The Grieving Child in Care

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by Sheri Wallace

All children experience grief, but children in foster care, especially, need adults in their lives who understand the childhood grieving process.

You wake up in a strange bed, in a strange house, surrounded by furniture you're not familiar with, people you don't know, and perhaps even a language you don't understand. It's not the script of a B-rated suspense film; this is the real-world drama for children in foster care—a drama that Francine Cournos, director of the Washington Heights Community Service in New York City, knows all too well.

"Foster children are removed from everything they are familiar with and placed in a home that is probably out of their neighborhood, has different inhabitants, and is generally as strange as a foreign country," Cournos says. A former foster child herself, and author of a memoir entitled City of One, she remembers well the stress and trauma of adjusting to a different life—away from everyone she had known.

Foster Care and Loss
"Although there's no doubt that children are removed from their homes for many good and imperative reasons," she says, "it doesn't change the reactions they have to life in that new environment." Cournos, a child and adolescent psychiatrist who is working with CWLA on a joint initiative with the American Academy of Child and Adolescent Psychiatry on mental health treatment for children in foster care, believes every child removed from home grieves that loss, no matter how superior the foster care placement might be.

"When you remove a child from literally all they know and understand and place them in a totally strange environment, it's only natural to grieve the loss of their family, their friends, their siblings, their pets, and everything else they were familiar with."

Because the original situation was unsuitable in some way, she adds, there is a prevailing attitude that children should be happier in foster care than in their original living arrangements. In reality, most often the reverse is true. "Children can be confused and hurt about why they are not living with extended family members, as I was," Cournos says. "Or they may be suffering from the traumatic events that led up to the need for placement. There are many, many reasons why a child would experience grief and feel a very real loss."

Adding to the problem is the likelihood that a foster care placement might appear to the child as simply a logistical decision. "I was told it would be better for my sister and me to live with our foster mother," Cournos remembers, "as opposed to my uncle, whose family I knew and loved, because they only had one bed for us. Our foster mother had two beds." Such experiences can make a seemingly impossible transition more difficult.

Other experts agree. "Grief is the conflicting feelings caused by a change or an end in a familiar pattern of behavior," write John James and Russell Friedman in When Children Grieve: For Adults to Help Children Deal With Death, Divorce, Pet Loss, Moving, and Other Losses. Friedman says that just the phrase "foster child" implies several losses, making the very foundation of the child's experience one based on grief. "It's impossible to be a foster child and not experience grief."

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Why Is Foster Care Especially Difficult?

"The beginning point is one of losing one or both birthparents," Friedman explains. "The average foster child goes on to experience what they perceive as illogical, irrational moves, sometimes before they are old enough to even express verbally how they feel about the situation." Even pre-verbal children are affected by events in their lives, Friedman says, especially events such as those experienced by children in foster care.

Compounding the problem is a lack of foster care training or grief education among many adults with whom a child in foster care comes into contact. Teachers may be unaware that a student is in a long-term foster placement and inadvertently refer to the foster parents in a way that brings this grief to the surface. Or they simply may be ill-equipped to discuss the situation with any degree of sensitivity.

Cournos says that just going to the doctor can be embarrassing for a child in foster care, and discussions that involve prior physical or sexual abuse or neglect open old wounds with every visit. "Some wounds never heal. They [just] grow bigger with time."

"The bottom line," Friedman says, "is that almost no one in our society has active, correct tools for dealing with grief for anyone. Much less foster children."

Friedman and Cournos agree that training and support for foster parents are desperately needed, both to give these hard-working, dedicated parents the necessary tools to help children with the grieving process, and to help them understand a child's emotional unavailability until she is significantly through grieving for her first set of attachments.

"Foster children cannot form attachments to new caregivers until they have been allowed time to grieve the family they have lost," Cournos insists. "My relationship with my foster mother might have turned out quite differently had she understood how unable I was to attach to her. I very much appreciated her, but I also was not looking for another mother at that point. She couldn't understand that, and by putting pressure on me, it became a cycle that never ended well."

Friedman adds that siblings are often separated in foster care placements, and visits to family and siblings are sparse. Because social service workers frequently observe the few visits that take place, the child never has a chance to interact with his family in any meaningful way that resembles prior interactions. "This might cause the child to act out upon returning to the foster home and further muddy the waters of the relationship between the foster parents and the child."

Working with the Grieving Child

Susan Anderson, a psychotherapist who specializes in abandonment recovery, says parents, teachers, therapists, and others who work with children in foster care should remember that foster children experience significant grief and abandonment, even if they have the luxury of having contact with their birthparents or other family. "Grief for children is the disruption of a bond, and in any foster situation, significant bonds have been disrupted or broken," Anderson says. "This makes foster children more emotionally vulnerable when other losses occur. A friend may move, a pet dies, or a teacher goes on maternity leave. All these events place the foster child in a very precarious position. We need to understand that a lot more is on their emotional plate than on any other child's."

Because grief and abandonment can make it difficult for the child to work independently, school is especially trying. "They can't focus on minutiae such as letters of the alphabet," Anderson explains. "They are never free from the grief, so focusing is very difficult."

"These children need more attention," she says. Anderson recommends using the "hand over hand" method to actively help them with their schoolwork, although it requires additional staff hours and considerable patience. The teacher should come alongside the student, in a lateral position, never a frontal position, and let the child feel the presence of a caring person. "Give them direct attention in a caring way," she adds. "Never just let them off the hook."

"The salvation for foster children," she says, "is in learning to take the energy from their grief and trauma and focus it on something positive, like school, positive play, or relationships with friends-anything that is positive for that particular child."
Other classroom suggestions that work equally well for parents and therapists are to give children in foster care ample opportunity to deal with their feelings. It’s not uncommon, Anderson says, for children to not want to put their feelings into words, so starting with play, coloring books, and other methods of exploring feelings will be necessary. She also suggests open-ended essays on hopes and dreams, as well as fears and worries. "These exercises are crucial for showing children they have permission to have all the feelings. Journals are wonderful, and for children who are not good writers yet, provide magazines to cut pictures from, or have them draw pictures. Keep everything open ended."

Another suggestion for helping kids to name feelings is to use literature and plays. Ask the child to name the emotions a character is feeling, and give lots of options. "Foster children and other children suffering from loss trauma often have trouble naming their feelings," Anderson explains. "They have a sort of emotional soup and have trouble sorting out individual [emotions]."

Anderson cautions, however, that those who work with children in foster care should avoid putting feelings or thoughts in the child's mind. Active listening can be an effective tool for validating emotions, but parents and anyone else using the tool must be careful to not introduce things to the child. She recommends training as crucial for foster parents, teachers, and other care providers.

Other suggestions for maneuvering sensitive situations include talking about potentially damaging situations in advance with the foster parents, teachers, school counselors, and other professionals. Make a decision that seems the most prudent, given everyone's understanding of the child, and perhaps talk to the child in advance of a specific class or outing. "This will avoid a situation such as a child learning about genetics in class for the first time," Anderson says. "Genetics is one of the most emotionally charged lessons there is for foster children, and being sensitive to their feelings in advance is crucial." She also recommends that all foster parents become active members of the parent-school partnership and view the curriculum in advance. Other awkward situations are also best resolved with a straightforward advance discussion. "Doctor visits, where little is known about the child's medical history, can be devastating for a foster child," Anderson says. "Calling ahead and faxing the information that is known can save that long question-and-answer period. Alerting the staff to the situation should also help."

Perhaps, the experts say, the most important thing anyone who cares about a grieving child can do is offer a constant source of support. Remembering her mother, who eventually died of breast cancer, Cournos says in her book, "As a child, I was preoccupied with things that disappeared, but [the loss of] my mother's breast was what I noticed most, its absence an inescapable reminder of what was no longer. This was an essential mystery, one I could not solve, and whose contemplation led only to a fear of what might disappear next." For a foster child who has lost so much, the gift of unwavering support might indeed be lifesaving.

Sheri Wallace is a freelance medical writer in Tucson, Arizona.

Common Symptoms of Grief

- Sense of emotional numbness-can last for varying length of time, depending on child
- Reduced ability to concentrate
- Major changes in eating and sleeping patterns
- Roller coaster of emotional highs and lows

Tips For Adults

Russell Friedman, coauthor of When Children Grieve: For Adults to Help Children Deal With Death, Divorce, Pet Loss, Moving, and Other Losses (Quill, 2002) offers these tips for adults who are involved with grieving children:

- Never compare losses. All loss is experienced at 100%. There is no such thing as half grief. This is particularly true for children.
- Time doesn’t heal; actions do. Recovery from grief or loss is achieved by a series of small, correct action choices made by the griever.
- Normal and natural. Grief is the normal, natural reaction to loss. Of itself, grief is neither a pathological condition nor a personality disorder.
- Crisis behavior. The behavior instinctively returned to in a crisis might not be correct. You might need to update your crisis education when dealing with children and grieving.
Collaborating for Children’s Mental Health

Children served by the foster care system are coping with events that brought them into care, while enduring the personal grief and trauma that accompany the loss of a family. More than 500,000 children live in foster care in the United States; an estimated 85% have emotional disorders or substance use problems.

Recognizing their common interest, the American Academy of Child and Adolescent Psychiatry (AACAP) and CWLA began an initiative in March 2001 to improve the design, delivery, and outcomes of mental health and substance use services for children in foster care and their families. More than 30 consumer and professional organizations, direct service providers, universities, researchers, and family members have joined AACAP and CWLA in this initiative, contributing their expertise and resources. The group has developed values and principles for addressing the mental health and substance abuse needs of children in the foster care system, and a policy statement to guide screening and comprehensive assessment of these children.

For more information on this collaboration, call CWLA at 800/ASK-CWLA or 202/638-CWLA, e-mail the CWLA Behavioral Health Division at behavioralhealth@cwla.org, or view the values and principles at www.aacap.org/publications/policy/collab02.htm.

Online Resources

Association for Death Education and Counseling
www.adec.org
info@adec.org

Centering Corporation Books and other resources for many different kinds of loss.
www.centering.org
center@centering.org

Grief Recovery Institute offers a range of programs for individuals, families, and organizations.
www.grief-recovery.com
usinfo@grief-recovery.com

Helping Children Deal with Grief
Website of grief expert and author Linda Goldman. Includes a site for children, and other resources.
http://users.erols.com/lgold
lgold@erols.com

Hospice Foundation of America
Resources for adults who work with children and adolescents who are grieving, including a section for adults who need grief training.
www.hospicefoundation.org

Books for Adults and Children About Grief and Loss (Available through CWLA)

□ Homeworks #1: Helping Children and Youths Manage Separation and Loss (Stock No. 4425MJV03)
□ Homeworks #2: Helping Children and Youths Develop Positive Attachments (Stock No. 4433MJV03)
□ Homeworks #3: Helping Children and Youths Manage the Impact of Placements (Stock No. 4441MJV03)

When Do I Go Home? Intervention Strategies for Foster Parents and Helping Professionals, by Sally G. Hoyle (1999, Stock No. 7629MJV03)

To order these and other books from CWLA:
Call 800/407-6273 or 301/617-7825
Fax 301/206-9789
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Write CWLA, PO Box 2019, Annapolis Junction MD 20701-2019
Other Books About Grief Not Published by CWLA


Caregiving and Loss: Family Needs, Professional Responses, edited by Kenneth J. Doka & Joyce D. Davidson (Hospice Foundation of America, 2001)

City of One: A Memoir, by Francine Cournos (W.W. Norton, 1999)


Healing Your Grieving Heart For Kids: 100 Practical Ideas --Simple Advice and Activities for Children After a Death, by Alan D. Wolfelt (Companion Press, 2001)

The Journey from Abandonment to Healing, by Susan Anderson (Berkley, 2000)

Living With Grief: Children, Adolescents, and Loss, edited by Kenneth J. Doka (Hospice Foundation of America, 2000)

Mourning and Dancing: A Memoir of Grief and Recovery, by Sally Downham Miller (Health Communications, 1999)

Mourning and Dancing for Schools: A Grief and Recovery Sourcebook for Students, Teachers, and Parents, by Sally Downham Miller (Health Communications, 2000)

When Children Grieve: For Adults To Help Children Deal With Death, Divorce, Pet Loss, Moving, and Other Losses, by John W. James & Russell Friedman (Quill, 2002)

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