Meeting 3:

Chronological List of Handouts Presentation Slides

Handouts

1. Meeting 3 Agenda
2. Loss and Grieving in Foster Care and Adoption
3. The Life Book
4. Helping Children with Healthy Grieving – Worksheet
5. Helping Children with Healthy Grieving – Family Assessment Questions
6. A Strengths/Needs Worksheet for Fertility Loss Experts
7. Bonding and Attachment

Presentation Slides

01. Loss and Grieving in Foster Care and Adoption – Predictable Reactions to Loss
02. Four Psychological Tasks of Grieving
03. Developmental Grieving
04. Small Group Directions: Helping Children with Healthy Grieving
05. Directions: Helping Children with Healthy Grieving – Family Assessment Questions
06. Roadwork

Meeting 3:
Losses And Gains

Agenda

Time	Meeting and Topic	
(20 Minutes)	**3-A.**	**INTRODUCTION TO MEETING 3**
	▹	Welcome back
	▹	Meeting 3 agenda
	▹	Mutual selection issues
	▹	Bridge from Meeting 2
(20 Minutes)	**3-B.**	**THE NEED TO BE A "LOSS EXPERT"**
	▹	Why loss is so powerful
	▹	Impact and examples of loss on our own lives — maturational/ situational loss
(20 Minutes)	**3-C.**	**THE GRIEVING PROCESS**
(10 Minutes)	**BREAK**	
(50 Minutes)	**3-D.**	**IMPACT OF LOSS ON FEELINGS AND BEHAVIOR**
	▹	Impact of grieving process on children's behaviors
	▹	How children's feelings and behavior impact foster parents' and adoptive parents' feelings and behavior

Agenda continued

Time	Meeting and Topic

(45 Minutes) **3-E. PARTNERSHIP IN LOSS: TURNING LOSSES INTO GAINS**

- How parents' personal losses can help or hinder their ability to help children
- The role of foster parents, adoptive parents and child welfare workers in turning losses into gains
- The importance of partnership in turning losses into gains

(15 Minutes) **3-F. MEETING 3 SUMMARY AND PREVIEW OF MEETING 4**

- Summary of Meeting 3
- Preview of Meeting 4
- Next step in the mutual selection process
- A Partnerships in Parenting Experience

Roadwork

- Review all handouts from Meeting 3, especially the handouts titled, "The Life Book" and, "Bonding and Attachment," and bring your questions to Meeting 4.
- Complete Meeting 3, handout titled, "A Strengths/Needs Worksheet for Fertility Loss Experts." If you have not experienced infertility, complete only the general tasks strengths and needs. Be prepared to discuss the worksheet at the next family consultation.
- Schedule your family consultation if you have not done so.

Loss and Grieving in Foster Care and Adoption

Predictable Reactions to Loss[1]

SHOCK/DENIAL

BARGAINING

ANGER

DESPAIR/DEPRESSION

ACCEPTANCE/UNDERSTANDING

Four Psychological Tasks of Grieving[2]

UNDERSTANDING

GRIEVING

COMMEMORATING

GOING ON

[1]Elizabeth Kubler-Ross, On Death and Dying (McMillan Publishing Co., Inc., 1969). Concept of final stage of understanding from Craig-Oldsen, H. L. Sharing in Permanence (Atlanta, GA: Child Welfare Institute, 1995).

[2]Sandra Sutherland-Fox. Helping Child Deal with Death Teaches Valuable Skills. The Psychiatric Times/Medicine and Behavior.

The Life Book*

A Life Book is a tool and process to help children understand their life experiences so that they can function better, feel better about themselves in the present and be better prepared for the future. The Life Book is a combination of a story, a diary, and a scrapbook. The Life Book is an important part of a child's connection to his or her birth family. It is an important collection of the child's history and aids the child in his or her identity.

The best time to begin a Life Book is when a child comes into the foster care system, when birth family and child's developmental and family history information are more available. Unfortunately, this process often does not happen. Then, it becomes the task of the ongoing child welfare worker and the foster parents, or even the adoptive parents (if no one else has done this job), to begin to retrieve and collect important identity information for the child. The Life Book is developed with the child, not for the child, if the child is old enough to participate.

Information for a Life Book may be collected from such sources as:

- Case records
- Case records from other agencies that have had contact with child/and or family
- Birth parents
- Foster parents
- Grandparents or other relatives
- Previous social workers
- Hospital where born
- Well-baby clinic
- Other medical personnel
- Previous neighbors
- Teachers and schools
- Court records: Newspapers -- birth announcements, marriage announcements, obituaries
- School pictures (from school records)
- Policemen who have had previous contact with the birth family
- Church and Sunday School records

* This information is adapted from Adoption of Children with Special Needs: A Curriculum for the Training of Adoption Workers. Prepared by the Office of Continuing Social Work Education, School of Social Work, University of Georgia. Athens, GA, 1982, published by the U.S. DHHD, ACYF, Children's Bureau.

The information to be included in the Life Book could be:

- Birth Information
  - -- birth certificate
  - -- weight, height, special medical information
  - -- picture of the hospital
- Birth Family Information
  - -- pictures of birth family
  - -- names, birth dates of parents
  - -- genogram
  - -- names, birth dates of siblings, and where they are
  - -- physical description of parents, especially pictures of parents and siblings
  - -- occupational/educational information about birth parents
  - -- any information about extended family members
- Placement Information
  - -- pictures of foster family or families
  - -- list of foster homes (name, location of foster homes)
  - -- names of other children in foster homes to whom child was especially close
  - -- names of social workers
  - -- pictures of social workers to whom child was especially close
- Medical Information
  - -- list of clinics, hospitals etc., where child received care; and care given (surgery, etc.)
  - -- immunization record
  - -- any medical information that might be needed by the child as they grow up, or as an adult
  - -- height/weight changes
  - -- loss of teeth
  - -- when walked, talked, etc.

- School Information
  - -- names of schools
  - -- pictures of schools, friends and teachers
  - -- report cards, school activities
- Religious Information
  - -- places of worship child attended
  - -- confirmation, baptism and other similar records
  - -- papers and other material from Sunday School
- Other Information
  - -- any pictures of child at different ages of development
  - -- stories about the child from parents, foster parents, and social workers
  - -- accomplishments, awards, special skills, likes and dislikes

It is never too late to start a Life Book. Foster/adoptive parents have an important role in collecting information and working with the social worker to help the child develop the Life Book. Foster/adoptive parents can share the Life Book with the child's birth parents when the child is leaving foster care, to help the birth parents share in their child's past. Or, they can share the Life Book with new adoptive parents to help with the child's move from one family to another.

Adoptive parents can begin helping with the Life Book at the time of placement. Again, foster parents will want to share the Life Book with the adoptive parents. Adoptive parents may want to share their own Life Book with the child as a way of getting to know each other.

The process of constructing a Life Book can:

- Help the child welfare worker, foster parents, adoptive parent, birth parent and child to form an alliance;
- Help a child understand events in the past;
- Help a child feel good about self and record memories;
- Provide a way for the child to share his or her past with others;
- Increase a child's self-esteem by providing a record of the child's growth and development;
- Help the birth family share in that part of the child's past when they were living apart; and
- Contribute to the adoptive family's understanding of the child's past, to better help the child develop a positive identity and self-concept.

Helping Children with Healthy Grieving – Worksheet

Instructions: There is background information for each of the five children and youth. Review the information and answer the questions listed following the background.

Background information: **Beau** is 8 and is diabetic. He entered foster care 18 months ago because of neglect. He was exposed to the HIV virus in his mother's womb, but he did not become infected because his mother received treatment immediately before he was born. Beau is angry that his mother has diabetes, as well as AIDS, and is not expected to live long. She is receiving services from a local hospice. Beau is on daily insulin shots and has had periodic hospitalizations. His must eat a restricted diet. He is in the third grade and goes to public school. Beau does not like the insulin shots he must give himself or testing his blood sugar levels. Beau is close to his grandmother and uncle, who have poor relationships with Beau's mother. Beau has three close friends and has dreams of flying an airplane someday. He likes learning but does not like the way most of the other kids treat him when he has to eat snacks or receives other attention because of his diabetes at school. Beau cries before going to his medical appointments. Sometimes Beau yells at his best friends and says he doesn't want to be friends anymore.

1. Where is Beau in the grieving process?

   Shock/Denial
   Bargaining
   Anger
   Despair/Depression
   Acceptance/Understanding

2. What are some of the maturational and situational losses Beau is experiencing?

3. What are additional grieving behaviors a foster parent may see Beau do?

4. How might Beau's losses affect his well-being and healthy development?

5. What situations might trigger developmental grieving for Beau?

Note: Children who experience medical trauma are often overlooked as an aspect of trauma.

Helping Children with Healthy Grieving – Worksheet

Instructions: There is background information for each of the five children and youth. Review the information and answer the questions listed following the background.

Background information: **Karen** is 16 and has been in foster care several times during her life due to neglect and medical neglect. Her mother has recurrent problems with drugs and alcohol. Her father died from complications as a result of alcoholism. Karen has been in this foster home for three months; this is the second time she has lived here. Karen has Fetal Alcohol Syndrome. She also has a heart murmur. Karen is about three years behind her grade level in school and has been diagnosed with dyslexia, a reading disorder. Karen has two friends from her foster parents' church, who are two years younger than she is. Karen has a big smile when she is happy and she loves to dress up. Most of the time Karen is very quiet and wants to stay in her room by herself. She looks forward to Sundays when her mother eats dinner with the foster family.

1. Where is Karen in the grieving process?

   Shock/Denial
   Bargaining
   Anger
   Despair/Depression
   Acceptance/Understanding

2. What are some of the maturational and situational losses Karen is experiencing?

3. What are additional grieving behaviors a foster parent may see Karen do?

4. How might Karen's losses affect her well-being and healthy development?

5. What situations might trigger developmental grieving for Karen?

Note: Neglect is typically more traumatic when it occurs to young children and babies. The effect it has on the older children will be different because of coping mechanisms already developed by the older child. For a child with developmental delays, going into foster care may be a traumatic experience.

Helping Children with Healthy Grieving – Worksheet

Instructions: There is background information for each of the five children and youth. Review the information and answer the questions listed following the background.

Background information: **Jason** is 15. His father, who physically abused him, is now in prison on drug-related charges. Jason hasn't seen his mother since he was a toddler. Jason has been in foster care for a year and recently disclosed to his foster mother that he is gay. He says that he has known that he is gay for as long as he can remember. He says he is not sexually active and that no one else knows he is gay. Jason gets along well with his classmates, but he has no close friends. Jason does well in school and is affectionate with the family. He becomes very sad at times, but is able to talk about his feelings, especially about his father and mother.

1. Where is Jason in the grieving process?

   Shock/Denial
   Bargaining
   Anger
   Despair/Depression
   Acceptance/Understanding

2. What are some of the maturational and situational losses Jason is experiencing?

3. What are additional grieving behaviors a foster parent may see Jason do?

4. How might Jason's losses affect his well-being and healthy development?

5. What situations might trigger developmental grieving for Jason?

Helping Children with Healthy Grieving – Worksheet

Instructions: There is background information for each of the five children and youth. Review the information and answer the questions listed following the background.

Background information: **Jeryce** is an 11 year-old girl who came into care a month ago as a result of neglect and sexual abuse. Jeryce's father and mother are separated, but continue to spend time together, especially to use drugs. Jeryce has been mostly on her own throughout her childhood because her parents are usually high on drugs. Several older adolescents in the neighborhood who do drugs with her parents have sexually abused Jeryce. Jeryce's grades have slipped dramatically during the past two years. She has begun skipping school since she came into foster care. Jeryce is African American and identifies as a member of the Omaha tribe. She is living in a white foster home in a working class, white neighborhood. Some of the neighborhood kids have yelled racial slurs and derogatory statements to her. She has mentioned this incident to her foster mother but has expressed no emotions about it..

1. Where is Jeryce in the grieving process?

   Shock/Denial
   Bargaining
   Anger
   Despair/Depression
   Acceptance/Understanding

2. What are some of the maturational and situational losses Jeryce is experiencing?

3. What are additional grieving behaviors a foster parent may see Jeryce do?

4. How might Jeryce's losses affect her well-being and healthy development?

5. What situations might trigger developmental grieving for Jeryce?

Note: When working with children who have experienced multiple traumas, it is important to advocate that a complete and professional assessment (by a person trained on trauma) be done in order to determine the impact upon the child and strategies to help develop ways of coping.

Helping Children with Healthy Grieving – Worksheet

Instructions: There is background information for each of the five children and youth. Review the information and answer the questions listed following the background.

Background information: **Alana** is 15 and the mother of Matthew, 6 months. Her father and her grandmother have raised Alana and her two sisters since she was a toddler. Alana's mother disappeared when Alana was four years old. When Alana became pregnant, her grandmother talked Alana's father into placing Alana in foster care. That was a little over a year ago. Neither of the adults felt like they could control Alana's behavior. Todd, the father of Alana's baby, is also 15 and wants to be involved with Matthew. Alana and Todd want to marry when they are legally old enough to do so. Both of them are attending school. Alana's father and grandmother do not want Alana to spend any time with Todd. Alana is searching for her mother who is known to have a history of prostitution and drug use. Alana is very attentive to Matthew's needs and is helpful in the foster home. She becomes very sad, and sometimes angry, after visits with her father. Her grandmother refuses to see her or allow her to see her two younger sisters. She can talk about her anger toward her grandmother.

1. Where is Alana in the grieving process?

   Shock/Denial
   Bargaining
   Anger
   Despair/Depression
   Acceptance/Understanding

2. What are some of the maturational and situational losses Alana is experiencing?

3. What are additional grieving behaviors a foster parent may see Alana do?

4. How might Alana's losses affect her well-being and healthy development?

5. What situations might trigger developmental grieving for Alana?

Note: Children who experience parental maltreatment are likely to maintain an emotional attachment to their parents.

Helping Children With Healthy Grieving – Family Assessment Questions

Thinking about the five children to whom you were just introduced, consider and discuss your own maturational and situational losses and gains and how those losses might affect your ability to help each one of the children with their own grieving.

Child/Youth	**Losses of Child or Youth**	**Possible Positive Effect of My Own Losses and Gains**	**Possible Negative Effect of My Own Losses and Gains**
Beau	Normal childhood, health, possibly dreams of flying an airplane, soon to lose mother.		
Karen	Normal family life, healthy heart, ability to read well, old friends		
Jason	Childhood, a future many would want for him, close relationship with friends and father, relationship with mother		
Jeryce	Cultural roots, self-esteem, being with family, friends, innocence of a normal childhood		
Alana	Relationship with mother, contact with siblings, good relationship with grandmother and father, normal freedom of adolescence		

Name _____

A Strengths/Needs Worksheet For Fertility Loss Experts

This worksheet is especially for individuals or couples who have experienced the loss of fertility, i.e., have not been able to conceive a child or give birth to a surviving child. However, some of the tasks listed are tasks to help anyone think about loss and the impact of loss on those who may foster or adopt. This worksheet can help you consider if fostering or adopting is "right" for you, in terms of infertility issues or other losses.

Please read the tasks below. Write out examples of how you know you have accomplished the task. Write any needs you have concerning any or all of the tasks. For any or all of the tasks, you may have both strengths and needs. Some of the tasks may not apply to you. If two of you are participating in the program, compare your lists.

Task	**Strengths (What I have done to accomplish this task)**	**Needs (What I still need to do)**
1. I have decided that I want to parent a child and that parenting is more important than giving birth.		
2. My decision to pursue fostering or adopting has happened gradually over some months.		
3. I have not been able to conceive a child and I have grieved for that loss.		
4. I have sought information about foster care or adoption for several months.		
5. I am willingly pursuing fostering or adopting and at this time do not feel coerced by my spouse or others in my family.		

Task	**Strengths (What I have done to accomplish this task)**	**Needs (What I still need to do)**
6. I have talked with at least one family who has fostered and at least one family who has adopted.		
7. Over several months, conversations with family members and friends have focused on foster care or adoption.		
8. I have planned and discussed ways to talk with a child about being adopted or being in foster care.		
9. I have decided it is more important to be the parent of someone else's child than to give birth.		
10. I feel comfortable about "sharing parenting" with birth parents — if not in person, then at least through helping the child have a positive self-concept and feel positive about self-identity and "roots."		
11. I understand the difference between foster care and adoption.		

Task	**Strengths (What I have done to accomplish this task)**	**Needs (What I still need to do)**
12. I understand if I choose foster care, I have an obligation to help the child return to their birth family.		
13. I am committed to participate in the program as a way of accomplishing the above tasks.		
14. I feel comfortable about helping the child learn information about and/ or locate birth family and previous foster families.		

Bonding and Attachment*

Children cannot grow up normally unless they have a continuing stable relationship, an attachment to at least one nurturing adult. According to Dr. Vera Fahlberg, in normal development most infants bond with the mother or caretaker through the feeding experience. It is beginning to be recognized that bonding and attachment occur through a stress/stress-reduction type of cycle.

In feeding, the baby gets stressed because he is hungry. After being fed he feels the reduction of that stress, the feeling of relaxation. The feeling of being safe and cared for comes from being with this one particular person who looks, smells and sounds the same every time he is fed. He begins to feel that the world is safe. He feels, "If I'm in any kind of trouble this particular person will help me out!" We sometimes see babies who become shy around strangers and cling to their mothers (or fathers if they are bonded with their fathers). If there is a loud noise in a room of toddlers they all end up around their appropriate mother's knees. This is the attachment cycle that is absolutely necessary for children to learn and to be emotionally and behaviorally intact.

Removing children and putting them in foster care is extremely damaging to children because it disrupts the basic developmental process of attachment to a particular adult. Sometimes removal is necessary. But we have to be very clear about what is being done when children are removed and put somewhere else. One thing that happens is interruption of the basic developmental process, and it's life threatening at times.

Many children put in institutions in the past and cared for by different people around the clock died by the time they were one year old. The foster care movement came out of that experience. If babies were cared for by foster families, they didn't seem to die as readily. It became obvious that having one consistent person care for an infant was important. Over the past 50 years and particularly within the last ten, we have become aware that this bonding and attachment of a child to a caring adult is an important one. What happens when we break this attachment? What happens when we remove a child either through death or through foster care from the parent or the adult they are bonded to? We tend to get some very specific effects.

The very young child whose parent dies goes into a grief process. People who do bereavement counseling are beginning to recognize children's grief as lasting from six to eight years. The younger the child, the more intense and long-lasting is the grief.

Adults typically take one to two years to go through the grief cycle, but young children can take half their childhood. Removing a child from a parent or foster parent to whom he is attached has an effect similar to a loss by death; it initiates a grief process.

What happens, then, to children coming into foster care or into adoption? First of all, there are apt to be short-term memory deficits. These children typically are not processing information well. You tell them something; they don't remember a thing. You think, "Why is he doing this to me?" Why is this child seemingly so compliant and yet not doing anything he's asked? You say

* Reproduced from Adoptalk. "Bonding and Attachment," by Ann Coyne, Ph.D., Associate Professor, School of Social Work, University of Nebraska at Omaha. July/August 1983

to him, "You told me 15 minutes ago you were going to do this and you haven't done it!" He says, "You never told me!" He really doesn't remember. He literally forgets, because his short-term memory isn't processing well. When short-term memory isn't processing well, long-term memory is also affected, which means he doesn't learn to read well. Many foster and adoptive children are learning disabled. It is probably not because they were born learning disabled or that they have received brain damage. It is more likely that the process of grief is disrupting short-term memory. Developmental delay is common in foster children. The grief process has disrupted their ability to develop and learn.

A second issue is children's sense of who they are. We all need to know where we started and how we developed in order to have a story about ourselves. We know we were born in a certain place; we grew up in a certain place; these were our parents; there were our brothers and sisters; that was the school we went to; these were the teams we played on; these were our friends. Foster children tend to not remember clearly. Foster children don't know which of these four or five families they lived with was their birth family. A lot remember the family they were living with at about age four. That could have been their third foster family, but they sometimes think it is their birth family. Maybe they only stayed there a month, but they suddenly get it into their head, "that person is my mother." Yet they have other memories that don't quite fit. They remember three or four different dogs and all those siblings; they're not sure which are theirs and which are someone else's. And the big question: why were they there?

Suddenly, instead of a consistent story about who they are, they have a history with confusion in it. They don't know where they came from. It is not unusual for foster children to think they came full grown, that they did not grow inside a mother, and that they were not born. Some foster children under eight or nine will tell you they were never born, that they just came, that they somehow appeared in a foster home at about age three.

These children have an exceedingly difficult time reattaching to a family when they are adopted, because they cannot attach and go through a process of separation from what has happened to them in the past. They can't do it because they don't understand what's happened. It's very important to reduce the number of different families these children experience. It is also important that we communicate to them very clearly about everything that has happened to them.

Workers are beginning to do this by using Life Books with pictures and drawings. In what order did his families happen? His life should be documented so that the child, even if it's not a story he likes, at least has a story about who he is. He can then begin to detach from all that hurt and all that grief, and begin to make a more positive attachment to his adoptive family. Otherwise he may never be able to reattach.

The third issue I want to look at is behavior. The behavior of foster and adoptive children many times indicates a grief process. Some of the first behaviors you see are denial and bargaining. Often there is a honeymoon period where children coming into care will be very good for a few weeks. That's a combination of denial and bargaining. "If I'm really good they will let me go home," "If I'm really good my mother will love me." Most times the children feel they did something wrong: "If I had not thought those bad things about my parents, then the sheriff wouldn't have picked me up."

There are a lot of common behaviors in denial. One is very rhythmic behavior. Children may skip rope continuously, or bounce a basketball or kick the wall or sit with toys making noise. This kind of rhythmic behavior is not usually recognized by adults as a grief response. If the child keeps running, if he keeps banging the wall, he won't have to deal with the hurt.

The anger of these children is often very serious and there is a great deal of "acting out" or behavior problems. What wouldn't normally bother a child will bother these children. They are angry about disconnections, angry about the detachments. They go through the stages of grief. In the depression stage you have children who are not sad or crying, but have very little energy. These kinds of behaviors, typical of foster and adoptive children, are really indications to us that they are grieving. We need to treat them as people in grief, to do grief work with them.

The whole philosophy of permanency planning is to have a system in which we try to protect children's primary attachments. We need to protect children's attachments to their birth parents. We need to move services into the home to protect children at risk of being abused by those they live with. In those situations where it's not possible, we need to have a system that creates new attachments for children to have with foster or adoptive parents. Every child must have an attachment to one or several adults that is consistent, that is expected to be permanent, that is to someone he can count on.

Adults don't have to be attached to children. Adults don't have to be attached to one another. We like to be attached to our husbands and wives, but we are not going to die without it. We may go through grief but we aren't going to go through all kinds of developmental problems. Children must be attached. They simply must. They cannot develop normally without being attached to one adult over a period of time because their whole sense of safety, their whole sense of the world, their whole sense of learning, depends on it.

Strengths/Needs Worksheet - After Meetings 3 and 4

In the left column are the 12 Criteria for Mutual Selection of Foster and Adoptive Families. These are provided to remind you of the twelve basic things you need to be able to do by the end of the TIPS-MAPP program. Mutual means that you and the agency will assess your willingness and ability to be successful foster and/or adoptive families. In the strengths and needs columns please write **at least three** strengths and needs you have already identified. As a reminder for you, pages 2-4 of this worksheet list the abilities developed in the learning activities for Meetings 3 and 4. Review them as you think about your strengths and needs.

Criteria for Mutual Selection	**Family strengths which will help us accomplish this ability.**	**Family needs to be met in order to grow in our ability to do the task.**
1. Know your own family. 2. Communicate effectively. 3. Know the children. 4. Build strengths; meet needs. 5. Work in partnership. 6. Be loss and attachment experts. 7. Teach healthy behaviors. 8. Build connections. 9. Build self-esteem. 10. Assure health and safety. 11. Assess impact. 12. Make an informed decision.		