

Understanding Loss and Grief Issues in Adoption

1. Introduction and Objectives

1.1 Introduction

Welcome back to the National Adoption Competency Mental Health Training for Mental Health Professionals. This lesson is: Understanding Loss and Grief Issues in Adoption in the Context of Developmental Stages, Emotional Adjustments, and Mental Health of Children.

1.2 Section 1: Lesson Objectives

At the end of this lesson, you will be able to:

- Describe the child's developmental understanding of loss in adoption.
- Describe the stages of grief for a child and common behaviors associated with those losses.

2. Recognizing Grief Reactions

2.1 Recognizing Grief Reactions

It is important for you to recognize grief reactions in the children experiencing foster care and adoption with whom you work, so that you can accurately assess their needs and provide the appropriate clinical interventions to support their treatment and ensure better outcomes. It is critical that you include preparation and education to caregivers to understand how children grieve and how grief is manifested through their behaviors.

2.2 Grief and Loss History

Recognizing children's and youth's behavior as possibly related to their grief and loss history will contribute to an accurate diagnosis, and avoid attributing pathology to their behavior when it is not appropriate.

Children's and youth's reaction to grief is highly variable; for some it is traumatic and grief is overt and intense; in others, there is little evidence of grief or their reactions are subtler. For most children and youth, their reactions to loss wax and wane over time, and as we will see, need to be addressed at different developmental stages.

2.3 Grief Process

The age of the child at the time of the loss has some bearing on the length of time the grieving process will take and the way it is manifested.

Children reprocess grief through the lens of their developmental stage, as their understanding and perception of the loss changes over time.

2.4 Quality of Relationships

Knowing about the quality of the relationship with the birth parents and other key care providers is essential to understanding the impact of their loss upon the child or youth.

A securely attached child or youth will respond with deep loss and grief which can be manifested in various ways. Children and youth with insecure ambivalent, insecure avoidant or disorganized attachment will show different patterns of grief. A child or youth who has experienced multiple caretakers, as in foster or orphanage care for instance, is likely to suppress grief reactions, especially when attachments to adults may not be strong.

Patterns of attachment often result in different reactions to grief. This will be more fully addressed in the module on attachment.

3. Developmental Stages and Responses

3.1 Developmental Stages and Responses

Let's look at how children understand loss in adoption and cope with their grief at different developmental stages.

3.2 Stages

Recognizing these developmental stages of coping with grief will help you to assess the grief reactions you might be seeing, and help parents to understand their child's behavior in the context of grief.

Click each button to hear more about each stage and once completed, please click continue to move to the next section of the training.

3.3 Infant to 2 Years

Infant to 2 Years

Many children come into the child welfare system and are placed with their permanent family at a very young age. The same is true for children adopted from other countries and children relinquished for adoption at birth. In fact, infants are the fastest growing population to be entering the child welfare system due to the opioid epidemic.

Although very young children cannot understand loss intellectually, they nevertheless experience it, especially if they have had a secure attachment to their birth parent, another caregiver, or multiple caregivers in an extended family.

3.4 Developmental Tasks

The main developmental tasks of these early years are establishing trust, making attachments, and moving toward autonomy.

Separation from a primary caregiver may result in losing a basic sense of trust that adults will meet their needs, lack of trust in the world at large, a belief that they are not worthy of being cared for, and delay of the normal development toward autonomy.

3.5 Signs of Grief

A child's grief reaction to loss can be overlooked if the new caregiver is not attuned to their behavior. They will often show signs of grief immediately or soon after being moved to a new family.

3.6 Behaviors

Children may exhibit anxiety, sadness, become fearful of strangers, be clingy, need to be close to their parents or may exhibit depression. Some may have nightmares, temper tantrums, become hyperactive and develop control issues.

For other children, you may see regressive behaviors, such as those who are toilet trained may regress and begin soiling themselves. If they are no longer drinking from a bottle, they may need to be offered a bottle again to be soothed.

Infants and toddlers from different backgrounds or who come to their families from other countries, may experience additional discomfort due to sounds, smells, and visual stimuli that are very different and strange.

3.7 Preschoolers Ages 2-5 Years

Preschoolers Ages 2-5 Years

At this developmental stage, children do not understand the nature of adoption, and the difference between being born into a family and being adopted by one.

Children who joined their adoptive or guardianship family at birth or at a very young age like to hear their story during this developmental stage, whether it is their adoption story or how they came to live with their relative.

They may enjoy telling their story, and can usually repeat it word for word, but at this stage they do not understand the implications of the story. They are often confused about the facts, and may miss the fact that they were born like everyone else, so this should be specifically mentioned as part of their story.

3.8 Understanding Loss

Children who are removed from their birth families at this age may feel responsible for the loss and wonder, if they only had behaved better or not revealed the maltreatment, would they have been removed?

Although they may not explicitly understand the losses surrounding their move to adoption or guardianship, children do exhibit behaviors that indicate that they are aware of the losses, such as searching or yearning behaviors, and asking strangers if they are their birth parents.

3.9 Placement and Belonging

This is the time that children and youth become aware of differences between themselves and their parents.

The child's awareness of being different from their parents may create feelings of disconnection from the family and/or feelings of being mismatched or an outsider.

Children at this age often ask questions about why they look different from others in the family.

As a therapist, it is essential to explore themes of belonging and feelings of otherness when working with families, particularly when an adoptee's differences - such as heritage, skin color, or community membership - are noticeable to others. Supporting parents in nurturing their child's developing identity is crucial. Additionally, you should be prepared to educate families about the potential harm children and youth may face when perceived as "different" and the impact these experiences can have on mental health.

3.10 Ages 6-12 Years

Ages 6-12 Years

At this developmental stage, children in this age group begin to have a more realistic sense of adoption and guardianship. They understand that they were born to one set of parents but are being raised by other parents.

For children placed as infants, who never knew their birth parents, this is the stage when they become sensitized to adoption-related loss, that is, to have gained a family through adoption, they first had to lose a family.

Parents often report that their children's reactions to being adopted change during this time. Whereas previously they usually expressed happiness and even pride in being adopted, now their reactions are more ambivalent, with periods of confusion, sadness, and perhaps even anger.

It is important for parents to recognize that these emotional and behavioral changes usually reflect a normal grieving response.

3.11 Birth Parents

When children are in relative adoptions or guardianships, their feelings of loss can be exacerbated by the intermittent presence of birth parents, or by negative family attitudes towards them. This creates additional stressors for children as they must navigate divided loyalties while dealing with their loss and grief.

Children who were removed from their birth parents during these years may be worried about them, and any siblings from whom they were separated. Unless discussions are openly encouraged, these concerns may go underground which can have a negative impact on the child's functioning and emotional well-being.

They may regress in their behavior, feel very out of control, show signs of fear and irritability, and blame themselves for their situation. They may also become preoccupied in thinking about their families.

Children who are removed between the ages of 6-12 often refer to the experience as being "taken," implying a traumatic separation experience. Their belief regarding the appropriateness of their removal is an important factor influencing how they will process their feelings of grief and loss.

3.12 Common Behaviors Reflection

Please take a minute to list some common behaviors that children in this age group (6-12 years) may experience following removal from their birth family.

3.13 Common Behaviors Response

Did you think of any of these? Click on each circle to hear the common behaviors.

1. School or learning problems
2. Daydreaming about birth family members
3. Imagining reunions
4. Preoccupied with asking questions about their birth family
5. Fantasizing about how life would be different if they were raised by their birth family
6. Emotionally withdrawing from the adoptive family
7. Refusing to talk about adoption issues

Also, some children exhibit anger to reduce vulnerability of closeness to avoid further pain. This is especially common for children removed from their birth parents and placed in an adoptive or guardianship family during these years.

3.14 Critical Conversations

The conversations that parents have with their children during these years are very important and should be honest and framed in a way that supports their understanding of the adoption experience.

No matter how adoption is framed, many children at this age believe that they were given away. Their sense of self-worth is compromised by their belief system that you don't give away something of value. They often think, "What is wrong with me that they gave me away, or didn't try hard enough to keep me?"

It is important for the clinician to understand that too often adoptive parents want to take away the child's pain and protect them by saying, "Your mother loved you so much that she wanted a better life for you." It is better to be honest about the circumstances in language appropriate to their child's age.

As a clinician, an important task is helping parents find appropriate ways of reframing difficult background information in a more neutral and age-appropriate manner that acknowledges the reality of the child's story.

For many children between the ages of 6-12 this may be the first time that they are connecting with the loss in adoption. How the child perceives their reasons for relinquishment and the losses that they are now in touch with must be addressed clinically in order to reduce the potential for ongoing emotional and behavioral challenges.

3.15 Placement Across Groups

Children from 6-12 placed across communities or countries may adopt behaviors that are stereotypically associated with their community of origin to test the comfort of the adoptive family or because they don't have real connections to support a healthy identity.

They may openly rebel against the family's beliefs and values, feeling that they don't "fit" in their family, often as a response to peer pressure or criticism from the group they are physically identified with. In some cases, adoptive parents try to keep their child connected to their community of origin through activities, language classes, etc., but the child rejects these opportunities because they don't want to feel different.

Some children also become extremely conscious of the physical differences between themselves and their family, if theirs is an interracial adoption, and begin to resist being seen in public with them.

Therapists may see behaviors such as refusing to be seen in public with parents and making up stories about adults in their life. For example, a child may say, "That's my babysitter, not my mother." Therapists should be alert to these types of experiences and especially including any negative values or beliefs toward their heritage or community. We will cover this in more depth in a later module.

3.16 Adolescence

Adolescence is a pivotal time for all who are adopted. Not only are they dealing with the normal challenges of this tumultuous period in their lives, but they are also having to consider the impact of adoption upon their identity, deeper understanding as to why they were relinquished, and the losses that are connected to their histories.

Click on each box to hear more about the implications of loss at this developmental stage.

1. At this developmental stage, as they consider the connection to their birth parents and their identity, they often have a heightened curiosity about their birth parents and may desire to have some connections with lost relations.
2. They may also experience the rising anxiety of leaving home, such as emancipation, going away to college, and living independently, which can trigger early losses. They fear that, yet again, they may lose another set of parents. Their emerging identity challenges can trigger grief issues and emotional upheaval.
3. Their anger at the loss of their birth parents may manifest in anger toward their adoptive parents, resulting in disregarding rules and engaging in behaviors of which they expressly know their parents would disapprove.
4. Now able to understand the underpinnings of their losses, you will see teens who are struggling to manage their grief, which now looks more like adult grieving.

3.17 Adolescence: Behavioral Responses to Grief

When their losses are given the opportunity to be grieved, you may see adolescents who present with clinical signs of depression.

[Video Transcript]

KEVIN: I've never always been this, you know, positive and cheerful. Like I used to suffer from major depression. I just, like I guess, recently started getting better from it. And I guess part of it was knowing that, you know, what if, like, my actual mother, she like, she actually said, "Oh, you know I can't take care of him. Just take him. I don't want him." What if they didn't want me, you know. I'm just scared of finding out the truth.

[End of Video]

3.18 Adolescence: Behavioral Responses to Grief

Also, frequently seen in clinical practice are adoptees that may become extremely depressed over a breakup, conflict with friends, moves, change of schools, and even a pending high school graduation. These losses are accentuated for this population of children and youth due to their exposure to previous losses.

When these losses are not addressed, they may lead to a place of fear and helplessness, resulting in self-harming behaviors and suicidal ideation.

American Indian youth placed in non-native communities, for instance, have a suicide rate ten times that of Caucasian youth, so understanding this potential risk is very important.

3.19 Karen

Consider Karen, an 18-year-old girl, adopted from Russia at the age of 2 years. She presented with depression, oppositional behavior, suicidal ideation, and cutting:

"This has been a very difficult year for me ... been so moody ... angry at my parents all the time and picking fights with my friends. Only recently have I realized that what I'm really anxious about is graduating and going off to college ... feel so disappointed in myself.

I've longed to get away from home and go to college, but the closer it comes, the more worried I've become. It feels as if I will be set adrift, like in a rowboat in a big ocean ... all alone with no sense of where I really belong ... feels as if my foundation is being lost."

3.20 Loss Resurfacing

The developmental process of grief in adoption does not end with high school graduation.

As adoptees move into adulthood and are faced with significant life transitions, including emancipation from their families, getting married, and having their own children, loss often resurfaces.

This loss will need to be acknowledged and mourned.

4. Support Through Adoption Disruption and Dissolution

4.1 Support Through Adoption Disruption and Dissolution

The therapeutic goal is always to support families to develop parenting and coping skills to provide stability and avoid disruption or legal dissolution. Sadly, however, there are situations when you will be supporting a child or family experiencing a disruption or dissolution. This will require significant support for all during and following this traumatic separation and transition.

4.2 Defining Disruption and Dissolution

In order to discuss adoption disruption and dissolution, it is important to define these terms. Click each term to hear its definition, according to the Child Welfare Information Gateway. Please refer to Handout: *Adoption Disruption and Dissolution* to find out more.

Disruption: Disruption is used to describe an adoption process that ends after the child or youth is placed in an adoptive home and before the adoption is legally finalized, resulting in the child's return to, or entry into, foster care or placement with new adoptive parents.

Dissolution: Dissolution is generally used to describe an adoption in which the legal relationship between the adoptive parents and child is severed, either voluntarily or involuntarily, after the adoption is legally finalized. This results in the child's return to, or entry into, foster care or placement with new adoptive parents.

4.3 Transitioning to a New Family

Now let's talk about what happens when a disruption or dissolution in adoption occurs.

The separation from caretakers can be debilitating and elicits yet another period of grief and mourning for the child or youth. Your role is critical in helping them mourn their loss and the trauma associated with the separation or termination.

You need to consider the age of the child, whether they've experienced this before, their understanding of what this means, and whether the caregiver will be part of the process. You will need to integrate this into the child's treatment plan.

Having to leave a family will exacerbate the child's feelings of abandonment and rejection, as well as their feelings of guilt and shame. It will also trigger all of their previous losses and place the child in a very emotionally vulnerable state, leaving them at risk for regression, dysregulation, anxiety, depression, lack of trust of others, and self-harming.

Effective clinical support is essential in addressing the mental health complexities associated with dissolution and disruption. It can also help to pave the way for the child to accept and adjust to a new placement. This is hard work and may require you to collaborate with other professionals and supervisors.

As painful as these experiences are, your role and joining this journey with the youth and family can mitigate negative impacts and support successful transitions.

4.4 Impact of Transitioning

No matter whether the child or youth is moving to a known relative, to be with siblings, or to an unrelated adoptive family, the child needs clarity about why the move is happening, and especially what adoption means when that is the plan.

As the clinician, you can help the child or youth ask questions about the impending move, and you can address resurfacing loss issues that they may be experiencing. Giving them a voice in the process will help them feel acknowledged and respected.

Having a voice does not mean controlling whether or not a move occurs, but rather an opportunity to express their feelings and offer input that might make the transition easier.

When unresolved grief presents itself, there may be an increase in behavioral and mental health symptoms. For example, the child or youth may be exhibiting behaviors such as bedwetting, sleeplessness, acting out at school, temper tantrums, lying, or stealing. Knowing that these are often symptoms of grief can be helpful to new parents as the move proceeds.

4.5 How to Help a Child or Youth Through a Separation

Click each box to hear advice from Dr. Vera Fahlberg, pediatrician and psychotherapist, on how you can help a child or youth through a separation.

1. **Help the Child or Youth Face Reality:** The pain needs to be acknowledged and the grieving process supported.
2. **Encourage the Child or Youth to Express Feelings:** Recognizing that another move will reinforce feelings of abandonment and rejection, and consequently guilt and shame, these issues must be addressed. We will talk about conversation openers that will encourage the child or youth to express their feelings later in this module.
3. **Tell the Truth:** Support the child or youth by honestly talking about the reasons for the separation. Depending on their developmental level, the message should be that the parent(s) were not able to take care of them. Even if the child's or youth's behavior contributed to the separation, the fact that the parents could not effectively support their needs is what needs to be emphasized. The permanency of the separation also needs to be made clear.
4. **Process with the Child or Youth:** Process with them why the losses occurred. Ask them what their ideas are about the reason for the moves and losses they experienced.
5. **Encourage Information about the Past:** This is a good time to use the lifebook or other tools you have used to help identify their losses and articulate their feelings about them.
6. **Understand Your Own Feelings:** Sharing the pain of separations is painful for both the child or youth and for you as the clinician, as you voice the facts of their situation. You must be able to hold the pain for them while supporting them. If their feelings are not expressed and acknowledged, they will be suppressed and will re-emerge later, possibly jeopardizing a future placement and inhibiting attachment.
7. **Encourage the Child or Youth to Ask Questions:** Prompt the child to ask questions that are on their mind. Be as truthful as possible without hurting the child or youth. Never lie to them.
8. **Support Attachment:** Support the child's or youth's attachment process to the parent(s). Help the parents to support the child or youth in expressing their grief and take advantage of the opportunity for forming new attachments as they support their child and provide comfort in their grief.
9. **Comfort Objects:** Support the child or youth in bringing objects that offer comfort, for example, a favorite toy, a comfortable pillow or blanket, and give them an opportunity to describe their usual routine and activities so that new caregivers have a chance to provide familiar comforts. Remember, that which is familiar to a child often helps to ease the transition to a new home.

4.6 Helping a Child Move Reflection

As the clinician, your role is to help the child or youth talk about their fears and concerns about leaving one family and moving to a new one. Think about the language you will use to start the conversation to help them open up about moving. Give 3 examples of sentences you can use to open the conversation.

4.7 Helping a Child Move Reflection

Some suggestions might be:

- *“Most kids are really scared when they move to a new home.”*
- *“Some kids feel sad when they have to leave a family they have lived with for a while.”*
- *“It is hard to leave people and places that are familiar.”*
- *“What will you miss about the family you are leaving?”*
- *“What do you want to be sure to take with you when you move to your new family?”*

You must create a safe space for the expression of their feelings, no matter what they are. When children and youth are not given the opportunity to talk about their feelings, they may feel a loss of control that results in internalizing or externalizing behaviors.

5. Conclusion

5.1 Wrapping Up

In this lesson we covered the child’s and youth’s developmental understanding of loss, how they grieve, and what behaviors are commonly seen.

5.2 Learning Journal

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

5.3 Journal Reflection

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

5.4 Journal Response

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

5.5 Conclusion

Congratulations! You have completed Understanding Loss and Grief Issues in Adoption in the Context of Developmental Stages, Emotional Adjustments, and Mental Health of Children.

In the next lesson, we will be discussing the ongoing nature and stages of grief and your clinical role in helping youth manage their losses.