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Cognitive Behavioral Intervention for Persistent Complex Grief Symptomatology

Intervención cognitivo conductual para sintomatología de duelo complejo persistente

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Abstract:

This study aimed to reduce symptoms associated with persistent complex grief in a female patient through a 13-session intervention based on the cognitive-behavioral model and acceptance and commitment. A clinical case study was conducted with a woman who lost her husband to COVID-19 without having funeral rituals. The participant was assessed using a grief, complex grief, and cognitive distortions questionnaire. The results indicated a significant but small decrease in general grief symptoms (PC=11.11), a decrease in complex grief (PC=42.11), and a small decrease in cognitive distortions. This suggests that the cognitive-behavioral intervention led to a reduction in grief symptoms and cognitive rumination, which in turn had an indirect impact on sleep quality, motivation, and socialization.

Keywords:

COVID-19; Persistent Complex Grief; Cognitive Distortions; Case Study; Cognitive Behavioral Therapy.

Resumen:

Esta investigación tuvo como objetivo disminuir la sintomatología asociada al duelo complejo persistente en una paciente femenina mediante una intervención basada en el modelo cognitivo conductual y de aceptación y compromiso de 13 sesiones. Para esto se llevó a cabo un estudio de caso clínico con una mujer quien perdió a su esposo por el COVID-19, sin tener rituales funerarios. La participante fue evaluada mediante un cuestionario de duelo, duelo complejo y de distorsiones cognitivas. Los resultados apuntaron a una disminución significativa pero pequeña en los síntomas de duelo general (CP= 11.11), disminución en el duelo complejo (42.11), y una disminución pequeña en las distorsiones cognitivas. Lo anterior indica que la intervención cognitivo conductual contribuyó a la reducción significativa de los síntomas de duelo y rumiación cognitiva, lo que indirectamente impactó en la calidad de sueño, motivación y socialización.

***Palabras Clave**:*

COVID-19; Duelo Complejo Persistente; Distorsiones Cognitivas; Estudio de caso; Terapia Cognitivo Conductual.

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INTRODUCTION

Grief is a natural response to the loss of a loved one and can manifest itself in various ways depending on individual, social, and cultural factors. While most people manage to adjust to the absence of the deceased over time, in some cases, grief can become persistent and dysfunctional if not coped appropriately, significantly affecting the individual's daily life. (Aguinaga & Pérez, 2022).

Complex grief is characterized by intense sadness, a prolonged alteration in daily functioning, difficulty in emotional regulation associated with cognitive distortions, hopelessness after more than twelve months, and avoidance of the idea of losing a loved one (Duffy & Wild, 2023).

The COVID-19 pandemic had a significant impact on the mental health of the Mexican population, drastically increasing the number of deaths, according to INEGI data. (INEGI, 2022) and, consequently, the cases of duels. In Mexico, many people faced losses without the possibility of saying goodbye, as health restrictions only allowed it through virtual means. (Carr et al., 2020; Ceberio, 2021). The lack of funeral rituals and social isolation contributed to feelings of loneliness and lack of emotional support for mourners, who may have experienced difficulties regarding their losses. (Burrell & Selman, 2020; Mortazavi et al., 2023).

Within the psychotherapeutic approach, cognitive-behavioral therapy (CBT) has proven to be effective in the treatment of persistent grief through various techniques based on cognitive flexibility and acceptance. (Samaan et al., 2021) as well as modify maladaptive thoughts and beliefs associated with the loss, promoting more functional coping strategies (Kürümlüoğlugil & Tanrıverdi, 2022). Through techniques such as debate, issues regarding the belief of guilt for the death of a loved one are restructured (Linero, 2020). On the other hand, the gradual exposure to painful memories and the planning of meaningful activities seeks to enable the patient to rebuild their life without the presence of their deceased loved one. (Martínez & Rodríguez, 2023).

Persistent complex grief significantly impacts mental health and social functioning. (APA, 2014) Although cognitive-behavioral therapy (CBT) has shown effectiveness in treating its symptoms (Boelen et al., 2007; Shear et al., 2016), few studies in the Mexican population have evaluated interventions in this context. This study aims to fill this gap by providing relevant empirical evidence for the development of effective treatments.

This case study addresses the psychotherapeutic process of a patient who experiences persistent complex grief due to the death of her husband. The patient's emotional, cognitive, and behavioral challenges are assessed, along with the therapeutic strategies employed in her treatment. The objective is to reduce the symptoms associated with persistent complex grief in a female patient through the use of a cognitive behavioral intervention to illustrate the application of CBT in a specific case, highlighting its effectiveness and possible limitations in addressing persistent complex grief.

Throughout the article, the patient's clinical history, the techniques used during the therapeutic process, and the progress observed throughout the sessions will be presented. This case study seeks to provide clinical evidence on the usefulness of CBT in the treatment of persistent complex grief and offer a reflection on the importance of psychological intervention in people facing complex loss processes.

METHOD

Research design

Single-subject case report with a pre-test and post-test design. This design is characterized by the manipulation of an independent variable, the intervention, to measure its effect on the dependent variable, namely the symptoms targeted for modification. It differs from a true experimental design due to the absence of a control group and the challenges in controlling external variables (Ato et al., 2013).

Participant

We worked with non-probabilistic convenience sampling. The inclusion criteria were the following: being an adult, having suffered the loss of a loved one more than 6 months ago, and the persistence of symptoms associated with persistent complex grief. Another inclusion criterion was the signing of an informed consent form and the absence of psychiatric comorbidity as diagnosed by a health professional.

Among the elimination criteria were that the participant did not attend 15% or more of the total sessions of the intervention, accumulated more than two consecutive unjustified absences, and did not respond to all of the pretest or posttest tests.

Patient identification

A 67-year-old woman who has finished high school. At the time of the interview, she was dedicated to managing her own business. Widowed 4 years ago. Her husband died from SARS-CoV-2, complicated by a history of morbid obesity.

Instruments

Clinical interview guide

An interview was conducted using the clinical interview guide developed by Muñoz et al. (Muñoz et al., 2001), which consists of two large sections. The first is dedicated to collecting the personal data of the consultant, which includes general sociodemographic information such as age, sex, education, and marital status. The other section is dedicated to general data on the problem or symptomatology that was collected, including the clinical history, evolution, current life situation, possible relationship with the DSM diagnosis, and current manifestations of the symptomatology. At the end of the interview, space was left for general observations of the interview process.

Complicated Grief Inventory

An instrument to evaluate complicated grief was developed by Prigerson et al. (1995) called the Inventory of Complicated Grief. It measures pain and depression among other characteristics, and was later adapted to Spanish by Limonero and Maté (2009), and is called the Inventory of Complicated Grief. The objective of this instrument is to differentiate between a pathological grief process and a normal one through the presence of cognitive, emotional, and behavioral symptoms in the mourner. It has 19 items with five Likert-type response categories: *never, rarely, sometimes, often, and always*, whose scores range from 0 to 4, respectively. For grading, the scores for each item are added, with a possible range of 0 to 76; higher scores indicate a greater likelihood of complicated grief. According to the authors, a score greater than 25 points indicates a higher probability of complicated grief.

According to Limonero and Mate (2009) the scale has an internal consistency, as estimated by Cronbach's alpha coefficient, of 0.94 and a test-retest reliability of 0.80 at a six-month interval. In the internal consistency analysis carried out for this study, the scale has a Cronbach's alpha of 0.945.

Revised Texas Inventory

The Texas Inventory aims to measure grief symptomatology in people who have lost a close loved one, initially developed by Faschingbauer (1981) and adapted to the Latino population by García et al. (2005). The inventory in its Spanish version has two parts, the first of which focuses on past behavior associated with the loss and is made up of 8 items on a Likert scale that are defined as follows: *completely true, mostly true, neither true nor false, mostly false, completely false* and which can obtain a score ranging from 5 points for *completely true* to 1 point for *completely false*. The second part focuses on current feelings regarding the loss. It is made up of 13 items that are answered with a Likert-type scale and has the following response options: *completely true, mostly true, neither true nor false, mostly false, completely false* and rated from 5 points (*completely true*) to 1 point (*completely false*). To qualify, the scores obtained in both categories are added, indicating a measure of the intensity of the symptoms of complex grief in the person evaluated rather than a specific number in this evaluation.

Regarding reliability, García et al. (2005) reported Cronbach's alpha coefficients of 0.75 and 0.86 for the two inventory scales. With factorial validity, with loadings ranging from > 0.40 to 2 in most of the items. The analysis conducted for this study yielded an internal consistency of 0.867, as measured by Cronbach's alpha. The piloting of this test was performed on a sample of five participants and analyzed using a parametric statistical method to assess internal consistency.

Automatic Thoughts Inventory

The inventory of automatic thoughts is an instrument developed by Ruiz and Lujan (1991) that aims to measure the presence of cognitive distortions. The test lists 45 sentences that contain 15 types of cognitive distortions commonly found in daily life. These sentences are answered on a Likert scale that is responded to with a number from 0 to 3 with the following scores for each response: *I never think about it* equal to 0 points, *Sometimes I think about it* equal to 1, *I think about it quite a few times* corresponds to 3 points and *I think about it very often* 4 points. Once answered in full, the applicator proceeds to add the scores for each of the cognitive distortions measured by the test, which are the following: *Filtering, Polarized thinking, Overgeneralization, Thought interpretation, Catastrophic vision, Personalization, Fallacy of control, Fallacy of justice, Emotional reasoning, Fallacy of change, Global labels, Guilt, I should, Fallacy of reason and Fallacy of divine reward.* A score of 6 or more may be indicative of the significant presence of any of these cognitive distortions.

In a recent study, a score of 0.91 was reported (Ruiz & Luján, 1991). Items of internal consistency were analyzed using Cronbach's alpha in a Latin American population. In this instrument, a Cronbach's alpha score of 0.964 was obtained (Naranjo, 2020).

Ethical considerations

The present study was conducted following the ethical principles established by the American Psychological Association (2017) for research with human participants. Likewise, the ethical principles established in the Declaration of Helsinki were followed (World Medical Association, 2013). Similarly, it was approved by the Clinical Psychology Ethics Committee of the Universidad Autónoma de Coahuila.

Analysis of the reason for consultation

At the time of the interview, the patient reported having problems sleeping since the death of her husband and taking natural pills that help her sleep. She does not take any controlled medications. Among the emotions she reports feeling regarding the loss are longing, loneliness, sadness, anger (towards herself, towards her husband, sometimes towards God and the world), disappointment, as well as an intense feeling of guilt accompanied by repetitive thoughts about what she could have done differently to prevent her death.

The patient mentions that she likes to stay close to some objects that remind her of her husband's presence, but avoids others that more directly remind her of the moment of his death.

She mentions feeling that there is no future in life and that she is only dedicated to completing the pending tasks her husband left behind, as only in that does she find a reason to continue living. She also reports a bad relationship with his three children.

History of the problem

She states that the appearance of the symptoms mentioned above began after the death of her husband and has continued until the time of the interview. The patient also reports having attended after six months of the loss healing processes, such as *Angel Therapy* and *Bio Decoding*, as well as reading books where she tries

to find an answer about the causes of the loss of her husband and her current state. When asked if she attends any other therapeutic process at the time of the interview, she states that she stopped attending the *Angel Therapy* weeks ago and is willing to focus solely on the intervention of the research project during its duration. She states that she has never participated in a cognitive behavioral process.

She comments that she always tried to appear strong in front of her children, but that she screamed in pain when they didn't see her. His eldest daughter is 40 years old, followed by a 37-year-old daughter and a 36-year-old son. When talking about her husband, she often does so in the present tense.

Reports feelings of guilt, anger, and sadness; repetitive thoughts about death, avoidance, sleep problems, and a decreased sense of meaning in life. She mentions not being able to identify a moment when she feels the emotions most intensely; however, she has manifested them constantly since his death.

Diagnosis

An evaluation was conducted prior to the psychotherapeutic intervention using the Revised Texas Grief Inventory, the Complicated Grief Inventory, and the Automatic Thoughts Inventory. According to the evaluation prepared and the DSM-5, the patient meets the criteria established for Persistent Complex Grief Disorder 309. 89 (F43.8).

Treatment goals

The treatment goals agreed upon with the participant were the following:

1. Reduction of negative feelings such as guilt, anger, and deep sadness related to the death.
2. Reduction of repetitive negative thoughts about death.
3. Sleep regularization.
4. Decrease in avoidance of stimuli associated with death.
5. Resignation of the pain arising from death.
6. Increased sense of meaning in life.

Intervention

Previous studies have shown the effectiveness of cognitive behavioral intervention in the symptoms associated with persistent complex grief disorder through the use of psychoeducation techniques, cognitive restructuring, behavioral techniques, and the development of more effective coping strategies for symptom management (Boelen et al., 2021; Julian & Hernández, 2022; Komischke et al., 2023). In the intervention of this research, the following structure was followed in table 1.

Table 1.
Description of the intervention

Session	Objective	Technique/ Intrument
1	Initial evaluation	Application of Texas Grief Inventory, Automatic Thoughts Inventory and Complicated Grief Inventory
2	Understanding the grieving process, and the cognitive behavioral model.	Psychoeducation
3	Analysis of cognitive distortions in the appearance of emotional symptoms of persistent complex grief.	Psychoeducation
4	Analysis and restructuring of cognitive distortions associated with loss.	Cognitive restructuring
5	Analysis of the maintenance of emotional symptoms and avoidance in persistent complex grief disorder.	Psychoeducation
6	Gradual exposure to stimuli that generate discomfort and reduction of emotional response and avoidance.	Exposure
7	Promote more adaptive responses that continue to generate discomfort.	Cognitive defusion
8	Analysis of coping strategies.	Coping strategies
9	Analysis of previously used strategies that have not worked to establish new adaptive behaviors.	Creative hopelessness
10	Promote acceptance of life situations.	Techniques focused on acceptance
11	Generate a life direction.	Committed action
12	Review the therapeutic process and reinforce what has been learned and generate coping strategies that prevent relapses in the future.	Relapse prevention
13	Final evaluation	Texas Grief Inventory, Cognitive Distortions Inventory, and Complicated Grief Inventory

RESULTS

Table 2 shows that the intervention's effect size revealed a small decrease in the grief score (Texas) and a moderate reduction in the symptomatology of complex grief (IDC). However, there was a small increase in cognitive distortions (IPA).

Table 2.
Total Score Results

	Pre test	Post test	Percentage change	Change level
Texas	90	80	-11.11	small change
IDC	57	33	-42.10	moderate change
IPA	56	68	21.43	small change

In the analysis by subscale, small effect sizes are observed in the decrease in grief symptomatology, both in past behavior, at the time of the loss, and in current feelings.

Table 3.
Results by subscale, Texas Grief Inventory Revised

	Pre test	Post test	Percentage change
Part I: Behavior in the past	27	24	-11.11
Part II: Current feelings	66	56	-11.11

Table 4 shows that although cognitive distortions of thought interpretation and emotional reasoning decreased significantly, most cognitive distortions increased.

Table 4.
Results by subscale of the Automatic Thought Inventory

	Pre test	***Post test***	**Percentage change**
Filtering	3	3	0
Polarized thinking	1	2	100
Overgeneralization	2	6	200
Interpretation of thought	3	0	-100
Catastrophic vision	2	3	50
Personalization	1	2	100
Control fallacy	1	2	100
Fallacy of justice	3	12	300
Emotional reasoning	1	0	-100
Fallacy of change	1	3	200
Global tags	1	2	100
Culpability	1	4	300
Shoulds	2	4	100
fallacy of reason	2	8	300
Divine reward fallacy	3	12	300

Follow-up

A follow-up session is carried out two weeks after the tests are administered. The patient reports having continued to apply the techniques learned during the session and does not report any relapses in that period.

DISCUSSION AND CONCLUSION

The results of this study reveal a moderate reduction in complex grief (-42.1%) and small decreases in general grief (-11.1%), suggesting that CBT may be effective in intervening in central aspects of pathological grief, although with specific limitations in this case.

The effect size on the Complex Grief Inventory (CGI) is consistent with other studies that reported clinically significant improvements with CBT in core symptoms of prolonged grief, especially when addressing components of avoidance, rumination, and guilty thoughts (Boelen et al., 2021). Other studies (Komischke et al., 2023) also reported that structured approaches focused on acceptance and commitment showed favorable results on grief symptomatology.

However, the lack of improvement or even an increase in some cognitive distortions, such as the *fallacy of justice* and the *fallacy of divine reward* raises questions about contextual and intrapersonal factors that could have interfered with the outcome. Specifically, the patient expressed a conflicted relationship with her children and feelings of injustice that could have reinforced these distortions during treatment, as suggested by the literature on early maladaptive schemas in unresolved grief (Duffy & Wild, 2023).

Another possible explanation for the increase in cognitive distortions in some subscales of the Inventory of Automatic Thoughts (IPA) is the phenomenon of *symptomatic activation* observed in therapies focused on emotional exposure. This phenomenon can arise when the underlying cognitive contents become evident when emotional processing begins, which can temporarily increase anxiety and maladaptive thoughts (Levy, 2018).

The increase of fallacies such as the divine reward fallacy may be supported, in the specific case of grief, by studies indicating that belief in a divine agent functions as a factor promoting positive adaptation. (DeAngelis & Ellison, 2017). This may suggest the need to consider additional individual factors when evaluating participants in this type of research, as well as the role each belief plays in their adaptation process.

Additionally, the limited duration of treatment should be taken into account. Although 13 sessions may be sufficient to reduce main symptoms, some studies suggest that for cases with substantial cognitive distortions or a history of previous ineffective interventions (such as alternative therapies reported by the patient), longer or more intensive processes may be required (Shear et al., 2016; Martínez & Rodríguez, 2023).

Finally, although the follow-up was brief (two weeks), no relapses were reported, which suggests a possible

maintenance of the initial therapeutic gains. However, longitudinal evaluations are required to confirm this stability, as recommended by other authors in long-term efficacy studies (Boelen et al., 2007).

In conclusion, this study provides empirical evidence on the usefulness of CBT in the treatment of persistent complex grief, showing that a brief and structured intervention can achieve a significant reduction in the core symptoms of the disorder, particularly those related to emotional pain and avoidance. However, the effect was limited or even opposite in some specific cognitive distortions, which indicates the need to consider contextual factors, interpersonal relationships, and possibly firmly held dysfunctional beliefs.

The findings align with previous research supporting CBT as the treatment of choice for grief (Boelen et al., 2021; Julian & Hernández, 2022; Komischke et al., 2023) and at the same time, highlights the importance of adapting the intervention to the individual characteristics of the client, also considering the cultural context and the impact of factors such as family relationships.

It is recommended, for future research, to expand the sample size and conduct randomized controlled studies that allow the results to be generalized.

In summary, this clinical case demonstrates that cognitive-behavioral intervention, although effective in the core symptoms of persistent complex grief, requires adaptations when faced with rigid cognitive structures and complex family conditions.

REFERENCES

Aguinaga Arcos, S. N., & Pérez Mori, D. N. (2022). Duelo y el duelo complicado: Una revisión de la literatura científica en el tiempo. *Journal of Neuroscience and Public Health, 2*(1), 197–204. https://doi.org/10.46363/jnph.v2i1.4

DeAngelis, R. T., & Ellison, C. G. (2017). Kept in His Care: The Role of Perceived Divine Control in Positive Reappraisal Coping. Religions, 8(8), 133. https://doi.org/10.3390/rel8080133

Duffy, M., & Wild, J. (2023). Living with loss: a cognitive approach to prolonged grief disorder – incorporating complicated, enduring and traumatic grief. *Behavioural and Cognitive Psychotherapy*, 1–14. https://doi.org/10.1017/s1352465822000674

INEGI. (2022). Mortalidad. *Demografía y sociedad*. https://www.inegi.org.mx/temas/mortalidad/

Carr, D., Boerner, K., & Moorman, S. (2020). Bereavement during the Coronavirus pandemic: Unprecedented challenges require novel interventions. *Journal of Aging and Social Policy, 32*(4–5), 425–431. https://doi.org/10.1080/08959420.2020.1771232

Ceberio, M. R. (2021). COVID-19: La muerte en soledad. Aislamiento, miedo al contagio y duelo en pandemia. *Ajayu, 19*(2), 248–268. http://www.scielo.org.bo/scielo.php?script=sci_arttext&pid=S207721612021000200001

Burrell, A., & Selman, L. E. (2020). How do funeral practices impact bereaved relatives' mental health, grief, and bereavement? A mixed methods review with implications for COVID-19. *OMEGA – Journal of Death and Dying, 81*(3), 251–285. https://doi.org/10.1177/0030222820941296

Mortazavi, S. S., Shahbazi, N., Taban, M., Alimohammadi, A., & Shati, M. (2023). Mourning during Corona: A phenomenological study of grief experience among close relatives during COVID-19 pandemics. *OMEGA – Journal of Death and Dying, 87*(4), 1088–1108. https://doi.org/10.1177/00302228211032736

Samaan, M., Diefenbacher, A., Schade, C., Dambacher, C., Pontow, I. M., Pakenham, K., & Fydrich, T. (2021). A clinical effectiveness trial comparing ACT and CBT for inpatients with depressive and mixed mental disorders. *Psychotherapy Research, 31*(3), 355–368. https://doi.org/10.1080/10503307.2020.1802080

Kürümlüoğlugil, R., & Tanrıverdi, D. (2022). The effects of psychoeducation on cognitive distortions, negative automatic thoughts, and dysfunctional attitudes of patients diagnosed with depression. *Psychology, Health & Medicine, 27*(10), 2085–2095. https://doi.org/10.1080/13548506.2021.1944654

Linero, A. P. (2020). *Efectividad de la intervención en el sentimiento de culpa desde el enfoque cognitivo conductual aplicado a una paciente de 20 años en proceso de duelo* [Trabajo de grado no publicado, Universidad del Norte, División de Ciencias Sociales y Humanas].

Martínez-Medina, C. B., & Rodríguez-Orozco, A. R. (2023). Prolonged grief disorder treatment: An approach to COVID-19 grief. *Salud Mental, 46*(3), 165–175. https://doi.org/10.17711/SM.0185-3325.2023.021

American Psychiatric Association. (2014). *Manual diagnóstico y estadístico de los trastornos mentales* (5ª ed.). Editorial Médica Panamericana.

Boelen, P. A., de Keijser, J., van den Hout, M. A., & van den Bout, J. (2007). Treatment of complicated grief: A comparison between cognitive-behavioral therapy and supportive counseling. *Journal of Consulting and Clinical Psychology, 75*(2), 277–284. https://doi.org/10.1037/0022-006X.75.2.277

Shear, M. K., Wang, Y., Skritskaya, N., Duan, N., Mauro, C., & Ghesquiere, A. (2016). Treatment of complicated grief in elderly persons: A randomized clinical trial. *JAMA Psychiatry, 71*(11), 1287–1295. https://doi.org/10.1001/jamapsychiatry.2014.1600

Ato, M., López-García, J. J., & Benavente, A. (2013). Un sistema de clasificación de los diseños de investigación en psicología. *Anales de Psicología / Annals of Psychology, 29*(3), 1038–1059. https://doi.org/10.6018/analesps.29.3.178511

Muñoz, M., Ausín, B., & Panadero, S. (2001). *Manual práctico de evaluación psicológica clínica* (2ª ed.). Editorial Pirámide.

Prigerson, H. G., Maciejewski, P. K., Reynolds, C. F., Bierhals, A. J., Newsom, J. T., Fasiczka, A., Frank, E., Doman, J., & Miller, M. (1995). Inventory of Complicated Grief [Instrument manual]. Harvard Medical School, Center for Psychosocial Epidemiology and Outcomes Research.

Limonero, J. T., & Maté Méndez, J. (2009). *Adaptación al castellano del Inventario de Duelo Complicado* [Manuscrito no publicado]. https://www.researchgate.net/publication/234101905

Faschingbauer, T. R. (1981). *Texas Revised Inventory of Grief (TRIG)* [Manual]. Psychologists Press.

García, J. A., Landa, V., Trigueros, M. C., & Gaminde, I. (2005). Inventario Texas Revisado de Duelo (ITRD): Adaptación al castellano, fiabilidad y validez. *Atención Primaria, 35*(7), 353–358. https://doi.org/10.1157/13074293

Ruiz, J. M., & Luján, J. (1991). *Inventario de pensamientos automáticos (IPA)* [Instrumento de evaluación psicológica no publicado].

Naranjo, K. X. (2020). *Cualidades esenciales de análisis psicométrico del Inventario de Pensamientos Automáticos-Distorsiones Cognitivas de Ruiz y Luján en estudiantes de bachillerato de la Unidad Educativa Paul Dirac de Quito, 2019–2020* [Tesis inédita de licenciatura, Universidad correspondiente].

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. https://www.apa.org/ethics/code

World Medical Association. (2013). World Medical Association Declaration of Helsinki: Ethical principles for medical research involving human subjects. *JAMA, 310*(20), 2191–2194. https://doi.org/10.1001/jama.2013.281053

Boelen, P. A., Lenferink, L. I. M., & Spuij, M. (2021). CBT for prolonged grief in children and adolescents: A randomized clinical trial. *American Journal of Psychiatry, 178*(7), 615–623. https://doi.org/10.1176/appi.ajp.2020.20050548

Julian, L., & Hernández, A. (2022). Intervención cognitivo-conductual en el duelo complicado: Un estudio de caso. *Clínica Contemporánea, 13*(2), e8. https://doi.org/10.5093/cc2022a8

Komischke-Konnerup, K. B., O'Connor, M., Hoijtink, H., & Boelen, P. A. (2023). Cognitive-behavioral therapy for complicated grief reactions: Treatment protocol and preliminary findings from a naturalistic setting. *Cognitive and Behavioral Practice, 30*(2), 344–357. https://doi.org/10.1016/j.cbpra.2023.01.007

Levy Yeyati, E. (2022). Trastorno por duelo prolongado: Un nuevo diagnóstico en el DSM-5-TR. *Vertex Revista Argentina de Psiquiatría, 33*(156), 51–55. https://doi.org/10.53680/vertex.v33i156.179

Levy Yeyati, E. (2018). *Emociones y soluciones: Terapia de activación emocional (EAT)*. Editorial Akadia.