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Ambiguous Loss and Grief Group Intervention for Youth in Foster Care

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Ambiguous Loss and Grief Group Intervention for Youth in Foster Care

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Abstract

Over the past ten years in the United States, there has been an average of 414,000 youth in the foster care system each year (U.S. Department of Health and Human Services, 2020). Youth in foster care are an at-risk population for behavioral, emotional, and relational issues that are often perceived or diagnosed as dysfunctional symptoms. Common presenting symptoms reported by this population relate to ambiguous loss experiences and can be conceptualized by ambiguous loss theory. Ambiguous loss theory has been developed through research with well-defined concepts, assessments, and treatment goals. However, there is a gap in the research on ambiguous loss theory informed interventions for youth in foster care. Current interventions for youth in foster care indicate minimal effectiveness or lack feasibility. Group counseling has received the least attention in the literature for this population though group interventions promote supportiveness, collaboration, and validation which is often lacking in the lives of youth in foster care. The following group manual was created for males in foster care ages ten to thirteen to provide psychoeducation on ambiguous loss, process perceptions and feelings about the loss, learn skills for coping with ambiguity, and build the support system and resiliency. Ambiguous loss theory, trauma-focused cognitive behavioral therapy, and creative therapeutic interventions informed the group's developmentally appropriate interventions and activities.

Keywords: ambiguous loss, group counseling, foster care youth

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Introduction

According to the U.S. Department of Health and Human Services (2020), the analysis and reporting system for adoption and foster care indicated 407,000 youths in foster care in 2020 in the United States. Over the past ten years, there has been an average of 414,000 youths in the system per year (U.S. Department of Health and Human Services, 2020). Youths in foster care are an at-risk population for psychological and relational issues (Ruff et al., 2019). Commonly reported symptoms of this population include, but are not limited to hopelessness, confusion, guilt, low self-esteem, blocked coping mechanisms, and academic regression (Lee & Whiting, 2007; Mitchell, 2018; Ruff et al., 2019). Symptoms present as depression, anxiety, and posttraumatic stress disorder. Youth in foster care have a high prevalence rate of trauma experiences including neglect, abuse, separation, poor foster care placements, and ambiguous loss (Lee & Whiting, 2007; Mitchell, 2018; Ruff et al., 2019; Taussig et al., 2019).

Ambiguous loss is the lack of certainty of who is absent or present in one's psychological family (Boss, 2006; Boss, 2009; Brown & Coker, 2019; Knight & Gitterman, 2019; Lee & Whiting, 2007; Mcgee et al., 2018; Mechling et al., 2018; Mitchell, 2018; Romero-Lucero, 2020). Youth in foster care have continuous transitions resulting in high boundary ambiguity (Lee & Whiting, 2007; Samuels, 2009). The loss of psychological family members is often invalidated and under acknowledged by social influences in the lives of youth in foster care (Dutil, 2019; Mitchell, 2018; Brown & Coker, 2019). Ambiguous loss is a universal experience which motivated development of ambiguous loss theory including assessment and treatment goals (Boss, 2006). Youth in foster care consistently report symptoms associated with ambiguous loss,

however, ambiguous loss theory rarely informs the treatment and interventions applied to this population (Lee & Whiting, Mitchell, 2018; Ruff et al., 2019)

Mentorship programs are popular and accessible interventions for youth in foster care, but consistently indicate small-to-medium effectiveness (Poon et al., 2021). Long-term individual counseling appears to be an effective treatment approach, however, the feasibility of maintaining the program is lacking (Ruff et al., 2019). Group counseling is consistent with the relational approach of ambiguous loss theory as well as indicative of high positive outcomes (Boss, 2006; Dutil, 2019; Guidry et al., 2013; Lovato, 2019; Romero-Lucero, 2020). Ambiguous loss and grief group interventions applied to youth in foster care receive low attention in research despite the fair amount of research on alternative ambiguous loss theory interventions with various populations. With a steady large population of youth in foster care in the United States, there is a high need to develop evidence-based interventions informed by ambiguous loss theory for this population.

Literature Review

Theoretical Understanding

Whether it is personal or professional, there is a general discomfort and difficulty in addressing loss and grief. Societal norms and values tend to reinforce denial of loss. Grief as a result of death is perceived as acceptable, but acceptability is on a timeline. However, the inevitable in life are gains and losses. Everyone has experienced a missing person in their life. Cultures have traditions, values, beliefs, and rituals that assist in the change resulting from the gains and losses experienced throughout the lifetime. Cultural norms are disrupted when greyness, or ambiguity, is involved which eliminates the safety net provided by cultural norms (Boss, 2006).

Ambiguous Loss

Ambiguous loss is a nondeath loss resulting in uncertainty of presence or absence of an influential being in one's life (Boss, 2006; Boss, 2009; Brown & Coker, 2019; Knight & Gitterman, 2019; Lee & Whiting, 2007; Mcgee et al., 2018; Mechling et al., 2018; Mitchell, 2018; Romero-Lucero, 2020). Pauline Boss (2006), the primary contributor of ambiguous loss theory, identifies ambiguous loss as the most stressful type of loss. Ambiguous loss, unlike loss through death, does not have resolution or closure. The ambiguity of the loss is unable to be rid of, according to the theory. Closure is challenging in loss through death experiences, but closure is not possible and outside the individual control in ambiguous losses (Boss, 2006). The degree of control, lack of resolution, and lack of closure contribute to the level of stress.

Boss (2006) asserts that ambiguous loss is traumatizing, however, individual reactions to ambiguous loss are on a continuum from stressful to traumatic. Experiences of ambiguous loss often result in transitions and stress that are not conducive with typical human expectations and experiences. When stress exceeds the threshold of manageability, which differs for each

individual, trauma is experienced (Boss, 2006). To increase the understanding of ambiguous loss, major concepts such as psychological family, boundary ambiguity, and disenfranchised grief must be covered.

Psychological Family

Ambiguous loss is the loss of psychological family members (Boss, 2006; Boss, 2009; Romero-Lucero, 2020). The psychological family members are individuals identified as important in the heart and mind (Boss, 2006). In other words, individuals are perceived as family (Boss, 2006; Romero-Lucero, 2020). This concept can be further understood by differentiating family of origin versus family of choice. Family of origin are members which one grows up with whereas family of choice closely aligns to the psychological family as members are selected (Boss, 2009). Psychological family members establish intimacy through emotional closeness and support. Additionally, members can rely on each other to provide comfort and nurturance (Boss, 2009; Romero-Lucero, 2020). The higher degree of relational closeness to psychological family members can result in positive outcome if the member is present or negative outcomes if the member is absent (Mechling et al., 2018). Constructing and identifying psychological family members is difficult for youth in foster care (Samuels, 2009). Understanding the status of presence or absence of a psychological family member provides equilibrium, however, presence and absence are not guaranteed.

Boundary Ambiguity

Boundary ambiguity is the uncertainty of who is within or outside of the psychological family. The concept of boundary ambiguity can be viewed from objective and subjective standpoint. Boundary ambiguity can be measured by evaluating the congruence between the physical family and psychological family. The higher degree of incongruence between physical

family members and psychological family members results in higher degree of boundary ambiguity (Boss, 2006). Youth in foster care may need additional support in understanding the significance or impact of boundary ambiguity in their lives (Samuels, 2009). With the continual transition of relationships for youth in foster care, support for the loss and grief experienced is often overlooked.

Disenfranchised Grief

The normal human reaction to a loss is grief, whether it is loss through death or an ambiguous loss (Boss, 2006; Dutil, 2019; Mitchell, 2018; Testoni et al., 2019). The duration of grief and standards of experiencing grief are determined by social norms (Boss, 2006; Knight & Gitterman, 2019). When social influences respond to grief with lack of validation, acknowledgement, or justification this results in disenfranchised grief (Dutil, 2019; Guidry et al., 2013; Mitchell, 2018). Due to the lack of widespread knowledge and understanding of ambiguous loss as well as the social stigma behind the nature of the loss for youth in foster care, grief is often disenfranchised (Dutil, 2019). The social influences impacted by youth in foster care typically include child welfare professionals, providers, and caretakers (Mitchell, 2018). These social influences typically have the perspective that youth in foster care are safer physically and emotionally when separated from members of their psychological family further reinforcing disenfranchised grief (Brown & Coker, 2019). There is a need to provide supportive services while validating the grief experienced and acknowledging the social factors that may impede the youths' engagement in grief work (Dutil, 2019). With the understanding of important concepts that impact ambiguous loss, there are two different experiences outlined in the theory (Betz & Thorngren, 2006; Boss, 2006; Brown & Coker, 2019; Lee & Whiting, 2007; Mcgee et al., 2018; Mechling et al., 2018; Mitchell, 2018; Romero-Lucero, 2020).

Ambiguous Loss Experiences

One experience of ambiguous loss is the physical presence, but psychological absence of psychological family members (Betz & Thorngren, 2006; Boss, 2006; Brown & Coker, 2019; Lee & Whiting, 2007; Mcgee et al., 2018; Mechling et al., 2018; Mitchell, 2018; Romero-Lucero, 2020). The experience of psychological absence has an undefinable beginning and end resulting in confusion and uncertainty. Psychological family members may confuse their roles, responsibilities, and actions (Boss, 2006). The emotional bond diminishing or absent can induce questioning of the member's status in the psychological family, otherwise recognized as increased boundary ambiguity (Betz & Thorngren, 2006; Boss 2006). The psychological absence in the physical presence of a member can lead to preoccupying thoughts of past memories of the lost member (Boss, 2006; Knight & Gitterman, 2019). This experience of ambiguous loss receives decreased support and genuine understanding from outsiders resulting in mourning alone. Examples of psychological absence are individuals with Alzheimer's, dementia, substance use disorders, or chronic mental health disorders who remain physically present (Boss, 2006). Youth in foster care may experience this level of ambiguous loss prior to entering the foster care system or during visitations with psychological family members who may be preoccupied with stress, a mental health disorder, or substances (Lee & Whiting, 2007). The ambiguous loss experience closely related and recognized in youth in foster care is represented in the next level.

The different experience of ambiguous is the psychological presence, but physical absence of a psychological family member (Betz & Thorngren, 2006; Boss, 2006; Brown & Coker, 2019; Lee & Whiting, 2007; Mcgee et al., 2018; Mechling et al., 2018; Mitchell, 2018; Romero-Lucero, 2020). Though the member is missing physically, there is no proof or certificate of the loss as there is in a loss through death. When a member is psychologically present, there are unclear

boundaries resulting in high boundary ambiguity. Roles, responsibilities, rituals, and actions may be abandoned. Often this level of ambiguous loss experience is accompanied with preoccupying thoughts of the missing person (Boss, 2006). This is a common experience for youth in foster care as they may be preoccupied with understanding their history with biological and foster care families (Samuels, 2009). Psychological family members are separated or lack rights to physical contact with youth in foster care but remain influential members in the youth's life (Lee & Whiting, 2007). Youth in foster care, similar to all populations, can experience both types of loss simultaneously which is termed as crossover (Boss, 2006; Lovato, 2019). With the definition of ambiguous loss, differentiation from loss through death, concepts behind ambiguous loss, and how the experiences present, the literature has a theoretical framework to consider.

Ambiguous Loss Theory

Ambiguous loss theory is informed by family-based, community-based, and relational approaches. As can be inferred, ambiguous loss theory holds the perspective that ambiguous loss is a disorder of relations rather than an individual disorder. The theory requires professionals to conceptualize the individual through a contextual and environmental lens. In other words, ambiguous loss theory-informed care would shift the focus from symptomology to contextual factors (Boss, 2006). Ambiguous loss theory approaches treatment with an emphasis on strengths as well as evaluating and building on resiliency (Blieszner et al., 2007; Boss, 2006). Persistent ambiguity manifests physical and psychological symptoms which can be misdiagnosed without the conceptual framework of ambiguous loss theory.

Symptomology and Needs

The plethora of symptoms that youth in foster care personally report, are reported by providers, or reported by adults in their life can be attributed to ambiguous loss and conceptualized

by ambiguous loss theory. Physical and psychological symptoms associated with ambiguous loss include somatic symptoms, depressive symptoms, relational conflict, symptoms of anxiety, and correlated symptoms to posttraumatic stress disorder (Boss, 2006; Mcgee et al., 2018; Samuels, 2009). Child and adolescent development can be impacted by the trauma of ambiguous loss and may present as fatigue, insomnia, head pain, stomach pain, attention difficulties, regression in milestones, and academic decline (Guidry et al., 2013; Tubbs & Boss, 2000). Problem-solving abilities are often diminished due to the ambiguity of whether a problem is temporary or final (Boss, 2009). Persistent ambiguous loss can significantly impact cognitions, skew meaning-making, halt grief work, and freeze coping mechanisms (Boss, 2006; Boss, 2009). Additionally, ambiguous loss experiences may cause feelings of betraying the missing person, shame, guilt, helplessness, and identity confusion (Betz & Thornberg, 2006). Ambiguous loss experiences challenge the perceived degree of control leading to questions of why the experience happened or what happened as well as reevaluating individual beliefs and values (Betz & Thornberg, 2006; Boss, 2006; Boss, 2009). In an attempt to relieve ambiguity, individuals may act in absolutes by declaring the missing person gone or denying change has occurred since the absence of the missing person (Boss, 2009). Symptoms reported following an ambiguous loss experience correlate with symptoms reported by youth in foster care in the literature.

Youth in foster care have shared hopelessness toward their future, confusion, anxiety, and loneliness (Lee & Whiting, 2007; Mitchell, 2018). Guilt from youth in foster care blaming themselves as the reason for removal, due to the lack of conflicting information provided, is a typical experience. Self-esteem is often damaged and is displayed through grandiose thoughts of self or self-deprecation (Lee & Whiting, 2007). It is common for youth in foster care to have conflicted relationships and trauma responses. Another common symptom is blocked coping

skills, or the inability to refer to previously developed coping skills (Lee & Whiting, 2007; Mitchell, 2018; Ruff et al., 2019; Taussig et al., 2019). The symptoms experienced by youth in foster care are countless which indicates the needs of this population. Further, symptoms of ambiguous loss are frequently overlooked or misdiagnosed as the traditional lens focusing on symptomology views them as dysfunctional which suggests the need to assess youth in foster care with ambiguous loss theory as a framework (Boss, 2009). Although current interventions for youth in foster care have been established, research suggests low effectiveness or lack of feasibility and are not informed by ambiguous loss theory.

Current Interventions for Youth in Foster Care

Nontherapeutic Interventions

Mentorship Programs

Mentorship programs are among the most commonly known and utilized intervention with at-risk youth in the United States including youth in foster care (Poon et al., 2021; Stelter et al., 2018). They do not follow one model which has contributed to the lack of generalizable research on effectiveness with this population (Poon et al., 2021; Stelter et al., 2018). Though standards of evidence-based best practices have been written in a guide called *Elements of Effective Practice of Mentoring*, mentorship programs are not required to implement the standards, implementation varies from program to program, and the standards are not specific to the unique population of youth in foster care (Stelter et al., 2018). Several mentor characteristics impact the effectiveness for youth in foster care, such as history with the foster care system, age, previous mentorship experience, and professional status (Johnson & Pryce, 2013; Poon et al., 2021). Mentors must provide a significant time commitment as the duration of matching mentor to mentee is long, as well as the duration of forming the relationship with youth in foster care (Stelter et al., 2018).

Relationship formation can be difficult with youth in foster care with trauma experiences, however, mentoring has the potential to support growth of secure attachments which is often lacking in their lives (Kress et al., 2019; Poon et al., 2021; Stelter et al., 2018). Unexpected end to the mentorship relationship or short-term mentorship may exacerbate symptoms related to ambiguous loss experiences requiring consideration of program characteristics (Stelter et al., 2018). Program characteristics vary in format of the intervention, such as one-on-one or group mentorship, extent and focus of training for mentors, and whether supervision is provided or required for mentors (Poon et al., 2021; Stelter et al., 2018; Taussig et al., 2019). Differences in implementation of standards, mentor characteristics, and program characteristics are represented in three different programs evaluated in research.

Big Brother Big Sister is a well-known, one-on-one mentorship program that implements the standards provided in the *Elements of Effective Practice for Mentoring* guide, aside from supervision, however, only a small portion of the population served are youth in foster care (Stelter et al., 2018). Fostering Healthy Futures is cited to be an evidence-based mentorship program with both individual and group mentoring for a duration of about thirty weeks (Taussig et al., 2019; Taussig et al., 2021). The research on Fostering Healthy Futures has primarily focused on delinquency outcomes and has suggested moderate effectiveness in reducing nonviolent and violent delinquent behavior (Taussig et al., 2019). Therapeutic mentoring programs utilize mental health professional as the role of mentor with high training standards, however, the evidence to suggest feasibility of the program is lacking (Johnson & Pryce, 2013). A meta-analysis conducted by Poon et al. (2021) on nine different mentorship programs for youth in foster care indicated small-to-medium effect size overall. Research further suggests the lack of effectiveness of mentorship with youth in foster care who have more adverse childhood experiences and complex

trauma which is common for this population (Taussig et al., 2019). Lastly, no identified research on mentorship programs for youth in foster care discuss addressing grief responses nor the implementation of interventions informed by ambiguous loss theory.

Therapeutic Interventions

Long-Term Treatment Model

Long-term treatment for youth in foster care has been represented in the literature through research on a program named A Home Within. A Home Within is unique in providing professional mental health services to current youth in foster care and former members of the foster care system for as long as the individual needs services. The mental health professionals all provide pro bono services, or services at no cost. Long-term treatment included one sixty-minute session per week for an average of three years (Ruff et al., 2019). It allows for the development of a safe and stable relationship with a licensed mental health professional which is an important consideration for this population due to relational conflict and trauma (Poon et al., 2021; Ruff et al., 2019).

Considering the barriers of working with youth in foster care and their complicated histories, especially trauma-related histories, long-term treatment appears to be an effective method with positive outcomes (Ruff et al., 2019; Stelter et al., 2019; Taussig et al., 2019). Mental health professionals reported reduction in depression symptoms, anxiety symptoms, and relational concerns in the study by Ruff et al. (2019), however, indicated an increase in substance use. The research on long-term treatment did not reveal theoretical approaches nor the utilization of evidence-based techniques which contributes to the difficulty of replicating this study (Ruff et al., 2019). With the assumption that interventions were not informed by ambiguous loss theory, Boss (2006; 2009) argues ambiguous loss is most effectively addressed in group-, family-, and community-based settings rather than individual treatment. Further, feasibility of A Home Within

is questionable due to the pro bono nature of the service as there is limited time and availability for mental health professionals to engage in unpaid services. Considering the high population of youth in foster care, long-term treatment provided by mental health professionals at no cost nor under third-party payers does not seem accessible nor feasible.

Group Intervention

Group counseling research has frequently suggested the effectiveness of the intervention in comparison to individual interventions (Corey, 2016). It can offer the opportunity to address high need and demand of services for youth in foster care by maximizing the number of youths receiving the intervention (Dutil, 2019). Group interventions have the benefit of connecting with peers experiencing similar circumstances, a supportive environment with peers addressing related emotions, collaborative problem-solving toward comparable issues, peer insight on motivation for behaviors, discovering meaning or purpose, and redeveloping or redefining personal identities (Dutil, 2019; Guidry et al., 2013; Lovato, 2019; Romero-Lucero, 2020). With research indicating high effectiveness and benefits, it is surprising group interventions for youth in foster care is rarely reflected in identified literature.

Although there is a deficit in research on group interventions as the sole treatment for youth in foster care, a few articles did emerge with proposed and implemented groups. An arts-based mindfulness group approach utilized traditional mindfulness techniques and drawing or painting activities to identify and build upon strengths and resiliency with older youth in foster care nearing transition out of the system. Results indicated some positive outcomes of the approach of the group; however, the evaluation of the group was based on client self-report methods (Lougheed & Coholic, 2018). A different group intervention with youth nearing transition out of the foster care system utilized narrative and drama therapies in which participants would complete an unfinished

play script utilizing storytelling abilities to learn goal setting, identify and share emotions, and improve self-esteem. Youth transitioning out of foster care indicated increase in self-esteem and validation of feelings and experiences (Nsonwu et al., 2015). The limitation of current research on group interventions includes the approach being primarily creative therapeutic interventions and the population consisting of older adolescents aging out of the foster care system or foster care parents which were not included in this literature review. The lack of research on group counseling with youth in foster care is even less when considering the topic of ambiguous loss and grief. Group counseling requires many considerations in designing and planning, but current literature suggests the worth of establishing effective group interventions for youth in foster care (Corey, 2016; Dutil, 2019).

Ambiguous Loss Theory Interventions

To determine appropriateness of interventions informed by ambiguous loss theory, Boss (2006) suggests assessment of the ambiguous loss experience. Assessment explores perception of the loss and feelings associated with the loss (Boss, 2006). Experience of ambiguous loss does not determine the individual perceives the experience as a loss nor does it mean the individual will have abnormal or negative feelings about the loss. In addition, assessment of the impact on previous or current behaviors as well as relationships as a result of the ambiguous loss experience is essential (Boss, 2006). Lastly, it is vital to assess the resources available to the individual which include social support and coping skills (Betz & Thorngren, 2006; Boss, 2006). Following assessment of the ambiguous loss experience, treatment informed by ambiguous loss theory may be utilized with the understanding of treatment goals.

Boss (2006) established goals for treatment under ambiguous loss theory. First, professionals and clients must understand that resolution is not possible, and closure is not the

goal. The overarching goal is to normalize reaction to ambiguity, function with the stress of ambiguity, and build on resiliency. While stabilizing and increasing resiliency, ambiguous loss theory strives to facilitate meaning-making. Ambiguous loss experiences challenge the perceived degree of control, therefore, identification of areas of control, confronting perfectionism, and reestablishing equilibrium with control level is a goal of treatment. Lastly, ambiguous loss theory focuses on identity reconstruction, attachment, and increasing hopefulness (Boss, 2006). Although ambiguous loss theory does not identify specific interventions, research has linked the use of alternative interventions informed by ambiguous loss theory.

Broadening the therapeutic lens of grief and loss is a necessity as traditional grief and loss treatment does not account for ambiguous loss experiences (Boss, 2006). Although traditional grief and loss treatment can be informative of an approach to interventions, ambiguous loss-informed care would incorporate help in defining the loss and creating meaning around the loss (Betz & Thorngren, 2006). Further, ambiguous loss theory is most effective in family-, community-, and group-based interventions whereas traditional grief and loss interventions are individual (Boss, 2006). Ambiguous loss theory has recognizably applied to families and communities through the clinical experience and research by Pauline Boss (2000; 2004; 2006). Family-based and community-based interventions informed by ambiguous loss theory were utilized for families following the terrorist attack in America on September 11th, families of missing or captive soldiers, and communities effected by natural disasters resulting in missing individuals (Boss, 2004; Boss, 2006). Aside from Pauline Boss, there have been additional contributions to the research on interventions for addressing ambiguous loss experiences and reactions.

Psychoeducational interventions are the most prominent form of treatment in identified literature on ambiguous loss theory application. Ambiguous loss is easily explained to clients and professionals (Boss, 2006). Defining ambiguous loss theory and identifying ambiguous loss experiences are important as the concept is not socially recognized, nor discussed. Education and understanding of an ambiguous loss experience can increase meaning and purpose (Mechling et al., 2018). Information is often withheld from youth in foster care, with the perception of having good intentions, though it reinforces negative outcomes (Lee & Whiting, 2007). The psychoeducational portion on ambiguous loss interventions has been a theme in all settings and is mentioned in most interventions (Blieszner et al., 2007; Boss, 2006; Brown & Coker, 2019; Lovato, 2019; Mechling et al., 2018; Steindorf, 2021). In conjunction with psychoeducation, creative therapeutic interventions in an individual setting have been explored in the literature.

Ambiguous loss theory has been applied in an individual setting with children and adolescents in conjunction with dance/movement therapy (DMT) by identifying movements or gestures for responses of ambiguous loss experiences and future hopes (Edington, 2022). Nonverbal interventions, such as dance/movement therapy, increase verbalization of emotions, however, effectiveness could not be determined due to small sample size (n=3) and inconsistent duration of sessions (Edington, 2022). Literature has explored wilderness-based therapy as research indicates effectiveness of the intervention with individuals experiencing trauma, conducive with ambiguous loss experiences (Steindorf, 2021). Steindorf (2021) hypothesized resilience and hope could be built through exposure to the elements and nature, though the hypothesis was not tested. Further, intended population was not identified leaving questions of application to children and adolescents (Steindorf, 2021). Child-centered play therapy in an individual setting for younger youth to explore feelings and behaviors following an ambiguous

loss experience has been utilized in a case study. With a safe environment, empathetic understanding, and acceptance the child was able to identify emotions and perceptions through play themes. The case study on child-center play therapy informed by ambiguous loss theory was a duration of only six weeks and was unable to identify effectiveness due to lack of evaluation measures (Brown & Gibbons, 2018). Incorporating creativity and play is a common therapeutic intervention for children and adolescents to address a wide range of presenting problems. Psychoeducation, creative therapeutic interventions, and play therapy could be beneficial in ambiguous loss-informed care, however, as ambiguous loss is a relational disorder individual therapy is less effective. While family-based and community-based interventions have received the most attention, they may not be appropriate for youth in foster care whereas group interventions with peers could be.

Ambiguous Loss Theory Group Interventions

Group therapy offers supportive relationships for children and adolescents undergoing relational loss. Further, group counseling appears to be beneficial in providing stability and validation of grief and loss (Brown & Coker, 2019; Lovato, 2019). Addressing grief and loss through group interventions have indicated improvements in emotional or behavioral issues, long-term mental health outcomes, and lower frequency of change in group home or foster care placements (Knight & Gitterman, 2019). Research has shown moderate effectiveness utilizing psychodrama and trauma-focused cognitive behavioral therapy (TF-CBT) to inform group interventions addressing loss and grief (Dutil, 2019; Testoni et al., 2019). In a support group for female children ages 7-10 who experienced a loss through death in the past year, psychoeducation and narrative therapy techniques were utilized and effectiveness was determined by increased confidence and empowerment (Guidry et al., 2013). Bereavement groups for children have shown

significant decrease in symptoms of sadness, withdrawal, and guilt (Tonkins & Lambert, 1996). As previously mentioned, however, traditional grief and loss interventions do not account for ambiguous losses. Child and adolescent group interventions informed by ambiguous loss theory have been present in current literature, however, few apply to the unique population of youth in foster care.

One support group for mothers of adolescents who have autism utilized the therapeutic goals outlined in ambiguous loss theory which assisted in providing a conceptual lens to explain the mothers' experiences (Chase, 2022). A group outline was developed by Romero-Lucero (2020) for kin caregivers of youth in foster care though the outline did not address the ambiguous loss experience of the youth and lacked evaluation of effectiveness. In a psychoeducational group informed by ambiguous loss theory for African American females ages 14-17, the topics included stress and coping, education and identification of ambiguous loss experiences, meaning making and narrative reconstruction, and identification of supports, however, no measures were used to determine results (Brown & Coker, 2019). Small, open-ended group intervention focusing on disenfranchised grief and social issues utilized adapted TF-CBT techniques such as psychoeducation, addressing negative feelings or feelings of ambivalence, incorporating positive memories, and art-based techniques which resulted in positive effects for African American and Latinx students (Dutil, 2019). The promising outcomes of group interventions informed by ambiguous loss with other diverse populations can suggest similar outcomes for youth in foster care.

Of the literature available, one research study incorporated the youth in foster care and ambiguous loss theory in a support group intervention utilizing TF-CBT and trauma and grief component therapy for adolescents (TGCTA). The authors argued TF-CBT and TGCTA

interventions are the most appropriate to address ambiguous loss in a group setting, though traditional use does not recognize ambiguous loss experiences (Mitchell et al., 2022). According to Mitchell et al. (2022) group sessions were conducted weekly with youth in foster care ages 12-16 for six weeks resulting in medium effectiveness for perceived social support, hopefulness, and self-esteem. To establish best practice for the high-risk population of youth in foster care and evidence-based group interventions addressing ambiguous loss experiences, additional group manuals need to be developed, implemented, and evaluated for effectiveness.

Conclusion

The population of youth in foster care has remained consistently high over the past ten years. Youth in foster care display several concerns of behavioral, emotional, relational, and trauma-related symptoms which are commonly pathologized. The counseling profession emphasizes conceptualization of people from a holistic perspective which supports the need to assess ambiguous loss experiences in relation to presented symptomology. Ambiguous loss is a universal experience, but youth in foster care have a high rate of experiences. Though the development of ambiguous loss theory has been well researched, the research on appropriate interventions informed by the theory for youth in foster care is inadequate. Current interventions including mentorship and long-term individual treatment have not been informed by ambiguous loss theory and indicate low effectiveness or lack feasibility to uphold. Although group counseling interventions with this population are underrepresented in the literature, there is some evidence that suggests group counseling could be an effective approach.

Group therapy informed by ambiguous loss theory and incorporating evidence-based treatment approaches such as trauma-informed cognitive behavioral therapy (TF-CBT) and creative therapeutic interventions could be beneficial in addressing and normalizing grief and loss,

validating feelings, and decreasing relational concerns for youth in foster care. To contribute to the literature in this area, it is the hope of this author to establish a group manual for male adolescents ages 10-13 who are in foster care placement and exhibit symptomology related to ambiguous loss. The author believes this type of group would be beneficial in a community agency or school setting. It is undeniable that this population presents with unique challenges to consider in developing a group manual, however, challenges do not equate to a sufficient excuse for denying the youth in foster care appropriate, evidence-based interventions to address their needs.

Group Overview

Type of Group

The following group is a peer support group for early adolescent aged (10-13 years old) male youth in foster care who are experiencing ambiguous loss and exhibit symptoms associated with ambiguous loss. A group format was selected to address the consistently high population of youth in foster care by maximizing the number of youths receiving service and to facilitate connectedness. The group is informed by ambiguous loss theory and trauma-focused cognitive behavioral therapy (TF-CBT). Group activities and interventions draw upon creative therapeutic techniques including narrative therapy and arts-based therapy due to developmental stage.

Purpose

The purpose of the group is to provide accurate education on ambiguous loss and normalize and validate the grief experience associated with ambiguous loss for youth in foster care. Youth in foster care who perceive their removal from psychological family members as a loss may experience feelings of betrayal, shame, guilt, helplessness, loneliness, and confusion (Betz & Thornber, 2006; Lee & Whiting, 2007; Mitchell, 2018). Therefore, the group strives to provide a safe and supportive environment to explore perceptions and feelings related to the ambiguous loss. Enduring ambiguous loss, which the experience of the majority of youth in foster care, can lead to difficulties understanding personal level of control as well as freeze coping skills (Boss, 2006; Boss, 2009). The group aims to educate youth in foster care on personal level of control and accessible emotion regulation skills to implement outside of group sessions in several settings. Lastly, the goal of this group is to build upon resiliency, identify the support network of youth in foster care, and implement appropriate expression of emotions about loss and grief to those in the support network.

Facilitator Qualifications

Based on the population of youth in foster care and the trauma-based topics of ambiguous loss and disenfranchised grief, it is recommended to have two facilitators for this group. At least one co-facilitator of this group will be a licensed mental health professional who has obtained a master's degree from an accredited program. Licenses within the practicing state of the mental health professional may include Licensed Professional Counselor, Licensed Professional Clinical Counselor, Licensed Independent Social Worker, Licensed Independent Clinical Social Worker, or Licensed Marriage and Family Therapist. One co-facilitator may be a qualified intern nearing graduation from an accredited master's program in counseling, social work, or marriage and family therapy or a mental health professional working toward licensure within the practicing state. If one co-facilitator is an intern or mental health professional working toward licensure, supervision would be required.

It is recommended that both facilitators have prior clinical experience with early adolescence aged youth to understand key factors of the developmental stage. For accurate psychoeducation, both facilitators should educate themselves or seek training in ambiguous loss theory. It would be beneficial if both co-facilitators have training or certification in TF-CBT and have practice utilizing TF-CBT components with youth. Further, it would be valuable if co-facilitators were knowledgeable about the foster care system and common experiences for youth in foster care.

Screening

The Strengths and Difficulties Questionnaire (SDQ) and Child Behavior Checklist (CBCL) will be utilized for group membership screening. The SDQ is a 25-item questionnaire to assess affective concerns, behavioral issues, peer interaction difficulties, and prosocial behavior which is

commonly used in child and adolescent mental health agencies. Versions of the SDQ are available for ages 2-17 and can be hand scored or scored online (Van Roy et al., 2018). This group would utilize the appropriate versions of Parent/Teacher Form Ages 4-10, Parent/Teacher Form Ages 11-17, and Self Form Ages 11-17 depending on the age of the participant. Total difficulties scores ranging from 20-40 indicating very high difficulties compared to average would be disqualified from the group due to the sensitive nature of the intended content and safety of other group members. It is recommended to view and obtain appropriate SDQ forms as well as scoring information on the publisher's website (Youthinmind, 2016). Additionally, co-facilitators should evaluate the appropriateness of using the assessment based on their professional training and scope of practice.

The CBCL is a 113-item assessment to identify affective and behavioral concerns (APA, 2019). According to the American Psychological Association (2019), the CBCL is intended to be completed by caregivers and the Youth Self Report (YSR) version can be completed by youth ages 11-18. The use of both the CBCL and YSR may be beneficial if appropriate for the age of the group member. A t-score of 60 to 64 on the CBCL signifies risk for negative behaviors while a t-score of 65 or higher suggests clinically significant symptoms (Guerrera et al., 2019). All youth in foster care typically have an ambiguous loss experience, but perception and grief response of ambiguous loss may differ. The group intends to address the youth in foster care who present with symptoms related to ambiguous loss such as emotional, behavioral, or relational problems. Therefore, results would need to indicate a t-score of 60 or higher to qualify for this group (Guerrera et al., 2019). Sample versions of the CBCL and YRS as well as scoring information are available on the publisher's website to review. It is recommended the co-facilitators evaluate appropriateness of use based on their training and scope of practice.

Group Membership

Group members will be youth currently in foster care placement or group home placement between the ages of 10 and 13 referred by professionals who interact with the child. This group will not include youth in the adoption process, residential treatment, or inpatient care. Youth in foster care exhibiting severe behaviors, suicidal ideations, or homicidal ideations will not be admitted into this group due to the sensitive content covered and for the safety of other group members (Tonkins & Lambert, 1996). Considering the developmental stage of the target age, all group members will be male. Legal guardians and group members will be required to sign the informed consent paperwork and complete the screening questionnaires prior to admittance into the group.

Group Goals

The goals of this group are informed by Pauline Boss' (2006) treatment goals for ambiguous loss theory. First, the goal is to provide and learn developmentally appropriate psychoeducation on ambiguous loss. The second goal is to normalize and validate the narrative and reactions of ambiguous loss. It is important to clearly communicate that participation in the group will not resolve ambiguity nor provide closure for the loss. However, the third goal is to identify feelings and perceptions associated with the ambiguous loss and learn how to appropriately express those emotions. With emotion identification and appropriate expression, it is a goal of the group to teach and implement regulation skills. As ambiguous loss skews the perception of personal control, another goal would include evaluation of what is in and outside of the youth's control and how to deal with the aspects of life outside of their control. Lastly, the group has a goal of building resiliency and identifying the support network of individual participants.

Co-facilitators will encourage and assist group members in identification of personal goals while participating in the group by the second session. Self-evaluation and adjustment of group members' personal goals will be addressed throughout subsequent sessions. Final self-evaluation of progress on personal goals for group participation will be discussed in the termination session. The termination session will include encouragement and aid identifying personal group member goals for outside of the group.

Length, Frequency, and Duration of the Group

Research indicates that relationship formation for youth in foster care can be difficult and grief work is a long-term process, therefore, the group will occur one time per week for a ten-week period (Stelter et al., 2018; Tillman & Prazak, 2018). Developmental considerations informed appropriateness of 60-minute group sessions while allowing for adequate time to cover the depth of ambiguous loss and grief reactions (Brown & Coker, 2019). To maintain cohesion, group members will be recommended to participate in a new section of the group if they miss more than two group sessions as content of group sessions will not be reviewed individually for absences. Further, if a co-facilitator is unable to attend, a different mental health professional will not replace the missing co-facilitator for that session. Co-facilitators will use clinical judgement and supervision to decide if the group intervention can be delivered by an individual facilitator in the absence of the other co-facilitator.

Size of the Group

To maximize the number of youths in foster care receiving the group intervention while allowing group members adequate individual attention and validation, the group will have a maximum of eight participants. Literature suggests the minimum number of participants for an effective group with adolescent aged youth be five members (Brown & Coker, 2019).

Closed Group

The target population of youth in foster care experience continuous transitions in relationships (Lee & Whiting, 2007). A closed group is most appropriate for youth in foster care to provide stability in the group environment and to develop meaningful cohesion among members and co-facilitators. Ambiguous loss and grief reactions are vulnerable aspects of the life of a youth in foster care, therefore, confidentiality is a vital factor to consider. Confidentiality can be further emphasized and enforced in a closed group setting. The intention of a closed group is group members and co-facilitators will begin and terminate the group together.

Group Format and Norms

This group is created to be implemented in a community mental health agency or outpatient clinic setting. Implementation of the group in other settings may require additional considerations or adjustments to the manual. The group sessions are designed to be structured for the purpose of maintaining group members' attention, managing time effectively, and addressing all intended goals. Co-facilitators will utilize clinical judgement and be flexible with the structured format by adjusting duration of psychoeducation or activities in the present moment to prioritize productive group discussion and processing. As disenfranchised grief is a common experience for youth in foster care, it would be inconducive to the group's goals of normalizing and validating narratives and shared grief reactions by redirecting productive group discussion and processing to accomplish every planned activity. In other words, the activities are intended as aids for learning and processing, however, productive verbal expression would be prioritized.

Group members and co-facilitators will collaborate on establishing group norms in the first session. To begin the discussion or provide examples of group norms, the co-facilitators will prepare ideal group norms prior to the first session. Group norms will need to include

confidentiality, active listening, and boundaries among other norms the group member identifies as important. Examples of group norms may include:

1. What is shared in this room will remain in this room (Confidentiality)
2. Caregivers will be updated on what was discussed in group, but specific details of what members share will not be disclosed to caregivers unless there is concerns about group members hurting themselves or others (Confidentiality)
3. When a group member is speaking, other members and facilitators will direct their eyes toward the speaking member and listen with open ears (Active Listening)
4. Group members will take turns sharing (Boundaries)
5. Group members will inform the group when they do not feel comfortable speaking and group members will be respectful when others do not want to share (Boundaries)
6. Group members will keep their hands and feet to themselves (Boundaries)

Evaluation Measure

Evaluation of group effectiveness will be conducted by administering the SDQ, CBCL/YSR, and a questionnaire form prior to the start of group and at the end of group sessions. The SDQ and CBCL/YSR assessments will evaluate the group's effectiveness in decreasing symptomology related to ambiguous loss. The questionnaire (Appendix C), designed by this author, has the purpose of evaluating the group's effectiveness in educating members on ambiguous loss, validating the grief response to ambiguous losses, and providing necessary tools to function with the ambiguity.

Week One: Group Introduction and Orientation

Objectives	1. Provide introduction of facilitators, group members, and group environment. 2. Discuss confidentiality and client rights. 3. Describe the purpose of the group and overview of planned content. 4. Explain and collaborate on group norms and expectations. 5. Inform group members of format for future sessions.
Discussion Prompts	<u>Introduction</u> • Welcome group members. • Starting with co-facilitators, go around the room stating name and age. • Explain confidentiality and client rights in developmentally appropriate terminology. • Explain every member is in the foster care system, has had unique experiences of loss, and is here to support one another through those experiences. • Share the group will be learning about loss, personal stories, feelings, and how to deal with it all. • Describe what a group norm is, provide examples, and ask the group to collaborate on other group norms. • Explain future group sessions will be sharing about group members week (rose/bud/thorn activity), learning, discussion, and then an activity.
Activity	<u>Rose/Bud/Thorn (Appendix D)</u> • Co-facilitators will direct around the room, popcorn style, or by volunteer. • Rose – share one positive thing or accomplishment in the past week. • Bud – share something you are looking forward to in the next week. • Thorn – share one challenging thing in the past week. • Members can pass their turn, but not pass all together. • Members may not have a complete rose, bud, or thorn each week.

Week Two: What is Ambiguous Loss?

Objectives	1. Introduce ambiguous loss theory and major concepts to group members in a developmentally appropriate manner. 2. Communicate resolution and closure are impossible for ambiguous losses and validate any emotions that may arise from this. 3. Identify personal ambiguous loss experience. 4. Validate and support ambiguous loss experience.
Discussion Prompts	• Welcome back members and inform of plan for this session. • Inquire what members know about ambiguous loss before providing definition. • Ask members their beliefs about difference between death and nondeath losses before describing the key differences. • Educate members on psychological family. • Describe two types of ambiguous loss and provide examples. • Check in with members for understanding of ambiguous loss and allow for questions. • Invite members to define grief. • Inform members of the plan for next session. • Encourage members to reflect on their ambiguous loss experience for next session.
Activity <u>Materials Needed:</u> • Ambiguous loss psychoeducation worksheet • Writing supplies (pens and pencils) • Drawing supplies (markers, colored pencils, crayons)	<u>Rose/Bud/Thorn</u> • Members and facilitators will share their weekly rose/bud/thorn at the start of session. <u>Ambiguous Loss Worksheet (Appendix E)</u> • Read through the worksheet aloud while prompting discussion. • Encourage members to write down their definition of grief and how they express grief. • Instruct members to draw a picture of or an object that represents people who they have experienced ambiguous loss.

Week Three: My Ambiguous Loss Story

Objectives	1. Briefly review previous session. 2. Provide psychoeducation on the connection between thoughts, feelings, and behavior. 3. Reprocess the narrative of personal ambiguous loss experience. 4. Teach and model active listening while others share their experience. 5. Praise, validate, and support active participation in sharing their story.
Discussion Prompts	• Welcome back members and inform of plan for this session. • Encourage members to define a thought. • Provide psychoeducation on cognitive triangle (Appendix F). • Explain to members that our thoughts about an ambiguous loss can affect our feelings and actions and by writing/drawing our ambiguous loss story, we can see our thoughts about the experience on paper. • Encourage members to share one or two aspects of their story with the group following the activity. • Ask members to share their thoughts and feelings about the activity. • Inform members of plan for next session. • Encourage members to write or draw any thoughts about their story between sessions.
Activity Materials Needed: • Writing prompt sheet • Variety of colored paper • Writing supplies (pens and pencils) • Drawing supplies (markers, colored pencils, crayons)	Rose/Bud/Thorn • Members and facilitators will share their weekly rose/bud/thorn at the start of session. Narrative Storyboard (Appendix G) • Instruct members to answer the prompts in their words and illustrations to share their ambiguous loss story. • 20 minutes will be given to create their storyboard. Co-facilitators will provide a 5-minute warning. • Co-facilitators will check in with each member to address any questions or to provide additional prompts eliciting deeper responses.

Week Four: Big Feelings about Ambiguous Loss

Objectives	1. Briefly review previous session. 2. Informally assess emotional intelligence. 3. Expand upon emotional vocabulary. 4. Practice identifying emotions and communicating emotions to safe people. 5. Validate and support emotions experienced.
Discussion Prompts	• Welcome back members and inform of plan for this session. • Display emotions list (Appendix H) after planned game and describe how we experience many emotions throughout the day and many at the same time. • Explain certain emotions may feel bad to experience, but there are no bad emotions. • Ask members to identify emotions they believe are related to grief. • Encourage members to think about or share their emotions before and after their ambiguous loss experience and explain the impact of ambiguous loss on our emotions. • Ask members to share how they feel/felt at different points in their life following activity. • Inform members of plan for next session.
Activity <u>Materials Needed:</u> • Blank piece of paper • Writing supplies (pen, pencil, etc.) <u>Materials Needed:</u> • *How Do You Feel?* worksheet • Drawing supplies (markers, colored pencils, crayons etc.)	<u>Rose/Bud/Thorn</u> • Members and facilitators will share their weekly rose/bud/thorn at the start of session. <u>Emotion Name Game</u> • Instruct members to write as many emotions as they can think of in one minute. <u>How Do You Feel Today? (Appendix I)</u> • Instruct members to color and draw faces in the circles above the emotions they are feeling right now. • Instruct members to pick a different color for how they felt when they lost the important person (people) in their life. • Instruct members to pick a different color for how they felt when they went to a new home or school.

Week Five: Express My Grief

Objectives	1. Briefly review previous session. 2. Process how grief has evolved over their life since experiencing ambiguous loss, who was involved, and how they've coped. 3. Allow expression of previously unexpressed thoughts or feelings. 4. Understand positive and negative emotion expression. 5. Provide validation and support of grief process.
Discussion Prompts	• Welcome back members and inform of plan for this session. • Remind members of the emotions discussed in the previous session the group believed were related to grief from loss. • Explain the usefulness of expressing emotions to safe people in our life and learning tools to cope. • Encourage members to share pieces of their house from Grief Self-Exploration House activity. • Inform members of plan for next session.
Activity <u>Materials Needed:</u> • Grief Self-Exploration House sheet • Writing supplies (pens, pencils, markers, colored pencils, crayon, etc.) <u>Materials Needed:</u> • White board • Dry erase markers	<u>Rose/Bud/Thorn</u> • Members and facilitators will share their weekly rose/bud/thorn at the start of session. <u>Grief Self-Exploration House (Appendix J)</u> • Explain each section of the house and answer any questions. • Instruct members to write or draw at least one answer to prompts provided on each part of the house. <u>Grief Busters (Appendix K)</u> • Ask members to identify emotions they have experienced in their grief journey which facilitators will write on white board. • Ask members to share different ways of handling these emotions both positive and negative. • Ask members the processing questions provided on the activity sheet.

Week Six: My Personal Control

Objectives	1. Briefly review previous session. 2. Understand what thoughts, feelings, and actions are in their control. 3. Understand what thoughts, feelings, and actions are outside of their control. 4. Validate and support experience of feeling out of control and/or no control.
Discussion Prompts	• Welcome back members and inform of plan for this session. • Ask members to define control. • Describe to members how ambiguous loss and being in the foster care system can sometimes make us feel like we have no control. • Ensure members we all have control over ourselves. • Ask members to identify examples of things inside and outside of our control. • Allow members to share 1-2 written pieces of their circle of control for ambiguous loss. • Encourage members to share how difficult it is to accept things outside of our control. • Prompt members to share how it feels to know what is in our control. • Ask members to provide ideas for dealing or coping with things outside of our control. • Explain to members the importance of taking action on things in our control and letting go of things outside of our control. • Inform members of plan for next session.
Activity Materials Needed: • Circle of Control worksheet • Writing supplies (pen, pencil, crayons, markers, colored pencils, etc.)	Rose/Bud/Thorn • Members and facilitators will share their weekly rose/bud/thorn at the start of session. Circle of Control (Appendix L) • Instruct members to think about their ambiguous loss story. • Have members write things they felt were completely out of their control. • Instruct members to write things that were somewhat in their control. • Have members write things that are completely in their control.

Week Seven: Living with Ambiguity

Objectives	1. Briefly review previous session. 2. Understand what coping skills are and the purpose of coping skills. 3. Identify and assess current coping skills. 4. Learn and practice mindfulness techniques that can be utilized in several settings. 5. Prepare for termination of the group.
Discussion Prompts	• Welcome back members and inform of plan for this session. • Remind members ambiguous loss has no closure or resolution, so we tools in our toolbox to deal with the unknowns and grief. • Ask members to explain what coping skills are before providing a definition. • Encourage members to share what coping skills they know or use and if those tools help them calm down big emotions. • Provide psychoeducation on mindfulness (Appendix M) and compare mindfulness to a muscle that needs to be built up over time. • Teach members 5,4,3,2,1 grounding (Appendix N) and lemon squeezes (Appendix O). Sharing these can be used anywhere without anyone noticing. • Ask members to share times when they should/could use coping skills. • Remind members three group sessions remain before the end of group. • Inform members of plan for next session.
Activity <u>Materials Needed:</u> • Grief-Focused Guided Meditation script	<u>Rose/Bud/Thorn</u> • Members and facilitators will share their weekly rose/bud/thorn at the start of session. <u>Grief-Focused Guided Meditation (Appendix P)</u> • Instruct members to sit or lie down in a comfortable position. • Read guided meditation script. • Ask members what they thought of the meditation (good/bad, hard/easy).

Week Eight: My Resiliency and Hope

Objectives	1. Briefly review previous session. 2. Understand what resilience means. 3. Assist identifying personal strengths and how to use them. 4. Understand the importance of hope. 5. Validate feelings of hopelessness. 6. Prepare for termination of the group.
Discussion Prompts	• Welcome back members and inform of plan for this session. • Ask members what they think resiliency is before facilitators provide a definition. • Describe resiliency as how easily we bounce back from difficult times. • Explain resiliency has a lot to do with our personal strengths and how we think about things that happen to us. • Encourage members to share what they believe their strengths are. • Encourage members to share what they think other members' strengths are. • Ask members how they think we can use our strengths to deal with difficult events or feelings like ambiguous loss and grief. • Provide psychoeducation on positive affirmations. • Describe hope as our protective shield that helps build resiliency. • Remind members two group sessions remain before the end of group. • Inform members of plan for next session. • Encourage members to pick one positive affirmation to use between sessions.
Activity <u>Materials Needed:</u> • Blank piece of paper • Writing supplies (pens, pencils, markers, colored pencils, crayons, etc.)	<u>Rose/Bud/Thorn</u> • Members and facilitators will share their weekly rose/bud/thorn at the start of session. <u>Freeze Frame Your Thoughts (Appendix Q)</u> • Ask members to write down a list of stressors. Provide examples if needed. • Explain the 4 Steps to Freeze Framing. • Instruct members to write a list of calming warm thoughts next to each stressor.

Week Nine: Building My Support Team

Objectives	1. Briefly review previous session. 2. Understand the purpose of support network. 3. Identify their support network outside of the group. 4. Create a plan for utilizing support network. 5. Prepare for termination of the group.
Discussion Prompts	• Welcome back members and inform of plan for this session. • Ask members what support means to them and why everyone needs support. • Describe support as people, places, or things that help, encourage, listen to, and validate us. • Encourage members to share aspects of their safety plan. • Ask members why they think knowing your safe/unsafe zones is important before facilitators explain the purpose. • Encourage members to share aspects of their support system map. • Ask members how they can use the map outside of group sessions. • Remind members next session is the last session. • Inform members of plan for last session.
Activity <u>Materials Needed:</u> • Your Safety Plan worksheet • Writing supplies (pens, pencils, markers, colored pencils, crayons, etc.) <u>Materials Needed:</u> • Support System Map sheet • Writing supplies (pens, pencils, markers, colored pencils, crayons, etc.)	<u>Rose/Bud/Thorn</u> • Members and facilitators will share their weekly rose/bud/thorn at the start of session. <u>Your Safety Plan (Appendix R)</u> • Instruct members to think about and write down people, places, situations, and sensations that make us feel safe/unsafe and in control/out of control. <u>Support System Map (Appendix S)</u> • Explain different categories of a support system and provide a few examples. • Instruct members to write or draw at least one thing in each heart on the map.

Week Ten: Termination

Objectives	1. Review content covered in the group. 2. Reflect on progress toward group and personal goals. 3. Reflect on participation in the group. 4. Validate and support thoughts and feelings about group termination. 5. Complete post- evaluation questionnaire.

Discussion Prompts	• Welcome back members and inform of plan for this session.
	• Inquire about the thoughts and feelings of members about the last session of group.
	• Ask members processing questions:
	  ○ What has it been like being a member of the group?
	  ○ What has been most/least helpful?
	  ○ What have you learned?
	  ○ What was your favorite moment or activity?
	• Ask members to complete the evaluation questionnaire for post- measurement.
	• Encourage members to utilize the knowledge, skills, and support networks outside of group.

Activity <u>Materials Needed:</u> • Large ball of yarn.	<u>Rose/Bud/Thorn</u> • Members and facilitators will share their weekly rose/bud/thorn at the start of session. <u>The Web Activity (Appendix T)</u> • Give one member the end of a ball of yarn and another member the ball of yarn. • Instruct the member to hold on to the string of yarn and pass the ball of yarn to another member. • The member passing the ball will share one positive moment or of the member they are passing to or how the member they are passing to impacted them. • After sharing, the member with the ball of yarn will pass to another member or facilitator. • At the end, member and facilitators will observe the web of positive moments and meaningful impacts made in the group.

Critical Analysis

Strengths

A strength of this group manual is utilizing a well-researched theory of ambiguous loss to inform goals, interventions, and activities. Further, the group is informed by an evidence-based approach which is widely known and utilized in trauma treatment. Effective, evidence-based practices for mental health treatment of youth in foster care are limited. Therefore, another strength of this manual is addressing the unique experiences of youth in foster care with the hope for establishing best practices for this population. The connection between ambiguous loss theory, youth in foster care, and group counseling has been rarely acknowledged and implemented in current literature.

Weaknesses

One weakness of the group manual is the lack of research to support it due to the gaps in research connecting youth in foster care and ambiguous loss theory. Literature addresses the ambiguous loss experiences of youth in foster care, however, rarely explores evidence-based interventions and the setting in which the theory should be applied (Guidry et al., 2013; Knight & Gitterman, 2019; Lee & Whiting, 2007; Mitchell, 2018; Mitchell et al., 2022). Aside from the incorporation of ambiguous loss theory in a group intervention for this population, there is a deficit in research on group counseling effectiveness for the youth in foster care who are early adolescent aged or younger. The lack of research and novelty of the group manual makes it difficult to determine whether this group will lead to future positive outcomes for the target population.

Perceived Difficulties

The first perceived difficulty is the population of youth in foster care. This population presents with unique challenges including potential transitions in home placement, legal custody,

typically through the residing county, and relationship formation concerns. Foster home placement, group home placement, or a transition during the course of the group may effect the youth's ability to attend and participate in sessions. Obtaining informed consent and assessments may be difficult when legal custodians need to complete the necessary forms. Since relationship formation can be challenging and may take a long time, an anticipated difficulty would be building the ideal rapport and trust in the co-facilitators and group members to effectively process and participate in a group setting.

A second perceived difficulty is the lack of understanding ambiguous loss theory at the target age range due to the abstract nature of the content. The purpose of the group is not necessarily expertise in ambiguous loss theory, rather acknowledging the loss and providing support and validation for related feelings or perceptions. However, youth within the target range may have difficulties grasping the concepts of ambiguous loss theory which may lead to confusion of the reason they are members of the group.

Ambiguous loss is a traumatic experience, therefore, the third perceived difficulty is the potential triggering and sensitive content. Exposure to shared traumatic experiences and triggers can result in negative behaviors or withdrawal from group participation which would detract from group cohesion. The SDQ and CBCL assessments are utilized to assess for potential risks of group membership, but they are not all encompassing or predictive of future behaviors.

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Appendix A

Advertisement

Appendix B

Informed Consent

Informed Consent

Group Counseling
Group counseling can be a powerful and valuable environment for healing and growth. Group therapists desire you to gain all benefits group counseling has to offer. To achieve this desire, groups are structured to include a safe environment in which you feel respected and valued, an understanding of group goals and group norms, and an investment for both your therapists and members to provide a consistent group experience.

Potential Benefits and Risks
Participation in group counseling can result in several benefits to you including support, understanding self, improving interpersonal relationships, and reducing personal problems you face in your life. Group counseling does not guarantee benefits and progress does not occur in a short period of time. Your participation in the group to the fullest extent will impact how quickly progress is made. In other words, what effort you put into the group is what you will receive from the group.

Participation in group counseling presents potential risks as does most things in life. Due to the topic of the group, you may remember unpleasant or scary events in your life or experience unpleasant feelings. Intense feelings are normal while working toward healing and growth. Please share any distress you may experience with group therapists and group members. With that said, if you believe group counseling is not appropriate, it is your right to withdraw from the group at any time. Group therapists encourage group members to communicate withdrawing from the group to coordinate appropriate alternative options.

Confidentiality
A safe environment where group members can speak freely is established and maintained by both group therapists and group members through confidentiality. Group therapists are bound by law and ethical responsibility to maintain confidentiality. Group members are expected to honor confidentiality by keeping what is said in the group in the group setting. There are exceptions to confidentiality in which group therapists must disclose information from group therapy to other persons or agencies without your permission. Confidentiality is required to be broken in the following instances:

- Suspected abuse or neglect of a minor
- Suspected abuse or neglect of a vulnerable adult
- Client's risk to their own well-being (suicidal plan or intent)
- Client threats of physical harm or homicidal intent to an identified individual
- Court of law issues a legitimate court order
- Payment through insurance company

Group members are minors and confidentiality toward the legal guardians may be limited. Group therapists follow a general rule of not disclosing to legal guardians without the minor's permission. Group members may want to share what they are learning in the group which is acceptable as long as group members remember not to disclose other group members' personal information or stories.

Group members may encounter group therapists outside of the therapeutic setting. Group therapists will not approach or acknowledge the group members outside of the therapeutic setting in order to maintain confidentiality. Group members may choose to approach group therapists outside of the therapeutic setting, but group therapists will keep the interaction minimal.

Confidentiality is vital to establishing trust in the group process which may be helpful in the full experience of the group process. If a group member believes confidentiality has been broken by either another group member(s) or group therapists or feels they have been treated unfairly or with disrespect, please contact the group therapists. Group therapists desire to address any concerns as soon as possible.

Attendance

Consistent group member attendance is greatly important to achieve personal goals, help other group members, and contribute to the group process. Group therapists understand unexpected circumstances arise and request communication of absence from the group as soon as possible. If group members miss more than two sessions, group therapists will contact group members and legal guardians to discuss alternative services or delay participation in the group.

Consent

I acknowledge that I have read and understand the above information and agree to participate in group therapy. I hereby affirm that I am the custodial parent or legal guardian for the child and I authorize services for the child under the terms of this agreement.

Legal Guardian Signature: _____ Date: _____

Minor Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Adapted from:

http://www.arrowheadfamilysystems.com/uploads/7/1/4/8/71482731/informedconsentgroup.pdf

and https://elliefamilyservices.com/wp-content/uploads/2019/06/Minor-Group-Therapy-

Consent.pdf

Appendix C

Group Effectiveness Evaluation Form

Name: _____ Date: _____

Please read each statement and circle the number that best describes your thoughts.

1= Not True At All, 2= Not True Sometimes, 3= Sometimes, 4= True Sometimes, 5= Very True

1. I know what ambiguous loss means.

   1 2 3 4 5

2. I know how ambiguous loss relates to my life experience.

   1 2 3 4 5

3. I feel other children have felt loss like me.

   1 2 3 4 5

4. I feel the loss of important people in my life is understood by others.

   1 2 3 4 5

5. The grief that I feel from losing important people in my life is normal.

   1 2 3 4 5

6. I know people who are safe to talk to when I miss important people who I have lost.

   1 2 3 4 5

7. I can calm myself down when I feel grief (sadness, anger, fear, etc.)

   1 2 3 4 5

8. I know what I can and cannot control in my life.

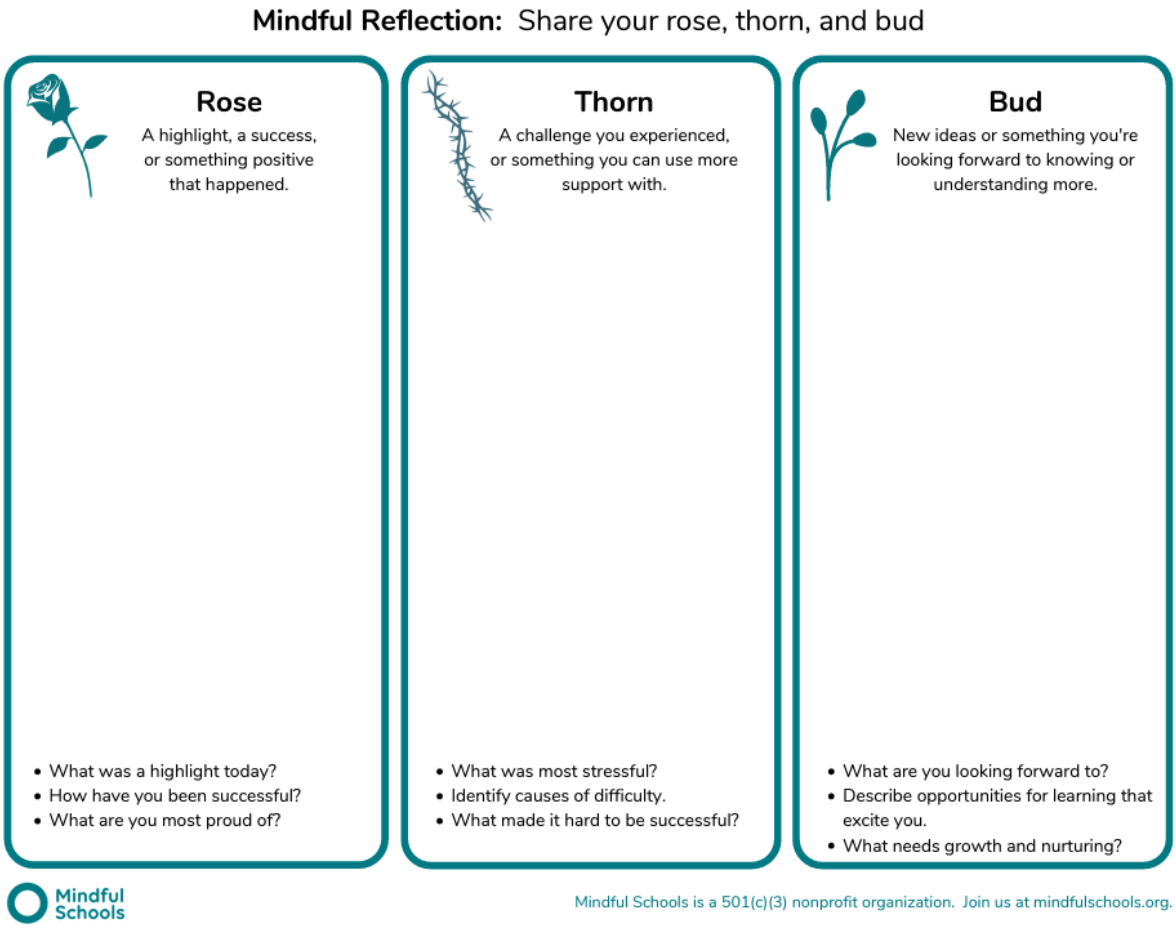
   1 2 3 4 5

9. I believe I can deal with hard situations and change.

   1 2 3 4 5

Appendix D

Rose/Bud/Thorn Weekly Activity



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Appendix E

Ambiguous Loss Psychoeducation Worksheet

Ambiguous Loss

Ambiguous Loss is a nondeath loss of someone important in our life with a lot of unknowns. Not knowing what has happened to the person, not knowing what comes next, and/or not knowing if you should be grieving or holding onto hope.

Death Loss	Ambiguous Loss
•Someone's life has physically ended	•Someone is still physically living, but missing
•Certain, permanent	•Confusing, changing
•Proof of loss (death certificate)	•No proof of loss
•Ceremonies or support for grief	•No ceremonies and little support for grief
•Closure and resolution possible with time	•Closure and resolution not possible
•Experience of grief which is normal (sadness, anger, crying, fear, etc.)	•Experience of grief which is normal (sadness, anger, crying, fear, etc.)

Psychological family members – people who are important in our hearts and minds. May include biological family (parents, siblings, grandparents, aunts/uncles, etc.) or nonbiological people (friends, foster parents, etc.)

Two Types of Ambiguous Loss

Goodbye Without Leaving

Psychological absence, physical presence

Being able to visit or see the important person, but their mind or personality is not the same.

Examples: People in your life who experience mental health disorders, alcohol or drug use, Alzheimer's, or dementia.

Leaving Without Goodbye

Physical absence, psychological presence

Unable to visit or see the important person, but their mind or personality is the same.

Examples: People in your life who are separated, missing, or taken away.

You may experience both types of ambiguous loss at one time.

Ambiguous loss is common for many people. With all loss in life, we experience grief which is a normal feeling. Some people in our life may not recognize our grief or may make us feel like grief is not normal. This is called disenfranchised grief.

Write a definition for grief below. How do you experience grief?

_____

_____

_____

_____

_____

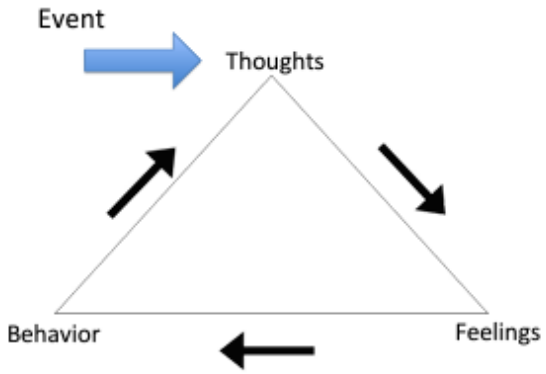
Please use the space below to draw the person (or people) or an object that reminds you of the person (people) in your ambiguous loss story. There is no right or wrong way to complete the drawing.

Appendix F

Cognitive Triangle Worksheet

THOUGHTS MATTER

Our thoughts affect the way we feel and how we act. When something happens, we think about it. Those thoughts affect how we feel and what we do.



Let's look at your thoughts and how they make you feel and act. List three different thoughts you had today (or recently), how each thought made you feel, and what you did.

Event	Thought	Feeling	What You Did

28

Retrieved from: https://tfcbt.org/wp-content/uploads/2019/02/Revised-Dealing-with-Trauma-TF-CBTWorkbook-for-Teens-.pdf

Appendix G

Writing Prompts for Narrative Storyboard Activity

1. Who is/are the psychological family member(s) lost?

2. Before I was [separated, taken away, removed, placed in foster care] from [psychological family member(s) name(s)]...

3. When did the loss occur? Think about the age you were, what year or month, the season for example.

4. When I found out...

5. Where did the loss occur? Where is/are the lost psychological family member(s) currently? Where are you now?

6. How did other people in your life (e.g., foster parents, county workers, teachers, friends, etc.) respond? Who was the most supportive and helpful?

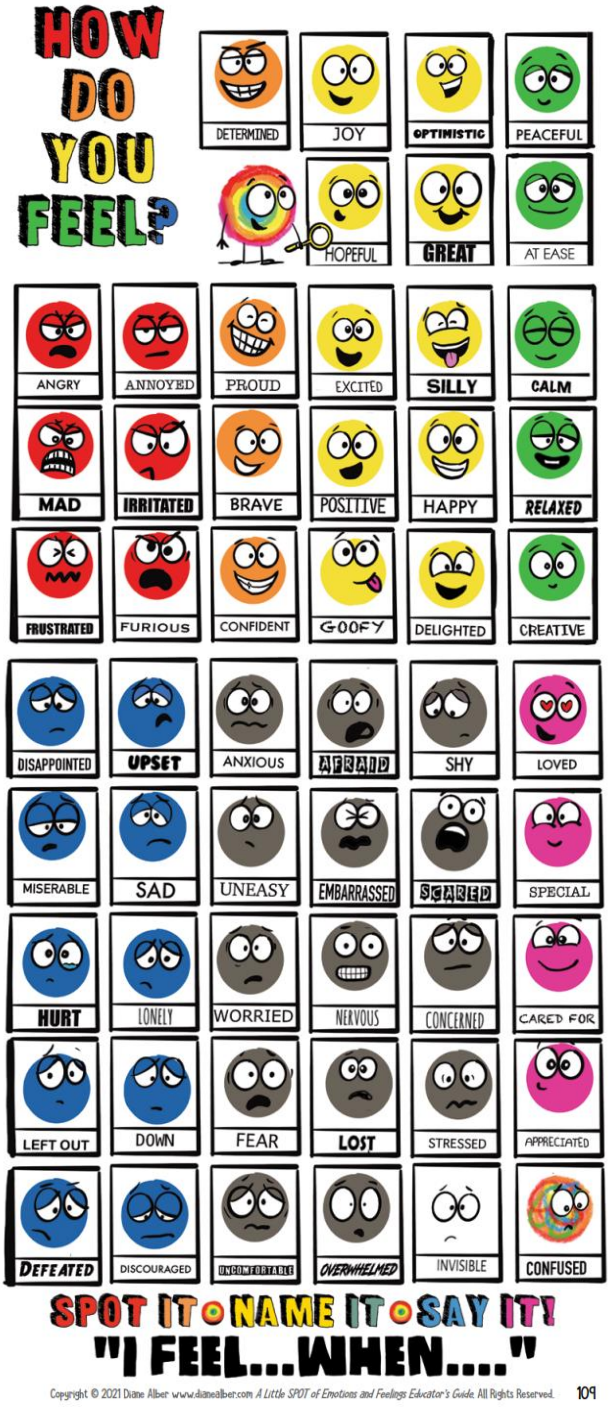
7. Why do you think [psychological family member(s) name(s) is lost or missing?

8. Now when I think about [psychological family member(s) name(s)...

Adapted from: http://www.nccucounseling.com/documents/Webinars/2011-09-20/Creative_Interventions_with_Kids.pdf

Appendix H

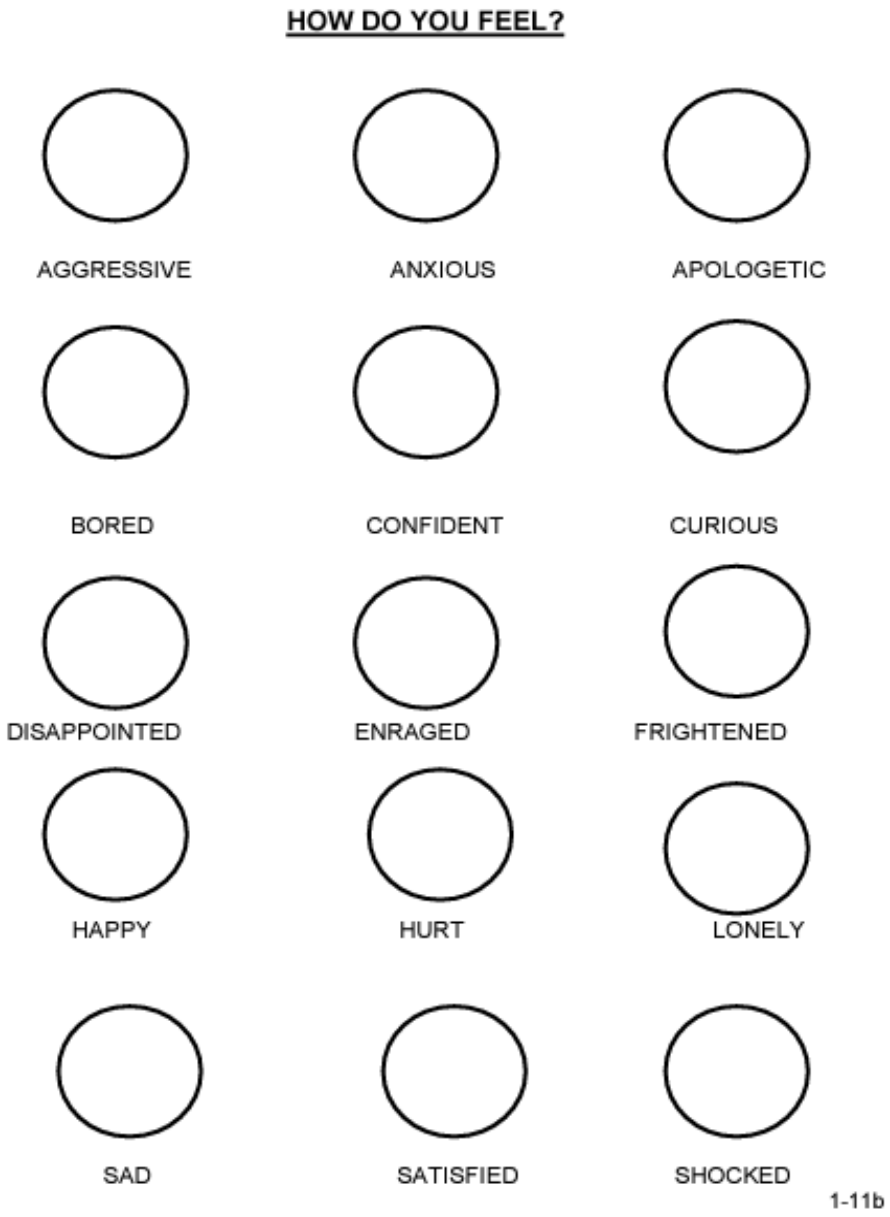
Emotion List



Retrieved from: https://www.dianealber.com/products/a-little-spot-of-feelings-emotions-educator-guide-digital-format-only

Appendix I

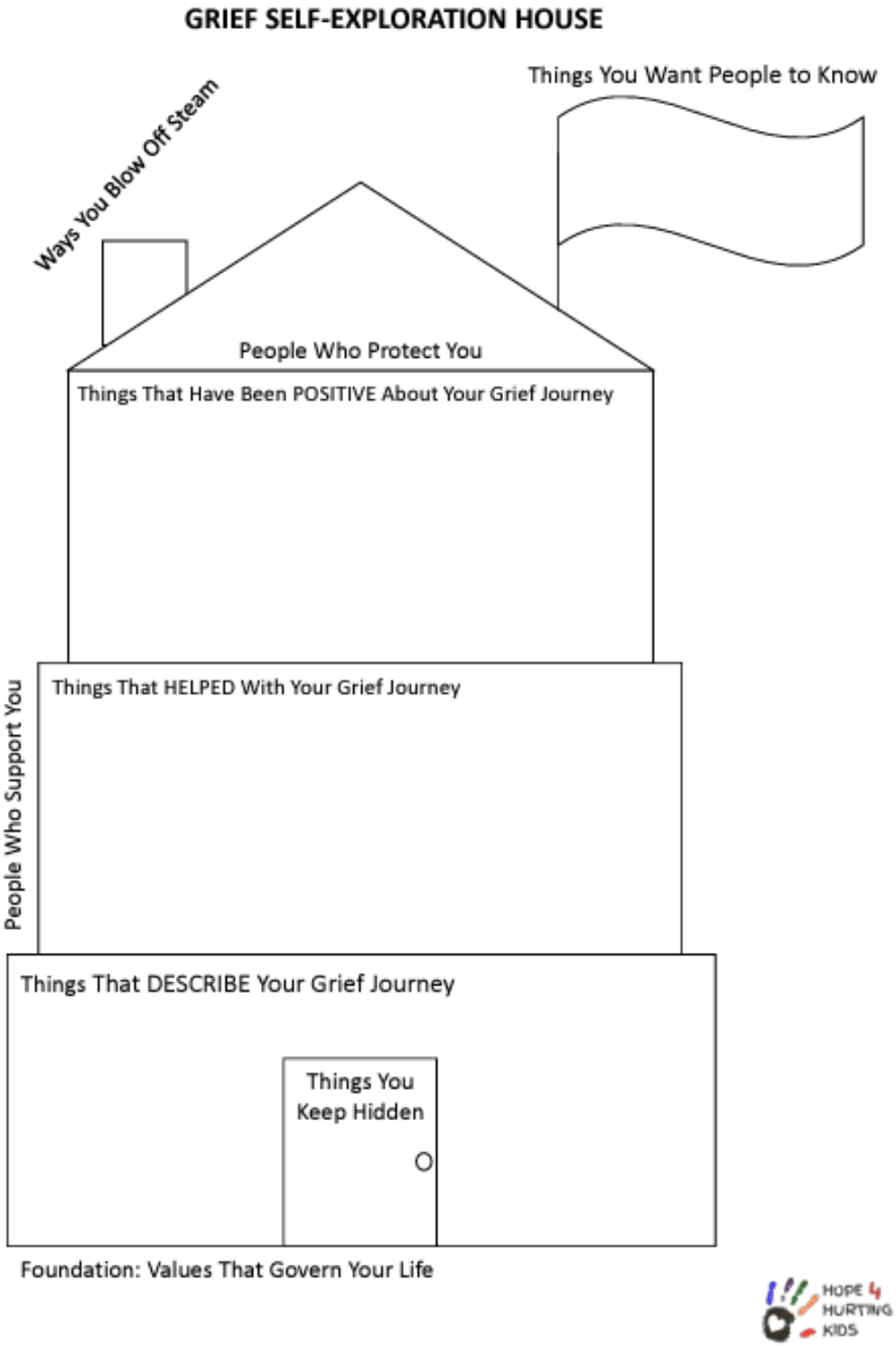
How Do You Feel Today? Activity



Adapted from: https://griefed.files.wordpress.com/2018/12/teen-grief-curriculum.pdf

Appendix J

Grief Self-Exploration House Activity



Retrieved from: https://hope4hurtingkids.com/grief/grief-self-exploration-house/

Appendix K

Grief Busters Activity

Grief Busters

The goal of this activity is to help group members identify ways to deal with emotions related to grief.

Recommended Age Range: 10+

Materials: white board, dry erase markers

Activity:

1. Brainstorm about emotions related to grief and label the list "grief responses."
2. Ask group members to identify different ways to deal with each emotion. Ask group members to identify both positive and negative ways of dealing with each emotion.

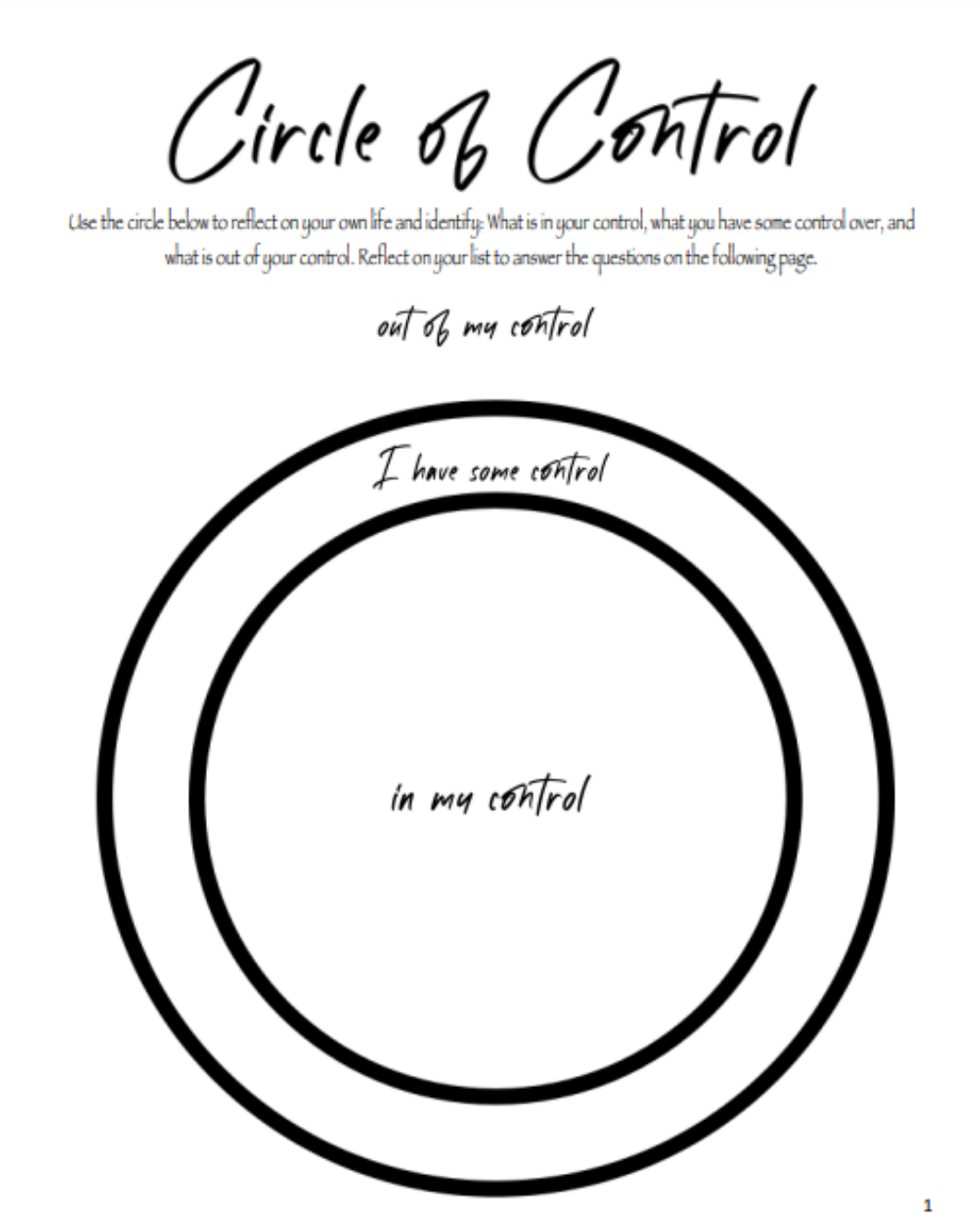
Processing Questions:

1. Why do people choose negative ways of dealing with emotions related to grief?
2. Does everyone need to deal with grief in the same way?
3. What can happen if someone does not deal with their emotions related to grief?
4. Do you believe we have control over our emotions and how we deal with them?
5. How would you stop yourself dealing with grief in a negative way?

Adapted from: https://rainbowdays.org/wp-content/uploads/2020/04/Rainbow-Days-Session-Healthy-Choices-Activities.pdf

Appendix L

Circle of Control Activity



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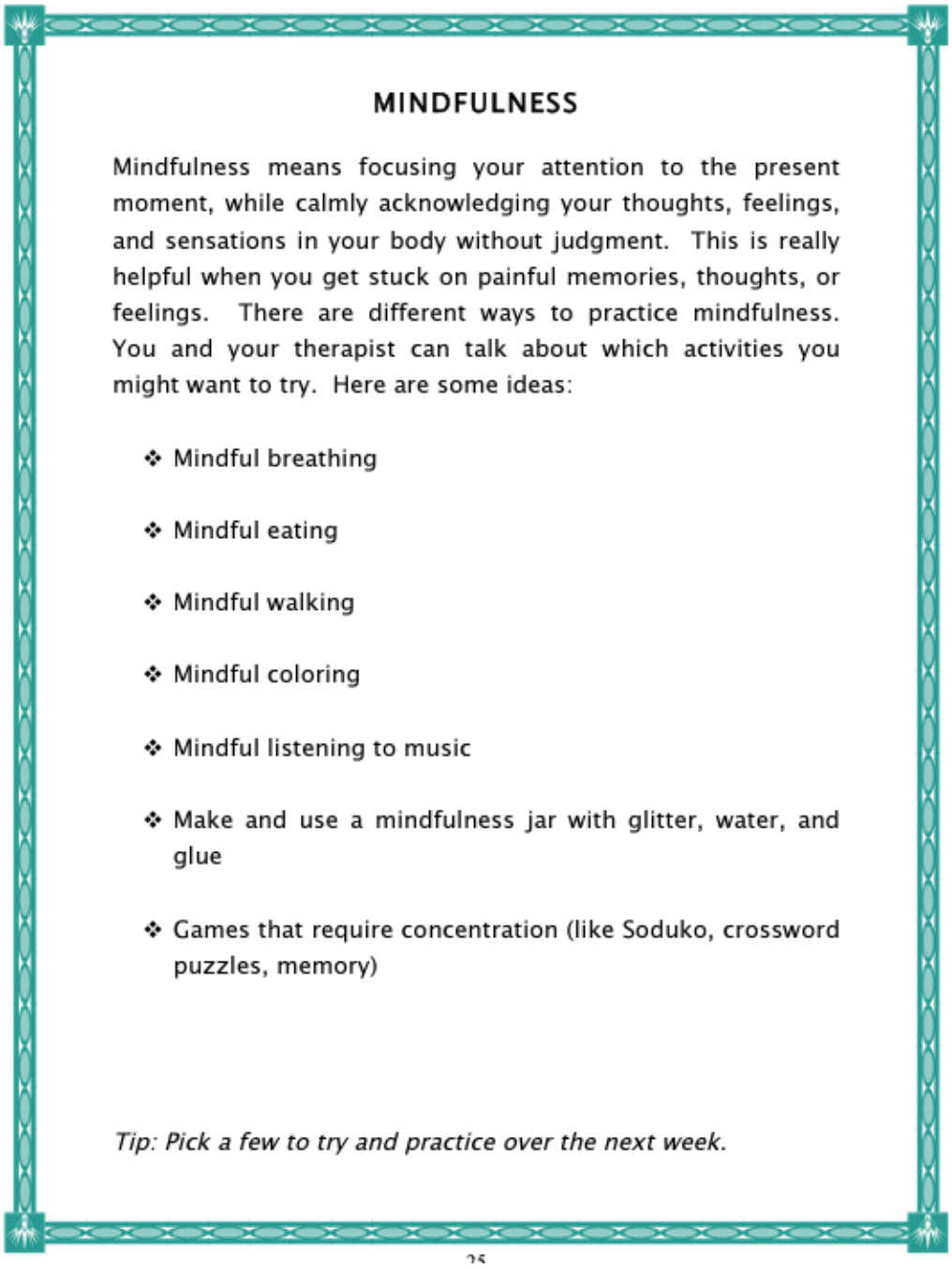
Appendix M

Mindfulness Psychoeducation



MINDFULNESS

Mindfulness means focusing your attention to the present moment, while calmly acknowledging your thoughts, feelings, and sensations in your body without judgment. This is really helpful when you get stuck on painful memories, thoughts, or feelings. There are different ways to practice mindfulness. You and your therapist can talk about which activities you might want to try. Here are some ideas:

- Mindful breathing
- Mindful eating
- Mindful walking
- Mindful coloring
- Mindful listening to music
- Make and use a mindfulness jar with glitter, water, and glue
- Games that require concentration (like Soduko, crossword puzzles, memory)

Tip: Pick a few to try and practice over the next week.

25

Retrieved from: https://tfcbt.org/wp-content/uploads/2019/02/Revised-Dealing-with-Trauma-TF-CBTWorkbook-for-Teens-.pdf

Appendix N

5,4,3,2,1 Grounding Activity

Retrieved from: https://www.emmaspillane.co.uk/post/grounding-techniques-the-54321-method

Appendix O

Lemon Squeezes Activity

Retrieved from:

https://www.healthxchange.sg/childtraumanetwork/Documents/Quick%20Bytes/Quick%20Bytes%20Issue%2040%20-%20Trauma%20in%20Children%20with%20Special%20Needs.pdf

Appendix P

Grief-Focused Guided Meditation Script

1. **To begin, take a comfortable seat and rest.** Slowly, breathe deeply, in and out. Relax and settle, coming into a present-moment experience. What is really happening to you here and now?
2. **Now bring to mind a personal loss.** This could be the recent death of a friend or relative or a loved one; it could be a loss you've been carrying as a burden for a long time. It's not something you've read about or something at a distance or abstract, but something personal, a person or experience or aspect of your life.
3. **Start with your body and your immediate somatic experience.** What bodily sensations do you notice? Do you feel grounded? Spacey, tight, hollow, full, edgy, dull, squirmy? What do you notice? Don't interpret, just feel. What is your body saying to you right now?
4. **Now, bring yourself to your heart, in the middle of your chest, and simply feel the heart holding the grief**, being filled and heavied by that grief. Your raw, tender, loving, vulnerable, beating heart. And rest with that.
5. **Now rest in your throat center**. So often the throat is connected with grief. And it wells up in tightness and has a kind of ache that can arise when we're about to cry, when we're shocked or have a sense of loss. Notice where else your grief is being held in your body—it could be your heart, your throat, your stomach. They all hold something, they are processing something— without words, without direction, naturally, the body knows.
6. **Then direct your attention to what emotions are arriving**. Sorrow, anger, a quality of love, disappointment, there could be a sense of intensity or a sense of just being dull. Note what emotions are arising; don't be embarrassed or afraid to feel whatever you're feeling. Don't judge what you're feeling. Just feel. Let your emotions manifest. Welcome them. Don't suppress them and also don't feed them. Emotions are the energy of our grieving. And they change. They're always changing, like life itself. Be gentle. If you start to feel overwhelmed, take a break, rest, breathe. Resettle. Allow yourself time to rest in your present-moment bodily emotional experience.
7. **Just rest, just feel, just be.** Let grief do its work. Let it heal you. Don't push. Don't be impatient. Let yourself grieve. Process this change in your life. Let it teach you.
8. **Reflect on grief in your life**, on the losses you've had and how your losses connect you with so many others. Just bringing your attention to that fact can be so healing. It happens to everyone. It's hard to accept change. It's hard to say goodbye. But when you stop fighting the inevitability of loss and change, a new and deeper love and appreciation is possible. We no longer take our friends, our loved ones, or our life all together for granted. We liberate our love, liberate our joy and appreciation in a very powerful way, through this difficult journey, through loss, through grief, through sorrow, with a vulnerable and tender heart.

Retrieved from: https://www.mindful.org/a-10-minute-guided-meditation-for-working-with-grief/

Appendix Q

Freeze Frame Your Thoughts Activity

Freeze Frame Your Thoughts

(Adapted from Schwab, 2008)

4 Steps for Freeze Framing

1. Recognize your stressful thought
2. Tell yourself to freeze that thought. You can do this in whatever manner reminds you best, saying "Freeze" out loud or imagining a freeze button on your personal remote.
3. Replace your frozen thought with a warm and calming thought.
4. Repeat this warm thought to yourself out loud or in your mind to melt the frozen thought away.

Make a list of situations that might cause you stress. For example:

- Making new friends
- Getting a bad grade
- Fighting with your parents
- Speaking in public
- Your family
- Violence and War
- Your parents jobs

Create a list of calming warm thoughts or activities that can help you melt your frozen thoughts. For example :

- "I am good at _____"
- "I am calm and at peace."
- Playing your favorite song
- Watching a funny movie
- Being with my best friend
- Going for a run or swim

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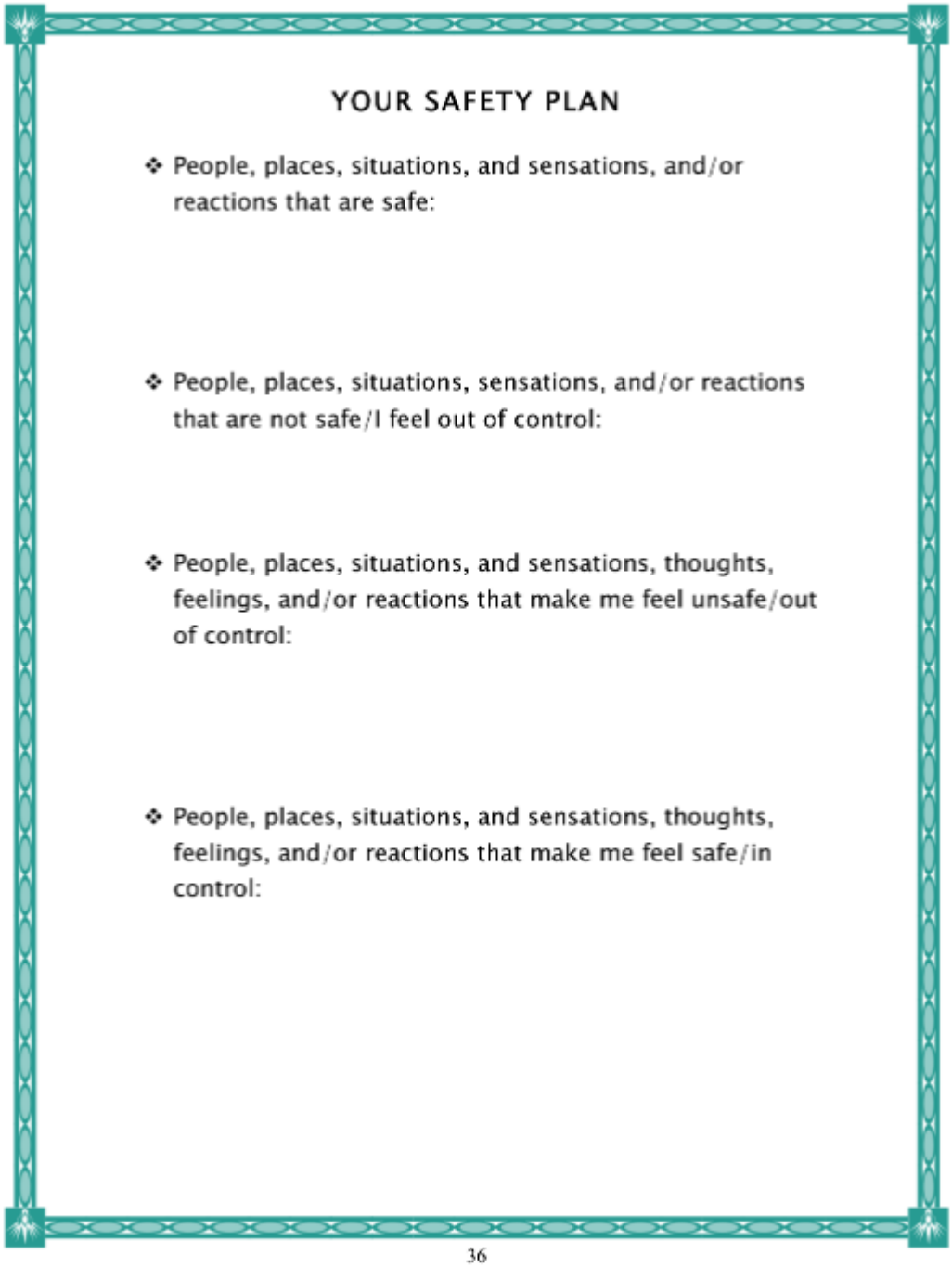
Appendix R

Your Safety Plan Activity



YOUR SAFETY PLAN

- People, places, situations, and sensations, and/or reactions that are safe:
- People, places, situations, sensations, and/or reactions that are not safe/I feel out of control:
- People, places, situations, and sensations, thoughts, feelings, and/or reactions that make me feel unsafe/out of control:
- People, places, situations, and sensations, thoughts, feelings, and/or reactions that make me feel safe/in control:

36

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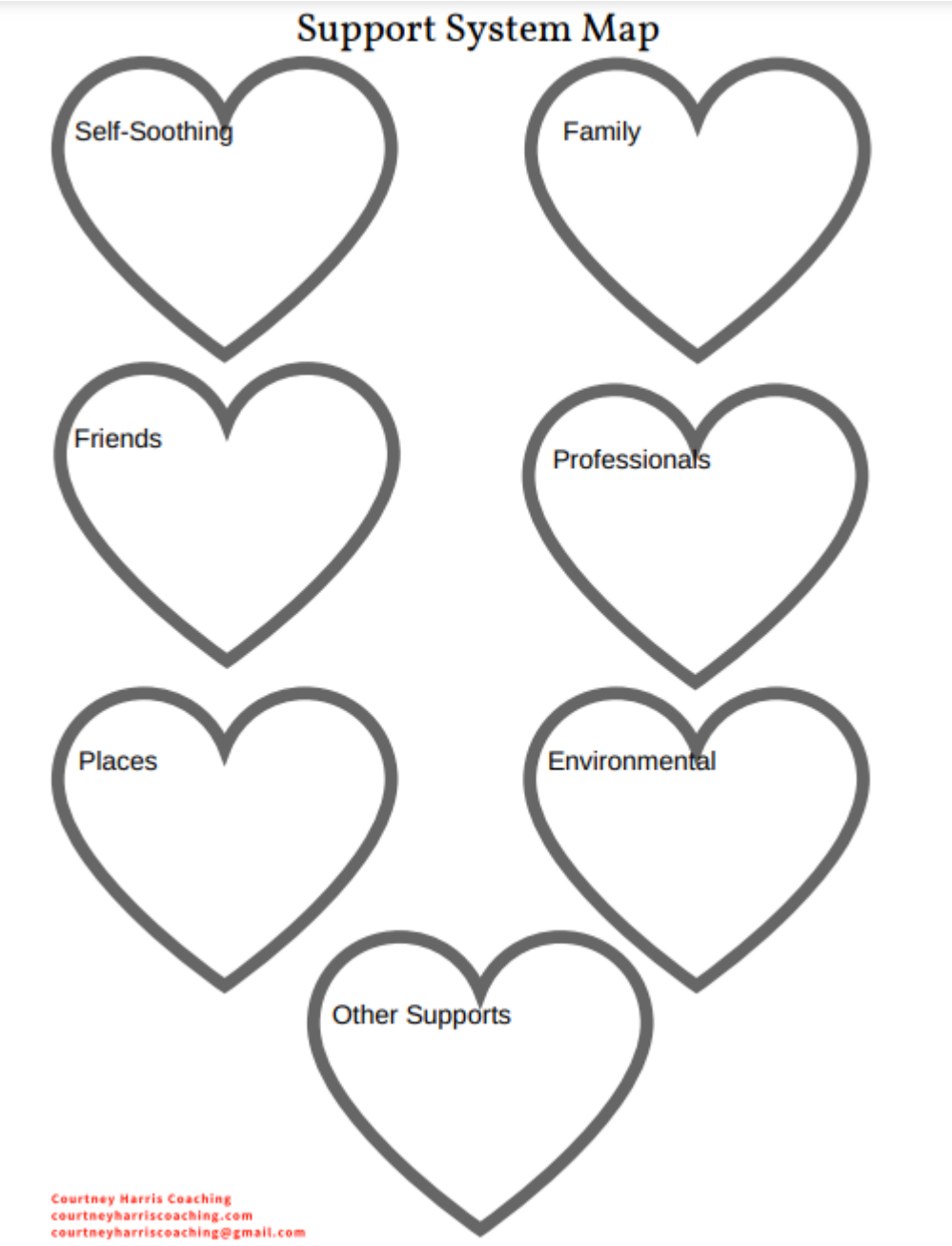
Appendix S

Support System Map Activity



Retrieved from: https://courtneyharriscoaching.com/real-talk-for-teens-naming-your-support-system/

Appendix T

The Web Activity

The Web Activity

I like to do the "web" activity in which I bring a skein of yarn and one person starts by holding one end and then passing it to another group member, telling them how they have impacted them positively throughout group. That member then loops the yarn around their finger and passes the skein of yarn to someone else and so on until each person has both given and received feedback from every person (including group leader [s]). At the end, each person in turn uses a pair of scissors to cut the area of the web around them, so that they can have a tangible reminder of all the positive ways in which they impacted others and were impacted.

Retrieved from: https://www.apadivisions.org/division-49/publications/newsletter/group-psychologist/2011/04/termination-exercises