indian homes, and one Kenyan outreach site.

Data Collection/ Methods	Interviews were conducted and audio recorded with the caregivers, who provided how they thought the Memory Books impacted the children's lives. Interviews were also conducted with the children who shared his or her thoughts, feelings, readings, drawings, pictures, and memories from his or her book. Interviews were conducted using open-ended questions. Data saturation was achieved during each interview process at all the sites. Colaizzi's method (1978) was used by researchers to identify five major themes.
Themes & Conclusions	Themes: ● Primary themes - identity and relationships ○ Identity - achievement, favorite things, and life goes on. ○ Relationship subthemes - absent or disrupted connections with family and friends. ● Secondary themes - coping, hope, and emotion ○ Coping - sharing stories and evidence of coping activities. ○ Hope - dreams for the future or a better life. ○ Emotions - verbal and nonverbal expressions related to loss, grief, recovery, healing, and hope. Conclusions: ● Memory Books boosted the ability of children to attend to higher level needs, according to Maslow's Hierarchy of Needs, such as love and belonging and self-esteem. ● Memory Books provided children a non-threatening means to explore their loss and promote a strengthened internal locus of control. In addition, it enhanced children's perception of their ability to cope with grief and loss. ● Storytelling serves as a means for children to access their inner strengths and enhance protective factors that promote resilience. ● Storytelling helped encourage children's emotional expressions of pain and loss. ● Sharing Memory Books encouraged attachment relationships and guidance for self-regulation and problem-solving skills from caregivers to children.

Citation	Cohen, H. & Samp, J. A. (2018). Grief communication: Exploring disclosure and avoidance across the developmental spectrum. *Western Journal of Communication, 82* (2), 238-257. DOI: http://dx.doi.org/10.1080/10570314.2017.1326622
Purpose	To explore how communication manifests itself when a young person is coping with a loss. The qualitative study employed the Dual Process Model of Coping with Bereavement (DPM; Stroebe & Schut, 1999), which includes the importance of oscillating between loss-oriented stressors and restoration-oriented stressors. Interviews were conducted to determine if bereaved children disclose, avoid, or oscillate between the two in the grieving process, and to explore the themes that emerge when they communicate about their grief and loss.

Sample/ Population	Two waves of participants were used in the study. Twelve children and adolescents, with an average age of 9.33 years and equal males (50%) and females (50%), enrolled in a nonprofit grief support facility, were in the first wave. The second wave included 36 college students with an average age of 20.1 years old. In wave two 66.7% of participants were females and 33.3% were males.
Data Collection/ Methods	In-depth semi-structured interviews were used to gather information about children's communication and coping mechanisms when faced with the death of a loved one. Child/adolescent interviews included close ended questions, whereas, the college students answered more open-ended questions. All participants had an opportunity at the end of the interview to add anything that was not shared in the questioning but was part of their grief story. Instances of avoidance, disclosure, and oscillation were coded to apply the DPM to the younger bereaved population.
Themes & Conclusions	Themes: ● Stigmatic death - death that leads to attributing a level of responsibility to the deceased, causes a degree of peril, or has a sudden/ unexpected nature. ● Religiosity - one's adherence to beliefs, ethics, doctrines, practices, texts, and traditions connected to a higher power. ● Social support satisfaction - any comforting or helpful behavior that can promote health and well-being during a stressful circumstance. ● Role model enactment - observing an individual who seems to be coping with a stressor and modeling the others behavior and feelings. Conclusions: ● Topic avoidance was mentioned in 83.3% of the interviews ● Self-disclosure was present in 72.9% of the interviews ● Oscillation between loss-oriented and restoration-oriented stressors was indicated in 70.1% of interviews. ● Perceived stigma was present in 83.3% of interviews. ○ Some avoided honesty about the nature of the death. ● Religiosity was conveyed in 58.3% of interviews. ○ Attending church can become an escape from confronting discussions about the loss. ○ Some were more prone to self-disclosure about the death due to faith promoting open and safe discussions and providing a common language about death. ○ Religiosity often helped participants think more positively. ● Social support satisfaction was portrayed in 83.3% of participants. ○ Social support can have a large impact on oscillation. ● Role model enactment was alluded to in 25% of interviews. ○ Modeling can lead to avoidance as a means of coping. ○ Modeling can emphasize the importance of open communication about the loss.

Citation	Sandler, I., Gunn H., Mazza, G., Tein, J., Wolchik, S., & Kim, H. (2018). Three perspectives on mental health problems of young adults and their parents at a 15-year follow-up of the family bereavement program. *Journal of Consulting and Clinical Psychology, 86* (10), 845-855. DOI: http://dx.doi.org/10.1037/ccp0000327
Purpose	To evaluate the impact of the Family Bereavement Program, a 12-session program to prevent mental health problems for bereaved children and their parents, 15 years after its completion. The current follows up study evaluated the mental health problems of young adult participants and their parents, and it assessed the use of mental health services of both populations. Moderating effects of baseline problems, gender, and age were also evaluated.
Sample/ Population	Between 2011-2014, 194 young adults (80% of the sample of 244) and 99 spousal bereaved parents (76% of the sample of 131) were interviewed and assessed. Young adults provided the names of three people who knew them best to complete an online survey of the young adult, serving as key informants. At the time of the original study parental death occurred an average of 10.81 months ago and participants had a mean age of 11.39.
Data Collection/ Methods	The Adult Self-Report (ASR; Achenbach & Rescorla, 2003) was used to assess young adult self-report of mental health problems in the past month. The Composite International Diagnostic Interview (CIDI, Robine et al. 1988) assessed for the diagnosis of mental disorders, as defined by the DSM-IV and the ICD-10, over the past 15 years. The key informants completed the Young Adult Behavior Checklist (YABCL; Achenbach & Rescorla, 2003) to report on the young adults internalizing, externalizing and total problems over the past month. Parent completed the Beck Depression Inventory (BDI; Beck & Steer, 1993) to assess the severity of depression in the past week. They also completed the Psychiatric Epidemiology Research Interview (PERI; Dohrenwent et al., 1980) to evaluate nonspecific psychiatric distress in the past month. Parents also completed the Short Michigan Alcoholism Screening Measure (SMAST) to assess symptoms of alcoholism in the past 9 years. Lastly, the Services Assessment for Children and Adolescents (SACA; Stiffman et al., 2000) was used to assess young adult and parent reports of their own use of 13 services over the past year.
Major Findings & Conclusions	Major Findings: ● Program by age effect was found for internalizing and externalizing problems. Young adults that participated in the program between 8 and 11 years old had significantly lower internalizing and externalizing scores on the YABCL. ● Young adults in the FBP were rated in the YABCL to have fewer total problems than those who were in the control group. ● Parents in the FBP reported fewer symptoms of alcoholism. ● Parents in the control group were six times more likely to be diagnosed with alcoholism. ● No significant effect was found for parental depression or psychiatric symptoms.

	● Young adults in the FBP reported fewer visits to the doctor for mental health problems, attended fewer support group meetings, and took fewer psychiatric drugs. ● Parents in the FBP were less likely to have attended support group meetings. ● Young adults in the control group had 2.7 times more visits to the doctor for mental health, attended 6.25 times more support groups, and took 20 times more medications than the young adults who participated in FBP. ● Parents in the control group attended 10 times the number of support group meetings than parents in the FBP. Conclusions: ● Eight- to 11-year-olds who completed the FBP were six times less likely to be diagnosed with internalizing programs. ● There were no program main or moderated effects for young adult self-report measures, but there were significant results for mental health problems when reported by key informants. ● Bereaved children were more responsive to FBP intervention than bereaved adolescents. ● Long-term benefits of the program were not moderated by baseline levels of problems, which indicated that FBP was effective for both high and low risk children. This differed from short term follow up studies, which indicated that high risk individuals benefited more from the FBP. ● Both bereaved children and parents benefit from the FBP.

Citation	Tillman, K. S. & Prazak, M. (2018). Kids supporting kids: A 10-week small group curriculum for grief and loss in schools. *Counseling and Psychotherapy Resources, 18*, 395-401. DOI: http://dx.doi.org/10.1002/capr.12190
Purpose	To evaluate the feasibility of a 10-week counseling protocol, Kids Supporting Kids, for bereaved elementary school children in the school setting. The program was hypothesized to improve levels of academic, social, and emotional functioning.
Sample/ Population	Three locations were used for the study and included 14 students in grades third through fifth grade.
Data Collection/ Methods	Data was collected at pre intervention and one month after the last group meeting. Sources of data included a student self-report, a parent report, and a teacher report. The self-report consisted of 10 items, four true/false and six open-ended questions addressing different aspects of grief. The parent report consisted of 17 items on a four-point scale. Teacher reports assessed behavior, emotional expression, social support, and positive discussion of the deceased loved one. The Mood and Feelings Questionnaire: Short Version (SMFQ; Angold et al.

	1995) was used to assess children's depression. Data was analyzed in tabular form due to the small sample size.
Themes & Conclusions	Themes: ● High degree of growth in emotional well-being and ability to cope ● Student behaviors were positively changed post-intervention. Conclusions: ● Students reported a range of emotions posttest including free, happy, sad, not worried, not alone, and positive. Before intervention the most frequently reported emotion was sad. ● There was notable growth in emotional awareness, coping, and grief expression. ● Students reported using the following coping skills: praying, breathing, looking at their memory box, writing a note or talking to their loved one, and talking to friends. ● Parents reported that their children were using their coping skills learned in the group to cope with the loss, whereas before they were struggling with a painful and confusing loss. ● Teachers reported students experiencing and expressing emotions more appropriately. ● Qualitative improvements were noted in all three groups in written responses.

Citation	Gao, M. & Slaven, M. (2017). Best practices in children's bereavement: A qualitative analysis of needs and services. *Journal of Pain Management*, *10* (1), 119-126. ISSN: 19395914
Purpose	To determine the current and best practices for supporting children’s bereavement and their reactions to the death of a loved one.
Sample/ Population	Nine experts in the field of childhood bereavement were included in the study. All levels of expertise varied, but all participants had significant involvement with bereaved youth.
Data Collection/ Methods	Semi-structured interviews were conducted, and audio taped. Transcripts were analyzed verbatim, and the constant-comparative method was used to determine key concepts and themes. Open-ended questions were used in the interviews asking the experts about children's feelings, children's grief experience, children's interactions with their peers, and recommended bereavement practices. The data reached thematic saturation.

Themes & Conclusions	Themes: ● Unique aspects of children's grief ● Recommended practices Conclusions: ● "Grief puddles" are unique to children's grief and consist of short time periods of intense grief, quickly followed by return to their daily activities ● Grieving may reoccur at each developmental level as children develop their abstract capabilities to understand the notion and permanence of death. ● Some children will grieve at each major life milestone. ● Children will often console their parents, rather than expressing their own grief. ● Avoid euphemisms with children because it can lead to confusion. ● Dishonesty surrounding the death can cause resentment. ● Normalizing grief is essential in allowing children to express their feelings. ● Peer support from other bereaved children can help children feel less isolated and allow for the sharing of shared experiences. ● Alternative therapies such as play, art, music, and biotherapy help children by providing an accessible and comfortable way for them to share their feelings. ● Big Brother and Big Sister programs can help children face identity issues that often result after the loss of a loved one. ● Education to medical providers about bereavement services and advocacy can help bridge the gap in accessing services. ● Death education in schools will help to normalize conversations around death and dying. ● Continued support in the summer months is vital to give children an ongoing link to support ● Non-grief related activities are important to maintain a healthy balance and offer respite from focusing on grief work.

Citation	Fiore, J. (2016). Analysis of lyrics from group songwriting with bereaved children and adolescents. *Journal of Music Therapy*, *53* (3), 207-231. DOI: http://dx.doi.org/10.1093/jmt/thw005
Purpose	To determine if the experience of songwriting and the lyrical content of the songs differed among developmentally different age groups. Both children and adolescents participated in the songwriting, and their lyrics were analyzed to determine the different themes that emerged due to the differing developmental understanding of death.
Sample/ Population	Thirty-three participants (16 girls, 17 boys), who were participating in a bereavement camp were included in the study. Time since the death of their loved one ranged from 2 months to 6.5 years. Participants were aged 6 to 16 (M = 11.31), and they were split into three groups: child, tween, and teen. The child group consisted of 10 children aged 6 to 10 years old. The tween group was made up of 16 participants aged 10-13 years old. The teen group contained 7

	participants ranging from 14-16 years old.
Data Collection/ Methods	A single 45-minute music therapy session consisted of each age group creating a song as a group, with the help of board-certified music therapists. The groups were prompted to rewrite the lyrics of a song to express their emotions and remember their loved ones. Three songs were produced and coded under one of the five themes identified by the researcher. The tween and teen groups additionally completed a questionnaire at the conclusion of the session to gain insight to their experience with the therapy session. The questionnaire consisted of seven open-ended questions and the participants created written responses.
Themes & Conclusions	Themes: ● Memories - with codes of shared experiences, fond memory, deceased favorites, something received from the deceased, & other ○ Present in all age groups ● Emotional connection - with codes of declarative statement, role definition, assistance, expressed emotion, reflection, & tribute ○ Present in all age groups ● Adaptation to loss - with codes of desire for continued relationship, change since the death, continued bonds/ new traditions, & dreams ○ Present in the tween and teen-age groups ● Questions ○ Present in the tween age group ● Value of relationship - with codes of appreciation and inspiration ○ Present in the teen age group Conclusions: ● Children primarily expressed shared experiences (55.88%) and fond memories (14.71%). ● Young children wrote more about actions and feelings that described the deceased person. ● Tweens primarily expressed shared experiences (27.03%) and expressed emotions (18.92%). ● Tweens demonstrated growth in their understanding of death by making statements about emotional connection and adaptation. ● The tweens were the only group to include questions in the lyrics, indicating they may need additional information to process death. ● Teens mainly included shared experiences and reflection (21.05% each) and messages of appreciation (13.16%) ● Teens were the only group to reflect on the value of the relationship with the deceased person. ● Within the tween and teen groups, 88.23% reported positive feelings, and 88.24% enjoyed the song writing process.

Citation	Hill, K. E. & Lineweaver, T. T. (2016). Improving the short-term effect of

	grieving children through art. *Journal of the American Art Therapy Association, 33* (2), 91-98. DOI: 10.1080/07421656.2016.1166414
Purpose	To evaluate the changes in affect in grieving children after participating in art making versus completing a jigsaw puzzle, a non-creative visuospatial task. Additional inquiry focused on whether individual art or collaborative art therapy was more effective in improving emotional state in participants.
Sample/ Population	Fifty-four children between the ages of 6-13 (*M = 9.04)* who regularly attended groups at a center for children and families experiencing grief. All participants had experienced the death of a close family member. Other demographic data included age at the death of the family (*M = 7.46*), family member who died (*M = 57.4% father*), time since death in months (*M = 19.05*), and race (*M = 64.8% white*).
Data Collection/ Methods	Data collection occurred in four groups. The first two engaged in individual or collaborative art making. The second two completed jigsaw puzzles, either individually or collaboratively. A revised Positive and Negative Affect Schedule (PANAS-C; Laurent et al. 1999) was used at the beginning of the session and after intervention. This tool measured participants' current affect. 7 items were used on the positive affect subscale and 7 items were used on the negative affect subscale.
Major Findings & Conclusions	Major Findings: ● Individuals who created art individually showed a statistically significant decrease in negative affect, but they showed no change in positive affect. ● In the collaborative art group and both puzzle groups, change in affect failed to reach statistically significant results. Although, all interventions did decrease negative affect post-intervention. Conclusions: ● Children who completed art individually had a significant decrease in negative affect, but no significant change in positive affect. ● Art improves the effect of grieving children, especially if the art is completed individually. ● Art making is a creative and personal activity, which may explain why it is more effective when completed individually. Working individually allowed children to express their own feelings and ideas. ● Generating art can have a therapeutic effect in the clinical setting. ● Fun, visuospatial tasks may have therapeutic effects, but adding a creative component to these tasks enhances those effects substantially.

Citation	Sandler, I., Tein, J., Wolchik, S., & Ayers, T. S. (2016). The effects of the family

	bereavement program to reduce suicide ideation and/or attempts of parentally bereaved children six and fifteen years later. *Suicide Life Threatening Behavior, 46* (1), 32-38. DOI: http://dx.doi.org/10.1111/sltb.12256
Purpose	To evaluate the long-term effects of the Family Bereavement Program (FBP) to reduce suicide ideation and/or attempts of parentally bereaved children and adolescents. Data was collected at the six and fifteen year follow up points. The program is designed to target risks and protective factors to reduce the probability of mental health problems later in life.
Sample/ Population	The original study consisted of 244 youth from 156 families. The children were aged 8 to 16, with an average age of 11.39. Time since the death of a loved one varied from 3 to 30 months, with an average time since death of 10.81 months prior. At the 6- and 15- year follow ups, data was collected from at least one key informant for 218 (89%) and 209 (86%) of the participants respectively. There was no differential attrition rate between the FBP, and the self-study follow up condition at that 6- or 15-year mark.
Data Collection/ Methods	At the 6 years follow up, suicide ideation/attempts were assessed by caregivers by the Child Behavior Checklist (for youth 18 years or younger) or the Young Adult Behavior Check List (YABCL; for youth over 18 years). The self-report items were collected from the Youth Self Report (for youth less than 18 years old) or the Young Adult Self Report (YASR; for youth over the age of 18) (see Achenbach & Rescorla, 2001). Youth and caregiver versions of the Diagnostic Interview Schedule for Children (DISC; Schafer, Fisher, & Lucis, 2003) were used to assess suicidal ideation, attempts, plans. At the 15 year follow up, youth reported on two items from the YASR, and key informants reported on two items from the YABCL. The time frame for the self-report and caregiver measures was within the last month, while key informants reported within the last 6 months. Covariates of youth grief and internalizing problems were collected as well. The Intuitive Grief Thought Scale (Sandler et al., 2010) was used to assess the frequency of intrusive, negative, or disruptive thoughts related to grief. To measure internalizing problems the CBCL (Achenbach, 1991), the Children's Depression Inventory (CDI; Kovacs, 1992), and the Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1978) were used.
Major Findings & Conclusions	Major Findings: ● The intervention effects were marginally significant at six years. ○ 14.4% of the control group experienced suicide attempt/ ideation. ○ 6.42% of the FBP youth experienced suicide attempt/ideation. ● The effects of the program were significant at 15 years. ○ 8.64% of the control group experienced suicide attempt/ ideation. ○ 1.94% of the FBP youth experienced suicide attempt/ideation. ● The intervention effects were significant for the combined 6- and 15-year follow up. ○ 16.83% of the control group experienced suicide attempt/ ideation.

	○ 7.32% of the FBP youth experienced suicide attempt/ideation. Conclusions: ● For every 100 parentally bereaved youth receiving the FBP, up to 10 of them will be prevented from experiencing suicidal ideation and /or attempts over the next 15 years.

Citation	Schoenfelder, E. N., Tein, J., Wolchik, S., & Sandler, I. N. (2015). Effects of the family bereavement program on academic outcomes, educational expectations, and job aspirations 6 years later: The mediating role of parenting and youth mental health problems. *Journal of Abnormal Child Psychology, 43,* 229-241. DOI: 10.1007/s10802-014-9905-6
Purpose	To examine the effects of the Family Bereavement Program (FBP) on GPA, educational expectations, job aspirations, and mental health 6 years after the intervention. The intervention had components for both parentally bereaved youth and their caregivers, and it consisted of 12 sessions.
Sample/ Population	Two hundred and forty-four bereaved youth ages 8-16 (*M=11.4; male =50%)* participated in the original study. Youths were randomized to the FBP (135 children) or the literature control condition (109 youths). One hundred and eighty youths were included in the 6-year follow up study, as they were enrolled in middle school, high school, or college.
Data Collection/ Methods	Families were randomly assigned to the FBP or the control group. Data was collected through interviews and questionnaires. Educational expectations were attained by the Future Expectations Scale (FES; Linver et al. 1997), Job Aspirations by the Possible Jobs Scale (PJS; Tucker et al. 1997), and grade point average by school transcripts. Moderators were reported on before the study and included youths age, gender, number of months since death, and baseline behavior problems. Mediators were accounted for as well. Effective parenting was evaluated by parent and child reports of warmth & discipline, measured by acceptance and rejection. Subsets from the Child Report of Parental Behavior Inventory (CRPBI; Schaefer 1965) and Family Routines Inventory (Jansen et al 1983) were also used for effective parenting. Internalizing problems were assessed with the Child Depression Inventory (CDI; Kovacs 1981) and the Revised Children's Manifest Anxiety Scale (R-CMAS; Reynolds & Richmond 1978). Externalizing problems were evaluated with the Youth Self Report (YSR; Achenbach 1991) and the Child Behavior Checklist (CBC; Achenbach 1991), which the caregivers completed. At the 6 year follow up, if participants were over 18, parents completed the Young Adult Behavior Checklist (YABCL; Achenbach 2001) and participants completed the Young Adult Self Report (YASR; Achenbach, 1997). Teachers also completed the Teacher Report Form (TRF; Achenbach 1991) for internalizing and externalizing problems. Last academic competence was assessed using the Coatsworth Competence Scale (CCS; Coatsworth & Sandler 1993).
Major Findings	Major Findings:

& Conclusions	● The time since parental death had a significant effect on GPA. ● FBP induced improvements in warm and consistent parenting. ● FBP improved teacher-reported externalizing and internalizing problems at the 6-year follow up. ● FBP improved GPA for younger, but not older youths. ● The FBP increased educational expectations for youth who entered the program with lower behavioral problems. Conclusions: ● There were no *direct* effects of the FBP on educational expectations or job aspirations at 6-year follow up. ● The mediating effects of authoritative parenting, lower externalizing and internalizing issues, and academic competence in FBP help to improve educational expectations and GPA, however this was dependent on time since the death and the age and gender of participants. ● Improvements in parenting at the 11-month follow up mediated effects on GPA at the 6-year follow up for younger youths. ● FBP reduced diagnosed mental disorder at the 6-year follow up in youth at a lower initial risk.

Citation	Siddaway, A. P., Wood, A. M., Schultz, J., & Trickey, D. (2015). Evaluation of the CHUMS child bereavement group: A pilot study examining statistical and clinical change. *Death Studies, 39,* 99-110. DOI: 10.1080/07481187.2014.913085
Purpose	To determine the effectiveness of the CHUMS bereavement service, which offers social support and normalization of grief, memory activities, meaning making, and fostering of coping and resilience.
Sample/ Population	Data from one hundred and sixty-eight children were used from parent and teacher pre- and post-group questionnaires. Thirty-six children and adolescents completed the self-report measure. The age of participants ranged from 3-16 years old (*M = 9.86).* Males' participants made up 44% of the sample and 45.2% had experienced the death of a parent. Other deaths included siblings (15.6%), grandparents (19.1%), multiple (13.1%), and others (7.2%).
Data Collection/ Methods	The Strengths and Difficulties Questionnaire (SDQ; Goodman 1997) was used to screen for psychiatric problems in the children. The tool was used by teachers, parents, and children (as a self-report measure) to gather data on baseline and follow up from the CHUMS intervention. Background variables of child's age, gender, and type of loss were also collected.
Major Findings & Conclusions	Major Findings: ● 13-18% of young people were deemed recovered after the intervention. ● A small portion, 0-8%, of children deteriorated during intervention. ● Improvement was equivalent, regardless of the child's age. ● Males and females changed equally over the course of the intervention. ● Parents and teachers reported statistically significant higher difficulties in males, with a medium effect size.

	● Females self-reported higher difficulty scores than males. ● Teacher ratings for difficulties on the SDQ were significantly lower than children and parent ratings. ● The average reduction on the SDQ pre- and post-intervention was smaller for teachers, in comparison to parent ratings. ● Those that lost an immediate family member benefited significantly less than those who had multiple deaths or death of a grandparent. Conclusions: ● Males and females changed equally over the course of the intervention. ● Participants experienced a medium size decrease in symptoms over time when rated by parents and children. A small effect size was seen as rated by teachers.

Citation	Spuij, M., Dekovic, M., & Boelen, P. A. (2015). An open trial of 'Grief-Help': A cognitive-behavioral treatment for prolonged grief in children and adolescents. *Clinical Psychology and Psychotherapy 22*, 185-192. doi: https://doi-org.ezaccess.libraries.psu.edu/10.1002/cpp.1877
Purpose	To reevaluate the effectiveness of a nine-session cognitive-behavioral treatment for childhood prolonged grief disorder (PGD), which was combined with a five-session parental counseling intervention.
Sample/ Population	Ten bereaved children who were seeking treatment at Utrecht University for elevated PGD. It consisted of 4 boys and 6 girls, aged 10 to 18 years old (*M= 13.9 years)*. The losses experienced by the participants occurred 6 to 181 months ago (*M=49.4)*.
Data Collection/ Methods	Quantitative data was collected by administering outcome measures at the beginning and end of treatment. The Inventory of Prolonged Grief for Children (IPG-C; Prigerson 1995) assessed for PGD. The Child PTSD Symptom Scale (CPSS; American Psychological Association 2000) assessed for PTSD symptoms. The Children's Depression Inventory (CDI; Kovacs, 2003) assessed for depression symptoms. The Child Behavior Checklist (CBCL; Achenbach 2001) was filled out by caregivers, and it measured emotional and behavioral problems of children that lead to internalizing and externalizing problems. Data was analyzed using Wilson signed-rank tests to compare pre and posttests. Percentage reduction in the 5 outcome measures were calculated.
Major Findings & Conclusions	Major Findings: ● PGD severity declined during treatment in all participants. ● Reductions in symptoms of PGD and PTSD were large at 61.8%. ● Reductions in symptoms of depression and internalizing and externalizing problems were 22%, 34.5%, and 17.2% respectively. Conclusions: ● The treatment was significant in reducing self-rated levels of PGD, depression, & PTSD, although effect sizes varied.

	• Outcomes varied because of demographic and loss-related variables. • The treatment was found to be more effective for younger children than for older children, and for losses that were experienced closer to the time of treatment.

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Education

2022	**Major: Bachelor of Science in Nursing** **Minor: Psychological Science** The Pennsylvania State University, Erie, PA

Research Experience

Fall 2021 – Spring 2022	The Schreyer Honor College The Pennsylvania State University, Erie, PA **Thesis Title:** Childhood bereavement and interventions that improve outcomes & increase resilience **Thesis Supervisor:** Dr. Charisse Nixon

Professional Experience

Feb 2022 – March 2022	**Student Nurse Practicum** Cardiac Neuro Intensive Care Unit Saint Vincent Hospital, Erie, PA
May 2021 – July 2021	**Summer Nurse Externship** Cardiac Neuro Intensive Care Unit Saint Vincent Hospital, Erie, PA
July 2021 –Present	**Patient Care Technician II** Cardiac Neuro Intensive Care Unit Saint Vincent Hospital, Erie, PA
July 2020 – July 2021	**Patient Care Technician** Orthopedic Trauma Unit UMPC Hamot, Erie, PA

Honors

2018 – Present	**Schreyer's Honors College**
2022	**Schreyer's Honors College Marshall** 2022 Commencement
2022	**Archie K. Loss Thesis Award**
2022	**Academic Excellence in Nursing Award**
2018 – 2020	**Behrend Honors Program**
2021 – Present	**Sigma Theta Tau International Honor Society of Nursing**
2018 – Present	**Dean's List**
2019	**Presidents Freshman Award**

Activities

2018 – Present	**Student Nurses Association of Pennsylvania**
	President – Fall 2021 – Spring 2022
	Freshman Officer – Fall 2019 – Spring 2020
2019 – Present	**Alpha Sigma Alpha, Epsilon Theta Sorority**
	VP of Membership Education – 2021
	VP of PR & Recruitment – 2020
2018 – Present	**Behrend Benefiting THON**
	Special Events Captain – Fall 2019 – Spring 2020
2018 – Present	**Lion Ambassadors**
2019	**Welcome week Guide**
2020 & 2021	**Welcome Week Leader**