

Preparing and Helping Parents to Support Their Child's Grief

1. Introduction and Objectives

1.1 Introduction

Welcome back to the National Adoption Competency Mental Health Training Initiative for Mental Health Professionals. This lesson is: Preparing and Helping Parents to Support Their Child's Grief.

In this lesson, we will talk about how mental health professionals can help adoptive and guardianship parents understand and support their grieving child.

We will also consider the unique dynamics of the relative caregiving parent.

1.2 Section 1: Lesson Objectives

At the end of this lesson, you will be able to identify and describe therapeutic strategies that help caregivers:

- Become aware of their own losses
- Understand their child's behaviors within the context of their loss and grief history
- Employ rituals and experiences that help children and youth put a voice to their loss, and
- Identify special issues in relative caregiving, adoption, and guardianship

2. Everyone Needs to be Attuned

2.1 Everyone Needs to be Attuned

Children and youth do not grieve only in a moment of time, in the therapist's office, but over time with periods of greater and lesser intensity.

Because of this, everyone in their life must be attuned to the child or youth and be able to seize the opportunity to support the grieving process.

2.2 Involving Multiple People

The adoption competent therapist must include the parent in the child's or youth's therapeutic process, either within the session or by maintaining regular contact with them. The therapist must always let the parent know what happens at times when the child is seen individually so that they can be supportive of the ongoing grief process.

It is also important to learn how the parents process grief in their family. Other people in the child's or youth's life, like family members and teachers, should be educated about what they can do, as well, to be supportive.

Noticing sadness or emotional distance can be an opportunity to comment, "You look sad," or "You seem far away. What are you thinking about?" This can give the child or youth the opportunity to talk about what is on their mind.

2.3 Respond in the Moment

As a clinician, you can empower parents to respond in the moment, and to help others in the child's life to do so as well. If parents don't respond in the moment, the child may feel misunderstood or rejected. Let's listen to Debbie Schugg, an adoptive parent and parent educator, talk about this from the perspective of the parent.

[Video Transcript]

DEBBIE SCHUGG: Our therapist was great about finding ways to kind of bring those losses to the surface and engage our kids in looking at some of those, and it would kind of start the grieving for them in different areas. But she was also great about helping us know what do we do with that when we go home or when they go to soccer or when they go to school or when they're over at Grandma's. And so it really took kind of training our village, having our therapist really help us understand how to be attuned to our kids, how to recognize behavior as grief because kids don't grieve the same way adults do.

I mean, yes, they can be sad. Yes, they can be withdrawn. But lots and lots and lots of behavior that pushes adults over the edge is really kids grieving or they're regressing or their acting out or they look like they're defiant or they act like they don't care when they hurt someone. All these kinds of things are different manifestations of grief in children.

And so our therapist helped get us to the point where we developed our skills in recognizing some of these behaviors as grief and then seizing opportunities. Because once you leave the therapist's office, as an adult we often then shift gears. "Therapy's over so now we're moving on to dinner or homework or whatever." And the kids are not moving on. The kids are grieving all the time and they're still kind of mulling over what was the stuff that was brought up, and they're still feeling those feelings and they're still thinking those thoughts. And they're constantly having to kind of sort these things out as they're making sense of their world and making sense of their losses.

And so it took some skill building to get us to understand that we're really the agents of healing. It's the family who's helping the child heal. And the therapist is kind of facilitating and coaching and offering guidance and skills and a sounding board to help the family and the greater extended community of the child, help them do that healing.

So as we learn to look at those opportunities and to acknowledge, "Gosh, it looks like you're feeling really sad," or "I'm wondering about this," then we could model that for extended family. We pulled in the folks who were work most closely with our kids and said, "These are some of the things to watch for. When she's behaving like this let's not just address that behavior. Let's consider that she's grieving some of this stuff and look at some different strategies for moving in with some empathy and to help her build the vocabulary for understanding what she's feeling.

And so it really was very much a team approach and the recognition that the grieving and the healing is going on all the time outside the therapist's office.

[END OF VIDEO]

2.4 Educate Parents

Click on each of the circles for information on educating parents.

1. **Your Job:** As the clinician, it is your job to educate adoptive and guardianship parents about separation, the impact of unresolved loss and grief, and the profound implications of early abandonment and rejection.
2. **Impact:** Help parents understand that positive adoption adjustment is complicated by the fact that their child is processing their grief at the same time they are forming new relationships.
3. **Healing:** The parents must be able to be part of the healing process and step into their child's world of grief, providing comfort and support while acknowledging the pain of their loss, and not expecting too much too fast.
4. **History:** It is important to remember that the parent will also have a loss and grief history, sometimes including intergenerational grief, or patterns of grieving that will shape their response to their child's grief.

2.5 Ambiguous Loss

It can be helpful to educate parents about ambiguous loss and the impact for their children who were placed at an older age, acknowledging that they might still be holding out hope of return to their birth family or a family they have lived with before.

This would be especially true if the child or youth is separated from siblings. This transition will take time and work on the part of both the parent and child.

As we mentioned, grief feelings will likely resurface again at later developmental stages.

2.6 Helping Parents to Support Their Children

We are now going to discuss some ways you can help parents support the losses their children have experienced. Click on each tab for more information:

1. **Identify the Loss:** You may need to help parents identify the variety of losses their children have experienced. This extends beyond family and friends to include their name, community, school, and familiar surroundings. Parents can help their child by preserving things or experiences that are familiar to them. When it is possible, parents should incorporate familiar celebrations, rituals, foods, locations, and other elements into the newly formed family life. For example, you can help parents learn what foods or activities their child associates with comfort, positive memories, and holidays.
2. **Ambiguity and Loss:** Help the parent speak about the ambiguity and acknowledge the loss to let their child know that what they are feeling is normal. Coach the parent to empathize and show that they understand. Remember that the parent's ability or readiness to do this will be influenced by their own grief history, background, and experiences.
3. **Redefine Family:** Help the parent redefine the parameters of what constitutes their family. Allow for openness to birth family members and other important relationships in their child's life as much as possible. Family can be seen as those who may not be blood relatives and instead are seen as "like kin" or "like family." Normalize family uniqueness by discussing the many different types of families that exist - not just biological and adoptive or guardianship families, but also families with different structure, make up, or with differences in heritage. The goal is to help parents understand that the differences associated with adoptive or guardianship families are not deficits.
4. **Permission to Grieve:** The parent must give their child permission to grieve the loss of their birth family without guilt. Therapists can recommend that parents use the following activities to help their child express their grief:
 - Drawing
 - Journaling
 - Working with clay, and
 - Vigorous exercise or sports
5. **Lifebook and Loss Box:** Help parents to use the lifebook and loss box. Remember, as we have discussed before, the lifebook is a living document and can be added to with new memories, facts, photos and important stories. The creation of the loss box allows for acknowledging the losses, putting them in a container, and keeping them available to revisit over time. Losses can be added as they are recognized and honored.
6. **Family Tree:** Work with the family on a family tree and include birth parents and other birth family members in pictorial representations of the adoptive family tree. One option would be to depict an orchard where trees grow side by side and former foster families, birth family, and other significant people can be on other trees in the child's orchard. Another option would be to have a family tree with roots of the birth family, the main tree for the adoptive family, and branches for other significant people. For children enrolled in an American Indian or Alaska Native tribe a family tree can be obtained from the tribe. Check out your Resources tab for the downloadable family tree template to use with clients.

7. **Special Occasions:** Help parents become conscious of how special occasions can trigger intense feelings of loss. Birthdays, holidays, anniversaries, Mother's Day, Father's Day, and Adoption Day can all elicit difficult or confusing feelings for the child or youth. Some will bring back traumatic memories, and others may bring melancholy and sadness. Help parents think about how they can prepare their child for losses that resurface during these special days, provide parents with dialogue to help them open lines of communication. Here are some examples:
 - The parent can be encouraged to say, "Next Sunday is Mother's Day, I have been thinking about your birth mom, have you? Would you like to plant a flower or draw a picture for your birth mom for Mother's Day?"
 - Add an extra candle on the birthday cake to commemorate the birth family or ask their child if they are thinking about their birth parents.
 - Be aware of anniversary reactions, especially on days or during seasons when the trauma occurred.
 - Ask the child who they used to celebrate holidays and anniversaries with and what they would like to incorporate into their new family.
8. **Reasonable Expectations:** Parents need to understand that there is no determined time frame for grieving losses. Feelings of grief will come and go in different ways over time, and they will always be a safe person to whom their child can talk and express feelings. It is important for a parent to understand that they cannot expect their child's feelings to disappear. Those lost will remain forever in their hearts and mind. Children and youth should not be asked to forget; they should be supported through therapy to learn to mourn and manage the losses and to integrate the past with the present.

3. Celebrations and Rituals That Support Healthy Adjustment

3.1 Celebrations and Rituals That Support Healthy Adjustment

As children transition to new families, celebrations and rituals can promote family integration.

3.2 Your Rituals Reflection

Name some rituals that were important to your family as you were growing up.

What about them were meaningful?

Which of these rituals have you continued in your adult life or with your own family?

3.3 Rituals to Suggest Reflection

Now think of some rituals or activities you might suggest to parents to help them commemorate the adoption or guardianship. List them here.

3.4 Possible Rituals

Click on the boxes to hear information on some rituals you might suggest.

Adoption Day: Adoption Day or "Gotcha Day" is the day the child came home, or the adoption was finalized. It could be a special dinner of the child's choice, a visit to a special place, a family activity of the child's choice, or other ritual that can be repeated year after year.

Birthday: Retelling the child's adoption story on their birthday. Children and youth enjoy hearing their story and the special feelings and moments connected to that day. The story can include who was present, what people did or said, and special gifts or foods that everyone shared.

Holiday: Asking a child or youth about a favorite food or activity they liked prior to joining the family and incorporating into the holiday meal.

3.5 Alex

Let's look at a clinical example now. Click on each box to learn about Alex.

1. Steve and Arlene adopted Alex when he was 9 years old. In addition to Alex, they had two older children, Sarah, 11 years old, who was born to them, and Terrance, 13 years old, who was adopted when he was 2 years old.
2. The parents sought help for Alex a year after he was adopted when it became clear that he was having difficulty integrating into the family. They reported that he was often uncommunicative and oppositional. When seen individually, Alex questioned whether he was really wanted by his parents and whether they were glad to have adopted him.
3. Alex's worries centered on the fact that of the many pictures that were hung in the TV room, where the family pictures were displayed, none showed him as part of the entire family. There were several individual pictures of him, and two-family pictures that included his parents and two siblings before he was adopted, but none that showed him as part of an integrated family.
4. With this knowledge, the therapist talked with the parents about creating a family integration ritual that included not only having a new family picture taken that included Alex, but also involved supportive comments from each of them and the other children about having him be part of their family.
5. Once the picture was taken, Steve and Arlene set aside a special time for the ritual to take place. As they hung the picture in the center of all the other pictures, they apologized to Alex for not being sensitive to his concerns about being left out of family pictures. They also emphasized their love and commitment for him and their joy in having him be their son. His two older siblings also contributed loving and supportive thoughts and feelings about having him as a brother.

6. Alex brought to therapy his new family picture and shared how happy he was that his picture was front and center on the wall. Over the next few weeks Alex's parents reported a decrease in his oppositional behavior and shared that he was more engaged within the family.

4. Facing Parental Loss

4.1 Facing Parental Loss

Parents come to the decision to adopt or become guardians for many reasons. As we discussed previously, many choose adoption due to infertility and or loss of birth children.

A child's grief may trigger the parent's own feelings of loss, no matter how well they have previously incorporated that grief into their lives.

4.2 Facing Parental Loss

Let's remember that loss is inherent in adoption for all parties. Your role is to help parents become willing to recognize when their own grief is re-triggered and exposed and help them to be willing to address these feelings as they emerge.

As adoption competent therapists your ability to support the parental loss is critical. Failure of the parents to deal with their own feelings will inhibit their ability to be fully engaged with their child in addressing their grief.

4.3 Parental Losses Reflection

Take a moment to jot down some of the losses that adoptive parents may have experienced prior to the adoption.

4.4 Common Losses

Let's explore some of the common losses that adoptive parents experience. Click on the tabs to hear about each type of loss.

1. **Infertility:** Adoptive parents may be coming to adoption as the result of infertility. They may be feeling the loss of the child they dreamed of who would reflect their union, share their genetics and carry their heritage forward. Grief over infertility does not resolve through adoption, and that loss may be revisited over time.
2. **Missing Months or Years:** The adoptive parent also can experience loss and grief at not carrying the child they adopt, missing the first months or years of the child's life, and not being there to protect the child from harm. In time, they may also feel the loss of the child they hoped for when they adopted and have to adjust their expectations to love and accept the child they are parenting.

3. **Past Adoption:** Some adoptive or guardianship parents were fostered or adopted themselves. For some this was a positive experience, but others did not get the help they needed. Adoption may be an attempt to work out unresolved grief.
4. **Relative Adoptions or Guardianships:** Relative caregivers may be grieving the loss of their relationship with the biological parent or the loss of their expected future. This is discussed in more detail later in this lesson.
5. **Different Viewpoints:** Finally, adoptive couples may have very different viewpoints about adoption, and the adoption or guardianship decision may be a test of strength of the relationship. One partner may experience the adoption as a loss of their intimate partner when the partner is the primary caretaker and is consumed with their new role.

4.5 Explore Losses

These are losses that you, as the clinician, need to explore with parents so that they can acknowledge them and perhaps better understand emerging feelings when they occur.

This will help parents be alert to signs that they are revisiting old losses and allow you to support them in working through their own grief so that they can be fully emotionally available to their child.

Sometimes re-emergence of early losses prevents parents from clearly seeing their child's behaviors as related to the child's loss and grief, rather than being directed at them.

Also, as we noted previously, when parents recognize that life experiences can trigger feelings about their own previous losses, it helps them better understand and be prepared to support their children's grieving process.

4.6 Impact on Children's Health

When parental losses are not attended to, they can have the following impacts on children's mental health:

- The child feels neglected and may attribute that to their sense of being unworthy of love.
- The child's need to feel heard, understood, and accepted go unattended because of parental absorption with their own losses.
- Compromised attachment between parent and child because parents have not resolved their losses due to infertility or the child is not the child they dreamed of.
- Parental preoccupation with their loss undermines emotional attunement and empathy, which in turn undermines the child's felt sense of security, safety, and nurturance - the critical factors that lead to secure attachment.

4.7 Assessing Parental Loss and Grief

As the clinician working with adoptive and guardianship families, part of the assessment process of the parents or guardians should be an exploration of their loss and grief histories.

Just as we have talked about assessing trauma and attachment histories in an earlier lesson, loss and grief histories will tell you a great deal about how a parent will be able to be supportive of a grieving child.

Click on the question marks to hear questions to ask parents to prompt them to talk about their losses:

1. Have you lost a family member to death, illness, separation, or divorce?
2. Have you lost a close friend to death or illness?
3. How many times did you change schools as a child or youth?
4. Did you lose friends when you moved?
5. Have you lost a pet?
6. Have you lost a child due to miscarriage or still birth, or relinquished a child, or otherwise lost a child to the child welfare system?
7. Have you lost any physical ability due to illness or an accident?
8. Can you tell me about any other significant losses you have experienced in your life?
9. Have people in your community or family experienced collective or intergenerational trauma?

4.8 Ask More Questions

You can think of other questions to ask, based on the answers to some of these. This will help you assess how parents have managed losses in their lives, and give you clues about what might trigger their grief.

The losses they have experienced and how they handled their own grief is key to their ability to parent a child who brings grief-laden emotion into the family.

5. Special Issues for Relative Caregivers

5.1 Special Issues for Relative Caregivers

Let's shift now to a discussion of relative caregivers. Relative caregivers who move to adoption or guardianship often do so with ambivalence, divided loyalties, and a myriad of mixed feelings.

5.2 Special Issues Video

As the clinician working with these families, it is important to keep in mind that the issues faced by the relative-caregiving parent are different from the traditional foster or adoptive parent and may be very complex. Let's watch Dr. Joe Crumbley as he talks about relative caregiving.

[Video Transcript]

Dr. Crumbley: One, what's unique and different about kinship adoptions, and two, maybe even more importantly is, how is kinship adoptions different from non-relative adoptions? And what are the implications of that for therapy for mental health, for interventions with the family?

I think what's a good place to start is that when you are moving a child into a kinship adoption, the primary, initial differences is that you're changing pre-existing relationships between the birth parent, the adoptive parent and the child. And the reason why I'm saying that that's significant is because you're changing preexisting relationships in that you're changing roles, responsibilities, expectations, loyalties, trust, attachments, status, power: all those preexisting relationships have changed.

While, in non-relative adoptions, those preexisting relationships never existed. There was never a relationship between the adoptive parent, birth parent and the child. But in kinship, they existed. Even if that relative caregiver may not have known the child, they still had a preexisting relationship with that family. And, again, you've changed it.

And when I'm talking about change, again, I'm talking about roles, power, status. And those can be strengths, but at the same time, they can also be sources of struggle within the family. So it's the family dynamics that are impacted because of those preexisting relationships, which didn't exist and don't exist in non-relative adoptions. So I think that's where we start when we look at what's unique and what's different and what are the challenges in kinship care.

And when we look at issues--there are also issues of guilt that exist in kinship care that didn't exist in non-relative adoptions because, again, there wasn't a previous relationship. The issue of fantasies, the issues of denial, again, preexisting carries over. The issues of rejection and transference that occur because of preexisting relationships and experiences that that relative caregiver may have had that, again, a non-relative doesn't have.

So I think if we start with looking at a genogram of the family, and when we start thinking about where does that child shift on that genogram and on that map, that map will give you some idea of what preexisting relationships are you changing and what family dynamics are you changing in that family.

[End of video]

5.3 Unique Challenges for Relatives

What are some of the unique challenges inherent in relative caregiving? Click all that apply.

- Mixed feelings about the child's loss of parent
- Mixed feelings about loss of role as grandparent, aunt, uncle, etc.
- Complexity in integrating previous role into new role as caregiver
- Decision to become a caregiver is usually unplanned and occurs during crisis
- Limited preparation for caregiving
- Unanticipated requirements to become a foster or adoptive parent
- Grandparent's guilt over birth parent's problems
- Guilt for taking parental role of child

5.4 Unique Challenges for Relatives (cont.)

As you can see, relative caregiving is complex. Which of these additional challenges might you need to help relatives address?

- Perception that they are betraying the birth parent by becoming the legal parent
- Competition with the birth parent if child becomes attached to the relative
- Split loyalties and hesitation to legalize the relationship so as not to alienate the birth parent
- Mixed feelings about giving up own retirement plans and freedom of lifestyle
- Concerns about taking on additional financial obligations without adequate support
- Internal family strife and loyalty issues among relatives

5.5 Unique Challenges for Relatives Response

All these challenges may complicate relative caregiving and could significantly affect a child's sense of well-being and emotional adjustment.

While remaining within the family constellation has many advantages for the child, parents' conflicted feelings about taking on a new, and sometimes unexpected, parental role requires adjustment and can cause stress that interferes with parenting.

5.6 Abrupt Loss

Often children are placed with relatives quickly after removal from their birth parent's custody, with little information about the life they have led or the trauma they have experienced.

In addition to the abrupt loss of everything familiar, children and youth have to adjust to a new way of life, new rules, structure, and new experiences that can trigger old traumas and losses.

The relative caregiver has to be able to consider the source of a child's or youth's behavior, often without the benefit of training or preparation, or history of their journey.

The following case study illustrates some of the changes for the relative adoptive parent and includes an example of the adoptive parent recognizing a trigger for her children's past experiences of which she was previously unaware.

5.7 Mary's Story

Click on each button to hear each part of Mary's story.

Part 1: Mary had a long career as a teaching assistant, was retired, widowed and was raising a son who was approaching adulthood. She had been "temporary relief" for her niece who was challenged by a chronic drug problem and who periodically dropped her three young daughters off with Mary when she was overwhelmed. On one of their stays, Mary had given the oldest girl, Sarah, the card of a social worker she could call if the girls needed help or ever felt unsafe.

Part 2: Sarah took advantage of this opportunity one day when their birth mother's apartment was filled with people stoned on drugs and there was no food in the house. The social worker came to the apartment and seeing the conditions, moved the girls to Mary's house. Everyone's life changed, including Mary's elderly mother who lived with her. Mary quickly went through her retirement savings. Over time her mother passed away, her son emancipated, and Mary went through lifestyle changes including losing long-term friendships as she became almost totally focused on raising the girls. Mary went back to work part time, which was not her plan. She adopted all three girls.

Part 3: Throughout this process, Mary was involved in a relative caregiver support group. This provided a lifeline to navigate her new role as a parent, as well as manage her own losses. All three girls were in therapy as well, with Mary involved.

Part 4: One simple incident illustrates the effects of prior trauma on the girls' lives, and how it caught Mary completely unaware. On a trip to her son's college graduation in a nearby town, the girls' first outing included staying in a motel. As they got closer to their destination, the girls became increasingly agitated and disruptive in the car. Thinking about some of the strategies she learned in her support group, Mary pulled off the highway for a family conference about what was happening. The girls asked who else would be sleeping in the room, and if drugs would be present. Mary quickly figured out that the girls experienced awful things in motel rooms which she did not know about. She did not question them further at this time, and in the moment, she assured them that, in this family, visits to motels were associated with vacations and fun events, that they would be together, and no strangers or drugs would be included. The girls later were able to talk about their experiences and explained that they had witnessed violence, drug deals, and once had been threatened with a gun in order to scare their mother into paying for her drugs while in motels.

Part 5: Despite having little information about their past traumas, Mary was attuned to their needs, was able to manage their histories and learn to identify the triggers that caused their discomfort. The support and guidance Mary received through the therapist and the support group enhanced her ability to be attuned to the children's trauma and how to manage when triggered.

5.8 Mary Reflection

Identify three things that Mary did that helped the girls feel that Mary was attuned to their needs and engaged with them in healing.

5.9 Mary Response

Did you include these?

- Mary was involved in the girls' therapy.
- Mary was attuned to the girls' emotional reaction to the plan to stay in a motel.
- Mary talked with the girls immediately about their concerns.
- Mary shared the information with the therapist to help work on these issues.
- Mary recognized that not all grief happens in the therapist's office.
- Mary persisted in finding out why the girls reacted the way they did instead of dismissing their concerns.

5.10 Non-Custodial Parents Reflection

In your work with relative caregiving families where birth parents are still involved with the children, you have an opportunity to help the birth parents become positive non-custodial parents. Helping them learn the roles and boundaries can greatly help the child adjust in their new family setting.

What are some appropriate roles for non-custodial parents?

5.11 Non-Custodial Parents Response

Some of the roles for non-custodial parents include:

- Attending the child's sports events
- Attending school plays or music performances
- Participating in school assignments like family history research
- Participating in birthdays, graduations, or other celebrations
- Connecting the child with extended relatives, family events, or cultural celebrations

5.12 Boundaries

Relative caregivers often need your help in determining how to set boundaries with birth parents, and how to shift their loyalty to the child they are currently parenting.

Doing a genogram with the family is one way to help the family gain clarity about their changing relationships and dynamics.

This genogram work will help you to understand the family's perception of their relationships and where there may be struggles within the family constellation that you need to help them address.

5.13 Native American Families

Let's talk for a moment about working with American Indian and Alaska Native families.

Working with these families can be complex and it's important to keep the following in mind. First, unique federal law (ICWA) applies to children and youth who are members of tribes and most tribes have their own laws and programs to implement child welfare, including permanency. If ICWA protections are violated in the process of a child's removal, it could create additional challenges for all parties.

Many Native American tribes do not support termination of parental rights but prefer to use tribal customary adoption or guardianship to achieve permanency.

In American Indian and Alaska Native cultures, like many other extended family cultures, although parental responsibility is clear, the larger constellation of family may be involved in parenting the child. In these cases, grandparents, or aunts and uncles may be as likely to parent as the birth parent and thus transition to relative care can be far less abrupt.

While the issues are complex in these families, the opportunity for many more natural supports may be available.

5.14 Protective Factors in Relative Placements

While we have discussed the challenges inherent in relative caregiving, it is important for you as the clinician to acknowledge that there are also protective factors in relative placements. Research tells us several positive things about the advantages of placing children with relatives, especially when they get the support they need.

There is evidence of:

- Greater stability of relative placements
- Fewer mental health and behavioral challenges than in non-relative foster care populations
- Respect for community traditions
- Increased likelihood of achieving permanence
- Fewer school changes
- Fewer behavioral challenges in school than their peers in other out-of-home placements
- More satisfaction from relatives with their adoption experience and more closeness in their relationship with their child

These are important advantages to keep in mind when working with the relative caregiving family, even when their therapy needs are complex.

5.15 Challenges and Benefits

Take a moment and listen to relative caregivers talk about the challenges and benefits of raising their children.

[Video Transcript]

WOMAN: I'm caring for my three granddaughters: four, nine, seven, and five years old and they're all just wonderful girls.

MAN: I'm 70 years old and I never thought at this age that I would be raising a grandchild and never imagined that. He's 13 and a super, human being.

[ON SCREEN: These children were removed from their homes by Child Protective Services due to parental neglect and persistent drug abuse.]

WOMAN: The children and we're not being taken care of right. So when they got involved, CPS you know asked me initially if I would keep them and I absolutely said yes. If they can't be with their mom and they need to be with me. I wouldn't have it any other way.

MAN: If I did not do this and let him go to foster care, I wouldn't feel right at all. I wouldn't have felt very good about anything.

[ON SCREEN: Raising these children presents unique challenges.]

MAN: He was having nightmares he would sleepwalk. We had a lot of emotional problems because of the environment that he was brought up in.

WOMAN: The older girl had a lot of respect issues. She was cursing a lot. Hitting, kicking. She had night terrors. She unfortunately had been exposed to drugs. They needed stability so much and they just needed to feel safe.

[ON SCREEN: Kinship Care makes a difference.]

MAN: After some counseling and just some hugging's and kisses and he's learned to talk to me. He doesn't have any more nightmares. He's just comes so far in such a short amount of time.

WOMAN: In the period of time that I've had him now, they have learned to trust again and they've learned to feel safe again and they they've learned how to just be kids again.

[END OF VIDEO]

Video published by AASK Arizona obtained from
<https://www.youtube.com/watch?v=pFpsfOGCZ70&t=2s>

5.16 Relative Caregiver

As Evelyn, a relative caregiver, said:

"I never imagined the profound changes that would impact my life when I made the decision to adopt my granddaughter. Growing up it was a given that if something happened to family you would take them in, but this journey has been very challenging yet something I would do again in a minute. What I realize though is that I needed specialized support beyond my family. I had to get used to allowing others to help me and my daughter. I couldn't have done it without my therapist."

6. Conclusion

6.1 Wrapping Up

In this lesson, we talked about supporting adoptive and guardianship parents in helping children to grieve their losses.

We talked about the special circumstances for relative caregiving families, and how to help adoptive and guardianship parents acknowledge and work on their own loss and grief issues.

6.2 Learning Journal

Please click on the journal page to write down your reflections on this lesson.

6.3 Journal Reflection

Reflecting on this lesson, what are your key takeaways and how might you apply these in your practice?

6.4 Journal Response

Click the "Print Results" button to print and save your answers.

6.5 Conclusion

Congratulations! You completed Preparing and Helping Parents to Support Their Child's Grief.

In the next lesson, we will talk about the importance of maintaining connections for the child or youth, openness as a therapeutic strategy when it is safe, and the importance of communicative openness.