

Helping Youth in Care Deal With Grief and Loss **by James R. Harris Jr., M.A.**

Children in residential placement have been removed from their families of origin. In some instances, their families abandoned them. (And, even in cases when a child's parents did not abandon them, it still may very well feel that way.) Regardless of the circumstances, youth placed in residential care are separated from their families - and they have no idea when or if they will ever return home. Thus, it is only logical that youngsters in this predicament would feel a sense of loss. Their behavior(s) can signal a child's inner turmoil and pain.

Residential workers may bear the brunt of a child's pain as they lash out. Residential workers may bear the heartache of listening as a child cries in sorrow. It comes with the job. It is why residential workers have one of the toughest jobs around, and why they must be up to the challenge of truly helping youth in care deal with their issues of grief and loss.

Our Grieving Children

Youth in care know they are different. If they go to public schools this disparity is even more intensified. In a story of second grad children who were told one of their classmates was adopted, the most common response was, "I'm sorry." (Paddock, 2002). Imagine the child that is not adopted. Imagine what it must feel like to lose your parents and then have to face the realization that not only were you abandoned, but also that nobody else seems to want you? Such are the feelings of loss that many children in care face. They have lost their birth parents and will have to confront the reality that painful, sad things can happen to them (Paddock, 2002).

When one investigates issues of loss for youth placed in protective care they ascertain that one of the first feelings a child will express is that it was his/her fault. Many feel that they were the reason they lost their parents. There is this incredible void in their lives and the children believe they are responsible for the chasm. That is why residential staff members must make the milieu a place to which the child feels connected. We need to embrace our children, nurture their hopes and dreams, show them opportunity, and guide them through struggle and challenges (Allen, 2002).

Caring compassionate adults are cornerstones in helping youth deal with grief. Its stages are not linear. There will be the good days, and the "not so good" days. Shock, denial, anger, regression, guilt, bargaining, and finally acceptance are the myriad of emotions that are part of the healing process called grief (Zotovitch, 2000). Three common signs that staff should expect to see in grieving children are:

- * Anger
- * Withdrawal
- * Anxiety

An appropriate way for staff to help children with these issues is to assure them that what they are feeling is okay. Dee Paddock (2002), a counselor from the state of Colorado, who specializes in adoption work with children, believes that:

The approach of caring adults should be to validate the child's experience by talking about it - first, name the feeling that's going on - anger, depression, anxiety, then check it out with the child. You can help them find ways to cope.

Let children know they are not foolish or uncaring if they feel sad or angry or fearful. No one can make these children's losses smaller by suppressing them. Caring adults can, however, help them make the rest of their lives bigger (p. 2).

Ways to Help Children Cope With Grief

The following section is complete with tips for helping children cope with feelings of grief and loss. They are listed here to appeal to a wide audience. The material can be utilized to help a child new to residential placement, as well as the child who has experienced (another) significant loss. As with any suggestion in this article, consult with your agency's clinical team if there are any questions regarding this information. The following tips come from the *National Association of School Psychologists* (NASP) (2001).

- * Allow children to be the teachers of their grief experiences. Give children the opportunity to tell their story. The adult should be a good listener at this point.
- * Grieving is a process, not an event. Programs need to allow adequate time for a child to grieve in the manner that works best for that individual. Pressing children to "resume" normal activities without the chance to deal with their emotional pain may prompt additional problems or negative reactions.
- * Don't lie or tell half-truths to children about the tragic event. Children are often bright and sensitive. They will see through false information and wonder why you (the staff member) do not trust them with the truth. Lies do not help the child through the healing process or help develop coping strategies for life's future tragedies and losses.
- * Don't assume that children always grieve in an orderly or predictable way. We all grieve in different ways. There is no one "correct" way for people to move through the grieving process.
- * Let children know that you really want to understand what they are feeling or what they need. Sometimes children are upset but they cannot tell you what will be helpful. Giving them time and encouragement to share their feelings with you may enable them to sort out their feelings.
- * Children will need long lasting support. The more losses the child or adolescent suffered, the more difficult it will be to recover.
- * Keep in mind that grieving is hard work. This is true regardless of an individual's age.

Creativity to Help a Child Express Their Feelings

Being creative can also help youngsters deal with the grieving process. One way to help children express their internal pain is through artwork. If a child cannot verbalize feelings he/she may be able to draw them. (Even those who can express their feelings through words sometimes find it easier to draw pictures.) When the drawing or other piece of artwork is completed, the staff member may then have the opportunity to explore the child's feelings by talking about the art. The youth may not want to talk. This is okay. Eventually they will.

In the interim, the staff member can bring the artwork to the child's clinician, or at least tell that person about it. However, if the child wants to talk about his/her drawing with an adult at the residence, the staff members should not shut the youngster out. The residential worker can make statements such as, "I hear what you're saying," or "You

know, this picture shows the feelings you are telling me about." The staff member can then add, "I really appreciate your telling me about these feelings. I also think that your clinician would like to see this picture and hear you explain it. Is this okay?"

An additional way for children to express their grief is to write about it. For some children keeping a journal is a wonderful way to facilitate the grieving process (Zotovich, 2000). While this creative approach may also require clinical interpretation, there is nothing prohibiting residential staff members from encouraging children to write down what they are feeling. This will help the child to state what is going on and (hopefully) give them a way to process feelings without acting out with frustration and anger in the milieu. In addition, it could alleviate the potential of the child becoming withdrawn in the residence.

Children need to have an outlet to express their feelings. Drawing pictures, or writing in a journal, gives them such an outlet. And, like a drawing, the child's journal can be processed between the youngster and clinician. (If the child wants the residential staff member to read their journal the same verbal cues can be utilized as with the artwork. It all depends on how comfortable the adult feels, and what the agency has decided in regards to staff-child "therapy.") It should be noted here that a **child's journal is their private property**. Staff members do not have an automatic right to read it. It is the child's choice as to whether the residential worker can read his/her journal.

The Last Word is That its All About Caring Adults

Being creative, being a good listener, and knowing the signs of a grieving child are things that make the residential staff member an important helper. In many ways our work still comes down to the basic premise that all children need at least one caring adult to believe in them; someone they can trust - and count on - during the tough times. In no instance is this any truer than when assisting a child dealing with grief and loss. The single most important factor that helps grieving youth to become emotionally adjusted and competent adults is the active involvement of at least one adult who cares (Edelman, 1998). As these caring adults, we must be listening to, and watching for, what children say and don't say. Residential workers must be ready to help when children are *calling* us. Having a good listener hear their feelings is the first thing that youth need to realize to begin their expression of grief.

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