

Third Generation Therapies in the treatment of Grief Terapias de Tercera Generación en el tratamiento del Duelo

Tania N. García-Lozano^a

Abstract:

In the face of the recent COVID-19 pandemic, the number of deaths has grown considerably, the new conditions in which the declines are occurring have led to a complication and aggravation of the grief that requires the review of the most recent proposals before the intervention of the same. Third Generation Therapies (TGT) emerge as an alternative in the treatment of psychological problems that are based on the creation of evidence-based interventions, regarding the process of mourning, Acceptance and Commitment Therapy (ACT) and Mindfulness (My) have yielded better results in the face of this problem, by directing their objective to make the experiences of suffering more flexible and tolerate, thereby achieving the acceptance of pain and reduction of avoidance, and assuming the process of experiencing pain as a fundamental part of the life, focusing on the present and highlighting values despite the loss.

Keywords:

Grief, TGT, ACT, Mindfulness

Resumen:

Ante la reciente pandemia por COVID-19 el número de defunciones ha crecido considerablemente, las nuevas condiciones en que se están presentado los descensos ha llevado a una complicación y agravación del duelo que requiere de la revisión de las propuestas más recientes ante la intervención del mismo. Las Terapias de Tercera Generación (TGT) surgen como una alterativa en el tratamiento de problemas psicológicos que tienen como premisa la creación de intervenciones basadas en evidencia, en lo que respecta al proceso de duelo la Terapia de Aceptación y Compromiso (ACT) y el Mindfulness (Mi) han arrojado mejores resultados ante esta problemática al dirigir su objetivo en flexibilizar y tolerar las experiencias de sufrimiento, logrando con ello la aceptación del dolor y reducción de la evitación y asumir el proceso de vivir el dolor como parte fundamental de la vida, centrándose en el presente y resaltando valores a pesar de la pérdida.

Palabras Clave:

Duelo, TGT, ACT, Mindfulness

INTRODUCTION

Life is a cycle that comprises stages that we go through from our birth to our death, well established stages that are known as childhood, adolescence, adulthood and senescence, although it is a cycle that apparently passes as something already established, it can be interrupted by death. Death is something inevitable but necessary for the continuity of life, it is an event that we all have to face directly and indirectly, its appearance forces us to become aware of our own vulnerability and that of others, it causes us pain and the development of what we call mourning.

Grief is a process that involves a normal and expected adaptation to a loss of something or someone important and significant in our life, such as a mother, a father, a child, a sibling, a friend, a job, a pet, a property, health, etc., it manifests

itself with a wide range of emotions, thoughts, physiological symptoms and behaviors (Ortiz, 2021). This process will undoubtedly generate modifications in the dynamics, structure, roles and functions of each member of the family, at an individual and group level, each member will be affected by the pain resulting from the loss or losses.

The meaning of mourning has its multidimensional aspects, beginning with the particular that includes our expectations, meanings and ideologies, giving way to the social that concerns religion and even the place we occupy in the world, both in the aspects we attribute as pleasant or unpleasant. In relation to our humanity and everyday life we refer to the most basic, the implication of the absence of the other. Grief itself generates suffering that is experienced and manifested physically, cognitively and behaviorally, which together form different grief patterns (Garcia, 2020). This can be classified as

^a Corresponding author, Instituto de Posgrado en Psicoterapia Cognitiva Conductual, <https://orcid.org/0009-0007-9805-7097>, Email: tani3341f@gmail.com

complicated as the aforementioned reactions begin to intensify, adding to this the prolongation of time in the elaboration of tasks that grief demands as a strategy to accept the loss of the significant person and its eventual reconstruction of its family structure (Stroebe et al., 2017).

Although each stage of development has its particularity and infancy is the stage of development that is more neglected than adulthood, for the practical purposes of this article we will focus on bereavement in general. In the second childhood children can already understand that death is a definitive, unalterable and universal state, although they are not necessarily aware of their own mortality. The manifestation of the affective consequences is generated more internally than externally, there is a predominance of aggressive behaviors in boys as a predilection in the manifestation of their feelings in comparison to girls, who manifest it with caring behaviors towards others, in general there is an overvaluation of the deceased. In infants, the personality and the bond with the surviving parent are essential for the grieving process. The child needs an understanding and assertive adult in the face of grief, who is willing to listen and validate their pain, there is a tendency to find these resources in surviving mothers as opposed to a surviving father (Morer et al., 2017).

Although we are aware that death exists, it does not mean that we have the preparation to face it, especially in the child population, the belief has been erroneously generated to use resources such as hiding information as if it were a strategy that helps us to avoid exposing them to experiences of pain, however, it forces them to fill those gaps of misinformation with products of their imagination, causing more suffering and the absence of opportunity for the development of coping skills and tolerance to frustration (Ortiz, 2021).

Tizón (2004 as cited in Morer et al., 2017), identified variables in losses that complicate the elaboration of grief, such as: sudden and unexpected, previous or recent events, disappearances, losses arising before the age of 11, prolonged periods of hospitalization before the loss, deformities and mutilations, suicide, homicide, catastrophes, undeclared or unconfessed deaths.

If we add to the above massive and catastrophic events such as pandemics or epidemics, which cause deaths on a large scale and in turn lead to the confrontation of grief in conditions different from the usual and represent a challenge for the resources available at the time of loss (Paricio del Castillo & Pando, 2020), it is necessary to generate a greater professional preparation to the demand that these events raise, not only in relation to the new circumstances that a pandemic implies, but also by the growing number of cases that continue to occur.

Throughout the COVID-19 pandemic, death records have been recorded in the National Population Registry (RENAPO) for the period from December 20, 2019 to March 15, 2021, with a total of 329,965 deaths (Government of Mexico [G.M.] 2021). The more the deaths as a result of COVID-19 progress, the more we see losses in populations corresponding to older adults, in terms

of gender the predominance leans more to the male sex, placing the child population in the least affected in terms of losses, which forces us to experience directly and indirectly and within the communal space in which we move a loss by COVID-19 (Garcia, 2020). At the national level, the prevalence of deaths as a result of COVID-19 places the State of Mexico in second place, with a lethality rate of 11 deaths per 100 positive cases of COVID-19, placing as variables that contribute to mortality the aging population and the possession of chronic degenerative diseases (Rendón and Reyes, 2020; Pamplona, 2020).

In the face of the COVID-19 pandemic, mourning processes have been complicated because of the confinement and social distancing that hinder the farewell rituals for terminally ill patients, as well as the mourning ceremonies (Green, 2020 as cited in Paricio del Castillo & Pando, 2020; Araujo et al... 2021). If we take into account that under normal conditions the child population is deprived of these rituals, in pandemic situations that generate risk and stress conditions, mourning can be complicated, on the one hand, by the isolation that prevails as one of the strategies to reduce the risks of contagion and on the other hand, the incipient urgency to address practical issues such as the absence of rituals in attention to health measures.

Health measures to reduce the spread of COVID-19 in the child population led to a change in the daily dynamics by including measures such as distance education and home isolation, adding to this stressful factors arising from the pandemic such as the inevitable fear of contagion, bereavement and loss of loved ones, economic impact, all together have an unfavorable impact on the mental health of children (Paricio del Castillo & Pando, 2020; Sanchez, 2021).

There are circumstantial elements present in COVID-19 grief that differentiate it from other types of grief, such as: unexpected death, difficulty in using personal resources to cope with grief, guilt before contagion, isolation and not being able to say goodbye, bewilderment before the circumstances that led to the death, sudden culmination, desolation, absence of closeness, stressors in the economic and labor sphere and related to their own health, delay in performing rituals and even difficulty in accessing the body of the deceased (Lacasta-Reverte et al., 2020).

Although death is part of the life cycle, it implies a process that generates a rupture and mobilization of our world, a world to which we were accustomed, thereby generating an emotional imbalance at the individual, family and social levels. Pozo (1989 as cited in Alonso et al., 2019), pointed out that grief is carried out as a reconstruction of the meaning of the loss by having as a basis of cognitive therapy which states that emotional problems arise from erroneous interpretations of thoughts that converge in human emotion and behavior.

Especially in this new situation that the pandemic demands to clinical practice, emphasizing the imperative to update knowledge on the subject of grief that occurs under conditions of stress, isolation, worry and vulnerability. De la Rica et al. (2020), conducted a descriptive study on the accompaniment

and farewell of patients hospitalized by COVID-19 showing results that are aimed at the difficulty for health professionals, family members and the patient himself in this process, which can generate long-term consequences in mental health due to the special characteristics that the pandemic demands. For example, a grieving process that may be something normal within the life cycle may become a complicated grief, due to the existing circumstances.

In Latin America there is a lag in Mental Health that leads to poor access to medical services to the general population and prevails at the professional level the absence of policies that regulate the professional performance in health institutions that require highly trained personnel (Castellón, 2017; Araujo et al., 2021). Reason for which it is crucial to carry out continuous training and in a self-taught manner, with the commitment and ethics that the profession implies and that allows as professionals to correspond to the circumstances that these times of pandemic demand. Therefore, the objective of this article is to generate a review of the theoretical contributions of third generation therapies to the treatment of grief, there is the possibility that one of the limitations within the review of the studies will be the reduction of evidence to the specific problem of the recent pandemic by COVID-19.

METHOD

A review-descriptive study was carried out in which a search for information containing bereavement interventions under the TGT approach was conducted, preferably the most recent ones in view of the pandemic situation and to achieve an update of these treatments. For the elaboration of this article the following keywords were used: "duelo-grief", "duelo infantil- child mourning", "Terapias de Tercera Generación- Third Generation Therapies", "Terapia de Aceptación y Compromiso- Acceptance and commitment therapy", "Mindfulness" and "Duelo por COVID19- mourning COVID19", the connector "and-and", as well as the possible connections between each one of the terms. With respect to the search engines, "Google Scholar", "PubMed", "ScienceDirect" and "SciELO" were considered, and both Spanish and English articles were included.

Within the inclusion criteria, only those articles, books, theses and documents presenting interventions or proposals in working with COVID-19 grief were considered, under the TGT approach, with a search range of 5 years old. Initially, the intention was also to work only with the child population; however, upon identifying a null number of studies, it was decided to broaden the range of the population to the general population and eliminate only COVID-19 grief to grief in indeterminate situations.

RESULTS

To achieve the effectiveness of a therapy it is essential to have elements such as the appropriate choice of a therapeutic approach according to the case, the analysis of causal variables, choice of techniques according to the prevailing situation,

personal characteristics and collaboration of the patient, as well as the skills and abilities developed by the therapist, which will promote a therapeutic relationship in an environment of understanding, motivation and difficulties throughout the therapeutic process (Barraca, 2009).

At the institutional level, Third Generation Therapies (TTC) have yielded results with fundamental evidence as a primary affordable treatment alternative due to their extensive effectiveness research (Abreu & Dos Santos Silvério, 2017). They arise under a contextual perspective as an alternative in the understanding of psychological problems. Where it is established that our internal context serves as a basis for the assimilation of external events, if the latter try to be avoided or annulled they will only propitiate the generation, maintenance and further increase of the initial problematic by generating emotional discomfort (Hayes, 2004 as cited in Zambrano et al., 2018; Ruiz & Trillo, 2017).

Vallejo (2006 as cited in Castellón, 2017), established common aspects in TGT such as: 1) acquisition of a contextual reference, 2) interest in the functionality generated by behaviors, 3) favoring the modification of a class of behaviors, 4) prioritizing experiential change instead of psychoeducational change based on norms and, 5) development of full consciousness through experience.

According to Castellón (2017) 6 main therapies comprising TGT were identified: 1) Functional Analytic Psychotherapy (FAP), representative Robert J. Kohlenberg and Mavis Tsai, 1991. 2) Dialectical Behavioral Therapy (DBT) led by Marsha Linehan, 1993. 3) Integrative Couples Therapy (IBCT) by Neil S. Jacobson and Andrew Christensen in 1996. 4) Acceptance and Commitment Therapy (ACT) by Steven C. Hayes, Kirk D. Strosahl and Kelly G. Wilson in 1999. 5) Behavioral Activation Therapy (BA) represented by Neil S. Jacobson, Christopher R. Martell and Sona Dimidjian in 2001. 6) Cognitive-Behavioral Therapy with Integrated Mindfulness (MiCBT) by Bruno A. Cayoun in 2011.

Within the TGT, Acceptance and Commitment Therapy has greater effectiveness in the child population by focusing its objectives on the functional analysis of behavior, behavior patterns used to avoid painful content, short-term reinforcers and identification of significant contextual variables in the child stage (Ferro, 2009 as cited in Zambrano et al., 2018). Molina and Quevedo (2019) conducted a review of the effectiveness of ACT in the child and adolescent population in the face of different problems, concluding that it has favorable results in clinical practice.

ACT is an approach that highlights the importance of discomfort and suffering as something natural to our human condition in such a way that the tendency to want to resist, deny, avoid and postpone suffering turns it into something pathological, its main objective is to relearn, allow and make the experience of suffering more flexible through techniques and methods of functional analysis of behavior, the flow of thoughts, emotions, tolerate the loss of control and acceptance of the situations that

generate suffering (Luciano 2006 as cited in Villagómez et al., 2020).

Within ACT the key factor in functional analysis with child and adolescent population focuses on seven important areas: 1) Type of problem behavior that comes into play as an experiential avoidance strategy (intensity, frequency and duration), 2) internal and external stimuli that trigger the situation, 3) behavioral patterns that prevent painful thoughts, feelings, memories, sensations and situations, 4) Control/avoidance strategies of painful content, 5) Short-term reinforcers that provide gains, however in the long term they generate accentuation of the problem, 6) Affectation in the various areas of their life, and 7) Impact on life project (Murrell et al., 2004 as cited in Ferro et al., 2009).

Continuing with TGT, Vásquez-Dextre (2016) pointed out that Mindfulness implies an awareness of attention in three situations: a construct, a practice and a psychological process. The first refers to all those experiences in the present moment that involve acceptance, without judgment.

In practice, it allows the practitioner and patient to recognize and accept thoughts, sensations and emotions without judgment. As a process it implies the development of the capacity to direct our attention to what we feel, our organism and behaviors. Its components include: Attention to the present moment, openness to experience, acceptance, letting go, intention. It is widely used in combination with other approaches as a complement in stress management, relapses, repair of therapeutic alliances, in mental and physical health problems. Therefore Mindfulness can provide, as a practice in the therapeutic process of grief, the opportunity to generate a safe space to identify thoughts, sensations and feelings in experiencing the grieving process.

The following is a description of the main characteristics of the interventions and proposals taken into account for the preparation of this article based on TGT, especially those referring to ACT and Mindfulness:

6 interventions and 4 intervention proposals were identified, it is noted that Alonso (2017) carried out an intervention and later Alonso-Llácer, et al., (2020) republished the same intervention without specifying whether the application was carried out or only remained as a readapted proposal.

The common objective in the interventions is to test the efficacy of the bereavement intervention proposals, specifically in the reduction of anxiety, depression and stress (Gil, 2016; Domínguez-Rodríguez, et al., 2021; Salcido-Cibrián, et al., 2021), the development of acceptance of loss through emotional regulation, mindfulness (Campos, 2017; Alonso, 2017; Muñoz-Martínez, 2018; Alonso-Llácer, et al., 2020), a single guide aimed at the clinician (Cruz, et al., 2017), a single intervention aimed at preventing complicated grief (Villagómez, et al., 2020), an intervention with emphasis on guilt work (Linero, 2020).

In their totality, the interventions in TGT are directed to the treatment of the adult population.

The modality that predominates in the work with the population is focused on group care, mostly including a control group (Gil,

S. R. 2016, Alonso, 2017; Alonso-Llácer et al., 2020; Villagómez, et al., 2020; Salcido-Cibrián, et al., 2021), individual interventions (Cruz, 2017), single-case interventions (Muñoz-Martínez, 2018; Linero, 2020), mixed intervention with some individual sessions and predominance of group sessions (Campos, 2017), and one intervention, although individual, highlights that it is self-applied and at a distance through electronic resources, without the presence of a psychotherapist (Domínguez-Rodríguez, et al., 2021).

As for the duration of treatment this ranges from a minimum of 7 sessions to a maximum of 24 sessions on average of the interventions, with an average of 9 to 12 sessions. In a small number of interventions, patient follow-up is contemplated as a strategy to ensure the effectiveness of the intervention (Gil, 2016; Campos, 2017; Cruz, et al., 2017).

To determine the efficacy of the interventions and intervention proposals, pre and post application assessment is privileged as a strategy to differentiate a normal bereavement from a complicated bereavement, to establish the intensity of the present symptomatology typical of bereavement. In addition to using semi-structured interview and clinical formulation of behavior, the following tests were used: Complicated Grief Inventory (CGI), Beck Depression Inventory II (BDI), 21-item Depression, Anxiety and Stress Scale (DASS-21), Self-Compassion Scale, Satisfaction with Life Scale and Mindfulness Scale.

Within the findings found in interventions with TGT, the use of interventions based on ACT (Campos, 2017; Cruz, et al., 2017; Villagómez, 2020) and Mindfulness (Gil, 2016; Alonso, 2017; Alonso-Llácer, et al., 2020; Salcido-Cibrián, et al., 2021), as well as the combination of the same or in combination with other approaches (Linero, 2020; Domínguez-Rodríguez, et al., 2021) stand out. The most commonly employed techniques are: Psychoeducation, Emotional regulation, meditation-breathing, defusion, mindfulness in the present moment, metaphors, body awareness, values, compassion, elaboration of letters as part of the exposure to affective losses, self-care, flexibility and openness to experience. Throughout the grieving process, behaviors are triggered in mourners that are aimed at avoidance and avoidance of discomfort, pain and frustration (Cesar do Nascimento, 2015), or what is defined in ACT and Mindfulness as experiential avoidance. The use of flexibility, attention to the present moment, acceptance, defusion, metaphors and openness to experience allows to generate the decrease of emotional discomfort by developing the ability to perceive thoughts, sensations and emotions without judging, or trying to fight them (Pérez & Botella, 2006; Coletti, 2015; Vásquez-Dextre, 2016).

DISCUSSION

We are currently experiencing a pandemic that demands the implementation of strategies and therapeutic skills in clinical practice in the face of the increasing mortality of the population due to COVID-19, which places many people in a grieving

process. Although there is a high demand, the present review highlights the reduced evidence of articles, books, material that generate accessible alternatives to the professionals in charge of carrying out the treatment of the same.

Third Generation psychotherapies arise from the need to generate evidence-based results that would yield efficacy in the treatment of multiple problems adjusting to medical models (Neno, 2005 as cited in Abreu & Dos Santos Silvério, 2017), which is why it was determined to focus on this current. Taking this into account, the following conclusions about the findings are reached:

As a result of the interventions reviewed, the following are identified: Considerable reduction of depression and anxiety indicators, increased compassion and well-being, reduced experiential avoidance, increased emotional regulation, acceptance of the loss and incorporation into daily life, increased ability to acquire awareness of sensations, thoughts and emotions, decreased guilt, decreased complications in grief such that it will not evolve into pathological grief, corroborating the literature of the effectiveness of ACT and Mindfulness as an alternative in the treatment of grief.

Although there is an imperative need in bereavement care, intervention strategies have mostly only been carried out focused on the creation of general guidelines with important but basic recommendations without prioritizing the objective of generating evidence that gathers validated information.

Specific manuals were identified in the accompaniment in the bereavement process derived from COVID-19 (Osiris, 2020), however, they do not go deeper into the verification of a process in which the results are verified, although some of these are proposed as a guide for professionals, the structure of the intervention is not included, nor the development of the approach on which it is based.

ACT has shown great efficacy in interventions with children and adolescents in situations involving chronic pain, hospital processes, eating problems and auditory hallucinations (Ferro et al., 2009), although these have not been recently documented. In conclusion, there is an evident limitation in the approach to treatment in the child and adolescent population, perhaps by assuming that the needs of this group are minor or unnecessary, when in fact their approach depends on third parties who probably minimize the need for access to psychological care services.

Bereavement management proposals have also been generated in childhood and adult in the specific problem of Bereavement in COVID-19 conditions (Barbancho et al., 2020; Killikelly et al., 2021), there is no evidence of the effectiveness of these proposals, although a need for intervention in bereavement from TGT is identified, a limitation has been identified in the documentation of such proposals in that population range as opposed to the adult population.

One of the difficulties in the implementation of research and creation of programs at the institutional level has to do with the lack of mental health policies and allocation of economic

resources to alleviate the current problem that demands the psychological consequences derived from the high mortality rate due to COVID-19, which have an impact at the macro-social level, however at the micro level there remains the commitment to train individually in the face of the new demands (Salehe, et al., 2020; Bonardi, 2021).

Finally, although the efficacy of ACT and Mindfulness has been documented as two of the main currents of TGT in the efficacy of the treatment of grief and avoidance of complicated grief, it is necessary to continue generating evidence that gives weight to the implementation of these approaches in psychological care in health services and the future creation of Clinical Practice Guidelines for their formal implementation. Covering not only the adult population, but also the child, adolescent, geriatric and special needs population.

REFERENCIAS

- Abreu, P. & Dos Santos Silvério, J. (2017). La cuarta generación de terapias conductuales. *Revista Brasileira de Terapia Comportamental e Cognitiva*, 19 (3), 190-211
<http://rbtcc.webhostusp.sti.usp.br/index.php/RBTCC/article/view/1069/538>
- Alonso, L. (2017). Mindfulness y duelo: cómo la serenidad mindful contribuyen al bienestar tras la pérdida. Programa MADED (mindfulness para la aceptación del dolor y las emociones en el duelo) (Tesis de doctorado).
<https://www.educacion.gob.es/teseo/imprimirFicheroTesis.do?idFichero=8q017n9YW5w%3D>
- Alonso, L., Ramos, M., Barreto, P. & Pérez, M. (2019). Modelos Psicológicos del Duelo: Una Revisión Teórica. *Calidad de vida y salud*, 12 (1), 65-75
<http://revistadvs.uflo.edu.ar/index.php/CdVUFLO/article/view/176/180>
- Alonso-Llácer, L., Barreto, P., Ramos-Campos, M., Mesa-Gresa, P., Lacomba-Trejo, L. & Pérez-Marín, M. (2020). Mindfulness and grief: The MADED program mindfulness for the acceptance of pain and emotions in grief. *Psicooncología*, 17 (1), 105-116
<https://revistas.ucm.es/index.php/PSIC/article/view/68244/4564456553143>
- Araujo, M., García, S., & Begoña, E. (2021). Abordaje del duelo y de la muerte en familiares de pacientes con COVID-19: revisión narrativa. *Enfermería Clínica*, 31 (1), 112-116
<https://www.sciencedirect.com/science/article/abs/pii/S1130862120303089>
- Barbancho, M., M., Jiménez, C., A., Silva, G. Á. & Vialás, F., L. (2020). COVID-19: Guía para familiares en duelo. Colegio Oficial de Psicología de Andalucía Occidental.
http://www.telefonodelaesperanzalaroja.org/images/SiempreContigo/GUIA_PARA_FAMILIARES_EN_DUELO_compressed.pdf
- Barraca, J. (2009). Habilidades Clínicas en la Terapia Conductual de Tercera Generación. *Clínica y salud*, 20 (2), 109-117
<https://scielo.isciii.es/pdf/clinsa/v20n2/v20n2a01.pdf>
- Bonardi, O., Wang, Y., Li, K., Jiang, X., Krishnan, A., He, Ch., Sun, Y., Wu, Y., Boruff, J., Markham, S., Rice, D., Thombs-Vite, I., Tasleem, A., Dal, T., Yao, A., Azar, M., Agic, B., Fahim, Ch., Martin, M., Sockalingam, S., Turecki, G., Benedetti, A. & Thombs, B. (2021).

- Effects of COVID-19 Mental Health Interventions among Community-based Children, Adolescents, and Adults: A Living Systematic Review of Randomised Controlled Trials. MedRxiv y BioRxiv. 1-38 <https://www.medrxiv.org/content/10.1101/2021.05.04.21256517v1.full.pdf>
- Campos, P. A. (2017). Aplicación de la Terapia de Aceptación y Compromiso (ACT) al duelo (Trabajo de fin de grado). Universidad de Jaén. http://tauja.ujaen.es/bitstream/10953.1/5891/1/Campos_Pedrosa_Ana_TFG_Psicologa.pdf
- Castellón, W. (2017). Habilidades terapéuticas y limitaciones en la aplicación de las terapias de tercera generación en el contexto latinoamericano. Revista Brasileira de Terapia Comportamental e Cognitiva. 19 (3), 260-273. <http://rbtcc.webhostusp.sti.usp.br/index.php/RBTCC/article/view/1067/536>
- Cesar do Nascimento, D., Meirelles, G., Antonio de Amissis, C. & Honório, T. (2015). Luto: uma perspectiva da terapia analítica comportamental. Psicologia Argumento. 33 (83), 446-458 <http://www2.pucpr.br/reol/pb/index.php/pa?dd1=16204&dd99=view&dd98=pb>
- Coletti, J. (2015). Terapia de Aceptación y Compromiso (ACT): conductismo, mindfulness y valores. Rev. Argentina de Psiquiatría. 26, 37-42 https://www.researchgate.net/profile/German-Teti/publication/281519233_Acceptance_and_Commitment_Therapy_ACT_Behaviorism_mindfulness_and_values/links/5aac6672aca2721710f8a660/Acceptance-and-Commitment-Therapy-ACT-Behaviorism-mindfulness-and-values.pdf
- Cruz, G., J., Reyes, O., M. & Corona, Ch., Z. (2017). Duelo: Tratamiento basado en la Terapia de Aceptación y Compromiso (ACT). Manual Moderno. <https://www.facebook.com/groups/460850347414287/permalink/1954907271341913/>
- De la Rica, M., García-Navarro, B., García, I., De la Ossa, M. & Chisbert, E. (2020). Acompañamiento a los pacientes al final de la vida durante la pandemia por COVID-19. Medicina Paliativa. 27 (3), 181-191 <https://www.medicinapaliativa.es/acompanamiento-a-los-pacientes-al-final-de-la-vida-durante-la-pandemia-por-covid-19534>
- Domínguez-Rodríguez, A., Martínez-Luna, S., Hernández, M., De La Rosa-Gómez, A., Arenas-Landgrave, P., Esquivel, E., Arzola-Sánchez, C., Álvarez, J., Solís, A., Colmenero, A., Ramírez-Martínez, F. & Castellanos, R. (2021). A Self-Applied Multi-Component Psychological Online Intervention Based on UX, for the Prevention of Complicated Grief Disorder in the Mexican Population During the COVID-19 Outbreak: Protocol of a Randomized Clinical Trial. Front Psychol. 12 (644782), 1-19 <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.644782/full>
- Ferro, R., Vives, C. & Ascanio, L. (2009). Novedades en el Tratamiento Conductual de Niños y Adolescentes. Clínica y Salud. 20 (2), 119-130 <https://scielo.isciii.es/pdf/clinsa/v20n2/v20n2a02.pdf>
- García, A. (2020). Aproximación al proceso de duelo en tiempos de pandemia. VII International Symposium of the Graduate Nursing Program of the Paulista School of Nursing at Unifesp (Universidad de São Paulo). https://www.researchgate.net/publication/347510473_Aproximacion_al_proceso_de_duelo_en_tiempos_de_pandemia
- Gil, S. R. (2016). Aplicación de la terapia cognitiva basada en mindfulness y compasión a personas en duelo (Tesis de Doctorado). Universidad de Valencia. <https://roderic.uv.es/bitstream/handle/10550/54143/Tesis%20Rafael%20Gil-S%20c3%a1nchez%20con%20anexo.pdf?sequence=1&isAllowed=y>
- Gobierno de México (2021, mayo). Exceso de mortalidad en México. <https://coronavirus.gob.mx/exceso-de-mortalidad-en-mexico/>
- Killikelly, C., Smid, G., Wagner, B. & Boelen, P. (2021). Responding to the new International Classification of Diseases-11 prolonged grief disorder during the COVID-19 pandemic: a new bereavement network and three-tiered model of care. Public Health. 191, 85-90 <https://reader.elsevier.com/reader/sd/pii/S003335062030528X?token=041A4DDD067EB66E36C450212CB0D11434F1D489935B42FD46B6491F3A5731494898C4CE1CC05FEAF9945279DF891405&originRegion=us-east-1&originCreation=20210701225048>
- Lacasta-Reverte, M., Torrijos, M., López-Pérez, Y., Carracedo, D., Pérez, T., Casado, C., Rocamora, C., Blanco, L., Iglesias, N., Vidal, E., Trigo, D. & Martí-Esquitino, J. (2020). Impacto emocional en pacientes y familiares durante la pandemia por COVID-19. Un duelo diferente. Revista Medicina Paliativa, 27 (3), 201-208 https://www.medicinapaliativa.es/Ficheros/391/3/06.%20AE_Rica.pdf
- Linero, M. A. (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 (Tesis de Maestría). Universidad del norte. <http://manglar.uninorte.edu.co/bitstream/handle/10584/9048/140801%20psicologia.pdf?sequence=1&isAllowed=y>
- Molina, P. & Quevedo, R. (2019). Una revisión de la aplicación de la Terapia de Aceptación y Compromiso con niños y adolescentes. International Journal of Psychology and Psychological Therapy. 19 (2), 173-188 <https://www.ijpsy.com/volumen19/num2/515/una-revision-de-la-aplicacion-de-la-terapia-ES.pdf>
- Morer, B., Alonso, R. & Oblanca, M. (2017). El duelo y la pérdida en la familia. Revisión desde una perspectiva relacional. REDES. Revista de Psicoterapia Relacional e Intervenciones Sociales. (36) 11-24 <http://www.redesdigital.com.mx/index.php/redes/article/view/196/159>
- Muñoz-Martínez, A. (2018). Intervención en un caso clínico de duelo traumático a través de la psicoterapia analítica funcional. Revista Argentina de Clínica Psicológica. 27 (1), 91-100 https://www.revistaclinicapsicologica.com/pdf_files/trabajos/vol_27/n_um_1/RACP_27_1_91_CLGY6Q9JA.pdf
- Ortiz, A., (2021). Duelo en infancia y adolescencia y en tiempos de COVID-19. Revista De Psiquiatría Infanto-Juvenil, 38 (1), 3-10 <https://aepnya.eu/index.php/revistaaepnya/article/view/351/333>
- Osiris, R., Guerrero, G., Herrera, A., Ascencio, L., Rodríguez, M., Aguilar, I., Esquivias, H., Beltrán, A. & Ibarreche, J. (2020). Manual operativo del curso para el acompañamiento del duelo en situaciones especiales durante la pandemia de la COVID-19 en México. Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz. (INPRFM). http://inprf.gob.mx/ensenanzanew/archivos/2020/manual_duelo.pdf
- Pamplona, F. (2020). La pandemia de covid-19 en México y la otra epidemia. Revista Espiral Estudios sobre Estado y Sociedad, 27, 78-79 <http://www.scielo.org.mx/pdf/espiral/v27n78-79/1665-0565-espiral-27-78-79-265.pdf>
- Paricio del Castillo, R., & Pando, M. F. (2020). Salud mental infanto-juvenil y pandemia de Covid-19 en España: cuestiones y retos. Revista de Psiquiatría Infanto-Juvenil, 37 (2), 30-44 <https://www.aepnya.eu/index.php/revistaaepnya/article/view/355/293>
- Pérez, M. & Botella, L. (2006). Conciencia plena (Mindfulness) y psicoterapia: concepto, evaluación y aplicaciones clínicas. Revista de

- Psicoterapia. 17 (66/67), 77-120
<https://www.researchgate.net/profile/Luis-Botella-publication/257921110-Conciencia-plena-Mindfulness-y-psicoterapia-Concepto-evaluacion-y-aplicaciones-clinicas/links/00b49526186545e39b000000/Conciencia-plena-Mindfulness-y-psicoterapia-Concepto-evaluacion-y-aplicaciones-clinicas.pdf>
- Rendón, L. & Reyes, R. (2020). La mortalidad en los tiempos del COVID-19 y el envejecimiento demográfico en el Estado de México. *Economía Actual*, 13 (3), 5-9
<http://economia.uaemex.mx/Publicaciones/e1303/La%20mortalidad%20en%20los%20tiempos%20del%20COVID-19.pdf>
- Ruiz, J. & Trillo, F. (2017). Terapia de aceptación y compromiso de grupo: experiencia en un servicio público de salud mental. *Revista de Investigación en Psicología*. 20 (1), 7-28
<https://revistasinvestigacion.unmsm.edu.pe/index.php/psico/article/view/13520/12179>
- Salcido-Cibrián, L., Jiménez-Jiménez, Ó., Ramos, N., & Sánchez-Cabada, M. (2021). Intervención en duelo y mindfulness. *Diversitas*, 17 (1), 1-18
<https://revistas.usantotomas.edu.co/index.php/diversitas/article/view/6537/6170>
- Salehe, S., Assari, S., Alimohamadi, A., Rafiee, M. & Shati, M. (2020). Fear, Loss, Social Isolation, and Incomplete Grief Due to COVID-19: A Recipe for a Psychiatric Pandemic. *Basic and Clinical Neuroscience*. 11 (2), 225-231
<https://pdfs.semanticscholar.org/2cf2/557ab3a2602a52698f8a1686818778947c19.pdf>
- Sánchez, M. (2021). Impacto psicológico de la COVID-19 en niños y adolescentes. *Revista Médica de Santiago de Cuba*. 25 (1), 123-141
Impacto psicológico de la COVID-19 en niños y adolescentes | Sánchez Boris | MEDISAN (sld.cu)
- Stroebe, M., Schut, H. & Boerner, K. (2017). Modelos de afrontamiento en duelo: un resumen actualizado. *Estudios de Psicología*. 38 (3), 582-607
<https://www.tandfonline.com/doi/pdf/10.1080/02109395.2017.1340055?needAccess=true>
- Vásquez-Dextre, E. (2016). Mindfulness: Conceptos generales, psicoterapia y aplicaciones clínicas. *Rev Neuropsiquiatr*. 79 (1), 42-51
<http://www.scielo.org.pe/pdf/rnp/v79n1/a06v79n1.pdf>
- Villagómez, P., Peña, M. & Franco, S. (2020). Evaluación del duelo complicado: una reflexión desde la perspectiva económico-familiar en pacientes tratados con Terapia de Aceptación y Compromiso en el Centro Universitario de Ciencias de la Salud. Universidad de Guadalajara. 250-270
<http://ru.iiec.unam.mx/5156/1/2-057-Villagomez-Pena-Franco.pdf>
- Zambrano, S., Camargo, L., Jerez-Castiblanco, J., Gómez, G. & Perea-Gil, L. (2018). Análisis bibliométrico de intervenciones basadas en terapia de tercera generación para niños y adolescentes en Iberoamérica y Europa. *Diversitas: Perspectivas en Psicología*. 14 (1), 83-96
<http://www.scielo.org.co/pdf/dpp/v14n1/1794-9998-dpp-14-01-00083.pdf>