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Psychotherapy

A Review of Therapeutic Techniques in Work with Children in the Grieving Process

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Abstract

Background: Grieving is a life-long process, and children in the grieving process are faced with memories of a loved one, which act as a trigger for emotional reactions that may hinder the grieving process. Most children are able to cope with loss and complete the grieving process with the support of people close to them, however, some grieving children need the help of experts during the grieving process and adjustment to their loss, because they are at risk of developing long-term psychological difficulties.

Aims: The aim of this paper is to provide information to experts in the field of mental health on effective counselling and psychotherapeutic methods and techniques, as well as practical guidelines in work with grieving children.

Methods: Four databeses were searched on November 1, 2023 for peer-reviewed literature on therapeutic approaches for working with bereaved children. The key search terms were: "Child" OR "Children" OR "Adolescents" AND "Grief" OR "Grieving process" OR "Childhood bereavement" OR "Loss and trauma" OR "Traumatic grief" AND "Therapeutic techniques" OR "Psychotherapy" OR "Counselling" OR "Therapy" OR "Interventions". The search was conducted in English. Twenty-eight articles/books published up until November 2023 that matched the inclusion requirements were found.

Results: Two "category" of psychotherapy approach were identified, namely, evidence-based psychotherapy techniques and creative (expressive) techniques. The psychotherapy techniques are based on individual or group treatment, psycho-education and work with family members and peers. Alongside evidence-based psychotherapy treatments, it is useful to use creative or expressive techniques as a supplement.

Conclusion and implications: The effectiveness of psychotherapy and counselling intervention has been proven beyond doubt through a great deal of research, and therefore counselling and psychotherapy should be seen as the first choice in treatment of children in the grieving process. The presented review results could guide clinicians in selectively implementing grief therapy in a way that will be the most helpful to bereaved children, adolescents, and their families.

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1. Introduction

Grieving is a life-long process, and children in the grieving process are faced with memories of a loved one that act as a trigger for an emotional reaction and may hinder the grieving process (Pond, 2013). A condition known as complicated grieving, or prolonged grief disorder, is included in the International Classification of Diseases (ICD-11) (WHO, 2019) and it is characterized by symptoms such as intense longing, emotional pain, denial and difficulty accepting the death, persistent preoccupation with the deceased, and the impossibility of imagining the future without the deceased person. Grief disorder is serious, long-term grief which impairs functioning in important areas, and which lasts longer than is expected in the light of social norms. It usually lasts atypically long after the death (a minimum of six months after the death (ICD-11) (WHO, 2019). Prolonged Grief Disorder can occur at all ages, and the grief response can differ depending on age and developmental stage, and also age-specific concepts of death (Bruno et al., 2019; Burrai et al., 2021). The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (APA, 2013) does not recognize prolonged grief disorder as a separate category; however, it mentions *persistent complex bereavement disorder, PCBD,* as a potential candidate for a future revision of the Manual. It is clear that a great deal of research work is required to define and align what practitioners recognize as complicated grief disorder. It is certainly necessary to differentiate the symptoms characteristic of complicated grief from the long-term effect of the death of a parent (Worden, 2018; American Psychiatric Association, 2013).

Most children are able to cope with loss and end the grieving process with the support of people close to them (Arambašić, 2005). However, some grieving children need the help of an expert (psychologist, psychotherapist, child psychiatrist) during the grieving process and adjustment to their loss, because they are at risk of developing long-term psychological difficulties (Cerel et al., 2006; Luecken, 2008).

Approaches in work with grieving children depend on whether the child has already had an experience of the death of a close person, whether they are experiencing the loss of a close person for the first time, or if they are going through the process of persistent complicated grieving. Psychological therapies are recommended for children who are showing difficulties in adjustment or other psychological difficulties after a loss (Currier et al., 2008; Iannattone et al., 2023).

Worden (2018) emphasizes the need to differentiate counselling and psychotherapy in grieving. Counselling in grieving implies helping a child with non-complicated reactions to grief. In

counselling, a child who has recently experienced a loss is encouraged to move through the tasks of grieving, in order to bring the grieving process to a successful conclusion. The counselling process in grieving must be adjusted to the needs of the child, depending on the circumstances of the loss, the child's level of information about support in the social environment and their perception of death. Psychotherapy in grieving, on the other hand, is conducted when an individual is unable to accept the loss, that is, when they are going through the process of persistent complex bereavement disorder or having a difficult reaction to loss (Boelen et al., 2021; Hill et al., 2019). The aim of psychotherapy is to establish the problems that have led to the difficulties in completing the tasks of grieving, and to endeavour to resolve them. Every experience of bereavement is unique, personal and complex, so psychotherapists must adjust their interventions to meet the specific needs of each child. The specific nature of an approach is seen in the scope of the content (that is, the areas that need to be dealt with during therapy), and the process (that is, how the psychotherapist approaches the child and presents themselves and the psychotherapy treatment). In other words, it is important to choose interventions that are appropriate for the needs of the specific child and the child's personality, temperament, age, abilities etc. (Joy et al., 2023). In work with grieving children, it is recommended to use psychotherapy techniques and interventions that have been proven effective on the basis of empirical evidence (Haine et al., 2008; Hill et al., 2019; Ridley et al., 2021).

The effectiveness of psychotherapy and counselling interventions has been proven beyond doubt through a great deal of research, and therefore counselling and psychotherapy should be seen as the first choice in treatment of children in the grieving process.

2. Method

2.1 Design and search strategy

The purpose of this literature review was to analyse psychotherapeutic methods and techniques, as well as practical guidelines in work with grieving children. Since the scoping review explores findings on therapeutic approaches for working with bereaved children, it was determined to be the most beneficial method (Armstrong et al., 2011). This method was also used to "identify and examine characteristics or factors related to a particular concept" (Munn et al., 2018); in this instance, the topic under review is the therapeutic approach when dealing with grieving children.

We systematically searched the following scientific databases: Google Scholar, ResearchGate, PsychINFO, and PubMed using the key search terms: "Child" OR "Children" OR "Adolescents" AND "Grief" OR "Grieving process" OR "Childhood bereavement" OR "Loss

and trauma" OR "Traumatic grief" AND "Therapeutic techniques" OR "Psychotherapy" OR "Counselling" OR "Therapy" OR "Interventions". This search was conducted in English on November 1, 2023.

2.2 Inclusion and exclusion criteria

Selection was based on the title and abstract of the article/book. Full articles, books or book chapters were retrieved if inclusion criteria were met. Twenty-eight paper and books/book chapters met criteria and were included in the review (Table 1). In addition, the following inclusion criteria had to be met for the articles and books. Had to be: in English; on children and adolescents; original studies, clinical trials, review article, book or book chapter; related to therapeutic approach in work with children and adolescents in grieving process. Exclusion criteria were: being written in languages different from English; being conducted on adults; not being related to the grieving process; being a report/summary; not being peer-reviewed; were not fully available. Moreover, duplicate publications were not included. There was no time limit for published articles and books. Twenty-eight articles/books published till November 1st 2023 that met inclusion criteria were identified.

Table 1. Articles and books included in the literature review

References	Type of the article	Therapeutic approach	Short description of treatment	Results
Brewster et al., 2013	Review article	Bibliotherapy	Identifying the precise issue the child is having, setting objectives and plans to address it, selecting the right book for the issue, engaging in reading activities, and reflecting on the book after reading.	Growth and development of the individual. Helping the child understand psychological processes and mitigate difficulties in psychological functioning.
Cohen & Mannarino, 2015	Research article	Trauma-Focused Cognitive Behavioral Therapy for Traumatized Children and Families	Model places a strong emphasis on parent involvement. To maximize open communication between parents and children, in general, and concerning the child's traumatic experiences, concurrent child-parent sessions are included. Stabilization, trauma narrative and processing, and integration and consolidation are the three stages of TF-CBT.	Improving PTSD, depressive, anxiety, behavioral, cognitive, relationship and other problems.
Crenshaw, 2005	Review article	Expressive Techniques Based on Drawing	One activity is to identify the emotions associated with a child's loss and link them to a particular color. A child talks about what they drew and expresses the feelings that came to mind.	A helpful method for figuring out which feelings the child is hiding or maybe doesn't want to display publicly.
Crenshaw & Hardy, 2007	Review article	Planting Photographs	Planting a memory tree or a garden. Using the photographs of the deceased and child.	Permanent reminder or continued presence of deceased person. Prompt the child to talk about their emotions. Support positive memories of the deceased.
Curtis, 1999	Review article	A Drama Therapy Approach	An active, experiential approach that enhances the client's capacity to communicate, solve issues, establish objectives, express emotions in healthy ways, reach catharsis, expand the scope and depth of inner experience, fortify interpersonal skills and connections, and strengthen the capacity to carry out personal life roles while enhancing flexibility between them.	Symptom relief, emotional and physical integration, and personal growth.

Eppler & Carolan, 2005	Review article	Writing Trauma Narratives	Writing about the experience of loss.	Assess and understand the child's relationship to the experience. Facilitate meaningful child cognitive shifts. Help the child in their cognitive processing of the traumatic event.
Feen Calligan et al., 2009	Review article	Dollmaking	Dollmaking.	Guide child to a deeper resolution of grief and a positive sense of self.
Hill et al., 2019	Research article	Multidimensional Grief Therapy	An intervention based on theory and assessment that is intended to help bereaved children and adolescents experience less maladaptive grieving, more adaptive grief, and better adaptive developmental progression.	MGT can be used as a stand-alone treatment for children who have lost a parent and are suffering from depression, PTSD, and inappropriate grief behaviours.
Huan Seen et al., 2021	Research article	Empty Chair Technique	Empty Chair Technique.	The use of the empty chair technique has been shown to improve the psychological well-being of bereaved children.
Mazza, 2016a	Book	The Poetry Therapy	Expressive/creative technique.	Leverages the shared sorrow and group strengths of bereaved individuals. Through words and deeds that are affirming, respectful, and a memorial to people who have passed away, poetry has the power to create a unique healing bond.
Maza, 2016b	Book chapter	The Poetry Therapy	Expressive/creative technique.	Strengthens the bonds between those who have experienced loss and death as well as their shared suffering. The poetic can offer a unique therapeutic link that is reassuring, considerate, and a memorial to the departed via words and deeds.
Metel & Barnes, 2011	Research article	Peer-group support for bereaved children	Community-based peer-group bereavement support programme.	Referral to peer-group support may have the potential to improve bereaved children experiencing feelings of social isolation and help them develop coping strategies.
Neimeyer & Krawchuk, 2020	Book Chapter	Meaning-making after non-death losses	Drawing on personal narratives and attempting to navigate a transformed life landscape, child ability to adjust to unwanted change is influenced by child ability to successfully navigate these changes and, in the wake of them, understand them.	The chapter ends with a closer look at the case study to illustrate the ideas and methods of a meaning reconstruction approach to non-death loss and how they influence the grief counselling process.
Neimeyer et al., 2009	Review article	Grief Therapy and the Reconstruction of Meaning	Narrative retelling, therapeutic writing, a focus on metaphorical language, and the use of visualization.	Help clients reestablish a coherent self-narrative that integrates the loss, while also permitting their life story to move forward along new lines.
Neimeyer, 1999	Review article	Journaling Objects Footprints	Daily journal writing. Child is asked to choose some objects that belonged to the deceased. One of the ways of prompting conversation with the child about the deceased is to follow the "footprints" of the deceased in the life of the grieving child.	Assist children in understanding the relationships between their ideas, feelings, and actions as well as the chance to correct cognitive distortion. One of the most crucial components in keeping the deceased's memories alive is the artifacts they will have in their lives. Examining how the deceased affected the child's view, actions, and communication style starts a conversation about the relationships between emotions, cognition, and conduct.
Pearlman et al., 2010	Book Chapter	Integrated Grief Therapy for Children	Although the majority of IGTC interventions are CBT in nature, the theoretical framework also incorporates concepts from narrative methods, interpersonal therapy, and family systems work.	IGTC addresses the child's strengths and builds resilience in addition to addressing specific presenting symptoms like anxiety and despair.

Robinson et al., 2004	Book	The Incomplete Sentence Technique	Using incomplete sentences or sentence fragments. Encourage conversation on subjects related to intense emotional experiences.	Help the child to make a connection between their own thoughts, feelings and behaviour. This kind of activity can make cognitive processing and reframing of cognitive distortion easier for the child.
Salloum & Overstreet, 2012	Research article	Grief and Trauma Intervention	Treatments consisted of a manualized 11-session intervention and a parent meeting.	Children demonstrated significant improvements in distress related symptoms and social support, which, with the exception of externalizing symptoms for GTI-C, were maintained up to 12 months post intervention.
Salloum & Overstreet, 2008	Research article	Individual and Group Grief and Trauma Interventions for Children Post Disaster	Treatment consisted of a manualized 10-session grief- and trauma-focused intervention and a parent meeting.	There was a significant decrease in all outcome measures over time, and there were no differences in outcomes between children who participated in group intervention and those who participated in individual intervention.
Salloum, 2015	Book	Role Playing	Playing the role of their best friend.	This technique requires a grieving child to act out what they would say to a friend about how to think in the situation of losing a loved one.
Saltzman et al., 2017	Research article	Trauma and Grief Component Therapy for Adolescents	This is a modular, assessment-driven treatment that addresses the needs of adolescents facing trauma, bereavement, and accompanying developmental disruption. Sessions can be flexibly tailored for group or individual treatment modalities; school-based, community mental health, or private practice settings; and different timeframes and specific client needs.	Those receiving TGCTA demonstrated significant reductions in posttraumatic stress, depressive symptoms, and maladaptive grief reactions.
Sandler et al., 2013	Review article	The Family Bereavement Programme	Group therapy for bereaved children. Twelve two-hour sessions make up the programme, in addition to two extra individual sessions for parents/guardians. The treatment's cognitive goals include lowering negative thinking, enhancing self-esteem, and educating patients about their internal and external loci of control. The grieving process and proper ways to express feelings are taught to the child, along with the important lesson that death is never the child's fault.	Increase positive parenting and reduce children's exposure to stressful events. Reduce mental health problems and distressing grief of children and of bereaved parents up to six years following program participation.
Spuij et al., 2013, 2015	Research article	Grief-Help	Psychoeducation about grief processes and cognitive-behavioral treatment elements (e.g., cognitive restructuring, problem solving, and behavioral activation).	Reductions in child-rated symptoms of PGD, PTSD, depression,and parent-rated behavior problems.
Stepakoff, 2009	Review article	Writing Letters	Expressive writing of letters.	Helps the bereaved move beyond formless anguish toward a capacity for the verbal representation of psychological pain.
Stepakoff, 2009	Review article	Acrostics	The letters of the loved one's name are written vertically on the paper, and then each letter is used as the first letter of a positive characteristic of the loved one. It is also possible to suggest the child creates pictures to give a visual presentation of the poem in the form of an acrostic.	Give the child possibility to express their emotions.
Stutey et al., 2016	Research article	Play therapy	Photo-elicitation facilitated the interview process allowing the children to share emotional experiences surrounding the loss through photographs they took to capture significant aspects of their relationship and the subsequent loss.	Positive effect of utilizing photography in the playroom with children.
Webb et al., 2011	Review article	A Book of Memories	The child can write specific memories of the deceased in the book of memories, draw pictures of important events and the like.	Creating a memory box also provides the child with a similar form of support.

2.3 Screening

According to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses PRISMA guidelines, an evidence-based process for systematic reviews, the literature relevant to this investigation was examined (Liberati et al., 2009; Moher et al., 2009). Reviewers scanned the complete texts of the research and the abstracts of the articles. Through preliminary search, 154 articles and books were found. In addition, five articles were identified by cross-referencing articles originally found. Finally, twenty eight articles/books met criteria and were included in the literature review. Figure 1 presents a graphic summary of the search procedure as described by Subirana et al. (2005).

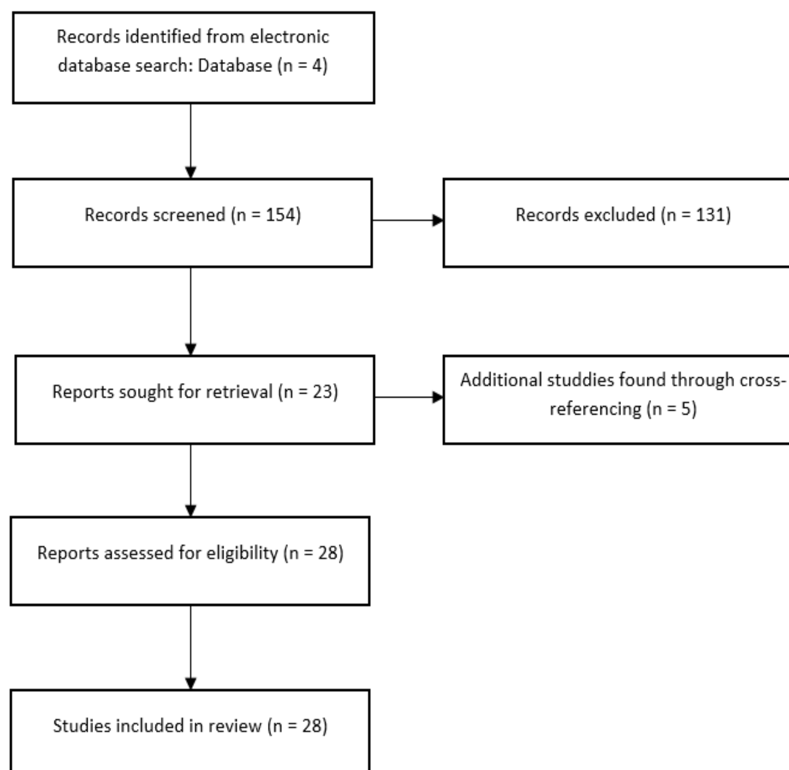

Figure1. Diagram of the article/books selection process (Subriana et al., 2005)

3. Results

3.1 Evidence-Based Psychotherapy Techniques

3.1.1 Trauma-Focused Cognitive-Behaviour Therapy, TF-CBT

Trauma-Focused Cognitive-Behaviour Therapy (TF-CBT) (Cohen & Mannarino, 2015) can be summarized using the acronym 'P.R.A.C.T.I.C.E' (*psycho-education, parenting, relaxation, affective modulation, cognitive coping, trauma narrative, in vivo exposure, conjoint, enhancing safety*). According to the

treatment plan, after completing one treatment component, the child or adolescent moves on to the next component. A key part of the therapeutic technique is the use of gradual exposure to trauma, during each component. Through this approach, children/adolescents gradually work on trauma healing. There is a brief description of the components of this therapeutic method below.

The first component relates to psycho-education (P), which includes providing information to the family on the mental health of the child and the treatment plan. Psycho-education is used throughout the entire treatment, in each of the components. During TF-CBT, meetings are held with the parents as well as the child, and interventions are conducted aimed at improving their parenting skills. They are also an integral part of each component. Parents and children are taught relaxation skills (R), which help the child to regulate and manage symptoms related to the trauma. They are encouraged to develop skills such as mindfulness, deep breathing, progressive muscle relaxation etc. The child and their parents learn to regulate their emotional condition (A) through identification and normalization of conflicting emotions and learning strategies. They are encouraged to explore their emotions, thoughts and behaviour in relation to disturbing situations (C). They learn to gain control of their thoughts, accompanying emotions and behaviours, and how to recognize dysfunctional thoughts and replace them with alternative thoughts. After building these skills, the child is asked to create a narrative of the trauma with the therapist (T). The narrative may be in the form of a poem, a book, or any other form of expression. The purpose of this component is to identify cognition related to the trauma, and create a safe place for exploration and expressing emotions and thoughts. During the subsequent components, the child is gradually exposed to specific reminders of the traumatic experience (I). Joint meetings are held with the parents and the child for provision of support and encouraging communication about the experience (C). In the end, as part of the joint or individual meetings with the child and parents, the development of safety skills is encouraged (E) (creating a safety plan which can help the child in a traumatic situation in the future; learning skills related to behaving in a dangerous situation; creating a safety plan in the case of injury or suicidal thoughts) (Cohen & Mannarino, 2015).

3.1.2 Grief and Trauma Intervention, GTI

GTI is a technique based on cognitive-behavioural (CBT) and narrative therapy, aimed at helping the child to learn skills to face and create a narrative of their trauma and loss (Salloum & Overstreet, 2008, 2012). The main goals of GTI in work with children going through the grieving process are: psycho-education about grief and emotional reactions to traumatic

experience; and providing a safe environment in which the child can express their thoughts and feelings about what happened and what the loss means for them. The GTI therapy technique is aimed at promoting resilience and safety. The child is offered support to retell their story in a way that will enable them to feel better afterwards, and to build or rebuild relationships with people from their social network who can provide them with help and support. Activities aimed at developing the child's resilience and a more positive perception may include: seeking social support (e.g. finding a person who can lend them a book or who can help them learn), encouraging a positive outlook on life (e.g. identifying things they like in their life), coping using religion (e.g. writing a prayer or poem), repeated positive evaluation (e.g. telling a story in a way that can help change the perception of the event in a positive direction). Interventions are created to be developmentally appropriate. In work with young children, it is recommended to use relaxing activities more often, such as colouring and playing with dolls or storytelling. For older children, it is more appropriate to use techniques of written expression or conversations about specific topics (Salloum & Overstreet, 2008, 2012).

Some of the characteristics of therapy interventions based on CBT are: structure and time limitations; education; establishing a link between thoughts, feelings and behaviours; positive statements; relaxation; modelling; teaching etc. Some of the strategies based on narrative therapy that are included in GTI for children are: story telling with the focus on the meaning for the child; story telling with rich descriptions; research of alternative stories and/or unique outcomes; retelling the story from different points of view; realization that the problem is not in the child but comes from outside; making the child aware of their own strength; using the child's own language, etc. Creating the narrative is approached from a CBT perspective because story telling exposes the child to the traumatic event in a safe and structured way. From the perspective of the narrative, through telling the story the child explores the meaning of the event and loss. In GTI children develop stories about what happened in a way that has a beginning, a middle and an end. During individual meetings with the therapist, the therapist and the child talk about the most difficult experience the child has been through (Salloum & Overstreet, 2008, 2012).

GTI presumes an ecological paradigm of work, that is, the assumption that the child must be understood in their social context and through two-way processes that take place between different systems (Bronfenbrenner, 1992). Conducting this intervention within an ecological perspective implies that the therapist understands the context the child is coming from. Clinicians discovered that the interventions were simple to use, beneficial in assisting children

in learning coping mechanisms, and successful in reducing traumatic symptoms so children could go through their grief without experiencing functional impairments (Salloum, 2015).

3.1.3 Multidimensional Grief Therapy, MGT

Multidimensional Grief Therapy (Hill et al., 2019), is a phasic, assessment-based individual therapy for children who have lost a parent. With a focus on reducing maladaptive grieving (such as extreme sadness and separation distress, as well as preoccupying and distressing thoughts about the manner of death), facilitating adaptive grieving (such as finding healthy ways to feel connected to the deceased, and making meaning of the loss), and promoting adaptive developmental progression in bereaved children and adolescents aged 6 to 17, MGT is an assessment-driven, theoretically derived intervention. Based on each child's assessment profile, MGT consists of unique treatment components designed to address each of the dimensions of sorrow as articulated by multidimensional grief theory. Many grief-focused activities that address a variety of grieving emotions and bereavement-related situations are incorporated into MGT. MGT exercises include dyadic caregiver-child sessions to improve communication and parental grief facilitation, in which the caregiver participates in activities that support the child's adaptive grieving. Individual sessions are given once a week. There are two phases to MGT. "Learning about Grief", Phase I is mostly concerned with psychoeducation, developing skills, and identifying triggers for trauma and loss. Phase II, "Telling My Story," concentrates on each grief area and encourages adaptive mourning reactions as it walks the child through their loss narrative. A preliminary appraisal of the study's findings is given about bereaved children's depressed symptoms, PTSD symptoms, and maladaptive mourning reactions (Hill et al., 2019).

3.1.4 Grief-Help

According to Spuij et al. (2015), Grief-Help is a therapy programme for grieving children and adolescents ages 8 to 18. It is given in nine individual sessions along with five individual sessions for parents/caretakers. Reducing symptoms of sadness, PTSD, and Prolonged Grief Disorder (PGD) are the main goals of Grief-Help's intervention. Grief-Help combines cognitive-behavioral therapy components (such as behavioural activation, problem solving, and cognitive restructuring) with psychoeducation about the grieving process (Spuij et al., 2013). When Grief-Help was first tested on six bereaved children and adolescents in a multiple baseline study, it was shown to reduce child-rated symptoms of PTSD, sadness, and PGD as well as parent-rated behaviour difficulties (Spuij et al. 2013). Significant improvements in self-rated PGD, depression, and PTSD, were also observed in a follow-up experiment including 10 bereaved

teenagers (ages 10 to 18) undergoing treatment at an outpatient clinic in the Netherlands (Spuij et al., 2015).

3.1.5 Trauma and Grief Component Therapy for Adolescents, TGCTA

Adolescents between the ages of 11 and 18 who have experienced trauma and/or loss and are at a high risk of severe persistent distress, functional impairment, and developmental disruption can benefit from TGCTA, a modularized therapy program (Saltzman et al., 2017). TGCTA was initially created for use in group environments, but it has since been modified and applied in individual settings as well. Youths' evaluation profiles are used to inform the flexible assignment and customization of TGCTA modules. Reduced posttraumatic stress reactions, maladaptive grief reactions, and depressive symptoms are among the main goals of intervention; adaptive grief reactions are encouraged; self-regulation, problem-solving, and other coping skills are strengthened; youths' social support networks are expanded and strengthened; risky behaviour is decreased; academic performance and school behaviour are improved as needed; and good citizenship and adaptive developmental progression are promoted. TGCTA has been applied and assessed in a number of contexts, including after the 1992–1995 Bosnian civil war (Layne et al. 2008), and among underprivileged inner-city kids exposed to high rates of community violence (Saltzman et al., 2001). Five years after a catastrophic civil conflict ended, Layne et al. (2008) treated grieving adolescents in a randomised controlled experiment. TGCTA recipients showed a significant decrease in depressive symptoms, maladaptive mourning reactions, and posttraumatic stress disorder (Layne et al. 2008), when compared to a control group that merely received skills-based training and psychoeducation. TGCTA has demonstrated efficacy in lowering maladaptive mourning reactions as well as posttraumatic stress disorder in a more recent open study with high-risk high school adolescents (Grassetti et al., 2015).

3.1.6 The Family Bereavement Programme, FBP

FBP is group therapy for grieving children (Sandler et al., 2013) during which support is given at the same time to the child's parents or guardians. Groups are held both together with parents and separately with the children. The programme consists of 12 two-hour sessions and two additional individual sessions for parents/guardians. The children's group promotes effective communication and the development of positive relationships with parents/guardians. The children are taught active coping strategies. On the cognitive level, the treatment is aimed at reducing negative thoughts, improving self-respect, and providing education about internal and external loci of control. The child is taught about appropriate ways of expressing emotions and the grieving process, including the fact that death is never the child's responsibility (Haine et al.,

2008). Groups for guardians/parents promote positive parenting through the development of safe attachment with the child, open communication, clear boundaries, and mitigating or removing stressful life events, such as financial worries. The findings from the randomized trial of the Family Bereavement Program demonstrate that a brief, skill-focused intervention can be effective to promote healthy functioning of parentally-bereaved families, including increasing positive parenting and reducing children's exposure to stressful events. Additionally, it was discovered that the programme reduced children's and parents' severe bereavement and mental health issues for up to six years after programme participation. The encouraging results about the efficacy of bereavement therapies for adults and children as reported in two recent meta-analytic evaluations (Currier et al., 2007; Currier et al., 2008) stand in stark contrast to the beneficial long-term effects of the FBP.

3.1.7 Integrated Grief Therapy for Children, IGTC

IGCT, in contrast to other therapy techniques, uses a more holistic approach in treating grieving children. The therapist does not only focus on the symptoms of grieving, such as depression and anxiety, but also on the child's strengths, that is, they encourage the development of the child's resilience. Therapy interventions in IGCT mainly stem from a CBT approach, but this technique also contains the principles of work in systematic family therapy, interpersonal therapy and narrative therapy. IGCT is based on several convictions or principles in therapy, and it is conducted through three basic phases (Pearlman et al., 2010).

In the first phase, the needs of the grieving child are assessed, as well as the resources available to strengthen the child. During this phase, the treatment plan is aligned with the individual needs and specific characteristics of the child. The first phase ends by establishing the goals of treatment and preparing the child and the parents for work through presentation of the basic techniques that will be used in order to develop the child's skills and capacity. During the second phase, the therapist focuses on the symptomatology present, such as depression, symptoms of post-traumatic stress disorder, anxiety or behavioural problems. Therapists should deal with these symptoms before focusing on grief and resilience (the third phase) because these symptoms affect the child's everyday life the most. However, if the child does not have any specific clinical symptoms, the therapist may skip this phase and move on to the next one. Loss, the process of grieving and encouraging resilience in the child are the main focus of the third phase of treatment. During this phase, the therapist helps the child to maintain a connection with the deceased in a way that brings comfort and security, whilst at the same time helping the child to use additional resources, such as the support of loved ones, and their own personal

strength and coping skills. Within each phase of IGCT, the clinician is encouraged to focus on those aspects of therapy that are most relevant and which will be most useful for the child (Pearlman et al., 2010).

3.1.8 Peer-Based Grief Support Interventions, PBGSI

The programme of peer-based grief support is a planned strategy of provision and receipt of support through people who share a common experience, including those who have experienced loss or are going through the grieving process. The results of the research show that peer support mitigates the symptoms of grief, and shows that others also have similar experiences, thoughts, emotions and conditions. Children are given the opportunity to comfort other children (which can strengthen their self-confidence and self-respect). Making a referral to a peer support group may aid grieving children who are feeling alone in society and assist them in creating coping mechanisms. Some children may also require additional family-focused help (Metel & Barnes, 2011).

3.2 Creative Techniques in Work with Children in the Grieving Process

3.2.1 Expressive Creative Techniques

3.2.1.1 The Incomplete Sentence Technique

Using incomplete sentences or sentence fragments is an intervention appropriate for younger children. This technique is useful to encourage conversation on subjects related to intense emotional experiences. The outcome of writing completed sentences should help the child to make a connection between their own thoughts, feelings and behaviour. This kind of activity can make cognitive processing and reframing of cognitive distortion easier for the child. Counsellors are recommended to create unique sentences for each child they are working with on the basis of the information they have received from the child or parents (Robinson et al., 2004).

3.2.1.2 Meaning in Loss Therapy, MIL

Giving meaning or context to loss is a crucial step in the mourning process, as more and more studies are proving. Giving meaning to loss has been demonstrated to be very important in circumstances when bereaved individuals attempt to find direction in the difficulties of life that follow their loss (Neimeyer & Krawchuk, 2020). The MIL protocol, which is based on the ideas of narrative therapy, attempts to facilitate the development of fresh and flexible ways to integrate the experience of loss and rebuild relationships with the departed. Interventions can take the kind of in-person group therapy sessions, remote video conferences, or both. Typically, 12 to

14 sessions make up the course of treatment (Neimeyer, 2020). This article, which begins with a review of the theory and evidence that supports this constructivist conceptualization, then uses excerpts from therapy sessions with two clients who have experienced loss to show how therapeutic writing, narrative retelling, focusing on metaphorical language, and using visualization can all be effective tools for aiding people in reconstructing meaning after loss (Neimeyer et al., 2009).

3.2.1.3 Writing a Trauma Narrative

The technique of trauma narrative writing includes cognitive processing of the traumatic experience(s) and dealing with the "most difficult moment", in an attempt to strengthen the child's tolerance in relation to the experience. After the child describes their "most difficult moment" during the session, they then write a story. Script templates can be used to help in the writing process. Eppler and Carolan (2005) mention some examples of scripts for beginning the story ("*Before my mummy/daddy died...", "When I found my mummy/daddy dead...", "Now when I think about my mummy/daddy…"*). The script should prompt the child and give guidelines for writing the narrative. If it is seen that the child is "stuck" and is unable to begin writing the story, general questions may be asked, such as, "Who else was with you at that moment?" or "What happened next?" This intervention can help the child in their cognitive processing of the traumatic event. It helps counsellors and psychotherapists to recognize the child's coping skills, and identify persons or institutions which provide support for the child in the community. It is necessary to pay attention to the child's choice of words so that the same words can be used later to establish a relationship with the child. If necessary, these words can also be reshaped in order to change the child's perception of the experience (Eppler & Carolan, 2005).

3.2.1.4 Writing Letters

Writing a letter to the deceased is another creative expressive intervention which has proved effective in treatment of traumatic grieving. Letter writing is a method that makes it possible to express what has not been said. Letters can be written, put away and read later when the child needs to do so. Writing letters can also help when facing reminders of the loved one on special occasions (such as birthdays, anniversaries and holidays), and make it possible to maintain a long-term connection between the child and the deceased (Stepakoff, 2009).

3.2.1.5 Journaling

Daily journal writing about the experience of loss (emotional, cognitive and physical reactions to the loss) can help a child to discover connections between their thoughts, emotions and

behaviour. Moreover, journal writing provides the child with the opportunity to express emotions they have been suppressing or they do not feel comfortable expressing verbally. Journaling can also give the child the opportunity to modify cognitive distortion (Neimeyer, 1999). A counsellor can encourage the child to record physiological and psychological reactions or monitor the severity of trauma symptoms they do not show in public or during therapy. It is important for the child, if they are at a stage of development where this is possible, to observe how the text of the journal changes over time, demonstrating changes in their emotional experience or expression, or changes in the way they perceive the event (Neimeyer, 1999). The process of writing a journal can prompt strong emotions in the child and it is therefore important for the counsellor to teach the child how to manage anxiety, that is, to teach the child relaxation or cognitive restructuring techniques (Neimeyer, 1999).

3.2.1.6 Bibliotherapy

Bibliotherapy, alongside poetry therapy, is a therapeutic technique based on using poetry and other literary forms for the growth and development of the individual, as help in understanding psychological processes and in order to mitigate difficulties in psychological functioning (Brewster et al., 2013). Bibliotherapy encompasses a wide range of genres, from self-help books to fiction, and is usually divided into self-help books offering advice, creative bibliotherapy focusing on the use of various literary genres (fiction, poetry, biographies), as well as creative writing to improve mental health (Brewster et al., 2013). The steps towards successful bibliotherapy include definition of the specific problem the child has, creating goals and activities to resolve that problem, choosing the appropriate book for the problem the child is facing, reading activities, and consideration of the book after reading.

3.2.1.7 Poetry Therapy

The act of writing poetry requires deep thought and spontaneous expression of the emotions that are overwhelming the person (Mazza, 2016a). During the “overflow” of emotions onto paper, the child has the opportunity to understand the sense and value of their experience. Identification and differentiation of emotions is the main aim of this technique. As in all expressive creative techniques, poetry therapy can help the child to understand their experience and be a bridge between the known and forgotten aspects of their experience. Poetry therapy has been proven to be an effective technique for children going through traumatic experiences to which they need to ascribe meaning. It is used effectively as support for a child in processing the entire life of a loved one, and not just the traumatic circumstances of their death (Mazza, 2016b).

3.2.1.8 Acrostics

Acrostics are one of the forms that make using this intervention easier and give the possibility for the child to express their emotions (Stepakoff, 2009). This technique is useful because it focuses attention on remembering the loved one in a positive sense; in this way it is possible to create an antithesis to the traumatic images related to the death. The letters of the loved one's name are written vertically on the paper, and then each letter is used as the first letter of a positive characteristic of the loved one. It is also possible to suggest the child creates pictures to give a visual presentation of the poem in the form of an acrostic (Stepakoff, 2009).

3.2.1.9 Expressive Techniques Based on Drawing

Connecting colours and feelings is a technique which requires the child to identify feelings related to their grief and to connect them to a specific colour. After that, the child is asked to mark on an image of their body where they feel specific emotions and to colour those places in with the appropriate colour. The child can be asked to draw an experience connected with the loss of the loved one, which produces intense emotions, such as the funeral. After drawing, in the presence of the therapist, the child describes their drawing and verbalizes the emotions that arose while they were drawing. Making paper masks which on one side show the feelings they show to the outside world and on the other side their internal private feelings which the child keeps to themselves, is one more useful technique for identifying the emotions the child is suppressing or perhaps does not want to show on the outside (Crenshaw, 2005).

Metaphors, when they are used creatively, can also be a useful tool to strengthen a child's feeling of connection with their environment during a period of time that is full of sadness. "The magic key" is a projective technique in drawing that is suggested that encourages the child to imagine they have been given a magic key to a room containing the one thing they are missing in life, or the one thing they believe would make them happy forever. After visualizing a clear image of that object, thing or person, the child is asked to draw what they see as accurately as possible. Other guidelines for painting, drawing or collage may be useful, such as for example drawing the circle of life (Crenshaw, 2005).

3.2.1.10 Other Expressive Techniques

The child can be asked to create a book of memories. In a situation where the child has very few positive memories or they lost their loved one in extremely traumatic circumstances, they will have the tendency to keep positive memories of the deceased deep inside. A book of memories will make it easier to keep positive memories and maintain their attachment to the

deceased. The child can write specific memories of the deceased in the book of memories, draw pictures of important events and the like. Creating a memory box also provides the child with a similar form of support. The child puts objects and reminders of the deceased in a box (Webb, 2011).

In therapy it is also possible to use photographs of the deceased and the child, showing their connection, or that are a reminder of their shared positive experiences. This will prompt the child to talk about their emotions, but also support positive memories of the deceased (Crenshaw & Hardy, 2007).

The child can be asked to choose some objects that belonged to the deceased. Enabling the child to choose objects they will keep in their memory and how those objects will be included in their life is one of the most important elements of preserving the memory of the deceased (Neimeyer, 1999). Objects such as clothes or jewellery, pictures or toys belonging to the deceased can be used. The child can find a special place in their home for these objects, they can carry them around with them, or take them to sessions with the psychotherapist. The psychotherapist can use the chosen objects for work on emotional and cognitive processing of the loss. It is important to talk about the objects the child has chosen and what those objects mean to them.

One of the ways of prompting conversation with the child about the deceased is to follow the "footprints" of the deceased in the life of the grieving child (Neimeyer, 1999). Exploring the effect of the deceased on the child's perception, behaviour and manner of communication opens a dialogue about the connections between cognition, emotions and behaviour. Counsellors should not focus exclusively on what has been lost, but on the attachment between the child and the deceased, which is timeless. For a child it is empowering to have the choice to choose which heritage (foot prints, traces) they want to keep, and which they want to discard.

3.2.2 Creative Techniques Based on Physical Expression

3.2.2.1 Creating a Puppet Show

In this approach to therapeutic puppetry, it is important to give the child control, to enable authentic play with puppets and creating a script for the performance. Puppets and toys help children to externalize their problems, giving the opportunity to express stories and characters, but also enable children to separate themselves from their problems so that what is currently going on in their lives can be replaced by a desirable narrative. They also enable children to control and process real and/or symbolic scenarios, in order to overcome emotional conflicts.

A stronger feeling of self and a grief resolution was brought about by the doll-making process (Feen-Calligan et al., 2009).

3.2.2.2 Drama Therapy

Drama therapy includes psychodrama, sociodrama, and creative drama. The methodical and deliberate application of drama/theater methods and materials to accomplish the therapeutic objectives of symptom alleviation, emotional and physical integration, and personal development is known as drama therapy. Drama therapy is an interactive, experiential method that helps clients tell their stories, solve problems, make goals, express emotions in healthy ways, reach catharsis, expand the scope and depth of their inner experiences, enhance interpersonal skills and connections, and become more adept at carrying out their personal roles while being more flexible in between. Drama therapy integrates role playing, telling stories, improvisation and other techniques stemming from theatrical performances, in combination with psychotherapy (Curtis, 1999). During drama therapy, a dramatic space is created for play and expressing creativity. The space serves the children as a means to feel free and to explore freely. This process encourages focusing on the here and now, requiring participants to be sensitive to their non-verbal and emotional communication with one another, whereby their self-awareness and consciousness of their body grow, enriching their social skills and encouraging integration of physical and emotional experiences (Curtis, 1999).

3.2.2.3 Role Playing

Role playing (e.g. playing the role of their best friend) can be used when a child has difficulty recognizing alternative thought; in this way the opportunity is given for the child to work on their cognitive distortion. This technique requires a grieving child to act out what they would say to a friend about how to think in the situation of losing a loved one (Salloum, 2015).

3.2.2.4 The Empty Chair Technique

The empty chair technique is an exercise where an individual expresses their thoughts and feelings as though they were talking to a specific person. When used in grief management, the technique enables individuals to express unresolved emotions, to gain new insights, and encourages a feeling of closure. Although the person is not present, the child can aim their words and gestures at an empty chair and imagine the person sitting on the chair while they talk to them. This technique gives the child the opportunity to express their thoughts and feeling to the deceased, the opportunity to say what they did not manage to say during their life, or to say what remained unsaid (Huan Seen et al., 2021).

3.2.2.5 Play Therapy

Play therapy is often used as a therapeutic approach in work with children. The use of play therapy encourages children in verbal and non-verbal communication. Play is an effective therapeutic approach in situations where a child demonstrates resistance to treatment, or has difficulty expressing their emotions. There are two basic forms of play therapy - direct and indirect. Direct play therapy implies the use of a structure and is guided by the therapist so the child can resolve their emotional and behavioural problems. Indirect or unstructured play consists of using free play within specific therapeutic conditions. This therapeutic approach is often used with children who are in the grieving process (Stutey et al., 2016).

3.2.2.5 Planting

Moreover, nature in itself can be used as an intervention. For example, planting a memory tree or a garden makes a long-term connection with a loved one possible, and preserves their memory (Crenshaw & Hardy, 2007). For even deeper significance for the child, it is possible to plant a plant that the deceased person particularly liked. The child may be especially comforted to see the plant/tree blossoming during the specific season of the year in which the loved one was born or around the time when the death occurred, as a permanent reminder of their continued presence (Crenshaw & Hardy, 2007).

4. Discussion

Experts providing psychotherapy or counselling services to grieving children have the obligation to undergo continuous training in this field in order to learn about the most up-to-date and effective therapy techniques and approaches to treatment of grief in childhood, but also methods for providing support to other members of the family of the grieving child. The methods used in work may be based on support programmes, interventions, psycho-education or any of the therapeutic approaches, such as a CBT. Psychotherapy techniques for which evaluation of their effectiveness has been conducted are mainly psychotherapy techniques based on individual or group approaches.

Individual psychotherapy approach gives the child the opportunity to face and overcome grief in one-on-one work with the psychotherapist. Short-term therapeutic approach which has proved to be effective in resolving problems related to trauma is TF-CBT (Chipalo, 2021). This model was primarily developed for children and adolescents who have symptoms caused by trauma, such as depression, anxiety, PTSP, or who show problems in behaviour after a loss (Cohen & Mannarino, 2015). A similar approach that was developed on the basis of CBT but

also narrative therapy is GTI. GTI ensures mitigation of post-traumatic stress reactions, but also development of successful coping skills (Salloum, 2015). Similarly, the IGCT approach takes into account the symptoms of the grieving child, but with the emphasis on developing the child's resilience (Pearlman et al., 2010).

Group therapies are effective in the treatment of children in the grieving process, whether family therapies or peer groups. Group psychotherapy facilitates children's relationships with their peers or family members, which is very important for a successful recovery. FBP group therapy support for children and parents/guardians, as well as group interventions based on peer support, help children redefine who they are after a loss and empower them (Fineran, 2012). It is important to emphasize that in group therapies, in contrast to individual forms, members of the group have the opportunity to observe the experiences of other group members, learn that others have similar thoughts/emotions/reactions, and they have the opportunity to provide help and receive help from other people who are not therapists, etc. Clinicians who are forming and leading bereavement support groups have to: define a time frame and create a plan of activities in the group; obtain parental consent; ensure a safe space for self-exploration and expression; conduct developmentally appropriate activities in line with the tasks of grieving; provide the possibility for different forms of expression; encourage development of age-appropriate coping strategies through conversation, practicing and modeling, openness and sensitivity towards religious and cultural specifics of grieving, and flexibility and openness for different forms of grieving. Finally, groups should be formed taking into consideration factors such as the child's needs, their stage of development, and the nature of their loss (Tonkins & Lambert, 1996).

Alongside evidence-based psychotherapy treatments, it is also useful to use creative or expressive techniques as a supplement. Some children are perhaps not prepared to talk about their loss immediately upon arrival at a psychotherapy session. However, children are able to communicate through their imagination and explore their loss and trauma in a safe place. A feeling of emotional and physical safety develops during the therapy, and offers the child support in the therapeutic process. Various forms of creative expression that include movement, play, creating stories and acting, combined with verbal expression, make it easier for the child to express emotions connected with their loss (anger, fear and sorrow arising from the death etc.) without having to speak about their loss immediately. These therapeutic techniques have the character of experiential and active therapy, in which the clients are included in all phases of the therapeutic process. Using creative approaches in treatment of grief makes it

possible to gradually draw out the child's emotional investment in the loved one they have lost, and guide them forward in life. Further, these techniques make it possible to understand emotions and conflicts which hinder the grieving process. For example, taking steps forward may be difficult for a child who has not had the opportunity to say goodbye to the loved one they have lost, or has not had the opportunity to express their feelings, if the death occurred violently or suddenly in some other way (Crenshaw & Garbarino, 2007). Children who are in the grieving process sometimes avoid talking about their painful experience. In these situations, expressive writing techniques can make it easier for a child to open up certain painful subjects, and serve to encourage conversation.

Expression of loss or a traumatic experience through writing can help psychotherapists understand the child's relationship to the experience of loss (Eppler, 2008; Eppler et al., 2009) and ease the process of cognitive change in the child, or encourage new cognitive processing of the event. Younger children who are unable to write can be encouraged to draw a picture of the traumatic experience, and in that way, they are given support in their cognitive processing of their experience of trauma. At the earliest age, before they are verbally fluent, children express their emotions and thoughts by drawing (Abraham, 2002; Moschini, 2005). Expression using drawings, images and other media give the child the possibility of expressing thoughts and feelings which they are perhaps unable to express verbally, to find sense in the traumatic loss, to come to terms with their experience, and to understand themselves and the world they live in. Further, through the process of drawing, a child is able to explore intense memories. This can help psychotherapists to identify cognitive distortions that need to be addressed in therapy (Cohen & Mannarino, 2004). Older children can use drawing to identify and explore intense emotions and feelings (Hamama & Ronen, 2009; Moschini, 2005). Communicating frightening, violent and painful experiences through drawings can change the child's emotional state (Waller, 2006). Drawing enables the child to integrate traumatic experiences (Lusebrink & Alto, 2004). Some theoreticians emphasize that a child's verbalization of their drawings is extremely important for healing of trauma (Lev-Wiesel & Liraz, 2007). Writing and drawing techniques can be used in individual work with children, or together at a session with members of their family. Use of this technique with different family members may give an insight into the different perspectives of the family members and the family dynamics, and encourage emotional attachment between family members whilst they work together on the task (Edgar-Bailey & Kress, 2010). Finally, bibliotherapy can be combined with journaling, to help the child talk about bereavement and loss. In the literature there is a list of children's books dealing with loss, and activities the child can do after reading, aimed at processing their personal experiences

(Heath et al., 2008). Additionally, nature can be a useful therapeutic environment because it acts as neutral territory, strengthening the feeling of equality and connection, in contrast to the closed space where the counsellor works and which is already defined as being intended for counselling (Berger, 2008). Creative techniques can be used together with some of the therapy techniques mentioned above with children who are going through the grieving process, as well as children with traumatic grief. It is important to mention than none of the techniques that are described is intended for use alone in work with grieving children, but they serve as tools to improve the effectiveness of psychotherapeutic treatment (Edgar-Bailey & Kress, 2010).

Some authors emphasise general guidance in work with grieving children.

The child should be given support even in situations in which they have ambivalent feelings, such as anger and guilt, alongside the feelings of sadness and loss. It is necessary to teach the child that they may feel different feelings at the same time, and that these may vary in intensity. It is particularly important to check if the child feels guilty for being alive, and if they see themselves as a bad person because they are going on with their life despite the death of their loved one. The child needs to express their guilt freely. It is important for the child to be made aware that they are not responsible for the death of their loved one, especially if the death involved an accident that they may have seen or in which they participated, and they must be made aware that accidents happen, and there is nothing anyone could do to change what happened (Worden, 2018).

Therapy in the grieving process requires the child to experience specific thoughts and feelings that they have previously avoided. It is important to emphasize that the child receives the support from the therapist that they need to process their loss successfully, that is, they are given permission to grieve, which they may not have had in their family and/or social environment. The therapeutic environment should be a safe environment in which the child has the opportunity to explore their internal experiences, define the goals of treatment, develop their relationships, and externalize traumatic experiences (Haen, 2015).

It is important for the therapist to create goals and a treatment plan in agreement with the child. If the child, because of their stage of development, is not able to take an active part in creating the goals of treatment, the parents or guardian must be included. Including the child in creating the goals of therapy gives them a feeling of control (which is often lost in situations when a child experiences the loss of a loved one) and structure. In the same way, setting goals gives the possibility for the child and the therapist to evaluate what has been achieved during the

treatment and what they still need to work on. It is important to talk about the goals of therapy as it goes along, and not just at the beginning or the end (Spuij et al., 2013).

Cooperation with parents, teachers and other experts is extremely important, and it may be said that it has a key role in providing support to a child going through the grieving process. The outcome of treatment significantly correlates with the function of the (surviving) parent or guardian (Luecken, 2008). When including parents in treatment, it is also necessary to take into account their parenting style, and the parent-child relationship. Here it is important, before any inclusion of parents in therapy, to talk about it with the child and obtain the child's consent regarding the information that can be shared with the parents, and who should share it – whether the child will share information with the parent or the therapist will inform the parent. It is important to emphasize that some information should be shared with the parent without the child's consent (exposure to violence, suicidal thoughts and intentions, risks to other people). Strengthening the child and family members, and using the resources of the community can develop the child's resilience (Donohue et al., 2023).

Education of parents/guardians about the effect of grieving on the child's everyday functioning is of primary importance for the success of therapy (Haine et al., 2008; Tein et al., 2006). Psychotherapists need to educate parents to share their own grief and sorrow with the child, and show the child by their own example how they experience and express their grief in a constructive way. Adults in the child's environment must support contact between the child and the deceased so that they give the child opportunities to talk about the deceased (experiences the child had with the person, pleasant memories, shared moments etc.) so the child continues to feel a connection with the deceased. If a brother or sister has died, therapists must focus their attention additionally on provision of support for the child from the wider family and/or community because the risk exists that the child will not be able to receive emotional support from their grieving parents (Wolchik et al., 2006). Moreover, it is important to provide support to the parents in their grieving so that they are guided to grieve together with the child so that the child would not feel "excluded" (Kwok et al., 2005).

Mental health experts need to be sensitive to the cultural and spiritual background of a child and/or adolescent. The child needs to participate in the usual culturally or religiously defined rituals of taking leave of a deceased person, in order to have the opportunity to say goodbye to the parent or loved one they have lost (Laungani & Young, 1996; Kuehn, 2013).

Every expert who works with grieving children must be aware of the specific ethical code of their profession and the legislation in force. Before beginning treatment, it is necessary to obtain

the informed consent of the child and the parents for the treatment. If the child is not able to give consent, then someone else may be authorized to do so, such as a parent or grandparent, an adult brother or sister, aunt or uncle, a judicial body or the social welfare centre (ACA, 2014). The ethical rule of confidentiality is extremely important in work with grieving children. Sometimes, on the basis of some legal documents (such as a ruling on custody or divorce) and ethical standards, it is defined in advance who can, and in which situations, obtain information about the child's therapy.

The therapist needs to be aware of the important and sophisticated role that countertransference plays in psychotherapy sessions. A better emotion elaboration process is linked to countertransference if the psychotherapist can recognize countertransference, manage it, and use it to understand what is happening in the interpersonal relationship. On the other hand, if the psychotherapist acts out the countertransference that is in turn activated by the client's dissociated transferential experiences, then the countertransference becomes a valuable tool that promotes change in the client (Negri et al., 2022).

By repeatedly being exposed to and empathizing with clients' and patients' traumatic experiences, health and human service providers who work with individuals who have experienced trauma (such as abuse and assault, grief and loss, and human trafficking) run the risk of developing vicarious trauma (VT) (Sprang et al., 2019; Pajardi et al., 2023). Although working with traumatized individuals often causes service providers to experience VT (Molnar et al., 2017), these symptoms may hurt the providers themselves, leading to a variety of cognitive, emotional, and behavioural problems (Bercier & Maynard, 2015). It is concerning to note that symptoms of vicarious trauma may also have an impact on the quality of services, leading to a decline in provider judgment and service provision (Branson, 2019). Different strategies have been developed over the past few decades by researchers and practitioners to prevent and reduce symptoms related to trauma experienced by care providers (Bercier & Maynard, 2015). Due to the dearth of such investigations, existing VT intervention studies must be carefully reviewed and synthesized to progress the generation of evidence in this field (Sprang et al., 2019; Pajardi et al., 2023).

Future studies must take into account the necessity of conducting in-depth research on online therapeutic settings for children who have lost a parent. Even at the countertransference level, the positive opinions about tele therapy point to the need for more recent research to offer extensive scientific analyses on the modernization of psychotherapy (Boldrini et al., 2023; Sani & Bacqué, 2023). The nature of the therapeutic setting, whatever it may be, always has an impact

on the psychotherapist-patient relationship. Thus, it's important to consider the complex nature of the remote therapy environment and the various ways that it complements the therapeutic process. However, based on the patient's demands and therapeutic stage, it is evident that offline and online settings may have various applications but may also be complementary to one another (Pennella & Bignami, 2021). Furthermore, it is recommended that further research in this field, taking into account the challenges and priorities facing children and adolescents, as well as using generalizable assessment techniques (Sani & Bacqué, 2023; Esposito et al., 2023).

5. Strengths and limitation

It is important to recognise the methodological limitations of this review. This review of the literature only includes articles and books that were published in English. It's possible that the aforementioned restrictions led to the exclusion of appropriate articles. Furthermore, the review's emphasis on children and adolescents reduced the quantity of published studies. However, it gave accurate and useful information about the sample's age range. Nonetheless, this research draws attention to a few key areas of children's psychotherapy during mourning, and the findings may help medical professionals tailor bereavement therapy to the specific needs of grieving adolescents, children, and their families.

6. Conclusion

In conclusion, although there a many different possible treatments for children in the grieving process, there is still a lack of evidence of the effectiveness of treatments conceived specifically for grieving children. However, experts must be aware of the factors that encourage the therapeutic process of recovery in a child, such as the child's understanding of the need for expert help, acceptance of the therapeutic process, a good therapeutic relationship, and the flexibility of the therapist (Koblenz, 2015). In addition, experts need to know the resources that exist in the community which may help support the child in the recovery process, and ask family members to use the available resources. Children faced with bereavement must be included simultaneously in individual and group psychotherapy.

Conflict of interest statement

The author confirms sole responsibility for the following: article conception and design, data collection, analysis and interpretation, and manuscript preparation.

Author Contributions

Study conception and design SK and DA; Searching for literature VVP, MA, KA, MM; Reading the articles and analysis SK, DA, VV, MA, KA, MM; draft manuscript preparation KS, DA. All authors reviewed the results and approved the final version of the manuscript.

References

1. American Counseling Association. (2014). 2014 ACA code of ethics. Retrieved December 10th, 2023, from https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf
2. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.) https://doi.org/10.1176/appi.books.9780890425596
3. Arambašić, L. (2005). *Gubitak, tugovanje, podrška.* Naklada Slap.
4. Armstrong, R., Hall, B. J., Doyle, J., & Waters, E. (2011). 'Scoping the scope' of a Cochrane review. *Journal of Public Health, 33*(1), 147-150. https://doi.org/10.1093/pubmed/fdr015
5. Bercier, M. L., & Maynard, B. R. (2015). Interventions for secondary traumatic stress with mental health workers: A systematic review. *Research on Social Work Practice, 25*(1), 81–89. https://doi.org/10.1177/1049731513517142
6. Berger, K. S. (2008). The developing person through the life span (7th ed.). Worth Publishers.
7. Boelen, P. A., Lenferink, L. I. M., & Spuij, M. (2021). CBT for prolonged grief in children and adolescents: A randomized clinical trial. *The American Journal of Psychiatry, 178*(4), 294–304. https://doi.org/10.1176/appi.ajp.2020.20050548
8. Boldrini F., Ragni, B., Barni, D., Grimaldi Capitello, T., Giampaolo, T., Marchetti, V., & De Stasio, S. (2023). A web-delivered group intervention supporting parental sensitivity and self-efficacy: an Italian pilot study. *Mediterranean Journal of Clinical Psychology 11*(2). https://doi.org/10.13129/2282-1619/mjcp-3794
9. Branson, D. C. (2019). Vicarious trauma, themes in research, and terminology: A review of literature. *Traumatology, 25*(1), 2. https://doi.org/10.1037/trm0000161
10. Brewster, L., Sen, B.A., & Cox, A.M. (2013). Mind the gap: Do librarians understand service user perspectives on bibliotherapy? *Library Trends, 61*, 569 - 586. https://doi.org/10.1353/lib.2013.0001
11. Bronfenbrenner, U. (1992). Ecological systems theory. *In Six theories of child development: Revised formulations and current issues* (pp. 187–249). Jessica Kingsley Publishers.
12. Bruno, A., Iannuzzo, F., Presti, R. L., Pandolfo, G., Cedro, C., Pangallo, N., ... & Muscatello, M. R. A. (2019). Grief and the new DSM-5 clinical category: A narrative review of the literature. *Mediterranean Journal of Clinical Psychology, 7*(2). https://doi.org/10.6092/2282-1619/2019.7.2244
13. Burrai, J., Quaglieri, A., Lausi, G., Fraschetti, A., Couyoumdjian, A., Guidoni, U., Vedovi, V., Ferracuti, S., Giannini, A.M., Mari, E. (2021). A model of early psychological intervention for direct and indirect road victims. *Mediterranean Journal of Clinical Psychology, 9*(3). https://doi.org/10.13129/2282-1619/mjcp-3182
14. Cerel, J., Fristad, M. A., Verducci, J., Weller, R. A., & Weller, E. B. (2006). Childhood bereavement: Psychopathology in the 2 years postparental death. *Journal of the American Academy of Child & Adolescent Psychiatry, 45*(6), 681-690. https://doi.org/10.1097/01.chi.0000215327.58799.05
15. Chipalo, E. (2021). Is trauma focused-cognitive behavioral therapy (TF-CBT) effective in reducing trauma symptoms among traumatized refugee children? A Systematic Review. *Journal of Child & Adolescent Trauma, 14*(4), 545–558. https://doi.org/10.1007/s40653-021-00370-0

16. Cohen, J. A., & Mannarino, A. P. (2004). *Treatment of childhood traumatic grief. Journal of Clinical Child and Adolescent Psychology, 33*(4), 819–831. https://doi.org/10.1207/s15374424jccp3304_17
17. Cohen, J. A., & Mannarino, A. P. (2015). Trauma-focused cognitive behavior therapy for traumatized children and families. *Child and Adolescent Psychiatric Clinics of North America, 24*(3), 557–570. https://doi.org/10.1016/j.chc.2015.02.005
18. Crenshaw, D. A. (2005). Clinical tools to facilitate treatment of childhood traumatic grief. *Omega: Journal of Death and Dying, 51*, 239–255.
19. Crenshaw, D. A., & Garbarino, J. (2007). The hidden dimensions: Profound sorrow and buried potential in violent youth. *Journal of Humanistic Psychology, 47*(2), 160–174. https://doi.org/10.1177/0022167806293310
20. Crenshaw, D. A., & Hardy, K. V. (2007). The crucial role of empathy in breaking the silence of traumatized children in play therapy. *International Journal of Play Therapy, 16*(2), 160–175. https://doi.org/10.1037/1555-6824.16.2.160
21. Currier, J. M., Holland, J. M., & Neimeyer, R. A. (2007).The effectiveness of bereavement interventions with children: A meta-analytic review of controlled outcome research. *Journal of Clinical Child and Adolescent Psychology*, *36,* 253–259.
22. Currier, J., Neimeyer, R., & Berman, J. (2008). The effectiveness of psychotherapeutic interventions for bereaved persons: A comprehensive quantitative review. *Psychological Bulletin, 134*, 648–661. https://doi.org/10.1037/0033-2909.134.5.648
23. Curtis, A. M. (1999). Communicating with bereaved children: A drama therapy approach. *Illness, Crisis & Loss, 7*(2), 183–190. https://doi.org/10.1177/105413739900700206
24. Donohue, E., Halgunseth, L. C., Mauldin, L., Donorfio, L. K. M., & Bellizzi, K. M. (2023). Parent-child grief interactions: A qualitative analysis and conceptual framework of the lived experiences of young widowed parents. *OMEGA - Journal of Death and Dying*. https://doi.org/10.1177/00302228231169139
25. Edgar-Bailey, M., & Kress, V. E. (2010). Resolving child and adolescent traumatic grief: Creative techniques and interventions. *Journal of Creativity in Mental Health, 5*(2), 158–176. https://doi.org/10.1080/15401383.2010.485090
26. Eppler, C., & Carolan, M. (2005). Biblionarrative. *Journal of Family Psychotherapy, 16*, 31–43. https://doi.org/10.1300/J085v16n04_04
27. Eppler, C. (2008). Exploring themes of resiliency in children after the death of a parent. *Professional School Counseling, 11*(3), 189–196. https://doi.org/10.5330/PSC.n.2010-11.189
28. Eppler, C., Olsen, J. A., & Hidano, L. (2009). Using stories in elementary school counseling: brief, narrative techniques. *Professional School Counseling, 12*(5), 2156759X0901200503. https://doi.org/10.1177/2156759X0901200503
29. Esposito, G., Passeggia, R., Pepicelli, G., Cannata, A., Di Natale, M. R., Parlato, F., & Freda, M. F. (2023). Supporting university students during the pandemic: A study on the efficacy of a mentalizing online group counselling. *Mediterranean Journal of Clinical Psychology, 11*(1). https://doi.org/10.13129/2282-1619/mjcp-3705

30. Feen-Calligan, H., McIntyre, B., & Sands-Goldstein, M. (2009). Art therapy applications of dolls in grief recovery, identity, and community service. *Art Therapy, 26*(4), 167–173. https://doi.org/10.1080/07421656.2009.10129613
31. Fineran, K. R. (2012). Helping foster and adopted children to grieve the loss of birthparents. *The Family Journal, 20*(4), 369-375. https://doi.org/10.1177/1066480712451230
32. Grassetti, S. N., Herres, J., Williamson, A. A., Yarger, H. A., Layne, C. M., & Kobak, R. (2015). Narrative focus predicts symptom change trajectories in group treatment for traumatized and bereaved adolescents. *Journal of Clinical Child & Adolescent Psychology, 44*(6), 933–941.
33. Haen, C. (2015). Advancing a dramaturgical theory of group process. *Drama Therapy Review, 1*, 219–235. https://doi.org/10.1386/dtr.1.2.219_1
34. Haine, R. A., Ayers, T. S., Sandler, I. N., & Wolchik, S. A. (2008). Evidence-based practices for parentally bereaved children and their families. *Professional Psychology, Research, and Practice, 39*, 113-112. https://doi.org/10.1037/0735-7028.39.2.113
35. Hamama, L., & Ronen, T. (2009). Children's drawings as a self-report measures. *Child and Family Social Work, 14*, 90-102. https://doi.org/10.1111/j.1365-2206.2008.00585.x
36. Heath, M. A., Leavy, D., Hansen, K., Ryan, K., Lawrence, L., & Sonntag, A. G. (2008). Coping with grief: Guidelines and resources for assisting children. *Intervention in School and Clinic*, 43(5), 259-269.
37. 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*(11), 3062–3074. https://doi.org/10.1007/s10826-019-01481-x
38. Huan Seen, A. T., Ahmad, N. S., & Khalid, N. F. (2021). Effect of empty chair technique towards psychological well-being individual experiencing grief: A case study. *Jurnal Penyelidikan Sains Sosial (JOSSR), 4*(10), 21-34.
39. Iannattone, S., Malerba, A., Carloni, C., Farina, A., Cardi, V., & Bottesi, G. (2023). The association between intolerance of uncertainty, emotion dysregulation, and anxiety in Italian non-clinical pre-adolescents and adolescents. *Mediterranean Journal of Clinical Psychology, 11*(2). https://dx.doi.org/10.13129/2282-1619/mjcp-3664
40. Joy, C., Staniland, L., Mazzucchelli, T. G., Skinner, S., Cuddeford, L., & Breen, L. J. (2023). What bereaved children want to know about death and grief. *Journal of Child and Family Studies*, 1-11. https://doi.org/10.1007/s10826-023-02694-x
41. Koblenz, J. (2015). Growing from grief. *OMEGA - Journal of Death and Dying, 73*(3), 203-230. https://doi.org/10.1177%2F0030222815576123
42. Kuehn, P. D. (2013). Cultural coping strategies and their connection to grief therapy modalities for children: an investigation into current knowledge and practice. Sophia, the St. Catherine University repository website. Retrieved December 10th, 2023, from https://sophia.stkate.edu/msw_papers/215

43. Kwok, O. M., Haine, R. A., Sandler, I. N., Ayers, T. S., Wolchik, S. A., & Tein, J. Y. (2005). Positive parenting as a mediator of the relations between caregivers' psychological distress and children's mental health problems following the death of a parent. *Journal of Clinical Child and Adolescent Psychology, 34*, 261–272. https://doi.org/10.1207/s15374424jccp3402_5
44. Layne, C. M., Kaplow, J.B., Oosterhoff, B., Hill, R., & Pynoos, R.S. (2017). The interplay between posttraumatic stress and grief reactions in traumatically bereaved adolescents: When trauma, bereavement, and adolescence converge. *Adolescent Psychiatry, 7*, 220-239.
45. Layne, C. M., Saltzman, W. R., Poppleton, L., Burlingame, G. M., Pašalić, A., Duraković, E., & Steinberg, A. M. (2008). Effectiveness of a school-based group psychotherapy program for war-exposed adolescents: a randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 47*(9), 1048–1062.
46. Laungani, P., & Young, W. (Eds.). (1996). *Death and bereavement across cultures: Second edition.* Routledge. https://doi.org/10.4324/9780203435199
47. Lev-Wiesel, R., & Liraz, R. (2007). Drawings vs. narratives: Drawing as a tool to encourage verbalization in children whose fathers are drug abusers. *Clinical Child Psychology and Psychiatry, 12*(1), 65–75. https://doi.org/10.1177/1359104507071056
48. Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gøtzsche, P. C., Ioannidis, J. P., ... & Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. *Journal of Clinical Epidemiology, 62*(10), e1-e34. https://doi.org/10.1136/bmj.b2700
49. Luecken, L. J. (2008). Long-term consequences of parental death in childhood: Psychological and physiological manifestations. In M. S. Stroebe, R. O. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention* (pp. 397–416). American Psychological Association. https://doi.org/10.1037/14498-019
50. Lusebrink, V. B., & Alto, P. (2004). Art therapy and the brain: An attempt to understand the underlying processes of art expression in therapy. *Art Therapy, 21*(3), 125–135. https://doi.org/10.1080/07421656.2004.10129496
51. Mazza, N. (2016a). *Poetry therapy. Theory and practice.* Routledge. https://doi.org/10.4324/9781315748740
52. Mazza, N. F. (2016b). The collaborative poem. In R. A. Neimeyer (Ed.), *Techniques of grief therapy: Assessment and intervention* (pp. 312–315). Routledge/Taylor & Francis Group.
53. Metel, M., & Barnes, J. (2011). Peer-group support for bereaved children: a qualitative interview study. Child and adolescent mental health, 16(4), 201–207. https://doi.org/10.1111/j.1475-3588.2011.00601.x
54. Mitchell, M. B., Schuurman, D. L., Shapiro, C. J., Sattler, S., Sorensen, C., & Martinez, J. (2022). The LYGHT program: An evaluation of a peer grief support intervention for youth in foster care. *Child and Adolescent Social Work Journal*, 1-18. https://doi.org/10.1007/s10560-022-00843-7
55. Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & PRISMA Group*. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Annals of Internal Medicine, 151*(4), 264-269. https://doi.org/10.7326/0003-4819-151-4-200908180-00135

56. Molnar B. E., Sprang G., Killian K. D., Gottfried R., Emery V., & Bride B. E. (2017). Advancing science and practice for vicarious traumatization/secondary traumatic stress: A research agenda. *Traumatology, 23*(2), 129. https://doi.org/10.1037/trm0000122
57. Moschini, L. B. (2005). *Drawing the line: Art therapy with the difficult client.* J. Wiley.
58. Munn, Z., Peters, M. D., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC medical research methodology*, *18*(1), 1-7. https://doi.org/10.1186/s12874-018-0611-x
59. Negri, A., De Bei, F., Christian, C., & Rocco, D. (2022). Relationship between countertransference and emotional communication in the counselling process. *Mediterranean Journal of Clinical Psychology, 10*(3). https://doi.org/10.13129/2282-1619/mjcp-3442
60. Neimeyer, R.A., Burke, L.A., Mackay, M.M., & van Dyke Stringer, J.G. (2009). Grief Therapy and the Reconstruction of Meaning: From Principles to Practice. *Journal of Contemporary Psychotherapy, 40*, 73-83.
61. Neimeyer, R. A. (2020). What's new in meaning reconstruction?: Advancing grief theory and practice. *Grief Matters, 23*(1), 4–9. https://search.informit.org/doi/10.3316/informit.439384113866066
62. Neimeyer, R. A. (1999). Narrative strategies in grief therapy. *Journal of Constructivist Psychology, 12*(1), 65–85. https://doi.org/10.1080/107205399266226
63. Neimeyer, R. A., & Krawchuk, L. (2020). Meaning-making after non-death losses. In D. L. Harris (Ed.), *Non-death loss and grief: Context and clinical implications* (pp. 324–338). Routledge/Taylor & Francis Group. https://doi.org/10.4324/9780429446054-31
64. Neimeyer R. A. (2000). Searching for the meaning of meaning: grief therapy and the process of reconstruction. *Death studies, 24*(6), 541–558. https://doi.org/10.1080/07481180050121480
65. Pajardi, D., D'Agostino, A., Gagliardini, G., Pepi, R., & Colli, A. (2023). Mental health risks in cultural heritage first responders after disasters: A review and suggestions for future research. *Mediterranean Journal of Clinical Psychology 11*(1). https://doi.org/10.13129/2282-1619/mjcp-3603
66. Pearlman, M. Y., Schwalbe, K. D., & Cloltre, M. (2010). Introduction to integrated grief therapy for children (IGTC). In M. Y. Pearlman, K. D. Schwalbe, & M. Cloitre, *Grief in childhood: Fundamentals of treatment in clinical practice* (pp. 3–12). American Psychological Association. https://doi.org/10.1037/12131-001
67. Pennella, A. R., & Bignami, G. M. (2021). I didn't think you were listening. Some reflections on online setting and patient proxy in the remote clinical relationship. *Mediterranean Journal of Clinical Psychology, 9*(3). https://doi.org/10.13129/2282-1619/mjcp-3155
68. Pond, S. K. (2013). Childhood grief and the church's response. *Journal Of Research On Christian Education, 22*(2), 113-138. https://doi.org/10.1080/10656219.2013.808980
69. Ridley, A., Revet, A., Raynaud, J. P., Bui, E., & Suc, A. (2021). Description and evaluation of a French grief workshop for children and adolescents bereaved of a sibling or parent. *BMC Palliative Care, 20*, 1-10. https://doi.org/10.1186/s12904-021-00861-9
70. Robinson, E. H., Rotter, J. C., Robinson, S. L., Fey, M. A., & Vogel, J. E. (2004). *Fears, stress, and trauma: Helping children cope*. CAPS Press.

71. Salloum, A., Swaidan, V. R., Torres, A. C., Murphy, T. K., & Storch, E. A. (2016). Parents' perception of stepped care and standard care trauma-focused cognitive behavioral therapy for young children. *Journal of Child and Family Studies*, 25(1), 262–274. https://doi.org/10.1007/s10826-015-0207-6
72. Salloum, A. (2015). *Grief and trauma in children: An evidence-based treatment manual* (1st ed.). Routledge. https://doi.org/10.4324/9781315886138
73. Salloum A., & Overstreet S. (2008). Evaluation of individual and group grief and trauma interventions for children post disaster. *Journal of Clinical Child and Adolescent Psychology, 37*(3), 495–507. https://doi.org/10.1080/15374410802148194
74. Salloum, A., & Overstreet, S. (2012). Grief and trauma intervention for children after disaster: exploring coping skills versus trauma narration. *Behaviour Research and Therapy, 50(*3), 169-79 .
75. Salloum, A. (2015). *Grief and trauma in children: An evidence-based treatment manual.* Routledge. https://doi.org/10.4324/9781315886138
76. Saltzman, W. R., Pynoos, R. S., Layne, C. M., Steinberg, A. M., & Aisenberg, E. (2001). Trauma- and grief-focused intervention for adolescents exposed to community violence: Results of a schoolbased screening and group treatment protocol. *Group Dynamics: Theory, Research, and Practice, 5*(4), 291–303.
77. Saltzman, W., Layne, C., Pynoos, R., Olafson, E., Kaplow, J., & Boat, B. (2017). *Trauma and grief component therapy for adolescents: a modular approach to treating traumatized and bereaved youth*. Cambridge University Press.
78. Sandler, I. N., Wolchik, S. A., Ayers, T. S., Tein, J. Y., & Luecken, L. (2013). Family bereavement program (FBP) approach to promoting resilience following the death of a parent. *Family Science, 4*(1). https://doi.org/10.1080/19424620.2013.821763
79. Sani, L., & Bacqué, M. F. (2023). Online psychodynamic psychotherapies: a scoping review. The case of bereavement support. *Mediterranean Journal of Clinical Psychology*, *11*(3). https://doi.org/10.13129/2282-1619/mjcp-3933
80. Sprang G., Ford J., Kerig P., & Bride B. (2019). Defining secondary traumatic stress and developing targeted assessments and interventions: Lessons learned from research and leading experts. *Traumatology, 25*(2), 72. 10.1037/trm0000180
81. Spuij, M., Prinzie, P., Dekovic, M., van den Bout, J., & Boelen, P. A.. (2013). The effectiveness of Grief-Help, a cognitive-behavioral treatment for prolonged grief in children: Study protocol for a randomized controlled trial. *Trials, 14*, 395. https://doi.org/10.1186/1745-6215-14-395
82. Spuij, M., Dekovic, M., & Boelen, P. A. (2015). An open trial of 'grief-help': cognitive–behavioural treatment for prolonged grief in children and adolescents.*Clinical Psychology & Psychotherapy, 22*(2), 185–192.
83. Stepakoff, S. (2009). From destruction to creation, from silence to speech: Poetry therapy principles and practices for working with suicide grief. *The Arts in Psychotherapy, 36*, 105–113. https://doi.org/10.1016/j.aip.2009.01.007
84. Stutey, D. M., Helm, H. M., LoSasso, H., & Kreider, H. D. (2016). Play therapy and photo-elicitation: A narrative examination of children's grief. *International Journal of Play Therapy, 25*(3), 154–165. https://doi.org/10.1037/a0039956

85. Subirana, M., Solá, I., Garcia, J. M., Gich, I., & Urrútia, G. (2005). A nursing qualitative systematic review required MEDLINE and CINAHL for study identification. *Journal of Clinical Epidemiology*, *58*(1), 20-25.
86. Tein, J. Y., Sandler, I. N., Ayers, T. S., & Wolchik, S. A. (2006). Mediation of the effects of the family bereavement program on mental health problems of bereaved children and adolescents. *Prevention Science, 7*, 179-195. https://doi.org/10.1007/s11121-006-0037-2
87. Thielemann, J.F.B., Kasparik, B., König, J., Unterhitzenberger, J., & Rosner, R. (2022). A systematic review and meta-analysis of trauma-focused cognitive-behavioral therapy for children and adolescents. *Child Abuse & Neglect, 134*, 105899. https://doi.org/10.1016/j.chiabu.2022.105899
88. Tonkins, S. A. M., & Lambert, M. J. (1996). A treatment outcome study of bereavement groups for children. *Child and Adolescent Social Work Journal, 13*(1), 3–21. https://doi.org/10.1007/BF01876592
89. Waller, D. (2006). Art therapy for children: how it leads to change. *Clinical Child Psychology and Psychiatry, 11*(2), 271–282. https://doi.org/10.1177/1359104506061419
90. Webb, N. (2011). Play therapy for bereaved children: Adapting strategies to community, school, and home settings. *School Psychology International, 32*, 132–143. https://doi.org/10.1177/0143034311400832
91. Wolchik, S., Tein, J., Sandler, I., & Ayers, T. (2006). Stressors, quality of the child-caregiver relationship, and children's mental health problems after parental death: The mediating role of self-system beliefs. *Journal of Abnormal Child Psychology, 34*(2), 221–238. https://doi.org/10.1007/s10802-005-9016-5
92. Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner, 5th ed.* (pp. xv, 293). Springer Publishing Company. https://doi.org/10.1891/9780826134752
93. World Health Organization. (2019). *International statistical classification of diseases and related health problems* (11th ed.). Retrieved December 16th, 2023, from https://icd.who.int/

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