Background

- Adopted children frequently refer to "my cracked heart" as a way of telling adults "my heart is broken."
- One 11 year old child said "It's like having my heart pierced by a bullet to think about all I lost."
- An eight year old child said "If I start crying, I won't stop."
- Unlike adults, children grieve at 100% (James & Friedman, 2001)
- Research shows the expression of grief is correlated to improved functional status (Kaufman & Kaufman, 2006).

Focus

- The focus of this presentation is two-fold:
  1) to educate caregivers and therapists about child grief and loss from the child's perspective; and
  2) to provide caregivers and therapists specific interventions and strategies to help children develop adaptive coping skills, instill a sense of control and empowerment, elevate self-esteem, and encourage their trust in the future and in others.
Focus (cont’d)

- Studies show positive mediation of grief when interventions are grounded in attachment theory (Hughes, 2004; Frederick & Goddard, 2008; Wimmer, Vonk, & Bordnick, 2009; Purvis, Cross, & Pennings, 2009).

Child grief versus trauma
(Levine & Kline, 2007)

<table>
<thead>
<tr>
<th>GRIEF</th>
<th>TRAUMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalized reaction is SADNESS</td>
<td>Generalized reaction is TERROR</td>
</tr>
<tr>
<td>Grief reactions stand alone</td>
<td>Trauma generally includes grief reactions</td>
</tr>
<tr>
<td>Grief reactions are known to most professionals and some laypeople</td>
<td>Trauma reactions, especially in children, are unknown to the public and many professionals</td>
</tr>
<tr>
<td>In grief, talking can be a relief</td>
<td>In trauma, talking can be difficult or impossible</td>
</tr>
<tr>
<td>In grief, pain is the acknowledgement of loss</td>
<td>In trauma, pain triggers terror, a sense of loss, of overwhelming helplessness, and loss of safety</td>
</tr>
<tr>
<td>In grief, anger is generally non-violent</td>
<td>In trauma, anger often becomes violent to others or self</td>
</tr>
</tbody>
</table>

Grief versus Trauma (cont’d)

<table>
<thead>
<tr>
<th>GRIEF</th>
<th>TRAUMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>In grief, guilt says, “I wish I would/would not have…”</td>
<td>Trauma guilt says, “It was my fault, I could have prevented it” and/or “It should have been me instead”</td>
</tr>
<tr>
<td>Grief generally does not attach our “guilt” to self-image and confidence</td>
<td>Trauma generally attaches guilt, fear, and reluctance to self-image and confidence</td>
</tr>
<tr>
<td>In grief, dreams tend to be of the deceased</td>
<td>In trauma, dreams are about self or potential victor with frightening images</td>
</tr>
<tr>
<td>Grief generally does not involve trauma</td>
<td>Trauma involves grief reactions in addition to specific reactions like hypervigilance, startle, hyperarousal, numbing, etc.</td>
</tr>
<tr>
<td>Grief is healed through emotional release</td>
<td>Trauma is released through discharge and self-regulation</td>
</tr>
<tr>
<td>Grief reactions diminish naturally</td>
<td>Trauma symptoms may worsen over time and develop into PTSD and/or health problems</td>
</tr>
</tbody>
</table>
Responses to Trauma

- Normal responses
  - Shock
  - Physiological after-effects
  - Trauma resolved
  - Grieving successful
  - Get on with living
- Bowlby (1980) noted variables such as when a child is told about a loss, how a child is told, how the adults around them respond, and how those adults expect the child to respond can impact a child’s capacity to mourn.
- He found the two most crucial pieces of information a child needs to know when a parent dies are that the dead parent will never return and that the parent’s body is buried in the ground or burned to ashes.

Response to Trauma

- Abnormal response (Levine & Kline, 2007)
  - When shock state is ignored, physiological after-effects undetected or misdiagnosed heightening vulnerability to PTSD
  - Child feels sense of helplessness
  - Shock state freezes grieving process
  - Child fails to develop emotionally

Losses in Adoption

- For children suffering primary caregiver losses due to foster care or adoption, it is equally important to answer the children’s primary questions of whether they will ever see the parent again and what will happen to the parent.
- Because it is difficult for most adults to face the intensity of children’s feelings, there is a tendency to gloss over news of a loss which can result in confusion and pathology for the child (Waterman, 2001).
Losses in Adoption (cont’d)

- Although there may not be a death involved in adoption, these children certainly experience many types of losses:
  - birth parents, siblings, and extended family (Lee & Whiting, 2007);
  - trust (Purvis, Cross, & Pennings, 2009; Freyd, 1996);
  - possessions;
  - innocence after abuse (Sofka, 1999);
  - age-appropriate development (Zeanah, 2009);
  - culture and identity (Rubin, 2005), and childhood (Frederick & Goddard, 2008).

These losses frequently result in unresolved grief which can impact the child’s ability to develop a secure attachment to adoptive parents and can have a lasting, adverse influence in later life (Frederick & Goddard, 2008).

Grief and Mourning

<table>
<thead>
<tr>
<th>Stages of grief</th>
<th>Tasks of mourning</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Kubler-Ross, 1969)</td>
<td>(Worden, 2009)</td>
</tr>
<tr>
<td>Denial or disbelief</td>
<td>Accept reality of loss</td>
</tr>
<tr>
<td>Sadness and grief emerge</td>
<td>Process pain of grief</td>
</tr>
<tr>
<td>Anger and resentment emerge</td>
<td>Adjust to new world</td>
</tr>
<tr>
<td>Bargaining</td>
<td>Find an enduring connection</td>
</tr>
<tr>
<td>Acceptance</td>
<td></td>
</tr>
</tbody>
</table>
Grief and Mourning (cont’d)

• Types of variant mourning (Bowlby, 1980)
  – Chronic mourning
  – Prolonged absence of conscious grieving
  – Euphoria

• Types of defenses
  – Repression
  – Denial
  – Splitting
  – Dissociation
  – Displacement
  – Identification
  – Reaction formation

• Children are more apt to make false inferences with information received
• Children are more apt to misunderstand significance of what is heard

Symptoms of Normal Mourning

• Normal
  • Expectations of return
  • Sad and angry when realize person or object will not return
  • Persisting memories and images of loss
  • Repeated occurrences of yearning and sadness
  • Fear of suffering another loss

Symptoms of Failed Mourning

• Failed
  – Perceived loss of control over life
  – Feelings of insecurity
  – Persisting anxiety and fear of further loss
  – Fear of death (if loss involves death)
  – Hopes of reunion (desire to die if involves death)
  – Persisting blame and guilt
  – Extreme emotional distress
  – Overactivity – aggressive and destruction outbursts
  – Increase in anti-social or delinquent behavior
  – Increase in suicidal ideation
  – Development of depressive disorder
  – Compulsive caregiving and self-reliance (parentified child)
  – Euphoria and depersonalization
  – Increase in accidents and/or somatic complaints
Consequences of Failed Mourning

- Early loss can sensitze a child to increased vulnerability to setbacks when exposed to loss or threats of loss (Bowlby, 1980)
- Causes physical responses (e.g., pain, panic) (Levine & Kline, 2007)
- Affects child's ability to develop emotionally (Levine & Kline, 2007)
- Increases child's vulnerability to mental illness (Bowlby, 1980)
- Creates barrier to attachment process (Bowlby, 1980)

Influential Variables

- Variables that influence course mourning takes:
  - Causes and circumstances of the loss;
  - Family relationships after the loss;
  - Patterns of relationship within family prior to loss

Vulnerable Moments

- Vulnerable moments in adoption (Levine & Kline, 2007)
  - When first announced
  - When told child is being moved
  - When visitation arrangements are being made
  - When termination of parental rights is being pursued
  - When child lives in split world (foster parent to adoptive parent and back)
  - When forever family is created
Importance of a Mourning Plan

• Research shows it is important to prepare and support children through mourning process (Levine & Kline, 2007; James & Friedman, 2001; Sofka, 1999; Freyd, 1996; Bowlby, 1980).
• By providing the adults surrounding the child a support system that includes a planful approach, professionals can help reduce the risk of failed mourning (Bowlby, 1980)
• Children become afraid when they do not know what will happen next (Levine & Kline, 2007)

How to Develop a Mourning Plan

• Identify vulnerable moment (Levine & Kline, 2007)
• Brainstorm a plan based on child’s need for stability and continuity (Levine & Kline, 2007)
• Pay particular attention to how child is told
• Include plans to track child’s sensations, images, and feelings while guiding through frozen places (see “Cheat Sheet” handout)

Developing Mourning Plan (cont’d)

• Provide the child details of what will happen next (Levine & Kline, 2007)
• Allow child choices, if possible, e.g., what belongings they will take (Levine & Kline, 2007)
• Include in plan details regarding consistency of routines, sensitive transitions, and physical comfort (Levine & Kline)
Developing Plan (cont’d)

• Include a plan to help child decide what to say to friends, classmates and teachers about their status (foster care, adopted)
• Include supportive ways to help child mourn once past shock stage
  • Make a safe container to hold the child’s heartbreak and anger
  • Help child keep a strong sense of self, paying attention to sensations

Developing Plan (cont’d)

• Help child use energy to go on with life
• Use grief and recovery exercises developed by James and Friedman (2001) and Levine and Kline (2007) (Handout #2)
  • Make a timeline starting from birth to parting
  • List memories
  • Share thoughts, memories, and feelings
  • Say good-bye
  • Share letters

Developing Plan (cont’d)

• Provide the caregiver with grief resources, such as handouts, the book *Tear Soup* by Schweibert (1999), etc.
• Remember – children need to speak their sorrow to another human who listens with empathy to mourn successfully (James & Friedman, 2001)
Designing Individual Plans

- Adjusting to adoption
  - Rubin (2005) uses superheroes to help children adjust to adoption
  - Bibliotherapy is especially effective with children (Berns, 2004)
  - Drawing helps the child identify feelings and understand traumatic loss through sensory means (Malchiodi, 2003)
  - Creating a safe box can help child feel safe and secure (Malchiodi, 2003)
  - Creating a memory box can provide a symbolic container for memories (Malchiodi, 2003)

Individual Plans (cont’d)

- Sexual abuse
  - Help child process affective reactions, social consequences, and cognitions resulting from events (Sofka, 1999)
  - Give child permission to grieve
  - Provide opportunity to experience pain with lots of support
  - Provide education about grief and loss (group work may be appropriate)
  - Help improve adaptive coping
  - Allow adequate time to mourn (group work may be appropriate)
  - Include self-help materials focused on self-discovery and recovery
  - Use creative interventions (art, drawing, writing, rituals) to help survivors cope with grief and loss; build on child’s skills, interests, talents, and creativity

Individual Plans (cont’d)

- Cultural Losses
  - Consider continuing exposure of child to cultural events/training that respect child’s heritage
  - Honor child’s heritage by blending cultural traditions with those of new family
  - Encourage open and honest discussions with child about concerns (e.g., religious preferences, expectations) (McCarthy, 2007)
Individual Plans (cont’d)

- Foster care represents ambiguous losses (Lee & Whiting, 2007)
  - Circumstances of family members unresolved
  - Disagreement regarding family membership
  - Lack of social validation
  - Loss of “things”
  - Confusion about boundaries
  - Hopeful, rigid refusal to give up on loss of family
  - Feelings of guilt when hope fades

Individual Plans (cont’d)

- Interventions for ambiguous loss include:
  - Active listening while judgment is withheld
  - Psychoeducation about confusion surrounding situation
  - Give child permission to be angry at biological parents who do not visit consistently, fulfill promises, or complete required tasks so child can return home
  - Pay attention child’ losses, even though it may seem trivial (e.g., legos)
  - Give honest, developmentally appropriate information to child about reason for placement and what is currently happening in family of origin
  - Establish rituals to ease transitions (joining foster family, visiting birth family, leaving foster family)
  - Increase collaboration between stakeholders (foster parents, adoptive parents, and social workers)

Practice Activity #1

- Divide into groups of 5
- Identify a fictional child
- Develop a mourning plan
- Present to group
Practice Activity #2

- Break into small groups again
- Pretend you are a child who has been newly placed in an adoptive home
- Decorate your mask accordingly using instructions provided in Handout #6

Valuable Resources

- Handout #1 – Developmental Stages of Understanding of Death
- Handout #2 – Sample Grief Plan
- Handout #3 - Grief-Loss Books for Children
- Handout #4 – Movies for Grieving Children
- Handout #5 – On-Line Resource List

Summary

- Adoptive children often experience traumatic shock upon loss of biological family members
- Children cannot mourn losses until they work through shock
- Transitions are difficult at best
- Development of individualized mourning plans reduces the risk of failed mourning
References


References (cont’d)


References (cont’d)


References (cont’d)


References (cont’d)
