Addressing Ambiguous Loss Through Group Therapy

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Abstract

When children are placed out of the home, state child protective service departments continue to voice their desire to place these children with relatives rather than in traditional foster care. Research has shown the positive impact kinship placement can have for the child; however, there is no consistent way kinship caregivers are supported once the child is placed in their care. This article will show mental health and child welfare workers how the theory of ambiguous loss can be applied in a group format to provide support for kin guardians to address the feelings of loss they face within themselves and the children they care for.

At any given time in America, there are close to half a million children in the foster care system (Annie E. Casey Foundation, 2019). Out of this alarmingly high number, only 32% are in a relative foster family home, or kinship foster care (Annie E. Casey Foundation, 2019; Bunch et al., 2007) compared to 45% placed in traditional foster care. These numbers have stayed consistent over the last 2–3 years, with still no universal approach to help support kinship caregivers deal with the many difficulties they encounter upon taking the child(ren) into their home. Specifically, it has been shown that kinship guardians receive less support from child welfare workers (Gebel, 1996) compared to traditional foster care guardians. Also noteworthy is the research that highlights the level of prevalence of mental illness, specifically depression, in kinship guardians compared to nonkin guardians (Garcia et al., 2015); although there is a higher probability of kinship guardians suffering from depression, Garcia et al. (2015) found that with a higher sense of overall well-being, kinship guardians can be highly effective and positive for the child(ren)'s own behavioral and emotional well-being. Epstein (2007) further highlights several reasons as to why kinship placement is better than traditional foster care; some of these reasons are as follows: minimization of trauma, improvement of the children's overall well-being, increases permanency for children, promotes sibling ties, and improves overall behavioral and mental health outcomes.

Kinship Placement

In the United States, between 2017 and 2019, 4% (2,654,000) of children were in informal kinship placements. Kinship placement is defined as a child living with a nonparent, and who is not their foster child (Annie E. Casey Foundation, 2019). For purposes of this article, kinship placement will refer to both informal and formal placements. Formal placements are a direct result of child protective services involvement with the family of origin. Informal placements can be a result of a mutual decision between family members but can turn into a formal placement at any time. Child welfare departments across the country are pushing for more kinship placements (Epstein, 2007) due to the overwhelming research that supports the benefits of kinship placements compared to traditional foster care (Chateauneuf et al., 2018; Epstein, 2007). Many positive factors have been identified for the children in kinship placement, such as better mental health outcomes and overall well-being (Epstein, 2007; Vis et al., 2016) reduction in the likelihood of the child being re-traumatized by increasing the likelihood of permanency (Epstein, 2007; Font, 2015) and maintaining their family of origin traditions and celebrations (Epstein, 2007). The need to identify ways to support children in foster placement, but the kin guardians who take care of them, has been highlighted throughout the literature, and will be discussed in the article.

Challenges Kinship Caregivers Face

Research has shown time and time again that kinship caregivers are more likely to suffer from depression (Bunch et al., 2007; Garcia et al., 2015) than their traditional foster parent

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counterparts. This information is important due to the lack of support kinship caregivers usually receive from child welfare workers (Gebel, 1996); additionally, kinship caregivers are usually caring for multiple children without any monetary support, despite them being at or below the poverty line prior to the children's placement (Font, 2015; Garcia et al., 2015). In addition to facing monetary and mental health challenges, the kin foster parents may be trying to maintain a sense of loyalty to the biological parents (Chateauneuf et al., 2018) while balancing the needs of the children. Unlike traditional foster parents, kinship caregivers are sometimes tasked, albeit unspoken, with allowing visits to occur and monitoring them for their effectiveness as well (Garica et al., 2015) compared to traditional foster parents, who are solely responsible for taking the child(ren) to a supervised visit at a local agency. Due to the kin caregivers wanting to maintain their sense of loyalty to the biological parents—when they are expected to be responsible to supervise the visits and possibly have to set a boundary due to negative behavior by the parents—this could possibly increase the likelihood of them experiencing depression (Chateauneuf et al., 2018). Despite this knowledge, this task is still placed on the kin caregivers with no additional emotional, mental, or monetary support. Kin caregivers could be supported by child welfare departments by offering services that would provide them with support in ensuring their overall well-being, as Bunch et al. (2007) have highlighted the synonymous relationship between the caregiver's well-being and the child's. Ensuring there is a continuing rise in the amount of kin caregivers across the country (Hegar & Scannapieco, 2017), it is imperative that their well-being is of high priority to those who are placing children in their care. Next, services and support provided to kin and nonkin caregivers will be reviewed.

Services for Kinship Versus Nonkinship Guardians

Traditionally, when children are removed from the home and placed in traditional foster care, the caregiver is afforded the support of the child welfare worker at minimum, whereas kinship caregivers are not afforded this same support (Chateauneuf et al., 2018). Specific training in parenting children who have experienced trauma as well as a clear understanding of what their rights as foster parents are (Randle et al., 2016) were also highlighted as types of supports traditional foster parents receive. One glaring deficit for both types of parents was the lack of training or support they got in regard to learning how to deal with the emotions that come with fostering a child who is not biologically theirs, and can be removed at any time (Randle et al., 2016). Although the research in this area is sparse, this type of training or support should not be overlooked as it can be connected to increasing permanency for the child(ren) who are being cared for. This deficit in training can be addressed through the lens of ambiguous loss theory (Boss, 1999) which will be discussed in the next section.

What Is Ambiguous Loss?

It is described as a loss that does not receive closure from the individual(s) experiencing the loss. Boss (2006) cites this as the most devastating type of loss because of the lack of closure, thus causing significant distress on those who are experiencing it. This theoretical framework has been chosen for this article due to its ability to help large numbers of people in times of unexpected loss as well as in times of unexpected family life transitions (Boss, 2006). Ambiguous loss (Boss, 1999) refers to a situation where a family member mourns the loss of a loved one who is either physically present but psychologically absent (mental illness or dementia) or psychologically present but physically absent (foster care or divorce). For the purposes of this article, the latter will be explored. Ambiguous loss is comprised of three main components: the psychological family, trauma and stress, and resilience and health.

The Psychological Family

This concept is of primary importance when working to understand ambiguous loss because it requires the clinician to know who makes up an individual's psychological family. This is different than the biological family that we all think of; the psychological family are the people whom the individual shares a bond with and who are actively helping them deal with their loss in the present (Boss, 2006). A theoretical assumption is that the social interactions an individual has with their psychological family can still occur despite the ambiguous loss. However, it can cause issues to arise if the individual becomes fixated on their loss or absence of the psychological family because their resilience is diminished, thus taking us to the next component of understanding ambiguous loss.

Trauma and Stress

The type of trauma that is experienced with ambiguous loss is ongoing and is not caused by one critical event or incident, thus requires us to think differently when looking at how the trauma of this type of loss impacts an individual. Boss (2006) describes stress as "pressure on the status quo of the system" (p. 35). In translating this to how stress impacts families, the loss is experienced and is so strenuous on the family system that it threatens a negative change to occur. From a therapeutic lens, it is important for the clinician to help increase the families' support system, to help take some pressure off—thus creating "flexible equilibrium" —or resilience (Boss, 2006, p. 35).

Resilience and Health

This component helps us focus on various types of resilience: individual, family, and a sense of community support (Boss, 2006). *Individual resiliency* is defined as the person's ability to live comfortably with the ambiguity, now and in the future. *Family resiliency* refers to the process a family follows when dealing with stress, in an ongoing manner. *Sense of community* can occur through various ways when working with ambiguous

loss, and how this is created should be of importance to the clinician, as preliminary reports have shown that feeling a sense of community support during traumatic events can increase an individual or families' level of resiliency (Boss, 2006).

Ambiguous Loss in a Therapeutic Setting

Ambiguous loss and children's experiences in foster care have been linked over the last several years (Lee & Whiting, 2007; Mitchell, 2018) due to the uncertainty most of these children experience during their time in foster care. What has not been discussed is how ambiguous loss impacts the kin caregiver, thus impacting the stability of the placed child(ren). This article will focus on how ambiguous loss theory can be applied in a group setting to help kin caregivers; this group will not only serve as a place for discussion to occur regarding how to help the child cope with their loss but also the kin caregiver's loss. This section will discuss how ambiguous loss can be utilized within a therapeutic group setting for kinship guardians who are not only struggling with the behavior of their family member who is now involved with child protective services (psychologically present but physically absent biological parent) but also their children who are traumatized and confused as to why they had to leave their home (Chateauneuf et al., 2017) and move into the home of a family member who has ultimately become their parent.

Ambiguous loss associated with a parent who is physically absent but psychologically present can be further complicated by a lack of role clarity between the biological parents and the kin guardians. Ambiguous loss extends beyond the children in kinship foster care placements to the guardians, as most times it is a close family member who takes on this role, who may feel guilty about setting boundaries with their loved one (Chateauneuf et al., 2018). Boss (1999) states that the closer the relationship is between an individual (in this case the kin caregiver) and the physically or psychologically absent loved one (biological parent), the more difficult it is to deal with the loss. This is a significant statement as research has shown us that grandparents are rising to the top as the demographic most likely raising their grandkids (Bunch et al., 2007; Garcia et al., 2015; Hegar & Scannapieco, 2017), thus making the need for support groups that much more needed. If grandparents are having to set boundaries with their own kids regarding their grandkids, this may prove difficult as grandparents sometimes use this opportunity as a "do-over" of their first attempt at parenting (Bunch et al., 2007). In these instances, kin caregivers may not want to set these boundaries due to feeling guilty or as if they are abandoning their loved one in a time of need (Chateauneuf et al., 2018). Surrounding these individuals with others who are struggling with the same thing can be beneficial to everyone involved, as it can help them deal with the emotions that surround the situation they are in, as well as help them come up with ways to deal with things head-on (Randle et al., 2016). Ambiguous loss allows those who are suffering a loss that is not readily recognized by society (Boss, 1999) which can further

empower them in making decisions that are in the best interest of the child, while taking care of themselves mentally.

As stated above, there are lots of pros to utilizing a group format to support kin caregivers who have taken on the responsibility of taking care of their family member's child(ren). Group therapy has already shown its effectiveness in providing those who attend a sense of belonging and community (Corey et al., 2014) which is in line with the importance of community in building resiliency (Boss, 2006). Specifically, Chien and Norman (2009) highlight the effectiveness of psychoeducation groups for family members of those who have mental health disorders. Resiliency is needed in order to address ambiguous loss effectively. Additionally, Lander (2011) highlights the importance of a support system when working with kin caregivers. The level of support a therapeutic group could offer to a kin caregiver, whose own healing and recovery has more than likely ceased due to their need to care for the child, is quite possibly immeasurable. There is a lack of research on the types of therapeutic support given to the caregivers in the kinship relationship, thus highlighting the need for this type of group for kin caregivers. However, Sampson et al. (2012) outline the effectiveness of a psychoeducational group with an ambiguous loss framework for family members who hoard a mental health diagnosis. Thus, a psychoeducation group for kin caregivers could provide a positive environment for them to create meaning in their loss (Boss, 2006) as well as help them understand it. During the psychoeducational groups, kin caregivers would learn how to live with ambivalence toward their other family member(s), as well as reconstruct their family identity—or helping them identify their psychological family (Boss, 2006). Providing mental health support to kin caregivers automatically increases the likelihood that the children in their care will have an increase in mental health access as well. This is crucial as recent studies have shown that children in kinship placements receive less mental health services than their foster care counterparts (Darwiche et al., 2019), although the need is just as high.

It has been shown that the primary reason most children come into kinship care is due to neglect, most often involving substance use by the parent (Beeman et al., 2000; Grogan-Kaylor, 2000, cited in Hegar & Scannapieco, 2017). So, just as the children of the biological parents are struggling with the "loss" of their parents, the kin guardian(s) may also be dealing with this same "loss" in addition to supporting the children to maintain stability and security after this significant change. In addition to grieving the loss of their family member, kin guardians may be facing the fear of loving a child who is not their own and may be taken from them at any time (Bunch et al., 2007; Randle et al., 2016). Kin guardians may also be worrying about how they will explain the absence of the biological parent to the child (Chateauneuf et al., 2018). This is all while managing their own feelings about the "loss" of their daughter, sister, brother, and so on. In their examination of the use of kinship navigators, Schmidt and Treinen (2017) found that peer support groups were directly correlated to caregiver interdependence as well as caregiver empowerment. Overall,

interdependence and caregiver empowerment resulted in placement stability, caregiver socioeconomic stability, and caregiver self-efficacy; as such, a group therapy format could be successful for kin caregivers in that they can see that they are not alone in this journey (Corey et al., 2014) and can provide hope and support to their fellow group members. Additionally, they could utilize the group format to create or add to their psychological family, as well as creating a sense of community to help increase their individual resiliency.

Group Process

As outlined in Rushovich et al. (2017), kin caregivers can be selected for this support group using kinship navigator programs, despite whether they are formal or informal placements. Kinship navigator programs are a great way to offer various levels of support to kin caregivers. Kin caregivers could also be selected through use of an interview that assesses needs (Rushovich et al., 2017). As highlighted in the literature, offering a psychoeducational group utilizing the lens of ambiguous loss theory can be effective to help members better understand and process the experiences they were having (Sampson et al., 2012). Due to the lack of literature specifically regarding the use of ambiguous loss theory in a group format with kin caregivers, professionals should consider following the basic tenets Corey et al. (2014) highlight in planning a new group.

Implications for Professionals

As the number of children placed out of the home each year does not appear to be slowing down, it is important for child welfare workers, as well as counselors, to identify ways to support kin caregivers; in doing so, this may increase the likelihood that the amount of kin caregivers will continue to rise. Kinship placement has been shown to have positive effects for the children (Chateauneuf et al., 2018; Epstein, 2007; Font, 2015). Knowing the positive effects kinship placement has on children, mental health professionals should highlight the need of supporting kin in making this a sustainable and appealing option for future kin caregivers. Additionally, this further highlights the need for policy change to include services for kinship caregivers should equate the quality and quantity of services offered by social service agencies between the kin caregiver placements and traditional placements to ensure long-term placement of children placed with kin caregivers. The lack of research regarding mental health services provided to the kin caregivers continues to highlight the need for professionals, both mental health and child protective workers, to begin to understand how the theory of ambiguous loss can support kin caregivers in the large sacrifices they make when they agree to take on a family member's children.

Conclusion

This article has shown how the theory of ambiguous loss can be applied to a group setting for kin caregivers. Ambiguous loss may be the missing link to providing kin caregivers the support they need to deal with the loss of their family member, as well as caring for children who they know may be taken from them at any time, thus making it difficult for them to want to create connections with the child (Font, 2015). Increasing mental health service availability, as well as increasing social supports, of kin caregivers can increase the likelihood that the kin caregiver will feel prepared to continue caring for the children in their care, thus making it possible for the child to continue living with their kin and not having another displacement due to kin caregiver overwhelm. Randle et al. (2016) discussed the need for better support of licensed foster care parents to help them continue to want to do this work, further highlighting the need for caregivers to receive more support, despite the circumstances in which they took custody of the child(ren). Future research should look at the lived experiences of kin caregivers who have both been treated and untreated for their feelings of loss regarding their family members' absence. Additionally, it should consider how ambiguous loss can help bridge the gap between the lack of resources for kin caregivers from the child welfare system and the continued push for children to be placed with family.

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References

Annie, E. Casey Foundation. (2019). Kids count data book. Child trends analysis of data from the adoption and foster care analysis and reporting system (AFCARS), made available through the National Data Archive on Child Abuse and Neglect. https://www.aecf.org/m/resourcedoc/aecf-2019kidscountdatabook-2019.pdf

Beeman, S. K., Kim, H., & Bullerdick, S. K. (2000). Factors affecting placement of children in kinship and nonkinship foster care. *Children & Youth Services Review*, *22*(1), 37–54.

Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Harvard University Press.

Boss, P. (2006). *Loss, trauma, and resilience: Therapeutic work with ambiguous loss*. W.W. Norton & Company.

Bunch, S., Eastman, B., & Griffin, L. (2007). Examining the perceptions of grandparents who parent in the formal and informal kinship care. *Journal of Human Behavior in the Social Environment*, *15*, 93–105.

Chateauneuf, D., Turcotte, D., & Drapeau, S. (2018). The relationship between foster care families and birth families in a child welfare context: The determining factors. *Child & Family Social Work*, *23*, 71–79.

Chien, W. T., & Norman, I. (2009). The effectiveness and active ingredients of mutual support groups for family caregivers of people with psychotic disorders: a literature review. *International Journal of Nursing Studies*, *46*, 1604–1623. https://doi.org/10.1016/j.ijnurstu.2009.04.003

Corey, M., Corey, G., & Corey, C. (2014). *Groups: Process and practice* (9th ed.). Cengage Learning.

Darwiche, S., Terrell, L., Skinner, A., & Narayan, A. (2019). Kinship care and foster care: A comparison of out-of-home placement from the perspective of child abuse experts in North Carolina. *North Carolina Medical Journal*, *80*(6), 325–331.

Epstein, H. (2007). Kinship care is better for children and families. *Child Law Practice*, *36*(4), 77–82.

Font, S. A. (2015). Is higher stability in kinship foster care by virtue or design? *Child Abuse & Neglect*, *42*, 99–111.

Garcia, A., O'Reilly, A., Matone, M., Kim, M., Long, J., & Rubin, D. (2015). The influence of caregiver depression on children in non-relative foster care versus kinship care placements. *Maternal & Child Health Journal*, *19*, 459–467.

Gebel, T. (1996). Kinship care and non-relative family foster care: A comparison of caregiver attributes and attitudes. *Child Welfare*, *75*(1), 5–18.

Hegar, R., & Scannapieco, M. (2017). Foster care to kinship adoption: The road less traveled. *Adoption Quarterly*, *20*(1), 83–97.

Lander, I. (2011). Child-in-family therapy to heal a traumatically bereaved 10-year old boy in grandparental kinship care: A case study. *Journal of Family Psychotherapy*, *22*, 275–296.

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

Mitchell, M. B. (2018). "No one acknowledged my loss and hurt": Non-death loss, grief, and trauma in foster care. *Child & Adolescent Social Work Journal*, *35*, 1–9.

Randle, M., Ernst, D., Leisch, F., & Dolnicar, S. (2016). What makes foster carers think about quitting? Recommendations for improved retention of foster carers. *Child and Family Social Work*, *22*, 1175–1186.

Rushovich, B., Murray, K. W., Woodruff, K., & Freeman, P. C. (2017). A kinship navigator program: A comprehensive approach to support private and voluntary kinship caregivers. *Child Welfare*, *95*(3), 111–131.

Sampson, J., Yeats, J., & Harris, S. (2012). An evaluation of an ambiguous loss based psychoeducational support group for family members of persons who hoard: A pilot study. *Contemporary Family Therapy: An International Journal*, *34*(4), 566–581.

Schmidt, M. C., & Treinen, J. (2017). Using kinship navigation services to support the family resource needs, caregiver self-efficacy, and placement stability of children in informal and formal kinship care. *Child Welfare*, *95*(4), 69–89.

Vis, S. A., Handegard, B. H., Holtan, A., Fossum, A., & Thornblad, R. (2016). Social functioning and mental health among children who have been living in kinship and non-kinship foster care: Results from an 8-year follow-up with a Norwegian sample. *Child & Family Social Work*, *21*, 557–567.