



● Parenting Mindfulness Moment 8

“The Calm Safe Place”

(Adapted from Shapiro, 2001)

This exercise is designed to become a resource to you anytime you need to self-regulate and find a calming grounding moment. This could be used as part of your STOP model, to start off the day from a calm and grounded space, or even as a bedtime meditation. The idea is to work on your internal world through visualization. Pay special attention to your physical states and notice as tension begins to leave your body. It is more important to notice your shifting states than to attain complete and total relaxation. Mindfulness is a practice and will improve as you become more regular in your use of the techniques.

Step 1: Bring a calm and safe place to mind. It can be a real place you have visited or else a place you can imagine. The place should be one that generates a sensation of peace and calm when imagined.

Step 2: What details do you imagine as you visualize the place? Are there sights or sounds connected to the image? Pay attention to what you notice sensing as you draw this place into your mind.

Step 3: Pay attention to what you feel in this moment. If the feeling is positive continue on. If anything feels negative just stop for now and go back to the butterfly hug.

Step 4: If you are noticing positive feelings of calm and relaxation just notice how your body feels and what sensations come and go. If you notice your thoughts drifting that is fine, you have noticed what your mind is doing (which is mindfulness). Notice how thoughts may just come and go when you do not resist them.

Step 5: Consider coming up with a word that connects you to this calm, safe visualization. If you would like, try saying the word to yourself. You can even try using the butterfly hug while in this state in order to help deepen the sensation.



CONCEPT 8

Grief and Loss

Caring for someone else's child will always include elements of loss. Children going into foster care or adoption includes a back story worthy of understanding and worthy of sensitivity. Parents caring for others' children will become familiar with their own feelings of grief and loss too.

"A reasonable response to unreasonable circumstances"

In her book *Creating Sanctuary*, Sandra Bloom describes trauma in these terms (2013). A child leaving their home with their parents and going to live with others is unnatural and shakes the fabric of logic and reality for a child. One day your life is what you have always known and the next it is completely different. It is likely that a child may be thinking that if this can change, then what else can

change? This may represent a first sense of loss for a child. Stability, normalcy, and predictability have all been taken from the child. This loss is also often linked to the loss of family members. Even when trauma is present in the home, children still love and often miss their family members. If they have been separated from siblings, this can be even more difficult.

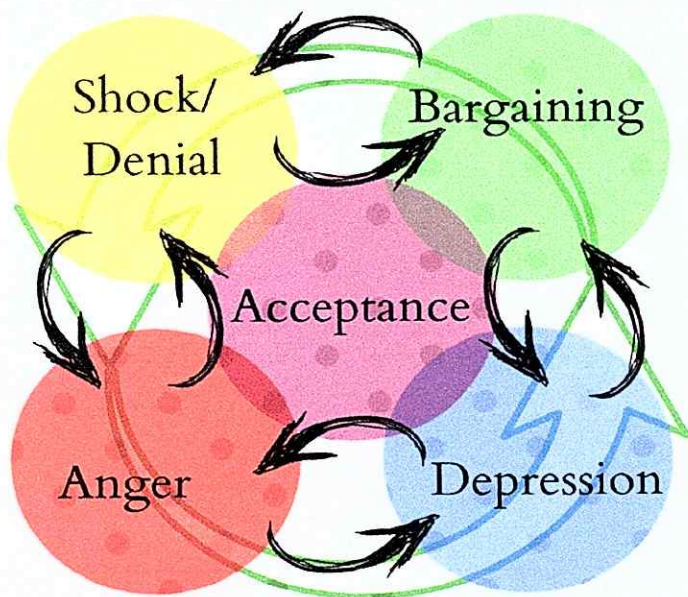
The uncertainty of substitutionary care may send a child bouncing back and forth through the various phases of grief and loss without a clear end in sight. It is very likely that you will witness a child move from shock to anger to bargaining within the same day or even same hour. Unlike traditional grief or loss, children have no clear ending point for their uncertainty. Hopes of reunification or even adoption are all determined by others, not the child, and sometimes have arbitrary and confusing timelines.

Then there is the parallel process on the part of the parent providing care for the child. How close does one allow oneself to get to a child who will, if all goes successfully, will be returning to their birth family. The process of grieving may begin while a child is in the home. Parents may also grieve the loss of existing as a 'traditional' family. All of the explanations to friends, family, and strangers in the community speak to the fact that a different track was taken for you and your family. There may also be a sense of loss when a child's attachment wounds lead to less than wonderful interactions. That 'ideal loving' household may never be attained. Yet something even more beautiful may be in store for those who make it to acceptance.

Even for parents who adopt children out of the foster care system, joy is often mingled with the mixed blessings of grief and loss. Successful adoption means another parent's rights have been permanently terminated. A birth family will never again reunify. A child will no longer have the possibility of just 'going home.' These themes are often revisited for children as they age through developmental and cognitive milestones. The grief and loss may be revisited again and again during the journey from childhood into adulthood.

The process of grief is hard work and takes considerable mental and emotional energy. Grieving looks different for every person and there is no sure-fire formula for how it 'must' be done. Healthy grief

takes time and healthy doses of understanding and empathy. You do not even have to have the right words to say as much as you have the right presence. Instead of looking at grief and loss as something to 'get over,' it can be looked at as pages or chapters in the book of a person's life. The pages cannot, and should not be removed. All previous pages lead up to this moment in one way or another. All future pages may contain references to the prior pages. Events of loss can become powerful defining moments for a person's story and should be given the honor and respect they are due. Good intentions in hoping someone 'gets over their loss' may unintentionally invalidate the depth of the experience, whereas just a few moments of well timed compassion and presence could make a world of difference as you share a piece of their story.



Phases Not Stages

In their classic work *On Grief and Grieving*, Kubler-Ross and Kessler described five parts of the grieving process through which a person may move in and out along their personal journey of loss (2005). The stages are fluid, may come in different orders, and may repeat. This is important to note as acceptance may not be a one time thing. Acceptance may need to be attained again and again as a person revisits personal milestones such as holidays, developmental stages, or even new placements in the home. Instead of looking at the stages as a rigid checklist, look at them as phases to move in and out of. Each phase is important to the process and may be particularly meaningful given current life events.

Children placed in foster care

Shock/ Denial: Feelings of unreality. Thoughts such as "this is just temporary," or "I'll be home in a few days." Shock may include 'honeymoon' phase and very few if any acting out behaviors.

Anger: Understandably mad at the world. Lots of angry and or aggressive behaviors and words. "I hate you, you're not my mom, etc.." Anger is often associated with an underlying fear. "How long until you reject me too?" Lots of the 'push' side of disorganized attachment. Avoidant, independent feelings are prevalent. "I don't need you, I can do it myself."

Depression: Reality sets in with accompanying feelings of hopelessness, lack of control, and despair. Children are beginning to understand that their circumstances are out of their control and even visitations with parents may or may not happen depending on someone else's choice not their own. Common for children to isolate or become distant. May also need lots of support and care. The 'pull' side of disorganized attachment is often experienced. Fear and anxiety are often underlying depressive states.

Bargaining: Thoughts such as, "if I'm good enough I'll get to go back home," or "if I'm bad enough they will get rid of me and I will get to go back home" are often part of the internal bargaining. Idealization of previous home is common and tendencies to overlook or rationalize aspects of abuse or neglect often occur.

Acceptance: Acceptance may come and go for a child in foster care. Special dates, anniversaries, holidays or reminders of trauma may disrupt periods of calm. For some children, acceptance may be associated with firming up case plans or other future oriented case decisions. Periods of acceptance may be marked by more security in attachment patterns and the ability to give or receive help. More child-typical roles may also become evident as opposed to the parentified and adultlike behaviors many children with relational trauma exhibit.

PHASE OF GRIEF AND LOSS

For foster parents: During Placement

Shock/ Denial: The reality of fostering crashes against the expectations. Some of the unrealistic expectations about 'saving a child' conflict with the shock of how truly challenging it can be to parent a child who has experienced trauma. Expectations about being adored or seen as a 'rescuer' may not match with children who miss their parents and feel scared, angry, or sad. A common thought is to feel unprepared, under-trained, and uncertain as to how long it can last.

Anger: It is common for parents to feel unappreciated, disrespected, and mistreated by children expressing anger, fear, and anxiety. "How dare you treat me this way," may be racing through parents' minds. It can be easy for parents to lash out in the only ways that they feel like they can including harsh punishments disguised as 'consistent parenting.' This thought may also drift into blaming birth families, the system, or anyone else. Thoughts of returning children or just quitting are part of this phase.

Depression: Parents often become isolated. Any failed attempts to secure respite may lead to hopeless feelings and learned helplessness. Parents stop asking for help and see this as their burden to bear alone, further isolating them from other help. Resentment may also build towards extended family who 'just don't get it.' Can lead to avoidant attachment patterns and disconnection with children.

Bargaining: "This could all change if we just got the right ____ (medication, treatment placement, different caseworker, split up the siblings, etc...). This phase is often marked by rationalizations and explanations as to why it is not currently working and what could happen that would 'fix' everything. Bargaining may also include unrealistic expectations in discipline that place high rewards for behaviors that children do not have the skills to accomplish yet such as, "if you just ____, then you get a new bike/ video games/ trip to amusement park." This leaves both child and par-

ent in perpetual state of frustration.

Acceptance: Altered expectations for the parenting relationship and child's abilities lead to improved sense of peace and success in relational functioning. Parents buy into the idea that "kids do well if they can" which explains many behavioral difficulties and is the heart of trauma-informed parenting. Parents shift ideas around 'saving a child' or 'rescuing' and instead develop a realistic view of providing a safe, caring, nurturing home where a child who has lived through trauma can feel safe, grow, and possibly even learn new skills for living. The unrealistic ideas around perfect parenting are replaced with what Deborah Gray describes as "good enough parenting" (2016). Mistakes are expected and viewed as learning opportunities rather than failures.

PHASE OF GRIEF AND LOSS

For foster parents: Ending Placement

Shock/ Denial: Short term placements, abrupt removals, and even the end of years-long placements can give parents a sense of unreality and shock. When a child has become a member of the family for any length of time it can be difficult to imagine them not being a part of the family anymore.

Anger: It may feel normal to blame the system or even feel angry that birth families are getting 'your kid.' back in their home. It may feel unfair that case plans default to reunification in spite of how well a child may be doing in the placement. Anger may be connected to fears that the child will lose progress made once returning home.

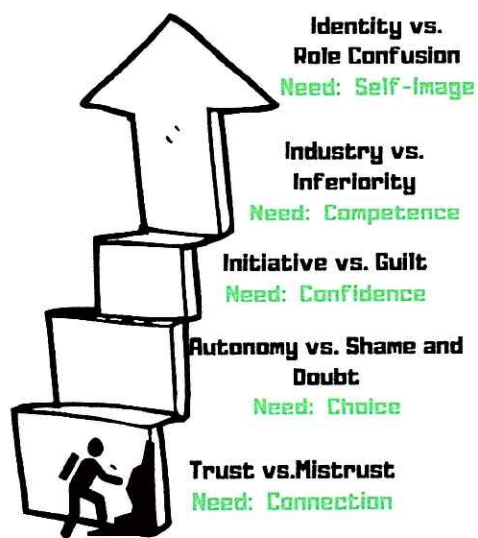
Depression: A child leaving the home will likely feel like losing a family member. Sadness may include feelings of disconnection, fatigue, low appetite, or tearfulness. It is common for parents to consider leaving the foster care world after a placement ends due to the emotional pain and loss. This is normal and has the tendency to come and go with the experience. Allowing for the sadness to be present is a healthy and functional part of the grieving process.

Bargaining: Any and all efforts to prevent the removal become a priority. It can be easy for parents to lose

sight of the needs of the child and the value of family reunification due to the pain of the loss. Efforts to pull strings or connect with powerful allies often comes to mind. “If the therapist would just advocate, If the CASA could speak up, or if the caseworker would just do her job, etc...” become the mental bargaining tools. The effort is to avoid the pain, which is absolutely normal and has an important role to play. As these thoughts and feelings emerge it informs the parent that their relationship with the child is important and meaningful. If parents did not care, then the bargaining would not be happening. Normalizing these feelings can be helpful and reframing them as an indicator of how valuable this relationship has become may be a useful exercise during this phase.

Acceptance: This phase requires acknowledgement that a successful placement means a child returns to his or her birth family. A family has been restored and rehabilitated to the degree necessary for children to have healthy and successful childhoods with their birth families. A child moving from your home to a family member or identified adoption home may be another successful resolution. Parents accept that this placement was designed to be temporary, even though lifetime heart connections may have occurred. The attachment skills, emotional regulation skills, and values taught in foster placement are something a child will be able to take into whatever life has next. Some foster parents will choose to take on new roles in the child’s life. They may no longer be the parent, but they may become a babysitter, respite provider, or even a family friend to birth families or adoptive families. Others may choose to accept their limited time with children in foster care as their part in the story. Acceptance takes time and may require some

emotional space before moving on. Ac-



ceptance may also include thoughts and feelings about taking new children into the home.

GRIEF AND LOSS –DEVELOPMENT

Experiences of loss related to stages of social development

Trust vs. Mistrust: Loss leads to ideas that relationships are temporary by nature. Changes in primary caregivers impacts child’s ability to determine who is familiar and who is a stranger.

Child Needs: Hope that someone will care for him or her. Needs reassurance and understanding that this value has been impacted by change of caregiver.

Autonomy vs. Shame and Doubt: The impacts of stress and anxiety may delay developmental milestones. Potty-training may be delayed or even regress related to significant losses. Need for personal autonomy is threatened on many levels due to many life factors being out of a child’s reach.

Child Needs: Reassurance and kindness to combat the effects of shame and self-doubt in abilities. Parents could help by providing as many choices for children as possible in safe and nurturing ways. (Do you want apples or crackers right now? Do you want to play with playdough or colors right now?)

Initiative vs. Guilt: Loss may create limited view of life and experiences. If something as substantial as home and family can change, what else could? Children may feel less interested in typical activities such as play or making friends. A sense of difference and otherness may lead children to isolate from peers. Children may lack desire or even skills to take initiative or engage in play.

Child Needs: Opportunities to grow in making personal choices and connecting with other children in play. Kind and compassionate encouragement in play and social skills would be helpful for some. Times of regular play and connection with parents (such as filial play) or regular playdates with other children may provide opportunities to grow in these areas as long as they are not too overwhelming.

Industry vs. Inferiority: Loss and the impacts of trauma may also lead to skill deficits, learning delays, and even behavioral regression. Homework, sports, or

other skill-based activities may be more challenging due to frequent intrusive thoughts and overwhelming feelings related to grief and loss.

Child Needs: Normalization that loss can make learning new things very challenging for children or even adults. Providing children with realistic opportunities for success is vital. Working with schools to provide necessary accommodations (IEP's or 504 plans), help with homework, and even tutoring may help academically. Sports, music lessons, or outdoor activities that a child can handle may be beneficial. This may take trial and error. Make sure not to force activities that are out of range. Set children up for success.

Identity vs. Role Confusion: Loss is often a factor that places the search for identity on pause. Figuring out how to survive and what life is going to look like may take top priority leaving some of the work involving identity undone. Other children may have difficulty separating their experience from their identity. Many, if not most, experiences during this time can be related impacted by their loss. This may involve explaining why they are the new kid in school, going to therapy, going to visiting centers for supervised visits, having a different last name than parents and many of the stigmas related to being in foster care.

Child Needs: To develop a sense of identity, some children may find comfort and meaning in things that connect them to their racial, ethnic, or family culture. Being able to have positive thoughts about their birth parents will be vital to establishing positive identity. During this time children come to understand that part of their biological and even genetic makeup come from both their birth mother and father. If they only think or hear negative messages about their birth families they may internalize these negative images as part of their own identity. Healthy development of personal interests, style, dress, musical taste, or hobbies will also help during this developmental stage.

GRIEF AND LOSS –DEVELOPMENT

Experiences of loss related to stages of cognitive development

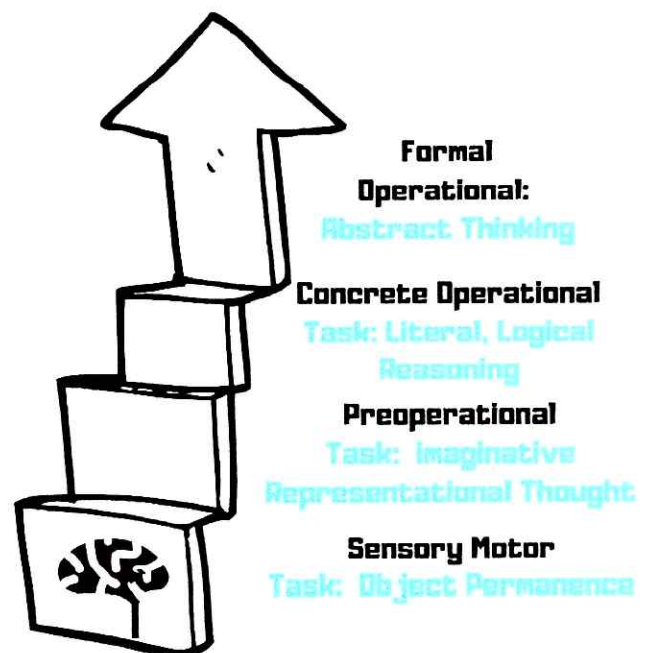
Sensory Motor: Loss of familiar smells sights, tastes, touches and anything connected to birth parents may

disrupt development of security and predictability.

Preoperational: Development of object permanence is still emerging at this point. Removal from home and related loss can be confusing and lead to further anxiety about connection to others. The reality and existence of people not immediately present can be difficult to grasp.

Concrete Operational: The loss experienced can impact this formative stage where the building blocks of logic and reasoning are emerging. Children are putting together the pieces of how the world works based on life experiences formulating 'if, then' logic statements. "If I tell the truth about what happened, then my life completely changes and I do not get to see the people I love the most." Statements such as "good things happen when you make good choices and bad things happen when you make bad choices" can lead to unrealistic negative thoughts in which the children may blame themselves for the things that have occurred.

Formal Operational: Abstract and philosophical questions about a child's meaning and purpose may be impacted by the loss. Children may wrestle with what it means about themselves when parents were not able to provide adequate care. They may have questions about how they themselves will be able to parent or face other aspects of life. The loss may impact a healthy sense of self if not attended to. Positive themes about resilience and personal choice may be positive elements during this stage.



ACTIVITIES

For a child currently placed in your care: Identify any ways that he or she may be exhibiting any of the stages of grief or loss. What does it look like? What might they need?

Shock/ Denial:

Anger:

Depression:

Bargaining:

Acceptance:

For your current situation as a parent: Identify any ways that you may be experiencing grief or loss. What does it look like? What might they need?

Shock/ Denial:

Anger:

Depression:

Bargaining:

Acceptance:

ACTION STEPS

The majority of children placed in foster care experience placement disruptions. One study indicated that children in foster care most often rate placement disruptions as more traumatic than the trauma that resulted in them being placed in foster care in the first place. Foster parent burn-out is epidemic and leads to placement disruptions, overcrowded foster homes, and chronic need for new foster homes. This problem can be helped with awareness of emotional states and attention to personal needs. Normalizing the stress and weight of the heightened and ongoing states of grief and loss for parents can be beneficial in this process. Self-care and positive emotional health and wellness strategies are a must! Take some time to identify and plan for your current emotional needs as a foster parent.

1st Identify any of the following statements that may be a part of your emotional experience as a parent:
“I’m done” “I’m a lousy parent” “The system is terrible” “This situation is hopeless”
“No one understands what I’m going through” “If I just worked harder this would all change”

2nd: Take a moment to exercise some loving kindness and compassion towards yourself. When parenting children who have been through trauma, it is normal to feel upset, defeated, tired, or even hopeless at times. You are doing extremely hard work and anyone doing this may have some challenging moments.

3rd: Take some time to reframe the situation positively using the “I SSE” formula:
Identify the thought, State the feeling, State the fact, Express the need (ISSE)

Example:

Identify thought: “I’m Done”

State the feeling: “I feel overwhelmed and lonely”

State the Fact: “I’m doing really hard work caring for a child who has had a hard life and is missing skills.”

Express the Need: “I need a break right now in order to get back to my best self as a parent.”

You try it:

Identify thought: _____

State the feeling: _____

State the Fact: _____

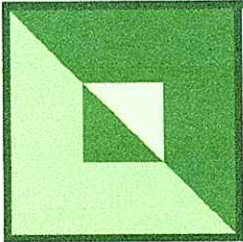
Express the Need: _____

Self-Care Activities: Identify ways you can care for yourself in the following domains:

Physical Health (health for the body):

Mental/ Emotional Health (health for the mind):

Spiritual/ Social Health (health for the soul):



Positive TIPS

Grief and Loss

Concept 8:

Connection with the emotions of foster parenting

Grief and loss are normal and necessary parts of the foster parenting experience.

Grief has five phases that a person may move in and out of fluidly. It is a process not a checklist. The phases are

Shock/ Denial

Anger

Depression

Bargaining

Acceptance

Grief and loss is a very personal experience and everyone does it a little differently. There is not one right or wrong way to grieve.

Emotional awareness and self-care are vital parts of healthy foster parenting. Find respite, find self-care activities, and use them as often as necessary. You will know when you need it. Listen to your needs.

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