AGENDA

I. Welcome

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II. Natural and Disruptive Losses

   A. Personal Grief Recovery Questionnaire

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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.

- **Primary family** –the family in which a child is born to (biological family) but not necessarily raised by.

- **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 to either flee or stay and fight.

- **Grief** – a process in 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

Did you move more than twice before the age of 10?

Did you ever have a pet die?

Have you ever experienced a major change in financial condition (positive or negative)?

Have you ever quite a job? Have you ever been fired from a job?

Have you ever been married/divorced?

Did you graduate from high school? From college?

Have you ever experienced the death of a close family member?

Have you ever experienced the death of a distant family member?

Have you ever experienced the death of a close friend?

Have you ever experienced the loss of the use of function of any part of your body?

Are there long stretches of your childhood that you cannot remember?

Have you experienced a series of illnesses or accidents?

Have you ever been robbed?

Stages of Grief

- **Denial/Shock** comes first. We don't want to believe the loss. We can't endure the pain. 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.

- **Guilt** comes next. Surely there was something that we did that caused the loss, or something that we could have done to prevent it. Children always fell that they are responsible for a loss they experience.

- **Anger** follows. Why did this happen to me? It isn't fair! Somebody will pay for my pain! Sometimes the fear that our anger will hurt someone causes us to block its expression and to turn it inward, and the result is depression.

- **Sadness** is the next step. With the realization that the loss occurred and that it cannot be undone, there is an intense awareness of how much the lost person is missed - particularly at moments which had been shared and treasured (mealtimes, bedtime, holidays, etc.)

- **Acceptance** of the loss finally comes – but not total acceptance. The process starts around again, or we go back to one of the earlier stages that gave us trouble. Each new loss, of course, generates a new round of feelings.

Reminder: The stages of grief may not occur in order and are cycled through and back based on a persons ability to cope. Ultimately, acceptance is the goal.

Signs and Behaviors Associated with Early Grief or Shock

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's with others problems
Increased heart rates
Muscular tension
Sweating
Dryness of mouth
Bladder and bowel relaxation
Insomnia
More susceptible to illness
May refuse to eat
Refuse to talk about placement

Signs and Behaviors Associated with Anger

Disobey and be defiant
Talk back and swear
Mutilate themselves
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 themselves
Act out as a learned way of getting attention
Feel they were given away by their parents and act inadequate, incompetent and/or guilty
Feel they were taken away from their parents and act anxious, fearful and distrustful

Signs and Behaviors Associated with Despair or Sadness

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 gain
Poor school performance
Child has given up hope of being returned

Signs and Behaviors Associated with Acceptance or Detachment

Acceptance	Has ability to form and maintain friendships Can accept new situations with minimal frustration Older children will be able to more objectively define their situation relative to placement
Detachment	Inability to become emotionally involved with other people, except at the most superficial level Exaggerated demand for closeness or an inability to tolerate closeness Chronic Depression Asocial and Antisocial Behavior Mistrust Fear Defensiveness Developmental lags

Signs and Behaviors Associated with Grief and Loss for Birth Parents

Shock and Denial

No emotional reaction to child's placement
May be unable to plan for visitation
Not able to integrate the reality of the experience

Anger

May become furious with:
- Social workers
- Foster parents
- Courts

By 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

Despair

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

Detachment

Rejection of child in order to resolve their own ambivalence about placement
May refuse to acknowledge child's existence
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

Grief and Loss for Resource Parents (when child is removed due to Reunification or Adoption

Stage Grief	Signs & Behaviors	Ways to Minimize
Denial in the	Takes the form of resource parent wanting to adopt child.	Resource parent participating Selection and placement procedure would assure acceptance
Despair	Inability to cooperate, i.e. argue about parent placement and "buddy" through a support group to offer concern.	Arrange for a resource visiting schedule
	Tears and inability to cope	Allow time to grieve
Anger	Complaining calls to Foster Care Supervisor anger the resource parent does	Accept the fact of anger as a legitimate feeling, so that in order to express not misplace anger and cause hurt feelings and misunderstandings.
Guilt	Thinking of self, my loss, my loneliness share	This is a normal reaction because it is hard to in everyone else's happiness. To love…to lose...and if you've loved enough, to grieve
Acceptance	Asking for another child	Allow time for healing.

REFERENCE MATERIAL

Signs & Behaviors or 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 (e.g. Bedwetting, loss of acquired speech and motor skills)
- Inability to understand death as permanent
- Anxieties about death
- Grief related to abandonment by caregiver
- Somatic Symptoms (e.g. Stomach aches, headaches)
- Startle response to loud or unusual noises
- "Freezing" (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 (complaints about bodily aches and pains)
- Obvious anxiety and fearfulness
- Withdrawal
- Specific trauma-related fears; general fearfulness
- Regression (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 & Behaviors or Grief by Age Group

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

Post Traumatic Stress Disorder

Recurring intrusive recollection of the traumatic event

Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness

Persistent symptoms of increased arousal – physiological hyper-reactivity

SYMPTOMS OF PTSD

Re-enactment

- **Play**
- **Drawing**
- **Nightmares**
- **Intrusive ideations**

Avoidance

- **Being withdrawn**
- **Daydreaming**
- **Avoiding other children**

Physiological Hyperreactivity

- **Anxiety**
- **Sleep problems**

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 even, 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, themselves, disorganized, confused, and anxious. Adults are not expected to be perfect; caregivers themselves have often been affected by the trauma and may be overwhelmed, irritable, or anxious. If you find yourself feeling this way, simple 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 to "give m e 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. Remember there is no physical punishment allowed.

Basic Guidelines for Living with Traumatized Children

5. **Talk with the child**. Give them 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. They 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 that 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** (e.g. in play, drawing, behaviors)**, avoidance (**e.g. Being with drawn, daydreaming, avoiding other children) **and physiological hyper-reactivity** (e. g. 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 retraumatizing 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 a child, particularly a traumatized child, feels 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, they 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: "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 them 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 only give you 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 you can provide them with the support, nurturing, and guidance they need. 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 verbal 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 (e.g. 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.

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; 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 (e.g. bed wetting) are normal after a frightening experience and that s/he will feel better with time.

Eleven to 18 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 person 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 foster parenting classes.

Well, all that changed the other day when Annabelle, started yelling about everything she needed 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 this before.

Parent visitation has 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 would your family react to this?

4. How can you help her?

5. How do you think her parents are feeling, 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 is still 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. (The case manager picks her up to visit with him.)

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 mom didn't know how to control him.
Mom is not easy to deal with, whenever you have had contact with her, she is ranting and raving about the system.

Rusty sits in his room for hours on end and isn't interested in much. He's not even listening to music or watching much TV. You thought that's what most teens spent their days doing.

Questions

1. What stage of grief is Rusty in?

2. How does this make your feel?

3. How would your family react to this?

4. How can you help him?

5. How do you think his parents are feeling, what can they 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 house 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 for her age. 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, 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. She 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 been back home to visit yet. Her siblings are living in another foster home, but she doesn't seem to understand this concept at all.

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 would your family react to this?

4. How can you help her?

5. How do you think her parents are feeling, 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 become better 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 in 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 the last 6 months, and no one knows what 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 would your family react to this?

4. How can you help him?

5. How do you think his parents are feeling, what can they do to help?