MODULE 8
AGENDA

I. Vocabulary

II. Grief Recovery

III. An Introduction to the Grief Process

IV. Guided Imagery

V. What Can Parents Do

MODULE 8
VOCABULARY

Acceptance: An ability to incorporate and resolve what has happened in one's life.

Anger: The second stage of grief - includes lots of acting out behaviors.

Bargaining: The third stage of grief - a stage in which one tries to make a deal with one's self or with one's higher power in order to restore things back to the way they were. It is only human to want things as they were before.

Behaviors: The actions or reactions of persons or things under given circumstances.

Birth family: The family to which a child is born (biological family), but not necessarily reared.

Denial: The first stage of grief - hard to believe what is happening.

Depression: The fourth stage of grief - a stage in which one loses interest in much that goes on around them.

Dissociation: A coping mechanism by which one withdraws attention from the outside world and focuses on the inner world.

Fight or flight response: A mental reaction to a threatening situation, whether real or imagined, in which the basic response is either to flee or stay and fight.

Grief: A process through which one deals with loss and finds a personal way to cope.

Trauma: An emotional and/or physical shock that may cause lasting psychological impact.

GRIEF RECOVERY QUESTIONS

1. Did you move more than twice before the age of 10?
2. Did you ever have a pet die?
3. Have you ever experienced a major change in financial condition, positive or negative?
4. Have you ever quit a job? Have you ever been fired from a job?
5. Have you ever been married/divorced?
6. Did you graduate from high school? From college?
7. Have you ever experienced the death of a close family member?
8. Have you ever experienced the death of a distant family member?
9. Have you ever experienced the death of a close friend?
10. Have you ever experienced the loss or the use of function of any part of your body?
11. Are there long stretches of your childhood that you cannot remember?
12. Have you experienced a series of illnesses or accidents?
13. Have you ever been robbed?
14. Have you ever experienced a natural disaster (i.e., tornado or a fire)?

Stages of Grief

- **Denial** - "This isn't happening to me…" We don't want to believe the loss. We pretend it isn't so, or that it doesn't really matter to us. Sometimes we use excessive activity to defend against the pain, or we may withdraw and sleep a lot.

- **Anger** - "Why is this happening to me…?" It isn't fair! Sometimes the anger we feel manifests itself in many ways. We can blame others for our loss; we become easily agitated, we have emotional outbursts. We may even become angry with ourselves.

- **Bargaining** - "I promise I'll be a better person if…" We may offer something to try to take away the reality of what has happened. We try to make a deal to have what we loved back as it was before the loss occurred. Children almost always feel responsible for a loss they experience.

- **Depression** - "I don't care anymore…" This may be the most difficult stage. We can feel listless and/or helpless or like life has no purpose anymore. With the realization that the loss occurred, and that it cannot be undone, there is an intense awareness of how much the loss is missed - particularly at moments that were shared and treasured (i.e., mealtimes, bedtime, holidays).

- **Acceptance -** "I'm ready for whatever comes…" We begin to feel okay again, but we do not feel total acceptance. The process may start again, or we may return to one of the earlier stages. Each new loss, of course, generates a new round of feelings.

Reminder: The stages of grief may not occur in order. Some people, based on their ability to cope, may skip a stage or, as memories are triggered and important life events occur, actually revert to an earlier stage of grief. This is all a normal part of the grieving process. Given time, help, and support, the ultimate goal would be for the person to reach the Acceptance stage.

Elizabeth Kubler-Ross, "***On Death and Dying"***

BASIC GUIDELINES FOR LIVING WITH TRAUMATIZED CHILDREN

1. **Don't be afraid to talk about the traumatic event.** Children do not benefit from "not thinking about it" or "putting it out of their minds." If children sense that caretakers are upset about the event, they will not bring it up. In the long run, this only makes the child's recovery more difficult. Don't bring it up on your own, but when the child brings it up, don't avoid discussion. Listen to the child, answer questions, and provide comfort and support. We may not have good verbal explanations, but listening and not avoiding or overreacting to the subject, and then comforting the child will have a critical and long-lasting positive effect.

2. **Provide a consistent, predictable pattern for the day.** Make sure the child has a structure to the day and knows the pattern. Try to have consistent times for meals, school, homework, quiet time, playtime, dinner, and chores. When the day includes new or different activities, tell the child beforehand and explain why this day's pattern is different. Don't underestimate how important it is for children to know that their caretakers are in control. It is frightening for traumatized children who are sensitive to control, to sense that the people caring for them are disorganized, confused, and anxious. Adults are not expected to be perfect; caregivers themselves have often been affected by trauma and may be overwhelmed, irritable, or anxious. If you find yourself feeling this way, simply help the child understand why, and explain that these reactions are normal and will pass.

3. **Be nurturing, comforting, and affectionate, but be sure that this is in an appropriate context.** For children traumatized by physical or sexual abuse, intimacy is often associated with confusion, pain, fear, and abandonment. Providing hugs, kisses, and other physical comfort to younger children is very important. A good working principle for this is to be physically affectionate when the child seeks it. If the child walks over and touches you, return it in kind. Try not to interrupt the child's play or other free activities by grabbing them and holding them, and be aware that many children from chronically distressed settings may have what we call attachment problems. They will have unusual, and often inappropriate, styles of interacting. Do not tell or command the child to "give me a kiss" or "give me a hug." Abused children often take words very seriously, and commands reinforce a very malignant association, linking intimacy/physical comfort with power (which is inherent in a care-giving adult's command to "hug me").

4. **Discuss your expectations for behavior and your style of discipline with the child.** Make sure that the rules and the consequences for breaking the rules are clear. Make sure that both you and the child understand, beforehand, the specific consequences for compliant and non-compliant behaviors. Be consistent when applying consequences. Use flexibility in consequences to illustrate reason and understanding. Utilize positive reinforcement and rewards. Avoid physical discipline.

BASIC GUIDELINES FOR LIVING WITH TRAUMATIZED CHILDREN (CONT'D)

5. **Talk with the child.** Give the child age-appropriate information. The more the child knows about who, what, where, why, and how the adult world works, the easier it is to make sense of it. Unpredictability and the unknown are two things that will make a traumatized child more anxious, fearful, and therefore, more symptomatic. The child may become more hyperactive, impulsive, anxious, and aggressive, and have more sleep and mood problems. Without factual information, children (and adults) speculate and fill-in the empty spaces to make a complete story or explanation. In most cases, the child's fears and fantasies are much more frightening and disturbing than the truth. Tell the child the truth, even when it is emotionally difficult. If you don't know the answer yourself, tell the child. Honesty and openness will help the child develop trust.

6. **Watch closely for signs of reenactment (i.e., in play, drawing, behaviors), avoidance (i.e., being withdrawn, daydreaming, avoiding other children), and physiological hyper-reactivity (i.e., anxiety, sleep problems, behavior impulsivity).** All traumatized children exhibit some combination of these symptoms in the acute post-traumatic period. Many exhibit these symptoms for years after the traumatic event. When you see these symptoms, it is likely that the child has had some reminder of the event, either through thoughts or experiences. Try to comfort and be tolerant of the child's emotional and behavioral problems. Again, these symptoms will wax and wane – sometimes for no apparent reason. Record the behaviors and emotions you observe and try to notice patterns in the behavior.

7. **Protect the child.** Do not hesitate to cut short or stop activities that are upsetting or re-traumatizing for the child. If you observe increased symptoms in a child that occur in a certain situation or following exposure to certain movies or activities, avoid them. Try to restructure or limit these activities to avoid re-traumatization.

8. **Give the child choices and some sense of control.** When children, particularly traumatized children, feel that they do not have control of a situation, they will predictably get more symptomatic. If a child is given some choice or some element of control in an activity or in an interaction with an adult, the child will feel safer and more comfortable and will be able to feel, think, and act in a more mature fashion. When a child is having difficulty with compliance, frame the consequence as a choice for the child: "You have a choice – you can choose to do what I have asked or you can choose…" Again, this simple framing of the interaction with the child gives the child some sense of control and can help defuse situations where the child feels out of control, and therefore anxious.

9. **If you have questions, ask for help.** These brief guidelines can give you only a broad framework for working with a traumatized child Knowledge is power -- the more informed you are and the more you understand the child, the better equipped you are to provide the support, nurturing, and guidance the child needs. Take advantage of resources in your community.

WHAT CAN PARENTS DO?

Infancy to two and a half years:

- Maintain child's routines around sleeping and eating.
- Avoid unnecessary separations from important caretakers.
- Provide additional soothing activities.
- Maintain calm atmosphere in child's presence.
- Avoid exposing child to reminders of trauma.
- Expect child's temporary regression; don't panic.
- Help child to give simple names to big feelings; talk about event in simple terms during brief chats.
- Give simple play props related to the actual trauma to a child who is trying to play out the frightening situation (i.e., a doctor's kit, a toy ambulance).

Two and a half to six years:

- Listen to and tolerate child's retelling of the event.
- Respect child's fears; give child time to cope with fears.
- Protect child from re-exposure to frightening situations and reminders of trauma.
- Accept and help the child to name strong feelings during brief conversations (The child cannot talk about these feelings or the experience for long).
- Expect and understand child's regression while maintaining basic household rules.
- Expect some difficult or uncharacteristic behavior.
- Set firm limits on hurtful or scary play and behavior.
- If child is fearful, avoid unnecessary separations from important caretakers.
- Maintain household and family routines that comfort child.
- Avoid introducing experiences that are new and challenging for the child.
- Provide additional nighttime comforts when possible, such as night-lights, stuffed animals, and physical comfort after nightmares.
- Explain to child that nightmares come from the fears a child has inside, that they aren't real, and that they will occur less frequently over time.
- Provide opportunities and props for trauma-related play.
- Try to discover what triggers sudden fearfulness of regression.
- Monitor child's coping in school and daycare by expressing concerns and communicating with teaching staff.

WHAT CAN PARENTS DO?

Six to eleven years:

- Listen to and tolerate child's retelling of the event.
- Respect child's fears; give child time to cope with fears.
- Increase monitoring and awareness of child's play which may involve secretive reenactments of trauma with peers and siblings; set limits on scary of hurtful play.
- Permit child to try out new ways of coping with fearfulness at bedtime (i.e., extra reading time, leaving the radio on, or listening to a tape in the middle of the night) to erase the residue of fear from a nightmare
- Reassure the older child that feelings of fear and behaviors that feel out of control or babyish (i.e., bed wetting) are normal after a frightening experience, and that s/he will feel better with time.

Eleven to eighteen years:

- Encourage adolescents of all ages to talk about the traumatic event with family members.
- Provide opportunities for the adolescent to spend time with friends who are supportive.
- Reassure the adolescent that strong feelings - guilt, shame, embarrassment, or a wish for revenge - are normal following a trauma.
- Help the adolescent find activities that offer opportunities to experience mastery, control, and self-esteem.
- Encourage pleasurable physical activities, such as sports and dancing.

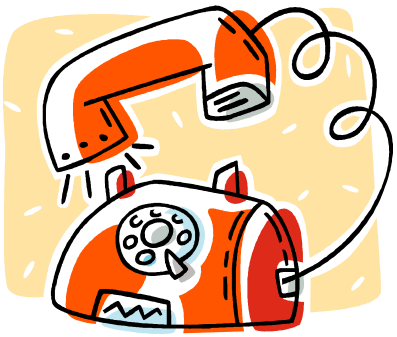
What Stage of Grief?

(Annabelle)

Annabelle, age 9, has been with your family for about 2 months. This is her first placement. Initially, she seemed to settle in pretty well. She went to school willingly and slept and ate as expected. You were thinking this placement was going to be a breeze and nothing like they told you in those resource parent training classes.

Well, all that changed the other day when Annabelle started yelling about everything she had to do…the usual things, like brushing her teeth and getting dressed in the morning. Not only that, she also has begun to kick the furniture. She has even tried knocking the phone off the wall. Sometimes, she rolls about on the floor and has tantrums. You have never seen a nine-year-old do these things before.

Annabelle's birth parent visitations have been awkward and inconsistent. Annabelle has not received any phone calls from her mother and only a couple of calls from her father.



Questions:

1. What stage of grief is Annabelle in?
2. How does this make you feel?
3. How can you help her?
4. How do you think Annabelle's parents are feeling?
5. What can they do to help?

What Stage of Grief?

(Rusty)

Rusty is a 14-year-old boy who came into placement about 4 months ago. This is his fourth placement since he was 8 years old. He came to your home from his mother's house. Rusty has a sister who still lives at home. She is 10 and has never been in foster care. Rusty sees his sister about once a week, his mother less than that.

Rusty was pretty angry when he first arrived. He spent a lot of time swearing, and tried to run away. He didn't want to move to another foster home and couldn't understand why his sister didn't have to move. He came into care because he was getting in trouble with other kids and his mother didn't know how to control him.

Rusty's mother is not easy to deal with. Whenever you have had contact with her, she rants and raves about the system. Now, Rusty sits in his room for hours on end and doesn't seem interested in much. Although you thought those were the things that most teens spent their days doing, he does not listen to music or even watch TV.

Questions:

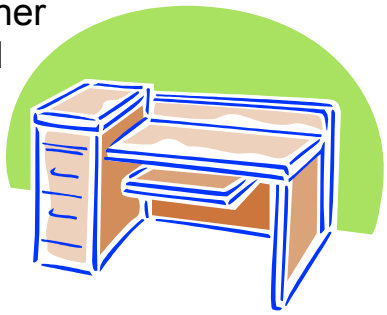
1. What stage of grief is Rusty in?
2. How does this make you feel?
3. How can you help him?
4. How do you think Rusty's mother is feeling?
5. What can she do to help?

What Stage of Grief?

(*Natasha)*

Natasha, age 4, has been in your home for less than a month. She came to your home after she was found walking alone in her neighborhood. Reportedly, this was not the first time the police had found her. Natasha seems to be lagging developmentally. Her speech at times is very difficult to understand.

Natasha spends a lot of time hiding under furniture. You thought this was cute at first; that maybe she was playing house or something, but it occurs far too often. Sometimes she has crying spells and calls out for her younger siblings. Natasha is soiling her pants and appears numb much of the time, especially when she is hiding under the desk in the den. She has had one visit with her siblings at the agency office and has not returned home to visit yet. Her siblings are living with another resource family, but Natasha does not seem to understand this concept at all.



Natasha's mom has had very little reaction to Natasha's placement. The social worker has tried to line up some visits for mom, but she has not followed through.

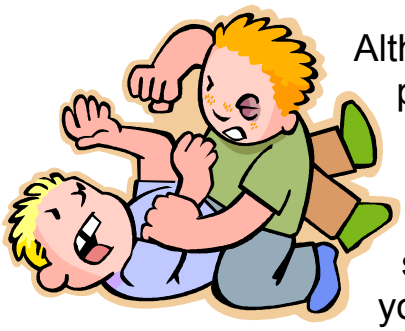
Questions:

1. What stage of grief is Natasha in?
2. How does this make you feel?
3. How can you help her?
4. How do you think her parents are feeling?
5. What can they do to help?

What Stage of Grief?

(Dwayne)

Dwayne is an 11-year-old boy who has been in your care for 9 months. He really wants to go home and spends most of his waking hours thinking about this. For a long time, he wasn't eating or sleeping well. This has improved and his clothes are starting to fit him better. In fact, you think he might need the next size soon.



Although his behavior has been difficult for you, he is now promising he will behave. You are confused about this behavior because just a few weeks ago, he was acting out and getting into trouble all the time. He was having fights at school and you were on the phone with the school about every day. You were thinking about calling your social worker and saying he has to go.

Dwayne hasn't seen his dad for 6 months, and no one knows what has happened to his mother. His older brother is in a group home in another state.

Questions:

1. What stage of grief is Dwayne in?

2. How does this make you feel?

3. How can you help him?

4. How do you think his parents are feeling?

5. What can they do to help?

Signs and Behaviors Associated with Grief and Loss
For Children

Denial
Numbness
Acute Pain
Irritable
Panic
Robot like
Diminished body awareness
Spacey - Listless
Physically withdrawing - Hiding in closets, nestling under furniture
Regression to earlier times
Chatter, nonsense noises
Squirms, giggles
Preoccupation with other's problems
Increased heart rate
Muscular tension
Sweating
Dryness of mouth
Bladder and bowel relaxation
Insomnia
More susceptible to illness
May refuse to eat
Refuse to talk about placement

Anger
Disobey and be defiant
Talk back and swear
Self-mutilation
Fight and hurt others, either physically or with words
Hurt pets or destroy property
Use alcohol or drugs
Be sexually aggressive or provocative
Regress and act younger than they are
Have temper tantrums, whine, and cry
Be careless about hygiene and clothing
Break toys and possessions
Wet the bed or soil self
Act out, as a learned way of getting attention
Feel that they were given away by their parents and act as if they are inadequate, incompetent, and/or guilty

For Children (Cont'd)

Bargaining
Overcompensating
Self-mutilation
Withdrawal from social activities
Negative self-talk
Defensiveness
Change in eating habits
Alcohol abuse
Feel they were taken away from their parents and act anxious, fearful, and distrustful
Sleeplessness
Loss of weight
Hopelessness
Listlessness

Depression
Gives up fighting
Becomes listless
Apathetic
Lethargic
Depressed
Withdrawn
May appear okay, but really suffering
Nightmares possible
Loss of appetite
Noticeable loss of weight or weight gain
Poor school performance
Child gives up hope

Acceptance
Has ability to form and maintain friendships
Can accept new situations with minimal frustration
Older children are able to define their situation objectively relative to placement
Has the ability to talk about the loss
Begin to cope with the loss in more positive ways
Develop "distance" from the loss, noting it as a thing of the past

Signs and Behaviors Associated with Grief and Loss
For Primary Parents

Denial

No emotional reaction to child's placement
May be unable to plan for visitation
Not able to integrate the reality of the experience
May become perpetually suspicious and/or distrustful
May revert to or reinforce feelings of self-doubt and inadequacy through substance abuse, overeating, disruption of their most productive caring relationships

Anger

May become furious with social workers, resource parents, agency, and/or courts
Yelling, swearing, threatening, refusing to cooperate, plan, visit, etc.
May blame the child(ren), caretaker, school
Feelings of frustration and inadequacy

Bargaining

May discount seriousness of problems or child's need in order to get child back
May try to bargain with social worker or foster parents by becoming adoptive or conforming
May change personal care habits, living arrangements, employment, care of other children
May attend counseling, rehab programs
May turn to religious systems

Depression

Feeling of worthlessness, emptiness and loneliness
May give up visitation
May stop attending counseling or other self-help programs
May withdraw from established relationships
Possible increase of substance abuse

Acceptance

Parents may develop greater sense of self, resulting in more trusting, caring, positive behaviors
Greatly improved relationships with child(ren) and other significant others
Increased cooperation with agency and others caring for their children

Signs and Behaviors Associated with Grief and Loss
For Resource Parents
(When Child is removed Due to Reunification or Adoption)

Stage	Signs & Behaviors	Ways to Minimize Grief
Denial	Takes the form of resource wanting to adopt the child	Resource parent participating in selection and placement procedure helps to assure acceptance.
Anger	Complaining calls to DFCS	Accept the expression of anger as a legitimate feeling. Help the resource parent(s) to express feelings, but to avoid misplacing anger that results in hurt feelings and misunderstandings.
Bargaining	Thinking of self Focus on self loss/loneliness	This is a normal reaction because it is hard to share everyone else's happiness. To love, to lose, and if you've loved enough, to grieve.
Depression	Inability to cooperate (i.e., arguing about placement and visiting schedule)	Arrange for a resource parent "buddy" through a support group to offer concern.
	Tears and inability to cope	Allow time to grieve.
Acceptance	Agreeing to accept another child to be placed with the family	Allow time for healing.

REFERENCE MATERIAL

Signs and Behaviors of Grief by Age Group

Young Children (1-6 years)

- Helplessness and passivity; lack of usual responsiveness
- Generalized fear
- Heightened arousal and confusion
- Cognitive confusion
- Difficulty talking about event; lack of verbalization
- Difficulty identifying feelings
- Nightmares and other sleep disturbances
- Separation fears and clinging to caregivers
- Regressive symptoms (i.e., bedwetting, loss of acquired speech or motor skills)
- Inability to understand death as permanent
- Anxieties about death
- Grief related to abandonment by caregiver
- Somatic symptoms (i.e., stomach aches, headaches)
- Startle response to loud or unusual noises
- "Freezing" (i.e., sudden immobility of body)
- Fussiness, uncharacteristic crying, and neediness
- Avoidance of, or alarm response to specific trauma-related reminders involving sights and physical sensations

School-aged Children (6-11 years)

- Feelings of responsibility and guilt
- Repetitious traumatic play and retelling
- Feeling disturbed by reminders of the event
- Nightmares and other sleep disturbances
- Concerns about safety and preoccupation with danger
- Aggressive behavior and angry outbursts
- Fear of feelings and trauma reactions
- Close attention to parents' anxieties
- School avoidance
- Worry and concern for others
- Changes in behavior, mood, and personality
- Somatic symptoms (i.e., complaints about bodily aches and pains)
- Obvious anxiety and fearfulness
- Withdrawal
- Specific trauma-related fears or general fearfulness
- Regression (i.e., behaving like younger child)
- Separation anxiety
- Loss of interest in activities
- Confusion and inadequate understanding of traumatic events - more evident in play than in discussion
- Unclear understanding of death and the causes of "bad" events
- Giving magical explanations to fill in gaps in understanding
- Loss of ability to concentrate at school, with lowering of performance
- Spacey or distractible behavior

REFERENCE MATERIAL

Signs and Behaviors of Grief by Age Group (Cont'd)

Pre-adolescents and Adolescents (12-18 years)

- Self-consciousness
- Life-threatening reenactment
- Rebellion at home or school
- Abrupt shift in relationships
- Depression and social withdrawal
- Decline in school performance
- Trauma-driven acting out, such as with sexual activity and reckless risk-taking
- Effort to distance oneself from feelings of shame, guilt, and humiliation
- Excessive activity and involvement with others, or retreat from others in order to manage inner turmoil
- Accident proneness
- Wish for revenge and action-oriented responses to trauma
- Increased self-focusing and withdrawal
- Sleep and eating disturbances, including nightmares