

Grief Across the Lifespan

Presented by
Andy McNiel, M.A.

Today's Schedule & Topics

Session One: 8:30 AM – 10:00 AM

Foundations of Understanding Grief, Loss, and Our Role as Helpers (1.5 Hours)

Session Two: 10:10 AM – 11:30AM

Special Considerations Children and Adolescents & Different Types of Losses in Adulthood

Session Three: 12:15 PM – 1:45 PM

Becoming Grief Informed: Ethical Considerations When Caring For Bereaved Populations

Session Four: 1:55 PM – 3:15 PM

Models, Techniques, and Tools for Bereavement Support

Session 1:

Foundations of Understanding Grief, Loss, and Our Role as Helpers







Universal Realities of Grief

Grief is Personal

- Personality
- Preferences
- Relationships
- Culture
- Religion
- Beliefs
- Circumstances
- Pre-existing Factors
- History
- Other Losses
- Identity
- Social Interactions
- Thoughts
- Feelings
- Moods
- Resources
- Perceptions
- Attitude
- Choices
- Philosophy
- Race
- Current Events
- Occupation
- Education

What Has Grief
Been Like For You?



A photograph showing the life cycle of a butterfly on a thin brown branch. From left to right: a green caterpillar with a white stripe, a green pupa, a pupa with blue and yellow markings, and a brown and white butterfly with its wings spread. The butterfly is perched on the branch, and its discarded pupal shell is visible above it. The background is a soft, out-of-focus green.

Grief is Transitional

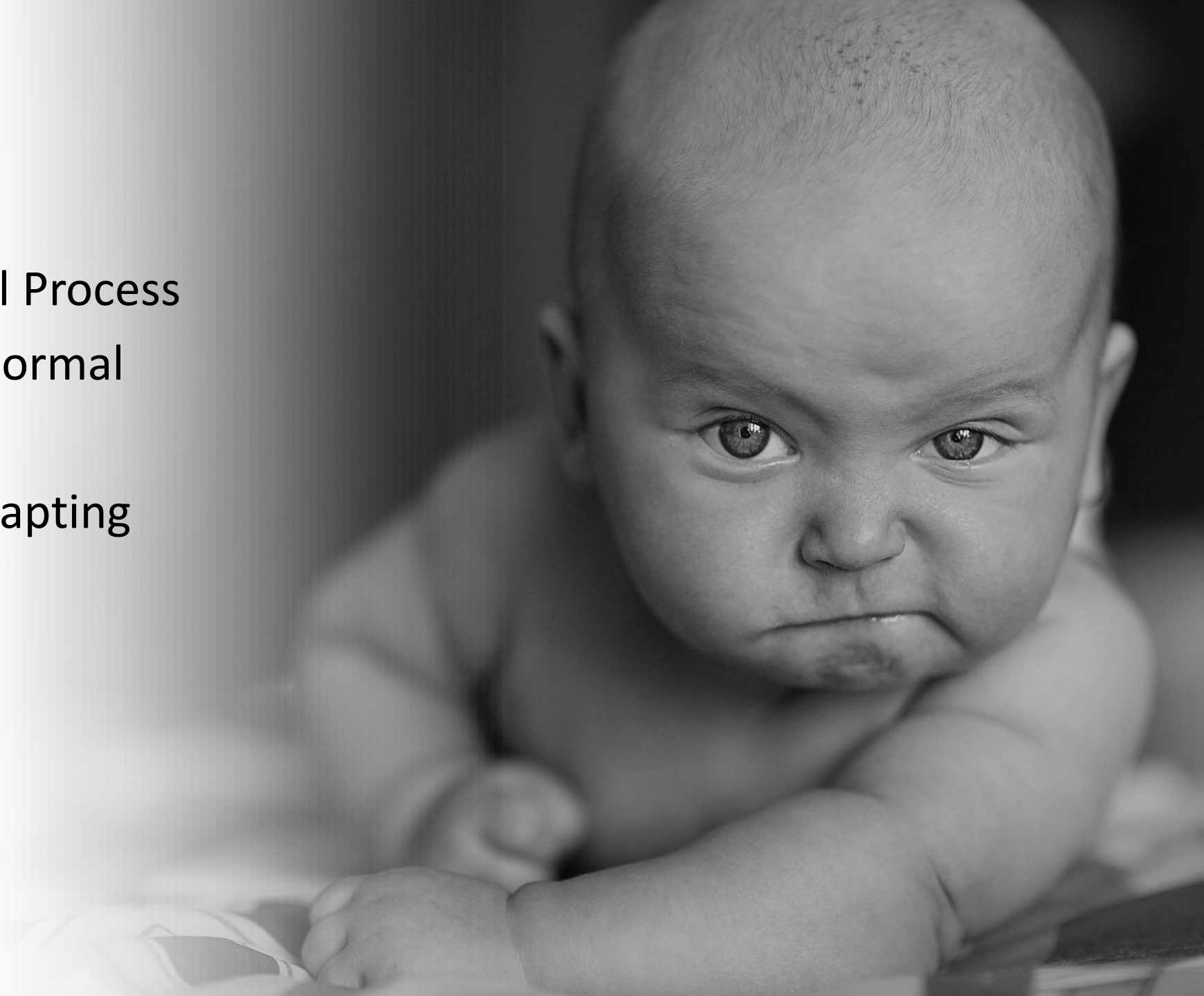
- Grief Has Motion / Movement
- Moving from One Way of Being to a New Way of Being
- “Grief is a Transition, Not An Illness” -
-Phyllis Silverman
- Ideals at odds with Reality

What are
your
milestones?



Grief is Integral

- Normal Developmental Process
- Adaptation to a New Normal
- A Process of Becoming
- A Necessary Part of Adapting
- Assimilating
- Accommodating
- Adapting



Validate &
Normalize





Change,
Transformation,
Then & Now

How have you changed?

How have you grown?

How are you different?

How are you the same?

What do you know now that you
didn't know before?



Grief is Visible & Invisible

It is revealed through mourning and expression

It is hidden in the depths of the mind and soul

It sometimes lacks a language for expression

It is sometimes visibly messy or uncomfortable

It mostly lives under the surface



What do you have words for?

What do you not have words for?

How do you carry your grief?

How does your grief manifest in your life?

Grief is a
Shared
Experience

It does not happen in a vacuum, it is
within a context of Family, Culture,
Friends, Community, and Society



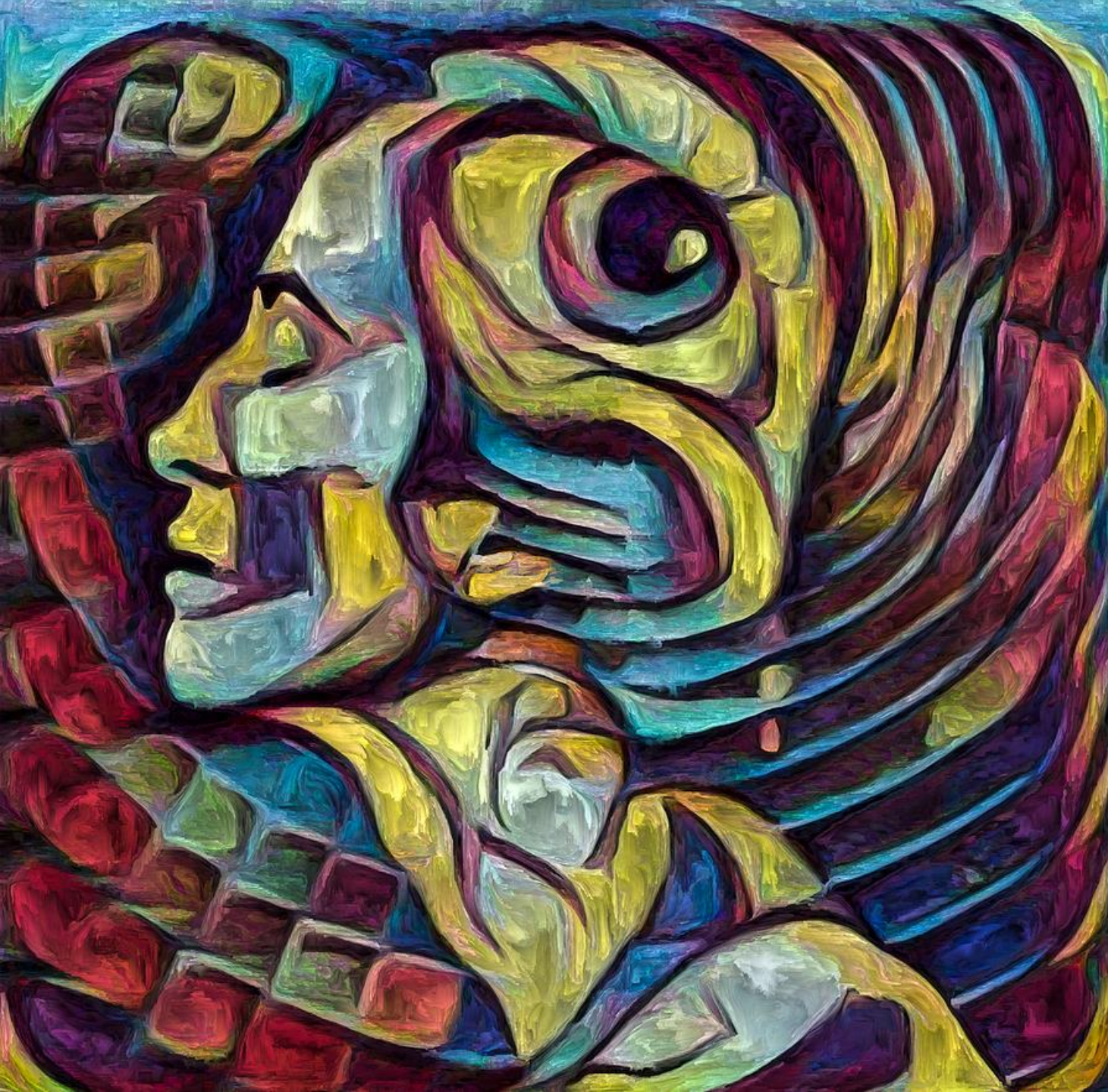
Who Are Your
People?





Grief is Enduring

- Has not set timeline
- Is impacted by our choices along the way
- Changes and shapes us
- Impacts our world view and understanding of reality



What Does
Your Grief
Look Like
Now?

Universal Realities

- Personal
- Transitional
- Integral
- Visible and Invisible
- Shared Experience
- Enduring





Factors Influencing Grief





Preexisting Relationship with the Deceased

The relationship that an individual had with the deceased person prior to their death has an impact on an individual's grief

- Was the relationship contentious or conflictual?
- Was the relationship warm and caring?
- In what ways did the bereaved person depend on the person who died?
- What role did the deceased person play in the life of the bereaved person?
- Was the bereaved person the primary caregiver for the deceased person?



Culture

- End of life rituals
- Beliefs about death, dying, and bereavement
- Cultural norms for grieving
- Traditions and customs
- Way of living life and sense of community
- Religious beliefs and practices



Social Interactions and Relationships

- Family dynamics and interactions
- Response of friends and family
- Support system or lack of support system
- Changes in friendships or relationship dynamics due to a death
- Generational commonalities or differences
- Others dealing with similar losses



Personality and Preferences

Each person has their own way they feel most comfortable being in the world

- Expressive
- Reserved
- Preferred way of dealing with conflict or difficulties
- Different styles of grieving
- Different ways of coping

Relationship with the Parent of Caregiver

This is one of the top predictors of how a child will be able to navigate their grief in a healthy way



Past Experiences of Loss

- “When we don’t know what to do, we do what we know”
- Past losses a person has experienced
- The way a person has coped with past losses or difficult circumstances





Gender

- Masculine and feminine grieving styles (Ken Doka and Terry Martin, *Grieving Beyond Gender*, 2010)
- Societal pressures
- Gender identity
- *Swallowed by a Snake* (Tom Golden)

Age and Maturity Level

Grief at various stages
of life

- Childhood
- Adolescence
- Young Adulthood
- Middle Adulthood
- Older Adulthood





Session 2: Special Considerations
Children and Adolescents & Different
Types of Losses in Adulthood



Adverse Childhood Experiences (ACEs)

Three Categories of ACEs:

Abuse

Neglect

Household Changes



**CDC Website: <https://www.cdc.gov/violenceprevention/acestudy/about.html>*

Adverse Childhood Experiences (ACEs)

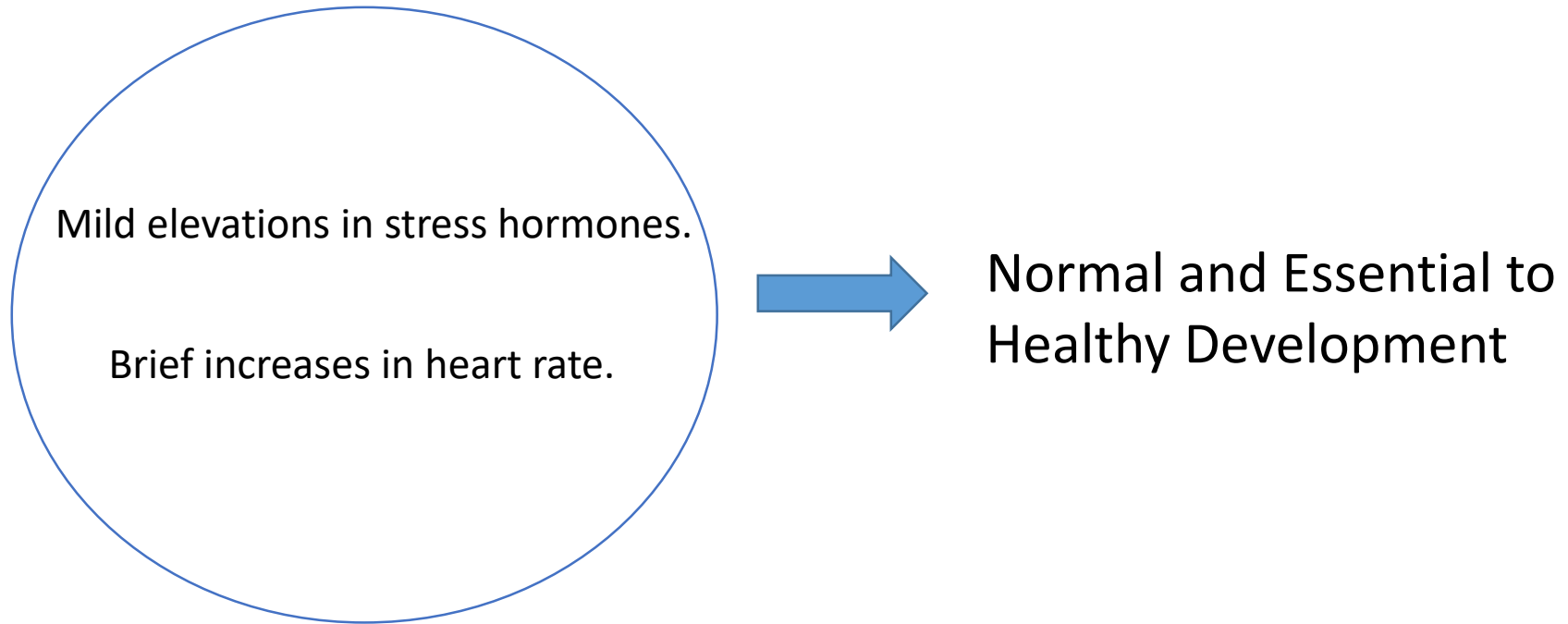


- Two-thirds of participants reported at least one ACE.
- More than one in five reported three or more ACEs.
- As the number of ACEs increase so does the risk for Unhealthy Outcomes, including early death.

**CDC Website: <https://www.cdc.gov/violenceprevention/acestudy/about.html>*

Adverse Childhood Experiences (ACEs)

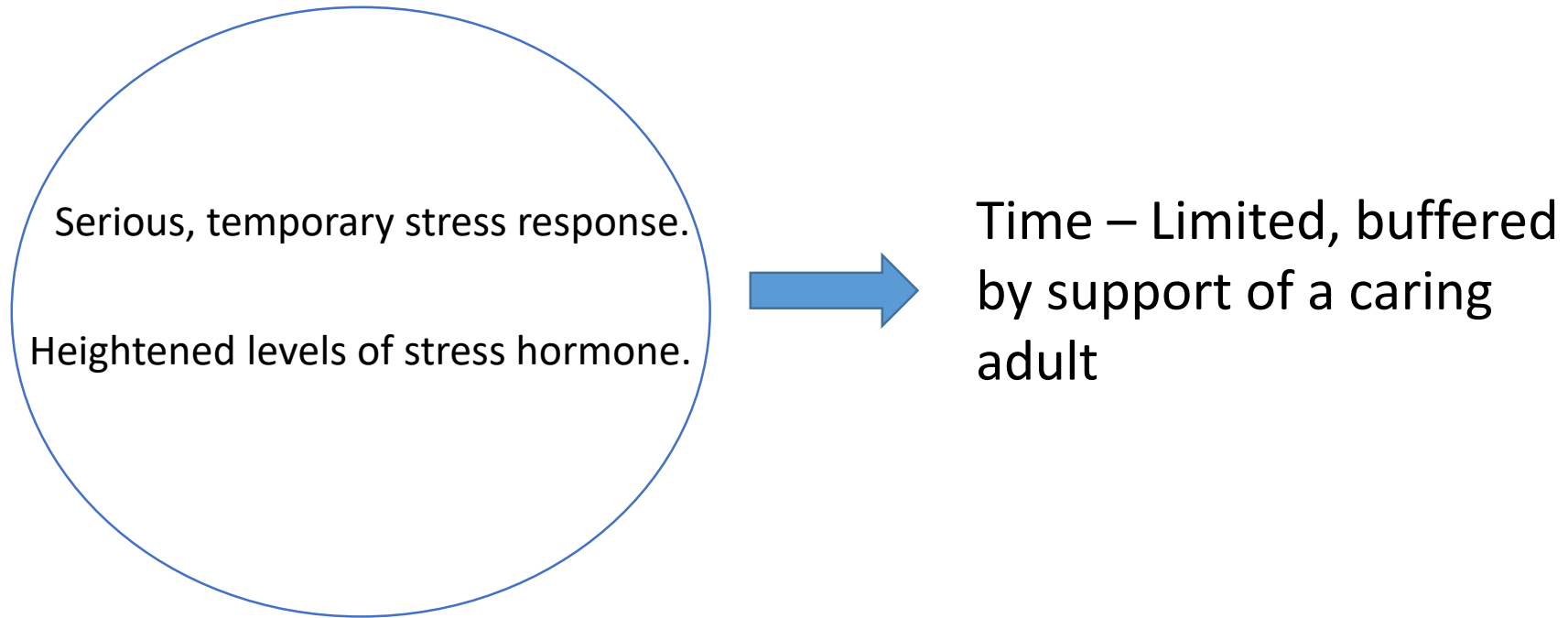
Positive Stress



**Center on the Developing Child, Harvard University*

Adverse Childhood Experiences (ACEs)

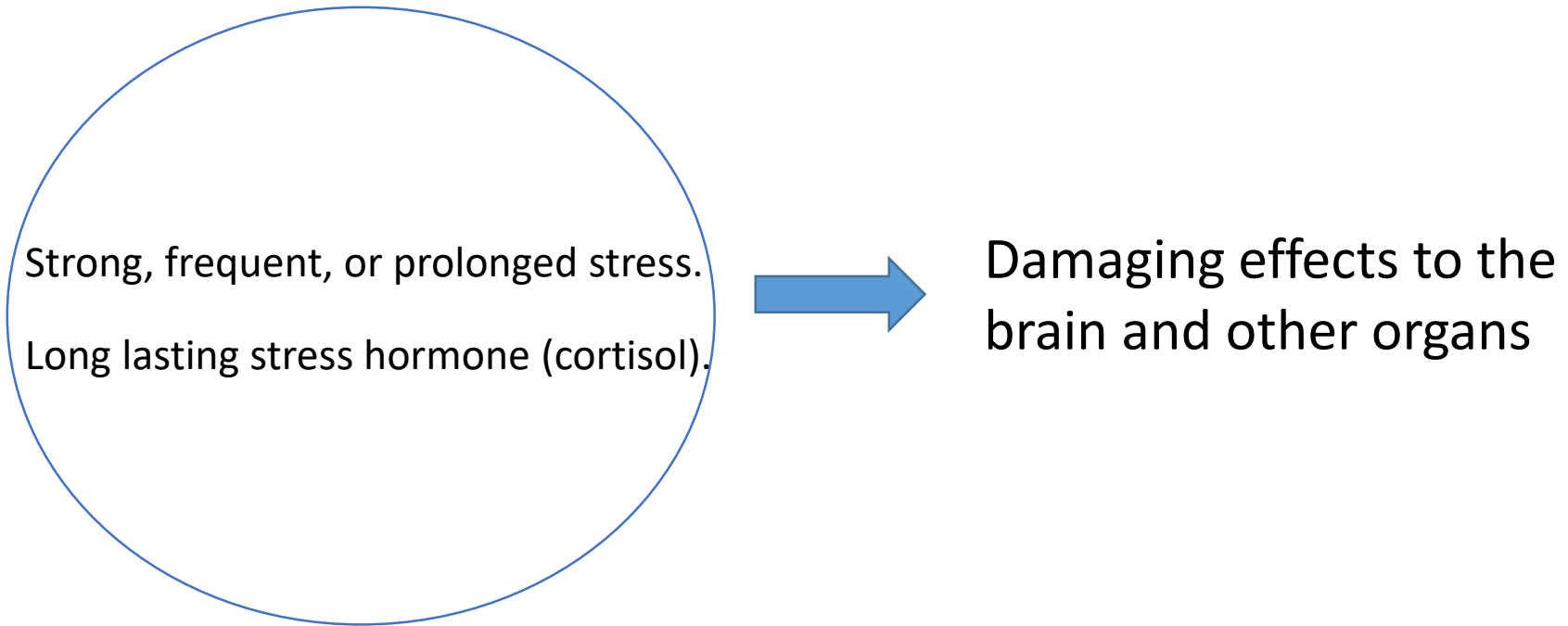
Tolerable Stress



**Center on the Developing Child, Harvard University*

Adverse Childhood Experiences (ACEs)

Toxic Stress



**Center on the Developing Child, Harvard University*

Adverse Childhood Experiences (ACEs)

Alcoholism and alcohol abuse

Chronic obstructive pulmonary disease

Depression

Fetal death

Health-related quality of life

Illicit drug use

Ischemic heart disease

Liver disease

Poor work performance

Financial stress

Risk for intimate partner violence

Multiple sexual partners

Sexually transmitted diseases

Smoking

Suicide attempts

Unintended pregnancies

Early initiation of smoking


Early initiation of sexual activity

Adolescent pregnancy

Risk for sexual violence

Poor academic achievement

**CDC Website: <https://www.cdc.gov/violenceprevention/acestudy/about.html>*



“The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult.”

-The Center on the Developing Child
Harvard University



Childhood Development & Grief



Birth – 2 Years Old



What they understand...

- Have no cognitive understanding of death
- Lack a language to express themselves
- Live in the moment

How they grieve...

- Unsettled, upset
- Searching or longing for the person who died
- Might want to be held more often
- Might have trouble sleeping

3 – 5 Years Old

What they understand...

- Limited to no understanding of death
- Do not understand the permanence of death
- They might be aware that someone is missing

How they grieve...

- Asking repetitive questions and needing to be told multiple times that the person has died
- Experience “magical thinking” about death
- May have periods of crying, sadness, and acting out, followed by periods of acting as if nothing happened
- Regressive behaviors (thumb-sucking, bedwetting, baby-talk)



6 – 8 Years Old

What they understand...

- Beginning to understand the concept of death, but death is still seen as irreversible and not permanent
- They might feel responsible for the death, thinking that something they did (or did not do) caused their person to die
- May think that death happens only to old people

How they grieve...

- Worry who else might die (other parent or other family members)
- Feel responsible
- Have bouts of sadness and other times of being seemingly “normal”
- Difficulty concentrating in school
- May have lots of questions for the adults in their lives
- Express their grief through play



9 – 11 Years Old

What they understand...

- Understand the concept of death
- Often understand the finality of death and that death is universal
- Still have hold on to some of their child-like understandings of death (in transition)



How they grieve...

- Might express sadness, anger, and intense feelings about the person's death
- May be curious about the dead body and what happens to a person after they die
- May ask a lot of questions about the circumstances of the death
- Worry about who else might die or that they might die

12 – 14 Years Old

What they understand...

- Fully understand that death is final and universal
- An emerging abstract understanding of death
- Curious about the details of the death
- Wonder what happens to people after they die

How they grieve...

- May be very private in their grief
- Though they may cry or feel intense emotions, may mask them with others
- Sometimes act as if nothing happened and go on with life in a seemingly “normal” way



15 - 18 Years Old

What they understand...

- The death of someone contradicts a teens perception that they are invincible
- Have a more adult like understanding of death and the ability to understand abstract concepts
- Have their own personal view of death and ideas about what happens after someone dies

How they grieve...

- Reactions vary – some might show intense emotions of sadness, anger, shock, while others show little to no emotion at all
- Do not like to be identified as a “grieving person”
- Seek support and connection with their peers over family
- Might take on adult responsibilities around the home
- Like to appear in control and not in need of support

Young Adulthood

- Brain Development and Growth Still Occurring into Mid-20s
- Revisit Childhood Losses and Grief Experience
- Redefining Identity, Family Connections, & Friendship Groups





Different Types of Losses in Adulthood and How This Impacts Bereavement



Suicide Death



Suicide Death

- Why?
- Disbelief and Shock
- Blame
- Shame & Stigma
- Worry
- Psychache
- Language



CRIME SCENE DO NOT CROSS

Homicide Death



Homicide Death

- Cruel and Unjust
- Fear
- Rage
- Delayed Grief
- Media



DEATH

FROM OVERDOSE

Overdose Death



Overdose Death

- Shame and Stigma
- Secrecy
- Hindsight Bias
- Blame
- Guild and Responsibility
- The Toll



Long-Term Illness Death



Long Term Illness Death

- Caregiver Fatigue
- Relief & Guilt
- Caregiver Health
- Establishing New Routines
- Finding Purpose & Meaning

Death of a Spouse / Life Partner

- Loss of Companionship
- Loss of Shared Decision Making
- Return to Single Life
- Re-established Life Plan
- Parenting Alone
- Grief over your Child's Loss
- Why am I Still Here / Purpose
- Role Challenges
- Loss of Friendships





Death of a Sibling

- Loss of Life Companion
- Holder of Secrets / Confidant
- Birth Order
- Parent / Child Dynamics
- Adapting to New Relationship with Parent
- Living for Two People
- Living Up to Expectations

Death of a Parent

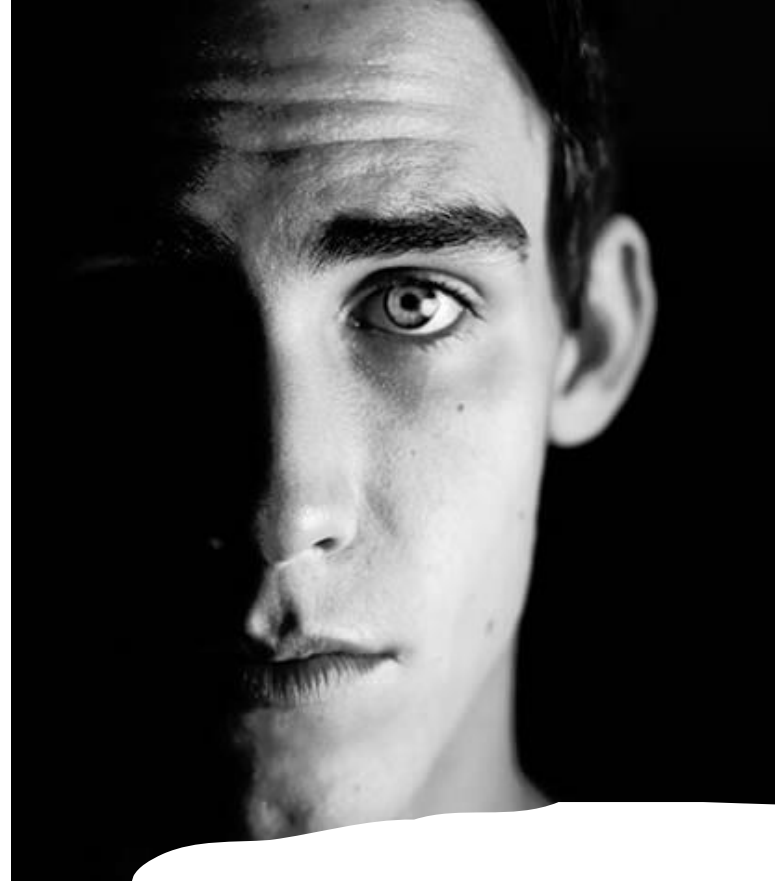
- Role Reversal
- Loss of Anchor
- Unfinished Business
- Identity Crisis
- Starting a New Chapter
- Keen Awareness of Immortality
- Existential Crisis





Death of a Child

- Loss of Future
- Legacy
- Shattered Dreams
- Shattered Assumptions
- Longing to be with Your Child
- Affront to the Natural Order of Life
- Unfairness
- Guilt & Regret



**Session 3: Becoming Grief
Informed - Ethical Considerations
When Caring For Bereaved
Populations**





Vulnerable Population

- **Victimized** – Struggling with the Sense of Being a Victim
- **Maladjusted** – Feeling Like Something is Wrong with Them
- **Disempowered** – Not Knowing What To Do To Make it Better
- **Unsupported** – Feeling Like Noone Understands
- **Conflicted** – Receiving Mixed Messages from Family & Friends
- **Disenfranchised** – Believing that Their Experience is Not Valid
- **Exhausted** – Mental, Emotional, and Physical Functions are Taxed

Ethical Considerations in Bereavement Support

Grief is an Experience, not a Mental Illness

- Support vs. Treatment
- Companionship vs. Leading
- Understanding vs. Educating
- Empowerment vs. Dependence
- Options vs. Prescribing
- Perspective vs. Minimizing

The Evolution of a Bereavement Diagnosis

- **The DSM 5 - Removal of the Bereavement Exclusion** – refrain from diagnosing major depression in individuals within the first two months following a death.
- **Complicated Grief** – A proposed construct defining a theorized type of intense grief experience as a condition needing special treatment.
- **Prolonged Grief** – A proposed construct defining a theorized trajectory of a grief timeline as a condition needing special treatment.
- **DSM 5 - Persistent Complex Bereavement Disorder for Further Study** – Frankenstein’s monster marrying of Complicated Grief & Prolonged Grief

Note: Prolonged Grief – Holly G. Prigerson, Complicated Grief – Katherine Shear

DSM-5-TR: Prolonged Grief Disorder

Adult - Death occurred at least 12 months ago

Child – Death occurred 6 months ago

At least one of the following:

- Intense Yearning/longing for the deceased person.
- Preoccupation with thoughts or memories of the deceased person.

Prolonged Grief Disorder

Since the death, at least **three** of the following symptoms have been present **most days** to a clinically significant degree. In addition, the symptoms have occurred **nearly every day** for at least **the last month**:

- Identity disruption
- Marked sense of disbelief about the death.
- Avoidance of reminders that the person is dead.
- Intense emotional pain.
- Difficulty reintegrating into one's relationships and activities.
- Emotional numbness
- Feeling that life is meaningless
- Intense loneliness



Treatment, Diagnosis, and Medication

- *How Long Should It Take to Grieve? Psychiatry Has Come Up With an Answer.* - New York Times Article
- Intense Forms of Grief Classified as a Mental Disorder inflicting a narrow slice of the population who are incapacitated and unable to return to previous activities.
- Clinical trials for Naltrexone, a drug used to help treat addiction
- The Ability to Bill Insurance for the Treatment of Grief
- The Center for Complicated Grief has now been renamed The Center for Prolonged Grief Disorder

Pathologizing Grief – Why We Should Be Cautious

- Represents Grief as a Problem to be Fixed
- Stigmatizes Normal Grief Trajectories as a Disorder
- Ignores an Entire Body of Knowledge that Already Exists
- Misinforms the Public & Perpetuates Societal Myths about the Nature of Grief
- Is Dismissive to the Real-Life Experience of Bereaved People
- Creates a Context in which Normative Grief Reactions are (and will be) Stigmatized



Becoming Grief-Informed

Schuurman, D. L., & Mitchell, M. B.
(2020). *Becoming grief-informed: A call to action*. Dougy Center:
National Grief Center for Children &
Families. www.dougy.org





Becoming Grief-Informed: Core Principles and Tenets of Practice

- Natural – Loss is a normal, inevitable, and universal human experience. People have an innate capacity to adapt to loss and function healthily.
- Nonpathological & Complex – Grief is an adaptive, nonpathological response to loss. Grief is complex and complicated because people and relationships are complex and complicated.
- Contextual – Grief is not solely an individual experience; grief is interwoven in a sociocultural context, influenced by family, community, and other social systems. Acknowledging and addressing this can reduce disparities and promote equity and inclusion.
- Disruptive – Grief challenges our identity, relationships, beliefs, and assumptions about the world and our role in it.
- Relational Connection & Perceived Support – Healthy adaptation to loss is fostered by supportive relationships.

-Dr. Donna Schuurman & Dr. Monique Mitchell



Becoming Grief-Informed: Core Principles and Tenets of Practice

- Personal Empowerment & Agency – Healthy adaptation to loss is fostered by personal empowerment and agency.
- Safety – Healthy adaptation to loss is fostered by psychological, physical, emotional, and spiritual safety.
- Person-Centered – The duration, intensity, and experience of grief are unique for every individual.
- Dynamic – The dynamic nature of grief cannot be captured by stage, phase, or other prescriptive models. There are no universally acceptable or “correct” ways to grieve.
- Nonfinite – Loss is interwoven into our identity: therefore, the act of grieving is not a finite experience. Grief is ongoing.

“Much of what has been written in textbooks and articles throughout the history of thanatology fails to appropriately and adequately incorporate the narratives of grief from individuals and communities of various ethnicities, beliefs, genders, socioeconomic statuses, and other attributes which make people diverse, unique, and worthy of inclusion.”

-Donna L. Schuurman, EdD, FT and Monique B. Mitchell, PhD, FT

Grief (Pain) Longs to...

- Be Validated
- Be Understood
- Be Witnessed
- Be Acknowledged
- Be In Community
- Be Expressed
- Be Addressed





Session 4: Models, Techniques, and Tools for Bereavement Support

The Domains of Family Dynamics



Roles &
Responsibilities

Expectations
& Values

Environment
& Atmosphere

Rituals &
Routines

Beliefs &
Superstitions



Factors that Promote Health – Children & Teens

- Coping Skills
- Sense of Control
- Positive Self-Esteem
- Expression and Validation of Grief
- Positive Parent-Child Relationship

What Children Need

- Physical Activity
- Positive Relationships with Peers
- Positive Reinforcements of Self-Image
- Options & The Ability to Choose
- Boundaries & Accountability
- To Know What To Expect
- Predictability
- The Truth
- Positive Adult Relationships
- Nurture





What is Nurturing Behavior?

Validate Your
Child's Feelings

Keep Your Voice
Level Down

Build Trust

Promote Mutual
Respect

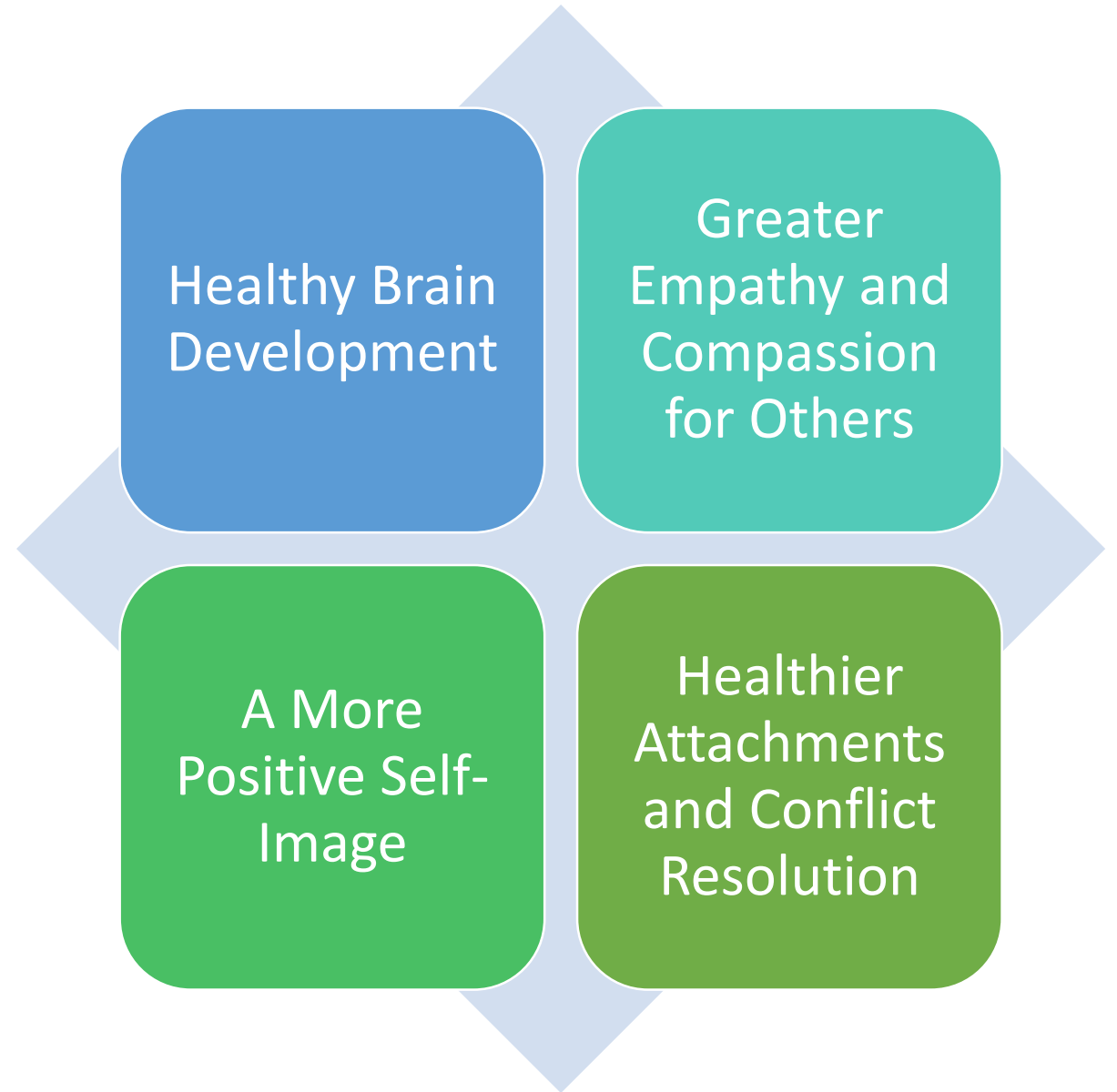
Demonstrate
Healthy Problem
Solving

Encourage Your
Child's Talents and
Celebrate Their
Successes

Love
Unconditionally

Do Not Expect
Perfection in Your
Child or Yourself

Benefits of
Nurturing
Parenting to
Your Child





Family Adaptive Tasks of Grief

- Reestablishing Securing and Safety
- Restoring Routines
- Affirming and Maintaining Boundaries
- Adapting to New Roles & Responsibilities



Factors that Promote Health – Adults

- Support System
- Access to Care
- Validation
- Self-Determination
- Reconstruction of Narrative
- Hope

Things to Avoid when Grieving

Abuse of Alcohol or Drugs

Extreme Isolation

Consistent Inactivity

Overeating or poor diet

Undereating or lack of nutrition

Lack of Exercise or Movement



Bereavement Support Content Areas

- Safety & Stabilization
- Perspective Building
- Problem Solving
- Meaning Making
- Continuing Bonds
- Grief Expression
- Life Skills and Coping
- Post Traumatic Growth

Dual Process Model

- Stroebe and Schut (1999)
- Argued that “grief work” alone is insufficient
- Find a balance between facing the reality of the loss and reengaging with life
- Oscillation between loss-orientation and restoration – orientation

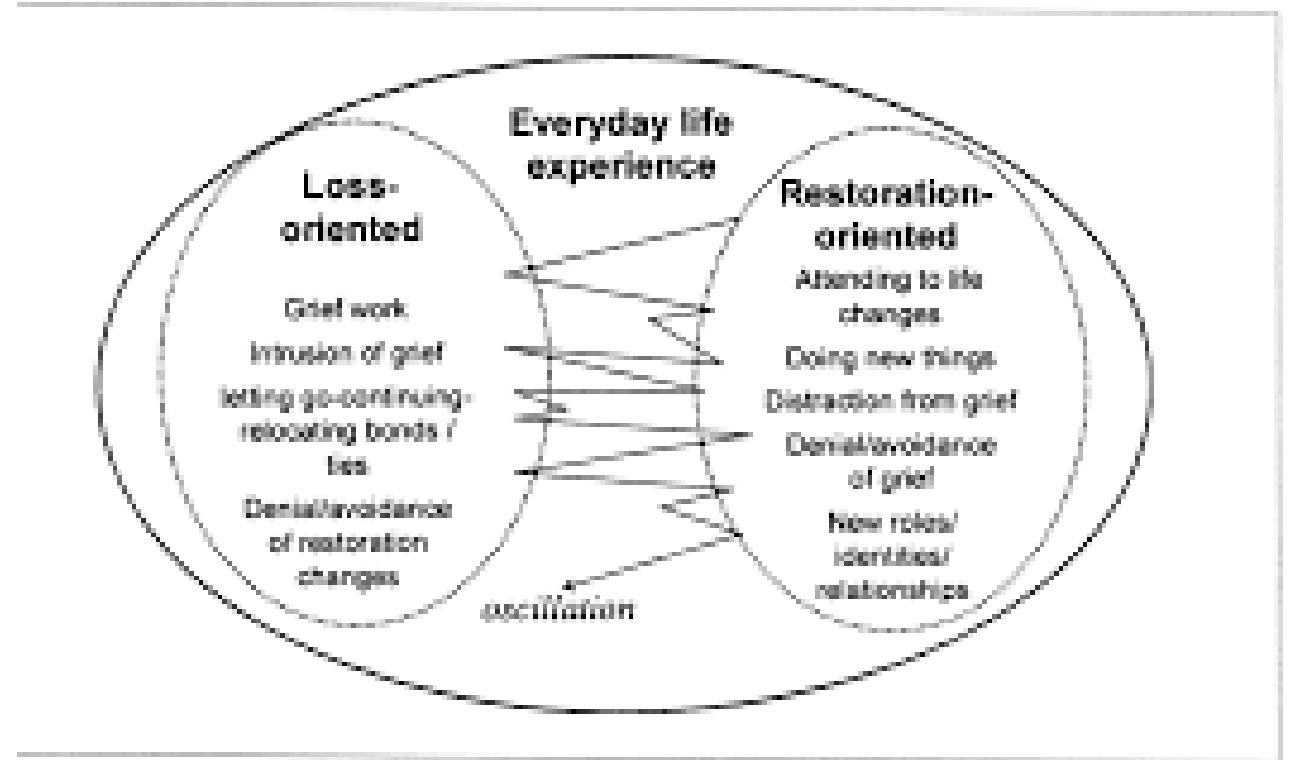


Figure 1. The Dual Process Model of Coping with Bereavement (Stroebe & Schut, 1999).

Safety & Stabilization

- Established Safety Guidelines
- Routines and Rituals
- Tour, What to Expect, What We Do Here
- Trauma Sensitive
- Grief Informed
- Physical Health





Perspective Building

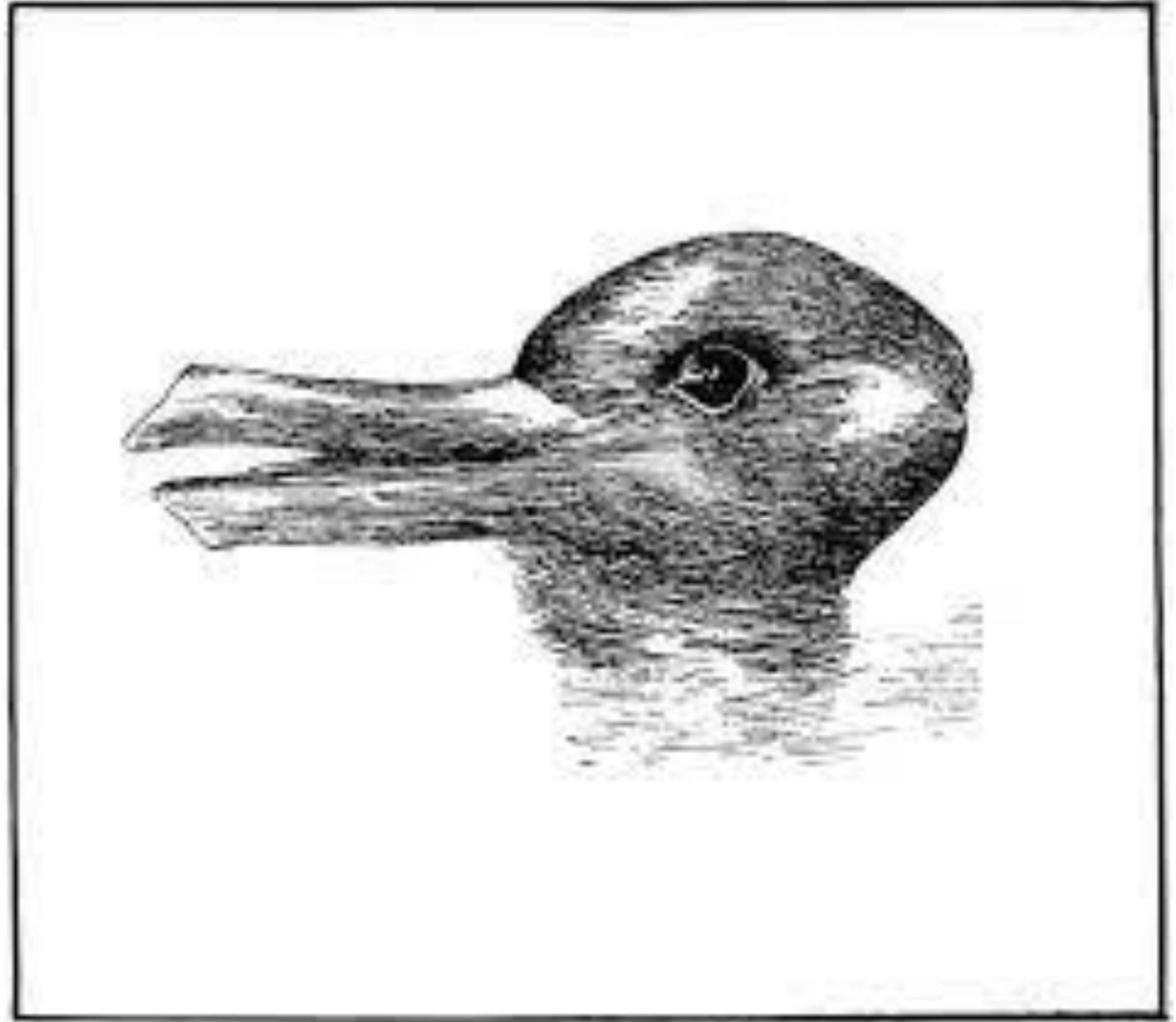
Mihaly Csikszentmihalyi

- *Flow: The Psychology of Optimal Experience* (1990)
- Surveyed thousands across the world from various backgrounds
- Identified a state of consciousness he calls “flow”
- Also discovered the cycle that where you direct your attention impacts the type of person you become.

What do you
see?



What do you
see?



What do you
see?



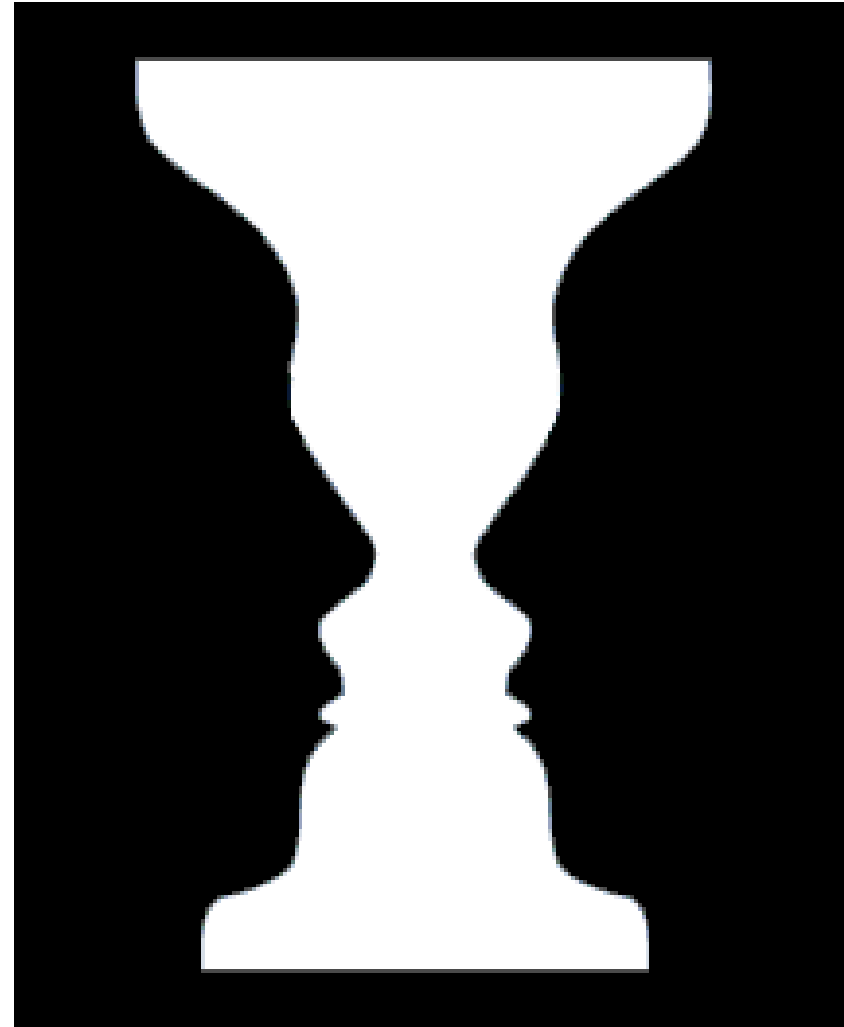
What do you see?



Do you see a musician or a girl's face?

www.YouGodFather.com

What do you
see?



Perspective Building

- Gestalt Techniques
- Imagining
- Before/After
- Then/Now
- Think, Feel, Do
- Personal Strengths
- Personality /
Preference Activities
- Sand Tray Play



Problem Solving



thoughts

feelings

behaviors

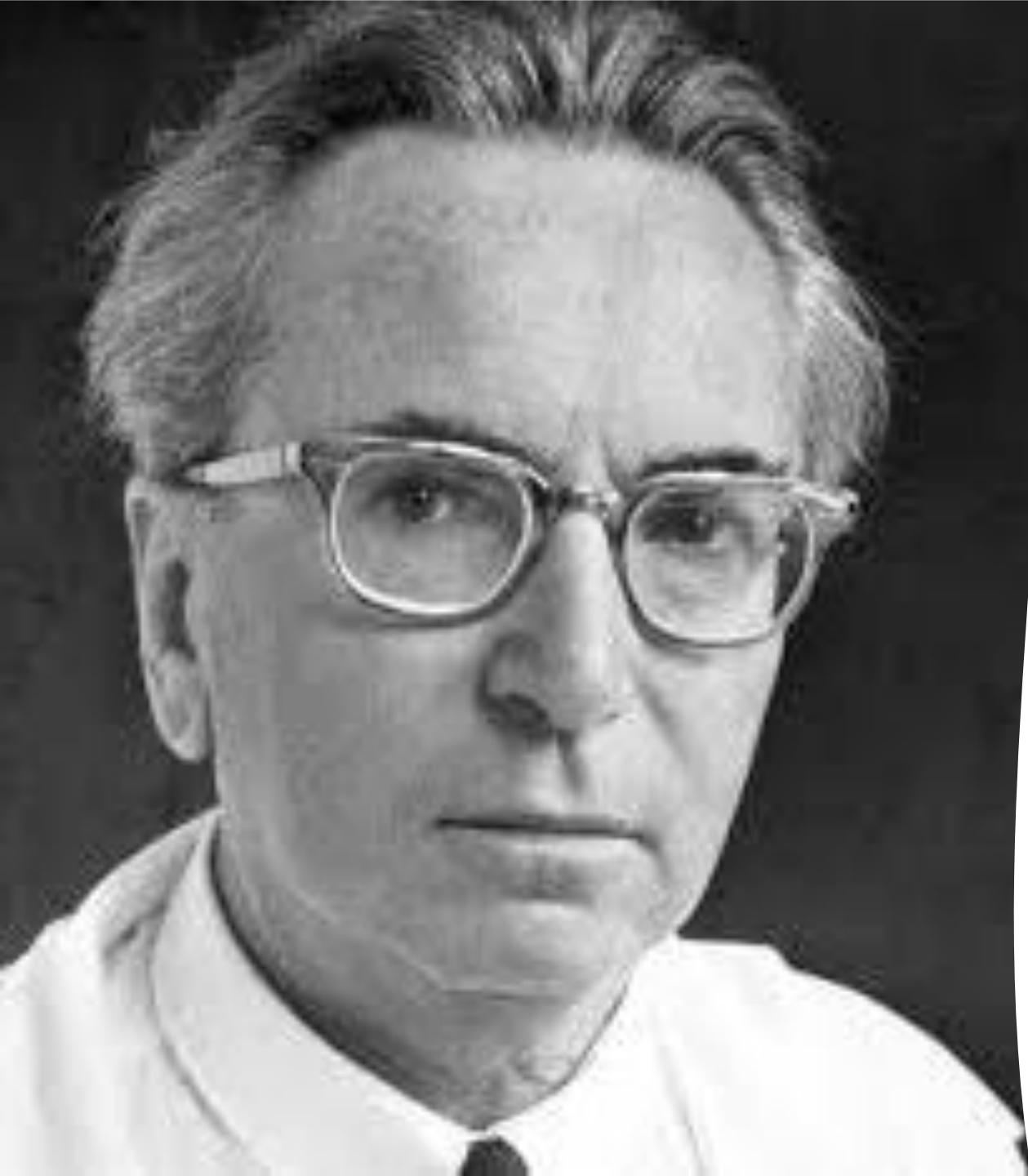
events



Problem Solving

- Situation – Options – Possible Outcomes – Plan of Action – Evaluation
- Personal Choices Matter
- Dealing with Unhelpful People
- Home / Life Situations
- Relationships / Conflicts
- Difficulty Sleeping
- Struggle with School or Work
- Irritability / Emotional Struggles
- Intrusive / Invasive Thoughts





Meaning Making

Victor Frankl

- Wrote the book, *Man's Search for Meaning* (1946)
- Prisoner in Nazi death camps during WWII
- Frankl's concepts around finding meaning in the midst of suffering offer a context for discussions around coping with loss, narrative retelling, and meaning reconstruction

Meaning in Life

Creativity- by creating a work or doing a deed

Experiencing- something or encountering someone

Control of Attitude- by the attitude we take towards unavoidable suffering

Frankl, V. E. (1984). *Man's search for meaning* (Revised and updated). New York: Washington Square Press/Pocket Books.

Meaning Making

- Expressing the “Why”
- Strong Relationships
- Creative Outlets
- Helping / Supporting Others
- Make Believe Play
- Telling Your Story
- Reconstructing the Narrative





Continuing Bonds

Phyllis Silverman

- Together with J. William Worden, led the Harvard Child Bereavement Study
- Viewed grief as a transitional process rather than a pathology
- Instrumental in developing the concept of “Continuing Bonds”



Continuing Bonds

- Stories about Their Person
- Sharing Pictures of Their Person
- Linking Objects
- Evoking Memories
- Good Memories / Bad Memories
- Unfinished Business
- Letter Writing
- Ongoing Conversations

Grief Expression

- Running and Screaming
- High Energy Activities
- Giving Emotions Words
- Giving Thoughts Words
- This is What My Grief Looks Like
- Letter Writing about Thoughts or Feelings
- Journaling about Thoughts or Feelings





Life Skills & Healthy Coping

- Self-Regulation
- Mindfulness
- Nature & Outdoors
- Healthy Friendships
- Identifying Your Support System
- Caring, Safe Adults
- Healthy Coping Behaviors / Activities
- Healthy Expression



Richard Tedeschi and Lawrence Calhoun

Pioneered and coined the phrase Posttraumatic Growth

Crisis / Tragedy / Death



Shattered Assumptions



Struggle with the Crisis



Post-Traumatic Growth



Domains of Post-Traumatic Growth

Appreciation of Life

Relationships with Others

Personal Strength

Spiritual Change

New Possibilities in Life

Activities that Foster Post-Traumatic Growth

- Rumination & Struggle with Assumptive World
- Story Telling
- Reconstructing the Narrative
- Continuing Bonds
- Hearing Other's Stories and Identifying with Them
- Balanced by Nurture



Posttraumatic Growth vs Resilience

Post-Traumatic Growth

- Transformation as a result of struggle in trauma's aftermath.
- There is a shift in the normative developmental trajectory due to ongoing distress and rumination (both intrusive and deliberate)
- Land in a different place as a result of the struggle.

Resilience

- Positive adaptation despite significant life adversity.
- Follows a normative developmental trajectory.
- Appear unaffected in spite of adversity.

NOTE: Kilmer, et al



Bereavement Support Content Areas

- Safety & Stabilization
- Perspective Building
- Problem Solving
- Meaning Making
- Continuing Bonds
- Grief Expression
- Life Skills and Coping
- Post Traumatic Growth

Andy.McNiel@TheSatoriGroup.org



References

American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, Text Revision (DSM-5-TR). American Psychiatric Association Publishing.

<https://www.psychiatry.org/psychiatrists/practice/dsm>

Bonanno, G. A. (2005). Resilience in the face of potential trauma. *Current Directions in Science*, *14*, 135-138.

Bonanno, G. A. (2010). *The other side of sadness: What the new science of bereavement tells us about life after loss*. Accessible Publishing.

Bowlby, J. (1960). Grief and mourning in infancy and early childhood. *The Psychoanalytic Study of the Child*, *15*, 9-52.

Czeisler, M. É., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., ... & Czeisler, C. A. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24–30, 2020. *Morbidity and Mortality Weekly Report*, *69*(32), 1049. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1external> icon.

References

DeSpelder, L. A., & Strickland, A. L. (2015). *The last dance: Encountering death and dying*. McGraw-Hill Education.

Erikson, E. H. (1950). *Childhood and society*. Norton Publishing.

Erikson, E. H. (Ed.). (1963). *Youth: Change and challenge*. Basic Books.

Frankl, V. E. (1985). *Man's search for meaning*. Simon and Schuster.

Irish, D. P., Lundquist, K. F., & Nelsen, V. J. (1993). *Ethnic variations in dying, death and grief: Diversity in university*. Taylor & Francis.

Kilmer, R. P., Gil-Rivas, V., Griese, B., Hardy, S. J., Hafstad, G. S., & Alisic, E. (2014). Posttraumatic growth in children and youth: Clinical implications of an emerging research literature. *American Journal of Orthopsychiatry*, 84(5), 506–518. <https://doi.org/10.1037/ort0000016>

Klass, D., Silverman, S., Nickman, S. (Eds.). (1996). *Continuing bonds: New understandings of grief*.

References

Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry*, 101(2), 141-148.

Meagher, D. K., & Balk, D. E. (2013). *Handbook of thanatology: The essential body of knowledge for the study of death, dying, and bereavement*. Routledge Publishing.

McNiel, A., & Gabbay, P. (2018). *Understanding and supporting bereaved children: A practical guide for professionals*. Springer Publishing.

Neimeyer, R.A. (Ed.). (2001). *Meaning reconstruction and the experience of loss*. American Psychological Association.

Neimeyer, R. A. (Ed.) (2016). *Techniques of grief therapy: Assessment and intervention*. Routledge Publishing.

Perls, F. S. (1969). *Gestalt therapy verbatim*. The Gestalt Journal Press.

References

Piaget, J., & Cook, M. T. (1952). *The origins of intelligence in children*. International University Press.

Rogers, C. R. (1966). *Client-centered therapy*. American Psychological Association.

Schuurman, D. L., & Mitchell, M. B. (2020). *Becoming grief-informed: A call to action*. Dougy Center: National Grief Center for Children & Families. www.dougy.org

Singh, S., Roy, M. D., Sinha, C. P. T. M. K., Parveen, C. P. T. M. S., Sharma, C. P. T. G., & Joshi, C. P. T. G. (2020). Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations. *Psychiatry Research*, 293, 113429.

Silverman, P. R., & Worden, J. W. (1992). Children's reactions in the early months after the death of a parent. *American Journal of Orthopsychiatry*, 62, 93-104.

Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma and transformation: Growing in the aftermath of suffering*. Sage Publishing.

References

Wolfelt, A. D. (2005). *Companioning the bereaved: A soulful guide for counselors & caregivers*. Companion Press.

Wollants, G. (2012). *Gestalt therapy: Therapy of the situation*. Sage Publishing.

Worden, J. W. (1996). *Children and grief: When a parent dies*. New York, NY: Guilford Press.

Worden, J. W. (2009). *Grief counselling and grief therapy*. Springer Publishing.

Gang, J., Kocsis, J., Avery, J. *et al.* Naltrexone treatment for prolonged grief disorder: study protocol for a randomized, triple-blinded, placebo-controlled trial. *Trials* **22**, 110 (2021). <https://doi.org/10.1186/s13063-021-05044-8>