

**The Impact of Attachment on Grief and Loss Processes Amongst Youth Aging out of the  
Foster Care System**

by

Gursimran Mann

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APPROVED BY

Dr. Alicia Spidel, MA, RCC, PhD., Capstone Advisor, Master of Counselling Faculty

Dr. Bruce Hardy, Ph.D., Faculty Reader, Master of Counselling Faculty

School of Health and Social Sciences

### **Abstract**

This Capstone Project aims to provide the reader with an understanding of the barriers and challenges young people experience in foster care. In addition, it brings awareness and education towards the missing gap between youth aging out of care and the lack of specialized support. This paper aims to examine the impact of attachment on the grief and loss processes among youth aging out of the foster care system. This paper examines the current literature on how young people in the foster care system experience the areas of grief, loss, attachment processes and styles of their aging out experience. Also, this paper analyzes the impact and role of foster parents on young people and their development. Thus, a specialized therapeutic program can be implemented by having foster parents play an integral role in supporting foster youth through their aging out experience.

*Keywords: Aging out, attachment, foster care system, grief, loss*

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## Chapter One: Introduction

In Canada, each provincial and territorial government has the authority to act upon child protection issues. In British Columbia (BC), the Ministry of Children and Family Development (MCFD) is legislatively responsible for investigating child protection concerns while focusing on supporting the well-being of children and youth in care. Many young people within the Canadian foster care system experience oppression and several marginalized and institutionalized barriers. These experiences influence the well-being and daily functioning of young people. It is important to note that these barriers and challenges are integrated with experiences of childhood traumas and interpersonal difficulties, which contribute to the social location of young people in care. Significantly, an integral component of the experience of youth in care is their attachment styles, trauma and mental health experiences associated with their grief and loss processes.

In BC, youth in foster care are considered “aged out” on their nineteenth birthday. On this day, young people are considered independent adults and no longer receive any financial or personal support from the government, foster parents, or social workers. Therefore, as youth in care prepare to “age out,” their sense of belonging and security is obstructed. The attachment styles of young people are deeply embedded and influenced by intergenerational trauma and systemic barriers. Hence making it challenging to process the grief and loss in their life. The trauma experiences of young people in care are complex, as it is deeply integrated with their attachment processes and affect their mental health. As youth begin to “age out” of the foster care system, their grief and loss process is activated in a way where they emotionally and mentally anticipate their “cut-off” date, leaving them feeling isolated and overwhelmed.

A sense of community and relationships are essential values for youth in the foster care system. Young people in care must have supportive adults to help them through life’s challenges.

These supportive adults can be foster parents, as they provide a caring, stable home environment during a time of tremendous adversity and challenges. Foster parents play a crucial role in helping children experience the lifelong benefits of a nurturing, safe home and family while helping them overcome their past traumas and build their resilience and strength. Thus, foster parents can act as an integral component in providing collaborative forms of support programs to fill the gap between youth aging out of care and the impact of attachment on their grief and loss experiences and processes.

### **Background Information**

In adolescent development, multiple challenging transitions and life events occur. During this time, young people continue to develop their independence, identity, and sense of self. Adolescents may face difficult choices involving sexuality, gender, identity, and relationships. These transitions can naturally lead to anxiety when increasing responsibilities occur, in association with the emerging sense of self-concept and development. For most young people, these experiences occur over time with the support of family, friends, and community. However, for some youth in care, the sense of family and community may be lacking, making it difficult for them to navigate through their adolescent years.

In some cases, young people in care have the support of their foster parents and caregivers. This specific type of adult support does not replace the biological parent's role in a young person's life. Instead, it can act as a positive, healthy, supportive adult on whom a young person can rely in emotional distress.

Youth in the foster care system have been found to have poorer mental health than young people in the general population (Murphy & Jenkinson, 2012). The untreated mental health issues among youth in care influence their daily functioning, well-being, and societal stigma.



Unfortunately, the unmet mental health needs place great demands within the foster care system, where young people experience a system where their needs are not being met (Kerker & Dore, 2006). For Indigenous youth in care, the most substantial protective factor for promoting safety and well-being is the reconnection to cultural, familial, hereditary and identity (Mellor, 2021). Connecting to Indigenous culture and identity is essential to a young person's development and sense of self. Young people in care often feel overwhelmed with the amount of adversity they need to overcome, whether it is dealing with the stigma attached to being in care, the loss of self and family, isolation, attitudes, inequality, or anti-social behaviours in which they may experience (Murphy & Jenkinson, 2012).

Resiliency is a crucial term for young people in care, referring to an individual's ability to overcome adversity and continue their development trajectory. Youth in care need to develop strength and resilience; this can be established in safe spaces where adolescents can heal, love, accept and empower themselves (Mellor, 2021; Murphy & Jenkinson, 2012). Young people who previously had no voice or feelings of unworthy recognition benefit from being listened to and validated. Caring and listening to young people significantly sets the foundation for them to identify the support they need and practical solutions. Youth in care experience grief and loss in several diverse ways, which includes primary and secondary losses. The attachment style of a young one can impact the grief and loss one experiences, thus causing severe detrimental effects on the association of trauma and mental health. Young people within the foster care system are knowledge keepers and experience first-hand what it is like to face oppression and marginalization. Thus, it is necessary to understand the concept of grief and loss in attachment theory for youth in care.

### **Statement of the Problem**

Canada has a high rate of children within the foster care system; the latest available data reported in 2019 indicated that between 54,202 and 59,248 children were in the foster care system (Canadian Welfare Research Portal, 2019). It is important to note that most of the population of children and youth in care identify as Indigenous; 52.2% of children in foster care are Indigenous (Canadian Census Data, 2016). Unfortunately, the high rate of Indigenous children in care stems from Canada's history of colonization and the harsh results of racism, discrimination, and oppression against Indigenous communities. As a result of systemic forms of oppression and intergenerational trauma, many young people in care experience forms of insecure attachment rooted in childhood experiences. Youth in care may experience difficulties in forming positive and healthy adult relationships within and out of the foster care system, in which feelings of insecurity, uncertainty and instability can occur—resulting in the attachment style of a young one in care being interconnected with one's grief and loss processes.

Each year, thousands of young people in care “age out” of the foster care system, losing their protection, support, and sense of belonging, and often the only home they have ever experienced. Significantly, in cases where a young person has the consistent nurturing and loving support of their foster parents, their “aging out” experience can be emotionally heightened as they fear losing this connection with a healthy, supportive adult. During the “aging out” process, this relationship rupture may impact a young person's emotional and mental well-being and sense of the world around them. Additionally, several other types of losses can be experienced, such as loss of support, family, and connection.

For some young people in care, the attachment experience with the foster care system itself can be a relationship, especially for those who consider the system their only family and

home. Trauma complexities and mental health concerns can influence the impact of the attachment bond with the youth and the system and further contribute to grief and loss when the system is cut off. Thus, young people grieve the loss of the system and what they consider normal throughout their adolescence. A young person's emotional competency and ability to self-regulate with peers can create interpersonal conflicts and challenges, influencing self-concept, esteem, and awareness.

### **Purpose of the Paper**

The purpose of my Capstone Project is to provide the reader with an understanding of the complex marginalized, oppressive, and institutional system youth within the foster care system find themselves in. Youth who age out of care face numerous societal and institutionalized barriers. Therefore, this project aims to demonstrate awareness and education regarding the missing gap between youth aging out of care and the lack of specialized therapeutic support they receive. Thus, these technical supports should consider the attachment theoretical perspectives and grief and loss processes of youth in care experience. I will also consider the role foster parents have on young people in care and their impact on their development and well-being in care. This Capstone Project will illustrate a review of the current literature related to intergenerational trauma, attachment theory, grief and loss, mental health impacts, self-concepts within the foster care system and the role of foster parents. This paper aims to examine the effect of attachment on the grief and loss processes among youth aging out of the foster care system.

### **Personal Positioning**

This topic holds a special place in my heart. My objective is to assist the reader to understand better and bring attention to the complex marginalized and oppressive barriers and challenges youth within the foster care experience as they begin to age out of care. I hope to

provide further education and awareness of the missing gaps and needs within the foster care system. In my professional practice, I previously worked as a youth worker, advocate, and mental health worker with youth in care. As a youth worker, I was able to witness the first-hand experience of the foster care system. Currently, I work as a family therapist, supporting foster parents and the children in their care by providing them with therapy and parenting support. I have been able to work with both demographics and find similarities. Similarities such as their grief and loss processes and attachment experience about how the system may let down foster parents and young people in care.

In my experience, I have worked with several youths who grieve the loss of the foster care system as they age out, and they are expected to move forward in their young adulthood independence while still grieving the loss of the system and what they considered a home or everyday life for them. Aging out of the system is just one out of many losses a youth in care can experience. Additionally, most young people in care experience forms of insecure attachment that are interconnected and influenced by one's trauma and mental health concerns. Consequently, not having a secure, trusted, safe adult in their life can affect their grief and loss processing and what they consider safe and trusted in the world. I have seen this impact many youth I work with; forming positive adult relationships can be challenging for those with insecure attachments. Thus, I would like more support and programs for young people in care before their aging out date. Specifically, services that are designed to target their grief and loss experiences and attachment patterns.

### **Research Question**

Furthermore, the research question is: How does insecure attachment impact the experiences of grief and loss amongst youth aging out of the foster care system?

### **Significance of the Study**

As the number of Indigenous children in care grows, the number of young people in foster care continues to grow as well. As a result, it is critical to explore the different forms of emotional and mental support young people receive when they age out. It is essential to question the therapeutic support available to young people. Therapists working with young people in foster care or who have aged out need to be trained with adequate knowledge and understanding of how the foster care system has impacted their overall well-being and function. More importantly, therapists need to be aware of how systemic forms of oppression and trauma may impact youth in care and their attachment patterns that are rooted in childhood experiences. The research has analyzed that youth in care may experience difficulties forming positive, healthy adult relationships, in which feelings of insecurity, uncertainty and instability can occur.

Across the research, it has been shown that continuous mental health supports are needed for young people as they begin to live within their communities, along with having to navigate the world around them by working towards their young adulthood goals. As young people begin to navigate the world with very little support, it is necessary to provide them with the therapeutic space to process their emotional and mental well-being as they age out of care, along with having positive and supportive adults in their lives to help them navigate the world and communities around them as young adults. Hence, the significance of this study is to fill in the missing gap between young people accessing the appropriate therapeutic mental health services that will benefit their process as they age out and their overall well-being. Equally important is bringing awareness to how young people in care need supportive, positive role models to help them navigate the world, especially when insecurity, uncertainty, and instability are present.

### **Roadmap for Exploration**

The next chapter examines the current literature on researching the areas of grief and loss and attachment process and theory related to young people in the foster care system. First, the chapter will provide an overview of the foster care system and its impact on young people by discussing the transitional loss they experience, for instance, the transition loss as youth “age out of care.” The term “age out” is, on its own, a loss for youth. Youth aging out of the foster care system experience a severe loss. For some young people, the foster care system has been their home, and for others, it is all they have ever known regarding the family or community around them. Therefore, when they lose this support and experience a “cut-off,” this can be triggering and damaging for a young one’s mental health, sense of self and belonging in the world.

Additionally, the role of foster home placement instability and breakdown will be discussed and the impact it has on young peoples’ attachment experiences and mental health and how it adds to another grief and loss experience for young people in care.

Second, the chapter will explore the research related to the grief and loss processes young people in care experience; the following types of grief and loss experiences have been connected to how young people in care process their grief and loss: (a) Ambiguous loss; (b) Anticipatory grief and (c) Disenfranchised grief. Then, the chapter will explore attachment theory research on how young people in care experience their attachment styles. Youth in care may share insecure attachment, with the continuous cycle of shame, guilt and embarrassment when socially interacting with others and within themselves. Therefore, the attachment theories by significant contributors John Bowlby and Mary Ainsworth will be illustrated, and insecure and disorganized attachment styles will be discussed. A key highlight will be made on the role of foster parents and the impact they have on young people in care, along with their own grief and attachment

processes and experiences of the children they care for. Third, the chapter will discuss the self-concepts of young people in care, their mental health, and their resiliency as they navigate the world around them. Lastly, the chapter will highlight the current research on therapeutic practices for working with young people in care. A complex therapeutic approach will be discussed, along with the therapist's role and framework of therapeutic strategies.

Chapter three will present a nine-week therapeutic group program for young in care with their foster parents. This program is to support young people in foster care who are about to endure their aging-out process and to have supportive adults (e.g., foster parents/caregivers) in their lives to help guide them. This program applies three integral components: attachment-based, trauma-informed, and relationship-based. The aim is for therapists who work with young people in foster care or who have aged young to improve their understanding of the care system and how it has impacted young people, along with furthering their knowledge of young people who age out and providing them with a therapeutic program and approach that can be easily accessible and applied to supporting young people with their mental health with the support of foster parents.

### **Definition of Terms**

The following key terms highlighted in this paper will guide and support the reader in further understanding the present research and topic.

#### ***Aging Out***

When children or youth in care reach the age of majority in their authority, they are no longer eligible for government support and must “age out” of the child protection system. Aging out” thus refers to the transition process of leaving care and becoming independent (Sansone et al., 2020, p.1).

***Attachment***

An infant's solid emotional bond with a caregiver (such as a mother) is essential when viewed as a basis for normal emotional and social development and as a way of forming such an emotional bond (Merriam-Webster, n.d.).

***Foster Care System***

A situation in which, for a period, a child lives with and is cared for by people who are not the child's parents, usually arranged through a government or social service agency (Merriam-Webster, n.d.).

***Grief***

Grief is the natural reaction to loss; it is both a universal and personal experience; individual experiences of grief vary and are influenced by the nature of the loss, mental suffering or distress over affliction or loss, sharp sorrow, painful regret and a cause or occasion of keen distress or sorrow (Dictionary.com, n.d.).

***Loss***

The act or fact of being unable to keep or maintain something or someone, the partial or complete deterioration or absence of a physical capability or function, the harm or privation resulting from losing or being separated from someone or something or an instance of losing someone or something (e.g., loss of a loved one, ending of a relationship, job loss etc.) (Merriam-Webster, n.d.).

***Social Justice***

The objective is to create a fair and equal society where each individual matters, their rights are recognized and protected, and decisions are made fairly and honestly (Oxford Reference, n.d.).



***Trauma***

The lasting emotional response often results from a distressing event; experiencing a traumatic event can harm a person's sense of safety, self, and ability to regulate emotions and navigate relationships (CAMH, 2024).

***Placement Instability***

This term refers to children who experience three or more placements during contact with a child welfare agency (Wedeles, n.d.).

***Resilience***

Resilience is the process and outcome of successfully adapting to complex or challenging life experiences, primarily through mental, emotional, and behavioural flexibility and adjustment to external and internal demands (American Psychological Association, 2024)

***Self-Concept***

One's description and evaluation of oneself, including psychological and physical characteristics, qualities, skills, roles, etc. Self-concepts contribute to the individual's sense of identity over time. The conscious representation of self-concept partly depends on the nonconscious schematization of the self (American Psychological Association, 2024).

## **Chapter Two: Literature Review**

An in-depth investigation will be analyzed on how young people in the foster care system are impacted by their grief and loss experiences and their attachment patterns and processes. When youth age out of the foster care system, an attachment disruption and grieving process can occur. After examining the research, young people in foster care display insecure and disorganized attachment patterns, along with feelings of ambiguous loss, anticipatory grief, and disenfranchised grief. In this chapter, an overview of the foster care system will be reviewed, along with a discussion of the impact of placement breakdown and instability and how it contributes to a young person's attachment processes. The current literature will review how young people in foster care experience their attachment pattern and their grief and loss experiences when they age out, along with their self-concept discussion of the impact of placement breakdown and instability and how it contributes to a young person's and mental health impacts.

Additionally, the impact foster parents have on the attachment development and self-concept of young people in care will be highlighted. Furthermore, several therapeutic approaches will be analyzed to support young people in foster care and foster parents. These specialized therapeutic approaches target treating relationships, trauma, attachment, and grief and loss experiences.

### **The Canadian Foster Care System**

In Canada, there are over 60,000 children and youth living under the guardianship of the child welfare system; First Nations children are more likely to be placed in the system (Kruk & Jones, 2005). These children and youth have been removed from their families due to adverse situations (i.e., abuse, neglect, or abandonment). It can be argued that the foster care system is

institutionalized; this relates to Canada's history of colonization against Indigenous people.

Canada has a long history of stripping and assimilating Indigenous peoples from their land and culture. Colonization refers to how colonizers imposed their cultural values, religion, laws, and policies on Indigenous peoples, such as the implementation of residential schools and the Indian Act (Mellor, 2021). The effects of colonization have profoundly impacted the sense of self and well-being of Indigenous peoples. As a result, Indigenous people are constantly dealing with the traumatic impacts of the harm and violence they endured. These traumatic impacts have created a cycle of intergenerational trauma with children and youth in foster care. Intergenerational trauma is a factor in youth care experience, as it continuously influences young people and their view of themselves and the world around them.

It has been analyzed across the research that many young people in foster care come from hard places, meaning they experience the impacts of trauma, which affects their body and brain development (Purvis & Qualls, 2020). When children share early trauma experiences, their brain chemistry changes, which in turn has an impact on their behaviour and well-being. It is known that when young people enter the foster care system, they may lose the ability to trust adults in their lives and may be living in constant fear of placement instability and breakdown. Foster parents may be healthy and supportive adult figures in a young person's life. Similarly, foster parents provide the love, nurture, safety, and security young people in care desperately need. Nonetheless, young people in care may lose the ability to trust even the most well-intentioned, loving adults who care for them (Purvis & Qualls, 2020). It is critical to recognize the various types of losses and how they impact young people in care.

### *Transitional Loss of Aging Out*

An integral part of the foster care system is the aging out process. This process occurs at different ages in Canada; in BC, it is nineteen years old. According to Berzin et al. (2014), “aging out” – is defined as the age at which the formal relationship of the state to a child under guardianship is ended. Many youths have a difficult time transitioning out of care; they are impacted in many areas: education, finances, housing/homelessness, employment, health concerns, mental health, and substance use/abuse (Ahmann, 2017; Cunningham & Diversi, 2013; Hall & Semanchin Jones, 2018; Scott, 2012).

Significantly, the transition towards young adulthood matters. Supportive adults make a significant impact and difference in young people’s lives and how they navigate the world outside of the care system. Berzin et al. (2014) found that youth who age out of care report a gradual transition to adulthood and feeling “in-between.” This means feeling the “in-between” of the care system and their independent transition into young adulthood. For young people in care, the path towards young adulthood can be difficult, as it can affect their psychological functioning and ability to be independent (Berzin et al., 2014). As young people “age out,” the transitional shift and loss can create a sense of emotional overwhelm, distress and anxiety. Young people may feel the challenges of independently navigating the world outside of the foster care system, thus resulting in emotional distress for young people. Specifically, youth in care experience five characteristics: feeling between adolescence and adulthood, instability, identity exploration, self-focus, and optimism (Berzin et al., 2014).

Correspondingly, as youth in foster care age out, they may experience a lack of connection, as their support may cut off at a certain point (e.g., social worker, youth workers, caregivers, mentors, therapists, etc). The challenge with the connection to supportive networks

can strengthen their chances of success in adulthood (Berzin et al., 2014). Significantly, foster parents can play an integral role as supportive role models in a young person's life, especially before they age out of care. For the most part, foster parents may act as a protective factor in supporting young people to process their emotional distress and overwhelm during their experience of aging out.

### ***Placement Instability & Breakdown***

Placement instability commonly occurs within the foster care system and has become a significant problem for young people in care (Kruk & Jones, 2005). Placement instability can impact a young person's attachment development, along with their trauma and mental health. Most often within the foster care system, placement instability disrupts a young person's emotional and social well-being, as well as their attainment of independence (Kurk & Jones, 2005). Research has demonstrated that young people who experience placement instability may engage in risky behaviours (e.g., substance use/abuse, school dropouts, poor relationship-building skills, etc). For instance, Kurk and Jones (2005) found that placement instability decreases the rate of young people graduating high school and moving toward post-secondary.

Placement disruptions may re-traumatize young people as they must build new attachments, making it difficult for them to do so, and they may feel pressure towards their self-reliance (Armstrong-Heimsoth et al., 2020; Kurk & Jones, 2005). Hence, the placement instability cycle can further challenge one's self-concept and independence (Armstrong-Heimsoth et al., 2020). It is important to note that the type of placement matters for young people in care. It has been demonstrated that the placement needs to be nurturing, consistent, predictable, and structured for young people to feel secure and safe in their environments.

Consequently, the constant and predictable placement with foster parents can result in foster parents increasingly being able to form supportive, positive adult relationships.

Noteworthy, placement instability further creates attachment disruptions for young people in care. The most considerable attachment disruption is the removal from birth families and into foster care. Young people who are separated from their biological parents experience rejection, guilt, shame, abandonment, and attachment issues (Scott, 2012). The removal of children from birth parents critically impacts a child's sense of attachment security. It ruptures the attachment bond with their parents, thus affecting their sense of worth and self. They were followed by the common frequent changes from one foster home to another. These disruptions can become increasingly difficult as children become less selective regarding relationships, creating challenges in trusting adults. Kurk and Jones (2005) stated that "children who experience placement instability and attachment disruptions become less selective regarding relationships and can drift into harmful relationships and repeat a pattern of "drifting" through relationships" (p. 408). Once a young person's attachment is disrupted, their sense of relationships and view of themselves in relationships are impacted, and their experience of being in a relationship can be experienced as protective and guarded rather than vulnerable and open.

### **Grief and Loss Processes**

It is widely known that grief and loss experiences are commonly associated with death. When grieving and mourning the death of a close loved one, many intense and painful emotions can arise. However, grief and loss can also be associated with other life events such as separation, job loss, retirement, moving and more; these are secondary losses. Specifically, young people in foster care internally grieve losses that are not socially recognized. Young people in foster care experience grief and loss in various ways. When a child enters the child

welfare system, placement is determined; this includes foster care, group homes, kinship care or an independent living program. A common occurrence in care is the notion of being placed in different homes. For instance, the initial transition into care is a loss as a young person experiences a loss of parents, siblings, home, school, friends, pets and more (Murphy & Jenkinson, 2012). Although the previous conditions and environment of a young person may have been harmful and problematic, the loss is still valid when a youth enters a new placement, as they are experiencing a new transition and loss of what they had before.

Another transitional loss is when a youth in care reaches the age of majority; they are no longer eligible to receive government support and must “age out” of the system. The term “age out” is a loss for youth. Youth aging out of the foster care system experience a severe loss. As young people age, they grieve the loss of the system, along with losing the connections of their social networks and support. The multiple losses may create a sense of stress, panic, and anxiety for young people in care and their aging out process. More importantly, there is a loss of sense of normalcy because of feelings of isolation, hopelessness, and ambivalence, which can cause anxiety and depression. For some young people, the foster care system has been their home, and for others, it is all they have ever known regarding the family or community around them. Therefore, when they lose this support and experience a “cut-off,” this can be triggering and damaging for a young one’s mental health, sense of self and belonging in the world.

It is essential to understand the complexity of grief theory for youth in care and how they make sense of their reality. Murphy and Jenkinson (2012) describe “loss orientation” as a young person’s response to grief, and “restoration orientation” is when a young person begins to rebuild their life and move forward from the grief. These two can occur simultaneously and individually. Essentially, a young person’s loss orientation and restoration orientation may be influenced by

their attachment style and process one withholds from early childhood into adolescence. Thus, it is essential to recognize the way young people in foster care grieve and the types of losses they experience. Furthermore, the research demonstrates how young people in care experience a sense of ambiguous loss, anticipatory grief, and disenfranchised grief.

### *Ambiguous Loss*

Across most of the research, ambiguous loss has been a common theme when analyzing young people in foster care and their grieving process. Ambiguous loss refers to the conditions in which a family member or loved one is psychologically present and physically absent or psychologically absent and physically present; this type of loss can be the most traumatic and emotionally painful (Lee & Whiting, 2007; Mitchell, 2018). Ambiguous loss helps individuals to recognize and understand the unique perceptions, emotions and behaviours associated with losses. Youth within foster care often experience ambiguous loss, as confusion, hopelessness and depression can occur, resulting in young people feeling, thinking, and acting in unpredictable ways.

According to Mitchell (2018), “ambiguous loss is identified as one of the most traumatic types of losses but is often overlooked as a source of trauma, as well an emotionally painful experience for some foster youth” (p. 3). A child's early experiences in care create significant life-altering moments and changes that impact one’s future development and sense of self. The early experience of abuse and neglect within the foster care system is associated with insecure attachments combined with multiple losses and genetic vulnerabilities. As a result, they are at considerable risk for complex trauma and problems in psychosocial functioning (Kerker & Dore, 2006). Trauma is difficult; therefore, understanding its complexity in grief and loss processes is critical. Although ambiguous loss can present itself as the loss of a family member or loved one,



it can also present as a loss of community, identity, or normalcy. Thus, these types of losses are also known as symbolic losses, as they provide another perspective to explore the grief and loss experience of youth in care (Mitchell, 2018).

Specifically, Lee and Whiting (2007) describe two types of ambiguous losses within the foster care system which are (1) Family members may be physically present but psychologically absent; for example when children are removed from the home, it is often because their caregivers were physically present but did not provide love, nurture, and protection and; (2) Physically absent but psychological present, for example parents and children, may no longer be living in the same household but they remain members of the family.

The research analyzed several symptoms of ambiguous loss, such as frozen unresolved grief, the inability to move on, confusion, distress and ambivalence, uncertainty leading to immobilization, blocked coping processes, relationship conflict, anxiety, depression, denial, guilt, and refusal to talk about the situation (Lee & Whiting, 2007). More importantly, intense anger is a strong feeling that young people may experience in foster care within their experiences of ambiguous loss and may be tied to unresolved grief (Gribble, 2016; Lee & Whiting, 2007). Anger can occur across all ages; therefore, the anger may be displaced upon those working within the foster care system (e.g., therapists, social workers, judges, etc). Significantly, it has been found that shattered self-esteem may lead to difficulties with coping strategies.

### ***Anticipatory Grief***

Anticipatory grief, or anticipatory mourning, is the grief that occurs before a loss. Anticipatory grief is one way people react to the knowledge that a life-changing loss will happen soon. Although anticipatory grief is defined by death-related losses, non-death losses, also known as secondary losses, can be associated with anticipatory grief (e.g., loss of a companion,

changing roles in the family, loss of dreams, etc). Although not everyone will experience anticipatory grief, for those who do, it is a normal response to the sadness and uncertainty that the loss brings to both the present and the future. Some of the signs and experiences include emotional stress, isolation, loneliness, helplessness, anger, depression, and anxiety.

When a young person is about to “age out” of the system, experiences of anticipatory grief may occur. This aging-out experience can cause emotional distress and overwhelm, and it may trigger one’s mental health and emotional well-being. Once young person age out of care, they are expected to navigate their young adulthood independently; they may feel anxious, sad, or frustrated. In most cases, the support is minimal, and young people are often expected to navigate these challenges independently with very little knowledge and education on daily life and goals. Sometimes, a young person may have support from healthy adults in navigating this experience. Beneficial adult support can be from their foster parents, youth workers and role models. As a result, anticipatory grief can occur when a young person anticipates their aging out date and may experience similar grieving emotions related to losing the system and their support.

Thus, it is essential to acknowledge the lack of support that young people experience when they age out, primarily related to their anticipatory grief experiences. The feelings related to anticipatory grief of anxiety and sadness can impact a young person’s well-being and view of the world as they enter adulthood. Their sense of self may be affected and can contribute to their existing mental challenges or issues. Thus, recognizing the anticipation for young people in care and the worriedness that may be felt before aging out of the system is critical.

### ***Disenfranchised Grief***

Grief is always experienced within a social or cultural context. The term ‘disenfranchised’ recognizes that social and cultural communities may deny recognition and

legitimation or are not considered to have a real sense of loss (Lynes & Siteo, 2019; Mellor, 2021; Murphy & Jenkinson, 2012). Disenfranchised grief is a natural response to loss. It is considered disenfranchised when a non-related loss (i.e., loss of community, identity, and normalcy) is not recognized by society, acknowledged, or attended to by society (Mitchell, 2018; Lynes & Siteo, 2019). Ultimately, it has been shown that trauma and mental health challenges of an individual may accompany disenfranchised grief.

Youth in care experience disenfranchised grief throughout their foster care experience and when they age out. The disenfranchised grief young people in foster care experience is not commonly recognized by society. Instead, youth in foster care experience several obstacles and perceived stigma pressures from society. The stigma and discrimination that may be experienced can create a further sense of disenfranchised grief for young people, as their experience of aging out or being in care is perceived as a negative stereotype or stigma. Thus, the disenfranchised grief young people experience is amplified and can create increasing feelings of isolation, loneliness, hopelessness, and sadness.

As a result of such discrimination and negative perceptions from society, therapeutic supports that are available to young people can be blocked by disenfranchised grief. It has been shown that therapeutic supports, such as counselling, would benefit the complicated grief response of young people in foster care experience. Since the grief of young people in care experience is not socially recognized, more supports need to be implemented to address the grief processes of young people.

Similarly to young people in care, foster parents experience their grief and loss processes related to disenfranchised grief. When a child is moved to another foster home or family, this can influence the grief experiences of the foster parents and family unit. In some cases, children in

care can stay with their foster parents for several years and can be moved to another home for several reasons, such as placement instability and breakdown. Therefore, it is critical to recognize the grief and loss foster parents experience, as it can create feelings of sadness, depression, helplessness, and loneliness.

Moreover, challenging society's view on the grief and loss processes for young people in care and foster parents is critical. Advocating for these two populations is essential to determine what can be done to support both populations better together. It has been shown that foster parents and attachment processes are also closely connected. The attachment process has an actual cost if children stay in a placement for an extended period. Therefore, love cannot exist without attachment, and foster children without attached foster parents may be asked to live without love in their day-to-day lives (Gribble, 2016).

Additionally, the strength of the attachment bond matters for foster parents. The greater the attachment bond of the caregiver to the child, the greater its impact on dealing with that loss. It has been explored that the stronger the attachment between parent and child, the greater the grief (Gribble, 2016). Suppose the foster parent feels that the child has been moved from their care due to inadequacy. In that case, this will magnify their difficulty in dealing with the loss of the child, thus leading to the grief experiences of feeling that they were never "their own" and may not have been with them for very long.

Moreover, support and services made accessible to process the grief and loss of foster parents are essential. Shame, humiliation, and sadness are generally dominant feelings operating in parents whose children have been placed in foster care and are expressed as rage, defensiveness, and denial of any responsibility regarding the placement (Lewis, 2011). Therefore, foster parents may experience enfranchising their right to grieve, providing them with

time and space to grieve and making counselling available (Gribble, 2016). Different policies and procedures/recommendations can be made to ensure foster parents are well supported, such as increasing therapeutic support for foster parents (e.g., individual or group counselling).

Acknowledging the grief and loss foster parents experience is the first step, followed by ensuring there are supports in place, which is integral for their well-being and how they can further provide care and nurture for young people in care.

### **Attachment Theory & Processes**

Generally, attachment theory suggests that young children construct attachment relationships based on their early experiences with parents and caregivers (Smyke et al., 2010). When babies are born, they require a secure base and haven from their primary caregivers. This sense of security and safety is based upon the primary caregiver's attunement and presence. It depends on the state of mind, presence, insightfulness, and reflective functioning of their primary caregiver. Primary caregivers are readily available and responsive to the child's needs, allowing them to grow a sense of emotional security, thus making the attachment processes of a child necessary for development (Morais et al., 2023). The attachment bond must be a safe and predictable experience for a child to develop a secure base (Smyke et al., 2010). The attachment experiences in relationships get internalized. Therefore, children develop expectational patterns related to the availability and reliability of their primary caregivers (Vermeire, 2021).

### ***Contributing Attachment Theorist***

Two prominent founders must be recognized for their findings, learnings, and contributions when exploring attachment theory and processes: (1) John Bowlby and (2) Mary Ainsworth.

John Bowlby mainly developed attachment theory, drawing attention to the affective and emotional bond between a child and primary caregiver (Bernard et al., 2013; Vermeire, 2021). The central theme of attachment theory is that primary caregivers who are available and responsive to an infant's needs allow the child to develop a sense of security. At birth, infants are equipped with behaviours to promote proximity to a caregiver, and babies begin to develop their inner representation of the principal caregiver. During this process, infants have developed a sense of capacity to believe that the caregiver exists when not present and when the caregiver leaves the anticipation of them returning (Ainsworth, 1989). Thus, Bowlby describes this as the “secure base,” the attentive, loving adult who meets a child’s needs consistently over time and becomes the child’s anchor, in which the child can tolerate separation when their primary figure is not present (Ainsworth, 1989; Purvis & Qualls, 2020).

Maternal sensitivity is a crucial construct in attachment theory, as it plays a critical role in predicting attachment quality (Bernard et al., 2013). Maternal sensitivity is when the primary caregiver responds to the child’s signals of distress, as well as social cues and other daily experiences (Bernard et al., 2013). The impact of nurturance was critical in how parents respond to a child’s distress; this was described as the parents’ role in providing a “haven of safety” (Bernard et al., 2013, p. 3). Notably, parental nurturance may be linked to caregivers meeting the child's needs and early co-regulation patterns that benefit the infant’s psychological and behavioural regulatory outcomes. Parent nurturance and synchrony may be influential in children’s development of behavioural and physiological regulation (Bernard et al., 2013). Thus, young people need opportunities for co-regulation from healthy adults, as their capacity to self-regulate may be limited.

In addition, attachment theory states that within the first year, infants' early experiences with their primary caregivers set the foundation of what is expected of regularities and beliefs about the self, others, and the world around them; Bowlby describes this as a child's "internal working model" (Ainsworth, 1989). Fundamentally, it has been shown that nurturing and responsive caregivers are integral for children to develop their internal working model. Furthermore, Bowlby was interested in understanding the anxiety and distress children experience when they are separated from their primary caregivers. The distress children experienced was associated with the insecurity of not knowing if their primary caregiver was available to them for their needs. This insecurity presented a lack of trust in their primary caregivers, making children less likely to seek proximity towards others (Morais et al., 2023).

Bowlby believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life (Bernard et al., 2013). Children who have a secure attachment with their primary caregiver are internally aware that as they grow and explore independence, they can return to their secure base when they are afraid or in need (Bernard et al., 2013; Purvis & Qualls, 2020). Therefore, it is essential to recognize children's secure attachment as a positive experience that can influence their later years in adulthood. Children who maintained proximity to an attachment figure were more likely to receive comfort and protection and, therefore, more likely to survive adulthood (Bernard et al., 2013).

In 1970, psychologist Mary Ainsworth expanded upon Bowlby's original attachment theory work by developing the "Strange Situation." Ainsworth sought to identify specific parenting behaviour characteristics relevant to mother-infant attachment (Bernard et al., 2013). Ainsworth described three major styles of attachment: 1) secure attachment, 2) ambivalent-insecure attachment and 3) avoidant-insecure attachment. Ainsworth believed that the quality of

mother-infant interactions was critical to distinguishing between securely and insecurely attached infants (Bernard et al., 2013). Over time, other research studies discovered another attachment style of disorganized-insecure attachment, which is commonly associated with young people in foster care.

### **Attachment Styles & Patterns**

Purvis and Qualls (2020) describe attachment as an affectionate bond between a caregiver and a young person; this bond tells a child they are safe and their needs matter. Within the attachment bond, the caregiver acts as an external regulator for all the child's needs, for example, meeting a child's hunger or sleep needs. More importantly, having a secure attachment bond with a caregiver sets the foundation for a young person's self-worth, self-efficacy, and self-regulation.

For youth in foster care, their attachment styles are an integral part of their experience in care and how they form relationships with other adults. Children who have faced adversity often have experienced changes in brain chemistry due to external stressors (Purvis & Qualls, 2020). Unfortunately, their early experiences and upbringing have influenced their attachment process and way of being in a relationship. A young child develops a secure attachment relationship with a primary caregiver when the caregiving relationship is predictable, sensitive, and responsive to the child's needs (McLaughlin et al., 2012). Intense conditions such as abuse and neglect often fail to help children develop their attachment bonds. As a child forms an attachment with an adult caregiver, experiences with that adult seem to relate to the type of quality of that attachment (Smyke et al., 2010). Zaccagnino et al. (2015) discuss how the intention behind removing children enables them to move and develop in their environments. Therefore, young children being raised in the foster care system have a difficult time forming attachments, as a



majority have compromised attachments. A child's attachment predicts psychosocial adaptation; feelings of loss, anger, mistrust, isolation, and helplessness can occur.

More importantly, trauma, maladaptive internal and external behaviours and placement instability are essential factors to consider about a young person's attachment style. It has been demonstrated in the research that placement disruptions may re-traumatize young people in care by affecting their new attachment processes. External influences and caregiver characteristics can make them vulnerable to difficulties with attachment, and it cannot be assumed that caregivers will inevitably attach to their children (Gribble, 2016). The research suggests that children develop emotional expression when environments feel safe; thus, environments and caregivers matter (Vermeire, 2021). As explained by Zaccagnino et al. (2015), attachment is currently one of the key concepts most broadly used to build intervention programmes designed for high-risk, disadvantaged, and maltreated children within the foster care system.

### ***Insecure Attachment***

It has been commonly shown that young people in foster care experience insecure attachment styles related to their early trauma histories. Most often, when there is abuse or neglect, the result of insecure attachment styles may be presented. Thus, it is difficult to form relationships due to increased stress and reactivity. Bowlby's theoretical perspectives highlight the link between insecure, disorganized, and atypical attachment patterns with youth in care (Zaccagnino et al., 2015). Ainsworth described two types of insecure attachment styles: ambivalent-insecure attachment and avoidant-insecure attachment. Ambivalent-insecure attachment is when a child is constantly in a state of anxiety about the availability of their caregiver; this is most likely due to their primary caregiver's unpredictability. The sense of unpredictability can create deep apprehension in children because they never know what to

expect. At the same time, avoidant-insecure attachment occurs when primary caregivers are emotionally distant and unable to express emotions with children. When a child learns that they cannot have their immediate or emotional needs met, they begin to see social bonds as unsafe or unstable. Individuals who experience an avoidant attachment style experience trouble trusting others in relationships. As a result, this insecurity and lack of trust can carry onto adulthood. Kerker and Dore (2006) state that children who are emotionally, mentally, and physically abused or neglected in their childhood showed insecure, avoidant, or ambivalent attachments to caregivers.

When a young person cannot access their primary attachment figure in times of distress or crisis, their self-perceptions can be internalized, and other behavioural challenges can arise. As a result, one's self-concept and construct of the world can be impacted. Additionally, young people with insecure and disorganized attachments may not have developed reciprocal communication skills and can lack emotional regulation skills, resulting in the inability to express emotions (Zaccagnino et al., 2015).

Whether the attachment style is insecure or secure, youth in care are influenced by their attachment patterns about the way they process grief and loss. For instance, when siblings, parents or families are separated, this can result in a breakdown in the attachment bond and grief process, resulting in feelings of isolation, insecurity, and instability. Therefore, behaviour problems can increase when young people experience placement breakdowns, which in turn intensifies behaviour problems, depression, and anxiety (Moretti et al., 2020). These types of issues may make it difficult for young people to adjust to a new foster home and can create a downward spiral that often results from placement breakdown and instability.

Youth in care who experience insecure attachment can experience the continuous cycle of shame, guilt and embarrassment when socially interacting with others and within themselves. It has been found that children who experience insecure attachment present with poor social competence, increased hostility and aggression, lower ego resilience, behaviour problems, stress dysregulation and poor cognitive performance in the preschool and preadolescent years (Zaccagnino et al., 2015). Insecure attachment has been associated with a risk of internalizing psychopathology in children, including anxiety disorders and major depression (Beyerlein et al., 2019; McLaughlin et al., 2012). These capacities may help children, even children in insecure attachment relationships, to deal with the stress of separation from their caregiver (Oosterman et al., 2010). When a young person comes from early traumatic experiences, their needs are most likely not always met; therefore, they have a dramatic alteration of their beliefs of the world around them (Purvis & Qualls, 2020). Unfortunately, when a child's needs are not met, their chronic toxic stress can start a trajectory of mental health challenges (e.g., ADHD symptoms, anxiety/depression symptoms), leading into adolescence, these challenges can be increased and heightened.

Ultimately, when a young person enters the foster care system or experiences placement breakdown and instability, they experience an attachment disruption, which in turn will impact their internal working model. A secure internal working model of a young person is that I am loved, worthy, enough, and belong. Whereas a young person who experiences an insecure attachment style, their internal working model is I am not worthy, I am not enough, I am not loved, nor do I belong. This negative internal dialogue of a young person can impact their view of themselves in a relationship. A young person who experiences an insecure working model of

themselves may profoundly affect their self-worth confidence. Thus, young people must feel safe and supportive in relationships and environments.

It is essential to recognize that youth in care experience fears of being removed continuously, rooted in their lack of safety and trust in the world around them. A young person may experience separation from their siblings and other family relationships; this contributes to the attachment bond breaking and the loss of a loved one. Hence, a child can be placed within a foster home with highly supportive and giving caregivers and a healthy environment, yet the attachment bond may not be present, as the child fears that removal and loss may occur.

Brain development is a critical component of young people in foster care and how their brain mechanisms are developed. Research has discovered that the brain is genetically wired at birth, where the survival functions are rooted (e.g., babies breathe, eat, sleep, hear, etc.) at birth (Purvis & Qualls, 2020). Therefore, the attachment bond is critical to creating a secure, safe, and trusted bond. Over time, through childhood development, a young person's brain matures and develops complex thought, reasoning, emotional processing, memory, speech, and the ability to regulate behaviour (Purvis & Qualls, 2020). Brain development is deeply impacted by repeated relational trauma; ruptured early relationships affect a young person's perception of themselves and how they walk through life and interact with peers. Trauma triggers the lower part of the brain, where chronic toxic stress is produced, and their other brain mechanisms are underdeveloped. Children with trauma experience high levels of cortisol in the body, the body's stress hormone (Purvis & Qualls, 2020). As a result, their unmet need of not feeling safe may impact their emotional well-being and functioning. The research suggests that children who develop insecure attachment problems have increased rates of developmental delays (e.g., motor,

language, social, or cognitive), dissociation and emotional self-regulation skills and externalizing behaviours, and difficulty maintaining healthy relationships (Beyerlein et al., 2019).

According to Magalhães and Calheiros (2020), “a term that youth in care can relate to is “place attachment; this involves a symbolic, emotional, and functional connection established with a place with similar contracts like a sense of community” (p. 1719). The community is integral to the well-being and development of youth in care. Place attachment may enhance self-regulation processes of managing negative emotions and promoting healing experiences and positive outcomes (Magalhães & Calheiros, 2020). Therefore, it is essential to consider a young one’s internal working model, which was one of Bowlby’s theoretical perspectives of attachment; “I am, you are, and the world is.” The internal working model refers to how an individual feels about themselves and how social interactions can shape them. For instance, if a child experiences a parent who is cold and distant, the child will experience a negative internal model for themselves and the world around them. As a result, this can lead to the belief that they are "not good enough" or "not smart enough" to be worthy of love and affection.

Conclusively, young people in foster care who experience relationship-based trauma (i.e., early trauma experiences and attachment disruptions) require relationship-based healing. It is essential to recognize that the early traumatic experience of young people in care is closely connected to their attachment processes with their primary caregiver, along with how they view themselves in relationships and the world around them. Thus, providing young people with safe and supportive spaces to learn about being in relationships and to heal their relational trauma and attachment experiences is essential.

### *Disorganized Attachment*

Children in foster care have typically experienced early adversity, including chronic neglect as well as other forms of maltreatment (Oosterman et al., 2010). When placed with nonnurturing foster caregivers, children were at greater risk for developing disorganized attachment (Oosterman et al., 2010). When children experience early adversity and maltreatment experiences, it has been shown that they may experience a disorganized attachment pattern and style in their later years. Children with disorganized attachments may not have developed appropriate communication skills. They may lack emotional regulation skills, resulting in verbal or physical aggression or the inability to express emotions (Zaccagnino et al., 2015). Children who can regulate their emotions are better able to respond in socially appropriate ways and to focus their attention, which makes it easier for them to learn and, more likely, be high achievers (Zaccagnino et al., 2015). Young people who experience disorganized attachment are more at risk for adverse outcomes, including various psychiatric issues and negative internal working models (Gribble, 2016).

The brain mechanisms of a young person with disorganized attachment are essential to recognize. The brain's neural structures support young people in distinguishing between safe and dangerous situations. When danger is perceived, the sympathetic nervous system is activated, referred to as the nervous system (i.e., flight/flight/freeze). The quality of attachment relationships with foster parents is associated with young people in care and their Autonomic Nervous System (ANS) reactivity on attachment disruptions and figures. It has been suggested that the influence of caregivers on children's emotion regulation and reactivity may change across early childhood as children's capacities for self-regulation increase (Oosterman et al., 2010). Therefore, understanding a young person's nervous system about being in a relationship

is crucial. The link between disordered attachment and increased stress reactivity may indicate that separations from the caregiver and possibly also reunions are more alarming for children with disordered attachment than for children with ordered attachment relations (Oosterman et al., 2010).

### ***Foster Parent Attachment Processes***

The foster parents act as the primary caregivers for young people in care, as they can be role models and either hinder or discourage their experience in care. It is significant to recognize their impact on young people in care. It has been shown that young people who enter foster care are shown to experience complex relationships with adults, and developing trust with caregivers/foster parents can be challenging. Foster parents provide day-to-day support and can be advocates for seeking support for young people in care, as they can act as great role models for young people in care; they act as their guidance, support, and safety net (Hiller et al., 2020). Noteworthy, some foster parents need to be more qualified. Foster parents take on a significant role; foster parents may experience feelings of hopelessness, isolation and accountability, and lack of funding for foster parents (Scott, 2012). Recognizing the difference between supportive and unsupportive foster parents is critical, as it displays the lack of support and education they receive before becoming foster parents. Noteworthy, foster parents may need more social support since their foster child may not be viewed as an actual family member. Therefore, the lack of social interactions and stressful parenting can make it difficult for children to attach to them (Gribble, 2016).

Interestingly, the research suggests a connection between attachment security and foster parent sensitivity (Oosterman et al., 2010). Attachment insecurity can be negatively associated with caregiver environment satisfaction; young people perceive themselves as more insecure in

their relational experience with caregivers (Morais et al., 2023). Before a child enters a foster home with foster parents, their sense of attachment can affect the relationship they have with their foster parents. For instance, a child may experience an insecure attachment style or pattern, therefore making it difficult for the child to trust their foster parents. Research has suggested that children with prior insecure attachment relations struggle to adapt to their new situation and environment (Morais et al., 2023). Additionally, attachment disruptions cut deeply into the willingness of adolescents to trust and form secure relationships with other caregivers, creating unique challenges for foster parents and reducing the potential benefits of foster care (Moretti et al., 2020). Therefore, providing sensitive care to young people in care requires awareness and understanding of the effects of attachment disruptions, along with understanding the trauma's impact on their social-emotional development and mental health.

Similarly, when foster parents are not attached to their children in care, this may lead to placement breakdown. Gribble (2016) discusses how children in long-term foster care placements must have caregivers who are firmly attached to them. Young people are more likely to develop coping strategies and maintain negative self-representations than those whose foster parents link to them early (Gribble, 2016). The impact of placement breakdown and instability continues to affect the cycle of attachment disruptions for a young person. Thus, working professionals (e.g., social workers and government workers) need to make informed decisions before placing children in foster homes.

Furthermore, foster parents can build strong attachments with their foster children. Several specific tools and approaches can be implemented to support the functioning of foster parents. Specifically, Bernard et al. (2013) discovered the valuable tool of the parent attachment diary for foster parents. This tool was designed to capture children's attachment behaviours



during times of distress and the parents' responses. For instance, parents were asked to complete a daily diary entry in which they were to record incidents when the child is hurt, frightened, and separated, as well as their behavioural response to their child's distress (Bernard et al., 2013).

The research study by Bernard et al. (2013) found that in the first two months of a new foster placement, a young, aged child showed higher levels of secure behaviour and less avoidant behaviour (Bernard et al., 2013). Children who dismissed parents showed more avoidant behaviours than children; this could result from avoidance among such children or a tendency to dismiss parents (Bernard et al., 2013). The parent diary can be a helpful tool for foster parents to adopt in their daily functioning to reflect on their attachment processes and experiences.

### **Self-Concept**

When a young person is in foster care, their sense of self can be affected throughout their development. There are several risk factors, such as trauma, attachment processes, barriers and challenges of the foster care system and mental health, that influence a young person's self-worth and concepts. Their identity perception may profoundly impact their development trajectory and identity exploration. Greeno et al. (2019) illustrate how there is a certain number of youth in foster care who may be at even greater risk for victimization, psychiatric symptoms, or low self-esteem. This is embedded through a young person's early trauma and attachment experiences, which help to shape their perception of who they are.

### ***Mental Health***

It has been demonstrated across the research studies that the impact of mental health has been a critical factor amongst young people in foster care and their aging out experience. There are several risk factors for young people and their mental health while being in care.

Maltreatment, abuse, violence, and neglect are strong predictors of mental health outcomes for

young people in their adolescence (Scott, 2012). Some youth in care experience early experiences of abuse, neglect, or trauma, which puts them at greater risk for their mental health to be impacted later in their development. As mentioned previously, the absence of a primary attachment figure plays a central role in explaining the mental health effects of children in care. Therefore, understanding the impacts of the lack of attachment bonds for young people in care experience is critical to providing informative mental health support moving forward.

The research suggests that youth who have experienced trauma are at an increased risk for a range of emotional and behavioural problems during their development; this includes symptoms of internalizing and externalizing disorders (Scott, 2012; Yasinski et al., 2016). Essentially, the research displays two categories of mental health that impact young people in care: (1) Internalization disorder – internal emotional disturbances and (2) Externalization disorders – external behavioural disturbances (Scott, 2012; Yasinski et al., 2016). There are young people in care who may experience both types of disorders during their adolescence, primarily related to their attachment and trauma. Internal emotional disturbances are often categorized as anxiety or depression, whereas external behavioural disturbances can be seen as dissociation, emotional dysregulation, and PTSD symptoms. The literature suggests that there is a more significant mental health diagnosis and trauma experience for foster youth compared to the general population (Greeno et al., 2019). There are several mental health diagnoses young people in care experience, such as anxiety, depression, PTSD, and mood disorders.

Significantly, there is a lack of funding for mental health services for young people in care. Beyerlein et al. (2019) suggest that there needs to be consistency of social support following trauma exposure. It has been shown in the research and field that the foster care system often fails to meet the mental health needs of young people (Nuñez et al., 2022). There is

a need for more specialized and easily accessible support for young people and their mental health challenges. When young people age out of care, their experience of transitioning into young adulthood, coupled with mental health challenges, likely creates greater vulnerability for foster youth (Greeno et al., 2019). Engagement and empowerment are integral when young people in care access these services. Young people need to feel heard and belong. Therefore, mental health support needs to be relatable and appealing to young people.

### ***Resiliency***

Across the research, the construct of resilience was a common theme, and young people in care possess this attribute in the face of adversity. Resilience functioning contributes to high levels of self-reliance and independence. The dynamics of resilience can be heavily influenced by the presence of beliefs and expectations of a cooperative venture to solve problems in the interests of the individual, family, community, and beyond (Simmonds, 2018). Resilience refers to the pattern of positive and dynamic adaptation following significant exposure to a risk or adversity (Nuñez et al., 2022; Shpiegel, 2016). It has been recognized that young people in foster care experience significant adversity in the face of consistent barriers and obstacles. As a young person in care, they experience trauma, attachment disruptions, grief and loss experiences, mental health challenges and impacts on their self-concept. It has been suggested that their resilience is a significant trait that impacts their strength and perseverance in pushing through obstacles and barriers.

A young person's strength and resilience are integral to their self-concept and worth. One of the most important developments has been the move to view resilience as a personality trait signifying the individual's character and even moral worth (Simmonds, 2018). As mentioned before, several risk factors are associated with a sense of self and lower resilience; for example,

the number of placement breakdowns, along with the lack of connection amongst foster parents, can contribute to lower resilience. Lower resilience can impact a young person's development and sense of self. Shpiegel (2016) discusses how the meaning of resilience can be determined by examining external domains (e.g., education and employment) and internal domains (e.g., self-esteem and mental health).

On the other hand, several protective factors can strengthen resilience. For instance, participating in school and extracurricular activities can contribute to a young person's sense of resiliency and how they face challenges throughout their development (Shpiegel, 2016). More importantly, resilience can be learned and strengthened by relationships with other supportive adults (e.g., foster parents or caregivers). Young people in foster care already possess a sense of resiliency. Thus, it can be strengthened or lowered depending on their life experiences and relationships. Specifically, the influence of foster parents can support young people in developing internal skills that they can practice and learn from adults in their lives. Foster parents can help show young people how healthy relationships function and where a sense of trust and safety can be experienced in relationships.

Moreover, foster parents and youth can work cooperatively to strengthen their resilience and trust in relationships. Many foster parents possess caregiver consistency, predictability, and safety, which should be accounted for when supporting young people in care. The sense of consistency, structure, and safety they display is integral for young people in care to experience.

### **Practical Considerations**

Wraparound care has been shown to benefit young people as it provides a holistic care framework. According to Shpiegel (2016), there has been a call for an increase in interventions designed to address difficulties for young people in care, especially as youth "age out" and lose

existing sources of support. For many foster children, dysfunctional behaviours and experiences in the foster care system can create barriers to healthy development and relationships; thus, without supportive interventions, these challenges tend to persist and intensify into adolescents (Purvis et al., 2013). When young people have an opportunity to talk about their past experiences, it helps them process their trauma. To support this process, a therapeutic life approach of informal techniques has been found to provide young people with a safe space to face their fears and worries (Hiller et al., 2020). Young people in care need specialized support to address young people in care and the unique challenges they face.

When analyzing the current therapeutic approaches that look at supporting young people in foster care, focusing on the resilience of a young person is essential. This can be done by looking at the emotional regulation of their nervous system and challenging their self-strength and belonging. When young people in care have autonomy in sharing their voices, this results in a higher sense of self-esteem and advocating for themselves within the system. Youth need a safe space to foster healing, love, acceptance, and empowerment, and positive role models affect youth's well-being, self-esteem, and personal empowerment (Cunningham & Diversi, 2013).

### ***The Therapist Role***

Importantly, therapists must be able to hold a “both a” framework which allows one to shift from one perspective to another to meet the challenges of systemic and relational dilemmas of families (Lewis, 2011, p. 445). Therapists must provide a space for young people in foster care where they feel heard and safe. Families and young people involved in foster care need a therapist who can listen without judgment and provide clear information (Lewis, 2011). The impact of empathetic, active listening involves arriving from curiosity and withholding an open understanding of others’ values and beliefs. It has been shown that the following elements are

essential for a therapist to withhold when working with young people in care: (a) active listening while withholding judgment, (b) offering all the stakeholders psychoeducation, and (c) allowing children to be angry at their situation in care (Lee & Whiting, 2007).

Similarly, therapists who work from a relational stance arrive from a “working with” the client rather than a “working on” them perspective. This shift in understanding the therapist's role in supporting young people in care can significantly impact the therapy process and space for young people in care. Therapists must possess qualities such as respecting all viewpoints, authenticity, and transparency. When working from a relational stance, therapists can create a therapeutic environment where family members feel known, understood, and validated, which is not enough in foster care (Lewis, 2011).

In addition, honesty and transparency are critical elements in providing the best therapeutic approach to working with families and young people. Transparency is an essential aspect of the therapeutic space and relationship; sharing beliefs, ideas and thoughts when asked can contribute to further healing and growth in the therapeutic space. Significantly, therapeutic collaboration is an integral component of supporting young people; this type of collaboration asks for ideas, suggestions, thoughts, and options about how the therapy is going and encourages clients to solve their dilemmas with the support of their therapist (Lewis, 2011).

### **A Complex Therapeutic Approach**

A complex clinical approach is necessary when supporting young people in foster care. The approach considers several aspects, such as specific trauma-informed approaches and relationship-based perspectives. The literature suggests a complex therapeutic approach is most beneficial when working with families and young people in care. The complexity is integral, as young people in foster care and foster parents have many layers associated with their needs,

issues, functioning, and experience. Research has shown that including caregivers in intervention can be more effective.

According to Purvis et al. (2013), relationship-based trauma can only be resolved through loving, stable relationships, such as can be offered by nurturing caregivers. Relationship-based trauma occurs when there is an attachment disruption of early trauma experiences that has impacted the attachment bond. Essentially, there are three main pillars to a trust-based relational intervention design to treat complex trauma: (1) development of safety, (2) promotion of healing relationships, and (3) teaching self-management and coping skills. These three pillars set the foundation of a therapeutic space that sets the client up for increased healing and growth in relationships with others. Trust-based relational intervention is essential, along with withholding three principles of empowerment. Foster parent and caregiver interventions teach clients to attend appropriately and respond effectively in improving attachment security among children with difficult temperaments (McLaughlin et al., 2012).

Furthermore, paying attention to the physical need for connection and attention for young people in care is necessary. Thus, these principles can help young people in care and foster parents create positive ways of interacting so they can both play a role in the healing process. Trauma-informed strategies and tools are critical for working with young people in care with support from healthy adults to help guide them and learn how to be in a positive and supportive relationship.

Specifically, foster parents are integral to a young person's care and functioning. Hiller et al. (2020) discuss how many child-focused interventions involve parent components, which can help foster parents gain specific psychoeducation and provide wraparound care. Hence, foster parents can act as supportive adults for young persons, helping them navigate services and

address their personal experiences. It is important to note that foster parents see a lack of communication between supports/services and struggle with the emotional and behavioural challenges of young people in care (Hiller et al., 2020). Thus, addressing this need and filling this gap is critical for young people in care.

### ***Trust-Based Relational Intervention (TBRI)***

Purvis and Qualls (2020) describe the core goal of trust-based relational intervention (TBRI) as building attunement and trusting relationships with a young person and viewing the child holistically. TBRI consists of three sets of guided principles for intervention: (1) empowering the young person and how they function through life; (2) connecting, which to build trust to connect with children's hearts and build trusting relationships; and (3) correcting, designed to shape the beliefs and behaviours of our children, many children must be in control of their environments (Purvis & Qualls, 2020). Additionally, mindfulness awareness is an integral component for young people in foster care; this awareness aims to connect the hearts of young people and gives them a voice to show their children that they matter (Purvis & Qualls, 2020). Empowerment and connection are vital in supporting the grief and loss process, attachment, and trauma of young people in care.

Therefore, supporting adolescents in foster care using a TBRI approach helps them share the power of working with teens and primary caregivers as they have an increased cognitive capacity and sense of reasoning (Purvis & Qualls, 2020). When the power is shared, with appropriate boundaries, this allows for young people to have a voice and sense of safety. It has been found that sharing power is one of the most trust-building things an adult can do with an adolescent. Purvis and Qualls (2020) discussed how modelling disclosure is another way for caregivers to connect with an adolescent; this sense of disclosure lets young people know they



are not alone. Modelling disclosure can help forge honest communication between caregivers and adolescents by teaching respect through modelling and mindfulness (Purvis & Qualls, 2020).

### ***Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)***

It has been suggested that trauma-focused cognitive behavioural therapy (TF-CBT) is an effective evidence-based treatment for childhood trauma that targets both the child and the primary caregiver, along with addressing adolescent PTSD stress symptoms, depression and behavioural difficulties related to their childhood trauma (Yasinski et al., 2016). It is integral for primary caregivers to be involved in treating relationship-based trauma and experiencing “being in” healthy relationships. Yasinski et al. (2016) describe TF-CBT in three phases: (1) stabilization and skills-building, focuses on therapeutic engagement and psychoeducation, along with introducing coping skills to help the child and caregiver manage trauma-related stress; (2) trauma narration and processing, focuses more directly on the details of the traumatic memories and the therapist helps the young person challenge their maladaptive beliefs about the traumatic event and; (3) integration and consolidation, helps integrate the learning from sessions through activities when needed.

Mainly, trauma-focused parent and child sessions are clinically appropriate to develop personal safety skills and to reduce the risk of re-traumatization in relationships. Moreover, recognizing the implementation of effective and evidence-based interventions to support the trauma of young people may prevent the onset of mental health issues such as anxiety and depression.

### ***The Connect Program***

The Connect program is a trauma-informed and attachment-based program for caregivers of young people who are in the foster care system and has been implemented across various

communities and among individuals involved in the child welfare system. Connect is a manualized intervention that collaboratively engages caregivers and builds sensitive parenting skills that promote attachment security in teens (Moretti et al., 2020). The program focuses on emotions and experiential and reflective exercises that increase their understanding of trauma, attachment, and adolescent mental health (Moretti et al., 2020). Importantly, caregivers develop skills in recognizing and regulating emotions and empathy, listening, and responding sensitively. Additionally, caregivers work collaboratively with their young people in care to teach them limits and expectations and ensure safety (Moretti et al., 2020).

The integral focus is to provide clients with a new perspective on parent-child relationships and adolescent development (Moretti et al., 2020). Additionally, clients can watch role-plays and practice exercises that encourage alternatives for responding to children's challenging behaviour and explore alternative skills to establish healthy relationships while setting limits with young people (Moretti et al., 2020). The perspectives of the Connect program support primary caregivers in learning and understanding how to help young people in their care best. The integral components of the Connect program allow for a specific therapeutic design that supports both foster parents and young people in their experiences and understanding of attachment.

Specifically, each therapeutic session is structured around one of the nine attachment principles: (1) all behaviour has meaning; (2) attachment is for life; (3) conflict is part of attachment; (4) autonomy includes connection; (5) empathy, the heartbeat of attachment; (6) balancing our needs with the needs of others; (7) growth and change are part of relationships; (8) celebrating attachment and; (9) two steps forward and one-step-back. These nine attachment

principles help to understand attachment for caregivers and the importance of how it shapes young people in care and their experience of attachment processes.

Purvis and Qualls (2020) found that mindfulness and engagement are two strategies that caregivers and parents can utilize with young people in care. Encouraging parents to practice a daily mindfulness practice is beneficial for them to become more aware, present, and grounded for them to be available for young people they care for (e.g., mindfulness practice includes nature walks, deep breaths, body scans) (Purvis & Qualls, 2020). Engagement is the connectedness to others and engaging in a supportive community. Thus, it has been suggested that specific skills need to be established for meaningful relationships with primary caregivers and young people. Purvis and Qualls (2020) describe the following four skills used to develop meaningful relationships and attachments into adulthood: (1) being able to give care, which means providing nurturing, loving care; (2) being able to receive care from others without pushing them away or ignoring our needs; (3) needing to know the autonomous self and (4) must be able to negotiate needs.

Moreover, foster parents can adopt various tools to better support the children in their care, such as being approachable, sharing power, giving choices, considering compromises, and paying close attention to the young person's behaviour (Purvis & Qualls, 2020). Sharing power and providing options to the young is essential as foster parents; this gives them an appropriate sense of control over their environment and predictability, and proper levels of control must be established as they feel safe.

Transitions can be difficult for young people; thus, as young people in foster experience the most significant transitional loss of aging out in care, foster parents must be aware of this transition and support their well-being during the process. In most cases, young people in foster

care experience chaotic upbringings; thus, they try hard to stay in control so that they can survive (Purvis & Qualls, 2020). Aging out of the foster care system is an aspect young people in care may feel out of control; therefore, having supportive adults like foster parents is an integral component of therapeutic interventions and programming.

### **Summary**

Young people in foster care have a high prevalent rate of experiencing an attachment disruption related to their grief and loss processes when aging out of the foster care system. Considerably, the influence of a supportive adult in a young person's life can benefit one's development and experience of being in foster care. After examining the practical considerations and therapeutic modalities, a complex therapeutic design of integrating foster parents and foster youth to form a therapeutic group approach is beneficial in supporting young people in care and their aging out experience. The next chapter will propose a child-to-parent therapeutic approach in which foster youth and their foster parents will attend together. This therapeutic approach will be a relational-based therapy that will include the following principles: trauma-informed, relationship-based, and attachment-based perspectives (TRA). The TRA-guided principles will consider a young person's grief and loss processes and attachment experiences in care.

### **Chapter Three: Discussion, Recommendations and Application**

#### **Discussion**

In Canada, there is a lack of specialized support and programs for youth in care and for those aging out. Most existing programs use a “one size fits all” approach, where the same services are offered to all youth, regardless of their needs and situations (Sansone et al., 2020, p. 1). As reviewed in the literature, most youth in care experience traumatic backgrounds, which in turn affects their attachment styles and grief and loss process. Researchers and advocates have increasingly called for policies and programs to support youth who are aging out of care and match them with the appropriate interventions where it is possible, and to prevent and address the issues and conditions in which they live (Kerker & Dore, 2006; Sansone et al., 2020). Considerably, there is a missing gap and lack of support between youth who age out of care and the need for specialized support and programs they can access. The increase of specialized support can fill in the gap regarding the loss of the system and the grief they may feel as they move towards their independence.

Indeed, there is a need to listen to young people directly and provide them with a space to express themselves and their foster care experiences. Engaging with young people by recognizing their strengths and resilience can establish safe spaces where youth can heal and accept themselves (Murphy & Jenkinson, 2012). Particularly, innovative mental health treatments and programming are needed for youth in care, such as specific programs that support the attachment of young people in a way where their grief and loss are addressed. This can start by implementing the best practices of consistency, reliability, and honesty, valuing well-being, and listening and hearing young people.

It is recommended that the child welfare system should enhance its programs and policies to address young people's experiences of non-death loss-related experiences and to educate the traumatic impact of non-death loss and how youth in care need support through their grieving process (Mitchell, 2018). In applying the research to practice, it is necessary to recognize that grief is the core theme of the attachment and loss process. Coping with any transition is difficult, although it has a distinct complexity and meaning in fostering family care, breaking attachments, and going through the grief and loss processes (Lynes & Siteo, 2019). By addressing the missing gap of specialized support for young people who age out of care, it may be beneficial to bring in supportive foster parents to support the grieving process.

### **Clinical Implications**

Based on the current research, a specialized therapeutic program can be implemented to support young people as they age out of the foster care system. Therefore, I have created a specific therapeutic approach that will integrate the knowledge of attachment styles and grief and loss processes for youth in care. The therapeutic value of having grief acknowledged among peers empowers individuals and helps break the bond of silence that services and foster caregivers have allowed to persist (Lynes & Siteo, 2019). Specifically, the therapeutic program will integrate the role of supportive foster parents and or caregivers. It will take upon a group therapeutic format in which young people can engage with other youth in foster care throughout the group process.

Throughout the literature, it has been recognized that having foster parents or caregivers support young people in foster care can provide youth with support that is beneficial for their well-being and growth toward independence. No child should grieve alone; all children in foster care deserve to have their non-death losses and grief acknowledged and enfranchised (Mitchell,

2018). The research has demonstrated that support programs that involve caregivers and young people in care display benefits in helping young people navigate their aging out experience. Similarly, foster parents and young people share many commonalities. For instance, the frustration, stress, and overwhelm of the foster care system, along with their own attachment and grief and loss experience about one another. Hence, it is helpful to bring foster parents into the group process to provide psychoeducation on the aging out experience of foster youth and provide them additional support as they gain independence.

Professionals (e.g., child or family therapists) who work with young people in care or foster parents can adopt this therapeutic program design. Most commonly, agencies contracted by the Ministry of Child, Family and Development (MCFD) can apply this program design to their agencies. Many of the professionals who work with foster families (e.g., children and parents) will observe evidence of complex traumas, complicated grief, and insecure attachment patterns associated with mental health issues.

### **Recommendations**

With that being said, I have created a specialized mental health support that works with young people who are aging out of foster care along with their foster parents to provide wraparound support, targeted on their grief and loss experience as they begin their aging out process. The support will be called The Lighthouse Program. The Lighthouse program provides support for youth in foster care who are experiencing signs of grief and loss of the foster care system, along with supporting them towards their independence with the support of healthy adults in their lives. I established the Lighthouse Program to be a nine-week therapeutic group, and the program is designed from a trauma-informed, relationship and attachment-based (TRA) perspective. The trauma-informed perspective will explore the trauma responses of young people

in care and their mental health behaviours (i.e., internalization and or externalization). The relationship-based perspective will illustrate the values of love, nurture, care and empowerment from their foster families and parents. The attachment-based perspective will analyze the various attachment styles, emphasizing the need for consistency and predictability with young people in foster care. Integrating attachment styles and knowledge of the grief and loss process of youth in care will help frame the group content and process. Moreover, the Lighthouse Program is designed to support young people in care by promoting healthy relationships and teaching self-management and coping skills.

I chose to name the program Lighthouse, as it has a symbolic meaning and acts as an integral component to the value and significance of the program. The term lighthouse means hope, safety, guidance, and resilience. Associated with resilience is overcoming obstacles and navigating through life challenges. The lighthouse is a beacon of light in times of darkness, guiding ships to shore and providing security. As explored in the literature, young people in foster care display significant strength and resilience in overcoming the adversity and barriers they encounter. In times of need or distress, young people in care need beacons of hope to provide them with safety and guidance. Therefore, foster parents can act as those beacons of hope in their lives toward their path of independence and young adulthood as they age.

### ***Rationale***

The harsh reality is that the foster care system is broken and has several issues embedded within government policies and procedures. Young people in care go through several types of losses, whether it be sibling separation, the loss of normalcy and much more. Aging out of the system is just one of many losses a youth in care can experience. Many losses are secondary, yet these types can impact one's sense of self and belonging. Additionally, most of the young people



in care experience forms of insecure attachment that are interconnected and influenced by one's trauma and mental health concerns. Accordingly, not having a secure, trusted, safe adult in their life can affect their grief and loss processing and what they consider safe and trusted in the world. Grief cannot be stuffed; grief requires our attention. If grief is not addressed, there will be lifelong consequences, and it will intensify the impact of trauma and mental health issues.

Similarly, foster parents experience the challenges of grief and loss as their young people leave their care and head out into the real world independently. Therefore, foster parents and foster youth can have a space to interact and learn from one another to acknowledge and benefit from their grief and loss experiences. These two groups can create further learning in the program through discussions and psychoeducation. It is important to note that traditional talk therapy can create intimidation and discomfort among young people. Meanwhile, providing young people with a group therapy approach with support from their foster parents can create a more engaging, empowering, and supportive approach.

### ***Objectives***

The primary focus of The Lighthouse Program is to focus on the grief and loss processes of young people in care and how it is categorized as a secondary loss, along with integrating their attachment styles and how they experience "being in a relationship" with healthy adults. When a young person ages out of care, they essentially experience the loss of the system, and if they are with foster parents, they may share a broken attachment bond. The hope is for the group to act as a psychoeducational and prevention intervention for foster youth and parents before young people age out of care; thus, foster parents can support, help, and comfort youth in care as they enter the system and as they grieve the loss of the system and their foster families.

There are four main objectives of the group: (1) To provide a safe space for youth in care to openly share their grief and loss processes about their experience of being in foster care, specifically when they age out of care; (2) To build strengths, skills, strategies, and knowledge to support youth in care while being in foster care and to create more social connections and networks; (3) To support the relationship between foster parents and youth in care, in providing psycho-education, tools and skill to support their youth in their home; (4) To provide youth in care and foster parents with coping mechanisms and tools they can access and practice collaboratively. By participating in this program, group members will improve their overall resilience and well-being by exploring their current coping mechanisms and tools and identifying their strengths and how they can place more emphasis on these strengths.

### ***Practical Considerations***

Group participants and selection into the program will be based upon the Ministry of Child and Family Development (MCFD); the social workers are expected to fill out referral forms for the program, along with giving youth in care and the foster parents the assessment to fill out (see Appendix B). These documents will help therapists in the program determine who fits the group requirements and who will benefit most from the group dynamics and processes. Ultimately, this is a voluntary involvement program in which youth and their foster parents want to participate. As stated earlier, this group will consist of five youth in care, and it will run for approximately two months with sessions every week in the afternoon/evening to make space for foster parents to attend and youth to attend after school.

The group will consist of approximately five youth in care, with their foster parents in attendance for a few sessions (see Appendix A). The group is designed to be intimate as it will contain sensitive group discussions. Additionally, the purpose of the small group is to maintain

privacy and confidentiality so other group members can feel comfortable sharing their personal experiences, and it creates a more accessible opportunity to form connections within the group dynamics. The age range of the group participants will be seventeen to eighteen years old, just before their nineteenth birthday. Before entering the group, youth and foster parents will fill out an assessment to determine several factors: a) knowledge of attachment styles, b) knowledge of the grief and loss process, c) the relationship and interactions with their foster parents/children; d) their mental health coping mechanisms and d) current aging out experience. Significantly, youth in care need to feel supported during the group process. Therefore, it is integral for them to have a positive and healthy foster-parent relationship; the assessments will be able to determine the strength and bond between the two (see Appendix B). The group will have two facilitators.

In addition, information sessions will be held with MCFD social workers (e.g., guardianship and resource social workers); this will be done to inform them of the group structure, benefits, and helpful information to see if they have any clients in mind that would benefit from this program. These information sessions will provide social workers with outcomes, expectations, benefits, confidentiality, and consent forms that would need to be completed, along with the applications and assessments given to the group members and participants. Youth will have the ability to withdraw from the program at any time.

The group content will integrate the connect parent program curriculum and the TF-CBT information. The Connect Parent program is an attachment-based program for parents and their attachment to their children. The Connect Parent program focuses on strengthening the building blocks of secure attachment, parental reflective functioning, and parent sensitivity (Moretti et al., 2015). Additionally, TF-CBT stages will be applied to the therapeutic approach by (a) introducing skills, focusing on therapeutic engagement and psychoeducation, along with

introducing coping skills to help the child and caregiver manage stress; (b) trauma narration and processing can occur when group discussions occur. For instance, a young person describes a loss or trauma, and then the goal is to help learn through processing and engagement. Integrating the connect parent program attachment principles and TF-CBT stages will support the foster youth and parents in the group by exploring the attachment experiences and impact on the grief and loss processes.

The learning of attachment theory and the importance of the foster parent and youth relationship will be emphasized in the Lighthouse Program. Content from the program will focus on the emotions and reflective exercises that increase the understanding of foster parents and their children's trauma, attachment, and mental health (Moretti et al., 2020). Specifically, the group content will address three of the nine attachment principles: how attachment, grief, and loss are integrated (see Appendix A). Significantly, empowerment and engagement are integral components of the Lighthouse Program. Encouraging youth and parents to be mindful and to become more present now is essential (e.g., mindfulness practice includes nature walks, deep breaths, and body scans) (Purvis & Qualls, 2020).

### ***Topics***

The Lighthouse Program will be based on a therapeutic approach (TRA). As the group will consist of nine weeks, each week will consist of different topics; the topics and group outline/structure are as follows: (1) Introduction and Welcome; (2) Understanding Grief and Loss; (3) Separation, Grief & Loss Stages; (4) Attachment is for Life; (5) Empathy: The Heartbeat of Attachment; (6) Autonomy & Connection; (7) Working Together: Attachment, Grief and Loss (I); (8) Working Together: Attachment, Grief and Loss (II) and; (9) Learning

Celebration. Each week will consist of a new topic, discussions, activities and learning of coping strategies and self-care tools (see Appendix A).

### ***Ethical & Cultural Considerations***

Informed consent and confidentiality are also essential factors to be considered. Due to the group setting and population, participants need to respect each other's right to confidentiality. Additionally, participants must be aware of the limits to confidentiality to ensure the safety of all participants involved in the program.

One of the most necessary cultural considerations to withhold when establishing this group therapy approach is the importance of cultural awareness of the participants—specifically, holding a cultural-sensitivity lens when working with Indigenous people, as there is an increase of Indigenous people in the foster care system. It is critical to acknowledge that the foster parents may come from different cultural backgrounds and may be caring for Indigenous young people and recognizing the shift in cultural differences there. Some foster parents and young people may experience a cultural clash; therefore, it is essential to be open and adaptable to these differences when they arise. As facilitators running this group, it is integral to be transparent and understanding when delivering an inclusive program that helps young people in foster care.

It is crucial for therapists who are implementing this program to follow the BCACC's Code of Ethical Conduct. In the BCACC's Code of Ethical Conduct, several ethical codes and principles apply to establishing and implementing The Lighthouse Program. The ethical codes in principles one, two, and four should all be considered when implementing the group. Few ethical codes specifically apply to the forming of The Lighthouse Program. In Principle 1: Respect for the Dignity of Persons and Peoples, many group participants generally come from diverse cultures and beliefs. Therefore, it is essential to respect cultural customs and beliefs and broaden

one's knowledge of ethnic and cultural experiences. Treating family members and others connected with the client respectfully and honestly is essential. As this group involves foster parents, this is essential.

Additionally, in Principle 2, Responsible Caring is integral, specifically respecting the ability of young people to make decisions on their behalf and care for themselves and their foster families/parents. Lastly, Principle 4, Responsibility to Society, recognizes the need to work collaboratively with other agencies, professional disciplines, and individuals to reasonably serve the best interests of individuals, groups, and society. As MCFD sends the referrals and clients to the group, it is necessary to work cohesively with social workers and government professionals to provide the best wraparound care for young people who are aging out.

### **Conclusions**

The foster care system has many gaps; one significant gap is the lack of support when youth age out of care. Thus, specific supports and services like the Lighthouse program can be implemented to support young people in care and have foster parents be supportive adults. For foster parents to understand the grief and loss of the system can further help them towards their independence and journey into young adulthood. At the same time, they are incorporating a specific adaptable therapeutic modality that integrates the theory of attachment and grief and loss perspectives and processes, which can support youth impacted by the loss of a system and support their process in moving forward.

In conclusion, The Lighthouse Program may offer support to those in foster care suffering from experiences of grief and loss of the system. The research suggests that therapy involving parent-to-child interventions may benefit the young person's overall functioning and sense of self. Furthermore, if more non-profits and agencies that work with young people in care

adopt this approach, more young people can benefit from the consistent structure, safety and love they deserve. In summary, The Lighthouse Program can support young people in foster care in processing their grief and loss experiences with the support of a supportive family on their side to recognize that they are not alone on this journey.

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## Appendix A

### The Lighthouse Program: Lesson Plan

#### **Week 1 - Topic: Introduction & Welcome**

*(youth and foster parents in attendance)*

##### Group Introductions & Welcome

- The paperwork must be filled out and reviewed (e.g., rules, expectations, norms, objectives, topics and structure, informed consent, confidentiality, etc.).
- Icebreaker Games
- Group Discussion on the “aging out process.”

##### Activity & Coping Strategies

- Mindfulness exercise - nature walk.

#### **Week 2 – Topic: Understanding Grief and Loss**

*(foster youth in attendance)*

##### Group Content

- Discussion on the difference between primary vs. secondary losses.
- Exploring the different types of losses (e.g., anticipatory grief, ambiguous loss, disenfranchised grief).
- Group discussion on the foster care system's experience and the types of losses that may be felt.

##### Activity & Coping Strategies

- Create your grief and loss experience through art or writing.
- Mindfulness exercise: grounding body scan and listening to music while painting, drawing, or reading a book.

#### **Week 3 – Topic: Separation, Grief, and Loss Stages**

*(foster youth in attendance)*

##### Group Content

- Exploring the stages of grief: these are not stages and should be taken as a linear timeline in grief (denial, anger, bargaining, despair, acceptance).
- Watching a video on the grief model

##### Activity & Coping Strategies

- Exploring self-care practices - allow for the grief process, take care of oneself through self-care practices (e.g., yoga, walks, swimming, baths, listening to music, journaling)

#### **Week 4 – Topic: Attachment is for Life**

*(youth and foster parents in attendance)*

**Group Content**

- Learning about what attachment is (e.g., all behaviour has a meaning and the need for connection and a sense of belonging)
- Group discussion on what is needed to have a positive and secure attachment bond and how needs are expressed.
- Video on attachment styles

**Activity & Coping Strategies**

- Mindfulness journaling: Reflect on your last interaction with your youth or foster parent and whether they met your needs.

**Week 5 – Topic: Empathy: The Heartbeat of Attachment***(youth and foster parents in attendance)***Group Content**

- We are exploring the value of empathy and how attachment and empathy are related.
- Watch Video: Brené Brown on Empathy

**Activity & Coping Strategies**

- Role Play: Foster parents and foster youth role-play a scenario in front of the small group.
  - One role play will be of a parent not expressing empathy.
  - One role play will be for a parent to express empathy.
- Group discussion: What was the difference between the two role plays? How did the parents respond? How did the child feel?
- Mindfulness journaling - reflect on the experiences of empathy with your foster child or parents.

**Week 6 – Topic: Autonomy & Connection Foster Youth***(Foster youth in attendance)***Group Content**

- Balance connection & Independence – the growing need for independence
- Exploring the journey of young adulthood after “aging out” – needing independence but still having connections for support.
- Group Discussion: What are your current experiences, feelings, or thoughts about the aging out process? What are your goals?
  - Let’s create a tentative plan for moving forward with those goals.

**Activity & Coping Strategies**

- Practice gratitude: draw, write, paint, or type the people, things, and places you are.

**Week 7: Working Together: Attachment, Grief, and Loss I***(Foster youth in attendance)*

**Group Content**

- Grief is normal; let's normalize this experience.
- Supportive attachment bonds = a safe and secure space to process the grief and loss.

**Activity & Coping Strategies**

- Activity: Make a vision board of the future for yourself. You will show this to your foster parent at the next session. (If you feel comfortable, share your vision board with your peers and have a partner discussion.)
- Mindfulness exercise: Take a nature walk outside with us. Identify your feelings of grief or loss, allow for expression, and get support from a supportive adult if needed.

**Week 8: Working Together: Attachment, Grief, and Loss II**

*(youth and foster parents in attendance)*

**Group Content**

- Wraparound Care: Illustrate the different grief and loss processes young people in care experience.
- Attachment Connection: Emphasis on supportive adults for young people in care.

**Activity & Coping Strategies**

- Share your vision board with your foster parent and talk about the goals you want to accomplish. How can your foster parent support you?
- Cooking a meal all together; ongoing learning of skills with supportive adults and young people
- Create a transition plan with social workers and ensure the young person is at the center of that meeting and is being heard.

**Week 9: Learning Celebration**

*(youth and foster parents in attendance)*

**Closing - Pizza Party ☺**

- Group Discussion: What were the key takeaways from the group and overall learning experience? What were the group's positives and negatives?
- The group feedback form must be completed at the end, and a group picture must be taken.



**Appendix B**

Intake Assessment: Foster Youth

My Name	
Foster Parent's Name:	
Date:	

<b>1. When I think about my attachment with my foster parent I feel:</b>				
<input type="checkbox"/> Strongly Disappointed	<input type="checkbox"/> Disappointed	<input type="checkbox"/> Neutral	<input type="checkbox"/> Content	<input type="checkbox"/> Happy
<b>2. My knowledge regarding attachment processes and styles is:</b>				
<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Low	<input type="checkbox"/> Average	<input type="checkbox"/> Slightly Above Average	<input type="checkbox"/> Above Average
<b>3. When I think about my interactions with my foster parent I feel:</b>				
<input type="checkbox"/> Strongly Disappointed	<input type="checkbox"/> Disappointed	<input type="checkbox"/> Neutral	<input type="checkbox"/> Content	<input type="checkbox"/> Happy
<b>4. On a scale of 1 to 10 I would rate my relationship with my foster parent (<i>please circle a number</i>):</b>				
<p style="text-align: center;">←-----→</p> <p style="text-align: center;">1      2      3      4      5      6      7      8      9      10</p>				
<b>5. When I think about my ability to cope with my mental health I feel:</b>				
<input type="checkbox"/> Strongly Disappointed	<input type="checkbox"/> Disappointed	<input type="checkbox"/> Neutral	<input type="checkbox"/> Content	<input type="checkbox"/> Happy
<b>6. My ability to use self-management and coping techniques is:</b>				

<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Low	<input type="checkbox"/> Average	<input type="checkbox"/> Slightly Above Average	<input type="checkbox"/> Above Average
<b>7. My knowledge of grief and loss processes is:</b>				
<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Low	<input type="checkbox"/> Average	<input type="checkbox"/> Slightly Above Average	<input type="checkbox"/> Above Average
<b>8. When I think about “aging out of the system” I feel:</b>				
<input type="checkbox"/> Extremely Sad	<input type="checkbox"/> Sad	<input type="checkbox"/> Okay	<input type="checkbox"/> Content	<input type="checkbox"/> Happy
<b>9. Willingness to learn more about grief/loss processes and how it impacts me:</b>				
<input type="checkbox"/> Not Willing	<input type="checkbox"/> Somewhat Willing	<input type="checkbox"/> Neutral	<input type="checkbox"/> Willing	<input type="checkbox"/> Very Willing
<b>10. I feel empowered and engaged to do what is needed for my wellbeing and mental health:</b>				
<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree

Intake Assessment: Foster Parent

My Name	
Foster Child's Name	
Date:	

<b>1. When I think about my attachment for my child I feel:</b>				
<input type="checkbox"/> Strongly Disappointed	<input type="checkbox"/> Disappointed	<input type="checkbox"/> Neutral	<input type="checkbox"/> Content	<input type="checkbox"/> Happy
<b>2. My knowledge regarding attachment processes and styles is:</b>				
<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Low	<input type="checkbox"/> Average	<input type="checkbox"/> Slightly Above Average	<input type="checkbox"/> Above Average
<b>3. When I think about my interactions with my child I feel:</b>				
<input type="checkbox"/> Strongly Disappointed	<input type="checkbox"/> Disappointed	<input type="checkbox"/> Neutral	<input type="checkbox"/> Content	<input type="checkbox"/> Happy
<b>4. On a scale of 1 to 10 I would rate my relationship with my child (please circle a number):</b>				
<p style="text-align: center;">← 1      2      3      4      5      6      7      8      9      10 →</p>				
<b>5. When I think about my ability to support my child's mental health I feel:</b>				
<input type="checkbox"/> Strongly Disappointed	<input type="checkbox"/> Disappointed	<input type="checkbox"/> Neutral	<input type="checkbox"/> Content	<input type="checkbox"/> Happy
<b>6. My child's ability to use self-management and coping techniques is:</b>				

<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Low	<input type="checkbox"/> Average	<input type="checkbox"/> Slightly Above Average	<input type="checkbox"/> Above Average
<b>7. My knowledge of grief and loss processes is:</b>				
<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Low	<input type="checkbox"/> Average	<input type="checkbox"/> Slightly Above Average	<input type="checkbox"/> Above Average
<b>8. When I think about my child “aging out of the system” I feel:</b>				
<input type="checkbox"/> Extremely Sad	<input type="checkbox"/> Sad	<input type="checkbox"/> Okay	<input type="checkbox"/> Content	<input type="checkbox"/> Happy
<b>9. Willingness to learn more about grief/loss processes and how it impacts my child:</b>				
<input type="checkbox"/> Not Willing	<input type="checkbox"/> Somewhat Willing	<input type="checkbox"/> Neutral	<input type="checkbox"/> Willing	<input type="checkbox"/> Very Willing
<b>10. I feel empowered and engaged to do what is needed to support my child:</b>				
<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Content	<input type="checkbox"/> Happy