Module #4. Clinical Issues in Providing Therapeutic Services: Grief, Loss, and Separation
Student Packet
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Overview of Module:
In this session, students will examine the critical clinical issues of loss, grief and separation in adoption. Students will have opportunities to learn about the issues of grief and separation from the perspective of the adopted person, adoptive families and birth families. The session uses a grief model to develop/strengthen clinicians’ skills in working with adopted children, youth, and adults; birth parents in relation to voluntary relinquishment and involuntarily termination of parental rights; and adoptive parents. Evidence-informed clinical interventions that address these clinical issues will be identified and practiced.

Learning Objectives:
Students will be able to:

#1. Describe three ways that loss, grief, and separation impact adopted children, birth parents, and adoptive families and kin and give examples of each.

#2. Describe four ways that children express grief.

#3. List the four psychological tasks of the Good Grief Model.

#4. Describe two ways that a therapist can provide a safe, supportive and confidential environment for adopted children and youth.

#5. Demonstrate two clinical interventions in working with adopted children and youth to help them process their grief and loss.

#6. Identify three types of losses that adoptive parents may experience after the adoption.

#7. Describe two clinical interventions in working with a birth parent to process the experience of relinquishment/termination of parental rights and adoption.
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Pre-Module Assignments

Checklist:

✓ Pre-Module Assignment #4.1: Personal exercise regarding own experiences with adoption and loss.
✓ Pre-Module Assignment #4.2: Personal exercise regarding revisiting loss.
✓ Pre-Module Assignment #4.3: Test yourself on adoption, grief and loss and bring your answers to class
✓ Pre-Module Assignment #4.4: Read Handout # 4.4 regarding the Good Grief Model.
✓ Pre-Module Assignment #4.5: Read Handout # 4.7 Amy, answer questions and provide answers to your teacher.

Pre-Module Assignment #4.1: As part of your clinical training, you no doubt have already explored connections between your own developmental history and your understanding of human behavior. It is important to identify aspects of your history that may relate to adoption issues -- most importantly, loss, grief and separation. Please reflect on issues in your own past that may interact with your understanding of adoption, using these questions:

• Do you have any personal connection with adoption (self, family, close friends)?
• What loss experiences have you experienced and how you have dealt with them?

Just for your own use, write down several key reflections as you think about each of these questions. There will be a chance to share any of your reflections in class if you choose to do so.

Pre-Module Assignment #4.2: Think about the losses you have experienced in your life that you have revisited in your life once or more. This could include loss of people, relationships, places, jobs, aspects of one’s self, imagined futures, pets, and so on. Write them down piece of paper. For each of these losses, ask yourself:

• What caused you to revisit any of these losses -- to reconsider them after you thought they had been dealt with?
• To what extent did others around you understand and validate your experience of loss? How would you feel if others minimized or invalidated what you had gone through?

There will be a chance to share your thoughts in class if you choose to do so.

Pre-Module Assignment #4.3: Complete the following quiz and submit your answers to the teacher before class. Bring your answers to class as we will discuss the right answers.
How much do you know about how adopted children experience and express grief?

1. **True or False**: Adopted children bring multiple issues of loss with them into their adopted families, no matter what age they were adopted.

2. **True or False**: Childhood grief is based on many of the same issues that impact adults.

3. **True or False**: It is relatively easy to identify children’s grief reactions.

4. The Bonnet family adopted 8 year old Stevie from foster care where he had lived with three different foster families before being adopted. When he arrived, he had a normal appetite but after a week or so, he stopped eating when the family sat down together for dinner. He now barely eats breakfast or lunch and refuses to eat anything at the dinner table. Mrs. B recently discovered that he was hoarding food, hiding it under his bed. Are these behaviors possible signs of grief?
   A. Yes
   B. No
   C. It depends on the type of food that Stevie ate at his last foster home.

5. Brad and Tim adopted three-year-old Amy who lived with her birth parents all of her life. Her birth parents placed her for adoption when they divorced and neither parent believed that they could raise her. Amy was toilet trained when she joined Brad and Tim’s family but now refuses to use the toilet, frequently soiling herself. When Brad gets ready to leave the house, she clings to his leg crying loudly until Tim pulls her off. Are Amy’s behaviors possible signs of grief?
   A. Yes
   B. No
   C. It depends on the couple’s toilet training experience.

6. Marlene adopted 15-year-old Troy from foster care. Troy was in foster care for 10 years and few efforts were made to find an adoptive family for him. Marlene met him at his group home when she did volunteer tutoring there. After the adoption, the initial few weeks went very smoothly, but now, Troy alternates between deep sadness and anger. Are these possible indicators of grieving?
   A. Yes
   B. No, they are normative adolescent behaviors.

7. **True or False**: Children may cover their grief by being “perfect.”

8. Which of the following can a therapist use to help parents help their grieving children?
   A. Help parents feel comfortable taking the initiative in talking with their child about loss and grief.
   B. Help parents learn how to teach their children emotion words and expressions.
C. Help parents recognize that even if they acknowledge and assist their children in the early years with grief and loss, their children’s grief will not be over.
D. All of the above

Pre-Module Assignment #4.4: Read Handout #4.4 which describes the Good Grief Model developed by the Boston Medical Center. We will talk about this model in class.

Pre-Module Assignment #4.5: One of the therapeutic approaches in working with older children and adolescents is the written role play. It is a strategy for facilitating the adoptee’s exploration of hopes, fears, beliefs, and expectations in relation to birth relatives. As such, it can play a therapeutic role in helping a child or young person deal with feelings of loss and grief, as well as identity.

What is involved: The older child or adolescent client chooses a birth family member to write to. (It is not intended that the letter will ever be sent.) The therapist asks the client to write whatever he or she wants to that person – it can be done in the session or outside. Next, the therapist asks the client to assume the role of the birth family member who has received the letter, and asks the client to respond in writing as that person. Next, the therapist asks the client to respond in writing to the response of the birth family member, and so on. This process is called “correspondence with the self.”

Please review Handout #4.7 Amy that provides an example of the use of a written role play, answer the following questions, and provide your answers to your teacher prior to class.

Questions:

1. When Amy returns to therapy at age 15 because she is interested in her biological origins and wants to make contact with her birth relatives, her therapist encourages to do a written role play. How would you as Amy’s therapist describe the written role play exercise to her?

2. As Amy’s therapist, what would you take into account in encouraging her to do this? What skills and/or attributes might you want a young client to have before suggesting this work?

3. How would you work with Amy around the first set of written role play letters? What in particular would you focus on?

4. How would you work with Amy around her letter to her birth mother after she reads her birth mother’s letter to you?
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Agenda

9:00AM – 9:15 AM  Welcome; Announcements
9:15 AM – 9:30 AM  Introduction
9:30 AM – 9:45AM  Bringing Adoption Into the Clinical Assessment
9:45AM – 10:30AM  Our Own Experiences of Loss, Grief and Separation
10:30AM – 10:45AM  Break
10:45AM – Noon  Movie: *Unlocking the Heart of Adoption*
12:00PM – 1:00PM  Lunch
1:00PM – 1:20PM  Debrief: *Unlocking the Heart of Adoption*
1:20PM – 3:00PM  The Impact of Grief and Loss on Adopted Children and Youth
3:00PM -- 3:15PM  Break
3:15PM – 4:15PM  Grief and Loss: Adoptive Parents and Birth Parents
4:15 PM – 4:30PM  Summary and Closing
Reading List

Additional Recommended Readings


Web-Based Resources


Other Resources


Neil, E. & Howe, D. (Eds.), *Contact in adoption and permanent foster care*. London: BAAF


**Research on Group Therapy for Adolescents/Cohesion**


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Handouts
Handout #4.1 Kubler Ross Stages of Grief

Elisabeth Kubler-Ross has been a pioneer in the field of death and dying research. In her work with dying people and those close to them, she has identified five stages of the normal grieving process. These five stages can be worked through in any order. Some stages may be revisited, but typically people pass through all five stages in their processing of grief issues.

**Denial:** The first stage of grieving is denial. Feeling shock, disbelief, numb, and detached is common. The incident or feelings are kept out of one's awareness. Denial is protective in that it helps people to function when the truth or clarity would be too much to handle. Staying in denial, however, has negative consequences. To ignore important issues and feelings is like having a pink elephant in the living room that no one talks about. Everyone walks around it and pretends it isn't there even though it's in the way of everything.

**Anger:** The second stage of grieving is anger. Anger is the feeling that a situation is unfair and should not have happened. It is common in the anger stage to look for someone to blame. Anger can also be very motivating and inspire one to take action. The anger stage can help a person make changes in their life.

**Bargaining:** The third stage of grieving is bargaining. Bargaining involves trying to find ways to undo the situation by searching for trade-offs. Being in the stage of bargaining means that the person is no longer in denial. There is a real awareness of the loss, and the bargaining is an attempt to control a situation that feels out of control.

**Depression:** The fourth stage of grieving is depression. Feelings of helplessness and hopelessness can be present as well as a lack of energy, changes in eating or sleeping patterns, irritability, lack of interest in usual activities, sadness, and an inability to concentrate.

**Acceptance:** The fifth and final stage of grieving is acceptance. The loss is no longer the main focus and there is room for other activities and interests. The goal of acceptance is not to forget as that would bring one back to the stage of denial. In adoption, the goal of acceptance is to honor and integrate the people and experience of adoption.
Handout #4.2  Adoption Glossary: Separation, Loss and Grief

LOSS

Loss: A feeling of emotional deprivation that is experienced at some point in time. For a birth parent the initial loss will usually be felt at or subsequent to the placement of the child. Adoptive parents who are infertile feel a loss in their inability to bear a child. An adopted child may feel a sense of loss at various points in time; the first time the child realizes he is adopted may invoke a strong sense of loss for his birth family. (From http://glossary.adoption.com/loss.html)


Four Questions about Ambiguous Loss:

1) How does it differ from ordinary loss?

Ambiguous loss differs from ordinary loss in that there is no verification of death or no certainty that the person will come back or return to the way they used to be.

2) Why does it matter?

Ambiguous loss freezes the grief process and prevents closure, paralyzing couple and family functioning. For more information, please refer to Pauline's books, "Ambiguous Loss" and her most recent book, "Loss, Trauma, and Resilience".

3) How does one ease its effects?

The six guidelines for resiliency while having to live with ambiguous loss are detailed in, "Loss, Trauma, and Resilience". As described in Dr. Boss's cyclical model, they are:
- Finding Meaning
- Tempering Mastery
- Reconstructing Identity
- Normalizing Ambivalence
- Revising Attachment
- Discovering Hope

4) What are the types of ambiguous loss?

There are two types of ambiguous loss situations.

Type One occurs when there is physical absence and psychological presence. These include situations when a loved one is physically missing or bodily gone. Catastrophic examples of such ambiguous losses include kidnapping and missing bodies in the context of war, terrorism ethnic cleansing, genocide, or natural disasters such as earthquake, flood, and tsunami. More common examples of this type of ambiguous loss are situations of absent parents due to divorce, giving up a baby to adoption, and physical contact with parents and siblings due to immigration.
In Type Two, there is physical presence and psychological absence. In this type of ambiguous loss, the person you care about is psychologically absent— that is, emotionally or cognitively missing. Such ambiguous loss can occur from Alzheimer’s disease and other dementias; traumatic brain injury; AIDS, autism, depression, addiction, or other chronic mental or physical illnesses that take a loved one's mind or memory away.

**GRIEF**

**Grief:** A deep feeling of emotional loss. In the context of adoption, grief may be experienced by any or all of the members of the adoption triad at any time in their lives and to varying degrees, as well as by individuals who are collaterally involved in the adoption process, including siblings, spouses, after-born children, foster parents and other caregivers or related individuals. (From [http://glossary.adoption.com/grief.html](http://glossary.adoption.com/grief.html))

**Disenfranchised Grief:** A concept developed by Kenneth Doka to refer to grief not acknowledged by society.
Handout #4.3  Case Examples: Adopted Children’s Experiences of Loss

**Case #1**  Sam and Terry, a white couple from Minnesota, adopted Amanda from China when she was age 18 months old. She had been left by the side of the road and was found by a family who took her to an orphanage. Amanda is now 10 years old.

**Case #2**  Sonita adopted Cassandra, a thirteen year old, from the foster care system. Sonita is Latino; Cassandra is African American and Native American. Cassandra has an older brother who aged out of foster care two years ago. She does not know where he is.

**Case #3**  Betty adopted Brian as an infant. He is now 8 years old. Betty lives in Connecticut; Brian’s birth mother lives in Montana. Betty knows that Brian has two older sisters by birth who have a different father than Brian. Brian’s birth mother told Betty that she just didn’t think that she could handle a boy on her own. Brian’s birth father had minimal contact with Brian before the adoption and has not contacted Betty since she adopted Brian.

**Case #4**  Lori and Tammy adopted 8 year old Shonisha from foster care. They live in California; Shonisha was in foster care in Florida where she had lived with the same for three years and had attended the same school since kindergarten. When she was in Florida, her maternal grandmother visited her often.

**Case #5**  Beth adopted Tanika at age 14 from foster care. She is now 18 years old. Tanika has two younger sisters (Dominique and Tami) who were adopted by a different family before Tanika was adopted. When they were with their birth parents, Tanika was the one who took care of the younger girls. When they entered foster care, she was separated from them and then they were adopted. She continues to have some contact with them but she feels that the relationship has changed.
The Good Grief Program of Boston Medical Center

What Do Children Need?

1. Children need love, care, consistency, continuity and connection.

2. Children need to feel safe in the world.

3. Children need to know that there are people in their lives who are there for them.

4. Children need to be allowed to grieve. We should be there for them as they experience their pain instead of trying to hide the death or shield them from the pain.

5. Children need us to respect where they are in their grief. All feelings should be validated. Everyone grieves in their own way and in their own time. Loss involves not only the death of the loved one but the changes in life because of the loss.

6. Children need simple, truthful, age-appropriate information. Too much information can be confusing. Find out what they know. Allow them to ask the questions that they want answered.

7. Children need us to listen to them carefully so we may understand how they are feeling and to be able to clear up fears, misconceptions or misinformation.

8. Children need us to know that they want to be included, not excluded from the truth.

9. Children need us to be authentic and share our feelings with them also. They learn by watching how we deal with loss.

10. Children need us to help them keep a connection with their loved one who has died. Give them the opportunity to remember and share your memories with them also.

11. Children need us to know that they grieve sporadically and will re-grieve the loss through each developmental stage.

12. Children need us to challenge magical thinking.

13. Children need us to help them understand that going-on does not mean forgetting or loving the person who died any less. Going-on honors the person who died because as long as we remember, the memories never die.

Boston Medical Center  Deborah.Rivlin@bmc.org  617 – 414 - 3616
Alicia, a spirited 15-year-old, adopted from Guatemala when she was 6 years old. She recently took a drug overdose at school. After she physically recovered, she comes with her mother and father to see you. She quickly informs everyone that she has no intention of saying anything and the whole thing “is a big waste of time.” Her parents report that Alicia’s hostility has been growing. After she was expelled from public school for drug use, her parents enrolled her in a private school but it is uncertain whether the private school will allow her to remain. Alicia says that she couldn’t care less. You ask the parents to describe why Alicia is being referred for therapy and then ask them to wait in the waiting room.

**Question #1.** Now alone with Alicia, you face her anger. She immediately says, “I’m tired of coming to this kind of thing – you are just like the rest of them – I want to leave.” How would you respond to Alicia?

**Question #2.** When you acknowledge her anger and reflect on her need to self-medicate her pain, Alicia snaps, “Why do you give a shit what I do with my anger? It’s not your problem.” How would you respond?

**Question #3.** You acknowledge that she is correct and add, “But it certainly seems to be a problem for you – we wouldn’t be sitting here together if it weren’t. You know, I have seen lots of teenagers who are adopted and have very strong feelings about their adoption experience and sometimes difficult, painful things have happened to them.” Alicia just glares at you. How would you respond?

**Question #4.** Alicia blurts out, “You would be pissed too if you had to leave your little brother at the orphanage and never said good bye.” What tentative conclusions are you drawing at this point?
The following is the scripted group schedule that CASE uses with teens:

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<tr>
<th>Week</th>
<th>Topic</th>
<th>Content</th>
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<tbody>
<tr>
<td>One</td>
<td>Getting to know one another</td>
<td>Exploration of similarities and differences among our families and ourselves</td>
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<tr>
<td>Two</td>
<td>My Adoption Story</td>
<td>Through a creative art project, teens create their adoption story to share with the group. The purpose is to help the teen ascertain what information they do have and identify aspects of their story that need further elaboration and/or clarification.</td>
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<td>Three</td>
<td>Emotions and Feelings</td>
<td>“Sometimes I feel happy, sad, and angry at the same time.” Teens are encouraged to share the varying feelings they hold within themselves and to learn healthy ways to communicate these feelings.</td>
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<td>Four</td>
<td>Birth Parents</td>
<td>Teens are encouraged as a group to create a “puzzle” of questions that they would like to have their birth parents answer.</td>
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<td>Five</td>
<td>Birth Parents, Part 2</td>
<td>Teens grapple with the relinquishment decision during adolescence. In order to gain a deeper understanding as to the complexities of this decision, teens read together <em>The Mulberry Bird</em> by Anne Brodzinsky (1996).</td>
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<td>Six</td>
<td>Identity</td>
<td>Through the use of the Game of Discovery, an interactive exercise created especially for adoptees, teens understand that their identity is based upon characteristics from their birth parents, adoptive parents and self. NOTE: This tool is currently being finalized and is not available at this time for distribution.</td>
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<td>Seven</td>
<td>Identity, Part 2</td>
<td>Mask Making: What do we show on the outside and what do we keep in the inside?</td>
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<td>Eight</td>
<td>Relationships</td>
<td>Fears of intimacy related to abandonment and rejection often affect the teen’s ability to establish and maintain healthy peer relationships. Issues of sexuality surface as they further try to</td>
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<tr>
<td><strong>Nine</strong></td>
<td>Relationships, Part 2</td>
<td>understand the nature of their birth parents' relationship.</td>
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<td><strong>Ten</strong></td>
<td>W.I.S.E. Up!</td>
<td>Participants are taught this program to empower them with choices as to how they respond to questions from peers, neighbors and others.</td>
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<td><strong>Eleven</strong></td>
<td>Family Night (optional, depending on the group)</td>
<td>This is an opportunity for teens to share with their parents highlights of adoption issues that were important to them over the course of the group. Also, it is an opportunity in a safe, structured environment for teens to acknowledge the importance of these issues in their life.</td>
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**Handout #4.7  Amy**

Amy is a 15 year old female, adopted domestically soon after birth. Her birth mother indicated no desire for contact with the adoptive family at the time of placement. Amy lives with her adoptive parents and a younger sister who was born to her parents. She was referred initially to therapy at 9 years of age because of depression and defiant behavior at home. After 14 months of treatment, her symptoms were substantially reduced and she was discharged from therapy. Just prior to her 15th birthday, Amy asked to return to therapy because of self-esteem issues and social problems. She also was interested in her biological origins and wanted to make contact with her birth relatives. Her adoptive parents had very little information about her birth family but indicated a willingness to help Amy search for members of the birth family. As part of the treatment, her therapist encouraged Amy to write letters to her birth mother and to answer those letters as if her birth mother had received her letters and was writing back to her.

The following are samples of some of her letters:

Dear

I hope you remember me. I am your daughter who you gave up for adoption when I was just born. I’m 15 now and I want to know who you are ... I’ve thought a lot about you since I was little and kind of imagined what you look like. I think you probably have blonde hair because I’m blond ... and you are probably tall too, like me. But what I really want to know is why you didn’t keep me ... I keep thinking about it over and over and I don’t know why and I want to know why. So if I could meet you, that’s what I would ask you.

xxoo

Amy

Dear Amy,

I don’t know what to say to you. I don’t know what you want to know and I don’t know if I can answer your question ... It was a long time ago ... you probably think I didn’t want you but that’s not true ... I just couldn’t raise you and you needed someone who could do it ... I couldn’t. I don’t want you to be sad about it.

xxoo

Dear

I’m not sad about being adopted but I am sad about not knowing who you are ... it feels like part of me was left behind with you and unless I find that part then I won’t know who I am ... that’s why I want to find you and my birth father too ... then I can know who I am ...

Dear Amy,

I understand what you said ... about part of you being left behind and not knowing who you are ... when we meet you will see who I am and then you will know who you are too ...

xxoo

[Four months later, after her adoptive parents contacted the adoption agency and were given updated information forwarded by the birth mother, Amy writes the following.]
Dear

I was so happy to get the letter you sent to the adoption agency. I can’t wait until I’m 18 so that the people at the agency will help me meet you. I was surprised that you had another child who was older than me and who was adopted too ... It made me realize that your decision to have me adopted wasn’t because you didn’t want me but because you weren’t ready to be a mom to either of us ...

The things you described about yourself were like you were describing me ... loving music and dancing, being bad at math but liking reading, and being shy with people. You mentioned having dogs. We don’t have dogs but we have three cats, so I guess we both love animals too. And I think we probably look alike too because we’re both have long blond hair.

I wish I knew my older brother and where he is ... Do you know who adopted him? I have a younger sister but we fight a lot. I’ve been jealous of her too because she isn’t adopted. She doesn’t know what it’s like to not know her the people who made her. It’s not her fault, but it still makes me mad that I don’t know you but she knows her mom.

At first I was confused when you said that you hoped that I loved my parents. I thought you meant you and my birth dad. But then I realized you meant the parents who raised me. I do love them ... even though we argue a lot. They’re really good parents. And they understand how I feel about being adopted and they still love me and want to help me find you ... I’m not looking for different parents ... they know that ... I just want to find you and get to know you and figure out why it had to happen that you couldn’t keep me.

xxoo
Amy
Handout #4.8 Adoptive Parent Losses: Case Examples

CASE #1: Beth adopted a two-year-old girl from Russia. Her daughter, Allie, has had a difficult time adjusting to life in her new family. Allie refuses to be comforted and flinches when Beth tries to put her arms around her.

CASE #2: At the same time that Katie adopted a two year old boy from Columbia, her sister Sissy gave birth to a little boy. At age twelve, Sissy’s child is a “chip off the old block” – smart and with a talent for softball, just like his grandfather. Katie’s son, Kenneth, hates sports and refuses to play. He is not doing well in school.

CASE #3: Mack and Mira adopted Evan from foster care at age 8. They were told that he had physical health problems, including asthma and a history of rheumatic fever, and whooping cough. Since adopting Evan 2 years ago, Evan has experienced chronic skin rashes, chronic ear aches, ongoing dental problems, and repeated respiratory crises. Mack and Mira feel “worn down.” When they come in to talk with the therapist, they reveal that they experienced 4 miscarriages before they adopted Evan.

CASE #4: Donna, a single adopted mom of 16-year-old Cami, underwent unsuccessful infertility treatment for two years before deciding to adopt Cami at age 8 from foster care. Cami is now openly expressing her sexuality and Donna is depressed and anxious almost all of the time.
Physical Contact

The following questions should be applicable both to birth parents whose children were removed by the courts and children who were voluntarily relinquished.

- Have you had any contact with your child or child’s adoptive family since placement?
- If so, when? how frequently? with whom?
- Is the contact continuing? If not, why?
- How have the most recent visits gone? Please tell me about your last visit.
- If there is not ongoing contact, are you able to re-establish it if you want?
- Is there an agreement now with the adoptive family regarding contact? verbal or written?
- What would your ideal contact situation be, for right now?
- What are the factors standing in the way of this ideal situation?
- Does your child or the child’s adoptive family have a different idea about contact than you do?
- Is anyone else from your family involved in the contact? (your partner, other children, parents, other birth relatives, etc.)
- How does that go?

Psychological Presence/Absence

Questions such as the following should be asked of birth parents about the psychological presence or absence of their children.

- How often do you think about the child you placed for adoption?
- Do you have dreams or daydreams?
- If so, what are they like? (explore emotional qualities attached to dreams or daydreams: happy memories, frightening, sad, etc.)
- Are there certain times of the year when you experience this loss more keenly? If so, when, and what do you do? (Many birth parents report such thoughts on the child’s birthday, major holidays such as Christmas, and Mother’s Day.)

For Discussion:

Discuss and prepare to report out:

1. How would you work with a birth parent who tells you that she thinks about her child every day and often has happy daydreams about seeing him again, only to then feel extremely sad? Her parental rights were involuntarily terminated by the court. Her child, age 10, was adopted by a family in another state and she has had no physical contact with him.
2. How would you work with a birth father who, while incarcerated, voluntarily relinquished his rights to his 14 year old son after the mother’s rights were involuntarily terminated. He was released from prison 6 months ago. He describes intense sadness on his son’s birthday and periodic dreams in which his son is crying as he is led off to prison. He does not have physical contact with his child, though the agency has not closed the door on contact if the adoptive parents agree.

Disenfranchised Grief

Here are some questions that a therapist can explore with a birth parent:

- Was the decision to place your child (or the removal of your child) something accepted by your family?
- Is adoption considered a desirable situation in your community?
- If you did not feel family or community support, how did that make you feel?
Handout #4.10  PACT: Stages of the Grief Process for Birth Parents and Extended Family Members

Numbness and Denial: During the initial phase of grief, the birth mother is trying to cope with the realization that the birth has become a reality. In the midst of the physical and emotional strain of having given birth, she faces the decision of relinquishment and the loss this decision involves, all in a very short space of time. Denial is a very primitive defense mechanism which can be effective in protecting a person from emotional collapse. Denial may have been a mechanism the birth mother utilized to cope during the pregnancy. Defenses such as denial need to be respected.

1. Eruption of Feelings: As the shock and confusion lessen and the denial or numbness recedes, floods of intense feeling may erupt without specific triggering events; this eruption can be an overwhelming experience involving a range of feelings such as sadness, emptiness, anger, fear, panic, anxiety, despair, guilt, shame, helplessness, hopelessness, loneliness, irritability, fatigue, or difficulty concentrating. Feelings might get expressed indirectly through physical symptoms. Secrecy, shame and lack of public acknowledgment of the loss by family, friends and society mean that the fact of the loss is never validated. What follows, then, is a subsequent lack of natural opportunities for expression of feelings and therefore diminished opportunities for support.

2. Accepting the Adoption Decision: The fact that the adoption process involves a birth mother’s active choice in determining the course of events sets this loss apart from other losses such as death, aligning it instead to the loss experienced when an individual decides to separate from a spouse. In a marital separation, the initiating spouse is motivated to the decision because of some type of untenable situation and may feel anger toward the spouse, allowing emotional distance. In contrast, the decision resulting in loss of an innocent baby or child only brings sadness and guilt, even when others try to reinforce that it is “in the best interests” of the child and that the child will be "loved." The love of others for the child does not cancel out the pain of the loss for the birth parents.

3. Accommodation to and Living with Uncertainty: If feelings are granted expression, then the feelings gradually become more manageable, and emotional reactions are in manageable response to natural reminders of the loss. Birth parents can find ways to live with the repeatedly sensitive areas: the child's birthdays, others' pregnancies, their own future pregnancies, baby showers, meeting children with the same name, and other losses. Birth parents have to find ways to answer such questions as, "Don't you want to have any children?" or "You'll know what being separated from a child is like when you have children of your own." Birth mothers listen in silent pain to other women's stories of labor and delivery, often unable to join in this connecting female discussion.

4. Reevaluating and Rebuilding: The secrecy, shame, guilt, self-blame, feelings of selfishness and loss leave scars on birth mothers' self-esteem. Birth parents may struggle as they reevaluate their decisions later in life. Birth parents might feel incapable of making decisions, feel unlovable, or feel unable to handle having another child. At such moments, they need to realize that they made the decision at a particular time and place, perhaps as a vulnerable teenager without adult skills or resources. Restoring self-esteem is an ongoing process, and rebuilding self-esteem also depends on the degree of self-esteem possessed prior to the pregnancy crisis and relinquishment.
Behavioral Expressions of Grief and Loss in Parents Whose Rights are Terminated Involuntarily

Certain behaviors typify family members’ response to the losses and threats experienced during the placement of a child in foster care. As the child’s custody moves from temporary to permanent placement, it is important that workers understand the typical behaviors found in parents whose children are lost to them due to termination of parental rights.

Shock/Denial Stage

- Parents may exhibit a robot-like, stunned response at the move. They may be immobilized. A characteristic response of people in emotional shock is, "This can’t be really happening!"

- Parents may be very compliant, and may express little emotion or affect. They may appear bland, uncaring, or uninvolved.

- Parents may deny that there is a problem, or deny that the agency can remove the children. They may insist the children will be home in a day or so, or that, "No court will ever give you custody."

- Parents may avoid the caseworker and deny the need to be involved with the agency.

- Some parents who do not have close attachments to their children may not exhibit strong emotional reactions when their children are removed from them. These parents may have abandoned their children or left them in the care of others for long periods of time in the past. The caseworker should assess the parents’ reactions over a period of time to differentiate the immobility typical of the shock stage from the emotional remoteness of parents who lack a strong attachment to their child. Parents in shock will move within a few hours or days to expressing anger and pain. Parents without close attachments often do not.

For Discussion: If the public child welfare agency referred a parent to you whose child has entered foster care and your behavior is described as “immobile,” how might you work with the parent?

Anger/Protest Stage

- Parents may threaten court action or may directly threaten the caseworker. They may contact an attorney to fight the agency.

- Parents may behave in a contrary and oppositional manner by refusing to let the caseworker visit the home, or by refusing to talk with the worker.

- Parents may refuse to participate with the worker to develop a case plan or to make decisions about the child’s welfare.
• Parents may become demanding, sometimes making irrational demands on the worker or the agency.

• Parents may blame the agency, the caseworker, the court, the system, the complainant, or others for the existence of the problem. They may vehemently reject any need to change.

Discussion Question: LuAnn, whose case we just read, continued to blame the neighbor for her children entering foster care. If you were working with LuAnn, how would you work with her around this issue?

Bargaining Stage

• Parents may become semi-responsive to the caseworker, and may behave more compliantly.
• Parents may make broad promises, such as, "It will never happen again;" "I'll ask my boyfriend to leave;" "If I go to all my parenting classes, will I get my children back?"

Depression Stage

• Parents may "forget" or miss appointments with caseworkers, or may fail to attend scheduled visits with the children.
• Parents may exhibit little initiative or follow-through in visitation or other activities designed to promote reunification.
• Parents may display futility and a loss of hope that their children will ever be returned home. Some parents even move away or disappear, and the agency loses contact with them.

For Discussion: You are working with a parent whose children are in foster care. He alternates between urging you to convince the Department that he is motivated to do everything that he needs to do to get his children back and expressing hopelessness that he will succeed. How would you work with him on these issues?

Resolution Stage

• Parents may emotionally begin to restructure their lives without the children.
• Parents may move away without notifying the agency, become involved in new relationships, may have other children, or otherwise "get on with life."
• Parents may not respond to their caseworker's attempts to work with them. Parents may stop visiting with their children.
• Parents may not protest court action for permanent custody and may not attend permanent custody court hearings.

For Discussion: You are working with a parent who tells you that she does not think that she will get her children back and that she might as well give up. She tells you that she has a new boyfriend and they are talking about having a baby. She says that she knows that this is her chance to be a mother again. How would work with this parent on this issue?
FACTORS THAT CAN INTERFERE WITH MOURNING

• Lack of acknowledgment of the loss by society, family, friends, and professionals
• Lack of expression of intense feelings
• Not having a mental image of the baby as a result of lack of information or not having seen the baby
• Preoccupation with the fantasy of reunion in such a way as to avoid dealing with the loss
• Preoccupation with searching for something to fill the gap left by the child to avoid facing painful feelings
• Belief that having a choice takes away the right (and need) to grieve
• Feelings of loss even in open adoption (Birth parents may be surprised at the level of their grief in an open adoption.)
• Self-deprecation and self-blame
• Pressure from others to decide on adoption, which makes it difficult to take responsibility/ownership for the decision
• Lack of support
• Numbing through substance abuse
• Maintaining secrecy and not acknowledging the loss to oneself or others

For Discussion: Which of these factors have you seen clients experiencing with respect to adoption or other losses in their lives?
A 17-year-old boy, in his October 1962 senior English class, casually jots down what he is daydreaming about on the front page of his high school thesaurus. He writes down three dates: the current date, his birthday and his girlfriend's birthday.

Thirty four years later, in October of 1996, he is excitedly rummaging through high school memorabilia to validate what was reconnecting for him in his heart and soul. Now 52 years old, he opens his high school thesaurus. There, written years earlier, is a confirmation, the three dates. He cannot believe what he is seeing, yet is relieved and ecstatic. He immediately rips the page out, writes an inscription on a note to put beside it, and laminates the page.

This piece, a page out of a thesaurus, is a symbol of my beginnings. The first date, in October 1962, is when my birth father learned he was going to be a father. It confirms for him that, even though he did not give birth to me, he did remember me, and with the innocence of a 17-year-old, somehow muddled through with my birth mother and her pregnancy at age 18.

Later that fall, the decision was made to relinquish me through a private agency in another state. It was thought to be one of the most reputable. My birth parents, aged 17 and 18, were a part of the big discussion; yet in 1962, the decision was a given, rather than a result of options explored fully.

My birth father and birth mother continued to date, and his adoptive mother played a large role in making sure that the plan was carried out, probably thinking all the while that she was minimizing pain and disruption in their young lives.

My birth father watched the reality unfold as my birth mother changed, physically and psychologically, into a woman. By the time she was seven months pregnant, in March 1963, it was time for her to "go away." It was a brisk spring night, and my birth father remembers the sadness, and trying to be funny to lessen the pain that seemed imminent. He remembers feeling me kick and wiggle. For some reason, he was to take his mother and my birth mother to the train, and stayed in the car and waited for over an hour for the train to depart while his mother made arrangements in the train station.

Later, he would send me a watercolor portrait of this train station, etched on the back, "3/63..The End. 1096, The Beginning." In 1997 he would take me to the train station and reiterate that this is where he said goodbye to her, and to me.

My birth parents kept in contact for two months while she was away. He remembers his mother being lenient about the long distance phone calls. He remembers the changes in my birth mother's voice as the reality of womanhood and having a baby came closer. He felt a lot of regret that he was unable to meet and fulfill what he now knows were the responsibilities of a father and husband. Loss and permanent life changes were in the air.

One day in the middle of May, my father, an avid baseball player, went to play a game in the next town. He remembered getting a hit in a seven-inning game on a beautiful May afternoon. As he arrived home from the game at about 6:00 PM, on his eighteenth birthday, his mother greeted him with an announcement. Joy was the initial response, yet as it settled, the loss attached quickly to the reality of the announcement.
Congratulations! You are a father, and you have a baby girl.

Restless and confused, he left the house and went to a local tavern. He remembers listening to the Beatles, and trying to take in the event that had just occurred. He had a baby girl, and on his birthday. He too, like my birth mother, had taken a further push out of innocence into adulthood, that birthday.

The motions were made to complete his senior year, yet something had changed that would never be the same. The loss loomed, indescribable and not talked about. Resuming the relationship, yet forever changed, my birth parents were not prepared for the change or for the loss of someone they had both created. "The Baby" was talked about more before and less afterwards. The assumed plan was to resume life as it was, put "it" (ME) behind them. So they both tried to go forward, trying to grasp the illusion that this relinquishment and adoption plan was a one-time event. They gradually drifted apart, growing apart, unable to fill the void now open that they did not know how to work on, at that time.

My birth father now sees that he became more aloof to attaching, became more busy, and used a wall of anger to hide the vulnerable pain, loss and guilt he felt. He underachieved, yet kept highly active physically in various sports "to keep moving." He distanced himself in relationships in his younger years. He and his buddies took risks together and did everything they could at a high energy pace.

As he grew older he became an over-achiever, in some ways making up for the younger years. He has felt lonely at times and melancholy, knowing there were losses. He deeply buried these losses, but they would surface in the form of certain defenses to protect him from feeling the guilt and vulnerability of the pain.

When thoughts and concerns about me cropped up, he kept them to himself. He sensed that he even had less of a right to search for me, being the birth father. Once in the early '90s he remembers standing on the top of the Sears Tower, in Chicago, high above the clouds. He watched a lightning bolt hit a gasoline tank and watched it explode. Shortly before the explosion, he was looking out, close to where I was born, and thinking to himself that is where my baby was given up. He felt frozen in time for a moment, unable to go far into the thoughts of where I might be now. It was like not wanting to watch a fuzzy television screen for long. Two myths were very alive in the world where he was living. One, that relinquishment was to be a buried secret. Two, that the adoption was a one-time event.

These myths dissipated quickly, 33 years later, when he received a letter, wanting him to confirm his paternity to me, and requesting that he contact me, his 18th-birthday daughter. His intellect kept him cautious at first. Yet, when he realized who I was, later he would say, "Of course! You are part of me, I had nothing to fear."

He let the feelings that came up with this reconnection flow through the walls that had been built up. The guilt, and joy filled pain and relief all came to the surface. He expressed guilt in statements like, "Can you ever forgive me for letting you go?" and he confessed his insensitivity and ignorance of understanding what my birth mother had gone through.

Gratefulness came through strong in our reconnection, in knowing that the myths he had believed were not true. He did not have to keep his feelings about the pain of relinquishment buried any more, and he could see that my relinquishment and adoption were not one-time events.
During the honeymoon of our reunion, knowing our mutual sensitivity to loss, we established a conscious commitment to each other. The need to be together surfaced more than we imagined after we first met. We took great joy in simple events and just spending time together, like others born into and kept in their birth families. In spending time together we established something that had been lost at that train station 34 years ago.

The most difficult goodbye was after the first visit. We both had allowed ourselves to prepare for the feelings because, even though the pain was great, we were finding an enormous amount of healing in all this honesty. The pain reflected the truth of our real story, the joy of our commonalities, and the merging of more family. We spent time, too, preparing for our post-reunion relationship, and setting the framework to never be disconnected again. And being a father, yes, he became protective quickly.

The gift my father has given to me, and that I hope to give back to him, is more of his truth. I want him to find the power of having more of his buried story. The chapters of being a birth father and of carrying the loss and love for his first-born have been revealed and are in the light now. I hope to reveal with him the chapters of his own relinquishment and adoption more fully, as we go forward on our journey together.
Handout #4.13 Elizabeth

Elizabeth is a 46 year old married woman who placed a child for adoption when she was 18 years old. There has been no contact with the adoptive family since the placement. Elizabeth entered therapy in order to deal with longstanding feelings of guilt and shame related to the decision not to keep her first born son. She reported that after finding out she was pregnant, her boyfriend abandoned her and her parents put a great deal of pressure on her to place the child for adoption. Although her husband is aware that she got pregnant before she met him and placed the child for adoption, the couple never told their three children, ages 10, 13, and 15 years, about their older, half-brother. Over the years, Elizabeth has suffered from bouts of depression and self-esteem problems which she believes is related to the adoption decision. During the course of therapy, Elizabeth was encouraged to keep a journal about her thoughts and feelings related to her birth son and the decision to place him for adoption. The following are excerpts from her journal, written over the course of several months.

Dear .... [the name she says she would have given him had she kept him],
Where do I even begin? I’ve dreamed of writing a letter like this and sending it to you. But this is only an exercise. Oh well, here goes ... There are few days that go by when I don’t think about you ... about my decision to surrender you ... about my decision to give in to my parents’ pressure to put you up for adoption. It was such a confusing time. As soon as I told .... that I was pregnant, he left ... said he couldn’t handle being a father ... just left me flat out, like he had no feelings for me or for you. Well good riddance I said then and I say it now ... But it sure hurt like hell when it happened. I loved him so much and he really let me down. I think I would have kept you if he hadn’t left. But then when I think about it, I guess I don’t blame him so much ... We were so young, so naive, so unprepared to raise a child. I do blame my parents though. They could have helped ... they could have made it possible for me to keep you ... but they were so ashamed that I got pregnant ... they were more worried about what the family and their friends and the people at church would say ... they never once asked me what I wanted or how I really felt ... they simply told me that I must make the right decision for the baby ... to place you for adoption. But really it was only the right decision for them ... I realized that too late ... And they made me feel so ashamed too ... about getting pregnant ... letting them down ... And then I just gave in to them and even after all of these years, I feel so much guilt about that part too. It’s part of the reason that I’ve never been close to them ....

... I hope you have had a good life and are happy. I hope that your parents have been loving and kind and provided well for you. I hope that my decision not to keep you hasn’t created too much pain for you, although I expect that some pain is inevitable. That’s a realization that I have to live with ... and sometimes it’s hard to do .... it certainly has been painful for me ...

I have three other children, two girls and a boy, who are your half-siblings. But I must confess something that is very difficult for me. They don’t know about you. The shame and guilt I have felt have made it difficult to talk about the events that took place so long ago. Only my husband, my parents, and my sister know about the adoption ... I realize that if I’m ever to be rid of my sadness and feelings of shame and guilt, I’ve got to be more open about what happened ... I first have to be open with myself and then with others, including my other children ... I have to be able to forgive myself ... and perhaps even my parents.

Today I told my other children about you ... I cried as I did it ... they were just great ... they all hugged me and said that they understood ... no one was angry or resentful for not being told until now. More than anything else, they wanted to know about you. But I had nothing to tell them, which only got them excited to try and find you. So that’s what we are going to do ...

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We talked more about how we could find you ... but then my husband asked an important question. “What if he doesn’t want to be found? What if by finding him, we upset his life, or the life of his family?” ... It got us thinking about our needs versus your needs and the needs of your parents. So we decided not to rush into anything too quickly before we’ve had a chance to think it through. At the very least, though, I’ve decided to contact the adoption agency that placed you to see about how to search for you and if they would be willing to help

Been feeling much less depressed recently ... more self-confident ... less guilt. Talking with the kids seems to have released some type of inner pressure in me ... secrets are terrible things ... they distort, subvert, destroy, and certainly demoralize ... Feeling so much freer now. Talked to mom the other day and told her about telling the kids about my first child. She was very upset that I told them and said that no good would come of my actions. But she’s wrong. Already there has been good ... for me, for my children, for my family as a whole. She doesn’t understand ... but that’s her issue now, not mine.
Handout #4.14  Emily

Emily is a 22 year old single woman who got pregnant during her first year of graduate study. Believing she was not prepared to raise a child, she contacted an adoption agency to make an adoption plan for her child. She indicated a desire for an open placement and eventually chose a lesbian couple, Sharon and Natalie, as the adoptive parents. The following ritual took place at the adoptive parents’ home, a week after the birth of the child. Guidelines for the ritual had been provided by a clinical social worker who consulted with the parties prior to and following the adoption. The social worker was present to help facilitate the ritual. Also present were Emily’s parents and the parents of Sharon and Natalie.

Emily [holding her child in her arms]: This is both a sad and joyous time for me … I am very sad not to be able to be a parent to Mia … to raise her and be with her all the time as she grows up … and not to be able to have my mom and dad be her grandparents like they thought they would be … but it’s just not possible … it would be selfish to try and raise her when I’m not prepared to do so … But I’m also happy too … I’m happy to have found two wonderful people to be Mia’s parents … Sharon and Natalie. So I’m here today to say to the two of you that I give you my love and my blessings and I ask you to be Mia’s parents and to help her grow up as a happy and healthy child … I am also grateful to have found two people who are willing to allow me and my parents to also be part of Mia’s life as she grows up … She will have the best of all of us. [Emily hands Mia to Sharon]

Sharon [holding Mia]: Emily, this is also a sad and joyous time for us too. In witnessing your sadness, we feel it too. And we are here to help you in any way we can … I will be forever amazed and grateful for your generosity of spirit, for your love, and for the unbelievably beautiful baby that you have bestowed on us. I only hope that we prove worthy of this cherished gift. I want to say to you today that we have not only taken Mia into our hearts, but you and your family as well. I promise you that I will do everything within my power to raise Mia with love, gentleness and empathy, and to make sure that she not only knows you, but also comes to realize our love and respect for you and your parents. [Sharon hands Mia to Natalie]

Natalie [holding Mia]: I am so overwhelmed by what is happening. I feel so much love for you Emily and I cannot adequately tell you all that is inside me … I also promise you that Mia will have a home with us that is filled with love and respect … and she will also understand that she has two families, ours and yours. That I Promise.

All the parties, including the grandparents, were asked to bring a distinctive piece of cloth, approximately 2 inches wide by 12 inches long. Emily also was asked to bring a similar piece for Mia. At this point, the social worker asked Emily’s parents to tie their two pieces together (representing the birth parents’ marital bond); next Emily was asked to tie her piece of cloth to those of her parents (representing the
nuclear birth family); next, Sharon’s parents were asked to tie their pieces of cloth together, followed by Sharon tying her piece to those of her parents (representing her nuclear family); a similar process was followed for Natalie and her parents (representing her nuclear family); next Sharon and Natalie were asked to tie the pieces representing their nuclear families together (representing their joined families); finally, Emily, Sharon, and Natalie were asked to tie Mia’s piece of cloth to the ends of their respective families and to bring the other ends together forming a circle (representing the connection between the birth and adoptive families); the cloth was then passed to the social worker who asked everyone to gather together, holding a part of the circle of cloth that represented their family.

Social Worker: This circle of cloth, created by all the people here today, with love and respect for one another, represents the unbroken and eternal connection between Mia’s origins and her future, between the family that made her and the family that will raise her. She will come to know herself and be strengthened through both families.