

I DON'T KNOW HOW TO HELP
SUPPORTING ADOLESCENT LOSS BEYOND THE PRIMARY CAREGIVER

by

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Dedication

To the community of Salt Spring Island. It takes a village.

Abstract

Losing a parent as an adolescent is an experience that can affect developmental, educational, and social milestones for the rest of the adolescent's life. Research has demonstrated that some of these negative impacts can be better managed with the engaged support of the surviving parent or an alternative primary caregiver. Less academic focus has been placed on the impact of relationships outside of the primary caregiver who might hope to support a grieving adolescent's development through their lifespan. This capstone explores the literature surrounding adolescent development, grief, attachment theory, and community belonging in search of specific opportunities which might provide guidance to anyone looking to support adolescents as they grieve the loss of a parent. The aim is to propose specific considerations for people and programs looking to support a parentally bereaved adolescent.

Key words: Adolescent, Adolescent Grief Inventory, Attachment, Bereavement, Child, Family Bereavement Program, Grief, Internal Working Model, Loss, Mourning, Primary Attachment, Secondary Attachment, Secure Attachment, Tertiary Attachment

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I don't know how to help:

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Chapter 1: Introduction

The death of a parent is consistently rated as one of the most stressful life events a child can experience (Harrison & Harrington, 2001; Yamamoto, et al., 1996). In Western countries, approximately 5% of all children under the age of 18 will suffer the loss of a parent (Currier et al., 2007). Significant amounts of research have focused on the risk status of this group, finding that losing a parent can set adolescents back in key educational and developmental milestones compared to their peers. In school, bereaved youth may have difficulties with academic achievement (Abdelnoor & Hollins 2004a; Brent et al., 2012), difficulties with concentration, skipping classes (Dyregov, 2015) and attentional problems (Haine et al., 2008). Socially, bereaved youth exhibit more depressive symptoms, are more anxious, withdrawn (Stikkelbroek et al., 2016; Sandler et al., 2010b; Cerel et al, 2006; Gersten et al., 1991), and have more difficulty maintaining peer and romantic relationships (Servaty & Hayslip, 2001; Worden & Silverman, 1996). Bereaved adolescents themselves report experiencing decreased peer attachment and coping ability, an increased rate of mental health difficulties and relationship challenges (Abdelnoor & Hollins, 2004b; Palmer et al., 2016; LaFreniere & Cain, 2015a; Stikkelbroek et al., 2016). Research also suggests that this group could be at risk of up to a 50% increase in mortality into early adulthood (Li et. al., 2014). Approximately 20-25% of bereaved adolescents will develop mental health challenges following the loss of a parent, with many more suffering effects long into adulthood (Stikkelbroek et al., 2016). Surviving parents, teachers,

peers, and community members may have little knowledge of how to help improve outcomes for parentally bereaved adolescents (Dowdney, 2017).

The aim of this capstone is to explore the role that secondary and tertiary attachment relationships play in supporting parentally bereaved adolescent grief outcomes during the first two years following a loss. In this chapter, I will discuss the various negative outcomes associated with losing a parent between the ages of 10 and 22. In the next chapter, I will review the literature related to adolescent development, attachment theory, grief, growth, and community belonging. In Chapter 3, I will propose specific considerations for people, programs and researchers looking to support a parentally bereaved adolescent.

Background to the Research Problem

Poor Academic Outcomes

Studies have well documented the reduction in bereaved children's academic performance following the loss of a parent (Abdelnoor & Hollins, 2004a; Van Eerdewegh et al., 1985). Some have also noted increases in student dropout rates for bereaved adolescents (Broberg et al., 2005). Losing a parent has been cited as a robust factor in reduced academic achievement (Abdelnoor & Hollins, 2004a). In the years following the loss, being parentally bereaved can result in decreased educational aspirations and subsequent attainment (Brent et al., 2012). In a small yet diverse case study of 14 adolescents who were asked about the effects of losing a parent on their schooling, a large majority described reductions in concentration and motivation, with school support from teachers/peers being inconsistent (Abdelnoor & Hollins, 2004b). Teachers' perceptions of the effect of adolescent bereavement on school performance parallel these findings. In a sample of 138 high school teachers and principals, the large majority of them noted bereaved adolescents struggling with learning, showing reduced achievement in

tests, and experiencing learning setbacks (Dyregrov et al., 2015). Dowdney and his colleagues found teachers perceiving parentally bereaved youth as being significantly less attentive than their class peers (1999).

Poor Peer Relationships

Peer support is often most difficult for the parentally bereaved youth who most need it (Thompson et al., 2006; Servaty & Hayslip, 2001). In relation to their peers, bereaved adolescents have reported an increase in feelings of inadequacy (Servaty & Hayslip, 2001), loneliness and detachment (Nader, 1997; Grey, 1989), perceiving their peers to be unable to help them (LaFreniere & Cain, 2015a; Carter & Janzen, 1994). Secondary stressors such as the parents' emotional state or new responsibilities at home may also contribute to a decline in the quality of their peer relationships (M. P. Thompson et al., 1998). Unfortunately, 14-20% of bereaved adolescents also experience deliberate taunting or teasing from peers related to their loss (Nader, 1997; Cain & Lafreniere, 2015; LaFreniere & Cain, 2015; Silverman & Worden, 1992). Gender also plays a role. Boys are repeatedly less likely to discuss a death with their peers or receive solicited or unsolicited peer emotional support (LaFreniere & Cain, 2015b).

Maintaining a feeling of normalcy with their peer group appears to be a central emergent theme that can inhibit effective peer support (LaFreniere & Cain, 2015a). Bereaved adolescents report not wanting to cry, be thought of as different, be pitied, or be perceived as needy by their peers (LaFreniere & Cain, 2015a; Warden, 1996). In one study, nearly half of bereaved adolescents (46%) reported no desire to speak to their friends on the matter of their parents passing (Silverman & Worden, 1992) which aligns with other research (Cain & Lafreniere, 2015; Harris, 1991). While few adolescents appear to desire avoiding their peers, their desire to avoid

conversations about their parents' death and feel more normal have been correlated with the reduction in general peer support and connection (Cain & Lafreniere, 2015).

A second driver of lower quality peer relationships may come from a desire to support emotional comfort and stability for both peers and the bereaved adolescent without a clear understanding of how. This phenomenon, described by LaFreniere & Cain as *empathetic avoidance*, creates concerns from the bereaved youth about bringing others down. Peers reciprocate this concern for eliciting emotions of grief or sadness at the wrong time or way, resulting in less peer interaction and engagement overall (2015a). When comforting efforts by more intimate peers do occur, if these efforts are not well received, they may strain relationships (R.A. Thompson et al., 2008; Eppler, 2008). Friends' concern of causing this kind of discomfort by "doing it wrong" may cause further distance implicitly (Dopp & Cain, 2012).

More Mental Health Concerns

Between one in four and one in five adolescents are found to have significant mental health challenges within two years following the loss of a parent (Stikkelbroek et al., 2016; Haine et al., 2008; Dowdney, 2005; Cerel et al., 2006). Parental bereavement is associated with an increased incidence of a variety of internalizing problems, in particular depression which could be up to three times as prevalent (Melham et al., 2008; Brent et al., 2009). Anxiety and withdrawal are also significantly correlated with adolescent parental loss (Pham et al., 2018; Sandler et al., 2010b), with some correlation with posttraumatic stress disorder (Layne et al., 2017; Melhelm et al., 2008) and conduct disorder (Fauth et al., 2009) even after controlling for pre-death risk factors. Internalizing challenges have been found to be predicted by pre-loss internalizing challenges (Stikkelbroek et al., 2016). Rates of internalizing problems are often found to peak in the second year following a loss, especially for depression (Stikkelbroek et al.,

2016; Pham et al., 2018; Brent et al., 2009; Cerel et al., 2006; Warden & Silverman 1996).

Despite depression being more common within these two years, the magnitude of depression is often below clinical levels unless pre-existing depression exists within the family or individual (Cerel et al., 2006). Six years following a loss in the control group of an intervention study, 13% of bereaved adolescents were still found to have some form of an internalizing problem (Sandler et al., 2010b).

Less Parenting Support

A significant body of recent research literature and subsequent interventions have been dedicated to what surviving primary caregivers can do to mediate the impact of parental loss on adolescents (Ayers et. al., 2014; Thanisiu & Pizza, 2019; Unterhitzenberger & Rosner, 2014; Wolchi et al., 2006). A surviving parent plays an essential role in helping an adolescent learn how to cope with the stress of loss at a crucial developmental time (Gunnar & Cheatham, 2003). Without the support of a second parent, the surviving parent is left to fulfill the roles of both parents regardless of their previous role or competency. Emotional and physical availability become scarcer, with proportionally more emotional and physical dependency from the bereaved adolescent(s). At a time when adolescents are in the most need of parents, the surviving parents themselves are grieving the loss of their spouse and less able to adapt their parenting approach. When impaired parenting results from the loss of a spouse, the adolescent can bear psychological disturbance into adult life (Brent et al., 2012; Høeg et al., 2012; Harris et al., 1986). While the focus on primary caregiver relationships is understandable, proportionally less research has been done on the role peers or other caregivers could play in supporting adolescent grief outcomes knowing how strained the surviving parent is (Van Ryzin, 2010).

Lack of Appropriate Grief Support

Professional, structured support in the form of individual grief counselling, peer groups, community programs or grief camps have all shown varying degrees of positive outcomes (Currier et al., 2007; Spuij et al., 2013; Sandler et al., 2018; Hill, 2015; De Diego, 2017). Only about 20% of adolescents will receive any form of formal professional support for their grief (Dowdney, 2017). And while research supports that only 20%-25% of adolescents will end up with a diagnosable mental health disorder (Stikkelbroek et al., 2016; Haine et al., 2008), longitudinal studies would suggest that many mental health challenges persist in relation to a loss below the level of a clinical disorder (Brent et al., 2012; Kaplow et al., 2010). Approaches to supporting all adolescents after a loss have not been properly synthesized and distributed to professionals working with this group in easily understood ways, and current research shows few programs tackling this gap in the individual's everyday environment (LaFreniere & Cain, 2015a; Howard Sharp et al., 2018).

Purpose

The purpose of this capstone is to explore the role that secondary and tertiary attachment relationships play in supporting parentally bereaved adolescent grief outcomes, and to propose specific considerations for people and programs looking to support a grieving adolescent. To fulfill this purpose, literature surrounding adolescent development, attachment theory, grief and growth, as well as belonging will be explored to form the basis of any considerations offered and support further research into supporting parentally bereaved adolescents. The questions this capstone seeks to answer are whether existing research supports the hypothesis that secondary and tertiary caregivers can mediate negative outcomes for parentally bereaved adolescents, and if so, in what ways might their efforts be most impactful.

Theoretical Framework

Attachment theory is a framework for understanding how early relational experiences become internalized and contribute to the unfolding of adaptive and maladaptive developmental pathways. This theory was initially formed by John Bowlby, who came to see the mother-child relationship as the basis for the child's internally formed model for how they relate to themselves and others. Bowlby theorized that these "internal working models" are formed early in development and become a foundational part of the way an individual's personality and relationships develop, remaining relatively stable over time (Bowlby, 1969/1973). The death of an attachment figure at any point in our lifespan poses a significant threat to our internal feeling of security and safety while increasing our feelings of vulnerability, which together limit our ability to engage in new relationships and manage stressful experiences (Bowlby, 1980; Allen & Land, 1999). Most attachment theory research has focused on primary attachment relationships, although newer research has begun to explore the significance of secondary and tertiary attachment relationships (Rosenthal & Kobak, 2010), finding early positive outcomes in managing a variety of mental health challenges in people of all ages (Davidovitz et al., 2007; Ainsworth, 1989). While the factors and situations which contribute to positive outcomes are understandably more complex than in a single attachment figure relationship, chapter 2 will explore these factors with further depth in relation to its understanding of adolescent grief outcomes.

Positioning Statement

Readers may be curious to understand how meaning has been constructed from the data gathered here. I am a white man. A heterosexual, middle class man of European descent. I am part of a colonizing legacy of indigenous peoples of Canada. My immense privilege is not my

choice, though what I do with this privilege is. I have come to know things I see as true through the genuine efforts of a community of caring humans who supported my own parental loss as an adolescent. I now see the world from a relational lens for which my ways of knowing, thinking, and doing are created from the environment I relate to. My decision to study a topic of my own experience was taken with the aim of challenging the reality I have constructed with what previous research has found to uncover new meaning for readers and myself. I hope to shed light on the specific factors that might have played a role in my own adjustment, challenge the assumptions of my own story, and provide a pathway for others looking to support a younger version of myself. Being located in this data gives my work leverage, though the knowledge created here is steeped in my values, which must be made explicit to be fairly understood. I live in service to my community, as living proof of the positive impact a network of people in service to others can have on one person's life. I lead with an open heart, acting with integrity and enjoying the fruits of genuine connection wherever I find it. I value these things, as you may see in this capstone. I hope the context behind my research here can be of use to the context of your situation.

Definition of Terms

Adolescent:

The stage of life between childhood and adulthood, first defined by George Stanley Hall in the late 19th century as a period of “storm and stress” has been redefined many times since it was given the name (Bembry & Ericson, 1999). Today, adolescence from a western lens is generally defined as starting when puberty begins (a flexible period) and ends when early adulthood begins (Meeus, 2016). For the purpose of this capstone, the terms “adolescent” and

“youth” will be used interchangeably to refer to an individual between the ages of 10 and 22 years old for ease of reader cohesion.

Affect:

A person's affect is the expression of emotion or feelings displayed to others through facial expressions, hand gestures, voice tone, and other emotional signs such as laughter or tears. This emotional exchange is valuable in building empathy and attunement between caregivers and adolescents (Mancini et al., 2016).

Ambivalent Attachment:

An insecure attachment style characterized by caregivers who were inconsistent in tending and attuning to the child's needs. As a result, the child is uncertain whether their needs will be met, constantly looking for cues and clues to how their behaviour may or may not influence the parent's responses (Bowlby, 1969, 1973, 1980).

Attachment:

An affection bond that develops between two people which fulfills a person's need for safety and security. This bond is first set between an infant and caregivers based on care and responsiveness which allows an infant to feel safe and secure in exploring the world (Bowlby, 1969, 1973, 1980).

Attachment Hierarchies:

The relative importance of the figure in providing safety, security, and comfort to an adolescent (Rosenthal & Kobak, 2010).

Attachment Networks:

The entirety of an adolescent's relationships which provide comfort and safety to the individual (Rosenthal & Kobak, 2010).

Avoidant Attachment:

An insecure attachment style formed from emotionally unavailable, insensitive, and sometimes hostile caregiver responses. A child will form a coping strategy of disconnection (Bowlby, 1969, 1973, 1980), struggling to connect with caregivers, peers, and romantic partners later in life (Allen & Land, 1999).

Belonging:

The emotional need to be an accepted member of a group (Block, 2018).

Bereavement:

Refers to the period after a loss during which grief(internal) is experienced and mourning(external) occurs (Harris & Winokuer, 2015).

Child:

Referring to any person under the age of 10, unless otherwise specified.

Continuing Bonds Theory:

A model of grieving that questioned older ideas of grief which assumed people needed to detach from a loved one who passed. This model considers healthy adaptation in terms of the way a person's relationship with a person who passed might change, instead of end. It considers grief as ongoing and that maintaining a relationship (which changes after death) with the deceased can help in a person's adjustment to their new reality (Sirrione et al., 2018).

Disorganized Attachment:

An attachment style resulting from caregivers who present messages or situations to a child that appear unachievable considering their understanding of the world and their relationship with their primary caregiver. The child becomes unable to solve problems and develops a conflict of wanting to be close and a desire to detach from their caregiver (Bowlby, 1969, 1973, 1980).

Dual Process Model of Grief:

A leading theory of how people come to terms with a loss, moving between accepting the loss and confronting it. Being able to move between grappling with loss itself and later engage in everyday activities without direct expressions of grief is deemed to be healthy and normal (Stroebe & Schut, 2010).

Externalizing Problems:

Characterized by problematic behaviour related to poor impulse-control, including rule breaking, aggression, impulsivity, and inattention. Specific child and adolescent externalizing disorders include conduct disorder (CD), oppositional defiant disorder (ODD), and attention-deficit-hyperactivity disorder (ADHD) (Samek & Hicks, 2014).

Family Bereavement Program (FBP):

An empirically based intervention program for bereaved youth and their caregivers to help adolescents be more resilient in the face of loss (Ayers et al., 2014)

Grief:

The process related to the normal and natural *internal* emotional reactions to loss or change of any kind. While defined as “normal”, grief involves many different emotions, actions, and expressions and looks different for each person and each loss (Harris & Winokuer, 2015).

Internal Working Model:

A cognitive map of the self and others, which make up self-representations of how children perceive themselves and the world through primary attachment figures (Bowlby, 1969, 1973, 1980)

Internalizing Problems:

Emotional symptoms experienced by the individual which cause distress, which for adolescents most commonly include depression and anxiety in their many forms (Daneel et al., 2019).

Loss:

Refers to the loss of something significant in a person's life. This can be physical losses such as a death or in response to symbolic/social loss such as a divorce or loss of a job (Harris & Winokuer, 2015). In this capstone, a loss will be used to describe the event of a primary caregiver's passing.

Mourning:

Refers to the external expressions of one's grief. Mourning is often related to the cultural or religious structure which follows the passing of a person (Harris & Winokuer, 2015).

Natural Mentors or trusted adults:

Also referred to in literature as *trusted adults*, these people support youth by modelling healthy behaviour, emotional regulation, and coping skills (Reed et al., 2019). They also provide social support and shape the conceptions adolescents have of themselves (Rhodes et al., 2006).

Primary Attachment:

A consistent, responsive caregiver providing support, protection and care during a child's development which creates a secure base to allow infants to explore the world (Bowlby, 1969, 1973, 1980).

Secondary Attachment:

People with whom children develop a close attachment relationship, known well by their primary attachment figure. Secondary attachments can vary both in identity and quantity. They have the potential to provide children security in the absence of their primary attachment figure (Bowlby, 1969, 1973, 1980).

Secure Attachment:

An attachment style resulting from positively attuned caregivers, providing safe and consistent attention and affection. Children with secure attachment are more likely to have healthy boundaries, individuation, social engagement, and intimacy (Bowlby, 1969, 1973, 1980).

School Belonging:

Students' social and emotional connection with both the staff and their academic institution (Neel & Fuligni, 2013).

Storm and Stress:

The first popularized concept of adolescence offered by Granville Stanley Hall in 1904. It included turmoil with family and authority figures, as well as mood disruption and an increase in risky behaviour experienced by adolescents and a part of natural development (Vol. 1, p. xiii).

Tertiary Attachments:

Bowlby hypothesized that during adolescence, other adults or peers may come to assume an importance equal to or greater than that of parents as sexual attraction to age-mates begins to extend the picture (Bowlby, 1980). Tertiary attachments commonly include peers and trusted adults within the community that contribute to an adolescents' feeling of safety and security in some way, though not as significantly as a primary or secondary caregiver (Rosenthal & Kobak, 2010).

Significance of Study

Approximately 1.5 million youth will suffer the loss of a parent before the age of 18 in the US alone (US Bureau of Census, 2018) and yet 1 in 5 bereaved youth will receive any sort of formal support for their grief (Dowdney, 2017). When support is provided through either formal or informal channels, adolescents suffer fewer negative effects (Bergman et al., 2017) and can even grow significantly from the experience (Salloum et al., 2019). Surviving primary caregivers are often grieving the same loss themselves, setting the adolescent up for a host of post-bereavement risk factors such as poorer quality of parenting, worse quality of the parent-child relationship and caregiver mental health problems (Dowdney, 2017). In a 2012 study of American high schools, 70% of teachers had at least one student in their class(es) who has lost a parent, guardian, sibling, or close friend in the past year (American Federation of Teachers and the New York Life Foundation, 2012). Where children may rely more heavily on their surviving

primary caregiver, adolescents look beyond the family unit for both approval and support, offering more opportunities for alternative caregivers to provide support to grieving adolescents (Andriessen et al., 2015).

There are often people outside of the family that feel connected, capable, and willing to support an adolescent following the loss of a parent (Dowdney, 2017). Extended family members, teachers, counsellors, and other community stakeholders are all resources for which, if mobilized based on empirically founded strategies, could mitigate negative outcomes significantly. This could be especially useful in situations where the surviving caregiver is partially or fully unavailable to create a secure attachment with their youth due to their own grief, their own capacity, or due to their absence altogether. By understanding how the fields of adolescent development, grief, attachment theory and community belonging perceive adolescent grief, readers can more easily understand current research gaps and take more effective action towards supporting a parentally bereaved adolescent.

Chapter Summary

The wide ranging negative developmental, educational, and social outcomes related to losing a parent as an adolescent have been well established (Cerel et al., 2006; Gersten et al., 1991). The bulk of existing literature and programs related to managing adolescent grief outcomes has focused on the surviving parent or other singular primary attachment figure, despite much of this same research noting that other supportive caregivers do matter in positive outcomes (Ayers et. al., 2014; Thanisiu & Pizza, 2019; Unterhitzberger & Rosner, 2014). Current programming related to supporting adolescent grief outcomes has shown efficacy when applied, though less than 20% of adolescent grief goes formally addressed (Dowdney, 2017). In the next chapter, I will investigate what role, if any, alternative caregivers could take in

supporting parentally bereaved adolescents with better outcomes. Research related to adolescent development, grief, and belonging will be investigated through the lens of attachment theory. Findings will be offered in the final chapter with considerations for secondary and tertiary caregivers themselves, as well as a basis for future research.

Chapter 2: Literature Review

Introduction

After considering the evidence supporting potential impacts of parental loss during early development, we must begin to understand what can be done to manage these impacts with a review of relevant literature across four themes. Beginning with a review of adolescence from a developmental perspective, we will explore themes of attachment, grief and belonging before analyzing findings and considering recommendations in this capstone's third chapter. This literary exploration will not be exhaustive given the breadth of the research on each of these topics. Instead, this exploration will consolidate core aspects of the literature that is relevant to considering adolescent parental loss outcomes. Recommendations for further reading on each theme will be recommended within the introduction of each subsection.

Adolescent Development

Adolescence is understood as a period of transition between childhood and adulthood, with a beginning boundary marked by the onset of puberty and an ending boundary created by the advancement into adulthood (Meeus, 2016). While the definitions of the age at which these boundaries occur can be grey, contemporary research journals often approximate the span of adolescence to occur between the ages of 10 and 22 years old (Jackson & Goossens, 2020). Due to the significant changes during this period, researcher Peter Blos (1979) divided adolescence into early adolescence (10-14), middle adolescence (15-18) and late adolescence (18-22). While today the age divisions can vary, these labels remain well used in adolescent literature (Meeus, 2016). One more recent trend in western literature has been the extension of adolescence beyond 22 to include a time known as, "emerging adulthood", which has arisen partly due to the delayed

independence of young people who remain more dependent on their parents during their twenties (Arnett, 2004). While exact ages may vary in the adolescent research that follows, the transition between childhood and adulthood is widely accepted across developmental theories as a distinct phase in human development and one worthy of independent academic consideration (Jackson & Goossens, 2020). For a comprehensive review of adolescent development, refer to Jackson & Goossens (2020) and Meeus (2016).

Theory and Changes

Biological.

Granville Stanley Hall presented the first scientific theory on adolescence from a biological lens in his 1904 book titled *Adolescence*. Hall proposed that adolescence was a time marked by the separation from the family unit. Turmoil with family and authority figures occurred, as well as mood disruption and an increase in risky behaviour, collectively remembered today as Hall's "storm and stress" model (1904, Vol. 1, p. xiii). While "storm and stress" in adolescence has since been found in a minority of adolescents (Arnett, 2004), the view of this period as one of immense change has remained. Along with later contributors Arnold Gesell and James Tanner, the biological approach to adolescent development grew from the theory of evolution, centering on the importance of physical and sexual development depending on genes and biology (Jackson & Goossens, 2020).

Biological development is framed in terms of pubertal changes, which involve a series of physical changes. For girls, this involves an enlargement of breasts, pubic hair development, the first occurrence of menstruation, and the beginning and end of their growth spurt, all before the end of middle adolescence. For boys, puberty begins with testicular enlargement though only

until middle adolescence does puberty pick up speed, with voice-breaking, first ejaculation occurring, and the beginning of their growth spurt. By late adolescence, most boys are charging through their growth spurt and body hair development through until their early twenties. For both genders throughout adolescence, changes in fat and muscle composition, bone density, appearance of acne and a need for more sleep are all notable biological changes (Sawyer et al., 2018).

Psychological.

Theories of psychological adolescent development were pioneered by Sigmund and Anna Freud, who saw this period as one of sexual excitement and anxiety. With full sexual maturity and bodily strength, psychoanalytic thought sees the need for strong defenses to be put in place to curb these impulses in order to manage one's self in a modern world. For Anna Freud, the goal of adolescence was integrating adult sexuality into a person's developing personality (Jackson & Goossens, 2020). Peter Blos would update the psychoanalytic approach with object relations theory, where "objects" represent important people in an individual's life. From Blos' perspective, the way we relate to each important person is largely unconsciously interpreted although this interpretation can have far reaching effects on one's life. Blos saw the key focus of adolescence as striving to separate one's self psychologically from one's parents (1979).

Cognitive psychology also has a distinct understanding of adolescence, stating that an adolescent's reasoning changes towards a challenging task depending on their stage in development. Swiss psychologists Bärbel Inhelder and Jean Piaget pioneered this cognitive approach to development in a staged model, where the final two stages of concrete and formal operations concern adolescent development. In the third stage of their model, early adolescents

can think logically about objects and concepts, allowing them to add and subtract but only with objects and concepts they can concretely understand. Formal operations, the final stage of Inhelder and Piaget's model, sees middle and late adolescents being able to consider abstract ideas and concepts that may only exist hypothetically. In formal operations, for the first time the individual can think about thinking (metacognition), as well become reasonably concerned about the future and ideological problems (Inhelder & Piaget, 1958).

With this new capacity of sexual drive and abstract thought, a series of changes occur during adolescence. Young people develop their sexual identity and orientation and engage in sexual experimentation with peers. They begin to reassess their body image in the face of their rapid growth, begin to develop their educational knowledge, consider future career paths, and see themselves as "bullet proof" in the face of risk. By the end of adolescence, impulse control typically increases, and the individual can engage in complex thinking, such as considering the difference between law and morality (Sawyer et al., 2018).

Sociocultural.

An adolescent's immediate social environment (e.g., parents and peers) undoubtedly plays a role in their development, as does the role of the broader culture that the adolescent is raised in. This belief in the importance of context is held by sociocultural theorists of adolescent development, a movement initiated by Margaret Mead with her 1928 paper examining whether the "storm and stress" of adolescence but forward by Granville Stanley Hall in 1904 was universal or unique to United States culture (Mead, 1928). While her arguments were hotly contested in the latter half of the 20th century, they have remained accepted by scholars on the subject today. Other contextual theories of adolescent development include the Ecological

model, Life Course theory, and Social Cognitive Learning. Each of these approaches stress in their own way the importance of the context of the individual in relation to important people, historical or cultural events, or the place of their development. Instead of considering the individual developing individually as an isolated event, these theories prioritize the context of that development (Jackson & Goossens, 2020).

Social changes in adolescence are marked by the distinct interest in socialization outside of the familial unit, triggering a drive towards an emotional separation from them and a striving for autonomy. This movement away from parents is most often towards an association with peers and an exploration of novel experiences, which include health risk behaviours such as smoking, drinking, drugs, or risky driving. Particularly in developed countries, concerns about body image and body changes become a focal point for adolescents, who begin to create expectations for themselves based on feedback from their peers and internalized expectations from their wider cultural environment. While specific behaviours vary by culture, cross culturally this is a time of exploring individual desires expressed within the adolescent peer group as they explore themselves in relation to others (Gielen et al., 2016).

Integration of theories.

Major theories of adolescent development often focus on one aspect of an adolescent's development. In practice however, many of the same changes noted above can be explained with multiple theoretical lenses, each lending to an improved understanding of the developing adolescent. Researchers are often required to use a blend of these theories to understand adolescent development holistically (Berzonsky, 2000). Erik Erikson's theory of psychosocial development has been argued to integrate aspects of each within the stage adolescence he

characterized as “identity versus role confusion”. In this stage, Erikson sees adolescents defining who they are as an individual with sexual, ethical, and career realms. Failure to do these things may result in confusion about what future roles to play (1950). While Erikson’s theories do not present a perfect integration, it does come closest to integrating elements from each theoretical lens (Jackson & Goossens, 2020).

Developmental Patterns, Needs, and Risk Factors

Developmental Cascades

Across dozens of studies, researchers looking at all developmental domains in adolescence see the trend that positive developmental outcomes such as stable parenting seem to strongly correlate with other positive outcomes such as high quality of peer relationships. In the same way, negative outcomes seem to correlate strongly with each other as well, such as with adolescent psychopathology and low-quality parental relationships (Meeus, 2016). Other researchers have viewed this as a problem of “cumulative change”, whereby adolescents who are forced by circumstance to face multiple developmental challenges at once do poorer in all areas of development (Masten & Cicchetti, 2010; Murray et al., 2020). Research into these cumulative challenges has suggested that having one “arena of comfort” to draw strength from can help adolescents cope significantly better and improve their well-being, while those without an arena of comfort consistently score lowest. The arenas of comfort that demonstrated the most positive results included the family, the peer group, school, and work (Jackson & Goossens, 2020; Call & Mortimer, 2001; Cavanah et al., 2016; Simmons et al., 1987).

More recent literature has examined the interaction between these negative outcomes more closely, finding that difficulties in key areas of developmental competence increase the

adolescent's risk for the development of psychiatric symptoms and vice versa (Masten & Cicchetti, 2010). This idea, termed "Developmental Cascades", has grown in academic support over the past decade, finding significant evidence that this is a recursive process whereby, for example, antisocial behaviour will limit developmental attainment of strong social bonds with peers, which then in turn predisposes the adolescent to internalizing challenges such as depression (Brent et al., 2012). Researchers on this topic stress the importance of identifying and supporting any areas of developmental challenge or psychopathology whenever possible to limit the effects of these cascades (Masten & Cicchetti, 2010).

Effect of Relationships

As researchers look more deeply for causal links between adolescent development outcomes, one trend becomes overwhelmingly apparent. Without exception in a single longitudinal study from the 35 reviewed around the world, researchers found significant causation that earlier, higher quality relationships with adolescents and peers lead to higher quality of later romantic relationships (Meeus, 2016). For research designs that focused on peer relationships, this finding was also consistent with or without parental support, and in some cases mediated lower quality relationships with parents (Raby et al., 2015; Cook et al., 2013; Rauer et al., 2013; Linder & Collins, 2005). Meeus (2016) remarks that these findings are consistent with a key aspect of attachment theory, namely that relationships with key attachment figures such as parents contribute to adolescents' formation of positive or negative working models of others and are then applied to personal relationships later in life (Meeus, 2016; Bowlby, 1973). Beyond just romantic attachments later in life, researchers consistently find links between the quality of parent-child relationships and a host of challenges such as depression, empathy, delinquency,

emotional regulation, and problem behaviour (Meeus, 2016). In short, the quality of relationships an adolescent has is crucial to their development being healthy—or not.

The quality of relationships is not the only factor when considering adolescent development. Parental attitudes and behaviours such as a parent's conflict management style, degree of empathy, degree of idealism, work attitudes, gender role attitudes, and sexual permissiveness can drive the attitudes of early and middle adolescents as they construct their sense of the world. Interestingly, research (van Lissa et al., 2014, and replicated by Meeus, 2016) suggests that the process of empathy starts with a physiological reaction to emotions of another person, followed by affective empathic responding, and cognitive empathy thereafter. This knowledge that cognitive understanding of others arises from affective empathy is an important discussion to consider when assisting grieving adolescents.

Adolescent mental health challenges also appear to erode both parental and peer relationships as well, findings from over 26 studies suggest (Meeus, 2016). Generalized anxiety disorder, when present in adolescents, has been shown to drive a decrease in adolescent attachment to mothers, parental trust, and communication as well as an increase in parental rejection. Adolescent depression may drive an increase in perceived rejection (Hale et al., 2008) and perceived criticism (Nelemans et al., 2014), as well as an increase in maternal criticism. Hale and his colleagues found that for adolescents who reported internalizing or externalizing challenges, their parents reported being more critical and less supportive to them (2016). These findings are consistent with peer relationships, where research from 11 studies suggest that adolescent psychopathology may lower chances of friendships forming and predict earlier ends of friendships and romantic relationships (Meeus, 2016). When considering mental health challenges of adolescents, the research suggests that any support available to reduce the mental

health challenges of adolescents at risk can help them to avoid a host of later challenges. These findings are important when considering the acute mental health challenges faced by grieving youth who lose a parent and are most in need of high-quality relationships.

Autonomy

Adolescents have a need for autonomy as they look beyond their parents to their peers and other adults for models that might fit a part of the identity they are building (Sawyer et al., 2018). Research suggests that part of an adolescent's natural striving toward autonomy includes creating one's own private sphere and controlling its boundaries (Meeus, 2016). When parental invasion of privacy occurs, studies suggest that this begins a cascading sequence leading to increased adolescent secrecy and a decreased knowledge of adolescent behaviour for the parent (Hawk et al., 2013). This sphere includes peer and social networks as well, where increased parental control over an adolescent's relationships often results in an increase in delinquency and strengthening of deviant friendships (Smetana et al., 2006a). When mental health challenges are present, parents are even less likely to accept letting go of psychological control. Except one study out of nine however, Meeus (2016) found no data to suggest that parental control led to adolescent psychopathology. When considering the loss of a parent, families are forced to restructure the lines of how they function as a collective. If this restructuring limits adolescent autonomy, especially under the concern that mental health challenges may be present, this too may increase delinquency and erode the surviving parents' relationship with the youth.

Attachment Theory

Attachment theory is one of the leading theories in human development and is focused on the bonds between children and those who provide comfort and security; their caregivers. John

Bowlby proposed that attachment relationships form in infancy, giving the child a secure base to explore the world from (Bowlby, 1969/1997). From infancy to adulthood, people form and maintain multiple attachment relationships that help them successfully navigate the world. Adolescent attachment relationships are distinct from those of early childhood. During this period, adolescents conceive that their caregivers have their own needs and can take them into account, while adolescents shift their attachment needs from parents to other caregivers and romantic partners as part of healthy development (Jones et al., 2018; Moretti & Peled, 2004; Bowlby 1969/1982, Hazan & Shaver, 1987; Ainsworth et al., 1978). Broadly, adult attachment bonds are reciprocal, whereas childhood attachment bonds are one-way, making the transitory time of adolescence a critical time where both types are required to make the transition effectively (Jones et al., 2018; Gillath et al., 2016). Researchers have begun to explore the complexities of adolescent attachment across cultures, geographies, and socioeconomic environments, leading us to a new understanding of this important developmental period (Moretti & Peled, 2004). Losing a primary attachment figure during adolescence can have significant impacts (Stroebe et al., 2005). For a full review of adolescent attachment, consult Allen (2008) and for attachments impact on bereavement, review Stroebe et al. (2005).

Attachment Hierarchies

During adolescence, attachment networks expand to include 3-7 friends, romantic partners, and family members of varying degrees. These relationships vary in strength and quality, though each serves developmentally valuable roles as the youth begins to explore beyond their primary caregiver (Trinke & Bartholomew, 1997; Rowe & Carnelley, 2005).

Primary Attachments.

During adolescence, primary caregivers do not become less important, but they provide a slightly different role in supporting the youth in safely exploring additional attachments (Allen, 2008; Moretti & Peled, 2004). Mary Ainsworth and her colleagues proposed that the primary caregiver does not necessarily need to be the mother, finding that nanny's, fathers, or grandparents can also fill this role (1978). Throughout the life course, primary attachments can switch through relational experiences, which indicate to the individual that the primary attachment figure can be counted on a stable, safe, and enduring relationship. During normative development, these switches happen over time and typically involve a romantic partner (Gillath et al., 2016; Trinke & Bartholomew, 1997). Abrupt changes to an adolescent's primary attachment in the case of loss are undoubtedly devastating to a young person. In these situations, the quality of caregiving from a new or alternative attachment figure is one of the most important factors in the adjustment to a loss (Bowlby, 1973). Fewer attachment relationships in an adolescent's life during a loss put them at heightened risk for internalizing and externalizing problems, making the availability of additional or new attachment relationships paramount in these cases (Umemura et al., 2018).

Secondary Attachment.

Attachment theorists argue that several people other than the primary caregiver can serve developmentally essential roles (Bowlby, 1969/1997; Ainsworth et al., 1978). Primary caregiver relationships are not necessarily better than other attachment bonds, with each bond supporting development in different ways though with significant overlap (Pan et al., 2016; Ainsworth et al., 1978). Strong familial secondary attachments, such as with a father, are associated with lower emotional and behavioural problems (Imran et al., 2021; Rosenthal & Kobak, 2010). Better secondary attachments improve self-esteem (Harris & Orth, 2020; Imran et al., 2020), reduce

aggression (Gomez & McLaren, 2007), and increase the likelihood of a secure attachment when there is an insecure primary attachment (Pan et al., 2017), and could aid considerably in the loss of a primary caregiver (Mikulincer, 2019). In a study of alternative attachment relationships, 40% of adolescents indicated that one of their teachers or a teacher advisor served as a secondary attachment figure, and those who did nominate their teachers reported increased scholastic engagement as well as greater gains in achievement and adjustment compared to those who did not (Van Ryzin, 2010).

Additional Attachment Bonds.

During adolescence, peer and additional familial relationships become more important, helping the young person understand the world beyond what they have internalized from their primary and secondary caregivers. As a young person's number of attachments increases, some researchers (Field et al., 2014; Shaver & Mikulincer, 2002) suggest that the adolescents internal working model is broadly applied and developed across all attachment figures and utilized in the same way in times of need. These findings support the importance of additional attachments in maintaining stability of assumptions about the world after the loss of a primary attachment figure. Other researchers (Girme & Overall, 2021; Mayseless & Scharf, 2007; Cassidy & Shaver, 2002) consider that different attachment relationships form multiple working models for one individual, helping people to understand how to meet their needs across a variety of contexts. This approach raises more concerns for those who lose a primary caregiver if this role holds a unique role in an adolescent's understanding of how the world works.

A Cultural Construct

Bowlby conducted most of the early attachment assessments under the framework of an idealized, western two parent nuclear family with mother-child relationships dominating. Recent,

more culturally diverse studies exploring alternative caregiving relationships in both childhood and adolescence have questioned the idea of a single primary caregiver. Alternative theories consider models for multiple primary caregivers (Umemura et al., 2018) or for a multiplicity of attachment hierarchies leading to healthy development across the lifespan (Keller 2016). Bowlby and Ainsworth discovered that in adolescence, romantic partners can replace parents as primary caregivers, though this is not always the case across cultures. In places where arranged marriages are practiced or where more collectivistic values are embraced, primary attachments can remain to be the parents, challenging the notion that healthy development requires individuation from childhood primary caregivers and towards a romantic attachment (Flicker et al., 2020). While attachment bonds continue to be found to be a universal part of healthy development, the structure and pathways of attachment bonds promoting healthy development appears to be influenced by culture (Flicker et al., 2020; Keller, 2016; Becke & Bonguard 2017).

Attachment Styles

Bowlby (1969/1997) suggested there to be three key characteristics of attachment. Each factor has been used extensively by later researchers to understand strength, structure, and number of attachment relationships across the lifespan. First, attachment relationships involve a desire to be near the people we are attached to, known as *proximity maintenance*. Second, the act of returning to an attachment figure upon the presence of a threat is known as the need for a *safe haven*. Third, attachment figures serve as a *secure base* from which a person can explore the world with confidence. Researchers have explored the transition of attachment relationships in adolescents, finding consistently that early adolescents begin using peers for proximity seeking and safe haven functions (Nickerson & Neigle, 2005, Hazan & Zeifman, 1994), while keeping parents or alternative primary caregivers as their secure base. Researchers also suggest that by

middle adolescence, secure base needs are filled by a peer or romantic partner most of the time. This finding has been shown to have significant variation depending on culture, gender, and relationship status as to the transfer of this attachment need (Kerns et al., 2006; Friedlmeier & Granqvist 2006; Maysel, 2004).

Not all children have attachment figures who provide proximity maintenance, safe haven, and a secure base. The availability of these features within a person's attachment network is partially responsible for the development of four attachment patterns: (a) secure, (b) anxious/avoidant, (c) anxious/resistant, and (d) disorganized (Ainsworth et al., 1978; Sagi-Schwartz, 2016). Adolescents with secure attachment styles have been shown to have lower mental health difficulties (Darling Rasmussen et al., 2019; Van Doorn et al., 2011), more meaningful relationships (McGee et al., 2006), and increased career success (Shelton & van den Bree, 2010). The latter three attachment styles are terms for insecure forms of attachment, which research has associated with increased difficulties regulating emotions (Wambua et al., 2018), cope with conduct challenges (Oldfield et al., 2016) and difficulties managing stressful events (Valikhani et al., 2018). Bowlby (1969/1997) and Ainsworth (1978) proposed that these attachment styles are formed primarily in infancy and childhood, with later research finding that these styles remain relatively stable over time (Chopik et al., 2019; McConnell & Moss, 2011).

Attachment behaviours are most prevalent whenever a person is experiencing distress or a threat to survival (Bowlby 1969/1997), which in its most severe form includes the loss of a primary caregiver (Wambua et al., 2018). Some studies suggest that adolescents with avoidant or disorganized attachment styles will be less resilient in the face of losing a primary attachment figure. With less comfort with trust and intimacy, adolescents with avoidant or disorganized

attachments may be less equipped to receive help and comfort from attachments other than the primary caregiver (Balk, 2009).

Attachment Reorganization

During adolescence, parents may move down in the hierarchy, with romantic relationships (when present) superseding older primary attachments in strength as well (Doherty & Feeney, 2004; Rowe & Carnelley, 2005). This shift of attachment relationships is known as *attachment reorganization* and has important implications when considering adolescent loss of a primary attachment figure during this period. Primary caregivers typically become essential in the security of building new attachment relationships, serving as the secure base from which to implore new connections (Rosenthal & Kobak, 2010). For adolescents who lose a primary attachment figure, this process of reorganization could be delayed or impaired while a new primary attachment relationship is established sufficiently enough to support the youth's reorganization of attachments (Stroebe et al., 2005).

Premature Reorganization.

Kobak et al. (2007) proposed that premature reorganization may increase externalizing and internalizing problems much in the same way that premature separation from parents has been shown to increase behavioural problems (Goldstein et al., 2005). Early adolescents who placed their parents lower on their attachment hierarchy reported higher negative affect and lower positive affect. This was not the case for middle or late adolescents. For early adolescents again, those who placed their fathers higher on adolescent's attachment hierarchies fared better than those without a father in their attachment hierarchy after controlling for single parent families (Kobak et al., 2007). While premature reorganization may also be linked to sociocultural or biological (pubertal) factors (Scharf, 2007), premature reorganization also occurs in the case

of the loss of a primary caregiver when adolescents are forced to reorganize their existing attachment networks or find additional sources of comfort and support (Kosminsky & Jordan, 2016).

Cultural Construct

The exact utility of the shift to other attachment relationships and away from parents has not been proven, though researchers often correlate the need to build a romantic attachment for procreation (Goh et al., 2014). In cultures where primary attachment relationships remain with parents across the lifespan, there appears to be a variety of cultural expectations which are different from the western understanding of romantic partnership and nuclear families. The same researchers find no empirically defined benefit for those who maintain parental attachment relationships into adulthood over transitioning these bonds to romantic partners (Flicker et al., 2020; Keller, 2016).

Adolescent Grief and Growth

Grief

Losing a parent during early development is one of the most stressful events a person can experience, and often initiates a cascade of further challenges that increase family burden and adversity (Harrison & Harrington, 2001; Dowdeny, 2000). Large scale longitudinal and cross-sectional research on the topic has found links to impairments in an individual's ability to adapt to developmental tasks in the areas of education, work, and interpersonal relationships (Masten & Cicchetti, 2010; Balk, 1996a). Whereas children under the age of 10 are more significantly dependent on their caregivers in providing for their primary needs, adolescents have greater independence and skill in articulating and meeting their own needs without a primary caregiver. While this may seem to be a benefit to adolescents, these new abilities can make it easier for

adolescents to mask their grief and become isolated (Andriessen et al., 2015). Because adolescents are still dependent on their family unit, the loss of a parent often also creates feelings of instability and concerns of immediate physical and financial security that must be managed by a surviving parent or other responsible caregiver (Hirooka et al., 2017).

Adolescents also look closely to their attachment relationships for models on how to behave, and this is no different in grief. If the surviving parent is not displaying effective coping abilities, the adolescent will struggle to cope as well (Meeus, 2016). Adolescents also may turn to the Internet and social media as ways of coping, though these mediums may not provide accurate information or adequate emotional support for the person grieving (Heffel et al., 2015). Young people also often become aware of themselves relative to others outside of their attachment network during adolescence. Researchers repeatedly find that this egocentric point of reference often places great weight on the need to “fit in” and therefore encourage behaviours that may distance the adolescent from their grief (Hirooka et al., 2017; Palmer et al., 2016). These factors more broadly separate adolescents' grieving experience from that of children and illuminate the need to dedicate resources towards better understanding how to support this unique demographic. Interested readers may explore the topic of adolescent bereavement in more depth in Andriessen et al. (2018) and Hirooka et al. (2017).

Complicated Grief

The more common path of bereavement involves the grieving person acknowledging the death, without feeling overwhelmingly lonely, and while maintaining a sense of meaning in the world and connection to others while maintaining a feeling of self-efficacy. Complicated grief involves the reverse of these and occurs in approximately 10% of all cases of bereavement

(Salloum et al., 2019; Bonanno, 2009). People with complicated grief have difficulty acknowledging the death, they feel lonely and helpless while losing their sense of meaning in the world. For complicated bereavement, the common symptoms of acute grief persist beyond twelve months. Complicated grief has had many names and slightly different definitions between them, though recently the term *prolonged grief disorder* has been favoured by researchers studying situations where grief endures in ways that challenge daily functioning beyond twelve months (Balk, 2011). Complicated grief is associated with a range of functional impairments and distress outcomes for adolescents, including depressive symptoms, post traumatic stress, anxiety, suicidal ideation, and hopelessness (Salloum et al., 2019). While the past decade has spurred significantly more research into this group, more focus is needed to understand what can be done to support those with complicated grief (Sirrione et al., 2018).

An Attachment Informed Approach to Loss

The loss of an attachment relationship is a loss of our ability to regulate both psychologically and physiologically. Loss threatens our sense of safety and limits our ability to engage in new relationships, activities, and interests (Sirrione et al., 2018). Immediately following a loss, the attachment system does not often register the loss as permanent and looks for ways to re-establish proximity and connection to the person who has passed (Bowlby, 1980). Bowlby's original understanding of grief included four phases: shock and numbness, yearning and searching, disorganization and despair, and reorganization. Today, these phases have evolved based on current research suggesting that grief is not a linear nor passive process. People may move in and out of grief related responses moment to moment, in what is described through the dual process theory of grief (Stroebe & Schut, 2010). Additionally, understanding this yearning for continued attachment has led other researchers to develop a theory of grief known as

continuing bonds theory in which death is not seen as a severance of connection, but as a redefinition of it (Sirrinc et al., 2018; Hansen et al., 2016).

One of the most well-researched areas of grief and attachment styles for adolescents include examining how an attachment style prior to a loss impacts the way the loss is managed following the loss. Overall, findings suggest that those with insecure attachment style are at increased risk for both depression and anxiety. Anxiously attached adolescents may have difficulty shifting focus from the loss, have negative feelings, including anger, that last longer with grief increasing for a period after the loss (Wayment & Vierthaler, 2002). Avoidant adolescents may have difficulty confronting feelings associated with the loss, staying distracted and appearing to others to be coping “better” from the outside world, thus slowing the process of rebuilding a safe haven and secure base (Stroebe et al., 2005). Researchers applying attachment informed grief therapy emphasize the importance of additional relational supports to offer a safe haven to the bereaved in an effort to serve as a transitional attachment figure that can help tolerate the difficult feelings of loss and navigate forward (Kosminsky & Jordan, 2016).

Developmental Models of Adolescent Grief

Fleming and Adolf (1986) developed the first model of working with adolescent grief from a developmental perspective, which continues to be referenced and validated in current research (Lytje, 2017; McGurl, 2015; DeDiego et al., 2017; Balk, 1996b). It outlines a framework of cognitive, behavioural, and affective grief responses that are developmentally separated between early, middle, and late adolescence across five core issues: the predictability of events, mastery/control, belonging, fairness/justice, and self-image. Summarized findings most relevant to parentally bereaved adolescents will be referenced here, though readers are encouraged to review Balk (2011) for a more detailed analysis.

Grief in Early Adolescence

Early adolescents must first face the challenge of separating emotionally from their parents, managing the allure of exploring and the fear of abandonment. Cognitively, the grieving early adolescent may no longer see the world as predictable and fair. They may see themselves as different and more mature than their peers though still look to peers for acceptance. They may also idealize the person who died and question why the death had to occur. The bereaved early adolescent may behave differently as well, shifting between excessive caution and undue risk, while also maintaining an altruistic self-image. Common affective responses might include being angry at being misunderstood and fake friendliness or being afraid that someone else will die. Overall, the death of a parent in early adolescence is overwhelming, making it difficult to feel in control over how they feel and who they are beyond their family unit (Balk, 2011; Fleming and Adolf, 1986).

Grief in Middle Adolescence

Between early and late adolescence, young people search for autonomy and self-efficacy, with the focus on gaining a sense of mastery while remaining intermittently dependent on parents. When grieving a parent, middle adolescents may come to see the world as dangerous, setting unrealistic expectations on their coping with grief and acquiring both learned helplessness and existential anxiety. Because the middle adolescent is stuck between searching for independence while remaining dependent in many ways, their behavioural responses are often extreme. Aggressive risk taking or the loss of spontaneity may occur, as well as a desperate pursuit of peer relationships or isolation of the self. Affective responses for this developmental stage are unpredictable, matching the way they feel about life in general as unpredictable as well.

Fear of death, as well as anger and sense of injustice may predominate (Balk, 2011; Fleming and Adolf, 1986).

Grief in Late Adolescence

Near the end of adolescence, youth are focused on achieving interpersonal intimacy and trust. Managing the distance of new relationships while maintaining both intimacy and independence defines this final stage before early adulthood. Grieving late adolescents are cognitively challenged by trust, as they understand that the world can be unpredictable and that trusting the right people and being trustworthy is a good way to improve predictability. Behaviourally, late adolescents may overinvest in peer relationships or community as a way of securing interpersonal intimacy and attempts to control the unpredictability of the world. Similarly, they may also withdraw from all efforts to connect with peers or the community as a way of managing the unpredictability of the world. Late adolescents may fear that others close to them will die, and grapple with their feelings of acceptance and hope for the future. As late adolescents explore intimacy with peers and romantic relationships in more depth, they have the opportunity to restore feelings of hope, trust, and the predictability of the world (Balk, 2011; Fleming and Adolf, 1986).

Post-Traumatic Growth

Bereavement research has typically focused on the negative outcomes related to loss, though recently more attention has been paid to positive outcomes and what factors encourage these outcomes. Post-traumatic growth has been shown to occur more often in young people than for adults, and research is showing that benefits can be numerous depending on the situation, including strong evidence of personal growth, increased maturity, and capacity to deal with

personal mental health (e.g., Salloum et al., 2019; Michael and Cooper, 2013; Andriessen et al., 2018; Bugge et al., 2014; Jonas-Simpson et al., 2015). Post traumatic growth relates to when a person has developed beyond their pre-loss level of development and awareness either because of adversity or as an outcome of learning that has occurred through their efforts to cope with adversity (Michael & Cooper, 2013). Research suggests that growth is most related not to the loss itself, but to the nature of the struggle that follows it (Tedeschi & Calhoun, 2004). For further reading on post-traumatic growth, consider Salloum et al. (2019) and Michael & Cooper (2013).

Social Support After Loss

Having adequate social support during a loss has often been referenced as a part of managing the negative aspects of a loss, though recent research suggests it could also be invaluable in promoting an individual's growth. In a study of sibling bereaved adolescents, teacher and friend support within the school setting significantly accentuated the effect that parents had on their adolescent's growth during the grieving process and also supported adjustment following the loss (Howard Sharp et al., 2018). Adolescents in particular appear to benefit from this type of social support during a loss compared to children and adults, perhaps due to the importance that adolescents place on peer relationships during this developmental period (Michael & Cooper, 2013).

Grief Intensity and Growth

Grief appears to have a curvilinear approach to growth over time. Intermediate levels of complicated grief responses appear to generate the highest levels of reported growth, with those who report low and high amounts of complicated grief to report the least post traumatic growth (Currier et al., 2012; Calhoun et al., 2010; Salloum et al., 2019). This idea supports conventional

ideas about grief, with the understanding that suffering results in personal growth although overwhelming crises makes such change difficult. For those perceiving a low degree of grief from the loss, the lack of significance may reduce the impetus to find growth opportunities (Currier et al., 2012).

Maximizing Adolescent Growth After Loss

After a parental death, an adolescent has no other choice but to reconstruct a world of meaning (Hirooka et al., 2017). When meaning making can occur following a loss, individuals fare better than when they are unable to make meaning from the loss with higher instances of complicated grief (Neimeyer, 2006). In loss related events, growth is strongest within the first year when there is support from peers or community (social support) and coping strategies are utilized such as with meaning-making, benefit finding, reattribution, and positive reappraisal (Michael & Cooper, 2013; Hirooka et al., 2017; Lee et al., 2019). Religion and spirituality may also be deepened during this time, leading to more positive outcomes (Michael & Cooper, 2013; Lee et al., 2019). Activities that have been shown to improve growth outcomes for bereaved adolescents include connecting with the deceased through quiet time alone, such as with a picture or at a gravesite, or by making time with friends (Hirooka et al., 2017).

Finding a way to re-establish some form of relationship with a deceased parent can also be an effective way to increase growth. In a study of parentally bereaved adolescents using continuing bonds theory, adolescents continued their bonds with deceased parents by experiencing encounters with the deceased parent, listening to the inner guide of the parent, and keeping mementos to remind them of the parent. Hanson and her colleagues noted that the ways in which the adolescents continued their bond with a deceased parent assisted them in creating meaning out of their loss and adjusting to life without that parent (2016). With meaning making

being a critical part of post traumatic growth, taking a continuing bonds approach to grief may have valuable implications for those looking to support parentally bereaved adolescents.

Belonging and Community After Loss

More than at any other stage in life, adolescents need to feel they fit into their social sphere in order to satisfy their well-being (LaFreniere & Cain, 2015; Schall et al., 2016; Hirooka et al., 2017). Adolescents' feeling of belonging has an impact on general life satisfaction, cognitive performance, academic achievement, and physical health (O'Brien et al., 2013). The concept of belonging has broad connotations, though can be defined here as the emotional need to be an accepted member of a group (Block, 2018). This need to belong has such a strong impact on adolescent development that it has its own area assessment scale, with research suggesting that female adolescents have a higher need to belong than males, though with a high degree of variation and cultural connotations (Leibovich et al., 2018). For all adolescents, this sense of belonging can be associated with a wide variety of factors, from a place of identity such as academic achievement, cultural heritage, or family of origin, to a physical place such as a school, community, or nation (Haugen et al., 2019; Stickl et al., 2019). Regardless of the source of the feeling of belonging, if adolescents do not feel they belong when experiencing bereavement, consequences can include an increase in externalizing behaviour problems (Newman et al., 2007), internalizing emotional challenges such as depression (Arslan, 2019) and suicide risk (Hill et al., 2019), as well as a decrease in self-esteem (Al-Yagon et al., 2016). Those interested in further reading on the importance of belonging in adolescent bereavement might consider reviewing Lafreniere & Cain (2015), Howard Sharp et al., (2018), and Osman et al. (2020).

Marginalization

Significant research on belonging in adolescence has been done on marginalized subgroups within a dominant culture. These studies highlight the detrimental effects that failed belonging can have on young people. Adolescent immigrants are most vulnerable to thwarted feelings of belonging both at a societal level and within their school (Osman et al., 2020; Juang et al., 2018). As might be expected, findings suggest that anything that can be done to strengthen what connections an adolescent has and build new connections in the new space will aid in fulfilling a young person's need to belong in a new place (Juang et al., 2018). Challenges of belonging are not only found with immigrants, but with marginalized or minority populations of all sizes. Adolescent girls entering computer science may struggle to feel they belong (Master et al., 2016). A Latino student may struggle to find belonging at a school in North America (Delgado et al., 2016). A youth who recently transitioned may find themselves experiencing overwhelming challenges of belongings (Hatchel & Marx, 2018). In all cases where sources of belonging are limited for adolescents, their resiliency in managing challenging situations such as the loss of a parent are also limited (Osman et al., 2020; Moreno et al., 2016; Scarf et al., 2016).

Belonging and Development

Belonging is an important issue for all adolescents, though for those who have lost a parent, this need becomes critical to minimizing negative outcomes and supporting healthy development at every stage. Fleming and Adolf's model of adolescent grief across early, middle, and late adolescence considers belonging as a core feature of development through this period. During early adolescence, parentally bereaved youth may seek belonging by looking for evidence of peers' acceptance and understanding, though may avoid them physically and be angry at feeling misunderstood. Grieving middle adolescents may be challenged to find a source of belonging anywhere, choosing to overinvest in places of belonging or isolate themselves while

feeling they need to hide their grief in order to feel they belong. Late adolescence may embark on an internal or physical quest to discover their own definition of belonging, losing trust in their earlier sources of belonging. Grieving later adolescents may also become deeply loyal to relationships or instead become heavily dependent on them for their need to belong (Fleming and Adolf, 1986; Balk, 2011).

As described earlier in this chapter, social support plays a leading role in the mediation of negative outcomes associated with a loss (Schall et al., 2016). Both in managing negative outcomes and promoting resilience, belonging is a critical factor in the management of difficult circumstances such as the loss of a parent. When considering how valuable belonging relates to well-being, Valarie King and her colleagues assessed that belonging predicted adolescent well-being within all family structures (both single parent and dual-parent), with belonging mediating associations between parent–adolescent closeness and global well-being for most outcomes (King et al., 2018). Seeing belonging as such an important factor in the promotion of well-being begs the question of where these sources of well-being may come from. If we can understand how belonging is cultivated from each source, we may be able to better support adolescents who grieve the loss of their parents.

Peers

Peers function as a critical part of adolescent development, of which belonging plays a central role. Peers help an adolescent explore interpersonal relationships and develop their sense of self outside of their parental relationships (Schall et al., 2016). If adolescents find a sense of peer group belonging, research indicates that they are at a significantly lower risk for both internalizing and externalizing problems (Oberle et al., 2019; Newman et al., 2007). Unfortunately, adolescents who do not feel they belong appear to feel that they do not have

control over their belonging, while those who do feel that they belong attribute their belonging to factors within their control (Schall et al., 2016). When considering the feelings of loss of control brought on by the death of a parent, if an adolescent's feelings of belonging are low, they may struggle further to change their peer connection on their own. Researchers concerned about the role of an adolescents feeling of social connection in adaptation to a loss have drawn parallels to findings in adults who lose a parent. For adults, the best predictor of reduced psychological distress is an increase in contact with friends (Stroebe et al., 2005). While this finding with adolescents has not yet been consistently demonstrated (Dopp & Cain, 2012), it has led the author of this capstone to explore parallel areas of research on belonging amongst peers to understand how it may affect parental bereavement.

Peers, when mobilized, can have a significant positive impact on the well-being of adolescents who are struggling with a loss. In a study of peer belonging, adolescents in New Zealand undertook a 10-day adventure-based voyage, with significant positive impacts on measures of resilience up to nine months following the event (Scarf et al., 2016). These findings can also be found in bereavement literature. In one study, Howard Sharp and her colleagues found that school belonging in the form of friend and teacher support mediated the impacts of low parental support for sibling adolescent bereavement (2018). This study highlights poignantly the crucial role that others might play in supporting adolescents after they lose a parent.

School Support

Schools function best for adolescents' development when they operate as caring communities that promote belonging (Battistich et al., 1995). School belonging is defined as students' social and emotional connection with both the staff and their academic institution (Neel & Fuligni, 2013). Across a meta-analysis of school belonging, teacher support and positive

personal characteristics were the two strongest predictors of school belonging in adolescents, with results most strongly found in rural rather than urban locations (Allen et al., 2018). In a study exploring how teachers and school counsellors might increase early and middle adolescents' sense of belonging, given the research showing its positive effects, teachers reported four themes. Teachers cited the importance of emphasizing community building activities, highlighting the need for modeling positive attitudes as well as the ability to encourage positive peer relationships and making course content relevant to students' lives (Booker, 2018). Teacher attunement may also play a role in supporting adolescents' sense of belonging, with students perceiving greater safety and belonging at school when they felt that their teachers were attuned to their emotional state (Norwalk et al., 2016). Racial or ethnic discrimination by teachers towards students, as might be expected, significantly decreased adolescents' sense of belonging at school though discrimination from peers increased belonging (Montoro et al., 2021). Overall, these findings showcase the importance of school support in increasing adolescents' sense of belonging as they navigate challenging situations.

Non-Parental Adults and Other Community Members

Adults other than parents can play a critical role in the development of adolescents' emotional, behavioural, and educational development (Meltzer et al., 2018). Grandparents and other extended family members, coaches, neighbours, and other community members all become more relevant to adolescents as they begin to look outside of their parental relationships (Bowers et al., 2015). Valuable connections between additional caring adults are a welcome addition to most adolescents navigating this tumultuous period and could become invaluable for adolescents who have lost a parent. Researchers often refer to these informal relationships that support belonging as *natural mentors* or *trusted adults*, with recent studies showing that these types of

relationships can have a significant positive impact on broad adolescent outcomes (van Dam et al., 2018; Hurd et al., 2018; Meltzer et al., 2018). Mentors model behaviour, help youth to regulate their emotions, live their values, provide social support, and shape the conceptions adolescents have of themselves (Reed et al., 2019; Rhodes et al., 2006).

In one study exploring non-parental adults' informal relationships to adolescents, students who felt connection and mentorship from adults in their social sphere reported a significant decrease in global psychological distress. The authors noted that this finding was significant in that the population reviewed were marginalized groups at predominantly white schools, further supporting the need for natural mentors in situations where belonging may be low (Hurd et al., 2018). In another meta-analysis examining natural mentors including over 30 studies, the presence of a natural mentor not only displayed the positive impact on adolescent growth, but showed large effect sizes of relatedness, social support, autonomy support, social-emotional development, and academic and vocational functioning (van Dam et al., 2018). In low-income situations as well, community non-parental informal support has been seen to have significant predictive validity for positive psychosocial adjustment (Ng et al., 2017). More formal mentoring relationships with adolescents have so far only suggested mild to moderate effects on positive outcomes (Raposa et al., 2019; Dubois et al., 2011). These findings taken together highlight the importance for informal, nonparental social support in fostering belonging and well-being in adolescent youth across all backgrounds.

Chapter Summary

Adolescence is a critical stage between childhood and adulthood marked by significant biological, psychological, and sociocultural changes when a young person begins to define their identity outside of their family unit (Jackson & Goossens, 2020). Adolescents facing

developmental challenges in one area are more likely to face challenges in others (Masten & Cicchetti, 2010), though if they are able to find an arena of life where they feel safe and confident, they may be more able to cope better with these cascading challenges (Jackson & Goossens, 2020). Broadly, adolescent development is supported by earlier, high quality relationships who are empathetically attuned to the young person's needs. These relationship models inform the way the young person understands themselves and how to interact effectively with the world beyond their family unit. Adolescents who face mental health challenges are more likely to face an erosion of relationship quality from existing parental and peer relationships, making efforts to bolster the quality of these support networks essential for the grieving youth who lose a parent (Meeus, 2016). The support network of the grieving adolescents must also be cautious about restricting the autonomy of the grieving adolescent due to the new family structure, which may cause further challenges (Hawk et al., 2013). At the heart of adolescent development lies the systematic transactions between the individual and their social context, most notably in their parents, peers, and wider social network (Meeus, 2016). Looking at these relationship transactions more closely, we may be able to support parentally bereaved adolescents more effectively.

Adolescent attachments shift slowly from existing one-way attachments with primary and secondary attachment figures into multiple attachment figures which can include peers and romantic partners who offer a reciprocal attachment relationship (Jones et al., 2018). Losing a primary attachment figure in adolescence can have significant impacts on an adolescent. Finding an enduring new or alternative caregiver to engage with quality emotional attunement as early as possible can significantly help (Bowlby, 1973), making the availability of multiple attachment figures a significant advantage (Umemura et al., 2018). Secondary caregivers offer

developmentally essential roles in reducing mental health challenges which are different from primary caregivers (Mikulincer, 2019). Secondary caregivers also have been shown to mediate an insecure attachment in the youth when the primary caregiver is . attached (Pan et al., 2017). Additional attachment relationships expand the adolescents internal working model beyond parental relationships (Field et al., 2014), which may help them maintain stability during the loss of a primary attachment. Recent studies looking beyond the western construct of nuclear families to more collectivist understandings of development have found evidence for multiple primary attachments (Umemura et al., 2018) and primary attachments that do not switch to romantic partners (Flicker et al., 2020), suggesting that our conceptualization of attachment structure needs more cultural consideration (Keller, 2016).

Adolescents building new peer and romantic attachments begin with a desire to be near specific others (proximity maintenance) and use them when under threat (safe haven). Secure base needs are typically held with the primary caregiver and transition to a romantic partner during adolescence, though this varies by culture, gender, and unique relationship situation (Kerns et al., 2006). When attachment relationships shift, this is known as attachment reorganization (Doherty & Feeney, 2004), though debate has increased about its need as a part of healthy development (Flicker et al., 2020). If reorganization occurs too early for the adolescent due to the loss of a primary caregiver, or if there is no primary attachment figure ready to fill the void, adolescents have a more difficult time (Stroebe et al., 2005). When primary caregivers are not consistently able to provide proximity maintenance, safe haven and secure base functions to infants and children, an insecure attachment style can develop, which has been related to many internalizing and externalizing challenges (Valikhani et al., 2018). Adolescents with insecure

attachment styles appear to have more difficulty managing stressful events, suggesting that events such as the loss of a primary caregiver would be particularly difficult.

Grief during adolescence hinders development over a wide variety of tasks (Harrison & Harrington, 2001), with this period posing significant differences in both hindrances (Masten & Cicchetti, 2010) and growth opportunities (Salloum et al., 2019). Grief clashes with adolescent's needs to fit in (Hirooka et al., 2017), which contrasts with the resulting effect of losing a primary attachment figure which makes it more difficult to fit in by regulating psychologically and physically when interacting with their peer network (Sirrione et al., 2018). Redefining an attachment bond with a deceased parent is a way that can help youth or anyone cope with a loss, known as a continuing bond (Sirrione et al., 2018). Insecurely attached adolescents have more difficulty coping with the loss of an attachment figure (Stroebe et al., 2005), though additional or transitory attachment relationships improve outcomes (Kosminsky and Jordan, 2016). Because of the many changes happening in an adolescents cognitive, behavioural, and affective states, grieving appears and is supported very differently between early, middle, and late adolescence (Balk, 2011; Fleming and Adolf, 1986).

Following a loss, significant evidence suggests that adolescents can positively grow as well, with research suggesting that this development comes more from the struggling following a loss than from the loss itself (Salloum et al., 2019; Tedeschi and Calhoun, 2004). For growth to occur, adolescents in particular benefit from peer support (Michael & Cooper, 2013), and grow the most when grief levels are neither overwhelmingly intense nor minimally distressing (Currier et al., 2012). To maximize growth following a loss, researchers suggest that encouraging meaning making, facilitating social support, teaching coping skills, deepening existing spiritual

beliefs, and encouraging redefining the bond with the deceased person (Michael and Cooper, 2013; Hirooka et al., 2017; Lee et al., 2019).

Belonging is also a critical part of adolescent development (LaFreniere & Cain, 2015), and must be considered when supporting a major loss such as a primary attachment figure to minimize associated behavioural and emotional challenges (Newman et al., 2007). Marginalized adolescents suffer the most from belonging issues, leaving them less able to find resilience in moments of challenge (Osman et al., 2020). Similar to grief, the stage of adolescence also raises different challenges of belonging across early, middle, and late adolescence which are further complicated by a bereavement (Fleming and Adolf, 1986; Balk, 2011). Peers (Schall et al., 2016), teachers, school counsellors (Allen et al., 2018), as well as non-parental adults such as grandparents and community members (Meltzer et al., 2018) all have the ability to foster a sense of belonging for an adolescent and improve their resilience in the face of a parental loss.

Relevant findings from this chapter will be analyzed and discussed in the upcoming final chapter, followed by specific recommendations for people and programs looking to support a parentally bereaved adolescent.

Chapter 3: Recommendations, Limitations and Conclusions

After exploring the various aspects that might contribute to secondary and tertiary attachment relationships supporting parentally bereaved adolescent grief outcomes, we move to analyzing key findings from previous literature, proposing recommendations for specific people and programs, and reviewing limitations and proposing future research. This capstone aimed to understand whether research supports the hypothesis that secondary and tertiary caregivers can mediate negative outcomes for parentally bereaved adolescents, and if so, in what ways might their efforts be most impactful.

Key Findings

Developmental Period of Loss Matters

Adolescents want to fit in with peers (Hirooka et al., 2017) and establish an independent identity (Sawyer et al., 2018), which both clash with the effect of losing a parent (Sirrione et al., 2018). Grief reactions vary depending on whether the youth is in early, middle, and late adolescence (Brent et al., 2012; Balk, 2011; Nader & Salloum, 2011). Grieving early adolescents may be noticed as seeing the world as unfair, feeling alienated from their peers, and fluctuating between excessive caution and risk. Middle adolescents experiencing loss may come to see the world as dangerous, embracing the poles of spontaneity or self-discipline, peer connection or isolation in an attempt to cope with a dangerous and unpredictable world. Late adolescents may display difficulties finding interpersonal trust and a safe distance of connection, knowing the world is unpredictable though craving intimacy (Balk, 2011). Grief is experienced in new ways as adolescents pass through each stage, known as re-grief (Brent et al., 2012).

More Quality Relationships Limit Negative Outcomes, Promote Growth

For adolescents who lose a primary attachment figure, secondary attachments such as the surviving parent (Balk, 2011), a teacher (Van Ryzin, 2010), peer or romantic partner (Howard Sharp et al., 2018) can all support adverse outcomes. Research suggests that fewer attachment relationships increase the risk for problems (Umemura et al., 2018) and leave adolescents less able to recover from adverse events such as parental loss (Howard Sharp et al., 2018). Growth after loss is strongest when the loss is not too overwhelming and when the struggling that follows is supported by several quality relationships (Michael & Cooper, 2013; Hirooka et al., 2017; Lee et al., 2019; Currier et al., 2012).

Belonging

Belonging is an emotional need that takes several forms as an adolescent develops and is critical for adolescents in particular as they begin to understand themselves relative to people, places, and cultures (LaFreniere & Cain, 2015). A lack of belonging is related to many challenges for adolescents (King et al., 2018), and it makes them less resilient (Osman et al., 2020). Peers (Schall et al., 2014), teachers, school counsellors (Allen et al., 2018), as well as other trusted adults (Meltzer et al., 2018) can all foster a sense of belonging for an adolescent and improve their resilience in the face of a parental loss (Osman et al., 2020).

Recommendations

Effective mobilization of any individuals interested in supporting a parentally bereaved adolescent requires a starting point. Recommendations for schoolteachers, counsellors, and other trusted adults are first presented, followed by general strategies for alternative caregivers in supporting bereaved adolescents. I will then offer recommendations for other supporting relationships such as the surviving parent and peers.

Teachers.

Currently, teachers appear to be unclear as to how to best help bereaved adolescents. In a qualitative study, teachers working with students who had recently experienced some form of trauma, including the loss of a parent, struggled to balance the needs of the class with the bereaved individual and identifying their role in making a difference for the youth (Alisic, 2012). These findings align with a previously referenced United States sample of teachers, which found that only 7% of teachers had received some form of bereavement training, despite 70% having a student in their class who was bereaved (American Federation of Teachers and the New York Life Foundation, 2012). These are difficult statistics, when research suggests that teachers can

serve as secondary attachment figures and contribute significantly to students' sense of belonging and adjustment following a loss (Gros & Lo, 2018; Allen et al., 2018).

Within the school, teachers might leverage their power to manage bullying and teasing towards a grieving adolescent directly, as well as facilitate situations that might amplify the quality of peer relationships. They could also facilitate a grieving youth's feeling of social connectedness, including the maintenance of routines and continued engagement in extracurricular activities (Alderfer & Hodges, 2010). They might also use their more developed social skills to help preserve the bereaved adolescent's sense of normalcy in the classroom. In one study, teacher support was found to accentuate the positive effects of parental support offered to grieving youth (Howard Sharp et al., 2018). Other researchers support this finding, observing the healing qualities of student-teacher relationships following a loss event, also suggesting that school counsellors have a valuable role in supporting grieving youth (Gross & Lo, 2018). Early adolescents, as opposed to middle or late adolescents, may be best supported by teachers as research suggests the student-teacher relationship is strongest at this age, fading slowly after (Bokhorst et al., 2010; Helsen et al., 2000).

Teachers reading this may be looking for more specific guidance for supporting adolescent loss. One teaching method shown to help adolescent loss is known as relational teaching. Relational teaching is a way of teaching that understands the whole life of the student and engages with them on both an emotional and cognitive level, building trust and security through small relational gestures (Gross & Lo, 2018). Reichert and Hawley (2014) interviewed 1,200 adolescent students, identifying key relational gestures that facilitated improved relationships such as engaging with the student in areas of their competence outside scholastic requirements, revealing vulnerability, finding and sharing common interests or characteristics,

and maintaining consistent standards, among others. A full list of these gestures and relevant findings can be found in Gross and Lo (2016) or on the relational teaching website (see Appendix A).

Counsellor Support.

Teachers have reported that they are limited in the resources and training they have access to in helping their bereaved students (Alisic, 2012). School counsellors are uniquely positioned to be a resource for both the teachers supporting the students and the students themselves. In both cases, the counsellor often acts as the gateway to experienced support, whether from the counsellor themselves or to community services specializing in bereavement. Unfortunately, qualitative interviews from 39 bereaved adolescents suggests that students tend to lack trust in the school community's ability to help in times of distress, feeling that support was either insufficient or significantly delayed (Andriessen et al., 2019). Recommendations for these gaps are discussed below.

In supporting teachers, counsellors can first and foremost advocate to their administration for increased professional development training for teachers in bereavement issues. This is a longer-term solution however, and more time sensitive recommendations are needed for specific cases. Counsellors can use their experience to advise teachers on the basics of grief theory (e.g., continuing bonds and the dual process model), identify signs of a youths complicated grief and what to do, as well as help teachers understand how they might work together to maintain normalcy and autonomy for the youth while fostering connections with peers. They also can help the teacher manage their own grief and secondary stress related to helping the youth (Hydon et al., 2015).

Counsellors can support the youth more directly by making their office available as a safe space for the youth and applying their professional experience to help the youth navigate their grief in a one-on-one setting. They can also consider coordinating partnerships between the family and the school, as well as assess the amount of support received at home to coordinate specific intervention when needed and foster improved connections (Alderfer & Hodges, 2010; Howard Sharpe et al., 2018). Counsellors are also well set up to support the grieving adolescent's peers with their questions about the situation, helping them understand the situation and how they can offer support. Care must be taken when taking proactive initiative without the grieving adolescent's approval to ensure their sense of control over their grieving experience is not threatened. At all times, counsellors must ensure that the grieving youth leads the situation, with additional support from the counsellor not being taken without support from the youth or unless necessary.

School teachers and counsellors are in a unique position to support grieving adolescents, though in different ways. Both are already in the position of providing support to students, making the direct provision of support much easier to understand and accept than the same offer from peers. For grieving youth who have few close peer relationships, teachers and school counsellors may also support by filling the safe haven or proximity maintenance roles by ensuring a safe space within the classroom or counselling office. A curated list of specific resources to support teachers and counsellors may be found in Appendix A.

Trusted Adults.

The role of alternative caregivers in supporting loss is generally accepted as impactful to parentally bereaved adolescents, though *how* is largely unknown (Smetana et al., 2006b). The extended family and community can play a vital role in providing “practical assistance,

companionship, and a sense of security and solidarity, which can assist the family to adjust to the loss” (Greeff & Human, 2004, p. 37). Adults who care about the adolescent can be most effective in supporting their grief outcomes through two pathways. Either by supporting the parent by providing indirect support or supporting the youth directly as a trusted adult. Both can be helpful and are discussed below.

Supporting the Adolescent.

Trusted adults can serve in a variety of roles to help the adolescent adjust following the loss of a parent. Adults who already had a pre-existing relationship with the youth before the loss may act as a natural mentor and as such offer an invaluable contribution. Cultivating the youth’s interests in any skill or activity (e.g., a coach, music teacher) may help the youth build a sense of identity and mastery (van Dam et al., 2018; Hurd et al., 2018). Being consistently available can help the adolescent at all stages of development to help reinstate her or his sense of predictability of events, something that is destabilized after the loss of a parent (Balk, 2011). Trusted adults can also facilitate the youths' need for autonomy during a time when this may be threatened due to less support from the surviving parent. Driving the youth to an event they like to attend or supervising them in an activity that requires it can help the youth access arenas of comfort and feel less impacted by the loss. Adults who are less close with the adolescent can still support significantly in the sense of belonging and security felt by the youth’s greater community. Parents of peers or family friends can cultivate belonging and acceptance in their engagement with the youth, being cautious not to burden them with their own grief or limit the youth’s sense of normalcy.

General Recommendations for Alternative Caregivers

Normalizing.

Adolescents have an overwhelming need to fit in. When experiencing the loss of a parent, youth often feel different from their peer group (Hirooka et al., 2017). Helping them to understand grief as a natural and normal response to death can be a useful step for caregivers (Balk, 2011). Grief responses of youth can also be a cause of challenge for both the adolescent and the remaining family. As the adolescent looks for a model for how to manage this situation, their expressions of grief may vary widely from that of their surviving parent or caregiver. Ensuring that adolescents understand that every loss is experienced differently, and that all behavioural and emotional responses can be part of grief (including shutting down) can be a helpful way to normalize their response (Pavlisin, 2019). Adolescents commonly spend more time with their peers or on their own than they do with their immediate family as they seek autonomy. After the loss of a parent, this distancing can be difficult for a grieving family to understand. The surviving parent, other trusted adults or a therapist can help to normalize this behaviour within the family to minimize further distance or hurt (Palmer et al., 2016).

Amplifying Natural Connections.

Any efforts to increase the availability of caring relationships in a grieving adolescents' life will increase the likelihood of strengthening safe haven and proximity maintenance attachment functions, supporting outcomes. Therapists or other trusted adults can strengthen relationships that existed before the loss. Especially with early adolescents who often see the world in terms of before and after the parent's death (Balk, 2011), a previous relationship will help give the youth continuity and stability as they grieve. Second, when considering alternative supports, find adults who would naturally serve as a mentor such as a coach, music teacher, or family friend. Research supports that these supports are significantly more effective than more

formal adult-adolescent relationships (van Dam et al., 2018; Hurd et al., 2018; Meltzer et al., 2018) that might be created specifically due to the loss. Care must be taken not to impose on an adolescent's autonomy when any caregiver attempts to amplify these natural connections and impose support, as this may backfire and increase distance and delinquency (Smetana et al., 2006a).

Skills and Tools that Help.

If teachers, trusted adults, and the surviving parent are aware of the basic skills and tools to reach for, they can more easily support a grieving adolescent and the peers who surround them. Facilitating continued bonds with the deceased through meaning making activities has been repeatedly proven as a valid coping skill to help bereaved adolescents. Some activities shown to help with meaning making are discussed below. Facilitating metaphorical encounters with the deceased parent, listening to the inner guide of the parent, and keeping mementos to remind them of the parent can all help facilitate continuing bonds (Hansen et al., 2016; Serrine et al., 2018; Brewer and Sparkes, 2011; Field, 2006). Professional therapeutic support is typically not utilized unless signs of complicated or prolonged grief are apparent, though it is recommended whenever possible to support both the grieving youth and the other trusted adults supporting the adolescent. For parentally bereaved youth in particular, several therapeutic treatment approaches have shown empirical effectiveness such as Trauma focused cognitive behavioural therapy (Dorsey et al., 2020; Cohen et al., 2016), Eye Movement Desensitization and Reprocessing (Lewey et al., 2018) and creative therapies such as Art Therapy (Weiskittle et al., 2018; Green et al., 2013) and Bibliotherapy (Heath & Cole, 2012).

Understand How Grief and Adolescent Development Connect.

Grief is not static, especially for bereaved adolescents. According to the dual process model of grief, adolescents move between coping directly with the loss and accepting it by focusing on the current tasks of their present reality (Stroebe & Schut, 2010). Across cognitive, behavioural, and affective domains, grieving adolescents are faced with unique challenges at each stage of their development (Balk, 2011). When considering how to support parentally bereaved adolescents, understanding normal adolescent development, appreciating common grief responses for each stage, identifying deviations suggesting complicated grief, and understanding developmentally appropriate interventions are recommended (Brent et al., 2012; Palmer et al., 2016). Therapists and school counsellors are best suited to ensure these aspects are understood by alternative caregivers such as teachers and trusted adults to maximize the support available for the grieving youth.

Find an Arena of Comfort.

Adolescents who lose a parent experience a pile up of stressors following the loss (Apelian & Nesteruk, 2017). Adolescents who are forced by circumstance to face multiple developmental challenges at once do poorer in all areas of development (Masten & Cicchetti, 2010; Murray et al., 2020). Simmons et al. (1987), in a seminal study of 1,000 adolescents, developed the thesis that when youth have one area of comfort (e.g., family, peer group, school, community) they can more easily navigate challenges including the death of a loved one. Recent research (Jackson & Goossens, 2020; Call & Mortimer, 2001; Cavanah & Bueller, 2016) continues to show that youth are better able to navigate challenges when they have at least one arena of comfort that helps them feel safe. Generally, helping bereaved youth to find at least one consistently available arena of comfort following the loss is recommended to help them navigate the challenges ahead.

*Supporting Surviving Parents and Peers***Surviving Parents (Non-Primary Caregivers).**

Many studies cite that the well-being of the surviving parent is the single most important factor in facilitating an adolescent's adjustment to loss (e.g., Høltge et al., 2021; Howard Sharp et al., 2018; Sandler et al., 2010b; Cerel et al., 2006). Trusted adults are well suited to take on many of the logistics such as driving the youth, cooking, or cleaning to help the surviving parent make space for their own grief. They might also consider organizing an online charity or fundraiser to ease the financial strain of having less resources available and an increase in bills (e.g., funeral, headstone etc.). In all cases of logistical support, consent from the surviving caregiver is recommended to ensure that support in a certain area is desired. With emotional support, care must be taken by other adults to not impose their grief on the surviving parent, especially if they are not close with them. The surviving caregiver, when encountered by another adult, may not be in a place where they want to directly face the weight of the grief (reference the dual process model of grief for more information). Sending letters, attending funerals and other small tokens of support allow the surviving parent control over when and how they receive support from other adults during their grieving process.

The surviving parent or legal guardian (e.g., grandparent, godparent) can be guided by a therapist to offer a new, secure base for the adolescent. The challenges of supporting a youth are heightened as the youth's grief responses are often more significant than those who lose any other type of attachment figure (Hirooka et al., 2017; Servaty-Seib et al., 2007). Not only with heightened grief from the youth, the new primary attachment figure is charged with supporting a dependent when they are struggling to manage the loss of what may also be their own primary attachment figure (Stikkelbroeck et al., 2016). The surviving parent, regardless of the nature of

the relationship at the time of the death, may sincerely struggle in their efforts to do the logistic and emotional work of two parents and attend to their own grief at the same time. Their grief responses may leave them emotionally volatile or unavailable in their relationship with their adolescent and partially or fully unable to fulfill parental roles.

It may be difficult if not impossible for the new primary caregiver to properly attend to their own grief given the support the surviving caregiver has access to, making the recommendation of doing so a difficult one. Counsellors might help the surviving parent to facilitate the availability of peer and trusted adult relationships who may be willing to help. In doing so, the parent can lighten the burden on themselves and increase the chances of quality relationships following the loss. When possible, having the parent show acceptance of a variety of their own grief responses in the presence of their youth can be helpful to help the adolescent understand their own grief. If a surviving parent's grief responses are so extreme as to threaten the youth's safety or leave the youth to consider supporting their parent's grief instead of their own, alternative supports for parentally bereaved youth should be considered (Palmer et al., 2016).

For the surviving parent, communicating financial status, expected changes (e.g., housing, school), and plans for the near future can help adolescents gain more stability and safety as they grieve. Anything a counsellor or mental health professional can do to help the surviving parent to be honest about the situation and offer choices about situational challenges can also help adolescents regain some semblance of control on their world (Schuurman & Lindholm, 2002). Rites of passage (e.g., graduation) will be different without one parent, making it important for surviving parents to make space for the grief that comes with each milestone that the deceased parent is not present for. Rituals and memorials, or any way that respectfully helps

continue the youth's relationship with the deceased, can be equally useful for adolescents (Palmer et al., 2016). In communicating with bereaved youth as the new primary caregiver, the best way to help them is to give them clear, honest information early on, using age-appropriate language. Doing this will show them that hard conversations can happen safely and that they can talk with you about their difficult emotions as they arise.

During the reorganization of the family unit after the death, unrealistic expectations may be placed on the adolescent to fulfill the void of parental roles, which in some cases is unavoidable or adopted without prompting. This might include planning the funeral, making lunches and dinners, or other tasks previously done by the deceased parent. While a reorganization of roles and tasks is inevitable, the surviving parent is encouraged to ask for logistical help (e.g., driving, cooking) from other trusted adults to ensure the adolescent has space to attend to their own grief and remain a dependent in the parent-youth relationship (Palmer et al., 2016; Schuurman & Lindholm, 2002). Whenever possible, giving the adolescent space to grieve, attend to developmental tasks, and build attachments with peers, teachers, and other trusted adults is recommended (Palmer et al., 2016; Balk et al., 2012; Stikkelbroeck et al., 2016).

Peers.

Peers form a critical part of an adolescent's support network, sharing experiences they would not share with an adult (Palmer et al., 2016) and acting as their preferred source of support (LaFreniere & Cain, 2015a; Carter & Janzen, 1994). During parental bereavement they rely on peer support even more than usual (Dopp & Cain, 2012; Worden et al., 1996). The rest of the adolescent's family unit is grieving and may be less available for support, especially in the case of the surviving parent. Peers are not directly connected to the death and are therefore well

situated to provide this support. Several studies suggest that overall, peer support is associated with the improved adjustment of parentally bereaved youth (LaFreniere & Cain, 2015a; Dopp & Cain, 2012; Sandler et al., 1992; Gray, 1989). While peers appear to play a valuable role, they may not be able to effectively support a grieving youth without effective direction. School counsellors are best positioned to collaborate with the surviving parent and other alternative caregivers to promote the grieving youths' access and quality of peer relationships.

Recommendations for school counsellors in guiding the surviving parent or alternative caregivers in supporting the bereaved youth are presented below.

Peers of a grieving youth can help by ensuring they are physically and emotionally available to the bereaved adolescent as well as help to facilitate the attachment needs of proximity maintenance and safe haven most commonly fulfilled by peers in adolescence. Recommendations for support are different by developmental period. Early adolescents who are just beginning to build an understanding of the world through new relationships with peers (Nickerson & Neigle, 2005) may benefit most from broad acceptance and understanding from their larger peer group. Middle and late adolescents are more likely to have their secure base needs met by a peer or romantic partner (Kerns et al., 2006), making the availability of these close attachments heightened during their loss of a previous secure base. Peers at all stages of development who have experienced significant losses themselves may also help a grieving adolescent in feeling less different, though the nature of the relationship and setting in which the information is shared makes this support highly contextual. Close peers can help grieving adolescents by noticing more extreme grief responses (e.g., uncharacteristic depressive or risky behaviours) which appear significant, and encouraging the youth to seek support from an adult. Pre-existing close peers may also consider taking the lead in finding ways to support through

activities that are familiar and normal for the bereaved youth to engage in, though caution must be taken in the way support is offered, discussed below.

Research suggests that support is often offered and available to a grieving youth but largely declined due to wanting to be perceived as “normal” amongst peers (LaFreniere & Cain, 2015a; Dopp & Cain, 2012). Difficulty communicating with peers and having few close peers can also make engaging with support difficult as well (LaFreniere & Cain, 2015a; Tyson-Rawson, 1996). Any actions taken by peers or romantic partners should first consider the grieving youth’s need for normalcy, as outside of the home may be the only domain where normalcy has a chance of being preserved. Peers who abruptly change their behaviour in an attempt to be nice to a grieving youth may find this result in poor outcomes. Respecting the youth’s need for autonomy also becomes heightened after the loss of a parent (Sawyer et al., 2018). Planning an event or making decisions on behalf of a grieving peer may also lead to deteriorating relationships. Unfortunately, peers can also engage in antagonistic behaviours, with the only found study that measured it citing rates as high as 14% of youth experiencing a loss being bullied or teased about the loss in the months following (Worden et al., 1996). School counsellors are recommended to help guide the peers of bereaved youth who observe this type of behaviour to step in and minimize this occurrence. Balancing a grieving adolescent's need for normalcy and autonomy with their need for support may be difficult for peers given they are also trying to fit in and develop social awareness.

Existing Programs, Future Improvements

Existing programs supporting adolescent loss typically vary between group interventions for the youth only, family interventions together, structured guidance for parents and camp activities for youth. In a systematic review of parental bereavement programs, researchers found

that brief, programmed interventions can prevent youth from developing more severe problems post-bereavement, such as traumatic grief and mental health problems (Bergman et al., 2017). Common programs are reviewed with recommended adjustments included before a new program is recommended to support grieving adolescents.

Family Bereavement Program

Several intervention programs have operationalized the factors that researchers suggest support adolescent grief outcomes. The most notable program in North America may be the Family Bereavement Program (FBP), developed by Sandler et al. (1992) and replicated by Ayers et al. (2014) and Schoenfelder et al. (2015). Researchers developing the FBP found parental demoralization, negative life events, parental warmth, and stable positive events in the family to each play a key role in limiting positive outcomes (Sandler et al., 2013).

The program is generally divided into two core components. First, two to three unstructured sessions are held as a workshop with the core family unit (e.g., surviving parent and children) to connect members to one another, educate them on the grief process and tailor the needs of the work to the unique family. From there, the focus switches directly to the primary caregiver and grieving child or adolescent. A total of 12 2-hour long sessions are conducted, led by two professionals in groups of five to 11 members. Some sessions are with only caregivers, others are held with only youth, and four are run conjointly with both surviving parents and youth. For the caregiver sessions, parents receive education on empirically supported areas such as positive parenting, effective discipline, and caregiver mental health problems. For the adolescent programs, focus is placed on the importance of their relationship to their caregiver, as well as positive coping skills including *active coping* (applying targeted behaviours to manage

stressor) and *coping efficacy* (developing the belief in one's control over positive outcomes). For a full review of the program and the various studies supporting each aspect of programming, see Ayers et al. (2014). The authors developing this program over several decades at Arizona State University have set up an institute and online resources, available in Appendix A.

The FBP is based on a model of resilience known as the contextual resilience model (CRM), which stresses the importance of the environment (as opposed to intrapersonal factors such as self-esteem) in helping adolescents adjust to a loss (Sandler et al., 2010a). This finding aligns with a previously noted meta-analysis of adolescent adjustment outcomes, finding that the social environment (including caregiver support in any form) were significantly more related to positive outcomes than pre-existing mental health challenges such as depression (Meeus, 2016). Considering these findings in combination from the learnings in previous chapters, the FBP might consider hosting an additional two-hour session for any peers, parents of peers, extended family or community members who may be interested in supporting the adolescent and surviving parent. Topics might include the adolescents' need for normalcy and autonomy, the importance of supporting the surviving parent and how, basic theories of grief (e.g., continuing bonds and dual process model) as well as a list of free resources. The general recommendations in this capstone may serve as a useful starting point for developing this additional session.

Grief Camps

Grief camps have become popular for children who have experienced a loss. Some grief camps cater towards adolescents, though for the most part they are focused on children 12 and under. While ranging from focussed on the individual to the nuclear family, grief camps are a close variant of counselling groups that typically involve a retreat style experience for

participants experiencing grief and loss to find peer safety and support with an outdoor recreational focus (DeDiego et al., 2017, Wheat & Fletcher, 2017). A reasonable body of work has been dedicated to understanding the factors at play in these camps, yet thus far there is limited research explaining their effectiveness (Brown & Kimball, 2012). The strong growth in popularity over the past two decades displays the need for this type of resource, yet grief camps remain largely under-resourced, funded through donations privately or charitable non-profits. Discernable factors contributing to positive adolescent grief outcomes are still up for debate (DeDiego et al., 2017, Wheat & Fletcher, 2017), and may contribute to their lack of institutional support. Some studies suggest that improved grief outcomes are facilitated by campers' ability to express their feelings related to their losses, learn new coping skills, bond with other campers who are also grieving, and have fun through various expressive and outdoor activities (DeDiego et al., 2017; Clute & Kobayashi, 2013; McClatchey & Wimmer, 2012).

While it is not clear why grief camps are not typically made available for adolescents who have lost a parent, the fact that they exist in such demand is enough to consider how they might apply to adolescents. Understandably, given their lack of resources, grief camps for bereaved children may provide more value over the same activity for adolescents, who may have less interest in a weekend retreat with their surviving parents. Adapting a grief camp to be centred on peers may still have significant appeal to this age group. Coordinated around the existing grief camp program and incorporating elements relevant for adolescents, grief camps could serve as a physical space for adolescents to engage with their peers. They would have the opportunity to hear the stories of people with similar losses and feel normal. Adolescents could be invited to bring along a close friend or come by themselves and plan to meet new friends who lost a parent. Finding ways to promote the adolescents' sense of autonomy and normalcy in this

new program will be useful to gaining their engagement in a program such as this. A physical camp such as this aligns well with current models of loss adjustment (e.g., the dual process model) by allowing for natural periods of play without grief *and* periods of intense grief.

New Directions: Digital Adolescent Bereavement Program

As we have seen from the previously reviewed literature, adolescents grieving the loss of a parent have unique needs. Given the challenges of supporting this group, I propose a new program to support adolescent bereavement and improve outcomes using an online program. Web based bereavement interventions have been recently introduced after promising results from managing a variety of mental disorders. These types of programs show promising results for bereavement, though more research is needed (Wagner et al., 2020). Adolescents are increasingly comfortable in the digital realm and may be uniquely positioned to benefit from a specific program directed at supporting them during parental loss. Adolescents have the capacity to connect with peers in a safe way where their identity and sense of normalcy is managed. The proposed idea is presented as a mobile application, as studies suggest that adolescents are significantly more likely to access the Internet on a mobile device rather than on a desktop computer (Anderson & Jiang, 2018).

Adolescents might be provided with the name of an app by a teacher or school counsellor that would inquire about their specific situation (e.g., “have you lost someone or are you here to support someone who has lost someone?”). The app could then offer various resources to the adolescent to help them understand the specific experience. The resources provided would offer them control over when and how they engaged, without a parent, teacher, or peer forcing them to. The youth might also be able to connect with peers experiencing a similar loss event, giving

them a sense of normalcy about the experience. Giving grieving adolescents free reign to connect digitally without adult oversight may come with legal ramifications for the app creators, and therefore alternative options to support this sense of normalcy might be possible. Giving the youth access to a page curated by qualified adults where adolescents have shared their personal experiences of loss from all over the world may also accomplish this sense of normalcy. The adolescent might also be able to enter in the email address of people in their support network who they would like to invite to the platform, who could then learn more about their experience without the adolescent needing to explain it in person.

For supporting caregivers, this same platform could simultaneously support them regardless of whether the youth themselves have signed up. Again, a school counsellor may share the app with the surviving parent, the student's teacher or peers, a trusted adult or anyone interested in supporting the adolescent in their grief. These caregivers could select their interest in helping a bereaved youth, and then define their role (e.g., parent, teacher, peer, trusted adult), as well as the age of the youth they are looking to support. Resources tailored to the stage of development of the youth, as well as the role of the individual interested in providing the support could be easily customized based on findings discussed previously. The app might begin by helping supporting caregivers understand the unique needs of bereaved adolescents in a language they can relate to and offer them information in a "choose your own adventure" style approach, giving the user the opportunity to engage with the content they want, when they want.

This type of resource would allow youth and their supporting caregivers experiencing a relatively specific situational need to access a resource that could be available around the world at a fraction of the cost of physical programming. Reduced costs allow for an increase in reach for the same investment from governments and private donors alike, allowing for an increase in

impact. Increased impact may be furthered by using the data gathered from this app to understand more systematically the factors that are contributing to improved outcomes. By including short surveys in the process for both bereaved youth and supporting caregivers who use the app, adjustment could be tracked across key factors, allowing for more rigorous study of the factors contributing to improved outcomes. If marketed globally, an app such as this may also be useful in understanding cultural differences in grief, family, and belonging. Considering that adolescents need to feel normal and remain in control while still being a dependent under someone else's household, having an app may offer more benefits than an in-person program for this age category. A digital tool may also be more effective in connecting with an adolescent's most important people considering that families and close relationships are increasingly spread out around the globe. Eventually if available, local support programs could be presented to youth and supporting caregivers through the app to give them additional ways to support these adolescents.

Limitations and Recommendations for Future Research

There are many nuances between the number, quality, and type of relational support in which an adolescent may find benefit. The studies we examined frequently noted the complexities of these relationships as they extended beyond the surviving parent, and there is limited research regarding their interactions. The limitations that follow must be noted in this exploratory study's attempts to collect and summarize these findings in ways that help provide direction to supporting caregivers and future research. Readers are cautioned that I relied on the work of other researchers to understand adolescent bereavement, having conducted no original research of my own with this demographic. Considering the vulnerability of grieving youth and my lack of formal experience, this decision seemed both the best practical and ethical choice.

Framing the concept of support as either present and good, or absent and bad in adolescent grief outcomes must be noted as less a factor of the research and more a challenge of condensing many articles describing this nuance into one exploratory paper. Readers who make this assumption should be reminded that support of an adolescent is constantly in flux (Meeus, 2016). More differentiated analysis is needed to understand how developmental stage, attachment, and grief each can be understood from various people interested in supporting positive outcomes.

Adolescent development and gender differences in bereaved adolescents all have notable limitations to their research, as does studies on their peer relationships. Significant evidence supports the idea that adolescence is a time of major developmental change (Meeus, 2016). Researchers exploring this area have noted that grief can become worse and vary widely between developmental stages, known as re-grief (Balk, 2011). Little is known about the nuances of re-grief in this context, though further research focused on each developmental stage within adolescence could help significantly with this. Gender differences in grief outcomes have been previously explored (Shulla & Toomey, 2018), though not mentioned in this study as findings related to how to support grieving youth based on gender has been limited (Little et al., 2009; Howard Sharp et al., 2018). Peer relationships of bereaved adolescents have had relatively more focus, yet still more research is needed to understand the complexities of these relationships between their quality, number, and effect (LaFreniere & Cain, 2015). Further research on peers' roles should seek to identify common themes that could be integrated into mediating variables for adolescent grief support.

More research on the effect of bereavement on attachment style in adolescents would improve our understanding of loss for those who lose a primary attachment figure. First, research in several sources (Levy & Johnson, 2019; Verschueren, 2015) notes that temporary primary

attachment figures such as a teacher, counsellor or trusted adult can assist a youth in bereavement as they transition to a new primary attachment, though little was found as to how this attachment is established or transferred. Understanding the process of temporary attachment and how a secondary caregiver might become a primary caregiver following a loss would aid our understanding of grief and attachment. Secondly, longitudinal research on attachment style during bereavement focuses mostly on how an insecure attachment prior to a loss effects adjustment later in life (Høeg et al., 2018; Balk, 1996a). Future longitudinal research might consider the causal effect of losing a primary attachment relationship during adolescence and to what degree a securely attached person's style might change.

Programs supporting youth bereavement such as those noted earlier have experienced relatively little systematic research. Challenges exist in the wide variation between programs and their composition across time, making it difficult to complete rigorous study on the mechanisms underlying their success. Current research in these programs have focused on the importance of supporting the surviving parent and their relationship with their bereaved youth (Bergman et al., 2017). Further research might explore whether outcomes are different when considering additional peers or adults who engage in these programs jointly with the youth. Controlling for the wide variety of differences in these support structures would make this research complicated, though centering it on a specific role such as a trusted adult may help in initial studies.

A significant area for further consideration is the limited research on different cultural understandings of death, attachment, and family. To date, most of the research explored focused on western worldviews of a nuclear two parent family, with a single attachment figure as the mother and a linear understanding of death. Death, adolescent development, and family are all deeply cultural experiences. A large portion of the existing literature takes a western cultural

approach, leaving hundreds of cultural nuances overlooked when considering the various overlapping factors contributing to adolescent parental loss (Meeus, 2016; Imran et al., 2021; Thanasiu & Pizza, 2019; Goodman et al., 2019). Future studies of adolescent grief might consider nonlinear understandings of death, such as from an aboriginal or religious perspective. Future research into attachment might also extend the few older studies on cultural differences in attachment networks as it relates to support of youth facing adversity (Freeman et al., 2010; van Ijzendoorn et al., 1992). In today's world, many definitions of family exist. While a more complex endeavour, future research might consider the wide varieties of family structures and how these variances affect adolescent grief outcomes.

Conclusion

Approximately one in twenty people under the age of 18 will lose a parent (Currier et al., 2007). One in five parentally bereaved adolescents suffer significant mental health challenges (Stikkelbroek et al., 2016), and one in ten bereaved youth may suffer from complicated grief as a result (Salloum et al., 2019). For the large portion of youth who avoid significant mental health challenges or complicated grief responses, they are not exempt from being at risk for poorer academic outcomes, worse peer relationships, an increase in minor mental health challenges as well as less parenting and grief support. All adolescents suffer when they lose a parent. When help is available and given effectively, the positive impact can be significant for the grieving youth (Bergman et al., 2017; Meeus, 2016).

Developmental period of loss, an increase in the number of quality relationships, and fostering a sense of belonging were key findings from this exploration that support adolescent grief outcomes. In many ways detailed in this chapter, secondary and tertiary caregivers can assist with improving these negative outcomes and contribute to an adolescent's growth

following the loss of their surviving parent. This chapter has analyzed key findings from the literature reviewed, proposed recommendations for specific people and programs and recently reviewed limitations and considerations for future research. This capstone has aimed to understand how secondary and tertiary caregivers might be well positioned to help foster positive outcomes for parentally bereaved adolescents. Most youth are not raised in isolation with only their parents to support them. There are often teachers, grandparents, aunts, uncles, peers, or other community members surrounding them who are ready and willing to help a grieving adolescent but may not know how. I hope that this academic exploration has helped to support adolescent loss beyond the primary caregiver in specific ways for both researchers and caregivers of all types.

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Appendix A: Grief Resources

Name	For	Link
Coalition to Support Grieving Students	Teachers	https://grievingstudents.org/
Relational Teaching	Teachers	https://relationalschools.org/
The Dougy Center: The National Center for Grieving Children & Families	Parents/Caregivers	https://www.dougy.org/
Children and Youth Grief Network	All	https://www.childrenandyouthgriefnetwork.com/
Resilient Parenting for Bereaved Families	Parents/Caregivers	https://www.bereavedparenting.org/
Grief Support Programs in Canada	Parents/Caregivers	https://childrengrieve.org/find-support/9-find-support/58-programs-in-canada
Canadian Virtual Hospice	Parents/Caregivers	https://kidsgrief.ca/
Children's Grief Foundation	Parents/Caregivers	https://childrensgrieffoundation.org/