Promoting positive outcomes in parentally bereaved children and adolescents

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Dedication

To my mother, who single-handedly navigated the world of being a single, widowed mother of a two year-old without a guidebook. It is because of you that I have made it to this point in my life and because of your stability, encouragement, and hugs that I have made it here with a smile on my face along the way. The answer to this research question is found in my childhood.

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Literature Review

Introduction

The death of a loved one is a difficult and painful experience for a person of any age. When the deceased is a parent and a young child or adolescent is left grieving this loss, the experience may be thought to be even harder for the bereaved. It is estimated that 4% of children in Western countries experience the death of a parent before age 18 (Melhem, Porta, Shamseddeen, Walker Payne, & Brent, 2011). The psychological impact of parental death on impressionable youth is undoubtedly profound and, as such, has the possibility for negative outcomes. Certainly, children and adolescents who experience the death of a parent are subject to varying short-term and long-term outcomes. Some children may find the memory of a parent is motivation to excel in academic and social ventures whereas others may hold on to feelings of anger surrounding the death and succumb to severe depression. It is important to identify the underlying factors that determine varying responses in children and adolescents. Clinicians across various disciplines need to be aware of these factors in bereaved youth in order to identify children at risk of developing psychopathology. Enabling clinicians to identify those at risk and informing them of the treatment options available will allow clinicians to recommend intervention programs to children and families experiencing loss.

Because children respond differently to the death of a parent both in short-term and long-term measures, it is imperative that the various factors that influence these varying responses be identified and used to help identify children who are at risk of developing maladaptive behaviors as a response to grief in order to prevent long-term negative outcomes. Research is needed on this topic to reduce the frequency of development of maladaptive behaviors in parentally bereaved children. The conclusions gathered by this review would be of use to providers in

primary care, palliative care, and children's mental health who interact with these children and their surviving parent. Identification of and interventions for children at risk as a preventive measure is a better health care practice than treating patients who develop depression, substance use disorders, and other maladaptive behaviors years after experiencing the death of a parent.

The present review seeks to answer the following questions: 1.) What are the major risk factors for the development of maladaptive behaviors in parentally bereaved children and adolescents and the major protective factors for healthy grief responses in the same population? 2.) What interventions are presently available for children and families struggling following the loss of a parent? 3.) What interventions does research identify as new and promising methods for helping children following the loss of a parent?

Defining Outcomes of Parental Bereavement

In referencing existing literature on the topic of outcomes of parental bereavement, various authors choose to investigate different measures when gauging child adjustment or maladjustment. Psychosocial measures of functioning are among the most commonly used in this field of research as they are easy to identify using interview and survey methods. When investigating psychosocial functioning, most researchers choose to distinguish between adaptive and maladaptive outcomes by the presence or absence of psychopathology in the bereaved (Lin, Sandler, Ayers, Wolchik, & Luecken, 2004). The most commonly utilized construct for determining maladaptive grief outcomes is best exemplified by Lin et al. (2004) in which a threshold for psychopathology is determined and ratings by the child and caregiver are then compared to this threshold to determine presence of psychopathology or absence of psychopathology. In this instance, authors then investigated "variables that differentiate children

who manifest clinically significant levels of mental health problems from those children who do not" (Lin et al., 2004). The psychological disorders most commonly investigated include depression, anxiety, post-traumatic stress symptoms (PTSS), and prolonged or complicated grief reactions.

Depression following parental death is among the most commonly studied outcomes, presenting in the majority of studies reviewed. However, various studies choose to investigate this phenomenon of bereavement-related depression differently. For example, Melhem et al. (2011) performed a five-year longitudinal study investigating the change in grief reaction over time as a measure of functional impairment due to depression. Conversely, Raveis, Siegel, and Karus (1999) used multiple regression analysis to determine depressive symptomatology at a single point in time following parental death. The decision whether to study the course of psychopathology as compared to a single snapshot of symptomatology varies depending on the intended purpose of the study. Investigating the course of depression over years offers a prediction of the long term effects of parental bereavement on children whereas the latter offers a gauge of the severity of response in these children.

Similar to depression, many studies include state anxiety as a measure of psychopathology in maladaptive outcomes following parental bereavement. For example, Haine, Ayers, Sandler, Wolchik, and Weyer (2003) assessed anxiety and depression when evaluating locus of control and self-esteem as predictors of mental health problems. The theory behind this study is that anxiety is one of the various internalizing behaviors that children and adolescents experience following a traumatic event. Like depression and other internalizing behaviors, anxiety can be easily measured through structured interviews or respondent-based questionnaires. Such questionnaires include the Child Assessment Schedule (Hodges et al., 1982)

to assess depression and anxiety and the Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1978) used by Haine et al. (2003).

The concept of prolonged or complicated grief warrants important consideration when discussing bereavement. Because the potential exists for impact on future functioning, both psychiatric and functional impairment, understanding the longer-term course of grief in children is imperative. Prolonged grief disorder is a new addition to the DSM-V (American Psychiatric Association, 2013) that accounts for grief that is persistent, disabling, and pervasive. Melhem et al. (2011) chose to investigate prolonged grief disorder as an indicator of maladaptation in bereaved youth. The selection of this criteria is equivocal given the newness of this diagnosis in DSM-V and some studies question the validity of the use of DSM-IV or DSM-V criteria for psychopathology in youth. Melhem et al. (2011) determined that children with prolonged grief disorder were correctly identified using DSM-V criteria only 20% - 41.7% of the time. Considering the low sensitivity and specificity of these criteria, this diagnosis should not be included when considering psychopathology in bereaved children.

While the presence or development of clinical psychopathology is of great concern in children who are parentally bereaved, some researchers choose to investigate more holistic aspects of adaptive functioning. Muntz-Cohen, Melhem, and Brent (2010) conducted a survey using their own Youth Risk Behavior Questionnaire to determine whether bereaved youth were more likely to engage in risky? behaviors including unintentional injury, violence, sexual behavior, cigarette smoking, and alcohol or other drug use. While these behaviors alone do not indicate psychopathology, they may be an indicator of future behavior disorders or substance use disorders. For this reason, these risk factors are equally as important to the investigation of post-bereavement functioning. Similarly, Hamdan, Melhem, Porta, Song, and Brent (2013) performed

a 5-year longitudinal study using structured clinical interviews to investigate the rate of alcohol and substance abuse and dependence among bereaved youth. After controlling for confounding variables such as male gender, presence of disruptive behavior disorders, and greater functional impairment, Hamdan et al. (2013) found that there was no statistically significant difference between bereaved and non-bereaved youth with respect to alcohol and substance use disorder. Still, the authors concluded that bereaved youth are at increased risk of developing alcohol and substance abuse and dependence compared to non-bereaved youth.

Psychosocial Development in Children

Currently, there is no single theory for child and adolescent grief that is agreed upon by professionals or unanimously supported by research (Scott, 2007). Existing literature on grief theory largely focuses on adult subjects. Adult grief theory cannot be translated to fit children for various reasons. The primary difference is that intense emotional and behavioral expressions are not continuous throughout development in children (Corr et al., 1997). Rather, their grief may appear more intermittent and brief than those of adults, yet the grief usually lasts longer than its behavioral expression (Howarth, 2011). Rather than outwardly expressed emotions and withdrawal from daily activities (grief reactions typical in adults), grief reactions in children may manifest in psychosomatic symptoms, temper tantrums, academic failure, and other seemingly unrelated behaviors (Howarth, 2011). Thus, understanding psychosocial development in children can guide researchers to developing functional grief theories more appropriate for children.

The most robust theory in this field stems from the work of developmental psychologist Jean Piaget. Piaget describes cognitive development as occurring in four distinct stages. Central to Piaget's theory, is the concept of adaptation – that is, the child's mind develops to fit with the

external world he experiences (Berk, 2014). During the latter part of the first stage from ages 0-2, the sensorimotor stage, the child is able to create mental representations of images and concepts. This developmental milestone translates to the child's expression of grief as his or her interactions with the deceased caregiver transform from tangible experiences to memories (Werner-Lin & Biank, 2012). During the sensorimotor stage the child also develops object permanence which translates later on in life to a child's eventual understanding of the permanence of death. Also during this stage, infants are developing affectionate ties to people they interact with regularly (Berk, 2014). The development of secure attachment is affected by many factors including consistency of caregiver, quality of caregiving, and family circumstances (Berk, 2014). Disruption in any of these domains due to parental death can cause a delay in emotional and social development for the infant.

During Piaget's preoperational stage from ages 2-7, children's mental representations expand greatly, however, they tend to have difficulty with cause and effect (Berk, 2014). Limitations during this phase such as egocentrism, magical thinking, and centration may be the source of self-blame for a parent's death. Children in this stage have increased capacity to remember familiar, repeated events which is an important skill as the child must convert the relationship with the deceased from one based on continuing interactions to one based on memories (Howarth, 2011). Self-esteem (the judgments made about self-worth) emerges during this stage in childhood and is a very important part of self-development as it affects emotional experiences, future behavior, and long-term psychological adjustment (Berk, 2014). According to Berk (2014), children who exhibit high self-esteem have parents who patiently encourage while offering information on how to succeed.

The concrete operational stage (ages 7-12) is the stage in middle childhood in which children begin to think logically and can engage in taking another person's perspective. Development during this stage involves many advances toward developing a strong intellect and acquiring skills to succeed in school (Berk, 2014). Environmental influences and parenting methods have a large role during this phase. Self-esteem, which was founded at high levels in the preschool years, differentiates to a hierarchically-structured system in the school years at first declining and then stabilizing (Berk, 2014). According to Berk (2014), while reinforcement from parents was the most important determinant of positive self-esteem during the preschool years, during the school years, children's self-esteem is further influenced by achievement-related attributions, mastery-oriented approaches, and authoritative child rearing. Children in this age group are learning to self-regulate emotions that may arise from stressful situations. Berk (2014) cites four factors that are protective against maladjustment in the face of adversity: child characteristics of easy temperament and mastery-oriented approach to novel situations, a warm parental relationship, a supportive adult outside the immediate family, and strong community resources such as schools and youth organizations.

It is not until adolescence that a child is able to engage in abstract thinking and can fully grasp the concept of the finality of death although they may be able to piece together parts of the concept at a younger age (Kastenbaum, 2000). Piaget described this transition as the beginning of the formal operational stage. Corr and Balk (1996) explain the journey through puberty as a series of developmental tasks to master wherein poor responses to the tasks construe psychological problems throughout adolescence and beyond. Early developmental tasks in adolescence include becoming aware of physical changes, incorporating information for solving problems, learning sex and social roles, developing friendships, achieving more independence

from parents, and realizing a tendency toward forming stereotypes (Corr & Balk, 1996). The transition through puberty is a sensitive time as adolescents may be subject to self-consciousness, lower self-esteem, and ridicule from peers. Prominent developmental tasks facing middle adolescents (age 15-17) include progress toward establishing an identity as well as gaining independence (Corr & Balk, 1996). According to Corr and Balk (1996), it is during this stage that adolescents develop faith, which may or may not encompass religious beliefs. This stage of faith consciousness is dependent on progression through Piaget's cognitive developmental stages and involves making choices about one's beliefs and values and the roles and responsibilities one will assume in life. Corr and Balk (1996) state that social perspective taking, seen in this stage, is enhanced in adolescents working through grief. This may be a result of the bereaved being attuned to the emotional responses of those surrounding him and modeling similar reactions of others he encounters. Increased social perspective taking also may be attributed to an increase in empathy for others' suffering as a result of experiencing similar pain firsthand. The final stage of adolescent development, late adolescence, includes developmental tasks such as making career choices, developing intimate relationships, and gaining autonomy from parents and family (Corr & Balk, 1996). Such autonomy is a sign of mastery of self-control balanced with maintaining relationships of attachment and respect with one's parents. Substantial research indicates that while adolescence may be a time of turmoil and stress, in the face of trauma and tragedy, adolescents often experience rapid substantial growth and reach adulthood more quickly than their peers (Corr & Balk, 1996). The authors attribute this finding to differences in conflict resolution among bereaved and non-bereaved adolescents. Adolescents faced with navigating the death of a parent are able to focus on resolving one crisis at a time whereas non-bereaved individuals are not forced to resolve conflicts in such a focal manner.

Child-Intrinsic Factors Affecting Outcomes

The outcome that one child may experience following the death of a parent is undoubtedly the result of a multitude of co-existing influences. On a superficial level, these factors may be divided into child-intrinsic and child-extrinsic factors. Examples of child-intrinsic factors would be those qualities that are inherent to the child such as personality traits, values and beliefs, and coping mechanisms. While literature is sometimes equivocal regarding whether a certain factor is significant or not, there are a number of intrinsic and extrinsic characteristics that have been reported to contribute to maladaptive functioning in parentally bereaved children.

Howell, Shapiro, Layne, and Kaplow (2015) performed a study using self-report and parent-report measures to determine which child-intrinsic and child-extrinsic factors contributed to internalizing and externalizing behaviors within six months of parental death. Maladaptive functioning was defined using clinical thresholds. Thus, those children demonstrating adaptive functioning were defined as not meeting or falling below clinical measures of psychopathology to diagnose depression, PTSS, and anxiety. Howell et al. (2015) found that 57% of children were in the adaptive functioning range, a lower percentage than found in comparative literature. This discrepancy may be due to more stringent criteria for adaptive functioning (i.e. the use of clinical thresholds) as well as a shorter amount of time elapsed since parental death (i.e. six months compared to longitudinal studies over several years). Howell et al. (2015) also found significant relationships to adaptive functioning for expressive coping skills, children's perception of their own coping abilities, and religiosity. Results of the study indicate that expressive coping (for example turning to spirituality or seeking support from the surviving caregiver) was associated with higher adaptive functioning whereas avoidant coping (such as anger, sadness, fear, or hiding true feelings) was associated with more maladaptive functioning outcomes. Coping efficacy – a

child's sense that he or she has sufficient coping abilities – was also associated with more adaptive functioning following parental bereavement. Results of the study also indicated that children in the adaptive functioning group were more likely to report spiritual beliefs, religious preferences, and attendance at religious events and services than the maladaptive functioning group. Howell et al. (2015) attribute this finding to the sense of community and empathy that children are likely to find while practicing a religion. The authors also believe that regular attendance at religious services offers a sense of stability and consistency in the child's life that is needed after the death of a parent.

The concept of personal efficacy in coping with adversity has also been studied by Lin et al. (2004). In this study, 44% of bereaved children were classified as resilient. Resilience was defined as absence of clinically significant psychopathology following parental death. Using a person-oriented approach rather than a variable-oriented approach, the authors administered multiple surveys to bereaved children and their surviving caregivers to assess factors that differentiate resilient children from affected children. The two child variables in this study determined to have a positive effect on resilience were personal efficacy in coping and a tendency to appraise negative events as less threatening. The authors employed the General Coping Efficacy Scale (Sandier, Tein, Mehta, Wolchik, & Ayers, 2000) which uses child self-report measures to determine how confident children are in their ability to respond to adversity and the Threat Appraisal Scale (Sheets, Sandier, & West, 1996) which uses children's responses to determine the "extent to which children perceive an event to be threatening to their well-being" (Lin et al., 2004, p. 677). Also included in the child-variable constructs which Lin et al. (2004) investigated were self-esteem, unknown control beliefs, and active inhibition of

emotional expression. No significant relationships were observed between these variables and resilience.

Expressive coping and perception of coping abilities may be said to be compound traits that form as a result of more basic personality traits in children and adolescents. One of these more basic personality traits is self-esteem. According to Skinner and Wellbourne (1997), self-esteem is a response to stress that utilizes structured conceptions of the child in relation to the social context. Thus, the interpretation of these conceptions whether positive or negative will likewise have a positive or negative impact on a child, namely a bereaved child. Haine et al. (2003) investigated this concept with respect to self-esteem and locus of control as stress-moderators or stress-mediators following parental bereavement. The authors reported that self-esteem was an important mediator for internalizing problems, meaning positive self-esteem reduces the correlation between negative events and maladaptive outcomes. Validity measures reinforced that positive self-esteem is negatively correlated to depression (Haine et al. 2003). However, it is unclear whether the negative events that follow parental bereavement lead to a decrease in self-esteem causing internalizing behaviors or whether the low level of self-esteem is present prior to parental bereavement and exacerbates maladaptive behaviors. No relationship was established with regard to locus of control and the effect on internalizing or externalizing behaviors.

Many child-intrinsic factors can be interpreted as resulting from greater child-extrinsic factors over which the child has no control. One of these variables is openness of communication evidenced by the child. This may be a result of the environment in which the child has been raised, communication patterns the child has witnessed, or individual social or cultural norms. While the components that may comprise openness of communication in children may not be

child-intrinsic, the variable itself can be defined as such. In addition, Lutz, Hock, and Kang (2007) studied the effects of children's openness of communication on emotional and mental health following distressing events. The results of the study reported that children who openly communicated their feelings and emotions had parents that were less likely to exhibit depressive symptoms. Consequently, emotional and mental health of caregivers is an equal or more representative predictor of maladaptive outcomes in children following stressful events. For this reason, the lower incidence of depressive symptoms in parents of children who openly communicate is important for both groups involved.

More rudimentary variables such as gender and age of the bereaved provide similarly discrepant results regarding grief outcomes. According to Lawrence, Jeglic, Matthews, and Pepper (2006), youth who had experienced the death of a mother were more likely to experience depressive symptoms than those who had lost a father. Females participating in the same study were reported to exhibit a relationship between avoidant coping styles and depressive and grief symptoms – a relationship that was not observed for males who had the same coping style. Despite this finding, the gender of the bereaved had no impact on the level of distress experienced from the psychological grief reaction that ensued. Thus, avoidant coping appears to be associated with increased incidence of depressive symptoms in females only, but not associated with increased distress.

Conversely, Raveis et al. (1999) concluded that a gender difference does exist in bereaved youth, specifically that parentally-bereaved males report fewer depressive symptoms as well as less state anxiety than females regardless of the gender of the deceased. This difference among the literature may be due to reporting biases among males and females, specifically that males are less likely to admit to depressive or anxious symptoms than females. Regarding age,

the study reported that older children were less likely to experience state anxiety than their younger counterparts. The results of this study by Raveis et al. (1999) are supported by more recent evidence discovered by McClatchey, Vonk, Lee, and Bride (2014) which states that younger age, female gender, and non-white ethnicity are contributing factors to the development of traumatic grief.

One variable that is only minimally represented in recent literature is the existence of prior mental health problems in bereaved youth. Although many study participants are of ages that usually do not present with psychopathology, the possibility should not be excluded or discounted. In their five-year investigation of the course of bereavement, Melhem et al. (2011) identified three distinct trajectories with which depression may align based on participants' course of grief throughout the study. The study participants were children aged 7 to 18 whose parent had died due to suicide, unintentional injury, or sudden natural causes. Of their participants, 10.4% showed no improvement of grief symptoms 33 months following parental death. Secondary analysis revealed that these children had higher rates of previous personal history of depression as determined by the Schedule for Affective Disorders and Schizophrenia for School-Aged Children, Present (Kaufman et al., 1997). Another group of 30.8% showed grief reactions persistent for nine months which then abated. Both of these groups showed evidence of functional impairment and increased risk of depression, with the group who showed symptoms 33 months after the death being at a three-fold increased risk compared to the group not showing functional impairment (Melhem et al., 2011). Functional impairment was determined using the Children's Global Assessment Scale (Shaffer et al., 1983).

Child-Extrinsic Factors Affecting Outcomes

Role of the Surviving Parent

Following the death of a parent, a child naturally seeks support and comfort from the surviving parent. The role of this parent in providing a stable grieving environment, emotional support and explanation of death is integral to psychological outcomes in the bereaved child. For these reasons, multiple studies have sought to find evidence of which characteristics in surviving parents are associated with positive outcomes following parental bereavement. A study by Raveis et al. (1999) used multiple regression analysis to determine the predictors of children's psychosocial adjustment to parental death. The study used four items to assess the child's perception of their surviving parent's facilitation of communication: "how often the well parent made it easy for them to discuss things that were bothering them, how often they felt that the well parent really listened to them, how often the well parent wanted to hear what the child thought about things that were going on, and how often the well parent asked questions to make sure they really understood what was bothering the child" (p. 170). Results indicated that children's perception of the surviving parent with regard to openness of communication is correlated with lower incidence of depression and anxiety. Lack of surviving parent's receptivity to open communication with the child, thus, was associated with denial and avoidance of acceptance of the death. Unlike many other investigations into this particular scenario, this study did not use samples referred for professional intervention and these children were considered to be psychologically healthy or well-adjusted.

Similar to the aim of the study performed by from Raveis et al. (1999), Shapiro, Howell, and Kaplow (2014) investigated specifically the interplay between mother-child communication quality and childhood maladaptive grief and depressive symptoms. In order to gauge

maladaptive grief, the authors defined the phenomenon as “an atypically severe, lengthy, or symptomatic reaction to the loss of a close other and may include symptoms of separation distress, circumstance-related distress, and existential distress” (p. 172). In this study, researchers sought to clarify the characteristics present in a surviving mother that promote the healthiest grief responses in children who have recently experienced the death of their father. Through videotaped conversations on pre-determined prompts, the quality of the mother and child’s communication strategies were coded – the quality of this interaction was interpreted as parent communality. There were five factors that were coded as contributing to parent communality: parent sensitivity and attunement toward the child; parent engagement in, and attentiveness to, the conversation; parent comfort and ease discussing the loss; parent positivity and warmth toward the child and conversation; and emotional depth of the conversation. There were four factors that were significant for child communality and they were child comfort and ease discussing the loss; child positivity and enjoyment of the conversation; child attentiveness; and child engagement with the parent and in the conversation. Results of this study indicate that child communality is not correlated with either depressive symptoms or maladaptive grief. However, parent communality was associated with lower childhood maladaptive grief symptoms and marginally lower depressive symptoms. Post-hoc partial correlations assessed individual items on the parent communality score to determine which factors were associated with lower incidence of child maladaptive grief. Mothers’ positive regard as well as sensitivity and attunement toward their children were associated with more positive outcomes. Conversational depth was associated with lower maladaptive grief symptoms and mothers’ engagement in the conversation was associated with lower incidence of depressive symptoms. Further investigation found a log linear relationship between parent communality and maternal depressive symptoms

suggesting that mothers who display an expected level of depressive symptoms are those who employ more frequent use of effective communication strategies. The study highlighted the importance of the mother's communication patterns rather than the child's in determining mental health outcomes.

Context of the Death

Another grief related factor frequently investigated by researchers is the context of parental death. One might presume that a more traumatic mechanism of death may contribute to more maladaptive functioning as opposed to death following a long course of a chronic illness. Kaplow, Howell and Layne (2014) utilized self-report measures and in-person interviews to determine whether circumstances of death are correlated to grief-related psychopathology in bereaved youth. The aim of this study was to identify links between parent and child reports of the death and their respective mental health outcomes. The authors reported that inconsistencies existed between caregiver and child reports of the cause of death in 25.4% of responses. These discrepancies were not correlated to age of the child but were correlated to mechanism of death – most notably with death by suicide. Children who lost a caregiver due to illness exhibited higher levels of maladaptive grief reactions, while surviving caregivers showed no significant between-group differences. Children who lost a caregiver due to illness also showed higher levels of PTSS compared to children bereaved by sudden death. Again, no significant differences were found for surviving caregivers. Surviving caregivers bereaved by sudden death showed higher levels of depressive symptoms while their children exhibited no significant differences. Results of this study indicate that the widely-held assumption that sudden death experiences are more traumatic for surviving loved ones may be valid for adult survivors, however the assumption is

not supported by evidence obtained from children. As a result, future research should investigate which aspects of witnessing death due to an illness are pathogenic risk factors for maladaptive grief in children. The results of this study also emphasize the need to compare caregiver and child reports of cause of death.

An investigation conducted by Melhem, Walker, Moritz and Brent (2008) elicited similar results with regard to children's psychiatric outcomes following sudden parental death. The authors employed Master's-degree-level interviewers with backgrounds in psychology to evaluate children whose parents had died by suicide, accidental death, or sudden natural death. The interviewers used various reporting measures to evaluate bereaved children on the presence of psychiatric disorders as well as self-reported endorsement of symptoms of depression, anxiety, and suicidal ideation. Results of this investigation indicate that children bereaved by sudden parental death exhibit higher frequency of psychiatric disorders including alcohol and substance abuse as well as personality disorders compared to control groups – in this case, non-bereaved youth. A noteworthy finding is that, despite an increased incidence of risk factors for psychopathology in the deceased parent, those bereaved by suicide did not demonstrate an increased risk for adverse outcome compared to participants bereaved by other forms of sudden death (Melhem et al., 2008). Results of this study indicate that bereavement by sudden, unexpected death predisposes children to psychopathology compared to non-bereaved children. However, these results echo the suggestion from Kaplow et al. (2014) that while society may view death by suicide as more traumatic with a higher likelihood of psychopathology in surviving loved ones, these members are not at increased risk of maladaptive behaviors based on this factor alone.

Peer Support

The role of peer support for those experiencing grief reactions following the death of a parent is an important aspect to consider. LaFreniere (2015) conducted an investigation in which children completed a questionnaire regarding various dimensions of peer support they had experienced. LeFreniere (2015) reported that while the vast majority of children (88.6%) attested to experiencing some sort of peer interaction related to the death of their parent (i.e. being asked questions about the death, talking to friends about the death, etc.), 71.4% *preferred not* to interact with peers on this subject. Only 25.7% of children reported initiating the interaction with the peer while 85.7% reported the non-bereaved peer was responsible for initiating the interaction. A surprising 20% reported experiencing bereavement-related teasing. The authors found no significant differences in bereavement-related peer interactions with respect to age. With respect to gender, the authors found that more females received peer support and had a more positive experience with these interactions, however they did not have a higher desire for interaction than males as hypothesized. With regard to type of death, the authors found that children who lost a parent due to anticipated death, such as chronic illness or cancer, experienced more peer support than children who lost a parent to sudden death. Interestingly, children bereaved by anticipated death experienced more negative emotional responses to peer interaction than children bereaved by sudden death. Furthermore, 51.4% of the sample felt uncomfortable or upset when discussing the death of their parent but only 5.7% of the sample reported avoiding peer interaction in general. These results indicate that while children may feel uncomfortable discussing the death of their parents with their peers, they are not completely averse to maintaining friendships and interactions after the loss of the parent.

The role of peer support is also evidenced in a more open-ended study performed by Patterson and Rangganadhan (2010). The aim of this study was to identify the needs of children and adolescents who have lost a parent to cancer and to evaluate the extent to which these needs are met. The authors believe that through needs-based research, they can understand the factors that contribute to resilience in parentally-bereaved children. The study used an open-ended questionnaire administered to participants of CanTeen, an Australian organization for young people living with cancer or who have been impacted by a parent or sibling's battle with cancer. The most frequently mentioned need category was support and understanding with participants identifying friends, teachers and family members as people from whom they needed this. Specifically, participants needed to feel that friends and peers understood what they were going through and to understand the implications this had on their functioning. From teachers, they needed to feel that their educators understood the impact this event had on their concentration and motivation. From family members, participants mentioned a need for emotional support and closeness following such a great loss. Not only was this the most reported need from bereaved adolescents, it was also the most reported unmet need according to youth surveyed.

Current Interventions

Interventions for Children

Currier, Holland, and Neimeyer (2007) conducted a quantitative meta-analysis of 13 studies investigating bereavement interventions for parentally bereaved children. The 13 studies met five inclusion criteria, namely comparing an intervention group to a no-intervention group and providing quantitative measures of participant outcome following the intervention. The majority of studies analyzed used group therapy as the primary intervention. The interventions

also included peer counseling, support groups, weekend retreats, as well as individual and family therapy. All interventions focused on the psychoeducational component of therapy with goals of "improving coping skills, increasing understanding of death and grief, talking about the deceased loved one, and expressing grief-related feelings via verbal and symbolic modes of communication" (p. 255). The meta-analysis failed to show that there was a beneficial effect as a result of intervention, i.e. the overall effect size for all studies included was not greater than zero. Thus, on average, the bereaved child who received treatment did not show improved functioning compared to the bereaved child who did not receive grief-related intervention. Currier et al. (2007) stated that these results are similar to previous results that interventions for bereaved children (group therapy, support groups, weekend retreats, etc.) do not provide the same positive outcomes that occur as a result of professional psychotherapeutic interventions. Currier et al. (2007) acknowledged that studies which intervened in a time-sensitive manner or studies that had selectively used children who were therapeutically in need of intervention may have elicited different outcomes with regard to efficacy of intervention. Thus, these results may indicate that children may benefit from more individually based psychological interventions. The authors cited the small sample size of 13 as a restriction to the investigation, nonetheless, this study gathered and reported what information does exit on a very relevant topic and should be considered when conducting further research on efficacy of interventions.

Haine, Ayers, Sandler, and Wolchik (2008) conducted a meta-analysis in which they identified the most effective evidence-based practices for treating children who have experienced the death of a parent. Based on their research the authors advised mental health specialists and other professionals who work with children to gain education regarding the importance of positive parenting (e.g. openness, warmth, effective discipline) and emphasize the importance of

communicating these practices to the surviving caregiver. Haine et al. (2008) state that positive parenting is an important intervention for bereaved children that can be supplemented by existing structured intervention programs. The authors also stated that effective psychotherapeutic interventions should focus on creating a safe and open environment in which children can experience their grief. Clinical psychologists and social workers should attend to strengthening cognitive and behavioral skills to enable bereaved children to navigate the challenges they will inevitably face. These suggestions stem from their meta-analysis which identified malleable and non-malleable factors clinicians should identify when working with bereaved youth.

A meta-analysis by Clute and Kobayashi (2013) investigated the effectiveness of children's grief camps for bereaved children. The efficacy of grief camps for children stems from the two-fold purpose of the camps: to teach children about grief while also providing a setting for children to interact with other children who have experienced the loss of a parent. The meta-analysis reviewed 8 studies with varying camp demographics. The grief camps studied had varying lengths from two to five days, served children ages 6 to 18 years, and were primarily staffed by trained volunteers. Theories guiding camp frameworks included cognitive behavioral therapy, multiple family therapy, social learning, and social norm theory. Using a combination of surveys and interviews to measure outcomes, all studies reported overall satisfaction from parents and children. Qualitative data from parents and children utilized the UCLA PTSD Index, Extended Grief Inventory (McClatchey et al., 2009) and Children's Behavior Questionnaire (Stokes et al. 1997) and demonstrated positive outcomes for children when using pre- and post-camp surveys. Clute and Kobayashi (2013) concluded that there is clear evidence to support the benefits of peer interaction with similarly bereaved children to decrease the feelings of isolation and promote positive grief outcomes arising from children's grief camps.

Interventions for Families

Sandler et al. (2010) evaluated the effectiveness of the Family Bereavement Program on multiple indicators of grief in parentally bereaved children using a randomized trial over a period of six years. The Family Bereavement Program is a 14-session (12 group and 2 individual sessions) program designed to strengthen family- and child-level variables related to adaptive outcomes following parental death. The family-level variables targeted included positive caregiver-child relationship, caregivers' mental health problems, children's exposure to negative family stressors, and effective discipline (Sandler et al., 2010). The child-level variables included positive coping, appraisals of stressful events, adaptive control beliefs, adaptive expression of grief, and perceiving that one's feelings were being understood by a caregiver (Sandler et al., 2010). The authors used the Texas Revised Inventory of Grief (Faschingbauer, 1981), the Intrusive Grief Thoughts Scale (Program for Prevention Research, 1999), and the Inventory of Traumatic Grief (Prigerson & Jacobs, 2001) to determine the percentage of program participants who experienced reduced levels of problematic grief. The authors reported that the Family Bereavement Program group showed a greater reduction in their level of problematic grief as well as reduced levels of social detachment and insecurity compared with the control group (Sandler et al., 2010). These are the first results of a long-term randomized controlled trial studying the effects of a family bereavement program.

A strong spousal attachment may contribute to increased bereavement in the surviving spouse which may cause the surviving parent to be emotionally unable to support a child's bereavement process. In order to facilitate adaptive grieving for the child, the surviving parent must be able to attend to his or her own grief (Waskowic & Chartier, 2003). Werner-Lin and Biank (2012) suggest simultaneous therapy with bereaved parents and their children to optimize

children's response to grief. The *Family Matters* programs employ social workers, psychologists, dieticians, nurses, exercise specialists, and marriage and family therapists to provide educational programs, support groups, family interventions, and social events to support families throughout the dying process and beyond (Werner-Lin and Biank, 2012). Within these programs, the chaos that is experienced following the death of a parent is framed as a normal aspect of bereavement rather than pathological and loss is viewed as a common factor among all families involved to provide a sense of inclusion. Werner-Lin and Biank's program (2012) is unique in its continuity along the trajectory of grief from acute crisis support to routine support groups and event planning working both in group settings and with individual families and with individual members of each family. Werner-Lin and Biank (2012) state that their program enables families to develop a shared emotional language that allows parents to provide an emotionally safe and well-structured environment in which the child can grieve and develop normally.

The school environment is one that requires attention as it is one of the places that bereaved children spend the majority of their time outside of the home. Zambelli (1994) states that school maladjustment is often the first indicator that a child is struggling with adapting to the major life change of losing a parent. Common behaviors include lack of concentration, acting out, and being withdrawn from normal social groups. The author attributes this to a child's original reason for achieving in school being to please or impress a parent. When this parent is gone, the child cannot rely on inherent motivation to continue to perform well. Zambelli (1994) developed an outline for school social workers to use that includes identifying the problem, identifying the teachers' attitudes toward death, evaluation of the child's support system, and various assessment tools as well as an in-depth interview with the child to determine the current response. The overall goal of Zambelli's (1994) plan is to help the social worker facilitate open

communication within the family unit. Zambelli (1994) proposes that the school social worker should initiate short-term family counseling as a mediator between the child's response and the greater family response. The family counseling should also include alleviating school maladaptation, legitimizing the expression of grief from the child, and preventing further maladaptive symptoms within the family. Zambelli (1994) recommends that school social workers follow up with the child regularly to monitor improvement.

Discussion

The death of a parent, whether sudden or anticipated, is a traumatic experience and children of the deceased are left grieving the loss during a crucial developmental period. The way that children grieve the death of a parent and the context in which they work through their bereavement can have a significant impact on the risk for developing psychopathology and long-term functional outcomes. The goal of this literature review was to identify risk factors that predispose bereaved children to poor outcomes such as the development of psychopathology as well as identify protective factors that are associated with positive outcomes in bereaved children. This literature review also sought to identify the interventions currently in place to promote positive outcomes in bereaved children as well as the efficacy of such interventions.

Factors that influence how a child responds to parental bereavement can be divided into child-intrinsic and child-extrinsic factors. The most frequently cited child-intrinsic variables related to positive outcomes include personal efficacy in coping, positive self-esteem, and openness of communication. To encourage positive self-esteem, and in turn personal efficacy in coping, psychologists and therapists should be involved during the dying process for anticipated deaths and very soon after sudden deaths to begin to develop positive self-esteem and introduce coping mechanisms that will help children going forward. One study found that children with a prior personal history of depression were more at risk for persistent functional impairment even years after the parent's death (Melhem et al. 2011). For this reason, it is imperative that children with prior history of psychopathology receive timely intervention from clinical specialists to minimize the risk of persistent psychopathology later in life. One child-intrinsic variable that is equivocal in the literature is gender of the bereaved child. While Lawrence et al. (2006) concluded that gender had no effect on grief reaction, Raveis et al. (1999) stated that males

reported less depression and anxiety. The claim by Raveis et al. (1999) may be a result of cultural expectations placed on males to exhibit resilience in the face of adversity. However, due to the equivocal nature of these findings, gender of the bereaved child should not factor strongly into the risk stratification when determining who is most at need for clinical intervention.

Openness of communication, a child-intrinsic variable, is largely dependent on the surviving parent's emotional and psychological availability to facilitate this communication. Factors related to the surviving parent were the most frequently cited child-extrinsic variables related to child outcomes. Parent communality, positive perception of the surviving parent, and peer support and understanding were correlated with decreased depressive symptoms following parental death. For these reasons, clinicians should create an environment of support and understanding for the bereaved child. This often may involve introducing the child and family to bereavement support groups and simultaneous grief therapy for the surviving parent to establish this environment. Context of death is a child-extrinsic variable that is extensively studied in the literature with results that are often different than expected. Kaplow et al. (2014) concluded that children who lost a caregiver to illness exhibited higher levels of maladaptive grief reactions and post-traumatic stress symptoms than children who were bereaved due to sudden death. Furthermore, LaFreniere (2015) determined that children bereaved by anticipated death experienced more negative emotional responses to peer interaction than those children bereaved by sudden death. These outcomes may be attributable to the anticipatory period during the final stages of an illness which allow for rumination about what is to come. This time period which may lead to depressive symptomatology would best be utilized to begin to build support systems and teach effective coping mechanisms for those children at risk.

Several studies have performed meta-analyses to determine the efficacy of various interventions currently in place to attend to the needs of bereaved children. The results of these analyses echo the findings presented earlier of the importance of quality of parenting by the surviving parent and a positive supportive environment in which the child can experience grief. First, Clute and Kobayashi (2013) reported that there are clear benefits of peer interaction with similarly bereaved children that can be experienced through grief camps. This finding further elucidates the point that while children usually do not prefer peer interactions following parental death because the majority of their peers are not able to relate to their experiences, this is not the case at grief camps. Sandler et al. (2010) concluded that participants in the Family Bereavement Program, designed to teach effective parenting skills to surviving parents and effective coping skills to bereaved youth, showed a greater reduction in problematic grief compared to the control group which used a self-study format. This echoes the importance of ensuring that parents are emotionally and psychologically well enough to provide support that children need. Werner-Lin and Biank (2012), Haines et al. (2008), and Zambelli (1994) also suggest incorporating the entire family unit into bereavement therapy. An outlier in these findings comes from Currier et al. (2007) who performed a meta-analysis and concluded that there was no significant difference in outcomes of intervention compared to no intervention; however, the limitations of this study are worth noting. First, the studies included in the meta-analysis focus almost exclusively on psychopathology and not on grief responses and subgroups that benefitted in different ways were not analyzed. Secondly, no study included follow-up beyond one year. As many of the studies included in this literature review have indicated, some grief responses can last several months and only a small percentage of maladaptive grief responses last beyond 2-3 years. Finally, the

small sample size may have greatly limited the findings. For this reason, the conclusion from Currier et al. (2007) should not be used to guide the decision to intervene.

There are several identifiable limitations to this literature review. First, there is a dearth of literature investigating long-term follow up of parentally-bereaved children. Given the diverse short-term findings, long-term outcomes are needed to determine the trajectory of grief years after the event. Another limitation of this review is the variability of effect measures used to determine psychopathology in bereaved youth. The use of several different scales for anxiety, depression, and adaptive functioning by various authors allows for increased possibility of conflicting results compared to standardized use of selected scales. A third limitation of this review is the varying selection criteria among the studies cited. Those studies which included children that displayed maladaptive grief as study participants likely identified more obvious stressors and highlighted greater improvement among participants than studies which did not use selection criteria and included children who were not at risk for psychopathology. Finally, this literature review was limited to the use of articles available through the University of Toledo library.

Further research should aim to develop a standardized screening method for bereaved children most at risk for developing psychopathology using the risk factors discussed in existing literature and summarized in this literature review. There is also a need for further research into the efficacy of bereavement interventions to confirm or negate the conclusion made by Currier et al. (2007) whose sample size was very small. Further, an intervention plan is needed to guide the type of grief therapy that should be used pending significant results showing the best method to reduce pathologic outcomes of parental bereavement.

Conclusion

Current studies offer equivocal findings on short and long-term psychosocial outcomes for parentally bereaved children. The dynamic cognitive and social development occurring throughout childhood allows for a multitude of unpredictable grief responses that may be displayed. Factors that have been identified as leading to decreased maladaptive grief responses include positive self-esteem, open communication with the surviving parent, and feelings of inclusion and sameness that can be found through group therapy. Factors that have been correlated with increased maladaptive grief responses include prior history of depression, parental death by illness, and maladaptive functioning in the surviving parent. After review of the existing literature it is evident that further research is needed to determine long-term outcomes for parentally bereaved children. However, until this conclusion can be made, therapeutic efforts should focus on group cognitive therapy for children who are grieving, school support, and ensuring that surviving parents have access to the resources and support needed to care for themselves in order to be able to provide healing environments for their bereaved children.

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Abstract

Objective: The purpose of this review was to identify risk factors leading to development of maladaptive grief as well as protective factors leading to resilience in bereaved children and identify effective interventions to promote positive grief responses.

Method: A literature review was conducted utilizing PsycINFO, PUBMED, and Ebsco. Search terms included “parentally bereaved children and adolescents”, “parental death and children”, “grief in children”, and “child development grief”.

Results: 42 references were reviewed including original research articles, meta-analyses, literature reviews, and doctoral dissertations. Literature examining the psychosocial outcomes for parentally bereaved children is diverse. Support from the surviving parent and self-confidence in personal coping skills are among the most commonly cited protective factors.

Conclusion: Further research is needed into the long-term outcomes for parentally bereaved children. Interventions should focus on cognitive group therapy for children and ensuring the well-being of the surviving parent by providing adequate support and resources for healing.

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