

Counseling Bereaved Children and Adolescents

— *Journal of Counseling & Development* —

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The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013) does not have an approved clinical diagnosis specifically for bereavement; however, persistent complex bereavement disorder (PCBD) is included in the conditions for further study. Although PCBD includes proposed diagnostic criteria for children and adults, it cannot be used for clinical diagnosis at this time. Professional counselors should also be aware that suspected complicated bereavement can often be accompanied by comorbid disorders like post-traumatic stress disorder (PTSD), depression, and anxiety. Professional counselors should use their clinical judgment and knowledge of these co-occurring disorders when working with bereaved children.

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The PCBD Checklist is an empirically supported assessment that measures the five diagnostic criteria for PCBD in the DSM-5 (APA, 2013; Kaplow et al., 2018)- This 39-item instrument can be used for children and adolescents ages 8-18 years who experienced the death of someone with whom they shared a close relationship at least six months before administration (Criterion A). Criterion B subscale (Cronbach's $\alpha = .85$) has seven items that address persistent longing for and preoccupation with the deceased. The Criterion C subscale (Cronbach's $\alpha = .93$) is 22 items that assesses the reactive distress and social/identity disruption due to the death. Each of these two subscales uses a Likert-type scale from 0 (*not at all*) to 4 (*very much*) to determine the youth's reaction during the previous 30 days. Criterion B is met if at least one symptom is reported at a 3 or 4 and present longer than six months. Criterion C is met if at least six symptoms are reported at a 3 or 4 and last longer than six months. The PCBD also includes a traumatic bereavement specifier for adolescents who experienced a traumatic death like suicide or homicide. Functional impairment in the school, family, and social domains are also assessed in Criterion D. Criterion E assess that grief reactions are different or inconsistent with cultural, religious, and age-appropriate norms. The PCBD Checklist can be purchased for \$3.00 per administration. A single-page scoring sheet and a testing manual are included with the purchase.

To purchase this instrument or for more information, visit <https://www.reactionindex.com/as-uc-pcbd-y.html>

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The BRAT is an evidence-based bereavement assessment that is used to anticipate complicated grief reactions *to* a client's loved one's death (Victoria Hospice, 2018). Thus, it can be used with clients whose significant others are currently in palliative or hospice care. This is a 40-item psychosocial assessment that considers four risk factors such as existing mental health conditions, previous bereavements, concurrent stressors, and circumstances involving the expected death (Rose, Wainwright, Downing, and Lesperance, 2011). The BRAT also assesses 36 client protective factors such as social support, religious/spiritual support, and kinship. The total BRAT score provides a 5-level risk estimation with no risk (level 1) to high risk (level 5). When collapsing the risk levels into low and high risk, the BRAT has good inter-rater reliability with a Fleiss' kappa of 0.63 and intra-class correlation of 0.66 (95% CI: 0.5-0.9) (Rose et al., 2011). Limitations of this assessment include subjectivity of some of the items and further studies are needed on its use with a variety of bereaved populations. The strengths of this assessment are that it can be used in a variety of settings by any number of professionals, is a precipatory tool to identifying complex bereavement issues, and includes a section about addressing children and adolescents. The BRAT manual and electronic files are av

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It is important to note that the aforementioned assessments specifically deal with complicated grief and anticipatory grief, respectively. The interventions below, however, can be used with all types of bereavement and levels of grief intensity. Because grief can vary greatly among individuals, it is up to the discretion of the practitioner to choose appropriate interventions.

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Whereas previous grief and loss models encouraged separation and disconnection from the deceased, contemporary grief and loss models emphasize the importance of maintaining a connection to deceased loved ones (Humphrey, 2009). Remembrance activities help children and adolescents maintain that bond. In a 2011-2012 national poll, 71% of bereaved children and adolescents indicated that they honored their loved ones by keeping photos or special items of them (National Alliance for Grieving Children, 2018). Creating memory boxes to keep photos or tokens of the loved one is a way to keep cherished belongings together. Professional counselors can work with clients on creative arts activities including journals, picture frames, t-shirts, and quilts. Additionally, organizations such as the American Foundation for Suicide Prevention and Full Circle Grief Center provide a space for online memorials for clients to honor their loved ones. Art with Heart and The Center for Loss and Life Transition have a variety of resource books with remembrance activities, which may be helpful for practitioners to purchase.

Resources:

American Foundation for Suicide Prevention. (2018). *2018 National Suicide Prevention Lifeline report*. Retrieved from <https://www.afsp.org/2018-national-suicide-prevention-lifeline-report>

<https://afsp.org/find-support/ive-lost-someone/digital-memory-quilt/create-a-new-quilt-square/>

Art with Heart. (2018). *Art with Heart*. Retrieved from <https://www.artwithheart.org/shop/>

Center for Loss and Life Transition. (2018). *What is a life transition?*. Retrieved from <https://www.centerforlossandlifetransition.org/what-is-a-life-transition/>

<https://www.centerforloss.com/bookstore-category/for-adults/books-resources-to-help-kids-teens/>

Full Circle Grief Center. (2018).

Retrieved from <http://www.fullcirclegc.org/memories/>

Group counseling can be a powerful tool for helping children and adolescents process death. In addition to the benefits of universality of experience and peer support (Jacobs, Schimmel, Masson, & Harvill, 2012), group counseling interventions can reduce posttraumatic stress symptoms (Salloum, 2008) and suicidal ideation (Sandler, Tein, Wolchik, & Ayers, 2016). Family grief groups that include parents, guardians, and other significant adults can also be useful by addressing the grief of the entire family and providing adults with education and resources to understand and help children grieve. Professional counselors can use their local resources to find bereavement support groups for children. Schools, hospitals, religious institutions, and police departments are common places that may offer bereavement support groups if practitioners do not have a local grief support center. Although the majority of grief support groups are conducted in-person, some groups can be facilitated online or through social media sites. It is important for

Resources:

Comfort Zone Camp. (2016). Retrieved from <https://www.comfortzonecamp.org/>

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