

# FAMILY JUSTICE JOURNAL

SUMMER 2023



ISSUE 001

THE HARM OF DISCONNECTION

# FAMILY JUSTICE JOURNAL

Summer 2023

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## Cover Artwork

**Harini Pootheri** is the artist for the cover art. She is an incoming junior at California State Polytechnic University in Pomona, studying Computer Information Systems and Data Science. As part of her Ethnic and Women's Studies course in the summer of 2021, Harini created the artwork pictured here titled "Lotus Flower: The Human Desire for Freedom" as part of her final project on foster youth and incarceration. So many children are stuck in the foster care-to-prison pipeline. Harini has witnessed many youth succumb to the foster care-to-prison pipeline during her time in the foster care system. Yet despite the unfortunate perpetuation of the pipeline, Harini would like to highlight that growth is possible and the human desire for freedom triumphs all.

The *Family Justice Journal* is committed to featuring the art and poetry of individuals directly impacted by the child welfare system in each issue.

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## Sponsorship

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The Family Justice Group is grateful for the financial sponsorship of this issue of the *Family Justice Journal* by the Institute for Relational Health (IRH) at CareSource. We are happy to advance the work of the IRH in promoting relational health for families, children, youth and communities, particularly those impacted by our child welfare, juvenile justice and mental health systems and individuals with disabilities. We believe that discussing and bringing to light the harms of disconnection are necessary acknowledgements of the critical importance of relational health in all our lives.

# “To Be Ripped Away From Your Family”

## Acknowledging and Addressing the Impact of Loss, Grief, and Relational Connection for Youth in Foster Care



**Monique B. Mitchell, PhD, FT**

Monique B. Mitchell, PhD, FT is the Executive Director of Life Transitions International and the Director of Training & Translational Research and National Director of L.Y.G.H.T. at Dougy Center: The National Grief Center for Children & Families. For more information, visit [www.moniquebmitchell.com](http://www.moniquebmitchell.com) & [www.dougy.org/lyght](http://www.dougy.org/lyght)

Over the past 20 years, through youth-centered research, practice, and mentorship, I've listened to and learned from thousands of youth in foster care as they've shared what it is like to experience foster care transitions. My heart has weighed heavy as youth discuss what it is like to be removed and disconnected from their families, placed into foster care, how they cope with loss and grief while navigating the foster care system, what it has been like to return or not return to their family, and all the ambiguities that further complicate their reality.

Every year, more than 200,000 youth are removed from their families and placed into the U.S. foster care system.<sup>1</sup> Each of these children are challenged by ambiguity and loss through foster care transition transactions and the introduction and dissolution of relationships.<sup>2</sup> In this article, I draw upon the stories and quotes from children, teens, and young adults that I have been privileged to as a listener<sup>3</sup>, the research that I and others have conducted, and the lived experience of removal and disconnection for youth in the foster care system. Current challenges within the child welfare system related to becoming and being grief-informed are addressed and resources and efforts to move the child welfare field toward a more holistic and humanistic approach to supporting youth who are grieving are discussed.

<sup>1</sup> US Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2022). The AFCARS report No. 29: Preliminary FY 2021 estimates as of June 28, 2022. Retrieved from <https://www.acf.hhs.gov/cb/report/afcars-report-29>.

<sup>2</sup> Mitchell, M. B. (2016). *The neglected transition: Building a relational home for children entering foster care*. Oxford University Press.

<sup>3</sup> The quotes utilized in this article are drawn from personal communications with youth in research studies that I have conducted. All research studies received IRB approval and all participants granted their permission for their quotes and feedback to be used anonymously in publications and/or presentations.

<sup>4</sup> Personal communication with youth in foster care, research participant

<sup>5</sup> For more information on the impact of ambiguity, see Mitchell, M. B. (2016). *The neglected transition: Building a relational home for children entering foster care*. Oxford University Press.

<sup>6</sup> Meyer-Lee, C., Jackson, J. B., & Sabatini Gutierrez, N. (2020). Long-term experiencing of parental death during childhood: A qualitative analysis. *The Family Journal: Counseling and Therapy for Couples and Families*, 28(3), 247-256.

<sup>7</sup> Almquist, Y. B., Rojas, Y., Vinnerljung, B., & Brännström, L. (2020). Association of child placement in out-of-home care

with trajectories of hospitalization because of suicide attempts from early to late adulthood. *JAMA Network Open*, 3(6), 1-12. doi:10.1001/jamanetworkopen.2020.6639

<sup>8</sup> Mitchell, M. B. (2016). *The neglected transition: Building a relational home for children entering foster care*. Oxford University Press.

<sup>9</sup> Unrau, Y. A., Seita, J. R., & Putney, K. S. (2008). Former foster youth remember multiple placement moves: A journey of loss and hope. *Children and Youth Services Review*, 30, 1256-1266.

<sup>10</sup> Curry, A. (2019). "If you can't be with this client for some years, don't do it": Exploring the emotional and relational effects of turnover on youth in the child welfare system. *Children and Youth Services Review*, 99, 374-385.

<sup>11</sup> Mitchell, M. B. (2017). "No one acknowledged my loss and hurt": Non-death loss, grief, and trauma in foster care. *Child and Adolescent Social Work Journal*, 35, 1-9. doi: 10.1007/s10560-017-0502-8

<sup>12</sup> Herrick, M., & Piccus, W. (2005). Sibling connections: The importance of nurturing sibling bonds in the foster care system. *Children and Youth Services Review*, 27, 845-861.

<sup>13</sup> Wokciak, A. S., Tomfohrde, O., Simpson, J. E., & Waid, J. (2022). Sibling separation: Learning from those with former foster care experiences, *The British Journal of Social Work*. <https://doi.org/10.1093/bjsw/bcac204>

## "You're took away from everything that you know and love.": The Harm of Disconnection

When a youth experiences removal, they are inundated with loss from this first transaction. Most youth with whom I have worked or spoken with equate this experience to "being kidnapped," "being taken," or "ripped away." One youth asserts, "It was a horrible, traumatizing experience for all of us – to be ripped away from your family."<sup>4</sup> The impact of family separation and the subsequent ambiguity, i.e., structural ambiguity, placement reason ambiguity, placement context ambiguity, relationship ambiguity, role ambiguity, temporal ambiguity, and ambiguous loss, should not be understated.<sup>5</sup> In addition to the ambiguities that youth experience, they experience an abundance of losses. While some adults may argue that a youth does not "lose" their family when they are placed into foster care, most youth in foster care would disagree. Indeed, for them, they experience the ambiguous loss of family, e.g., parents, siblings, grandparents, etc., immediately, at the time of removal. And this loss does not go away while in foster care...it just intensifies. While not the case for all youth, terms such as "traumatic," "heartbreaking," and "worst experiences of my life" are the dominant themes that have emerged in youth's stories when talking about what it feels like to be disconnected from their family and/or loved ones.

Unfortunately, the primary loss of removal can also lead to secondary losses. These losses include, but are not limited to, losses of identity, losses of community, losses of routines, and losses of self-worth. As one youth advised, "My loss was more lack of self-preservation and self-worth. I feel as if this could happen to someone no one cares about." As illustrated by this youth's experience, placement into foster care can also lead to a loss of hope, self-worth, and belonging. While it can sometimes be a challenge to admit this, the system, which is designed to help youth, has also harmed them and the elephant in the room needs to be addressed.

## "No one acknowledged my separation from my family. Not having acknowledgment made me feel lost.": Unaddressed Grief in Foster Care

Grief is an inevitable result of loss and is commonly reduced to being "an emotion." While grief can be expressed as emotion, it is so much more than that. Grief can be felt and manifested in our bodies, in our minds, in our spirits, and in our interpersonal relationships.

**Sadly, grief is often overlooked and misunderstood in the child welfare system and is not adequately addressed. The challenge with this is that unaddressed and/or unsupported grief can lead to long-term negative outcomes, including but not limited to, depression, isolation, hopelessness, suicidality, and low self-worth, just to name a few..<sup>6, 7, 8</sup>**

Youth in foster care have clearly expressed how they are impacted when their experiences of loss and grief are not addressed.<sup>9, 10, 11</sup> While each relationship is unique, for youth who have been separated from siblings, this relational disconnection can be exceptionally challenging.<sup>12,13</sup> Youth reports include, "A major loss that I had was not being able to see my sisters and being around my sisters and my family as much as I wanted to. And, having somebody that, you know, understands you that doesn't necessarily just judge

you and just stare at you like a foster child,” and “I got taken away from my sisters, who I promised I would never let them get hurt. I was pissed and I was what most people called a troubled child or hellion.”<sup>14</sup> As a result of relational disconnection and unaddressed grief, youth reported how they rebelled or “acted out”, felt misunderstood, did not feel a sense of belonging, and struggled with understanding their place in the world. As I have listened to how youth are impacted when their grief is left unattended, my heart falls heavy, especially when considering how proper grief-informed interventions could have minimized or mitigated these grief experiences.

The youth are telling us to listen, to *really listen*, to what their stories, at their heart, are telling us. Removal and separation from their families is painful, the subsequent grief resulting from separation from family, friends, homes, and communities needs to be attended to, opportunities to discuss and explore their grief is not at the forefront of service delivery, and, in the absence of these supports, youth feel “betrayed,” “hurt,” “alone,” and “unloved.” And the youth I have spoken with aren’t the only ones with this lived experience; research and conversations with youth in foster care elsewhere have also come to similar conclusions.<sup>15</sup> With all the losses that children and youth in foster care experience, it is disconcerting that the child welfare system is not placing more emphasis on ensuring that our practices are not only trauma-informed but also grief-informed.

## **“I didn’t open up to nobody. Nobody ain’t earn my respect enough to open up to them.”: Grief-Informed Best Practices**

Being disconnected from people and places someone cares about can be a traumatic experience, as many youth have attested. The child welfare system recognizes and acknowledges the critical importance for professionals to understand the impact of trauma and to be trained on trauma-informed best practices. By being trauma-informed, professionals understand how youth can be impacted by traumatic experiences and ways to provide support and minimize additional trauma. In addition to understanding the impact of trauma, it is critical for child welfare professionals to also understand the impact of grief. All youth will inevitably experience loss and disconnection when entering or while in foster care, and with this disconnection comes grief. As such, it is equally

important for our child welfare system to be trained on grief-informed best practices, understanding that being trauma-informed and being grief-informed are not one and the same.

Being grief-informed involves understanding the ten core principles of grief-informed practice and how understanding and applying these principles can better assist professionals in providing person-centered support to people who are grieving.<sup>16</sup> These best practices include understanding that grief is natural, complex and nonpathological, contextual, disruptive, person-centered, dynamic, non-finite and that people who are grieving require relational connection, perceived support, safety, and personal empowerment and agency. Ultimately, it is essential for child welfare professionals to understand the dynamic nature of grief and how to tailor their support in a way that respects the dignity and worth of each youth they are serving. Being grief-informed also involves understanding the disparities that exist in removal rates, healthcare, education, governmental policies, etc. because of discrimination against people’s races/ethnicities, beliefs, genders, socioeconomic statuses, and other attributes which make people diverse, unique, and worth of inclusion.<sup>17</sup>

While unpacking the core principles of grief-informed practice and their application to child welfare is beyond the scope of this article, there are resources available for child welfare professionals interested in providing grief-informed support to youth who are grieving. For example, *The Bill of Rights for Youth in Foster Care Who are Grieving*, developed by youth, outlines the ways that adult caregivers, teachers, friends, and other people in a youth’s life can support them as they navigate their grief while in, and after, foster care.<sup>18</sup> Additionally, *Tips for Supporting Youth in Foster Care Who are Grieving*, provides grief-informed tips to support youth in foster care who are grieving due to separation and disconnection,<sup>19</sup> and *Now What? Tips for Teens Who are Grieving in Foster Care* provides tips for teens who are grieving in the foster care system.<sup>20</sup>

Some states have started to consider how to integrate grief-informed best practices into their core principles of child welfare practice. In Utah, for example, a cross-system statewide child welfare collaborative consisting of child welfare professionals (e.g., judges, guardians ad litem, human services staff, etc.) developed core principles and guiding practices for a fully integrated child-welfare system.<sup>21</sup> In their guidance to child welfare professionals throughout the state, they identify the need for the child welfare system to be grief-

<sup>14</sup> Personal communication with youth in foster care, research participant

<sup>15</sup> Lee, R. E. & Whiting, J. B. (2007). Foster children’s expressions of ambiguous loss. *The American Journal of Family Therapy*, 35, 417–428.

<sup>16</sup> Schuurman, D. L. & Mitchell, M. B. (2022). *Being grief-informed: From understanding to action*. Dougy Center: The National Grief Center for Children & Families. <https://www.dougy.org/assets/uploads/Being-Grief-Informed-from-Understanding-to-Action.pdf>

<sup>17</sup> Schuurman, D. L. & Mitchell, M. B. (2020). *Becoming grief-informed: A call to action*. Dougy Center: The National Grief Center for Children & Families. <https://www.dougy.org/assets/uploads/Becoming-Grief-Informed-A-Call-to-Action.pdf>

<sup>18</sup> Dougy Center (2022). *The Bill of Rights for Youth in Foster Care Who are Grieving*. Dougy Center: The National Grief Center for Children & Families. <https://www.dougy.org/resource-articles/the-bill-of-rights-for-youth-in-foster-care-who-are-grieving>

<sup>19</sup> Dougy Center (2023). *Tips for Supporting Youth in Foster Care Who are Grieving* (Tip Sheet). Dougy Center: The National Grief Center for Children & Families. <https://www.dougy.org/assets/uploads/Tips-for-Supporting-Youth-In-Foster-Care-Who-are-Grieving.pdf>

informed and their commitment to ensuring that youth in foster care receive grief-informed services. Utah has provided an excellent example for other states interested in learning how to incorporate grief-informed best practices into state policy and service delivery.

## “I was constantly being doped up on different medicines.”: The “Dominant” Intervention (Psychotropic Medication) in Child Welfare

Youth who are removed from their homes, families, and communities understandably often experience grief, anxiety, anger, and other responses too quickly labeled as “mental disorders.” Multiple studies have shown the disproportionate overprescribing of psychotropic medication for youth in foster care. According to the American Academy of Pediatrics, “one in every three children in foster care are on psychotropic medications designed to alter their mental status or mood.”<sup>22</sup> Furthermore, research has found that children in foster care who are on Medicaid are prescribed psychotropic medications **four times more** than children on Medicaid who are not in foster care.<sup>23</sup>

In March 2022, the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) included a new mental health diagnosis, “Prolonged Grief Disorder (PGD).” The addition of this new pathology creates serious concerns for the well-being of youth in foster care. Aside from the concern that grief is being labeled as a pathological response to a normal human experience and life condition, this new diagnosis opens the door to more drug development and treatment for this “disorder.” Warnings about the development of a pill for grief started well before the DSM-5 added a “condition for further study” in its 2013 edition, then titled “Persistent Bereavement Related Disorder”<sup>24</sup> and, in 2020, a clinical trial for a drug to treat “Prolonged Grief Disorder” was underway.

Here is one of my primary concerns: The drug being used to “treat” grief is currently approved by the Federal Drug Administration (FDA) for Alcohol Use Disorder (AUD) and Opioid Use Disorder (OUD). The researchers who conducted the clinical trial conceptualize Prolonged Grief Disorder as a disorder of addiction, with persistent yearning and longing for a deceased loved one as primary symptoms. They hypothesize that the positive

<sup>20</sup> Dougy Center (2023). *Now What? Tips for Teens Who are Grieving in Foster Care* (Tip Sheet). Dougy Center: The National Grief Center for Children & Families. <https://www.dougy.org/assets/uploads/Tips-for-Teens-in-Foster-Care-Who-are-Grieving.pdf>

<sup>21</sup> <https://legacy.utcourts.gov/utc/cip/wp-content/uploads/sites/51/2022/04/Utah-Child-Welfare-System-Core-Principles-and-Guiding-Practices-November-2021.pdf>

<sup>22</sup> <https://www.aap.org/en/news-room/news-releases/aap/2021/children-in-foster-care-much-more-likely-to-be-prescribed-psychotropic-medications-compared-with-non-foster-children-in-medicaid-program/>

<sup>23</sup> Keefe, R, et al. Psychotropic medication usage among foster and non-foster youth on Medicaid; Oct. 8-Oct. 11, 2021 (virtual meeting).

<sup>24</sup> Hughes, V. (2011). Shades of grief: When does mourning become a mental illness? *Scientific American*, <https://www.scientificamerican.com/article/shades-of-grief>

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reinforcement provided by memories of the person who has died enables a craving or addiction. As such, they purport that a drug that helps to resolve the addiction is needed. Naltrexone, their theory asserts, may reduce the craving for the person they are grieving and thereby address the severity of the person's "Prolonged Grief Disorder."<sup>25</sup> In other words, the goal of naltrexone is to disrupt the social bonding between the person who is grieving and the person they are grieving. One of the many potential side effects of naltrexone is the indiscriminate nature of that social bonding disruption; that is, naltrexone does not differentiate between social bonds. In other words, the drug's effect does not determine which social bonds are disrupted. The effect of the drug could result in not just creating a disruption in the social bond with the person the individual is grieving, it could also disrupt social bonds with living family members, support networks, and/or peers.<sup>26</sup> It is not a huge leap to predict future prescribing of naltrexone to "treat" youth in foster care who are experiencing grief due to the separation from family and friends. Youth in foster care, who are already experiencing isolation and vulnerability, may be further disconnected from the very social bonds and protective factors that help them mediate the changes and losses they're experiencing.

As a thanatologist, youth advocate, and child welfare researcher, I am deeply concerned about the short- and long-term consequences of "treating" grief as a mental disorder and inadequately addressing grief for youth in foster care. Grief is not something to be "treated" or "fixed." It is a normal and natural response to loss that requires relational connection, not social disruption. As one youth reported, "A lot of the so-called treatments that I was supposed to be receiving there consisted of a lot of suppressing what comes natural. I think that it's had more of a negative effect than it's had a positive effect, due to the fact that you know, if you suppress something for so long, it's not going to just go away. It's going to wait and it's gonna come back with a vengeance later when you finally get a chance to express yourself."<sup>27</sup> Medication will not get to the heart of grief; human connection does.

**"It made me feel like I was not alone, that somebody understands": The Power of Relational Connection and Perceived Support**

In addition to recognizing and acknowledging that grief is a normal, and not pathological, response to loss, it is critical that relationally based grief-informed interventions be available to youth in foster care to address death and non-death losses. Having an interpersonal relationship, also known as a relational home, for expressions of grief to be received and held is essential to well-being.<sup>28,29</sup> As one youth in foster care reported, "Without being able to talk to anybody, I was walking around angry all the time and getting into trouble."<sup>30</sup>

Listening and Led by Youth in Foster Care: Grief, Hope, & Transitions (L.Y.G.H.T.) is one example of a relationally based grief-informed intervention. L.Y.G.H.T., an evidence-based and trauma-informed peer grief support program for youth in foster care, was created in response to youth reports indicating their need to express their grief with others who would understand and support them. From their expressed need, the L.Y.G.H.T. program was developed as a grief-informed, youth-centered relational intervention.<sup>31</sup> Because peer support and personal empowerment are protective factors for youth who are grieving<sup>32, 33</sup>, an intervention, other than medication, is needed. Through the L.Y.G.H.T. program, hundreds of youth in foster care have benefited from the relational support they offer to one another to cope with their death and non-death losses. L.Y.G.H.T. program participants have experienced increased social support, hopefulness, and self-worth as well as a reduction in perceived problems.<sup>34</sup> The power of a peer grief support program for youth in foster care is that it provides a sense of belonging through a relational home which is youth-centered and youth-led.

## In Summary

While recognizing there are situations when the health and safety of a youth warrants removal, disconnection from family, friends, and other significant relationships is harmful. As a result of being removed from their families, youth are inundated with loss, grief, and ambiguity from these disconnections, which frequently go unacknowledged and unaddressed, leading to long-term negative outcomes. It is critical for child welfare professionals to not only be trauma-informed, but also grief-informed. A lack of grief-informed education can lead to inappropriate and harmful pharmaceutical responses to "treat" grief, instead of utilizing grief-informed interventions that promote relational connection and youth well-being.

<sup>25</sup> Gang, J., Kocsis, J., Avery, J., Maciejewski, P., & Prigerson, H. (2021). Naltrexone treatment for prolonged grief disorder: Study protocol for a randomized, triple-blinded, placebo-controlled trial. *Trials*. 2021 Feb 1;22(1):110. doi: 10.1186/s13063-021-05044-8. PMID: 33522931; PMCID: PMC7848251.

<sup>26</sup> Thielemans, K., Cacciatore, J., & Thomas, S. (2022). Impairing social connectedness: The dangers of treating grief with naltrexone. *Journal of Humanistic Psychology*. 01(0). <https://doi.org/10.1177/00221678221093822>

<sup>27</sup> Personal communication with youth in foster care, research participant

<sup>28</sup> Mitchell, M. B. (2016). *The neglected transition: Building a relational home for children entering foster care*. Oxford University Press.

<sup>29</sup> Stolorow, R. D. (2007). *Trauma and human existence: Autobiographical, psychoanalytic, and philosophical reflections*. Taylor & Francis Group.

<sup>30</sup> Personal communication with youth in foster care, research participant

<sup>31</sup> Mitchell, M. B. (2017). "No one acknowledged my loss and hurt": Non-death loss, grief, and trauma in foster care. *Child and Adolescent Social Work Journal*, 35, 1-9. doi: 10.1007/s10560-017-0502-8

<sup>32</sup> Hooyman, N. R., & Kramer, B. J. (2006). *Living through loss: Interventions across the life span*. Columbia University Press

<sup>33</sup> Schuurman, D. L., & Mitchell, M. B. (2021). The Dougy Center Model: Peer grief support for children, teens, and families. Dougy Center: The National Grief Center for Children & Families.

<sup>34</sup> Mitchell, M. B., Schuurman, D. L., Shapiro, C. J., Sattler, S., Sorensen, C., & Martinez, J. (2022). The L.Y.G.H.T. program: An evaluation of a peer grief support intervention for youth in foster care. *Child and Adolescent Social Work Journal*. Advance online publication. <https://doi.org/10.1007/s10560-022-00843-7>



The FJJ features original artwork, poems, and other visual and audio works that speak to the experiences of impacted individuals in every issue of the journal, including the front cover. If you have a creative expression you would like considered for inclusion in a future issue, please write to [info@thefamilyjusticegroup.org](mailto:info@thefamilyjusticegroup.org)

The Winter issue of the FJJ is anticipated in December 2023 and will be entitled the Need for Belonging.

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