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Separation Trauma Nuggets

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Understanding and Reducing Separation Trauma

Nugget 1: Introduction

At some point in our lives, we will all experience a loss or separation from someone or something dear to us. Sadness, depression or despair, accompanied by anger, anxiety, fear, and loneliness, and sometimes, loss of self-esteem or direction in life, are typical reactions to loss and separation.

Children who are removed from their homes and placed in substitute care are all too familiar with the pain and uncertainty of losing important people, places, and things in their lives. They often experience many, repeated, and often sudden, losses, which can make adjustments very difficult. They lose their parents, siblings, grandparents and extended family members, friends, neighbors, teachers...the list of important people goes on. In addition, they lose their familiar surroundings, their toys, clothes, pets, and other meaningful objects. Their losses are often compounded by damaging home lives that have left them emotionally scarred and behaviorally troubled.

Foster children with backgrounds of neglect and abuse suffer three to seven times as many acute and chronic emotional problems as other children and often experience compromised development that leads to disproportionately high involvement in the mental health, juvenile justice, and adult criminal justice systems. This increased risk is partly due to difficulties in attachment created by the abusive and/or neglectful situations that characterize their developmental years, as well as trauma caused by repeated separations from caregivers as they move from home to home. However, not all separations are equally distressing, and there is hope even for children who have experienced repeated separation traumas.

Children who experience a caring relationship with an adult who is knowledgeable of the special needs of these children can form healthy relationships and expect to go on to lead healthy and fulfilling lives. If caregivers are aware of the factors that lead to traumatic separation, they can better understand the impact on a child of separation from his or her family and be better equipped to limit the damage done by the separation and repair some of the damage caused by early abuse.

This series of training modules will present theory and research on issues of attachment, separation, grief, and development for children in foster care as well as ideas and resources to help caregivers ease the children's transition into placement. This information is intended to ensure that caregivers are equipped with the knowledge to understand and effectively deal with a child who is transitioning to a new home.

Nugget #1

Separation and Attachment:
Understanding and Reducing Separation
Trauma

We all experience separation at some point in our lives.

Children who are removed from their homes and placed in substitute care experience the pain and uncertainty of losing important people, places, and things in their lives.

Their experiences with loss may be many and sudden, which can make adjustments very difficult.

Foster children who have experienced neglect and abuse may experience acute and chronic emotional problems that can lead to disproportionately high involvement in the mental health, juvenile justice, and adult criminal justice systems.

However, not all separations are equally distressing, and there is hope even for children who have experienced repeated separation traumas.

Children who experience a caring relationship with an adult who is knowledgeable of the special needs of these children can form healthy relationships and expect to go on to lead healthy and fulfilling lives.

This series of training modules will present theory and research on issues of attachment, separation, grief, and development for children in foster care as well as ideas and resources to help caregivers ease the children's transition into placement.

Nugget #2 Attachment Theory

What is Attachment?

Attachment is a complex process by which humans form relationships that influence all aspects of their development. It is important that people involved in making major life decisions for children have a basic understanding of attachment theory and how human relationships work. This knowledge is especially critical for people who look after children in the child welfare system.

How Does Attachment Develop? (Slide 2)

Young children develop a healthy attachment when they consistently receive from their primary caregiver the basic necessities such as food, shelter, and clothing *in addition to* “the emotional essentials” such as touch, movement, eye contact, and smiles.

From birth to about the fourth year, infants rely on their caregivers to satisfy all of their needs. This is an important time in a person’s development, when sensory and cognitive functions grow rapidly and babies learn the rules of human interaction from their caregivers.

Attachment behaviors are innate. A sensitive caregiver can recognize the meaning of an infant’s nonverbal cues and can respond quickly to the young child’s physical and emotional needs. As human beings mature, they continue to engage in attachment behaviors, although they generally modify them as their ability to communicate grows, their needs change, and they begin to recognize more people as important in their lives.

What is Separation Anxiety? (Slide 3)

When separated from their caregivers, infants and children who have healthy attachments will respond with *separation anxiety*. Separation anxiety is the normal response to separation and includes

- 1) protest to the separation,
- 2) despair related to grief and mourning when the child believes that the parent will not be returning, and
- 3) denial of detachment.

Separation anxiety can become profound if the separation from the primary attachment figure is too long or too frequent. When children experience many changes of caregivers, it is difficult to form deep relationships with others. This has serious implications for children in care, who are often repeatedly separated from their primary caregivers and/or moved from placement to placement, disrupting any attachments that form in those placements.

What is Secure Attachment? (Slide 4)

Indicators of a secure attachment style in infants and toddlers include:

- Seeks interaction, closeness, and/or physical contact with parent after being separated for any length of time, then returns to play after briefly maintaining contact
- Greets parent actively after a separation; for example, creeping to parent
- Is readily soothed by parent when distressed
- Openly explores and plays in environment

Secure attachment predicts many positive outcomes as a child develops, including:

- Greater curiosity and persistence as a toddler,

Nugget #2 Attachment Theory

- positive peer relationships in preschoolers,
- advanced cognitive functioning during middle childhood; t
- he development of a social conscience and positive self-concept in adolescence; and
- healthy, reciprocal relationships in adulthood.

Secure attachments lead to flexible thinking, emotional resilience, ability to modulate emotion, and openness to new learning.

What is Insecure Attachment? (Slide 5)

Repeated breaks in the attachment cycle do not allow for the creation of the nurturing relationship necessary to promote healthy growth. Insecure attachments result from disruptions in the attachment cycle. There are three insecure attachment styles: avoidant, ambivalent, and disorganized.

- 1. Insecure-Avoidant Attachment:** Child acts distant, as if there is no need for emotional connection, when in reality they are experiencing distress.

Such infants and toddlers, when placed in care, bring their memories of rejection with them and may deceptively appear as though they have no needs. This attachment style is associated with increased risk of serious mental health problems as adolescents.

Indicators of an avoidant attachment style in infants and toddlers include:

- Does not cry upon separation
- Pays attention to toys or environment, rather than to parent
- Actively avoids or ignores parent; moves away, turns away, or leans away from parent when picked up
- Unemotional

- 2. Insecure-Ambivalent Attachment:** Child constantly clamors for attention and nurturance, never able to be comforted.

Infants and toddlers with ambivalent attachments have been inconsistently responded to by their primary caregivers. These children have never known what to expect from their parents and so must look for attention all the time, but are never satisfied.

Indicators of an ambivalent attachment style in infants and toddlers include:

- Preoccupied with parent
- Alternately seeks and resists parent or may be passive
- Upon reunion after separation, fails to settle down or return to play; continues to focus on parent

- 3. Insecure-Disorganized Attachment:** Child shows signs of contradictory behavior with the caregiver - unsure whether to seek physical and emotional closeness with the caregiver or try to maintain distance.

The insecure-disorganized attachment style in infancy has been shown to predict aggression in school-aged children and the development of behavioral disorders such as Oppositional Defiant Disorder in later childhood and adolescence. Infants and toddlers who fall into this category are emotionally conflicted and fearful. They learned to be afraid of their abusive parents but at the same time were dependent on them to take care of their needs.

Indicators of a disorganized attachment style in infants and toddlers include:

Nugget #2 Attachment Theory

- Reacts with fear to the primary caregiver
- Inconsolable crying
- Sleep problems
- Inability to manage transitions
- Appears disoriented from the environment
- Displays contradictory or confused behaviors in parent's presence, e.g. clinging while leaning away, reaching out for parent while crying in fear, walking/crawling toward parent with head turned away.

Note: This narrative was taken directly from *Reducing Separation Trauma: A Resource Manual for Foster Parents, Social Workers, and Community Members who Care for Children and Youth* by Brundage & Gerrity (2005).

Nugget #2

ATTACHMENT THEORY

Attachment Development

Attachment behaviors are innate, instinctive responses by the child to obtain basic necessities from the primary caregiver.

Most critical time for attachment development is from birth to 4 years of age when there is a high dependence on caregivers to meet all of a child's needs.

Sensitive and attached caregivers can recognize and respond to a child's non-verbal cues for physical and emotional needs

Separation Anxiety

The normal set of responses of healthily attached infants and children when separated from their caregivers:

- 1) protest,
- 2) despair, grief, and mourning, and
- 3) denial of detachment – followed by re-attachment

However, separation anxiety can become problematic if the separation is too long or too frequent – precluding the formation of meaningful/healthy attachments with caregivers

Secure Attachment

Secure attachment in infancy leads to positive child growth in all areas of development

Indicators of secure attachment include:

- Actively greets caregiver following a separation
- Is readily soothed by caregiver when distressed
- Openly explores and plays in one's environment

Insecure Attachments - Three types

1. Avoidant attachment – snubs caregiver; acts distant, as if there is no need for emotional connection, but in reality, is in distress
2. Ambivalent attachment – constantly clamoring for attention; never able to be comforted
3. Disorganized attachment – shows signs of contradictory behavior regarding closeness to vs maintaining distance from one's caregiver

All 3 types of insecure attachments result from disruptions in the development of the typical attachment cycle.

Nugget #2 – Quiz w/ answers

Circle your answer to each statement below. T = True F = False

1. Formation of positive attachment between infants, toddlers, and their primary caregivers is a **simple** human process that takes place **naturally**.
T or **F**
2. The most critical time for developing positive attachments between the child and his/her caregiver are from birth to 4 years old.
T or F
3. Separation anxiety is a normal set of responses shown even by healthy infants and children when separated from their caregivers.
T or F
4. Developing secure attachments is essential to positive child growth in all areas of development.
T or F
5. The behaviors associated with the three major types of insecure attachments essentially all look **alike**.
T or **F**

Nugget #3
Process and Role of Attachment in Typical Child Development

Attachment to a Primary Caregiver (Slide #2)

The bond between an infant and his or her primary caregiver serves several important purposes. Attachment figures are a source of safety, and they satisfy an infant's physical needs for nourishment and protection. In addition, the attachment bond provides socialization and promotes connection with others, stimulates intellectual development, and is essential for the development of a sense of one's self. An understanding of how attachment normally develops is critical for social workers and caregivers.

Attachment is important for all aspects of a child's development. A child's relationship with his or her first attachment figure creates a template for future relationships, a sort of lens through which all people are viewed. If a child's first attachment figure responds to the child in a sensitive, consistent, and effective way, the child learns to trust the primary caregiver and seek her/him out in times of need, creating the building blocks for healthy relationships. At the same time, the child learns to be autonomous, exploring the environment with a sense of confidence that his or her caregiver will not allow anything bad to happen to the child.

This confidence will become a part of the child's template, and (s)he will encounter new people and new situations with the capacity to interact in a way that is flexible and appropriate. Children who experience positive attachment are more able to cope with stress, form relationships, and experience the positive aspects of life.

If the child does not experience a healthy attachment relationship with the primary caregiver, or if the attachment with the caregiver is disrupted, the child will not develop the same flexibility and healthy development of social, psychological, behavioral, and even physical wellbeing. Children who do not maintain a healthy attachment will not learn to trust other people, themselves, or their environment.

Many of the "problem behaviors" expressed by children in care are in fact survival skills they have learned in order to make their way in their troubled lives. Poor attachment and the behavior problems associated with it can seriously interfere with adjustment in foster placements, for the child and for the family, and can increase the risk of placement disruption. It is important for caregivers to put these sometimes outrageous and incomprehensible behaviors into context, so that they can maintain their empathy and understanding for a troubled child and prevent further disruptions to the child's attachment system through repeated moves.

Notwithstanding the attachment disorders caused by multiple placement moves, even children with severe attachment disorders can be helped to develop trusting, intimate, meaningful relationships given the caring, dedicated, and patient support of caregivers who serve as attachment figures.

Stages of Normal Attachment Development (Slide #3)

Researchers have distinguished between normal and disturbed attachment behaviors in young children. Developmental attachment patterns emerge, in sequence, through the child's relationship with the primary caregiver (parent) over the first 4 years of life.

Age	Stage	Description
Birth – 3 months	Pre-attachment	Infant orients toward the sound of the caregiver's voice; (s)he tracks visually.
3-8 months	Recognition/Discrimination	Infant differentiates between primary caregiver and others. Smiles are based on recognition; very interested in primary caregiver.
8-36 months	Active Attachment	Stranger reaction emerges. Infant shows clear preference for the primary caregiver.
36-48 months	Partnership	Attachment solidifies. Child shows increased ability to communicate needs verbally and relates to others across a wide range of emotions.

The Attachment Cycle

- The child has a need
- The child expresses the need by fussing, crying, or otherwise raging
- The need is gratified by a caregiver, who provides movement, eye contact, speech, warmth, and/or feeding
- This gratification leads to the development of the child's trust in others

Common Causes of Attachment Disruption (Highest risk if these occur in first two years of life.)

- Sudden or traumatic separation from primary caregiver (through death, illness, hospitalization of caregiver, or removal of child).
- Examples:
 - Physical, emotional, or sexual abuse
 - Neglect (of physical and/or emotional needs)
 - Frequent moves and/or placements
 - Inconsistent or inadequate care at home or in day care (care must include holding, talking, nurturing, as well as meeting basic physical needs)
- Chronic depression of primary caregiver

Attachment and Developmental Problems with Interpersonal Interactions (Slide #4)

Problems in the relationship between children and their primary caregivers are linked with problems with physical health and child development. These include growth delays, neurological problems, motor problems, delays in language development, and a host of other developmental delays and physical abnormalities.

Psychological and Behavioral Symptoms of Poor Attachment

Conscience development

- Does not show normal anxiety following aggressive or cruel behavior
- Does not show guilt on breaking laws or rules
- Projects blame on others

Impulse control

- Exhibits poor control; depends upon others to provide
- Exhibits lack of foresight
- Has a poor attention span

Self-esteem

- Is unable to get satisfaction from tasks well done
- Sees self as undeserving
- Sees self as incapable of change
- Has difficulty having fun

Interpersonal interactions

- Lacks trust in others
- Demands affection but lacks depth in relationships
- Exhibits hostile dependency
- Needs to be in control of all situations
- Has impaired social maturity

Emotions

- Has trouble recognizing own feelings
- Has difficulty expressing feelings appropriately - especially anger, sadness, and frustration
- Has difficulty recognizing feelings in others

Cognitive Problems associated with Poor Attachment

- Has trouble with basic cause and effect
- Experiences problems with logical thinking
- Appears to have a confused thought process
- Has difficulty thinking ahead
- May have an impaired sense (sight, hearing, touch, smell, taste)
- Has difficulties with abstract thinking

Developmental Problems associated with Poor Attachment

- Has difficulty with auditory processing
- Has difficulty expressing self well verbally
- Has gross motor problems
- Experiences delays in fine-motor adaptive skills
- Experiences delays in personal-social development
- Has inconsistent levels of skills in all of the above areas

Note: This narrative was taken directly from *Reducing Separation Trauma: A Resource Manual for Foster Parents, Social Workers, and Community Members who Care for Children and Youth* by Brundage & Gerrity (2005).

Nugget #3

Attachment and Child Development

A critical understanding for social workers and caregivers.

Attachment to a Primary Caregiver

- Attachment figures satisfy a child's needs for safety and nourishment
- Attachment bonds foster a child's social, intellectual, and emotional development
- Attachment is the foundation for promoting trust and confidence in oneself and others

Stages of Normal Attachment Development

- Attachment patterns emerge in sequence over the first 4 years of life
- Birth - 3 months Pre-attachment - **Orients to sound of caregiver's voice**
- 3 – 8 months Discrimination - **Differentiates between caregiver and others**
- 8 – 36 months Active attachment - **Shows preference for primary caregiver**
- 36 – 48 months Partnership - **Attachment solidifies; child communicates needs**

Developmental problems related to poor attachment

- **Psychological & behavioral problems:**

- Conscience
- Impulse control
- Self-esteem
- Emotional control

- **Cognitive problems:**

- Logical thinking
- Abstract thinking
- Cause & effect

- **Motor and sensory problems:**

- Auditory processing
- Gross motor activity
- Fine motor activity
- Verbal expression

Nugget #3 Quiz w/ answers

Circle your answer to each statement below. T = True F = False

1. While interesting, understanding how attachment relates to child development is **not essential** for social workers and caregivers who work with young children.

T or **F**

2. Children who fail to maintain a healthy attachment will not learn to trust other people, themselves, or their environment.

T or F

3. Research shows that, once children develop severe attachment disorders, they **cannot be helped** to develop trusting, intimate, meaningful relationships even when given caring and dedicated support of caregivers who serve as attachment figures.

T or **F**

4. Research has shown that developmental attachment patterns **emerge randomly** during the first 4 years of a child's life according to each child's personality and experiences.

T or **F**

5. Conscience development, impulse control, self-esteem, inter-personal interactions, and emotional control are all examples of psychological and behavioral problems associated with poor attachment.

T or F

Nugget #4
Attachment in Foster Care

The Importance of Attachment (Slide #2)

Foster children have often come from homes in which circumstances have severely limited the formation of healthy, nurturing, parent-child relationships. The emotional and physical bond that forms between an infant or young child and his or her primary caregiver through their relationship is known as attachment. Infants and young children who have been abused and neglected are at high risk for developing problems with attachment, as are children who have survived early, prolonged, or traumatic separations from their primary caregiver.

Knowledge of attachment issues is essential for people who care for foster children because this group is at increased risk for problems with attachment, which can lead to serious disruptions in a child's emotional and behavioral development and can cause problems that last a lifetime if not appropriately addressed. Caregivers who are aware of issues concerning attachment will be better equipped to understand the experiences of children involved with the child welfare system and to handle transitions in a way that inflict as little harm as possible on vulnerable children.

Those who care for children in the pre-school or school-age years, or adolescents, will benefit from understanding how children develop their relational patterns; and those who care for very young children will be better equipped to identify behaviors that indicate problems in the relationship between a child and his or her primary caregiver, and which will likely contribute to problems in the child's ability to form relationships.

Disrupted attachments cause infants and toddlers to send out signals that are very difficult to read, and although foster parents may have a deep desire to connect with the infants/toddlers, the infants'/toddlers' insecure attachment may undermine this commitment.

Research has found that many foster parents become frustrated, angry, or distant when the infants'/toddlers' behavior appears withdrawn and uninterested in the foster parent, or angry, insistent, and seemingly insatiable.

Attachment and Foster Children (Slide #3)

Most of the more than half million children in foster care in the United States have known only repeated abuse and prolonged neglect. They have never experienced a long-term, nurturing, stable environment during the early years of life. Under these conditions, they have delays in emotional, cognitive, and behavioral development, and are adept at putting up walls between themselves and others as a means of protecting themselves. Many of these children find themselves in foster care when their home environments become too dangerous to ensure their safety, after much damage has already been done to their attachment systems.

Of the more than 524,000 children in substitute care each year - 60% are removed from their homes as a result of neglect (failure to provide or failure to supervise); 10% are removed due to physical and/or sexual abuse; 14% are removed due to emotional, moral/legal, or educational abuse, or abandonment; and 8% are removed for reasons other than abuse or neglect, such as for mental health services or domestic violence (U.S. Department of Health and Human Services, 2001).

Effects of Neglect and Maltreatment (Slide #4)

Most children who end up in long-term care (as many as 83%) enter the system after being mistreated and/or neglected in their original families. These children display extensive problems with attachment, which manifests in problem behaviors, extreme difficulties in relationships with others, and serious consequences to the children's emotional health.

On a purely biological level, childhood maltreatment can influence development in a way that alters brain structures. The regions of the brain which manage emotional control and social attachment are developed by the age of 6 months, and continuous exposure to poor parenting by that young age can severely harm brain development. Serious emotional and behavioral problems can result, including the development of childhood behavioral disorders such as Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD).

Furthermore, the constant pushing and hyper-vigilant behavior of neglected children can be exhausting for foster parents who try to offer them a loving, caring, and joyful home. Neglected children organize all of their experiences according to a template formed by those early experiences, and are unable to accept fun or affectionate moments, for fear that slowing down will result in losing any of the security that they have. These children typically try to be their own parent, and will do everything within their power to maintain control over their caregivers in a frantic effort to stay safe.

Foster children are at risk for difficulties associated with attachment for several reasons: (Slide #5)

1. Foster children often experience multiple placements, creating multiple disruptions in their relationships with primary caregivers.
2. Foster children often have been abused and neglected and come from unstable family environments. These conditions are related to insecure attachments and attachment disorder.
3. Foster children entering a placement already have experienced the loss of a primary caregiver. This separation trauma then causes disruption to the attachment between the child and the foster parent.
4. Foster children's early experiences teach them survival strategies that often are maladaptive in the context of new relationships.

Children and youth who are placed in foster families have changed families once, twice, or more often. In fact, some move upwards of seven times before the age of 18 (New York State Office of Child and Family Services, 2003)..

Coming from backgrounds that have already made them vulnerable to disruptions in attachment and other problems associated with maltreatment, children in foster care are particularly vulnerable to the traumatic effects of separation. The multiple traumas of troubled home lives and repeated separations affect children's psychological and behavioral development in ways that must be understood so that foster care can be therapeutic and sensitive to the children's needs.

Note: This narrative was taken directly from *Reducing Separation Trauma: A Resource Manual for Foster Parents, Social Workers, and Community Members who Care for Children and Youth* by Brundage & Gerrity (2005).

Nugget #4

Attachment and foster care

Essential knowledge and issues that foster parents and social workers need to know

The importance of attachment

- Foster children have severely limited formation of healthy, nurturing, parent-child relationships
- To successfully help vulnerable foster children adjust, caregivers and social workers must understand the experiences of these children regarding establishing attachments
- Disrupted attachments cause infants and toddlers to send out signals that are very difficult to read
- Many foster parents become frustrated, angry, or distant when the infants'/toddlers' behaviors appear withdrawn and uninterested in the foster parent, or angry, insistent, and seemingly insatiable.
- Children and youth who are placed in foster families have changed families once, twice, or more often. In fact, some move upwards of seven times before the age of 18 (New York State Office of Child and Family Services, 2003).

Foster children and attachment

- Of the more than half million children in foster care in the United States, most have known only repeated abuse and prolonged neglect.
- Under these conditions, foster children have learned to protect themselves by refusing to rely on others for any reason.
- Thus, most foster children have limited skills for engaging in mutually rewarding relationships with other people.
- Of the more than 524,000 children in substitute care each year - 60% are removed from their homes as a result of neglect; 10% are removed due to physical and/or sexual abuse; 14% are removed due to emotional, moral/legal, or educational abuse, or abandonment; and 8% are removed for reasons other than abuse or neglect, such as for mental health services or domestic violence (U.S. Department of Health and Human Services, 2001).

Effects of neglect and maltreatment

- Childhood maltreatment can influence development in a way that alters brain structures.
- Serious emotional and behavioral problems can result, including the development of childhood behavioral disorders such as Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD).
- The constant pushing and challenging behavior of neglected children, can be exhausting for foster parents who try to offer them a loving, caring, and joyful home.

Reasons for attachment difficulties of foster children

- 1. Foster children often experience multiple placements, creating multiple disruptions in their relationships with primary caregivers.
- 2. Foster children often have been abused and neglected and come from unstable family environments. These conditions are related to insecure attachments and attachment disorder.
- 3. Foster children entering a placement already have experienced the loss of a primary caregiver. This separation trauma then causes disruption to the attachment between the child and the foster parent.
- 4. Foster children's early experiences teach them survival strategies that often are maladaptive in the context of new relationships.

Nugget #4 Quiz w/ answers

Circle your answer to each statement below. T = True F = False

1. Surprisingly, only a few foster parents become frustrated or angry when dealing with a foster child's attachment problem behaviors.
T or **F**
2. Disrupted attachments cause infants and toddlers to send out signals that are very difficult to read, and although foster parents may have a deep desire to connect with the infants/toddlers, the infants'/toddlers' insecure attachment may undermine this commitment.
T or F
3. Foster children's early experiences teach them survival strategies that often are maladaptive in the context of new relationships.
T or F
4. Childhood maltreatment actually can influence development in a way that negatively alters brain structures.
T or F
5. Of the more than 524,000 children placed in foster care each year, the majority (over 50%) are removed from their homes due to physical and/or sexual abuse.
T or **F**

Nugget #5
Attachment Disorders of Children in Foster Care

Attachment Disorder

Less than optimal care by a child's primary caregiver during the critical first years of life can result in insecure attachment and any of a number of developmental, psychological, behavioral, and/or cognitive problems. Researchers have discovered that maltreatment can cause children to develop severely disturbed attachment, a disorder called Reactive Attachment Disorder (RAD).

Young children with attachment disorders are at increased risk for developing childhood disorders such as Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, or childhood depression; adolescent depression, serious criminal behavior, and hard drug use; and several psychiatric disturbances in adulthood. With so many children entering care from abusive homes that put them at high risk for problems with attachment, it is likely that caregivers will at some point look after a child who displays signs of attachment disorder. Their behaviors will be challenging, and caregivers are urged to be sensitive to the conditions that have led to the development of these behaviors and to seek support for dealing with the children.

Indicators of Attachment Disorder (Slide #2)

Children with attachment disorders often appear charming and self-sufficient on the surface but on the inside, they are filled with feelings of insecurity and self-hatred. The anger, fear, and sadness from their childhood remain with them, and it is expressed through disturbing behaviors that keep caregivers at a safe distance. By pushing caregivers away, attachment disordered children keep themselves from receiving love and nurturance that could help them realize that they are not unlovable. This creates a cycle of self-loathing and behaviors which make it difficult for others to love them and lead to more feelings of inadequacy.

Foster children with attachment disorders need more support than normally developing foster children. These children have been abused and/or neglected by their parents and desperately act to protect themselves from further injury.

Characteristics of children with disturbed attachments: (some examples). {See complete Checklist below} (Slide #3)

- Display an intense, compulsive need to control all situations, especially the feelings and behaviors of their caregivers, teachers, and other children
- Feel empowered by repeatedly saying, "No!"
- Cause emotional, and at times, physical pain to others
- Feel deeply shameful, with feelings of shame leading to outbursts of rage
- Respond poorly to discipline: exhibit aggressive and defiant behavior
- Show lack of empathy for others; little evidence of guilt or remorse
- Exhibit a lack of conscience
- Are cruel to animals
- Steal
- Lie about the obvious ("crazy lying")
- Lack impulse control (hyperactive behavior)

Treatment for Children with Severe Attachment Problems (Slide #4)

Children with disordered attachment usually require specialized parenting and intensive therapies with highly trained professionals to heal the hurts of their childhood and work toward creating new attachments. Professional help by therapists who are skilled in treating attachment disorders should be sought for children who demonstrate severe attachment problems, and for children who do not respond over time to attachment-strengthening interventions by their caregivers.

Caregivers selecting an attachment therapist should ask the following questions:

- Where, and under whom has s/he trained?
- Is s/he a member of Attach, the national attachment organization, www.attach.org?
- What kind of on-going training does s/he undergo? Good attachment therapists regularly attend workshops and seminars on attachment, grief and loss, etc.
- How are parents involved in the therapy sessions? Parents should always be in the room, or on the few occasions they are not in the room, the therapist should have an audio or video monitor for them to use. Attachment therapists do not do one on one therapy with a child because they know that children with RAD are likely to be charming, lie, and manipulate.
- What modalities does s/he use? Most therapists use multiple formats, including Storytelling, EMDR, Thera-play (not the same as play therapy), psycho-drama, and/or nurturing holds.
- What role does s/he see the parent as having in therapy? Attachment therapists look at therapeutic parenting as essential for healing.
- How familiar is s/he with the disorders that often co-exist with RAD, such as PTSD, ADHD, mood disorders, etc.? Does s/he interact with other professionals who can help with these inter-related diagnoses and/or mediation needs if your child requires it?
- Will s/he be able to help secure related resources, such as respite, support groups, etc.

Attachment Disorder Checklist

A professional assessment is necessary to determine whether or not a child has an attachment disorder. The following checklist can help identify areas of potential problems. This check list is not meant to substitute for a professional assessment and treatment plan. A child who exhibits several of the following signs and symptoms should be evaluated by a licensed therapist.

- Thrives on power struggles and are compelled to win them
- Feels empowered by repeatedly saying, “No!”
- Causes emotional, and at times, physical pain to others
- Strongly maintains a negative self-concept; low self-esteem
- Very limited ability to regulate displays of emotion
- Avoids mutual fun, engagement, and laughter
- Avoids needing anyone and asking for help or favors
- Avoids being praised
- Avoids being loved and feeling special
- Feels deeply shameful, with feelings of shame leading to outbursts of rage
- Engages in chronic and intense lying, even when caught in the act
- Shows poor response to discipline: aggressive and defiant behavior
- Lacks eye contact
- Shows extreme behavior relative to physical contact: wants too much or too little
- Displays anxiety and lack of enjoyment during interactions that should produce mutual joy and affection
- Exhibits disturbances in body functioning (eating, sleeping, urinating, defecating)
- Exhibits discomfort and resistance to increased efforts towards attachment

Nugget #5 – Attachment disorders in foster care

- Is indiscriminately friendly and charming; easily replaces relationships
- Communicates poorly, using nonsense questions and chatter
- Has difficulty learning cause-and-effect, has poor planning and/or problem solving skills
- Lacks empathy for others; little evidence of guilt or remorse
- Is able to see only extremes; things are either all good or all bad
- Is hypervigilance or habitually dissociative (spacey)
- Experiences pervasive shame, with difficulty re-establishing a bond following conflict
- Is inappropriately demanding and clingy
- Shows an intense, compulsive need to control all situations, especially the feelings and behaviors of caregivers, teachers, and other children
- Experiences poor peer relationships
- Has difficulty learning from mistakes
- Has poor impulse control
- Uses abnormal speech patterns
- Steals
- Is destructive to self, others, and to property
- Is preoccupied with “evil” (fire, blood, and gore)
- Engages mostly in behavior that is focused only on immediate goals

Note: This narrative was taken directly from *Reducing Separation Trauma: A Resource Manual for Foster Parents, Social Workers, and Community Members who Care for Children and Youth* by Brundage & Gerrity (2005).

Nugget #5

Attachment disorders of children in foster care

Indicators of attachment disorders

- Children with attachment disorders often appear charming and self-sufficient on the surface but on the inside, they are filled with feelings of insecurity and self-hatred.
- This creates a cycle of self-loathing and behaviors which make it difficult for others to love them and lead to more feelings of inadequacy.
- Foster children with attachment disorders need more support than normally developing foster children.

Characteristics of children with disturbed attachments (some examples)

- An intense, compulsive need to control all situations, especially the feelings and behaviors of their caregivers, teachers, and other children
- Lack of empathy for others; little evidence of guilt or remorse
- Absence of a conscience
- Lying about the obvious
- Lack of impulse control

therapeutic parenting as essential for healing.

Nugget #5 Quiz w/ answers

Circle your answer to each statement below. T = True F = False

1. Children with attachment disorders often appear charming and self-sufficient on the surface but on the inside, they are filled with feelings of insecurity and self-hatred.
T or F
2. Researchers have discovered that maltreatment can cause children to develop severely disturbed attachment, a disorder called ADHD (attention deficit hyperactivity disorder).
T or F
3. Foster children with attachment disorders need more support such as professional counseling and therapy, than normally developing foster children.
T or F
4. Foster children with disturbed attachment are usually submissive to the requests of their foster parents.
T or F
5. Any licensed counselor or therapist will be familiar with the unique needs of foster children with attachment problems.
T or F

Nugget #6

Emotional and Behavioral Responses to Separation

Children's Reactions to Separation and Placement (Slide 2)

Dealing with the separation experience is one of the greatest challenges faced by foster parents, social workers, and others who are involved in caring for vulnerable children who have been forced to leave their homes. For most foster children and families, the separation experience is difficult to manage. Separations make people feel angry, sad, lonely, frightened, guilty, confused, helpless, and a host of other painful and sometimes overwhelming feelings. The fear, helplessness, horror, and sense of loss children experience in response to separation are the defining characteristics of traumatic experiences. Adults who can recognize the signs of a child's pain will be best equipped to support him/her through times of need.

Emotional Responses to Separation

Foster parents and other caregivers should be sensitive to the impact that leaving home and possibly cutting or weakening ties with parents may have on children's sense of safety, stability, and well-being.

It is common for children to have very mixed feelings about being separated from their parents, feeling both relief at no longer being looked after by neglectful and/or abusive caregivers, and sad because they miss their homes, their parents, and their familiar way of life. They often grapple with conflicting feelings about loyalties to biological families and creating new ties with foster families and other new caregivers. If you ask foster children what moves from home to home are like, most report that their changes of home were unsettling and confusing. Not only do these children have to deal with the pain and uncertainty of moving to unfamiliar homes, but they also blame themselves for creating the situation. The self-blame and doubt are often on top of low self-esteem related to feeling unwanted and abandoned by one's birth parent(s).

The intensity with which a child may experience some of these feelings, and the resulting behavioral expressions of them, may make it easy for caregivers to personalize a child's reactions to separation. It can be difficult to maintain perspective on a child's rejecting, defiant, hurtful, or otherwise inappropriate or seemingly unwarranted behaviors when caregivers are doing the best they can for a child and are still being pushed away. Caregivers should remember that the emotions that a child experiences, and the behaviors displayed as a result, are natural responses to being separated from his/her primary caregivers and should not immediately be interpreted as a caregiver's failure to connect with the child. Adults need to be sensitive to the enormous impact that separation has on children and help children find appropriate and constructive ways to express and deal with them.

Common Reactions of Children in Response to Separation and Placement (Slide 3)

Fear:

Caregivers should be sensitive to what a scary situation it can be for children who suddenly find themselves separated from everything familiar and their main sources of support. When a child is abruptly separated from his or her family or other attachment figures, a natural reaction will be fear. They fear the unknown of a new situation and are anxious about personal harm. They worry about whether they will have food to eat, clothes to wear, and shelter to protect them. However, from an attachment theory perspective, fear serves a purpose for children separated from their primary caregivers: fear activates behaviors that normally result in gaining access to the attachment figure.

Anger

Foster children who are forced to move multiple times often feel angry about spending their childhoods in and out of different placements. Increased anger and hostility are usually observed as the length or number of separations persists. It is important to understand that children's hostility when entering a new placement is a natural and instinctual response. Caregivers need to react with sensitivity and support, because anger can easily become destructive and dysfunctional for the child when the caregiver misreads the child's anger and responds with anger or disengagement. Regardless of adults' discomfort with anger, children need to be allowed to express it. Otherwise, unexpressed anger may emerge in the form of negative behaviors or in passive aggressive ways.

Sadness

Sadness is a natural consequence of realizing that one's family or other attachment figures are not available. Sadness tends to overshadow anger as a child begins to accept the loss of the attachment figure. A child who experiences sadness over the loss of his family or other attachment figures may withdraw in order to have time to accept the change.

Guilt

Young children do not have the cognitive maturity to understand the reasons for placement, and complicated explanations about their parents' problems make no sense to them. They often believe themselves to be at fault and interpret separation as punishment for something that they have done wrong. Particularly for children with abuse histories and poor attachments, their guilt contributes to low self-esteem and confirms their image of themselves as "bad." Adults who can provide accurate information to the child about the situation that led to his or her removal may be able to begin to help the child understand that s(he) is not to blame for the placement.

Emotional Conflict

Some foster children cling to the thought of reunification with their biological parents, even preferring to remain with an abusive parent than be separated and "alone." The child comes to expect that interactions with his or her caregiver(s) are unpredictable and may be unsatisfying. With that comes a sense of inner turmoil and insecurity, which results in the child resisting independence and an inability to attend to his or her needs confidently.

Also, competing loyalties to biological families and substitute families may be a source of much emotional conflict. Children often yearn to return to their biological families and feel as though they are betraying their biological families when they are able to develop strong relationships with substitute caregivers. As a defense against dishonoring their biological parents, children in foster care will often project the cruel or neglectful characteristics of biological parents onto their foster care givers and may accuse a warm and concerned caregiver of being abusive. The turmoil of such emotional conflicts is associated with some of the most severe behavior in foster children, such as suicide attempts.

Behavioral Responses to Separation

Repression: Separation produces intense and enduring emotional distress and without adequate emotional support, children may become overwhelmed during the separation and placement process. Repression of emotions during the emotionally taxing time of separation and placement reduces children's ability to cope with new situations, which further frustrates children and affects self-concept and identity formation, interpersonal relations, schoolwork, family involvement, and overall psychological well-being. When emotions cannot be expressed acceptably, they manifest in behavioral problems.

Children's behavioral responses to separation are personal and unique. Not every child will experience the separation in the same way, nor will he/she express distress in the same way. Age and stage of development are, as discussed before, among the most important determinants of the reaction to separation. Familiarity with the typical behaviors associated with loss of attachment figures in children and youth is an important tool for helping adults care for children in distress. In order to effectively deal with the problems presented by the children, caregivers must equip themselves with knowledge of the behavioral signs of distress so that they can make themselves available and stand by supportively as children experience a range of powerful emotions.

Grief (Slide 4)

Grief as a Reaction to Separation:

Separation from parents or other loved ones is a tremendous loss for a child. Children in care are not necessarily placed due to the death of a caregiver, but the experience of separation and placement often feels just as significant for a child as the death of a parent. Among the most widely accepted theories informing practice with children and youths separated from their families by placement is the 5-stage grief process proposed by Elizabeth Kubler-Ross (1969). The stages include shock or denial of the loss, anger, depression, bargaining, and acceptance or resolution. They gradually work through stages of emotional numbing, anger, sadness and depression, yearning and searching for the lost loved one, feeling that their world is meaningless without the lost loved one, and despair at continuing on without the person. Gradually, they come to reorganize their lives without the lost loved one, overcome the painful experiences of the grieving process, and grow emotionally as a result. However, when losses are complicated by factors such as abuse, neglect, or multiple losses, the grief process becomes even more complex and may not lead to a healthy resolution. The presence and support of a caring attachment figure, even if this person is not the primary attachment figure, has been established as one of the most important factors in helping children through their losses. Foster parents and other caregivers can fill this role by being sensitive to the grieving process and providing a safe environment in which children are allowed to express their emotions, no matter how painful.

Stage 1: Shock and Denial - For a period of time after foster placement, children often settle into what is commonly referred to as the "honeymoon period" - a deceptive phase that may last from a few hours to several days. During this time, children appear calm and compliant and show little evidence of being distressed by the move, but they are actually in emotional shock. Shock is a numbing reaction that serves as a protective shield and causes the body systems to temporarily shut down. Children who are in shock are disconnected and appear as though the loss of their home and family were of little significance. Emotional numbing is a defense against the pain of the separation.

Examples of Behaviors associated with the Shock and Denial Stage.

The child: 1) seems indifferent in emotion or behavior; 2) exhibits "robot-like" behavior; 3) may refuse to talk about his/her family or home life.

Cautions regarding the Shock/Denial Stage: When caseworkers and caregivers are not familiar with this part of the grieving process, children's angry behaviors are often mistaken for more serious emotional or behavioral problems. Punishing children for these behaviors intensifies their distress and deprives them of help and support. If children in placement continue to show no emotional response to separation beyond the first few weeks, caregivers and caseworkers should be concerned. Continued emotional numbness may indicate an underlying emotional disturbance.

Supporting Children and Youth through the Shock/Denial Stage:

1. Recognize that the absence of outward expression of feelings does not mean that the child does not have feelings about the move.
2. Give children information about why they were moved, what has happened to their parents or siblings, when they will see them again, and what is going to happen.
3. Provide consistent responses to questions and reassurance that it is okay to ask.
4. Reassure children that they are valuable and worthwhile, and remind them that they are safe.

Stage 2 – Anger/Protest

The anger of children and youth in placement may be directionless or can be directed at whatever or whomever they perceive to be responsible for the separation. Frequently, anger is not directed toward the true target, but is displaced and focused on people or things that are less threatening. Anger is often directed at foster parents and other substitute caregivers as a defense against having to blame biological parents for the placement. Guilt, blame, accusations, protest, and other behaviors associated with anger are common.

Cautions regarding the Anger/Protest Stage:

Children and youth will express their anger in different ways, depending on their age and developmental level. Infants and preschool children commonly demonstrate their anger with physical symptoms and emotional outbursts. Younger children may refuse to eat, sleep, or talk. School-aged children and adolescents may direct their anger into destructive, aggressive (bullying), or antisocial (lying and stealing) behaviors. Tantrums are common at all ages and developmental levels. Anticipating the ways anger is expressed for children of different developmental levels can help caregivers recognize that a child is beginning to react to the loss of his/her usual family and way of life.

It is difficult to live with children who are angry. Caregivers must recognize that many behaviors *are expressions of anger about losses*. *Children need permission to feel angry and guidance in learning to express anger in ways that are not harmful*. Foster parents, caseworkers, and other caregivers must also be skilled in using behavior management techniques such as baselining, contracting, positive reinforcement, and alternatives to physical punishment.

Supporting Children and Youth through the Anger/Protest Stage:

Give children permission to feel angry; help them recognize that angry feelings are normal and help them identify their anger.

Help children learn to express anger in ways that do not hurt themselves, others, or property – physical activity, creative expression through art, music, or play, and talking are good ways to express anger.

Stage 3: Bargaining

Bargaining is a child's final attempt to regain a sense of control over his/her life. Children and youth in this stage may believe that if they think or behave in a certain way, they can reverse the decision that was made to place them or can prevent their losses from becoming final. They attempt to bargain their way out of a placement by resolving to do better from now on and/or by acting extra nice to the people they believe to have the power to change the situation. Children's behavior during the bargaining stage is determined by what or whom they perceive to be the cause of the separation, because they will attempt to engage in behaviors that will influence the forces that caused the separation.

Behaviors associated with the Bargaining Stage:

The child is eager to please and makes promises to be good.

The child may believe that he/she or she has caused the placement and try to undo what he/she feels he/she has done wrong.

The child may try to negotiate agreements with caregivers and caseworkers, offering to do certain things or behave “perfectly” in exchange for a promise that the child will be allowed to return home.

The child may use inappropriate behaviors as a way of getting “kicked out” and sent back home, or wherever he/she wants to be.

Cautions regarding the Bargaining Stage:

Caregivers and caseworkers should guard against being fooled by the superficial quality of good behavior during the bargaining stage. Such behavior does not necessarily represent changes in the child’s character.

Children in the bargaining stage have not yet accepted the reality of their position. They will need support when they realize the ineffectiveness of their bargaining strategies.

Supporting Children and Youth through the Bargaining Stage:

Provide children with regular opportunities to talk and express feelings about their family of origin, previous foster parents, friends, or others whom they have left behind.

Explain that their ability to return home depends upon their family’s behavior and not their own.

Stage 4: Depression During this stage, children have fully recognized that the separation from their home and family is real. They finally experience the full emotional impact of the loss. Children in the depression stage of grieving have been described as appearing to have lost hope (Rycus & Hughes, 1998). This stage is characterized by expressions of despair and futility. Children withdraw, become listless, and have a general lack of interest in people, surroundings, and activities. They may go through episodes of fear and panic. People in the depression stage see their loss as real, permanent, and as having devastating personal consequences. Depression is the longest stage of grieving and is the most difficult to overcome.

Behaviors associated with the Depression Stage:

The child withdraws socially and emotionally; others cannot connect with the child.

The child may be refuse to participate in activities at home, school, with friends, and elsewhere.

The child may seem anxious and easily frightened.

Regressive behaviors are common in the depression stage, such as bed wetting, thumb sucking, and baby talk (especially in pre-school and school-aged children).

Suicidal thoughts, plans, and actions may occur if the depression is severe.

Cautions regarding the Depression Stage:

Children and youth in the depressive stage of the grief process are typically very difficult to comfort. The children’s extreme emotional turmoil is very often difficult to witness, and caregivers may feel frustrated

by their inability to help the struggling child. Recognize that depression is a necessary part of the grief process, which eventually leads to healing.

Supporting Children and Youth through the Depression Stage:

If a child makes comments about suicide, take them seriously. Talk with the child's social worker, teacher, and therapist immediately.

Give sincere compliments.

Reassure children that they are lovable, valuable, worthwhile, and important.

Stage 5: Resolution

Resolution of grief is accomplished when people cease to focus solely on the past and become actively involved in the present and in new relationships. They find ways of compensating for their losses and reorganize their lives to adapt to their new situation.

Symptoms of depression and distress subside, and the child begins to respond to people around him/her and to his/her environment in a normal, healthy, active manner.

Behaviors associated with the Resolution Stage:

The child begins to build stronger relationships with people in the new home and demonstrates stronger emotional attachments to people in the home.

The intensity of general emotional distress decreases, and the child does not react as strongly to stressful situations.

The child begins to engage in goal-directed activities; the child's behavior becomes more focused and purposeful.

Cautions regarding the Resolution Stage: This section seems contradictory and counterintuitive.

It is especially important to be aware of the child's plan for reunification as the grief process progresses. Behaviors that suggest resolution are positive signs only if the case plan includes permanent separation of the child from his/her family (Rycus & Hughes, 1998). It is inappropriate and harmful for a child to resolve the loss of his/her family if the case plan includes reunification. Resolution of grief generally indicates that previous attachments have been replaced by new ones. This can seriously interfere with reunification.

Resolution of grief and attachment to members of the substitute family is also a problem if the child's case plan includes separating from his/her newly formed family due to reunification or a different placement. The child may be forced to struggle through resolving the loss of the new attachment figures. Unresolved grief resulting from removing a child before he/she has completed the grief process is believed to be a leading cause of trauma, distress, and behavioral maladjustment in children in care.

Resolution of grief may take time, and a person who has overcome his/her grief may still go through periods of sadness or experience other symptoms of the depression stage. This is especially true around holidays, birthdays, or other traditional or organized events that remind the child of his/her family and life before the placement.

Supporting Children and Youth through the Resolution Stage: The process of separating from parents and trusted caregivers as a result of placement is as real a threat to children's sense of well-being as losing attachment figures due to death. Children and youth in and out of home placements typically react to their losses by going through the grief process. This process reflects the various stages of

emotional reactions and behavioral manifestations as children struggle to comprehend the changes brought about by this massive change in their support network and their way of being in the world. Only by equipping themselves with knowledge of the behavioral signs of grief and the psychological processes that underlie those behaviors will adults be able to help children through this difficult time in their lives.

Note: This narrative was taken directly from *Reducing Separation Trauma: A Resource Manual for Foster Parents, Social Workers, and Community Members who Care for Children and Youth* by Brundage & Gerrity (2005).

Nugget #6

Emotional and Behavioral Responses to Separation

Reactions to separation and placement

- For most foster children and families, the separation experience is difficult to manage.
- Professionals need to be sensitive to the impact that leaving home and weakening ties with parents may have on children's sense of safety, stability, and well-being.
- It is common for children to have very mixed feelings about being separated from their parents.

Common reactions to separation and placement.

- ***Fear*** – ***Fear is*** a natural reaction when a child is abruptly separated from family or other attachment figures.
- ***Anger*** - Increased anger and hostility are usually observed as the length or number of separations persist. Anger may emerge in the form of negative behaviors or in passive aggressive (non-compliance) ways.
- ***Sadness*** - Sadness is a natural consequence of realizing that one's family or other attachment figures are not available.
- ***Guilt*** - Young children, especially, believe themselves to be at fault and interpret separation as punishment for something that they have done wrong. Their guilt contributes to low self-esteem and confirms their image of themselves as “bad.”

Grief as a reaction to separation

- The experience of separation and placement often feels just as significant for a child as the death of a parent.
- One of the most widely accepted theories regarding children's grief process in response to being separated from their families, is the 5-stage grief process proposed by Elizabeth Kubler-Ross (1969). The stages include: shock or denial of the loss, anger, bargaining, depression, and acceptance or resolution.
- The presence and support of a caring attachment figure, even if this person is not the primary attachment figure, has been established as one of the most important factors in helping children through their losses.

Stage 1: Shock and denial

- For a period of time after foster placement, children often settle into what is commonly referred to as the “honeymoon period” - a deceptive phase that may last from a few hours to several days.
- Children who are in shock are disconnected and appear as though the loss of their home and family are of little significance. Emotional numbing is a defense against the pain of the separation

Stage 2: Anger and protest

- Frequently, the child's anger is not directed toward the true target, but is displaced and focused on people or things that are less threatening.
- Anger is often directed at foster parents and other substitute caregivers as a defense against having to blame biological parents for the placement.
- Guilt, blame, accusations, protest, and other behaviors associated with anger are common.

Stage 3: Bargaining

- Children and youth in this stage attempt to bargain/negotiate their way out of a placement by promising to do better from now on and/or by acting extra nice to the people they believe to have the power to change the situation.
- Children's behavior during the bargaining stage is determined by what or whom they perceive to be the cause of the separation, and they will attempt to engage in behaviors that will influence the forces that caused the separation.

Stage 4: Depression

- In this stage, children fully recognized that the separation from their home and family is real, and they finally experience the full emotional impact of the loss.
- Children in the depression stage see their loss as actual, permanent, and as having devastating personal consequences.
- Depression is the longest stage of grieving and is the most difficult to overcome.
- Children and youth in the depressive stage of the grief process are typically very difficult to comfort.

Stage 5: Resolution

- Resolution of grief is accomplished when the child ceases to focus solely on the past and becomes actively involved in the present and in new relationships.
- With resolution, the symptoms of depression and distress subside, and the child begins to respond to people around him/her and to his/her environment in a normal, healthy, active manner.
- Resolution of grief may take time, and a child who has overcome his/her grief may still go through periods of sadness or experience other symptoms of the depression stage. This is especially true around holidays, birthdays, or other traditional or organized events that remind the child of his/her family and life before the placement.

Supporting children and youth through the resolution stage:

- Children and youth in and out of home placements typically react to their losses by going through the grief process. This process reflects the various stages of emotional reactions and behavioral manifestations as children struggle to comprehend the changes brought about by this massive change in their support network and their way of being in the world.
- Only with knowledge of the behavioral signs of grief and the psychological processes that underlie those behaviors, are adults able to help children through this difficult time in their lives.

Nugget #6 Quiz w/ answers

Circle your answer to each statement below. T = True F = False

1. Fortunately, for most foster children and families, the separation experience is **not** difficult to manage.
T or **F**
2. It is common for children to have very mixed feelings about being separated from their parents.
T or F
3. Children's hostility when entering a new placement is a natural and instinctual response.
T or F
4. The four most common emotional reactions of children in response to separation and placement are: fear, anger, sadness, and **excitement**.
T or **F**
5. Competing loyalties to biological families and substitute families are a source of much emotional conflict among foster children.
T or F
6. Among the most widely accepted theories informing practice with children and youths separated from their families by placement is the 5-stage grief process proposed by Elizabeth Kubler-Ross (1969). The 5th and final stage of this process is "**bargaining**."
T or **F**
7. For a period of time after foster placement, children often settle into what is commonly referred to as the "honeymoon period" - a deceptive phase that may last from a few hours to several days.
T or F
8. **Punishing** foster children for their angry and inappropriate behaviors is a form of "tough love" that **serves to help and support** them through the shock and denial stages associated with placement.
T or **F**
9. Caregivers and caseworkers should guard against being fooled by the superficial quality of good behavior during the bargaining stage. Such behavior does not necessarily represent changes in the child's character.
T or F

Nugget #7
Situational Factors That Influence Response to Separation

Understanding the situational factors that contribute to traumatic separation can help reduce their impact. Researchers and clinicians have reported the factors discussed below as those that can have a substantial influence on a child's reaction to separation and adjustment to placement.

1. Child's age and stage of development

Children see things from a limited perspective. Events that are not a part of a child's customary routine are often anxiety-provoking because they have limited experience in dealing with new situations. Also, young children interpret every event as somehow caused by them, sometimes blaming themselves for the separation because they are not cognitively mature enough to comprehend the reasons for their removal. Caregivers should expect children to regress somewhat in terms of recently acquired skills when they are separated from their families. For example, toddlers may regress in language skills because they have to adjust to picking up on different communication patterns in new people.

2. Significance of the lost person(s)

The stronger the child's relationship with the person from whom the child has been separated, the greater the likelihood of trauma. A child's fear at losing a parent figure often results in the child idealizing the person, as a way of keeping the memory of that person intact. When this happens, the child can see no fault in the parent abandoning or maltreating him/her and assumes responsibility for placement. The child may have comforting fantasies that the parent can provide love and safety and will return. These fantasies and problems associated with lowered self-esteem brought on by guilt over causing the separation will interfere with a child's ability to adapt to changes and cope with separation.

3. Past experiences with separation

Children who have experienced multiple moves often show very little sign of distress at moving to yet another home, appearing to have grown accustomed to it with practice. However, those who have little difficulty moving to a new home have developed defenses against re-experiencing the pain of earlier separations. They have closed themselves off to developing relationships and are at substantial risk for drifting through the system unattached. Multiple separations are associated with a number of clinical emotional and behavioral problems including anxiety, depression, physical health complaints, and aggressive and defiant behaviors.

4. The child's perceptions of the reasons for the separation

Most children in care firmly believe, and often express, that they were unwanted by their families and "sent away" because they were "bad." Feelings of guilt and self-blame increase the emotional distress and separation trauma. Instead of talking terms of *fault*, adults should discuss *responsibility* with children. Discussing individual needs and individual responsibilities can help the child further understand the situation while acknowledging the control he has over his own behaviors and the lack of control he has over others' behaviors. It takes the emphasis off of blaming and focuses on the more positive quality of responsibility.

Nugget #7 Situational Factors that Influence Responses to Separation

5. Preparation for the move

Abrupt moves are more traumatic than those that have been planned and familiarity with caregivers is a protective factor during separation and placement. To adequately maintain continuity in the child's life and reduce the stress of moving, the family must be well-acquainted with the child prior to moving and be prepared with detailed information about the child's habits and preferences, medical needs, interests and skills, behavior problems, fears and anxieties, developmental level, history of abuse or neglect, and other important influences on the child. Caseworkers can relieve children of many fears by familiarizing children with the new home through pre-placement visits. It is recommended that one foster caregiver take on the role of the child's primary contact person for the new family, taking time to talk privately with the child and develop a relationship before immersing the child fully into the family life.

6. Length of the separation

Typically, longer separations increase the extent of the child's detachment. Children often react to temporary separations as if they were final and many children in substitute care experience the emotional turmoil seen in persons suffering the death of loved ones. Children who are permanently removed often have difficulty recovering from the loss of their biological parents. They may not have other established attachment figures to help them cope with the loss, they may be emotionally underdeveloped due to the circumstances of abuse or neglect that necessitated their removal, and they likely have been in multiple placements and incurred multiple losses without having a chance to work through them.

7. The post-separation environment

Stress is reduced and trauma is minimized if the post-separation environment contains as much familiarity as possible for children. Supportive relationships with social workers, familiar caregivers, and others can help alleviate the feelings of loneliness and isolation that children experience during placement. Visitation with biological family members and communication through letters, e-mail, or phone calls show children that caregivers are supportive of their feelings toward their biological family. This kind of support facilitates the development of trust between the child and caregivers, while also reducing trauma by providing continuity in the child's life.

8. Child's behavior and temperament

Children's acting out behaviors result from emotional stress created by the effects of abuse and neglect, multiple moves, unresolved grief at the loss of parents and other significant people, and the child's natural temperament. Some children react to separation by withdrawing physically and/or emotionally. These behaviors can prevent children from effectively coping with the separation. Perceptive adults can use the child's behaviors as signals to help children learn how to use their temperaments in positive ways.

Note: This narrative was taken directly from *Reducing Separation Trauma: A Resource Manual for Foster Parents, Social Workers, and Community Members who Care for Children and Youth* by Brundage & Gerrity (2005).

Nugget #7

Situational Factors That Influence Response to Separation

Situational Factors That Influence Response to Separation

- **1 - Child's age and stage of development**
 - Children see things from a limited perspective, and events that are not a part of a child's customary routine are often anxiety-provoking.
 - Because young children are not cognitively mature and have limited experience in dealing with new situations, they sometimes blame themselves for the separation/removal.
 - Caregivers should expect children to regress somewhat in terms of recently acquired skills when they are separated from their families. For example, toddlers may regress in language skills because they have to adjust to picking up on different communication patterns in new people.

Situational Factors That Influence Response to Separation

- **2 - Significance of the lost person(s)**

- The stronger the child's relationship with the person from whom the child has been separated, the greater the likelihood of trauma.
- A child's fear at losing a parent figure often results in the child idealizing the person; seeing no fault in the parent abandoning or mistreating him/her, and seeing him/her self responsible for the separation.
- The child may have comforting fantasies that the parent can provide love and safety and will return.
- These fantasies interfere with a child's ability to adapt to changes and cope with separation.

Situational Factors That Influence Response to Separation

- **3 - Past experiences with separation**

- Children who have experienced multiple moves often show very little sign of distress at moving to yet another home.
- However, those who have little difficulty moving to a new home have developed defenses against re-experiencing the pain of earlier separations.
- Multiple separations are associated with a number of clinical emotional and behavioral problems including anxiety, depression, physical health complaints, and aggressive and defiant behaviors.

Situational Factors That Influence Response to Separation

- **4 - The child's perceptions of the reasons for the separation**
 - Most children in care firmly believe, and often express, that they were unwanted by their families and "sent away" because they were "bad," promoting feelings of guilt and self-blame.
 - Instead of talking terms of *fault*, adults should discuss *responsibility* with children. Discussing individual needs and individual responsibilities can help the child further understand the situation while acknowledging the control he has over his own behaviors and the lack of control he has over others' behaviors.
 - It takes the emphasis off of blaming and focuses on the more positive quality of responsibility.

Situational Factors That Influence Response to Separation

- **5 - Preparation for the move**

- Abrupt moves are more traumatic than those that have been planned and familiarity with caregivers is a protective factor during separation and placement.
- The new family must be well-acquainted with the child prior to moving and be prepared with detailed information about the child's habits and preferences, medical needs, interests and skills, behavior problems, fears and anxieties, developmental level, history of abuse or neglect, and other important influences on the child.
- Caseworkers can relieve children of many fears by familiarizing children with the new home through pre-placement visits.
- It is recommended that one foster caregiver take on the role of the child's primary contact person for the new family, taking time to talk privately with the child and develop a relationship before immersing the child fully into the family life.

Situational Factors That Influence Response to Separation

- **6 - Length of the separation**

- Typically, longer separations increase the extent of the child's detachment.
- Children often react to temporary separations as if they were final and many experience the emotional turmoil seen in persons suffering the death of loved ones.
- Children who are permanently removed often have difficulty recovering from the loss of their biological parents. They may not have other established attachment figures to help them cope with the loss, they may be emotionally underdeveloped due to the circumstances of abuse or neglect that necessitated their removal, and they likely have been in multiple placements and incurred multiple losses without having a chance to work through them.

Situational Factors That Influence Response to Separation

- **7 - The post-separation environment**

- Stress is reduced and trauma is minimized if the post-separation environment contains as much familiarity as possible for children. Supportive relationships with social workers, familiar caregivers, and others can help alleviate the feelings of loneliness and isolation that children experience during placement. Visitation with biological family members and communication through letters, e-mail, or phone calls show children that caregivers are supportive of their feelings toward their biological family. This kind of support facilitates the development of trust between the child and caregivers, while also reducing trauma by providing continuity in the child's life.

Situational Factors That Influence Response to Separation

- **8 - Child's behavior and temperament**
 - Children's acting out behaviors result from emotional stress created by the effects of abuse and neglect, multiple moves, unresolved grief at the loss of parents and other significant people, and the child's natural temperament. Some children react to separation by withdrawing physically and/or emotionally. These behaviors can prevent children from effectively coping with the separation. Perceptive adults can use the child's behaviors as signals to help children learn how to use their temperaments in positive ways.

Nugget #7

Situational Factors That Influence Response to Separation

Quiz w/ answers

Circle your answer to each statement below. T = True F = False

1. Caregivers should expect children to regress somewhat in terms of recently acquired skills when they are separated from their families.
 T or F
2. A child's fear at losing a parent figure often results in the child demonizing and hating the person.
T or F
3. Multiple separations are associated with a number of clinical emotional and behavioral problems including anxiety, depression, physical health complaints, and aggressive and defiant behaviors.
 T or F
4. Many children in care, often express that they are unwanted by their families and "sent away" because they were "bad."
 T or F
5. Surprisingly, abrupt moves are often less traumatic than moves that have been planned and reviewed in preparation of a new placement.
T or F
6. Children who experience separation often experience emotional turmoil seen in persons suffering the death of loved ones.
 T or F
7. Because it hinders adjustment to care placements, it is recommended that caregivers NOT allow the child to visit with biological family members or communication with them through letters, e-mail, or phone calls.
T or F
8. A child's natural temperament alone will determine if he/she engages in acting out behavior during separation.
T or F

Nugget #8
Developmental Factors that Influence Response to Separation

Among the leading determinants of a child's emotional and behavioral response to separation and placement is the child's age and developmental level, particularly cognitive skills which allow the child to understand what is happening to him and communicate with caregivers. Emotional and social development are also important as they allow the child to connect with others.

Listed below are important developmental characteristics of children at various ages, and the implications of these developmental variables for children during separation and placement. Caregivers and caseworkers should identify each child's developmental age and should plan interventions accordingly.

Infancy: Birth - Two Years

Cognitive Development: Infants have a short attention span and poor memory. They do not understand change and are easily frightened by it. Their lack of language skills means they can only communicate their distress by crying and they cannot be reassured verbally.

Emotional Development: Infants are fully dependent upon others for physical care and nurturance to meet their basic survival needs. They generally form strong and trusting emotional attachments to their primary caregiver and turn to that person when in need, so their emotional stability depends on the presence of their primary caregiver.

Social Development: Most infant communications are nonverbal. If adults are not familiar with an infant's cues, and do not recognize or understand the source of their distress, their needs may remain unmet.

Implications for Separation and Placement: When deprived of the trusted, familiar adults upon whom they depend, infants are more vulnerable to the effects of internal and external stresses. If traumatic separation occurs during the first year, it can interfere with the development of basic trust. Infants' distress during placement will be lessened if their environment is familiar or can be made very consistent with their old one. Caseworkers should identify persons with whom infants have the strongest attachment. An infant's regular caregiver should visit frequently, preferably daily, and provide direct care in the placement setting.

Preschool: Two to Five Years

Cognitive Development: Preschool children have limited language skills for communication, making it difficult for them to understand complex events or to fully communicate their concerns and distress. They also do not have a well-developed understanding of time or causality so cannot explain why things happen or predict what may happen next. They are not able to understand perspectives that are different from their own; the world is as they perceive it, so they may display magical thinking and fantasy to explain events.

Emotional Development: The loss of adult support leaves them feeling alone, vulnerable, and anxious. Their need for self-assertion and control make it extremely frustrating for them to have restrictions imposed by others, so they will engage in battles with adults to maintain some degree of control.

Social Development: They are capable of forming attachments with adults other than parents to meet their needs. Self-esteem is often influenced by how "good" children believe they are.

Nugget #8 Developmental Factors that Influence Response to Separation

Implications for Separation and Placement: Having a relationship with an adult in the new home prior to placement also helps to reduce the stress of placement. Preschool children need reassurance that the new family will care for them and will often not be comfortable until they actually experience the environment as safe and nurturing. Due to their immature conception of time, any placement of more than a few weeks is believed to be permanent. Without frequent contact with their parents, these children may assume that their parents are gone and are not coming back. They may abandon hope relatively quickly, grieve the loss, and attempt to establish a permanent place for themselves in the substitute care home. This makes reunification at a later time, at best, another traumatic separation, and at worst, impossible. Caseworkers are often these children's only perceived link to their family and prior life, and for this reason, the workers can take on extreme importance to them. The need to maintain continuity in all these children's relationships, including the casework relationship, cannot be stressed enough.

School-Age: (Six to Nine Years)

Cognitive Development: School-age children understand cause and effect, and can often discern logical relationships between events. They can, at times, understand other people's feelings and needs, and they are beginning to understand that things happen to them which are not their fault. They are most comfortable if their environment is clearly structured and they have a clear definition of what is right and wrong.

Emotional Development: Their self-esteem is strongly affected by how well they do in their daily activities, in school, and when playing. A significant change in expectations, such as occurs when children are placed in a home of a different socioeconomic class or culture, can create serious disruption and anxiety for them. The primary identification for school-age children is with their family. If other people talk about their family in negative terms, it is an assault upon their self-worth.

Social Development: School-age children can form significant attachments to adults outside the family and to peers, who are the focus of most activities and social interactions. The tendency for school-age children to be critical of differences, and to ignore or tease children who do not "belong," exacerbates foster children's isolation and feelings of rejection. They may feel they must choose between the old and new life, which creates emotional conflict and guilt.

Implications for Separation and Placement: If previous relationships with unrelated adults have been positive, they will likely seek out help from adults, increasing their ability to cope in stressful situations. Their perception of the reason for the separation may be distorted. They may verbalize that they are not at fault and will not want to accept that their parents are at fault either. Their self-esteem is closely tied with their parents' worth, and they need to view their parents positively. However, in the cognitively concrete world of school-age children, someone must be blamed; and often the caseworker, the agency, or the foster parents are faulted. Caregivers must allow children to retain a positive attachment to their family without feeling threatened. Maintaining contact with friends is also helpful. School-age children can tolerate placements of a few months, if they understand they will eventually go home. Longer placements may be experienced as permanent.

Nugget #8 Developmental Factors that Influence Response to Separation

Preadolescence: 10 to 12 Years

Cognitive Development: Some of these children begin to show an ability to think and reason abstractly, and to recognize complex causes of events. They can also recognize and respond to the needs and feelings of others. Children this age understand that rules often change depending upon the situation and they can adjust their behavior.

Emotional Development: Preadolescents have an increased ability to cope, resolving some problems without assistance from adults. However, they still turn to significant adults for approval, support, and reassurance, and for help when things are difficult. They may be very embarrassed by their foster child status, self-conscious about being different.

Social Development: Peers are extremely important, but children this age still need trusted adults for support. For most children this age, right and wrong are determined by principles which they believe apply to all people, including their parents, so they can begin to understand that their parents have the capacity to do wrong.

Implications for Separation and Placement: With help, these children may be able to identify the causes of the family disruption and realistically assess the situation, which can help prevent unnecessary and unreasonable self-blame. If given permission, preadolescents may be able to establish relationships with caregivers without feeling disloyal to their parents. These children may be worried about their family as a unit, and may demonstrate considerable concern for siblings and parents. They will want reassurance that they are okay, and are getting the help they need.

Early Adolescence: 13 to 14 Years

Cognitive Development: These youth may have an increased ability to identify their own feelings, and to communicate their concerns and distress verbally. As with adults, the ability to think abstractly may depend upon general intellectual potential and level of education, so they may be confused by explanations of the reasons for foster care placement if the factors are too abstract.

Emotional Development: Early adolescence is a time of mood swings and fluctuations. While they may feel a desire to be independent, they are not emotionally ready for true independence. Independence is often expressed primarily through verbal rejection of parental values and rules, and adhering, instead, to the values of their peers. Still, these children need structure, support, and clearly defined limits.

Social Development: Many early adolescents are conscious of their peer status or popularity, and their self-esteem is often derived from being accepted by the right peer group. Standards of acceptance are rigid, and many youth this age typically feel they do not adequately measure up. Many early adolescents may feel a need to keep up appearances, and may defend their family in public and to adults, even if they personally believe their parents to be at fault.

Implications for Separation and Placement: Youth experience many stresses as a result of biological changes and changes in expectations for their behavior. Any additional stress has the potential of creating a "stress overload" situation, and may precipitate crisis. They may not be able to admit their need for support, nurturance, and structure from adults depriving themselves of a source of coping support. The peer group, to whom a youth may turn, cannot generally provide the stability and help needed. At a time when identity is an emerging issue, youth may have difficulty in realistically dealing with their parents' shortcomings. The parents may either be idealized, and their

Nugget #8 Developmental Factors that Influence Response to Separation

shortcomings may be denied; or, they may be verbally criticized, and rejected. Early adolescents have the capacity to participate in planning, and to make suggestions regarding their own life, providing a sense of control. Even if they never acknowledge that their caseworkers are of help, they greatly benefit from the support and guidance.

Middle Adolescence: 15 to 17 Years

Cognitive Development: By middle adolescence, youth have often developed the ability to understand complex reasons for separation, placement, and family behavior. They may not, however, be able to accept their situation emotionally. At this stage, adolescents have greater ability to think hypothetically. They can use this ability to plan for the future, and to consider potential outcomes of different strategies.

Emotional Development: Middle adolescents are more capable of independent behavior and can contribute to decisions about their life and activities. This helps them to retain some control of their situation, reducing anxiety. Identity is being formulated by considering and weighing a number of influences, including family, peers, and their own values and behaviors. Many behaviors and ways of dealing with situations are tried, and adopted or discarded, in an attempt to determine what seems to be right for them.

Social Development: Much social behavior is centered on dating. Group identification is important, but less so as individual relationships are becoming more important. Adolescents are beginning to focus on future planning and emancipation, and are experimenting with and developing self-reliance. But they still need the consistent support of their family.

Implications for Separation and Placement: Youth in placement may need help and counseling to sort through their ambivalent feelings regarding their family. Their family identity may remain with their biological family and they may be unwilling to accept the substitute family as more than a place to stay. This may be perceived as their failure to adjust to the placement, even though it is a healthy and reasonable response. A strong relationship with a trusted caseworker or therapist can provide support, offer guidance and direction, and help them develop realistic, accurate perceptions of a situation and their role in it.

Note: This narrative was taken directly from *Reducing Separation Trauma: A Resource Manual for Foster Parents, Social Workers, and Community Members who Care for Children and Youth* by Brundage & Gerrity (2005).

Nugget #8

Developmental Factors that Influence Response to Separation

Developmental Factors that Influence Response to Separation

- Age & developmental level are the leading determinants of a child's response to separation and placement.

Below are important developmental characteristics of children at various ages, and the implications of these developmental variables for children during separation and placement.

Infancy: Birth - Two Years

- ***Cognitive Development:***

- Infants have a short attention span and poor memory.
- They do not understand change and are easily frightened by it.
- Their lack of language skills means they only can communicate their distress by crying
- They cannot be reassured verbally.

Infancy: Birth - Two Years

- ***Emotional Development:***

- Infants are fully dependent upon others for physical care and nurturance to meet their basic survival needs.
- Infants generally form strong and trusting emotional attachments to their primary caregiver and turn to that person when in need.
- Their emotional stability depends on the presence of their primary caregiver.

Infancy: Birth - Two Years

- ***Social Development:***

- Most infant communications are nonverbal.
- If adults are not familiar with an infant's cues, and do not recognize or understand the source of their distress, their needs may remain unmet.

Infancy: Birth - Two Years

- ***Implications for Separation and Placement:***

- When deprived of the trusted, familiar adults upon whom they depend, infants are more vulnerable to the effects of internal and external stresses.
- Traumatic separation that occurs during the first year, can interfere with the development of basic trust.
- Infants' distress during placement will be lessened if their environment is familiar or can be made very consistent with their old one.
- An infant's regular caregiver should visit frequently, preferably daily, and provide direct care in the placement setting.

Preschool: Two to Five Years

- ***Cognitive Development:***

- Preschool children have limited language skills for communication, making it difficult for them to understand complex events or to fully communicate their concerns and distress.
- They also cannot explain why things happen or predict what may happen next.
- They are not able to understand perspectives that are different from their own; the world is as they perceive it, so they may display magical thinking and fantasy to explain events.

Preschool: Two to Five Years

- ***Emotional Development:***

- The loss of adult support leaves these children feeling alone, vulnerable, and anxious.
- Their need for self-assertion and control make it extremely frustrating for them to have restrictions imposed by others, so they will engage in battles with adults to maintain some degree of control.

- ***Social Development:***

- They are capable of forming attachments with adults other than parents to meet their needs.
- Self- esteem is often influenced by how "good" children believe they are.

Preschool: Two to Five Years

- **Implications for Separation and Placement:**

- Preschool children need reassurance that the new family will care for them and will often not be comfortable until they actually experience the environment as safe and nurturing.
- Without frequent contact with their parents, these children may assume that their parents are gone and are not coming back. This makes reunification at a later time, at best, another traumatic separation, and at worst, impossible.
- Caseworkers are often these children's only perceived link to their family and prior life, and for this reason, the workers can take on extreme importance to them.

School-Age: (Six to Nine Years)

- ***Cognitive Development:***

- This age group can understand cause and effect and can often discern logical relationships between events.
- They can understand other people's feelings and needs and that things happen to them that are not their fault.
- They are most comfortable if their environment is clearly structured and they have a clear definition of what is right and wrong.

School-Age: (Six to Nine Years)

- ***Emotional Development:***

- Their self-esteem is strongly affected by how well they do in their daily activities, in school, and when playing.
- A significant change in expectations, such as occurs when placed in a home of a different socioeconomic class or culture, can create serious disruption and anxiety for them.
- The primary identification for school-age children is with their family. If other people talk about their family in negative terms, it is an assault upon their self-worth.

School-Age: (Six to Nine Years)

- ***Social Development:***

- School-age children can form significant attachments to adults outside the family and to peers.
- The tendency for other school-age children to be critical of differences, and to ignore or tease children who do not "belong," exacerbates foster children's isolation and feelings of rejection. They may feel they must choose between the old and new life, which creates emotional conflict and guilt.

School-Age: (Six to Nine Years)

- ***Implications for Separation and Placement:***

- For members of this age group, their perception of the reason for the separation may be distorted. They may verbalize that they are not at fault and will not want to accept that their parents are at fault either.
- Their self- esteem is closely tied with their parents' worth, and they need to view their parents positively.
- However, in the cognitively concrete world of school-age children, someone must be blamed; and often the caseworker, the agency, or the foster parents are faulted. Caregivers must allow children to retain a positive attachment to their family without feeling threatened.
- School-age children can tolerate placements of a few months, if they understand they will eventually go home. Longer placements may be experienced as permanent.

Preadolescence: 10 to 12 Years

- ***Cognitive Development:***
- Preadolescents begin to show an ability to think and reason abstractly, and to recognize complex causes of events.
- They also can recognize and respond to the needs and feelings of others.
- Children this age understand that rules often change depending upon the situation, and they can adjust their behavior accordingly.

Preadolescence: 10 to 12 Years

- ***Emotional Development:***

- Preadolescents have an increased ability to cope, resolving some problems without assistance from adults.
- However, they still turn to significant adults for approval, support, and reassurance, and for help when things are difficult. They may be very embarrassed by their foster child status, self-conscious about being different.

Preadolescence: 10 to 12 Years

- ***Social Development:***

- Peers are extremely important, but children this age still need trusted adults for support. For most children this age, right and wrong are determined by principles that they believe apply to all people, including their parents
- Preadolescents can begin to understand that their parents have the capacity to do wrong.

Preadolescence: 10 to 12 Years

- ***Implications for Separation and Placement:***

- With help, these children may be able to identify the causes of their families' disruptions and realistically assess the situation, which can help prevent unnecessary and unreasonable self-blame.
- If given permission, preadolescents can establish relationships with caregivers without feeling disloyal to their parents.
- These children can worry about their family as a unit, and demonstrate considerable concern for siblings and parents.
- They will want reassurance that they are okay, and are getting the help they need.

Early Adolescence: 13 to 14 Years

- ***Cognitive Development:***

- These youth have an increased ability to identify their own feelings and to communicate their concerns and distress verbally.
- As with adults, the ability to think abstractly may depend upon general intellectual potential and level of education, so they may be confused by explanations of the reasons for foster care placement if the factors are too abstract.

Early Adolescence: 13 to 14 Years

- ***Emotional Development:***

- Early adolescence is a period of mood swings and fluctuations.
- While early adolescents may feel a desire to be independent, they frequently are not emotionally ready for true independence.
- Their independence is often expressed through verbal rejection of parental values and rules. They adhere instead, to the values of their peers.
- Still, these children need structure, support, and clearly defined limits.

Early Adolescence: 13 to 14 Years

- ***Social Development:***

- Many early adolescents are conscious of their peer status or popularity, and their self-esteem is often derived from being accepted by the “right” peer group.
- Standards of peer acceptance are rigid, and many youth this age typically feel they do not adequately measure up.
- Many early adolescents may feel a need to keep up appearances, and may defend their family in public and to adults, even if they personally believe their parents to be at fault.

Early Adolescence: 13 to 14 Years

- ***Implications for Separation and Placement:***

- Youth in this age group experience many stresses as a result of biological changes and changes in expectations for their behavior. Any additional stress has the potential of creating a "stress overload" situation, and may precipitate crisis.
- Early adolescents are not always able to admit their need for support, nurturance, and structure from adults, thus depriving themselves of a source of coping support.
- The peer group, to whom a youth may turn for support, cannot generally provide the stability and help needed.
- At a time when identity is an emerging issue, youth may have difficulty in realistically dealing with their parents' shortcomings. The parents may either be idealized, and their shortcomings may be denied; or, they may be verbally criticized, and rejected.
- Early adolescents have the capacity to participate in planning, and to make suggestions regarding their own life, providing a sense of control. Even if they never acknowledge that their caseworkers are of help, they greatly benefit from the support and guidance caseworkers can provide.

Middle Adolescence: 15 to 17 Years

- ***Cognitive Development:***

- By middle adolescence, youth often have developed the ability to cognitively understand complex reasons for separation, placement, and family behavior. However, frequently, they are not able to accept their situation emotionally.
- But at this stage, adolescents have the ability to think hypothetically, and they can use this ability to plan for the future, and to consider potential outcomes of different strategies.

Middle Adolescence: 15 to 17 Years

- ***Emotional Development:***

- Middle adolescents are more capable than younger children of independent behavior and can contribute to decisions about their life and activities. This helps them to retain some control of their situation, reducing anxiety.
- Identity is being formulated by considering and weighing a number of influences, including family, peers, and their own values and behaviors.
- Many behaviors and ways of dealing with situations are tried, and adopted or discarded, in an attempt to determine what seems to be right for them.

Middle Adolescence: 15 to 17 Years

- ***Social Development:***

- *For this age group*, much social behavior is centered on dating.
- Group identification is important, but less so as individual relationships are becoming more important.
- Middle adolescents are beginning to focus on future planning and emancipation, and are experimenting with and developing self-reliance. But they still need the consistent support of their family.

Middle Adolescence: 15 to 17 Years

- ***Implications for Separation and Placement:***

- Youth in placement may need help and counseling to sort through their ambivalent feelings regarding their family.
- Their family identity may remain with their biological family, and they may be unwilling to accept the substitute family as more than a place to stay. This may be perceived as their failure to adjust to the placement, even though it is a healthy and reasonable response.
- A strong relationship with a trusted caseworker or therapist can provide support, offer guidance and direction, and help them develop realistic, accurate perceptions of a situation and their role in it.

Nugget #8
Developmental Factors that Influence Response to Separation

Quiz w/ answers

Circle your answer to each statement below. T = True F = False

1. Caregivers and caseworkers should identify each child's developmental age and should plan interventions accordingly.

T or F

2. Infants' (birth to 2) have already developed communication skills that are surprisingly sophisticated but require caregivers to pay close attention to what the infant is trying to indicate.

T or F

3. Preschool children (2 to 5) have limited language skills for communication, making it difficult for them to understand complex events or to fully communicate their concerns and distress.

T or F

4. The primary identification for school-age children (6 to 9) is with their peers. (correct answer is 'family')

T or F

5. Preadolescents (10 to 12 years) are unable to understand that rules often change depending upon the situation and frequently are unable to adjust their behavior.

T or F

6. Much of middle adolescents' (15 to 17) social development/behavior is centered around dating.

T or F

Nugget #9 Preparation for Transition

Nugget #9 Preparation for Transition

Trauma can be prevented or minimized by paying close attention to the needs of children during separation and placement. Researchers have identified five major needs of children who are transitioning to new placements: 1) information; 2) reassurance and support; 3) permission to feel scared, sad, and angry; 4) demonstration of “OK” ways to express feelings; and 5) time to adjust and heal.

Children entering a placement have many questions, even if they do not ask them directly. Talk about the importance of asking questions with the child. Providing them with information about what has happened can reduce their anxiety and minimize trauma. Give the child details about the foster family and new school. Tell the child about scheduled visits with family and how to stay in contact with friends and relatives.

Allow sufficient time to adjust to a placement. Children and their families must get to know the substitute caregivers, become familiar with their own roles in the placement, and be allowed time to adjust to the changes.

Steps in Creating Transitions

1. Avoid unnecessary changes and slow down the rate of placement if children or their families are experiencing significant distress.
2. Involve children and families in planning and preparing for the move.
3. Provide a supportive environment in which children and their families will have opportunities to talk about their feelings and needs as they grapple with the issues that precipitated placement.
4. Caregiving families and caseworkers must work together to make the child’s adjustment to the placement as smooth as possible.
5. Pay attention to children's unique physical, emotional, and developmental needs.
6. Visitation and other involvement by families reduces trauma when the child’s case plan calls for reunification.

Preparing for a Child’s Arrival

Caregivers will want to take other measures to ensure that they are prepared to welcome the child into their homes under as little stress as possible.

1. Get Appropriate Training

Get to know as much about the child’s history as possible and use the resources at the placing agency to learn more about issues of attachment, childhood loss, behavior modification, developmental delays, and any other subject that may pertain to the child.

2. Set Expectations

Set clear expectations from the beginning. Think about the family’s routines, traditions, and patterns of behavior. Children coming into the home will need help to become familiar with how the family communicates and solves problems. The caregiving family may want to work together to set the house rules about matters such as bedroom and bathroom privacy, appropriate affection and boundaries, and appropriate playtime activities

Nugget #9 Preparation for Transition

3. Compromise

Flexibility is another of the characteristics of successful caregivers. The ability to compromise on how the family operates may be just as important as making expectations clear.

The habits foster children have developed provide them with a sense of comfort in their chaotic lives. It may be much easier for a whole family to make some changes to accommodate the child than for the child to make many more changes to fit in with the family.

4. Collect Information about the Child

The caregiver should know the child's daily care habits and schedules including food preferences, history of sleep disturbances, medical care needs, how the child is accustomed to being comforted when upset, and the child's interests, skills, and favorite activities. The caregiver should also learn about behavior problems that can be expected and how the child should and should not be disciplined as well as the child's fears and anxieties, and how they are typically expressed.

Preplacement Visits and Activities

Two or three preplacement visits conducted in as many days prior to the placement is generally sufficient to allow children to develop familiarity with and comfort in their new home.

The length of preplacement visits should be limited to a few hours, especially for toddlers and preschool-aged children, who easily become restless and do not typically tolerate lengthy changes in their routine. The first visit should include a tour of the home. Encourage the child to use his or her space during the first visit by hanging his or her coat in the closet, putting his or her sweater in the child's drawer, taking a nap on his or her bed, etc. No more than one or two family members should be home during preplacement visits in order to avoid overwhelming the child.

The Use of Rules in Managing the Home

Some of the behaviors associated with separation trauma include oppositional and defiant behaviors. These are also symptoms of attachment disorder and other problems resulting from early experiences with neglect and abuse. Children make the best adjustments to homes in which the rules are clear from the beginning, helping the child in transition avoid some confusion about his or her roles and responsibilities in the home and making it clear that the child is being received as a new member of the family, whether permanently or temporarily. Adopting a firm position on house rules from the moment the child moves in helps the child understand expectations. It is easier to loosen rules than to tighten them once a child lives in the home for a while and firm rules will help the child avoid failure.

Note: This narrative was taken directly from *Reducing Separation Trauma: A Resource Manual for Foster Parents, Social Workers, and Community Members who Care for Children and Youth* by Brundage & Gerrity (2005).

Nugget #9

Preparation for Transition

Preparation for transition

Five important needs of children who are transitioning to new placements:

- 1) information;
- 2) permission to feel scared, sad, and angry;
- 3) permission to feel scared, sad, and angry;
- 4) demonstration of “OK” ways to express feelings; and
- 5) time to adjust and heal.

Preparation for transition

- Allow sufficient time to adjust to a placement.

Preparation for transition

- **Steps in Creating Transitions**

1. Avoid unnecessary changes and slow down the rate of placement if children or their families are experiencing significant distress.
2. Involve children and families in planning and preparing for the move.
3. Provide a supportive environment in which children and their families will have opportunities to talk about their feelings and needs as they grapple with the issues that precipitated placement.
4. Caregiving families and caseworkers must work together to make the child's adjustment to the placement as smooth as possible.
5. Pay attention to children's unique physical, emotional, and developmental needs.

Visitation and other involvement by families reduces trauma when the child's case plan calls for reunification.

Preparation for transition

1. Get Appropriate Training

- Get to know as much about the child's history and any other subject that may pertain to the child.

2. Set Expectations

- Set clear expectations from the beginning about the family's routines, traditions, and patterns of behavior.

• 3. Compromise

- Flexibility and the ability to compromise on how the family operates may be just as important as making expectations clear.

• 4. Collect Information about the Child

- The caregiver should know the child's daily care habits and schedules and about behavior problems that can be expected.

Preparation for transition

- **Preplacement Visits and Activities**

- 1. **Preplacement Visits and Activities**

- 1. The length of preplacement visits should be limited to a few hours,

- 1. The length of preplacement visits should be limited to a few hours, especially for young children.

- 2. The first visit should include a tour of the home and the child should be encouraged to use what will be his/her space , such as hanging his/her coat in the closet, putting his/her sweater in the child's drawer, taking a nap on his/her bed, etc.

- 3. No more than one or two family members should be home during

Preparation for transition

problems resulting from early experiences with neglect and abuse.

from the beginning, and that it is made clear that the child is being received as a new member of the family, whether permanently or temporarily.

- It is easier to loosen rules than to tighten them once a child lives in the home

for a while, and firm rules will help the child avoid failure.

Nugget #9
Preparation for Transition

Quiz w/ answers

Circle your answer to each statement below. T = True F = False

1. When preparing a child for transition, it is NOT advisable to rehash with him/her, why placement is warranted.
T or **F**

2. Visitation and other involvement by the biological families, invariably increases the child's trauma when trying to adjust to a foster placement.
T or **F**

3. Flexibility and the ability to compromise on how the foster family operates may be just as important as making expectations clear.
T or F

4. During the initial preplacement home visit, it is desirable that all foster family members are present so the child immediately feels at home.
T or **F**

5. It is easier to loosen rules than to tighten them once a child lives in the home for a while, and firm rules actually help the child avoid failure.
T or F

Nugget #10

Reducing the Trauma of Separation by Facilitating Transitions

Provide Reassurance and Support

Children need to hear repeatedly that they are not responsible for their placement, that they are important people, and that they are safe. Encouragement should be given toward every goal and for every accomplishment, while also letting them know that it is okay to make mistakes. Ways of providing reassurance and support may include telling the child repeatedly that home is a safe place and that the caregivers and social worker have a genuine concern for him/her and will work closely together to make things go well for the child.

Give Permission for Feelings

Intense feelings are natural reactions to separation. Children need to hear that it is their right to have all of these feelings. Tell the child that this move means a lot of changes, and that it is normal to feel anxious, scared, frustrated, angry, or even relieved. Help the child correctly identify and label his/her feelings and be a good listener, restating what the child says in order to make it clear that you understood.

Demonstrate Appropriate Ways to Express Feelings

The feelings children and youth experience during a separation are all natural and normal. However, they have to be expressed in ways that are not harmful to themselves, others, or property. Fighting, hurting pets or other children, throwing things during a tantrum, abusing drugs or alcohol, or inflicting injury on one's self are dangerous ways to express anger, sadness, and anxiety. It is the responsibility of caregivers, social workers, and other involved adults to help children and youth learn appropriate and harmful ways to express all of their terrible feelings.

Allow Time to Adjust and Heal

There is a lot to learn about a new home and a lot of pain and shock to overcome when a child leaves his or her home. They will have a lot of questions (whether spoken or unspoken) and may not feel like they know or can trust any of the people in their new home. Overcoming their pains and building relationships take time. Caregivers may not even begin to see a child's "real-self" emerge from the shock of transition for several months.

Build a Relationship with the Child

A positive relationship between a child and a trusted adult is essential for helping a child adjust to a placement. The role of supportive adult usually goes to foster caregivers who have the critical role of teaching children about healthy relationships. Children in care report that one of their greatest desires is to feel like part of a family and as many as two thirds of foster care alumnae report ongoing contact with their foster families in adult life.

Support Visitation

Family visits are crucial to helping a child adjust to a placement. Maintaining relationships with biological family members facilitates successful reunification and shorter length of stay in foster care. Visitation also promotes satisfaction for the child's biological parents by preventing discontent that results when a placement provides insufficient contact with their child. The role of foster caregivers is to include biological parents in activities with the child, when appropriate, such as doctor visits, counseling appointments, school conferences, and recreational activities. In these settings, foster caregivers can also serve as role models for biological parents.

Empower the Child

One of the most important ways to minimize trauma is to involve the child in important decision-making. Children should know the truth about the nature and length of their placement and be involved in making decisions about it.

Allow Artistic Expression

Encourage children in care to come together in groups and engage in expressive activities. This can help them communicate and release powerful feelings about issues like separation. Drawing pictures about the child's family and about the separation, writing poems or stories about it, painting, sculpting, and other forms of artistic expression all help children express feelings and cope with their stress.

Consider Medication

Parents and caregivers should work with healthcare professionals to determine whether medication may be appropriate for a particular child. For some children, medication can produce dramatic improvements, especially when accompanied by supportive therapy. The behavior of children taking medication should be carefully monitored.

Provide Joyful Experiences

It is important for caregivers not to forget to provide joyful experiences to balance the hard work of understanding behavioral expectations. Using warm humor can also help children adapt to a new home and build relationships with new caregivers.

Provide Respite from Adjustment to a New Life

Tasks involved with adjusting to new people, new rules, and new routines while at the same time grieving the loss of family members can be exhausting. Periods of respite from the caregiving home allow children to regain their strength. Children should have opportunities to spend time with familiar people in familiar and comfortable surroundings, where they feel free to express their concerns and feelings without worry of being heard or reprimanded by the caregiver. Moments of respite can be taken in the child's own home, a relative or friend's home, or even in the social worker's care.

Nugget #10 Reducing the Trauma of Separation by Facilitating Transitions

Help Children Create their Stories

An awareness of one's personal history is essential for developing a strong sense of self and taking responsibility for one's behaviors. The family is ordinarily the source of information about a child's past, but children who do not live with their families of origin do not have ready access to information about their personal history. Working with children involved with the foster care system to create a narrative of a child's history can be an important part of helping the child move forward. Narrative therapies use stories that attach more constructive meanings to the events of one's life and generate possible solutions. Healing stories and Lifebooks are two forms of narrative therapies that can help children put their placement into context and deal with the thoughts and feelings they have about themselves, their families, and their situation.

Note: This narrative was taken directly from *Reducing Separation Trauma: A Resource Manual for Foster Parents, Social Workers, and Community Members who Care for Children and Youth* by Brundage & Gerrity (2005).

Nugget #10

Reducing the Trauma of Separation by Facilitating Transitions

Reducing Trauma by Facilitating Transitions

- **Provide Reassurance and Support**

1. Children need to hear repeatedly that:

- they are not responsible for their placement,
- that they are important people, and
- that they are safe.

2. Encouragement should be given toward every goal and for every accomplishment, while also letting them know that it is okay to make mistakes.

Reducing Trauma by Facilitating Transitions

- **Give Permission for Feelings**

- Acknowledge to the child that intense feelings are natural reactions to separation.
- Tell the child that it is normal to feel anxious, scared, frustrated, angry, or even relieved.
- Help the child correctly identify and label his/her feelings and be a good listener.

Reducing Trauma by Facilitating Transitions

- **Demonstrate Appropriate Ways to Express Feelings**

- The feelings children and youth experience during a separation are all natural and normal. However, they have to be expressed in ways that are not harmful to themselves, others, or property.
- It is the responsibility of caregivers, social workers, and other involved adults to help children and youth learn appropriate vs harmful ways to express their feelings of anger, sadness, and anxiety.

Reducing Trauma by Facilitating Transitions

- **Allow Time to Adjust and Heal**

- There is a lot to learn and overcome when a child leaves his or her home.
- Overcoming their pain and building relationships take time.
- It can take caregivers several months to see a child's "real" self emerge from the shock of transition.

Reducing Trauma by Facilitating Transitions

- **Build a Relationship with the Child**

- A positive relationship between a child and a trusted adult (usually the foster caregiver) is essential for helping a child adjust to a placement.
- Evidence of the importance of this relationship are:
 - Children in care report that one of their greatest desires is to feel like part of a family
 - As many as two thirds of foster care alumnae report ongoing contact with their foster families in adult life

Reducing Trauma by Facilitating Transitions

- **Support Visitation**

- Family visits with biological family members are crucial to helping a child adjust to a placement.
- Maintaining biological family relationships facilitates successful reunification and shorter length of stay in foster care.
- The role of foster caregivers is to include biological parents in activities with the child, when appropriate.

Reducing Trauma by Facilitating Transitions

- **Empower the Child**

- One of the most important ways to minimize trauma is to involve the child in important decision-making.
- Children should know the truth about the nature and length of their placement and be involved in making decisions about it.

Reducing Trauma by Facilitating Transitions

- Other considerations for facilitating transitions:
- **Allow Artistic Expression** - drawing pictures, writing poems or stories, painting, sculpting, and other forms of artistic expression all help children express feelings about their family and about the separation and cope with their stress.
- **Consider Medication** - Parents and caregivers should work with healthcare professionals to determine whether medication may be appropriate for a particular child. The behavior of children taking medication should be carefully monitored.
- **Provide Joyful Experiences** - It is important for caregivers not to forget to provide joyful experiences to balance the hard work of understanding behavioral expectations.
- **Help Children Create their Stories** - An awareness of one's personal history is essential for developing a strong sense of self. Healing stories and Lifebooks are two forms of narrative therapies that can help children put their placement into context, and deal with the thoughts and feelings about themselves, their families, and their situation

Nugget #10

Reducing the Trauma of Separation by Facilitating Transitions

Quiz w/ answers

Circle your answer to each statement below. T = True F = False

1. To facilitate transition, children need to hear repeatedly that they are important people and that they are safe.
T or F
2. Being a good listener helps the child identify and deal with his/her feelings.
T or F
3. Generally, children experiencing trauma in transition express their feelings of anger, sadness, and anxiety in socially acceptable ways
T or F.
4. It can take caregivers several months to see a child's "real-self" emerge from the shock of transition.
T or F
5. As many as two thirds of foster care alumnae report not maintaining contact with their foster families in adult life.
T or F
6. Family visits with biological family members are not recommended for helping a child adjust to a new placement.
T or F
7. It is not helpful initially, to discuss with the child the nature and length of his/her placement and for the child to be involved in making decisions about it.
T or F
8. Healing stories and Lifebooks are two forms of narrative therapies that can help children put their placement into context.
T or F

Nugget #11 Characteristics of Successful Caregivers

Nugget #11

Characteristics of Successful Caregivers

The list of characteristics below is not a cookbook for the “perfect” caregiver but is simply a list of characteristics that have been found in caregivers who have been able to develop and maintain life-long, positive relationships with the children in their care. Caregivers need not necessarily conform to each of them. It is most important that caregivers first and foremost provide consistent environment in which the child is able to express his feelings, wants, and needs. Further, while the characteristics of the caregiver are important to the success of a relationship, the temperament and background of the children and their families also influence the success of a placement. Conditions in any placement will not be perfect, but caregivers can take steps to develop the best relationships possible with the children in their care. They should be focused on gaining a better understanding of how the child is feeling and letting the child know that you would like to help.

Patience: the ability to establish rules for foster children and have patience as the children attempt to conform to those rules.

Caring: daily activities demonstrate that the child has worth and is wanted and accepted by the caregiver.

Motivation: whether to become a foster parent should be based on personal needs; either the foster parent is unable to conceive and desires to parent a child; or the foster parent has had troubled personal experiences similar to the child’s and has persevered and become emotionally mature and stable.

Older age of foster parents (44-55) predicts more successful placement outcome, possibly because careers and other aspects of the foster parents’ lives may be more stable.

Other important characteristics of successful caregivers:

- Flexibility
- Ability to stay calm and matter-of-fact in the face of unreasonable behavior
- Well-grounded, not needing to always be “right”
- Able to choose appropriate and logical consequences

Nugget #11 Characteristics of Successful Caregivers

- Interested in a parenting “challenge” without being invested in “winning”
- Able to give emotionally without expectations for immediate reciprocation
- Look for emotional support from other adults, not the child
- Able to separate the child from the child’s behavior
- Views self as the child’s protector
- Is a good role model; leads by example and teaches children survival skills, proper behavior, and self-control
- Feels a sense of commitment to the children in their care, to other foster children, and to the foster care system
- Has a good sense of humor in which the ability to laugh at self is evident; humor *not* based on sarcasm, hostility, or put-downs
- Avoids power struggles
- Comfortable with conflict (do not avoid it; do not become angry or rejecting)
- Highly nurturing
- High degree of empathy (*not* sympathy!)
- Provides firm and consistent discipline
- Provides a consistent, structured environment that sets limits and clear rules
- Has fewer children in the home
- Provides a variety of stimulation for the child (e.g., activities to stimulate language, learning, and academics)
- Has an interactive parenting style (holds high expectations for the child, believes children are responsible for their actions, and administers appropriate consequences when child misbehaves)

Note: This narrative was taken directly from *Reducing Separation Trauma: A Resource Manual for Foster Parents, Social Workers, and Community Members who Care for Children and Youth* by Brundage & Gerrity (2005).

Nugget #11

Characteristics of Successful Caregivers

The list of characteristics below is not a cookbook for the “perfect” caregiver, but is simply a list of characteristics that have been found in caregivers who have been able to develop and maintain life-long, positive relationships with the children in their care.

Characteristics of Successful Caregivers

- 1. Patience:** the ability to establish rules for foster children and have patience as the children attempt to conform to those rules.
- 2. Caring:** daily activities that demonstrate the child has worth and is wanted and accepted by the caregiver.
- 3. Motivation:** to parent foster children based on personal needs:
 - either the foster parents are unable to conceive a child of their own, and desire to parent a child; or
 - the foster parent has had troubled personal experiences similar to the child's and has persevered and become emotionally mature and stable.

Characteristics of Successful Caregivers (continued)

4. Adherence to “conventional” gender roles:

- Females are respectful of authority, orderly, practical, emotionally stable (mature, calm, cool under pressure, and able to make reasonable decisions), and have high levels of enthusiasm and liveliness.
- Males are very masculine and practical; prefer physical activity over thinking and feeling; sensitive (tender-minded, prefer using reason over force); and have higher levels of suspiciousness (hard to fool).
- **Older age** of foster parents (44-55) predicts more successful placement outcome, possibly because careers and other aspects of the foster parents’ lives may be more stable.
- (See Nugget #11 narrative for “**Other Important Characteristics of Successful Caregivers**)

Nugget #11

Characteristics of Successful Caregivers

Quiz w/ answers

1. Research has found numerous characteristics that recur among caregivers who develop and maintain life-long, positive relationships with the children in their care.
T or F
2. Daily activities that demonstrate the child has worth and is wanted and accepted by the caregiver is a sign of caregiver motivation. (caring)
T or F
3. There are two major reasons that caregivers are motivated to parent foster children.
T or F
4. Foster parents between the ages of 35 and 45 are predicted as the most successful placements.(45 – 55)
T or F

Nugget #12
Building Successful Caregiver-Child Relationships

There are three types of caregiver behaviors that are essential for forming attachments. These are:

- 1) responding to the natural arousal-relaxation cycle experienced by a child during stressful times;
- 2) initiating positive interactions; and
- 3) engaging in claiming behaviors.

Children in care will naturally experience periods of intense arousal, including anxiety, fear, and anger as they adjust to a new environment. Caregivers can use the situation to demonstrate their support for the child and help strengthen attachments by being empathic – demonstrating that they understand why a child is feeling the way he is. Caregivers who are trying to promote trust in children with attachment problems must allow children to experience their emotions in a safe and supportive environment, no matter how uncomfortable those emotions may seem.

Caregivers have to be proactive in initiating positive exchanges with children from the moment a child arrives in the home. Playing a game, helping with a chore, reading a story, and remembering to smile are all ways to initiate positive interactions. Focusing on similarities, including the child in family events, and familiarizing the child with family customs help make a child feel at home and create a sense of belonging.

The following are recommendations that can be used by caregivers to promote attachment with the children in their care.

- Respond to the child when he/she is physically ill
- Help him/her to express and cope with feelings of anger and frustration
- Share the child's excitement over his/her achievements
- Help the child cope with feelings about moving and confused feelings about this birth family
- Make affectionate overtures: hugs, kisses, and physical closeness
- Read to the child and play games with him/her
- Go shopping together and on special outings: circus, plays, movies, etc.
- Support the child's outside activities by being the driver or a group leader
- Help the child with homework when he/she needs it
- Teach the child to cook or bake
- Say "I love you."
- Involve the child with extended family members through pictures and visits
- Hang pictures of the child on the wall

Nugget #12 Building Successful Caregiver-Child Relationships

Techniques that do not help build Relationships with Foster Children

- Withholding love – the child has lost his or her parents. It is impossible to make the child feel worse than he or she already does. Caregivers should not try to out- wait a child by withholding love until the child wants it.
- Punishments – when consequences are given in anger, the child’s focus is on the parent and the anger, not on the behavior that caused the consequence. Foster children often come from homes where violence, anger, and turmoil are the norm. They need a new experience of empathy and *natural* consequences in order to have a corrective experience.
- Time outs – Children separated from their parents have already had time in isolation. They need more “time in” to bring them close to parents.
- Grounding – grounding implies that the child is free to do whatever he or she wants *unless* he or she is grounded. Children should get permission for their activities. Structured activities, like sports, scouts, band, and youth groups are beneficial activities and help children develop peer relationships.
- Deprivation – You do not want to take things away from a child who has already lost most of what he or she had – family, toys, clothes... everything that was familiar for a foster child is probably gone.
- Anger – foster children are often very familiar with anger and love to cause others to be as angry as they are. Anger generates distance and is quickly ignored by a child who is used to it. The child may take notice when parents no longer respond with anger.

Note: This narrative was taken directly from *Reducing Separation Trauma: A Resource Manual for Foster Parents, Social Workers, and Community Members who Care for Children and Youth* by Brundage & Gerrity (2005).

Nugget #12

Building Successful Caregiver- Child Relationships

Building Successful Caregiver-Child Relationships

- Three caregiver behaviors that are essential for forming attachments
 1. responding to the natural arousal-relaxation cycle experienced by a child during stressful times;
 2. initiating positive interactions; and
 3. engaging in **claiming** behaviors.

Building Successful Caregiver-Child Relationships

- Caregivers who are trying to promote trust in children with attachment problems must allow children to experience their emotions in a safe and supportive environment.
- Caregivers have to be proactive in initiating positive exchanges with children from the moment a child arrives in the home.
- Familiarizing the child with family customs helps make a child feel at home and creates a sense of belonging.

Building Successful Caregiver-Child Relationships

- Recommendations that can be used by caregivers to promote attachment with the children in their care.
 - (See Nugget #12 narrative for this list)
- **Techniques that do not help build relationships with foster children**
 - (See Nugget #12 narrative for this list)

Nugget #12

Building Successful Caregiver-Child Relationships

Quiz w/ answers

Circle your answer to each statement below. T = True F = False

1. Ignoring the natural arousal-relaxation cycle experienced by a child during stressful times, fosters relationship building (responding to)
T or **F**
2. Caregivers have to be proactive in initiating positive exchanges with children from the moment a child arrives in the home.
T or F
3. Caregivers who are trying to promote trust in children with attachment problems must allow children to experience their emotions in a safe and supportive environment.
T or F
4. The use of time-out to deal with a foster child's behaviors is a recommended technique to promote building child and caregiver relationships
T or **F**

Nugget #13 Support for the Caregiver

Nugget #13 Support for the Caregiver

The job of fostering is not an easy one. Caregivers may become frustrated when they feel like their efforts to welcome a child into their home and their attempts to build a relationship are not well received. The demanding, confrontational, manipulative, and sometimes frightening behavior of many children in care can also be disheartening. Caregivers who look after “hurt” children, those who have severe problems associated with attachment disorder and the effects of abuse and neglect, often become much too serious about everything. They allow themselves no fun and do not take anything in stride, viewing even small issues as major issues. Their problems and miseries may alienate friends and family and lead to a loss of support. This can leave caregivers feeling isolated and alone.

Caregivers have to remember that many foster children have a history of abuse and neglect that greatly affects the child’s ability to relate in healthy ways, and that children enter into new relationships with the same expectations for being hurt, *regardless of how caring or determined foster parents are to help the child*. In addition to recognizing the personal struggles of the children that sometimes make them seem so difficult to love, caregivers have to look out for their own well-being when caring for a difficult child or a child who is experiencing extreme distress.

Self-Care Tips for Caregivers

- Recognize your own signs of stress – Do you begin to lose your temper? Become anxious? Having trouble sleeping?
- Participate in self-affirming activities – do things that you enjoy and that you are good at to boost confidence and give you a break from caregiving responsibilities.
- Have other meaningful and deeply satisfying relationships and do not expect the child to provide a meaningful adult attachment.
- Attend support groups – they help caregivers feel understood by others, learn new parenting skills, express feelings and concerns with others who are understanding, and learn to empathize and work with the children’s biological family.

Note: This narrative was taken directly from *Reducing Separation Trauma: A Resource Manual for Foster Parents, Social Workers, and Community Members who Care for Children and Youth* by Brundage & Gerrity (2005).

Nugget #13

Support for the Caregiver

Support for the Caregiver

- Caregivers who look after “hurt” children (i.e., those who have severe problems associated with attachment disorder and the effects of abuse and neglect), often become much too serious about everything.
- Caregivers’ problems and miseries may alienate friends and family, lead to a loss of support, and leave caregivers feeling isolated and alone.

Support for the Caregiver

- Foster children with a history of abuse and neglect enter into new relationships with the same expectations for being hurt, *regardless of how caring or determined foster parents are to help the child.*
- Notwithstanding their concern for the child, caregivers have to look out for their own well-being when caring for a difficult child who is experiencing extreme distress.

Support for the Caregiver

- **Self-Care Tips for Caregivers**

- Recognize your own signs of stress – temper, anxiety, sleep patterns
- Participate in self-affirming activities – do things you enjoy
- Have other meaningful and deeply satisfying relationships and do not expect the child to provide a meaningful attachment.
- Attend support groups - express feelings and concerns with others who are understanding, and learn to empathize and work with the children's biological family.

Nugget #13

Support for the Caregiver

Quiz w/ answers

Circle your answer to each statement below. T = True F = False

1. Caregivers who look after “hurt” children often become much too serious about everything.

T or F

2. Foster parents should realize that through enough caring and determination, they can always create a strong relationship with foster children who have experienced a history of abuse and neglect.

T or F

3. Support groups can assist foster parents learn about ways to work successfully with the foster child’s biological family.

T or F

4. Caregivers’ problems and miseries may alienate friends and family, lead to a loss of support, and leave caregivers feeling isolated and alone.

T or F

Nugget #14 Handling the Transition from the Caregiver's Home

Nugget #14 Handling the Transition from the Caregiver's Home

The transition out of the caregiver's home has the potential to be just as traumatic for a child as the initial separation from the biological family. This is especially true if children have developed strong relationships with their caregivers. The move can also be traumatic for caregivers. Some caregivers may avoid talking about the separation in an attempt to decrease their own or the child's distress, but it is important that the child understand what is happening as it occurs. If not told directly, children will sense that something is happening and will be more frightened than they would be if the plan were fully explained to them. Trauma will be greatly reduced if caregivers spend as much effort preparing for the child's move out of the home as they did to prepare for the child's moving in. Children should be helped to honor the relationships they have formed in substitute care and encouraged to express feelings about the move and to maintain contact when appropriate.

Strategies for reducing the trauma of moving out include:

- Begin to prepare a child by talking about the move and encouraging the child to talk about his or her feelings.
- Express caregiver feelings about the move to help show the child that (s)he will be missed and prevent the child from feeling that (s)he is being moved because of some personal fault or inappropriate behavior.
- Host visits between the child and the parents or new foster parents.
- Help the child bring closure to current relationships by hosting a going away party, making a scrapbook, exchanging addresses, etc.
- Help the child prepare for the move by packing, taking pictures, etc.
- Encourage contact between you and the child and his new family after the child has moved; encourage the new family to support the child's decisions to make contact, and be available for advice and suggestions if the new family needs help.
- Expect recurrences of acting-out behaviors – these are caused by anxiety in reaction to the impending separation.
- Immediately after the move use telephone calls, letters, and visits to reassure the child that the caregiving family still cares and is thinking about him/her.

Note: This narrative was taken directly from *Reducing Separation Trauma: A Resource Manual for Foster Parents, Social Workers, and Community Members who Care for Children and Youth* by Brundage & Gerrity (2005).

Nugget #14

Handling the Transition from the Caregiver's Home

Handling the Transition from the Caregiver's Home

- The transition out of the caregiver's home has the potential to be just as traumatic for a child as the initial separation from the biological family.
- The move also can be traumatic for caregivers.
- Some caregivers may avoid talking about the separation, but it is important that the child understand what is happening as it occurs.
- Trauma will be greatly reduced if caregivers spend as much effort preparing for the child's move out of the home as they did to prepare for the child's moving in.

Handling the Transition from the Caregiver's Home

- Strategies and tips for reducing the trauma of moving out.
 - There are numerous strategies and tips that caregivers can employ to make the move out go more smoothly.
 - A list of these strategies and tips are provided in the Nugget #14 narrative.

Nugget #14

Handling the Transition from the Caregiver's Home

Quiz w/ answers

Circle your answer to each statement below. T = True F = False

1. The child's transition out of the caregiver's home has the potential to be just as traumatic for him/her the initial separation from the biological family.
T or F
2. Some caregivers may avoid talking about the separation due to their own trauma, and this is understandable and OK. (understandable, but NOT ok.)
T or F
3. Fortunately, caregivers generally do not need to spend as much effort preparing for the child's move out of the home as they did to prepare for the child's moving in.
T or F
4. There are only a few strategies and tips for caregivers to rely on to reduce the trauma of moving out. (there are numerous strategies and tips)
T or F

Nugget #15 Tips and Resources

Nugget #15 Tips and Resources

Ten points that summarize some of the most important concepts to remember when caring for a child who has suffered severe losses are:

1. The impact of separation is mediated by the presence of familiar and trusted parent figures (foster parents, mentors, or other trusted and supportive adults).
2. The dampening of feelings which initially accompanies traumatic separation is an instinctual coping mechanism that helps the child focus on physical survival. The extreme change that occurs when a child is removed from his or her home makes the child feel unprotected and unsafe, and blocking out emotions helps the child concentrate on survival.
3. A child who refuses offers of emotional connection is feeling unsafe. Caregivers need to take the child's lead and find a comfortable common ground and help the child feel safe in his or her new environment.
4. Anger is the primary way that children with separation trauma engage with substitute caregivers. Anticipating that the caregiver will be treated with anger for all that the child has lost can help caregivers feel less rejected.
5. The process of grieving begins after a child feels physically safe in his or her new environment. This is when he will confront intense emotions like fear, rage, despair, guilt, and mistrust.
6. Healing from trauma takes time and occurs in stages. Caregivers have to tolerate the expression of rage and remain empathic throughout the entire process.
7. No caregiver can give a child everything he or she needs, but any caring adult can contribute to the child's life. Do not despair when it seems you cannot meet a child's every need, because every child patchesttogether bits and pieces taken from offerings of many different people to get his or her needs met.
8. When caring parenting and professional treatment are not enough, traumatized children often benefit from medication.
9. It is important to help children build their skills (academically, athletically, interpersonally, etc.) to boost their self-esteem and give them hope for a future that is better than their past.
10. We bring our own personal histories with us into every relationship. Foster parents and helping professionals often take on the responsibility of caring for needy children after overcoming trauma themselves. Drawing from that experience should help caregivers maintain empathy for a child's position.

In summary, it is hoped that foster parents, social workers, and every adult who affects the lives of children under the care of Child Welfare will consider the traumatic effect of leaving all people and things familiar for the strange and scary world of placement. Leaving home and being placed is often a traumatic experience that can profoundly affect the way a child interacts with the world and the people around him or her. A child's reaction to separation most often resembles the deeply disturbing experience of the death of a parent, and if not handled properly, can result in further damage to the child's emotional stability. It is important to recognize that children and adolescents in care often demonstrate unsettling behaviors with which many caregivers and families find it difficult to cope, but that these behaviors are the

Nugget #15 Tips and Resources

manifestation of great pain and suffering and are the survival skills children have learned over the course of their sometimes painful lives.

Arming themselves with the knowledge of the psychological turmoil that underlies the behaviors and the unfair conditions in the child's early home life which lead to them, are important ways for caregivers to recognize a child's needs and see his or her strength in the ability to carry on under adversity. Furthermore, recognize that although separation is often complicated by factors such as poor attachments and developmental delays caused by abuse and neglect in early childhood, well-informed and consistently supportive adults can make the difference in a child's life. Competent and caring foster parents, social workers, and other important figures who make themselves available to children and youth during separation experiences can mean the difference between the child spiraling downward into self-destruction and antisocial behavior, or emotional healing and personal growth.

People who opt to spend their lives and their energies in support of children, provide an immeasurable service and are to be congratulated for their patience, understanding, courage, and caring; and their sometimes selfless devotion to making life better for the children in their care.

Note: This narrative was taken directly from *Reducing Separation Trauma: A Resource Manual for Foster Parents, Social Workers, and Community Members who Care for Children and Youth* by Brundage & Gerrity (2005).

Tips and Resources

Tips and Resources

- In summary...
 - Foster parents, social workers, and every adult who affects the lives of children under the care of Child Welfare need to consider the traumatic effect of children leaving all people and things familiar for the strange and scary world of placement.
 - Separation, if not handled properly, can result in damage to the child's emotional stability.
 - The often demonstrated unsettling behaviors that children and adolescents in placement exhibit, are the manifestation of great pain and suffering and are the survival skills these children have learned over the course of their sometimes painful lives.

Tips and Resources

- In summary... (continued)
 - Recognize that although separation is often complicated by factors such as poor attachments and developmental delays caused by abuse and neglect in early childhood, well-informed and consistently supportive adults can make a positive difference in a child's life.
 - People who opt to spend their lives and their energies in support of children provide an immeasurable service and are to be congratulated for their patience, understanding, courage, and caring; and their sometimes selfless devotion to making life better for the children in their care.

Tips and Resources

- Ten points to remember when caring for a child who has suffered severe losses:
 - This summary list can be found in the Nugget #15 Narrative

Nugget #15

Tips and Resources

Quiz w/ answers

Circle your answer to each statement below. T = True F = False

1. Separation, if not handled properly, can result in damage to the child's emotional stability.
 T or F
2. Unsettling behaviors that children and adolescents in placement exhibit, are often survival skills these children have learned over the course of their sometimes painful lives.
 T or F
3. Poor attachments and developmental delays caused by abuse and neglect in early childhood can rarely be corrected in foster homes.
T or F
4. Caregiver patience, understanding, courage, caring and selfless devotion, are the keys to making life better for the children in their care.
 T or F