

Grief & Loss in Concurrent Planning Families

Project Valor

March 2015

The Project Valor curriculum and materials are part of the Step Up! Diligent Recruitment project/program which is operated by New Mexico Children Youth and Families Department (NM CYFD) and funded by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, under a Cooperative Agreement, Grant Number 90-CO-1050. The contents of these materials are solely the responsibility of NM CYFD and do not necessarily represent the official views of the Children's Bureau, [ACYF](#), [ACE](#), or [HHS](#).

Agenda

Introduction	15 minutes
Concurrent Planning Rationale	5 minutes
Stages of a Placement	10 minutes
Stages of Placement Activity	25 minutes
Break	10 minutes
Stages of Grief	15 minutes
Stages of Grief Activity	30 minutes
Factors that Affect Grief & Loss	15 minutes
Four Tasks of Grieving	15 minutes
Debrief	10 minutes
Scenarios	20 minutes
Wrap Up & Evaluations	10 minutes

**Project Valor
Concurrent Foster Parent Training
Trainer's Guide**

Funding for this curriculum was provided by The Children's Bureau under a cooperative agreement (Grant Number 90-CO-1050) with the New Mexico Children, Youth and Family Department (NM CYFD). The contents of this package were developed under a contract with The Adoption Exchange, Inc. which operates as NM CYFD's primary partner to carry out the services of the Step Up! Diligent Recruitment project and a subcontract with La Familia, Inc.

A Note about the Curriculum Development Team...

The Training curriculum was developed by Traci Tippet, LISW and reviewed by Megan Walsh, LISW from La Familia, Inc. The Grief Group curriculum was developed by Kelly Geib-Eckenroth for the Children's Grief Center of New Mexico and Megan Walsh for La Familia, Inc. It is expected that this curriculum will be revised during this funding period in order to complete the project with a fully implementable package. La Familia was supported in the development of these materials by Linda McNall, contracted consultant with The Adoption Exchange and former NM CYFD adoption administrator. All materials were also reviewed and modified by the Project Management team from The Adoption Exchange Inc. (Melody Roe and Amy Kindrick), NM CYFD (Isela Burciaga and Renee Fitts) and Shaening & Associates, Inc. (Mary Ann Shaening).

Guidelines Specific to Project Valor:

Training & Support Group Goals

These trainings and support groups will:

Impart up to date and accurate information about grief and loss and the foster parent experience

Impart information about how foster families, case workers and children interact and the way that grief and loss impact those communications

Help concurrent foster parents explore the psychological and emotional implications of unresolved and unaddressed grief and loss on parenting children from hard places

Basic skills learned:

Participants will increase their awareness of their own grief and loss experiences and the way they impact their daily lives

Participants will increase their sensitivity to the grief and loss experiences of others

Curriculum

The curriculum includes:

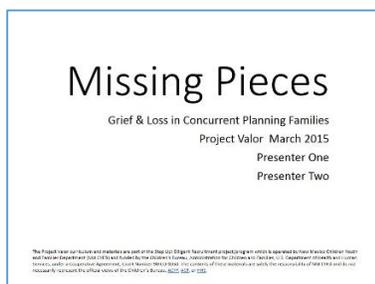
Training Powerpoint and Notes

12 Monthly Support Group Plans and Notes

Interactive exercises that promote skill development

Exercises that promote increased awareness

Handouts



Slide 1 & 2:

Allotted Time: 15 minutes

Trainer Notes/Comments:

Introduction: Welcome the group and be sure to cover logistics about:

Bathroom locations

Breaks

End of the session

Taking calls outside the meeting room, etc.

It is also important to let participants know that the training is designed to address the grief and loss that accompanies the hard work that foster/adoptive parents do. The training is called Missing Pieces because sometimes concurrent foster families feel like pieces of their family are missing. Without recognizing and processing these losses, concurrent foster families are left with holes in their family puzzle.

Go over the agenda quickly with participants.

Encourage participants to share thoughts and feelings about the issues addressed in this training. Let them know that the schedule is tight and they are always welcome to talk to you or their worker outside of the training as well.

The Concurrent Plan

- Moves children/youth more quickly to a safe and more stable permanent family. This process involves engagement with the family, open communication and specific case planning intended to achieve timely permanency
- Back up plans are essential
- For a foster family that begins to love and wants to adopt the child in their home, reunification can be a scary thought and means that loss is inevitable
- For a foster family that loves a child, but does not want to adopt, a failed reunification plan can impact family dynamics positively or negatively

Slide 3

Allotted Time: 5 minutes

Trainer Comments/Notes:

It is essential in child welfare that we have back up plans. Although many reunification situations are successful, some fall apart either before the child gets there or after the placement occurs. In any case, it is helpful to have a Plan B in place. Sometimes this means that the foster parent adopts the child and other times it means that the child remains in placement with the foster family while the state looks for an appropriate family. We know that there are families that hold out hope that the reunification plan does not work so they can adopt the child. This perspective can make things much more difficult for the child and the foster family as the foster family may not be as invested in working with the biological family to support the child's reunification goal. There are also families that want the reunification plan to work but who have grown attached to the child and want to consider adoption at a later time.

Concurrent Planning is a process that allows CYFD to provide reunification services to the child and the family at the same time as CYFD works on an alternative plan, such as adoption, permanent guardianship, or placement with a fit and willing relative. In the past, child welfare workers have focused their early efforts on attempting to rehabilitate parents and return children home. Only after those efforts were proven unsuccessful were alternative permanency plans identified and implemented. Through Concurrent Planning, a child can be placed in a permanent home more quickly. If a case is determined to be appropriate for Concurrent Planning, an effort is made to find an available Concurrent Planning Family which is a good match for the child. A Concurrent Planning Family is one that is willing to work with the birth family and CYFD toward reunification and also willing to adopt the child if reunification cannot be accomplished and adoption is the alternative plan.

In New Mexico, a case is determined to be appropriate for concurrent planning if the following criteria are met:

- Children and their siblings who have been in custody and adjudicated in the last five years
- Children who have been in the custody of another state and adjudicated in the last five years

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- Children who have siblings in custody

Trainer Note: Be ready to discuss the state's definition of Concurrent Planning and allow some limited discussion of the participants' feelings about concurrent planning.

Activity 1 Stages of Placement

Slide 4:

Allotted Time: 10 minutes

Review the Stages of Placement

1. Trainer should give participants Handout A.
2. Read through the stages out loud and encourage the participants to share any thoughts or comments.

Stage 1: Adjusting and Assessment

Adjusting to the child in the home (or out of the home for the biological parent) is not easy, although for the child there may be less acting out behaviors during this time. Each party (foster parent, child, bio parent) is making assessments about the family, personalities, and behaviors. Parents cannot assume that the child will roll into the routine in their family without a struggle. It is essential that there is routine, structure, and consistency. The child has lost tangible items: family, friends, pets, school, community but also intangible losses such as: cultural aspects, smells, sounds of family, safety, privacy, self-esteem, etc. New foster/adoptive parents may experience the intensity of having the family dynamics impacted by a foster child. Concurrent parents are assessing the needs of the child; looking at intellectual functioning, emotional issues, physical needs, coping skills, frustration tolerance, and interpersonal issues.

Stage 2: Us and Them: Similarities and Differences

During the early stages of placement, the family and child are looking to find common ground. Differences can be subtle or glaring. Some children may or may not have had experiences living in a family environment. Sitting down to dinner, having limits regarding behavior, hanging out together, and eating in a restaurant may all be new experiences for the child. Differences in beliefs, values, and respect can certainly be emotional and/or behavioral triggers for everyone involved. It is often helpful to focus on where there are similarities. Sometimes we have to wake up our awareness to this notion. Here are a few examples: children love their parents no matter what, adversity can change all of us and we all need to be nurtured even if it looks differently for each of us.

Stage 3: Settling in and Acceptance: During this stage, the child is beginning to be more familiar with the family's routine. Children in care trust routine and structure before they trust the relationship with the foster parent. As the child adjusts to the routine, chances are they may be feeling safer. This can be a little tricky because the child may now feel safe enough to begin to exhibit negative behaviors. When this happens, family members may feel loss, as they realize there are emotional and behavioral issues they were not expecting. The family may be attempting to set expectations about behavior and meet with resistance from the child. This is the time for the foster parents to work toward "accepting" the child's issues. The birth parents may be realizing how difficult it is to be without their children at home. They may be working to accept their parenting/treatment plan, learn how to relate to the foster parents, and how to navigate their life with many new players involved.

Stage 4: Working toward healing: Children begin to tell their stories or pieces of their stories during this stage. The child (ren), if in therapy, are addressing difficult material that may impact their behavior. Parents may hear traumatic material from their foster child's life prior to placement and need help managing their emotional reactions. Perhaps therapy sessions are in place and visitation with the bio family is occurring. Foster parents and bio parents may be learning or refining their abilities to be therapeutic. There may be many appointments during the week which adds stress to the family's schedule. Often times, foster parents experience feelings of loss when they realize that behaviors that took years to develop in children are not going to be resolved quickly no matter how much they love the child.

Stage 5. Maintaining the placement: Stages 4 and 5 are intrinsically linked. Children are working on addressing the issues that brought them into care. They are learning how to live in a loving family with boundaries, limits, nurturing, and structure. Hopefully their experience is a corrective one. This is probably unfamiliar territory for the child and they will work to recreate environments that are more familiar to them: chaos, abuse, neglect, fighting, etc. Parents have to work on being the pacesetter for the child. That means managing the timing of consequences and taking time away from the situation to cool down. Parents have many opportunities to teach the child about families, feelings, responsibility, and difficult times. All parties are participating in managing the child and helping the child be successful. It is important to document the child's time with your foster family. With permission, videos and pictures can provide the child with a snapshot of their time with you; documenting significant moments in the child's life.

Stage 6. Transitioning: At this stage, it is time to begin preparing the child to return home or to transition to an adoptive family. Hopefully the child has been visiting with his or her parents if reunification is the plan. There are significant feelings during this time (anxiety, sadness, hope, etc.). In some situations, the foster family may experience reservations about the child's return to the birth family or feelings about the potential adoptive family. This can be a difficult situation for all parties involved. If the child is going to be adopted by the concurrent foster family the transition may be easier but we can't forget that the child may have feelings about the actual adoption process, a potential name change, and/or perhaps a decrease in parental visits or actual termination of parental rights. If the child is going to be adopted by a family previously unknown

to them, there are certainly more issues at hand. The child and family will begin the placement calendar. Visits will begin to occur, increasing in time and frequency until the end of the calendar, with the hope that the child will then move in with the family. In a best practice situation, the child, foster family, caseworker, and therapist are talking about the ongoing visits and helping to manage and support the child's feelings. All parties need to be as prepared as possible in order for the move to be successful.

Stage 7. Letting Go: It is essential that there is closure for the foster/concurrent family and for the child. Clothes, toys, personal items, photo albums and life books must follow the child. Too many times, children in foster care have gaps in their memories regarding placements, families, schools, friends, etc. The concurrent family can certainly benefit from having copies of pictures as well. Caseworkers typically steer the family toward a structured ceremony when the child is being moved into an adoptive home; however, the family often has their own memorable meal or activity to celebrate their time together. As the child moves from one home to another, their level of anxiety may increase. In many places, the biological families work closely with concurrent families and maintain contact after the child has been placed. It is important for there to be times to check in, during visits and after placement with the concurrent family. The child's needs are best served by ongoing contact with important people in their lives despite a change in living situation. When letting go needs to happen in a disruption situation, the family and child are especially apt to experience complicated loss as often the removal is swift and there can be strong feelings involved for all parties.

Allotted Time: 25 minutes

ACTIVITY:

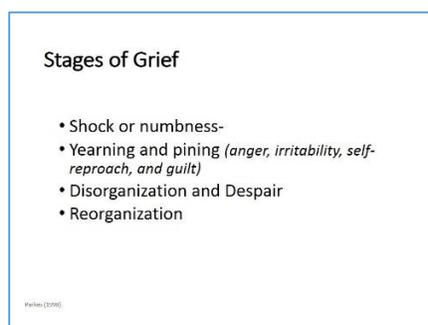
Briefly review the stages listed on Handout A and let participants know that the activity is designed so that participants can learn about the stages of placement from each other.

Break up into 7 small groups (i.e. 4 or 5 people per group) or ask participants to form pairs with someone they don't know. Give each pair or table Handout B with information about the stages of placement. Participants can also add to this information from their knowledge and experience.

Give each group one stage to focus on and let the groups work for about **10 minutes**. Then have each group talk about the stage they worked on.

Encourage each pair/table to be ready to provide:

- a. quick overview of their assigned stage
- b. a couple of examples from their experience



Slide 6. Stages of Grief

Allotted Time: 15 minutes

Trainer Notes/Comments:

For most people, this is new material. It is important not to rush the delivery of this information. Encourage questions and examples from the participants to help solidify information.

When we think about foster and adoption issues, it is necessary to understand loss. Loss affects children in placement, biological families, foster parents and adoptive families. In most child welfare curriculum, the stages of grief are presented using Elisabeth Kubler-Ross's 5 Stages: anger, denial, bargaining, and so on. This training uses the work of Collin Murray Parkes, a British psychiatrist who partnered with John Bowlby to develop theories of attachment and loss. The stages have been adapted to include examples of loss within the child welfare system. This work adopts the notion that there are certain similarities between death and loss and thus presents the stages to help us identify feelings associated with grieving.

The stages are:

1. Numbness- when learning of the loss or learning that a move is coming
2. Pining- characterized by intense feelings of grief. Yearning for what was. There may be physical manifestations: stress, loss or more sleep, poor short term memory, general symptoms of depression
3. Disorganization and Despair- feeling overwhelmed, experiencing sadness, reliving the loss and perhaps "anger at the system," or anger about the manner in which the child was moved, worry that the child or family was not prepared, feeling powerless about the decision, etc.
4. Reorganization- this stage occurs when the person accepts on some level that the loss has occurred and begins to adapt to the loss.

It is essential to remember that separating a child from their family is loss. The removal is often traumatic. Birth families and children are experiencing intense feelings of loss. They may or may

not be able to identify the feelings as loss. When a child moves from a home, be it as a disruption or a mindful reunification or adoption, there is loss for the child and for the family.

Activity: Stages of Grief

- Foster child
- Parents of foster child
- Concurrent family (concurrent family's bio children)
- Adoptive family

- Let's look at the handout

Slide 7: Activity**Trainer Notes/Comments:****Allotted Time: 30 minutes**

It is important to give participants Handout B before reviewing the instructions for the activity.

1. Provide an introduction for the activity. The trainer may say something like: “Let’s see if we can put this all together. We have reviewed the stages of placement and the stages of grief and loss. This handout is designed to help us become more aware of what each person in the foster/adoption triad may be experiencing.”
2. Explain what is on the handout (“On the top of the handout are the stages of placement that we first went over...”). Ask participants to divide into pairs.
3. Provide instructions to participants. Please work in pairs, using the handout to discuss the stages of grief that were just explained. Think about the child, concurrent planning foster family (including their biological children), the adoptive family, and the birth family as they move through the foster/adoption process.

Trainer Instructions: Explore whether participants can identify stages of grief that may arise during each stage of placement. If you encounter confusion, you may choose to have participants talk in general about the stages of grief and use the handout as a visual aide.

The goal is to have the groups describe what these stages might look like emotionally or behaviorally from each perspective.

Trainer Note: Be prepared to give an example.

Example: During the adjustment and assessment stage the child may be experiencing numbness. He/She/They may be particularly quiet or agreeable during the first several hours or days following the move.

Example: An example of the adjustment and assessment stage for parents may be that they are unable or unwilling to see their own expectations as a barrier for the child's adjustment to the family.

4. After discussion, the trainer should provide a summary for the activity such as: "Through this process we can begin to see that loss is front and center for our families, the children we serve and their families. The intent of this training is to begin to explore this central issue."

Factors that Affect Grief and Loss

- The family's *perception* of the loss when the child changes placement
- The nature of the attachment to the child
- The manner in which the child was placed with the family
- The manner in which the child left the family
- The way in which the parents(biological, foster) help family members understand the loss
- Personality of each family member

Slide 8: Factors that Affect Grief and Loss

Allotted Time: 15 minutes

Trainer Notes/Comments:

Review each point and provide a description. Ask participants to provide examples from their experience.

The family's *perception* of the loss when the child changes placement-

The family may or may not be ready for the change in placement, be it the biological parents who have just lost their child or the concurrent planning foster parents who have received a child in the middle of the night. The concurrent foster parents may have thought they were prepared to parent certain behaviors and then were introduced to a child for whom they were not prepared. Does the person or couple understand they are experiencing loss? Was the loss sudden or unexpected? Was there preparation for the change?

The nature of the attachment to the child-

Who was caring for the child when the child was moved? Was this a temporary placement? Was the child placed with a foster family as an infant and now at 28 months is being moved into an adoptive or relative family? Perhaps the concurrent/foster parents were ambivalent about the possibility of adoption. Can they still experience loss?

The manner in which the child was placed with the family-

The way in which the child is placed with a family has an impact. Was this an expected move or change of placement? Did the move happen in a manner that respected the needs of the child or the foster family? Were the bio children of the concurrent family 'in' on the decision? Did the concurrent family feel pressured to take the child and had unspoken feelings about it which they could not or did not express?

The manner in which the child left the family-

The grieving process can certainly be complicated by an unexpected move. Children and/or concurrent parents may or may not have time to say goodbye. Sometimes a judge may order a move that is unexpected. Sometimes a child is moved in an emergency situation due to abuse or

neglect allegations against the family and is unable to return due to safety concerns. A child may be moved from the home and separated from siblings due to a determination that the relationship between siblings is unsafe. Sometimes a child is in need of a higher level of therapeutic care and then does not return to the prior home. On the flip side, grieving, although painful, can occur more naturally if the child and all parties involved are honest about the move, inform the child about timelines and if all persons are adequately prepared and supported.

The way in which the parents (biological, concurrent planning) help family members understand the loss-

Siblings, extended family members, and community members are affected by the comings and goings of foster children. From their own biological families to concurrent planning foster families, there will be conversations regarding the child. How this information is delivered affects the receiver of the information. Biological siblings of the child may be scared that they will be “taken” too. Foster siblings may be surprised to learn that the child is moving and may have strong feelings of loss or relief.

Personality of each family member-

When it gets right down to it, we are all different and our levels of resiliency are also different. Some of us are less reactive or more reactive. Some of us attach more quickly or don't. We manage grief and loss differently. Period.

Ask participants if they have experienced any of these factors or have seen others experience these factors. Encourage sharing.

4 Tasks of Grieving

- Accept the reality of the loss
- Address the pain
- Adjust to the external (and internal environment)
- Find an enduring connection and move forward

Slide 9: Four Tasks of Grieving

Allotted Time: 15 minutes

Trainer Comments/Notes:

Review the slide with participants.

Task 1. Accept the reality of the loss-

Deal with the loss head on.

Avoid denying the power of the relationship.

Avoid removing all of the reminders.

Task 2. Address the pain

For example:

- How do you deal with the pain when a child moves on?
- Who do you talk to about your feelings?
- Do you take time to reflect on the child and the experience(s) you had with them in your home?
- Do you want another child place with you right away?
- Are you able to set limits with caseworkers about how much time you need between kids?

Task 3. Adjust to the external environment

Adjusting to how the environment changes when a child leaves can be difficult. Think for a minute about how the routine changes, how the family dynamics and/or structure in the home change, how the sounds, smells, and activity levels may be effected, etc.

How about your internal environment? There are those of us who need to be needed. What do we do when the role that defines us as foster parents changes because our foster children have moved from our homes?

Task 4. Finding an enduring connection, with the child, and move forward.

Memories, communication via phone, email, texting, etc.

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Think About It/Debrief

- Think about the loss in your life
- Do you think that you have worked through the tasks of grieving?
- Do they seem applicable in your work with the child welfare system?

Slide 10: Think About It/Debrief

Allotted Time: 10 minutes

Trainer Notes/Comments:

1. Have participants take individual time and reflect on the tasks of grieving.
2. Ask the participants to think about the loss in their lives as concurrent foster parents and to speculate as to whether these tasks of grieving are applicable. Do they experience loss when a child leaves? If so, how do they experience the loss?

Scenarios

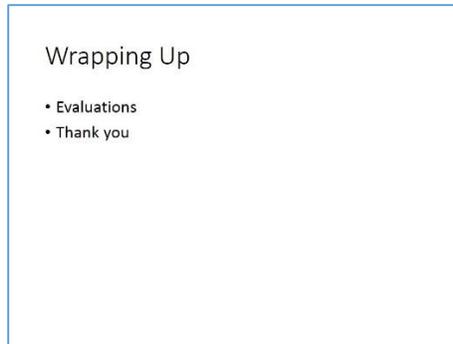
- Let's work in table groups to review the scenarios and then talk about them as a large group.

Slide 11: Scenarios

Allotted Time: 20 minutes

Trainer Notes/Comments:

1. Thank participants for sharing examples and personal experiences.
2. Inform participants that the intent of working through scenarios is to pull all of the information together using real scenarios of children and families.
3. Give a scenario out to each table (Handout C). Have participants read it and answer the questions as a group.
4. The trainer will read each scenario during the review and then have the group answer the questions. Participants from the larger group can also share thoughts.
5. The trainer closes the activity by asking participants to share any last thoughts about the impact of loss in their lives as foster families and/or concurrent planning foster families and what they may have learned today about ways they can work through that loss.

**Slide 12: Wrap up and Evaluations****Allotted Time: 10 minutes****Trainer Notes/Comments:**

Thank participants for their participation. Let them know that this was an overview of grief and loss in their role as foster parents. Ask the group, “How can we take what we’ve learned about grief and loss today and build a plan for getting our needs met?” Remind them that it is our job as adults to figure that out so that it doesn’t become the job of the next child placed in our home. Encourage the foster families to continue to explore this topic.

Hand out evaluations and ask participants to complete them. Remind participants of any upcoming support groups being scheduled in their area.

Stages of Placement Handout A

Stage 1: Adjusting and Assessment

Adjusting to the child in the home (or out of the home for the biological parent) is not easy, although for the child there may be less acting out behaviors during this time. Each party (foster parent, child, bio parent) is making assessments about the family, personalities, and behaviors. Parents cannot assume that the child will roll into the routine in their family without a struggle. It is essential that there is routine, structure and consistency. Help participants think about loss related to this stage. The child has lost tangible items: family, friends, pets, school, community but also intangible losses such as: cultural aspects, smells, sounds of family, safety, privacy, self-esteem, etc. New foster/adoptive parents may experience the intensity of having the family dynamics impacted by a foster child. Concurrent parents are assessing the needs of the child; looking at intellectual functioning, emotional issues, physical needs, coping skills, frustration tolerance and interpersonal issues. They are also trying to decide if they are able to commit to being a permanent placement option for the child if needed.

Stage 2: Us and Them- Similarities and Differences

During the early stages of placement, the family and child are looking to find common ground. Differences can be subtle or glaring. Some children may or may not have had experiences living in a family environment. Sitting down to dinner, having limits regarding behavior, hanging out together, or eating in a restaurant may all be new experiences for the child. Differences in beliefs, values and respect can certainly be emotional or behavioral triggers for everyone involved. It is often helpful to focus on where there are similarities. Here are a few things to think about during this stage: children love their biological parents no matter what, adversity can change all of us and we all need to be nurtured even if it looks differently for each of us.

Stage 3: Settling in and Acceptance

During this stage, the child is beginning to be more familiar with the family's routine. Children in care trust routine and structure before they trust the relationship with the foster parent. As the child adjusts to the routine, chances are they may be feeling safer. The child may now feel safe enough to begin to exhibit negative behaviors. When this happens, family members may feel loss, as they realize there are emotional and behavioral issues that the child brings to the family. The family may be attempting to set expectations about behavior and meet with resistance from the child. This is the time for the foster parents to work toward "accepting" the child's issues. The birth parents may be realizing how difficult it is to be without their children at home. They may be working to accept their parenting/treatment plan, learn how to relate to the foster parents and how to navigate their life with many new players involved.

Stage 4: Working toward healing

Children begin to tell their stories or pieces of their stories during this stage. If the child is participating in therapy, the chances are likely that they are addressing difficult material. This may impact their behavior. Foster parents may begin to be pulled into the session, if the child is being seen in individual therapy. The foster parents may also be involved from the beginning of the therapy process. The foster parents may be updated on information from the child welfare agency that is difficult to hear. They may begin hearing traumatic material from the child. If appropriate, visitation is occurring with the biological family. Visits can be challenging for everyone involved and the child's behaviors may be better or worse before and after visits. The child may be distracted or excitable at home or in school on the day of, the day before, or the day after a visit. Foster parents and biological parents may be

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practicing new skills and/or learning or refining their therapeutic abilities. Healing may require many appointments and a lot of time. Healing also occurs in the home, on the way to school, and to and from the grocery store. The foster parent should be the primary therapeutic agent for the child at this point.

Stage 5: Maintaining the placement

Stages 4 and 5 are intrinsically linked. Children are working on addressing the issues that brought them into care. They are learning how to live in a loving family with boundaries, limits, nurturing and structure. Hopefully their experience is a corrective one. This is probably unfamiliar territory for the child and they will work to recreate environments that are more familiar to them: chaos, abuse, neglect, fighting, etc. Parents have to work on being the pacesetter for the child. That means managing the timing of consequences and taking time away from the situation to cool down. Parents have many opportunities to teach the child about families, feelings, responsibility, and difficult times. All parties are participating in managing the child and helping the child to be successful. It is important to document the child's time with your foster family. With permission, videos and pictures can provide the child with a snapshot of their time with you and document significant moments in the child's life.

Stage 6: Transitioning

At this stage, it is time to begin preparing the child to return home or to transition to an adoptive family. If the child's plan is reunification, they have most likely been establishing consistent visitation. It is common for the foster family to be experiencing ambivalent feelings about the child's plan. There are significant feelings during this time for everyone (anxiety, sadness, hope, etc.) and, in some situations, the foster family may experience reservations about the child(ren)'s return to the birth family or feelings about the potential adoptive family. This can be a difficult situation for all parties involved. If the child is going to be adopted by the concurrent foster family, the transition may be easier, but the child may have feelings about the actual adoption process, a potential name change and/or perhaps a decrease in parental visits or termination of parental rights. If the child is going to be adopted by a family previously not known to them, there are certainly more issues at hand. The child and family will begin the placement calendar. Visits will begin to occur; these will increase in time and frequency, with the goal that the child will move in with the family at the end of the calendar period. In a best practice situation, the child, foster family, caseworker, and therapist are talking about the ongoing visits and helping to manage and support the child's feelings. All parties need to be as prepared as possible in order for the move to be successful.

Stage 7: Letting Go

It is essential that there is closure for the foster/concurrent family and for the child. Clothes, toys, personal items, and a photo album, and life book follow the child. Too many times children in foster care have gaps in their memories regarding placements, families, schools, friends, etc. The concurrent family can certainly benefit from pictures as well. Caseworkers typically steer the family toward a structured ceremony when the child is being moved into an adoptive home; the foster family often has their own memorable meal or activity to celebrate their time together as well. As the child moves from one home to another, their level of anxiety may increase. In many places, the biological families work closely with concurrent families and maintain contact after the child has been placed. It is important for there to be times to check in during visits and after placement with the concurrent family. At times, an adoption will be pending when circumstances warrant a change of plan. This can happen for many different reasons and is not necessarily the fault of any party. When letting go in a disruption situation, the family and child are still apt to experience complicated loss as often the removal is swift and unresolved feelings about the situation

are common. Families need to be open to continuing whatever type of contact is in the child's best interest on a long term basis.

Handout B

Stages of Grief and Loss: Numbing, Pining, Disorganization and Despair, Reorganization

		Child	Concurrent Planning or Foster Family	Adoptive Family	Biological Family
1	Assessment & Adjustment				
2	Similarities & Differences				
3	Settling In				
4	Healing				
5	Maintaining				
6	Transitioning				
7	Letting Go				

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Handout C

Scenario #1

Jack and Danielle became foster parents for Riana, who was 18 months old. Jack and Danielle fostered Riana for 9 months. At 27 months, Riana was reunified with her mother. Jack and Danielle were ready to adopt this child and she had become an important part of their family. Riana made substantial progress while she was in their home. They witnessed her saying her first words and they helped her with potty training.

What do you think the reunification process should look like for this child?

What are the factors that might affect how this child experiences loss?

Talk about the 3rd task of grieving for Danielle and Jack.

Scenario #2

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Linda was told, during a Family Centered Meeting, that her foster son, Jorge, would be going home to his father. The father was recently located and did not know that he had a son. The father stated that he is willing to work a treatment plan with CYFD and can manage visits, as he has flexible hours at work. An initial visit was scheduled during the meeting with the father, via telephone. Jorge is 3 years old and has lived with Linda for 10 months. Linda does not think that Jorge's father should have custody of him. Linda and the CASA worker believe that Jorge should live with his mother. The Permanency Placement Worker (PPW) does not believe that Jorge's mother "is quite ready," to take care of him as a single parent. She still has to find care for Jorge while she works a day shift. For several days following the meeting, the PPW has tried to call Linda to talk about the plan. The PPW has left 2 messages. Linda has not returned the calls. Linda called the receptionist to cancel the first visit with Jorge's father claiming that Jorge was sick.

What is the placement stage? What behaviors made you think that?

What stage of grief do you think Linda is experiencing?

What are the losses that Jorge will experience?

What should the time line be to transition Jorge from Linda's to his father's home?

Scenario #3

Gus (6) and Tessa (5) have been foster children in Melody's home for 4 months. Initially, Melody thought she might be a permanent placement for Gus and Tessa but an aunt and uncle were identified and the plan is now to place the children in their home when the home study process is complete. Gus and Tessa are both in individual therapy and have family sessions with Melody as well. Gus has begun talking about the physical abuse that occurred while living at his uncle's home. Tessa has not mentioned therapy in several weeks and has been pretending that she is asleep when her aunt and uncle call at night. Tessa has also been sneaking into the kitchen at night and eating food that she is not allowed to have on her gluten-free diet. Melody cannot figure out why Tessa is "so sleepy and so defiant."

What is the stage of placement?

Why do you suppose Melody is having such a difficult time understanding Tessa's behavior?

Talk about Tessa's loss. What would be helpful for her?

Scenario #4

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At the most recent CYFD meeting, a placement calendar was set for Devonte. For the past several months, Devonte's foster father, Chris, has known that Devonte will be going to live with his relatives in Maryland. Chris and Devonte have had regular communication with the relatives by phone and by Skype. Devonte has been in therapy and has been working hard to manage his anger. The relatives have participated in therapy, via phone, and are excited about this move. Chris knew that Devonte was a legal risk placement when he agreed to take Devonte. Chris has enjoyed being a foster parent and had no desire to adopt. Over the past year, however, Chris and Devonte have grown close and Devonte has now expressed his desire for Chris to adopt him. Chris believes that he will "let Devonte down," if he doesn't try and fight the adoption. With less than 8 days before the move, Chris decides to contact an attorney.

What is the stage of placement?

What is happening for Chris?

What factors will influence how Devonte experiences this loss?

How might Chris's decisions impact his future contact with Devonte?

Scenario #5

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Estrella (10) was placed with a foster family at 2:00 a.m. on a Saturday night. She awoke on Sunday to unfamiliar sounds and smells. Sunday was the “big cowboy breakfast” day at the Schneider’s home. Joanne, the foster mother, calls for Estrella to come into the kitchen. Estrella does as she is told. She pulls out a chair, sits down and is quiet during the meal. She watches as the family members begin to talk and eat. Estrella asks to be excused, gets up and goes to her room. She remains in her room for the rest of the day.

What is the placement stage?

What stage of grief is Estrella most likely experiencing?

How can her foster parents help her best?

Missing Pieces

Grief and Loss in Concurrent Planning Families

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Participant Evaluation

We would like to know what you think about this training. Please complete this survey and return it to the trainer before you leave. Your feedback is appreciated.

Date: _____ Location: _____

Please rate each of the following items by marking the appropriate response.

	Strongly agree	Agree	Disagree	Strongly Disagree
The information about the Stages of Placement was helpful				
The information about the Stages of Grief was helpful				
The information about the Factors that Affect Grief and Loss was helpful				
The information about the Four Tasks of Grieving was helpful				
The Scenario Activities helped deepen my understanding of grief and loss				
The trainer presented the material clearly				
There was enough time for questions and discussion				
I learned important things about how grief and loss affect everyone				
I learned about how grief and loss impacts me and my family				
The training will help me provide a safe and stable home for children				
I would recommend this training to other families				

What was most helpful in this training?

What was least helpful in this training?

Do you have any recommendations for improving this training?

Thank you!