

## *The Grief Process of Children and Youth in Care*

### **Stage 1: Shock/Denial**

For a period of time after the move, children often settle into what is commonly referred to as the “honeymoon period” (e.g., Pasztor & Leighton, 1991; Rycus & Hughes, 1998). The honeymoon period is deceptive phase that may last from a few hours to several days (Rycus & Hughes, 1998). During this time, children appear calm and compliant and show little evidence of being distressed by the move. They may appear to have adjusted to the change, but they are actually in emotional shock.

Shock is a numbing reaction. It “serves as a protective shield around the youth” and causes their body systems to temporarily shut down (Beckman, 1990). Children who are in shock are disconnected and appear as though the loss of their home and family were of little significance. Emotional numbing is a defense against the pain of the separation. People who evidence the emotional flattening of the shock/denial stage have been described as appearing “robot-like,” “stunned,” “shell-shocked,” or “dazed” (Beckman, 1990; Goodman, 2004; Rycus & Hughes, 1998).

Children and youth in the shock/denial phase will often deny that the separation has really happened (“No, it isn't true. I can't believe it. This isn't really happening”) (Rycus & Hughes, 1998) or that it has had an impact on them. They may refuse to talk about their families, they may act “extra good” to see if the situation will be reversed, or they may deny the importance of their families and others from whom they have been separated (Mauk & Sharpnack, 1999). Following are some common behavioral expressions of the shock/denial stage.

### **Behaviors associated with the Shock/Denial Stage:**

- The child seems indifferent in emotion or behavior and does not react strongly to the move

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- The move appears to be “taken in stride;” for example, as when a child is observed to “wave good-bye at the door, she was all smiles and went off to play with the children and all the new toys” (Rycus & Hughes, 1998)
- The child appears to make a good adjustment for a period of time
- The child’s behavior is robot-like; (s)he goes through the motions of normal activity but shows little conviction, commitment, or excitement
- The child is unusually quiet, and easy to please; appears passive
- The child denies the loss and makes statements such as, “I’m not staying here. Mommy will get me soon” (Goodman, 2004)
- The child may refuse to talk about his/her family or home life
- The child may use rhythmic behavior, such as rocking, foot-tapping, bouncing balls, banging objects, or masturbation; or may ask repetitive questions, as an emotional release (Pasztor & Leighton, 1993)
- Infants may exhibit physical symptoms, including respiratory or intestinal upsets or infections, and feeding or sleep disturbances (Rycus & Hughes, 1998)

### **Cautions regarding the Shock/Denial Stage:**

- A child’s compliant and unemotional behavior after a move may be easy to misinterpret. Caseworkers, caregivers, and parents may believe that the move was easy for a child and that he or she handled it without distress. In later stages, as the emotional numbing is replaced by anger, the child’s behavioral signs of distress are often not recognized as separation trauma and part of the grieving process. When caseworkers and caregivers are not familiar with this part of the grieving process, the children’s angry behaviors are often mistaken for more serious emotional or behavioral problems. Punishing children for these behaviors intensifies their distress and deprives them of help and support
- Children who show no emotional reaction to the move at all are likely those who have not developed strong attachments to their parents or primary caregivers. Developmental delays and emotional scars resulting from childhood maltreatment can limit children’s emotional and mental resources to cope with loss; their usual behaviors often demonstrate flattening of affect, emotional withdrawal, or denial of negative feelings, resulting in the inability to process their losses.
- If children in placement continue to show no emotional response to separation beyond the first few weeks, caregivers and caseworkers should be concerned. Continued emotional numbness may indicate an underlying emotional disturbance.
- Caseworkers and caregivers will be best equipped to recognize whether the absence of emotion is a reaction to separation or a sign of emotional disturbance if they are familiar with the child. Observing children prior to placement and

gathering information on the child's pre-placement behavior can help determine the cause of emotional numbing.

### **Supporting Children and Youth through the Shock/Denial Stage:**

- Recognize that the absence of outward expression of feelings does not mean that the child does not have feelings about the move. Adults can help children express their feelings by drawing upon their own experiences with loss to respond empathically to the child (Cournos, 2002; Redding, Fried, & Britner, 2000). Say things like, "It's scary to live in a new place, but you are safe here," or "It's okay to feel angry or sad about what happened to you."
- Give children information about why they were moved, what has happened to their parents or siblings, when they will see them again, and what is going to happen. For example: "Your mother was not able to take care of you, but it is not because you did something wrong." "Your brother and sister are with another foster family, and we can call them." "You are going to stay here until your mom and social worker make a plan for how you can be safe at home." "Your foster family misses you, but they are okay. We can make plans to see them."
- Help children feel safe to eat and sleep. Provide food in smaller portions more frequently, or take them to the grocery store to help plan menus. Help children sleep by providing a nightlight and a favorite toy or something brought from home; buy new pajamas, and reassure children that no one will touch them while they are in their own bed— or any other time – without permission.
- Provide opportunities to appropriately use up energy and rhythmic behaviors, such as playing ball, jumping rope, watching TV in a rocking chair, or choosing a new CD to listen to.
- Provide consistent responses to questions and reassurance that it is okay to ask.
- Give permission to hold onto a cherished object without having it washed, taken away, or ridiculed.
- Obtain medical attention for real illnesses and injuries, and provide reassurance that imagined illnesses are not serious.
- Provide close supervision to avoid injuries.
- Give permission to make mistakes.
- Reassure children that they are valuable and worthwhile, and remind them that they are safe.

### **Stage 2: Anger/Protest**

As the shock of the move wears off and the loss can no longer be denied, emotions begin to resurface. The first emotional response is usually anger. The anger of children and youth in placement may be directionless or can be directed at whatever or whomever they perceive to be responsible for the separation. Frequently, anger is not directed toward the true target, but is displaced and focused on people or things that are less threatening (e.g., parents, siblings, teachers, objects, or anyone whom the child believes may have been able to prevent the loss). Children's anger may be focused on God for allowing this to happen, on the parents for abandoning them, or on themselves if they feel responsible for causing the situation (Mauk & Sharpnack, 1999). Anger is often directed at foster parents and other substitute caregivers as a defense against having to blame biological parents for the placement (Hopkins, 2000). Guilt, blame, accusations, protest, and other behaviors associated with anger are common.

**Behaviors associated with the Anger/Protest Stage:**

- Oppositional behavior; talking back, swearing
- Hypersensitivity
- Tantrums - emotional, angry outbursts that are easily precipitated and seem excessive for the situation.
- Withdrawal, sulking, pouting, and refusal to participate in social activities (especially in school-aged children)
- Carelessness about hygiene and clothing
- Bed-wetting or soiling themselves
- The child appears irritable, short-tempered, and hard to satisfy
- The child engages in aggressive, rough behavior with other children; bullying (especially in school-aged children and adolescents)
- The child causes damage to property or pets
- Acting sexually aggressive or promiscuous (especially in adolescents)
- Antisocial behaviors: breaking toys or objects, stealing, lying, cheating, drug use, overtly and/or covertly oppositional and defiant behaviors (especially in school-aged children and adolescents)
- Self-mutilation
- The child refuses to comply with requests; disobedience and defiance

## Coaching Family Visits Toolkit

- The child compares the foster home with his/her own home and states his/her preference for own home
- The child criticizes substitute caregivers and new surroundings (especially in older children and adolescents)
- Sleeping or eating disturbances (especially in infants and younger children)
- The child may not talk (especially in younger children)

### **Cautions regarding the Anger/Protest Stage:**

- Children and youth will express their anger in different ways, depending on their age and developmental level. Infants and preschool children commonly demonstrate their anger with physical symptoms and emotional outbursts. Younger children may refuse to eat, sleep, or talk. School-aged children and adolescents may direct their anger into destructive, aggressive (bullying), or antisocial (lying and stealing) behaviors. Tantrums are common at all ages and developmental levels. Anticipating the ways anger is expressed for children of different developmental levels can help caregivers recognize that a child is beginning to react to the loss of his/her usual family and way of life.
- It is difficult to live with children who are angry. The child's oppositional behavior can be very disruptive to the caregiver and the caregiving home. Confrontations between the child and caregivers often lead to power struggles and battles for control. Caregivers must recognize that many behaviors are expressions of anger about losses. Children need permission to feel angry and guidance in learning to express anger in ways that are not harmful. Foster parents, caseworkers, and other caregivers must also be skilled in using behavior management techniques such as baselining, contracting, positive reinforcement, and alternatives to physical punishment (Pasztor & Leighton, 1993). See Gray's (2000) chapter on "Relaxing the Grip of Anxiety and Control" for some techniques that help with control battles.
- A high degree of ambivalence and anger toward the biological parents prior to the separation interferes with children's ability to emotionally cope with the separation; the child continually feels anger toward the parents but is never able to express it (and thus redirects it toward foster parents and other caregivers).
- Children in the anger/protest stage may be inappropriately diagnosed as "severely behaviorally handicapped," or "emotionally disturbed," or may be punished for misbehavior (Goodman, 2004). Caretakers can be more supportive and helpful in redirecting the child's feelings into appropriate expressions if the behavior is appropriately identified as part of the grief process.
- The behaviors common to the anger/protest stage are also typical of children who have been abused and neglected (see Chapter 2), and it can be difficult to identify whether the cause of the behaviors. In addition, separation and placement exacerbates the problems of children who are already emotionally damaged. However, caregivers and caseworkers should always assume that children who

are acting out in the first weeks and months of a new placement are experiencing separation trauma (Rycus & Hughes, 1998), and they should respond in a supportive and helpful manner.

### **Supporting Children and Youth through the Anger/Protest Stage:**

- If their behavior is properly identified as an expression of normal grieving, caregivers are generally more able to provide support, and give them opportunities for appropriate expressions of angry feelings, while gently setting firm limits for their behavior.
- Because these behaviors are also typical of children who have been abused and neglected, it may be difficult to distinguish such behaviors from placement-induced stress. However, caseworkers and foster caregivers should recognize that separation and placement of already emotionally damaged children can exacerbate their problems at the same time it potentially protects them from further maltreatment. We should always assume that these children are experiencing separation trauma, and respond accordingly in a supportive and helpful manner.
- Give children permission to feel angry; help them recognize that angry feelings are normal and help them identify their anger
- Help children learn to express anger in ways that do not hurt themselves, others, or property – physical activity, creative expression through art, music, or play, and talking are good ways to express anger.

### **Stage 3: Bargaining**

Bargaining is a child's final attempt to regain a sense of control over their lives. Children and youth in this stage may believe that if they think or behave in a certain way, they can reverse the decision that was made to place them or can prevent their losses from becoming final. They attempt to bargain their way out of a placement by resolving to do better from now and/or by acting extra nice to the people they believe to have the power to change the situation. The foster caregivers, caseworkers, or agency may be seen as having this power and will probably be the target of a child's pleading.

Bargaining requires fairly complex cognitive and social skills, and so this stage is typically exhibited by school-aged or older children. These children have the cognitive maturity to recognize cause-and-effect relationships and to believe that their behavior can influence a change in their circumstance (Rycus & Hughes, 1998). Children's behavior

during the bargaining stage is determined by what or whom they perceive to be the cause of the separation, because they will attempt to engage in behaviors that will influence the forces that caused the separation. For example, a child who believes that she has been sent away because she refused to eat her dinner may attempt to eat everything put in front of her in order to undo the behavior that she believes caused the separation (Rycus & Hughes, 1998).

Sometimes, bargaining behaviors are not as concrete as trying to cut deals with adults to be good in exchange for family reconciliation. Seemingly illogical thoughts and behaviors may also be bargaining chips. A person may come to believe that a certain way of behaving or thinking will reverse the loss. For example, “a child may believe that by washing his face every day, or by being helpful to the foster mother, he can bring about a reunion with his family” (Rycus & Hughes, 1998). Rycus and Hughes (1998) also note that “some ritualized behaviors may be noted, reflecting both their obsession with returning home, and the emotional intensity of the compulsion to do whatever is necessary to achieve this goal.”

**Behaviors associated with the Bargaining Stage:**

- The child is eager to please and makes promises to be good
- The child may believe that he/she or she has caused the placement and try will try to undo what he/she feels he/she has done wrong
- The child may try to negotiate agreements with caregivers and caseworkers, offering to do certain things or behave “perfectly” in exchange for a promise that the child will be allowed to return home
- The child’s behavior may appear moralistic – he/she may behave like “a perfect angel” – in order to uphold his/her end of the “bargain”
- The child may have conversations with him/herself or imaginary conversations with parents, other family members, or friends who have been lost
- The child may use inappropriate behaviors as a way of getting “kicked out” and sent back home, or wherever he/she wants to be

**Cautions regarding the Bargaining Stage:**

- The child's behaviors are a desperate attempt to control the environment and to defend against the emotional turmoil of loss and fear. While some behaviors may seem positive, they do not represent changes in the child’s character. Caregivers

and caseworkers should guard against being fooled by the superficial quality of good behavior during the bargaining stage.

- In most circumstances, the reality is that no matter how well a child behaves, there is little chance that his/her behaviors will produce the desired results for reunification.
- Children in the bargaining stage have not yet accepted the reality of their position. They will need support when they realize the ineffectiveness of their bargaining strategies. Caregivers and caseworkers who understand this stage can provide the needed support when children are hit with the full emotional impact of their losses.

### **Supporting Children and Youth through the Bargaining Stage:**

- Provide children with regular opportunities to talk and express feelings about their family of origin, previous foster parents, friends, or others whom they have left behind.
- Help children maintain regular in-person contact, as appropriate, with the people with whom the children desire to be reunited.
- Give consistent, non-threatening, supportive reminders that no matter what they do, they are not going to be kicked out. Remind children that this is their home, weather temporary or permanent.
- Give children permission to express angry, sad, and guilty feelings. Give permission to feel relieved at being out of an abusive or unsafe situation and reassure children that they are now safe.
- Explain that their ability to return home depends upon their family's behavior and not their own.

### **Stage 4: Depression**

During this stage, children have fully recognized that the separation from their home and family is real. They finally experience the full emotional impact of the loss. Children in the depression stage of grieving have been described as appearing to have lost hope (Rycus & Hughes, 1998). This stage is characterized by expressions of despair and futility. Children withdraw, become listless, and have a general lack of interest in people, surroundings, and activities. They may go through episodes of fear and panic. People in the depression stage see their loss as real, permanent, and as having devastating personal

consequences. They often cannot be comforted. Depression is the longest stage of grieving and is the most difficult to overcome.

**Behaviors associated with the Depression Stage:**

- The child withdraws socially and emotionally; others cannot connect with the child
- The child may be refuse to participate in activities at home, school, with friends, and elsewhere
- The child may seem anxious and easily frightened
- The child may be “touchy” and cry or become emotional with little provocation
- The child may be easily frustrated or overwhelmed by minor stressors
- The child appears listless and without energy
- The child’s activities are completed without direction, investment, or interest
- The child may have difficulty concentrating and trouble following even simple instructions or rules
- Regressive behaviors are common in the depression stage, such as bed wetting, thumb sucking, and baby talk (especially in pre-school and school-aged children)
- The child may whimper, cry, whine, rock, hang his/her head
- Physical symptoms often include refusal to eat, sleeping too much, trouble with the digestive tract, and susceptibility to colds, flu, and other illnesses (physical symptoms are often found in younger children)
- The child may say that he/she does not know anything or cannot do anything; gives up easily
- Suicidal thoughts, plans, and actions may occur if the depression is severe
- The child may put him/herself down and talk about him/herself as being stupid, ugly, or worthless
- Infants and young children may cling to adults, “but the clinging has an ambivalent, remote, forlorn, and detached quality” (Rycus & Hughes, 1998)

**Cautions regarding the Depression Stage:**

- Depressed children may appear listless and disinterested in their activities. When they do play, work, or interact with others, their behavior may be mechanical – although they are “going through the motions,” their lack direction, interest, energy, enthusiasm, or emotional investment. They may be easily distracted and may have trouble following through on directions or completing tasks, and they may be unable to concentrate. Their distractibility and disinterest in activities,

- their environment, and the people around them may result in school problems or problems with peers, which do even more damage to their already low self-esteem.
- The depression stage is a critical period in the child's relationship with his/her parent(s). Experiencing and working through depression is one of the final tasks of grieving; once the grief process is completed, it is very difficult to re-establish the parent-child relationship if it has not been maintained through visitation (Goodman, 2004). Care must be taken to provide adequate visitation in order to prevent the child from detaching from his/her parent(s).
  - Depressive symptoms may not occur right away after the initial separation. There may be a time lapse before children begin to express depressive behaviors. Caregivers and caseworkers will have to remember that grieving takes time and should recognize depressive behavior during placement as a likely expression of a later stage of the grief process.
  - Circumstances may limit caregivers' ability to help children experience and express their grief – they may not have access to information about the biological family to help the child reminisce; or they may be invested in seeing the child as happy as possible in the new home and discourage the expression of sadness or other negative emotions. Caregivers are strongly reminded to be mindful of their task to help children express painful emotions, and not to inadvertently distract children from their pain or otherwise try to take their pain away.
  - Children may not have contact with other family members who are mourning the separation and so do not have people to share the experience or model the expression of feelings about the loss.
  - Children and youth in the depressive stage of the grief process are typically very difficult to comfort. The children's extreme emotional turmoil is very often difficult to witness, and caregivers may feel frustrated by their inability to help the struggling child. Recognize that depression is a necessary part of the grief process, which eventually leads to healing.

**Supporting Children and Youth through the Depression Stage:**

- Caregivers and caseworkers must familiarize themselves with the signs of the depression stage so that they can provide the necessary support and increase the frequency of visitation (Rycus & Hughes, 1998). Increased visitation with parents or other attachment figures during the depression stage may help maintain the relationship and prevent the child from emotionally detaching from the parent(s).
- Help children deal with sleep problems and changes in appetite by providing enough time to eat and sleep and by making these activities safe (see suggestions under Supporting Children and Youth through the Shock/Denial Stage).
- Caregivers may need to be extra patient in order to help children pay attention, follow rules, and complete tasks. Use gentle, non-threatening reminders, and give children extra help and support if they need it.

## Coaching Family Visits Toolkit

- Allow children to have time alone to feel sad before participating in activities.
- Encourage children to try participating in activities for short periods of time (even 5 or 10 minutes).
- Praise children for participating in any activity and for every accomplishment, no matter how small. For example, “You got up this morning without even being asked. That’s great!”
- If a child makes comments about suicide, take them seriously. Talk with the child’s social worker, teacher, and therapist immediately.
- Give sincere compliments
- Reassure children that they are lovable, valuable, worthwhile, and important.

### **Stage 5: Resolution**

Depression causes tremendous emotional pain and takes an enormous amount of emotional energy. Most people cannot tolerate to carry on in a depressive state for extended periods of time, and so they naturally begin to refocus their energies and become more active in the world and in relationships. If children have previously had strong attachments and positive relationships, they will usually direct their energy toward building and strengthening relationships. This may be more difficult for children with weak attachment histories or who have lost contact with previous attachment figures (Rycus & Hughes, 1998). Some children with histories of abuse or neglect may be well into their adult years before they are able to complete the grieving process, if ever (Pasztor & Leighton, 1993).

Resolution of grief is accomplished when people cease to focus solely on the past and become actively involved in the present and in new relationships. They find ways of compensating for their losses and reorganize their lives to adapt to their new situation. Symptoms of depression and distress subside, and the child begins to respond to people around him/her and to his/her environment in a normal, healthy, active manner.

### **Behaviors associated with the Resolution Stage:**

- The child begins to build stronger relationships with people in the new home and demonstrates stronger emotional attachments to people in the home
- The child may identify his/herself as part of the family and try to establish his/her own place in the family

## Coaching Family Visits Toolkit

- The intensity of general emotional distress decreases, and the child does not react as strongly to stressful situations
- The child's energy level increases
- The child begins to experience pleasure in normal childhood play and activities
- The child begins to engage in goal-directed activities; the child's behavior becomes more focused and purposeful
- The child is better able to concentrate
- The child begins to reach out to engage others in positive social interactions

### **Cautions regarding the Resolution Stage:**

- It is especially important to be aware of the child's plan for reunification as the grief process progresses. Behaviors that suggest resolution are positive signs only if the case plan includes permanent separation of the child from his/her family (Rycus & Hughes, 1998). It is inappropriate and harmful for a child to resolve the loss of his/her family if the case plan includes reunification. Resolution of grief generally indicates that previous attachments have been replaced by new ones. This can seriously interfere with reunification.
- Resolution of grief and attachment to members of the substitute family is also a problem if the child's case plan includes separating from his/her newly formed family due to reunification or a different placement. The child may be forced to struggle through resolving the loss of the new attachment figures. Unresolved grief resulting from removing a child before he/she has completed the grief process is believed to be a leading cause of trauma, distress, and behavioral maladjustment in children in care
- Resolution of grief may take time, and a person who has overcome their grief may still go through periods of sadness or experience other symptoms of the depression stage. This is especially true around holidays, birthdays, or other traditional or organized events that remind the child of his/her family and life before the placement.
- Inadequate care or multiple separations in infancy limits a child's ability to fully comprehend separation and interferes with his/her ability to fully mourn losses.
- The grief process is facilitated by an understanding of the finality of death; this is impossible to achieve in the case of children in care when the parent is known to be alive, and hope of reunification exists.
- Children are often unable to understand and/or accept the reasons for placement; those who have been maltreated make excuses for their parents and maintain an unrealistically positive image of them in order to avoid confronting the "unacceptable implications they might draw about themselves and their parents in acknowledging what has really happened" (Eagle, 1994, p. 426).

### **Supporting Children and Youth through the Resolution Stage:**

- Some children and youth in care may not be able to come to accept the hurts they have endured. Understanding what happened to them and why it happened, and not necessarily reaching full resolution of their grief, may be a more realistic goal for some children (Pasztor & Leighton, 1993). Children can be helped, according to their age and developmental level, to understand the events that precipitated placement and to manage their feelings and behaviors in healthy ways.
- Provide children with opportunities to talk about their feelings. Children who have resolved their losses should be able to express why they feel angry, sad, guilty, or glad to be separated from their families.

### ***Tasks for Bereaved Children and Youth***

Grief is the normal and predictable response to loss. The concern of caregivers and social workers is whether the experience is healthy and functional for the child or dysfunctional (Parkes, 1990). Good grief helps the child stay psychologically healthy and strengthens his or her capacity to cope with future losses (Fox, 1989 in Mauk & Sharpnack, 1999). Fox (1989, in Mauk & Sharpnack, 1999) and Gray (2002) identify the tasks of healthy grieving in children and adolescents. They include:

- **Understanding the separation.** Understanding involves knowing that the separation is real and will last permanently or for a period of time. It requires that adults provide honest and age-appropriate information about the factors that influenced the separation and plans for reunion or permanence.
- **Fully experiencing grief.** Repressing the painful feelings that accompany separation results in behavior problems and the possibility of severe consequences to children's self-concept and identity formation. Helping children avoid the negative consequences associated with repression requires that children and youth are allowed and encouraged to experience and express their feelings of sadness, anger, and guilt.
- **Commemorating the child's family life before placement.** A major task for a child in working through the loss of a parent is to find a way to hold onto the positive parts of the parents' identities. This is especially important for children under the age of six, who have not completely formed identities as separate from their parents (Gray, 2002). They need their parents in order to feel complete, and to a young child, a loss of a parent is a loss of part of the child's self. Because children see themselves as one with their parents, it is necessary for them to have a positive image of their parents (Gray, 2002). The parents and the family life

before placement should be honored and remembered, either formally or informally. This helps to confirm the reality of the separation, to recognize the value of healthy relationships, and to help young children feel that they are valuable.

- **Building a positive image of him/herself.** Helping a child distance him/herself from the negative parts of the parents helps reduce some of the self-blame associated with separation. The negative experiences in the child's early life must be understood as an aspect of the parents' functioning, not as part of the child's identity. Whatever bad experiences the child had when he lived with his parents, they were not because the child was bad, but because that was how his parent(s) functioned.
- **Going on.** After completing the previous tasks, children and youth have to "resume the usual activities of living, learning, and loving" (Mauk & Sharpnack, 1999, p. 9). Adjusting to the new situation, whether temporarily or permanently, means learning to live without the usual influence of family, friends, or others from whom the child is separated.

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