

**British Columbia Foster Care
Education Program**

**CARING FOR CHILDREN:
ATTACHMENT, SEPARATION,
AND LOSS**

(6 Hours)

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT

About the Author

This material was initially prepared by writers contracted through the Ministry of Children And Family Development and has been edited and re-formatted by personnel from Malaspina University-College, Faculty of Health and Human Services.

Acknowledgements

This material has been prepared under the guidance and direction of the British Columbia Federation of Foster Parent Associations, representatives of the Contract Training and Marketing Society (Camosun College and Malaspina University-College) and the Ministry of Children and Family Development.

INTRODUCTION

Introduction

A. RATIONALE

All children entering care will have experienced at least one significant loss in their lives. Some children have moved a number of times between caregivers, some between multiple caregivers within their own families, and thus have experienced great loss. This has a profound effect on the development of the children and can have an especially profound effect when placement is unplanned and the child is not prepared for change or for the placement. The impact is further intensified if the child is not helped to grieve the loss or is not assisted in the attachment transition.

One reason to explain why some children who are removed from their biological parents or caregivers have difficulty forming positive relationships is called “attachment theory” (Bowlby 1968). This theory postulates that infants are born with an ability to behave in ways that promote closeness and contact with caregivers. Attachment develops because of adult responsiveness to the child's behaviour during the first years of life as the child develops a mental map to help navigate environment and relationships. The child who, in the early years of life, feels securely attached will find it easier to form relationships and to cope with difficulties in later years. Early attachment relationships may be with parents, family members including extended family members, or with others. This module will adopt this theory to help understand how children react in foster care.

Loss, as well as other factors such as abuse or neglect, can have a detrimental affect on the child's ability to develop healthy relationships. It is especially important during infancy and early childhood that opportunities be created for the child to develop strong, healthy, reliable, affectionate bonds with others.

Bonding and attachment are important for children of all ages. Failure to develop secure attachment early in life may result in on-going relationship challenges. In cases where attachment was interrupted, injured or did not occur, remediation is possible albeit difficult.

The attachment between children and caregivers may be influenced by the child-rearing practices of various cultures. Practice and style of caregiving can vary

considerably between cultures. For example, in Japanese culture, mothers rarely leave their children in the care of anyone else and they tend to foster a strong sense of dependence. It is important to be aware of the culture of the child and family throughout the care process, particularly during the assessment and planning phases, especially with newborns and young children as they quickly become attached to the parenting style of a primary caregiver.

The role of the caregiver is critical to the successful development and maintenance of secure attachment. Awareness of the issues and ability to assess and support a child's attachment needs are essential for the child to successfully bridge different homes and parenting styles.

This module explores the secure attachment process and the affects of insecure attachment on the child. Caregivers will learn ways to help a child develop secure attachments.

B. LEARNING OUTCOMES

SESSION I

The caregiver can:

1. define secure attachment and describe the factors that promote secure attachment, including the Arousal-Relaxation Cycle.
2. identify secure attachment in children through the use of behavioural descriptions.
3. describe how separation and loss may impact children-in-care and lead to feelings of confusion, sadness, anxiety, and anger.
4. describe the stages of a child's adjustment to foster care as an experience of separation and loss.

SESSION II

The caregiver can:

1. express empathy for the child-in-care's experience and for the child's feelings of confusion, sadness, anxiety,

and anger when separation or loss occur.

2. define insecure attachment and identify factors that contribute to or cause insecure attachment.
3. identify and articulate ways to support children and youth to develop secure attachments in relationships.
4. describe ways to prepare children and youth to move from their foster home back to their birth family, to another caregiver, or to independent living.

**OVERVIEW FOR SESSION I
ATTACHMENT, SEPARATION AND LOSS**

Honesty: Be as honest as possible and express yourself as you really think and feel.

Confidentiality: No names of children-in-care or their families are to be used.

Summary Remarks:

This module discusses attachment, separation, and loss, with the emphasis on attachment. What is attachment and why is it important? Separation and loss will be studied as factors that impede secure attachment.

You studied separation, loss, and grieving in pre-service training with particular focus on the stages of grieving. These stages will be reviewed briefly later in the module.

This module has three main components:

- understanding secure attachment
- understanding insecure attachment
- working with a child to develop a secure attachment.

2. SECURE ATTACHMENT

Learning Outcome:

The caregiver can define secure attachment and describe the factors that promote secure attachment, including the Arousal-Relaxation Cycle.

Materials:

Handouts

- Handout #3 Secure Attachment
- Handout #4 The Arousal-Relaxation Cycle
- Handout #5 Attachment: Questions for Discussion

Overheads

- Overhead #6 Defining Attachment - Small Group Instructions
- Overhead #7 Definition of Secure Attachment
- Overhead #7A Phases of Secure Attachment
- Overhead #8 Secure Attachment Discussion Questions

A.

Attachment

Instruction

S:

Many children in care will have some degree of difficulty developing healthy relationships or forming attachments. The first step in learning about this is to develop an understanding of attachment. This section will discuss the characteristics of secure attachment, how secure attachment contributes to the development of the child, and the factors that promote secure attachment.

Exercise:

Review Overhead #6, "Defining Attachment"

Define Attachment in your own words on a sheet of paper.

Definition of Attachment

Attachment is a close emotional bond resulting from a process of mutual interaction between a child and a significant person in the child's life.

It can also be seen as an affectionate bond developed between two or more people over a period of time. From this perspective, attachments do not occur instantly at birth or upon first meeting.

The capacity to form attachments is important to development in all areas (physical, social, emotional, cognitive, and spiritual).

From the discussion there will probably emerge definitions that are more specific to the type of attachment known as "secure attachment." Provide the following definition (also

provided in Overhead #7, "Definition of Secure Attachment").

Definition of Secure Attachment

Secure attachment is characterized by a need to maintain closeness and contact, a readiness to explore the environment, distress upon inexplicable separation, pleasure upon reunion, and grief at loss (Ainsworth 1989).

Secure attachment leads to:

- high self-esteem
- a personal sense of security
- the capacity to trust others
- the development of positive behaviours.

Some theorists and physicians propose that bonding (the occurrence of close contact, especially physical) between parents and newborn in the period shortly after birth is critical to optimal development. Others believe that the development of secure attachment to a caregiver, usually the mother, in the first year of life is an important foundation to psychological development later in life (Ainsworth, 1979). In this module we will focus on the development of attachment over a period of time.

B. Secure

Attachment

Instructions:

Review Handout #3, "Secure Attachment" and Overhead #7A, "Phases of Secure Attachment." The information is included below with additional information and examples, not contained in the handout, added in italicized text.

As you review the handout, read the information in italics as well.

Most studies about attachment focus on attachment during infancy. Attachment can be viewed as a process that occurs in different forms throughout life. Understanding the processes contributing to attachment during infancy will help us to understand attachment in adolescence and

adulthood as well.

Phase One: Pre-natal

Factors Contributing to Secure Attachment:

- A healthy mother, both physically and psychologically.
If the mother is in good physical health, is enjoying her pregnancy, and is looking forward to the birth of her child, the foundation for secure mother-child attachment is established.

- A healthy relationship between parents (two parent families).
If the parents' relationship is stable and they are both looking forward to the arrival of the baby and the responsibilities of parenthood, the foundation for the development of secure attachment is strengthened.

In today's world parents may not always be defined by a mother and a father. In whatever configuration, a healthy relationship between the mother and significant other(s) can enhance the attachment process.

- A positive mother-fetus interaction.
The mother and her fetus are interacting during pregnancy (e.g., the fetus kicks/moves, the mother finds this pleasurable and may ask the father or others to share the experience).

Phase Two: Birth

- A baby's eyes are wide open at birth.
During the first hour of an infant's life, his eyes are wide open and he is wide awake; after this he falls into a deep sleep (Desmond, 1966)
- Mother (parents) hold(s) the child.
- Mother-child attachment usually begins during this period. *After birth mothers and partners may hold their babies, look into their eyes and count their fingers and toes. In cases where the mother is not able to hold her baby immediately after birth, (e.g. baby is premature or ill*

and requires immediate medical interventions) secure attachment can still develop over time.

Phase Three: Birth to Six months

- The child's nervous system is developing rapidly and parent-child interactions during this period greatly affect the child's cognitive development.
For example, the child will often reach out and attempt to make contact physically, verbally or visually. Responding to and encouraging reaching stimulates the child's development.
- The child focuses on objects eight or nine inches away.
Ask the participants what activities a mother (or other caregiver) and her baby could engage in to bring their faces this close to each other (e.g., breast-feeding or bottle-feeding).
- Breast-feeding can play a significant role in the mother-child relationship.
- Rhythmic movement of premature babies encourages their growth.
Ask what rhythmic movement a fetus might experience (e.g., the normal walking/rocking movements that a fetus would experience).
- Infants respond to their parents and learn to develop the basics of relationship or attachment.
Infants will gurgle and coo in response to the human voice. These vocalizations increase when they are responded to.

Phase Four: 6 to 12 months

- The child can tell the difference between family members and strangers. The child appears anxious or afraid when approached by strangers. This increases as the child nears 12 months.

It can be even more difficult for a child to be separated from parents and to develop an attachment to a new primary caretaker during this period.
- By 8 months the child actively tries to keep her mother close to her.

Can you think of things an 8-month-old infant might do to try to ensure that a parent remains close to her.

- When the parent responds positively to this need, the cycle of interdependence (relationship) is enhanced.
When the mother both assures and demonstrates that she will remain close to the child, he feels more secure and will more readily explore his surroundings.

Phase Five: One Year and Beyond

- The child or youth still displays attachment behaviours (i.e., behaviours that say, "I want you to respond to me") in efforts to maintain and increase attachment, and begins to seek autonomy (e.g., "me, mine and no").
Attachment behaviours still need to be seen and responded to as such.

- The well-attached child will seek out her mother (or primary caregiver) when she is not feeling well, is frightened, or is stressed in some way.
Attachment behaviours such as holding, clinging, or verbal contacts increase during times of stress (e.g. change of schools, homes, etc.) when the child, youth, or adult feels the need to strengthen an already existing attachment or feels an on-going attachment is threatened (Maier, 1990).

- Adults do these things, as well.
List examples of ways adults communicate to family members when they want a response.

Think of the last time you had the flu and wanted your partner or another person to comfort you. Remember that this is a bonding experience.

what are the youth equivalents of "Me, mine and no" (e.g., "It's my life...", "You can't make me.").

Children, youth, and adults often develop attachments to objects that provide a similar sense of comfort and security during times of stress or transition. These can be called "transitional objects."

Can you think of examples of such transitional objects (e.g. stuffed animals, blanket, favorite t-shirt, a selection of music, stones or crystals, etc.)

Knowledge of the transitional objects that may be necessary for a child or youth coming into care is important for caregivers. Every effort should be made to ensure that the child or youth can bring items with them and keep them close at hand.

It is very important that the child entering care be assisted to hold and control their own possessions whenever possible, no matter how few and tattered they may seem. Do not rush to throw them out or to replace them.

Relationship-Building

Secure attachment is an essential pre-requisite to develop successful relationships.

Attachment (and relationship) is enhanced when the child reaches out, the parent responds, and both experience it as a positive event.

Example #1: The infant cries because he is hungry. His mother feeds, talks to, and smiles at him. The infant smiles back, coos and gurgles.

Example #2: An adolescent experiences rejection from her boyfriend. She comes home sad and retreats to her room. Her parent responds by going to her and offering to talk. The teen and parent talk about the teen's experience and feelings.

Child development research indicates that the quality of attachment between the child and the primary care provider is a strong influence on the development of social-emotional competence (Maccoby and Martin, 1983; Rutter, 1984). Hence, attachment quality may affect the ability to form close relationships in later life.

Mutuality

- Attachment appears to depend more on social interactions that are mutually satisfying than on meeting physical needs (Harlow and Harlow, 1962).
- For healthy attachment to occur, both child and parent must receive satisfaction through their interactions.
- In order for infants/children to be able to relate to their

environment and to feel secure, they must become attached to the caregiver.

- When children are attached, they can comfortably explore the outside world when the attachment figure is present and interact with other nurturing individuals.

Summary Remarks:

Refer to Overhead #8, "Secure Attachment Discussion Questions," use these questions to review the phases and the over-arching concepts of relationship-building and mutuality.

Review the issues related to secure attachment which were examined:

- what promotes secure attachment at various stages of development
- how secure attachment affects the development of the child
- the behavioural characteristics of secure attachment.

A highlight of the following key points:

- Children can and do form multiple attachments. While it is generally believed the most significant are those with the parents, the strongest attachment is usually with the mother. This selective attachment capacity is important to healthy development.
- If the child has not had an opportunity to develop this kind of attachment in early life (e.g., due to multiple placements or early life in an institution) it is likely that he will experience challenges in social behaviour and when forming relationships.
- It is not the amount of time spent with the child that is most important to attachment. It is the quality of the parents' response and caring that is the key.
- Sensitive, consistent responses to a child's needs help to form secure attachments. This includes the child having:
 - a sense of predictability of the future and a

sense of control over events.

- continuity in caring and supportive relationships.
- a sense of continuity of place and possessions.

C. The Arousal-Relaxation Cycle (An Opportunity for Attachment) Instructions:

In this presentation and exercise, participants will examine the “Arousal-Relaxation Cycle” to further their understanding of the attachment process. Following the information, an exercise will be used to explore a child's attachments at various stages.

Review Handout #4, "The Arousal-Relaxation Cycle" .

The cycle starts at birth.

When an infant experiences displeasure, she cries, squirms, becomes red in the face, and moves her arms and legs. When she is doing this her perception of the outside world is blocked.

If a child continuously experiences tension or displeasure she cannot perceive what is going on around her. Cognitive development will likely be impaired because the child is unable to explore, respond to, and interact with the environment.

Discomfort is a normal part of the arousal-relaxation cycle. Children express their discomfort in order to get a response to their emotional or physical needs.

A slight variation of this cycle shows the “need” and “displeasure” components replaced by a "heightened emotional state".

For example, a child experiences great joy, grief, or sorrow. His parent satisfies the child's need to share these feelings,

to be in relationship, and to feel support regarding the feelings and the incidents surrounding the feelings. After this sharing process, the child and parent feel a closeness or a bond between them.

Each time a parent and child go through the arousal-relaxation cycle together, their trust in each other grows stronger, their mutual sense of security is enhanced, and their attachment to each other is strengthened. In other words, with each journey through the cycle, the relationship has an opportunity to strengthen.

A parent and child may go through this cycle many times a day. There may be smaller cycles within a larger cycle. Some cycles may be spread out over many days.

Exercise:

Respond to the question in Handout #5, "Attachment: Question for Discussion

The "Question for Discussion" from Handout #5 follows below along with possible responses provided in italics.

Question For Discussion

Describe some situations that would illustrate the arousal-relaxation cycle in:

- an older child
- an adolescent
- an adult relationship

You may find it difficult to understand the application of the arousal-relaxation cycle to adult relationships (read below for assistance in understanding).

Example 1: The child's feelings are hurt because of an incident at school. The child expresses her displeasure by crying and withdrawing to her room. The caregiver takes a cup of hot chocolate to the girl's room and encourages her to talk about the incident and about her feelings. Both feel a sense of contentment and closeness after having shared the girl's feelings and experience.

Example 2: A teenager wants to express his own identity by getting his nose pierced. The adult listens to the teen and help him to problem-solve (e.g., considering the pros and cons, ensuring the process is hygienically safe, etc.)

Example 3: Ernie comes home from work and appears to be in a bad mood. His wife senses something is wrong and, after the children are in bed, encourages him to talk about what's bothering him. He shares his frustration about certain things that are going on at work. While they can't change the work situation, they both feel mutually supported after having shared Ernie's feelings and experiences.

Summary Remarks:

So far in this module participants have been learning about secure attachment, what contributes to it, and how to recognize it. The emphasis has been on secure attachment as this type of attachment is important to the child for forming healthy relationships, developing a sense of identity, and preparing for independence.

Although much of the material studied so far has been about infants and young children, the concepts are equally important for people of all ages. However, without a secure start to the attachment process the child's progress to maturity will likely be hampered.

Caregivers are a very important part of the helping process as they have day-to-day contact with the child and will be in a position to best understand the child's attachment needs. Caregivers are the people children or youth will look to for assistance when fulfilling their attachment needs, whether maintaining previous attachments or developing new ones.

3. SECURE ATTACHMENT CASE STUDY

Learning

Outcome:

The caregiver can identify secure attachment in children through the use of behavioural descriptions.

Materials:

Handouts

- Handout #6 Secure Attachment Checklist

- Handout #7 Secure Attachment: Case

Studies Overheads

- Overhead #9 Assessment Case Study Instructions

Instructions:

Review Handout #6, "Secure Attachment Checklist". The purpose of the checklist is to provide some insight into a child's attachment at various stages. It is not a pass/fail instrument and must never be used to pass judgment on anyone. The checklist is not foolproof; it is only one way to gather information about a child's apparent attachments. This information, combined with other sources of information from parents, other caregivers, or the child, can be useful in developing and implementing a plan for care.

The first step will be to review the contents of the checklist. Then you will have an opportunity to apply the concepts to a case example.

How might you obtain the kind of information needed? There are circumstances where you will not have access to certain information.

Consider the following directions for using the Attachment Checklist:

Column A: Not Applicable

The child may be in the lower end of her age group and the behavioural indicator may not be realistic.

Column B: Not Achieved

Place a check mark in this column if the behaviour does not appear to have been achieved.

Column C: Partially Achieved

Place a check mark in this column if the behaviour appears to have been only partially achieved.

Column D: Achieved

Place a check mark in this column if the behaviour appears to have been fully achieved.

Look at Column D to see which of the areas indicate that secure attachment appears to have been achieved. The shaded columns, B and C, are then examined to assess where secure attachment appears not to have been fully achieved.

Note that the word "mother" was used throughout the checklist and may be substituted with " caregiver" or "father" when more accurate. Additional information, pertinent to a particular case, may be written on additional blank pages.

In the next exercise, you will have an opportunity to apply the Attachment Checklist to case studies.

Exercise:

Up to this point, you have been learning about secure attachment. In this exercise you will have an opportunity to assess the degree of secure attachment using case studies and the Attachment Checklist.

Assessment Case Study Instructions

- Read the case study (pick 1 from Handout #7)
- Underline or highlight the behaviours from your case study that indicate secure attachment.
- Using the checklist corresponding to the age group of your case study, place a mark in column A, B, C or D for each item.

Reflect on how each behaviour you underlined is an indicator of secure attachment.

Why do you think it might be important to understand the attachment experiences of children?

It is important to understand secure attachment so that we can identify where and how this may or may not have been achieved. Once we have this understanding, we can proceed to assist the child or youth and his parents or caregivers to develop new attachments or strengthen existing ones.

Summary Remarks:

In the Introduction it was explained that there were three main components to this module:

- understanding secure attachment
- understanding insecure attachment
- developing a securely attached relationship with a child.

In order that secure attachments develop, a child must receive a consistent predictable response that gratifies the child's needs. It is essential for caregivers to consider the following points when determining how they will plan for and interact with children and youth placed in their care:

- the child's age and development
- the child's abilities
- the child's culture
- the child's previous experiences.

The caregiver should be able to provide:

- a sense of caring and support
- acceptance
- a willingness to listen
- an ability to respond with empathy
- an ability to accept and acknowledge the child's existing attachments
- sensitivity, patience, and compassion.

The module to this point has focused on learning about secure attachment. The next phase will focus on understanding separation, loss and disruptions in attachment.

4. SEPARATION, LOSS, AND ADJUSTING TO FOSTER CARE

Learning Outcomes:

The caregiver can identify how separation and loss may impact children-in-care and lead to feelings of confusion, sadness, anxiety, and anger.

The caregiver can describe the stages of a child's adjustment to foster care as an experience of separation and loss.

Materials:

Handouts

- Handout #8 Stages of Loss
- Handout #9 Responding to Separation and Loss

Overhead

Overhead #10 Stages of Loss

Instructions:

While the emphasis of this module is on attachment, it is important to be aware that separation and loss are factors that impede and interrupt secure attachment.

You studied "Separation, Loss and Grieving" in Pre-service Training with a particular focus on the stages of grieving. Refer to Handout #8, "Stages of Loss," and briefly review the four stages. How well do the descriptions of the stages apply to your experiences with children entering your home.

Note that the Handout #9, "Responding to Separation and Loss," will provide some practical methods to respond to the needs of children who have experienced separation and loss.

5. CLOSURE

- Handout #15 Suggested Resources

In this first session, the focus was on understanding secure attachment. Understanding insecure attachment will be covered in more detail in Session II, along with developing a securely attached relationship with a child.

OVERVIEW FOR SESSION II ATTACHMENT, SEPARATION AND LOSS

Trainer's Instructions Session II

Instructions:

The title of this module is "Attachment, Separation, and Loss." The emphasis, however, is on attachment. Separation and loss are studied as factors that impede healthy attachment.

This module has three main components:

- understanding secure attachment

- understanding insecure attachment
- developing a securely attached relationship with a child.

In the first session, the focus was on understanding secure attachment. The closing information on separation and loss introduced understanding insecure attachment and will be covered in more detail in this session. Developing a securely attached relationship with a child will also be addressed in this session.

2. EMPATHY FOR THE CHILD'S EXPERIENCE - PERSONAL LOSS

Learning Outcome:

The caregiver can express empathy for the child in care's experience and for the child's feelings of confusion, sadness, anxiety, and anger when separation or loss occurs.

Materials:

Overheads

- Overhead #12 Questions for Discussion

Instructions:

One of the difficulties children in care may experience when developing secure attachments is the loss they experience when they are separated from their parents or primary caregivers. This difficulty in attachment formation is intensified for those children who have been moved from home to home and have experienced a succession of losses.

The purpose of this exercise is to help you empathize with the losses children in your care may have suffered and understand the impact this may have on their behaviour.

Exercise:

This exercise is about personal loss and its relationship to attachment.

Sit back, relax, and make yourself comfortable. Take a deep breath, hold it for a few seconds, and then let it go. At your own pace, continue to take a few more deep breaths, holding them for a few seconds and then letting them go - letting go of the tension in your body as you exhale.

I invite you now to recall someone or something you felt very attached to and then lost. Perhaps it was a personal belonging that had great personal meaning for you. Perhaps it was a pet or a loved one. Perhaps it was the person you were attached to as a child whom you talked about earlier today. Maybe the loss was through death, or divorce, or someone moving. Maybe, in the case of a pet or a personal belonging, it was literally lost.

I want you now to recall some details about that person, pet, or object and your relationship to it, her or him. Why were you so attached? What memories do you have now of that someone, or something?

When your loss first occurred, can you remember, now, what your first reaction was? How did you feel? Can you remember what you did? How did you feel after a few days, after a few months, after a few years?

Do you feel you have come to terms with this loss? Have you been able to get on with your life even though you may still have strong feelings from time to time about this person or object?

Try to imagine for a moment that you were not able to go through the grieving process - to come to terms with this loss. Imagine, for a moment that something blocked you from doing that.

Reflect - How do you think that might or does affect you today - in your relationships - in your family - as a caregiver?

Questions to reflect on

1. How did you feel about and react to the loss (how was your behaviour affected) immediately and later?
2. Were you able to grieve the loss and move on in your life?

3. How does this loss affect you in your relationships, in your family, and as a caregiver?

4. What have you learned from your experiences with separation and loss?

Summary Remarks:

Secure attachment is important to a child's development in all areas (social, emotional, cognitive, physical, and spiritual). When the ability to attach is impaired by profound loss, a child's development may be blocked or delayed in many areas. Experiencing a loss is certainly not the only thing that impairs the ability of children to form healthy attachments, however, it is a significant factor and it is certain that all children-in-care will have experienced a profound loss at some time in their lives.

It is essential for caregivers to understand that when a child is in a grieving process, the child will have very little energy available to develop healthy attachments. It is equally essential to remember that a key task is to maintain, as much as possible, the child's contact with, and knowledge of, important attachment figures. By doing this, as well as by providing support, the child can be freed up to begin developing the attachments needed to adjust to the caregiver's home and perhaps to develop new attachments and relationships. This will be discussed later.

The process will involve:

- intellectual recognition and explanation for the loss. How did it happen? Why did it happen? Otherwise the child can never relax their vigilance against the threat of new losses and will continue to feel anxious.
- emotional acceptance of the loss so the child will no longer find the reminders so painful.
- integration of the child's identity so that it combines his family with new circumstances.

- formation of new relationships.

3. INSECURE ATTACHMENT

Learning Outcomes:

The caregiver can define insecure attachment and can identify factors that contribute to or cause insecure attachment.

Materials:

Handouts

- Handout #11 The Characteristics of Insecure Attachment
- Handout #12 Understanding Insecure Attachment

Overheads

- Overhead #13 Characteristics of Insecure Attachment - Instructions
- Overhead #14 Questions for Discussion
- Overhead #15 Understanding Insecure Attachment

A. Identifying Insecure

Attachment Instructions:

You examined secure attachment in Session I. In this section you will learn to identify some of the behavioural characteristics or indicators of insecure attachment. Two types of insecure attachment have been studied and identified (Ainsworth, Bell, and Stayton, 1971).

The following is definitions of two types of insecure attachment:

Anxious/Resistant Attachment. Children have difficulty in a strange situation. They stay close to their mothers and appear anxious even when their mothers are near. They become very upset when their mothers leave, but are not comforted by their return. They simultaneously seek renewed contact, but resist the mothers' efforts to comfort them. They have difficulty exploring and resuming play.

Anxious/Avoidant Attachment. When mother and child are left alone in a playroom, anxious/avoidant children are more or less indifferent to where their mothers are. They may or may not cry when their mothers leave the room. If they do become distressed, strangers are just as likely to be able to comfort them as their mothers. When the mother returns, these children may look away from her instead of going to her to seek comfort and closeness.

Children described as either anxious/avoidant or anxious/resistant may be described to as “insecurely attached.”

Exercise:

Review Overhead #13, “Characteristics of Insecure Attachment-Instructions.”

- Think of a child you know and whom you believe experiences insecure attachment.
- Describe the behaviours and characteristics the child exhibits that you believe demonstrate insecure attachment.

Review Handout #11, “Characteristics of Insecure Attachment.”

What do you think would happen if children’s attachment needs were never met?

Summary Remarks:

It is extremely unlikely that any one child would demonstrate all the characteristics of insecure attachment. Most children with attachment difficulties will display some of the characteristics and only in certain situations.

These characteristics or indicators can be helpful in assessing if a child's difficulties are related to attachment. Several of the characteristics may also be indicators of difficulties in other areas (abuse, neglect, or physiological problems).

The characteristics are only part of the picture. Caregivers need to be cognizant of, and assess for, characteristics in many other areas as well (abuse, neglect, suicide,

developmental delays), as well as attending to and reinforcing positive characteristics.

Refer to Handout #11, "The Characteristics of Insecure Attachment."

- The child may develop cognitive difficulties.
- The child may demonstrate developmental difficulties or delays.
- The child may display severe psychological or behavioural difficulties.

When caregivers are unsure about how to interpret the information they've gathered, they should take their notes and observations to the child's worker or to other members of the care team (child and youth care worker, counsellor) for further exploration.

B. Causes/contributors to insecure

attachment Exercise:

In the previous exercise you learned some of the characteristics of insecure attachment. In this exercise you will examine some of the potential causes and contributors to insecure attachment.

Review Overhead #15, "Understanding Insecure Attachment" and review the following.

Understanding Insecure Attachment

List on a sheet of paper as many things as you can think of that might impair or inhibit a child's ability to develop a secure attachment.

Review Handout #12, "Understanding Insecure Attachment".

Summary Remarks:

Understanding insecure attachment in children is a complex task. Other modules in the British Columbia Foster Care Education Program may help caregivers be

more effective in helping children with attachment issues (e.g., "Recognizing Abuse and Neglect" or "Child and Youth Development", "Guiding Behaviour of Children and Youth").

4. PROMOTING SECURE ATTACHMENT

Learning Outcome:

The caregiver can identify and articulate ways to support children or youth to develop secure attachments in relationships.

Materials:

Handouts

- Handout #9 Responding to Separation and Loss (from Session I)
- Handout #13 Promoting Secure Attachment
- Handout #14 Attachment-Setting Goals

Overheads

- Overhead #16 Promoting Secure Attachment- Small Group Instructions

A. Promoting

Attachment

Instructions:

In this exercise you will examine ways to help children-in-care who have difficulties with attachment. This is a critical skill at all phases of fostering.

Exercise:

Review Overhead #16, "Promoting Healthy Attachment - Small Group Instructions".

Promoting Healthy Attachment:

- Think of ways that you can promote healthy attachment in children-in-care.
- Write these ideas on a sheet of paper.

Review Handout #13, "Promoting Healthy Attachment," and refer to Handout #9, "Responding to Separation and Loss."

Caregivers need to develop their own ways of promoting healthy attachment to meet the needs of children placed in their care.

Summary Remarks:

Remember the child's difficulties with attachment have developed over a period of time. Caregivers are not going to change this in two days, two weeks, or two months, but they can have an impact by implementing some of the methods discussed in the exercise.

Refer to the module, "Guiding the Behaviour of Children and Youth" if you require more information on relationship building.

Now that you have some understanding of secure and insecure attachment, you will have an opportunity to explore ways to develop a relationship with a child who is not securely attached.

B. Setting**Goals****Instructions:**

Caregivers need to know how to look for indicators of secure or insecure attachment in children in their care. They also need to be able to work with the child's worker and other members of the care team to develop goals and strategies for assisting the child. The Plan of Care will be much more effective if the caregiver is able to assist in the initial assessment of the child and participate in actively developing the Plan. The services to the child will also be much more effective. As most placements are short term, caregivers need to prepare for their own sense of loss and grieving as the child leaves the home. There are two parts to this: preparing the child to leave, and preparing the caregiver's family for the child leaving.

Review Handout #14, "Attachment: Setting Goals." Consider it as a possible tool to assist in setting goals regarding attachment.

5. PREPARING A CHILD TO LEAVE

Learning Outcome:

The caregiver can describe ways to prepare children and youth to move from foster home back to birth family, to another caregiver, or to independent living.

Exercise:

Brainstorm ways for caregivers to assist children and youth to prepare to leave their care, whether they are returning home, moving to the home of another caregiver, or moving into an independent living situation.

Answer the following on a sheet of paper

1. What might the child or youth be feeling? And why? (scared that things will be the same at home, anxious about moving to the unfamiliar, excited about moving back with mom and dad, sad about leaving the foster family, etc.)
2. How would you respond to these feelings? (with active listening and empathy, letting them express their feelings and know that they are normal responses to change.)
3. How could you facilitate the process of leaving in a way that would be most helpful and least traumatic for the

child/youth?

- Start talking about the move well in advance.
- Ask the child or youth what they need to make the move less difficult.
- Discuss expectations and provide accurate information
- Have the child/youth meet and spend time with their parent(s), or new caregivers before the move.
- Encourage the child and parent(s) or new caregivers to express their feelings and expectations about the changes.
- Encourage the open expression of feelings between the caregiver's family members and the child or youth about their departure from the family.
- Ensure that the child or youth can take their personal belongings with them; transitional objects are especially important.
- You may want to give the child or youth something to remind them of their relationship with you.
- Once the child has moved, provide opportunities for the child or youth to have scheduled and ongoing contact with you. This is helpful even if it is just phone calls or a letter or two. Gradual separation is much more "normal" and much less difficult. Scheduled contact is important so that the child knows when he will see you. Unscheduled contact can occur as well, based upon the child's needs.

Reminder that you will likely go through a similar process of loss and grieving as the child leaves the caregiver's family to return to his own home or move to other placements. Caregivers need to develop their own plan for this and to prepare for their own sense of loss.

Summary Remarks:

Note that attachment is a major issue for most children entering care. Although the main areas relating to attachment were covered in this module, participants should be encouraged to read and study more about this

important subject and to discuss it in their support groups.

6. CLOSURE

Handout #15 Suggested

Resources

REFEREN
CES

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APPENDIX I: HANDOUTS

HANDOUT #1 LEARNING OUTCOMES

SESSION I

The caregiver can:

1. define secure attachment and can describe the factors that promote secure attachment, including the Arousal-Relaxation Cycle.
2. identify secure attachment in children through the use of behavioural description.
3. describe how separation and loss may impact children-in-care and lead to feelings of confusion, sadness, anxiety, and anger.
4. describe the stages of a child's adjustment to foster care as an experience of separation and loss.

SESSION II

The caregiver can:

1. express empathy for the child-in-care's experience and for the child's feelings of confusion, sadness, anxiety, and anger when separation or loss occur.
 2. define insecure attachment and can identify some factors that may contribute to or cause insecure attachment.
 3. identify and articulate ways to support children or youth to develop secure attachments in relationships.
 - 5) describe ways to prepare children and youth to move from foster home to birth family, to another caregiver, or to independent living.
-

HANDOUT #3

SECURE ATTACHMENT

N.B. Substitute "primary caregiver" for mother as

appropriate. **Factors contributing to secure**

attachment:

Phase One: Prenatal

- A healthy mother, both physically and psychologically.

- A healthy relationship between parents (two-parent families). Healthy parent-significant others relationships.
- Positive mother-fetus interaction.

Phase Two: Birth

- A baby's eyes are wide open at birth.
- Mother (parent) holds the child.
- Mother-child attachment usually begins during this period.

Phase Three: Birth to 6 months

- The child's nervous system is developing and the parent-child interactions during this period greatly affect the child's cognitive development.
- The child focuses on objects eight or nine inches away.
- Breast-feeding can play a significant role in the mother-child relationship.
- Rhythmic movement of premature babies encourages growth.
- Infants respond to their parents and learn to develop the basics of relationship or attachment.

Phase Four: 6 to 12 months

- The child can tell difference between family members and strangers and appears anxious or afraid when approached by strangers. This increases as the child nears 12 months.
 - By 8 months the child actively tries to keep her mother close to her.
 -
 - When the parent responds positively to this, the cycle of interdependence (relationship) is enhanced.
-

HANDOUT #3 (cont'd)

Phase five: One Year and Beyond

- The child or youth still displays attachment behaviours (i.e. behaviours that say, "I want you to respond to me") in efforts to maintain and increase attachment and begins to seek autonomy (e.g., "me, mine, and no").
- The well-attached child will seek out her mother (or primary caregiver) when she is not feeling well, is frightened, or is stressed in some way.
- Adults do these things,

as well. **Relationship Building:**

- Secure attachment is an essential pre-requisite to develop relationships.
- Attachment (and relationship) is enhanced when the child reaches out, the parent responds, and both experience it as a positive event.

Mutuality:

- Attachment appears to depend more on social interactions that are mutually satisfying than on meeting physical needs.
 - For healthy attachment to occur, both child and parent must receive satisfaction through their interactions.
 - In order for infants/children to be able to relate to their environment and to feel secure, they must become attached to the caregiver.
 - Attachment is reflected in such behaviours as:
 - children demonstrating marked preferences for a particular caretaker.
 - being upset when the caregiver is absent.
 - feeling secure when the caregiver individual is present.
 - When children are thus attached, they can comfortably explore the outside world when the attachment figure is present and interact with other nurturing individuals.
-

HANDOUT #4

**AROUSAL-RELAXATION CYCLE
(An Opportunity for Attachment)**

TRUST

SECURITY

ATTACHMENT

This cycle applies to all children, but is most easily understood by observing it with infants.

Need:

When an infant has a need for example hunger, it is experienced as displeasure.

Displeasure:

An infant may express his displeasure by crying, squirming, becoming red in the face, and moving his arms and legs.

Satisfaction of Need:

The parent intervenes to satisfy the infant's need (the parent feeds the child).

Contentment:

The parent's role is to return the infant to the state of contentment.

N.B. This does not imply that a parent must satisfy a child's every expressed need.

As the child finds her expression of need is consistently and predictably responded to by the caregiver, the child develops a sense of contentment and learns trust. As trust builds, the child develops a sense of security, leading to a strengthening of attachment to the caregiver.

HANDOUT #5**ATTACHMENT: QUESTION FOR DISCUSSION**

Describe some situations to illustrate the Arousal-Relaxation Cycle in:

- a) an older child
- b) an adolescent
- c) an adult-adult relationship

Column A: Not Applicable *Column B: Not
Achieved* *Column C: Partially Achieved* *Column D:
Fully Achieved*

Column A: Not Applicable

Column B: Not Achieved

HANDOUT #7

SECURE ATTACHMENT: CASE STUDIES

**0 to 6
months**

(Case Study
A)

Philip and Liz were conscientious students in Lamaze classes. They were able to use the Lamaze method when Chuck was born and both parents felt that it helped them a lot. Liz and Philip both held Chuck right away and were thankful that the doctor and the hospital staff were supportive and respected their wishes.

Chuck weighed six pounds, seven ounces when he was born. Liz and Philip were anxious about the pregnancy because Liz miscarried the year before. Liz took six months leave from work to be with the baby. She stayed home most of the time. She enjoyed breast-feeding Chuck. Philip works long hours but looks forward to coming home to Liz and Chuck. They take turns getting up in the night to change diapers and Philip occasionally feeds the baby from a bottle. They both enjoy rocking and singing to the baby. Chuck is now five months old and is beginning to grasp the toy hanging in his crib. Sometimes it is almost like Liz and Chuck are carrying on a conversation when Chuck gurgles and Liz chats along with him. Chuck now weighs just over 12 pounds and he seems to be getting stronger every day. He is able to hold his head up and Philip is impressed with Chuck's strong grip.

Philip took Chuck for his check-up last week and the doctor said he was doing very well and there were no problems that the doctor could see.

**6 to 12
months** (Case
Study B)

Tanya had been "fussing" in her crib for three or four minutes. She wasn't quite crying, it was more a series of whimpers. Nancy finished

putting her shoes away before she picked up her baby. Tanya's face lit up when she saw her mother and she reached up with both arms in anticipation of being picked up. Nancy played and talked with Tanya for a few minutes. They rubbed their noses and Nancy gently talked to Tanya and she responded with coos and squeals of delight when her mother played peek-a-boo with her.

Tanya and I had never met before and I was looking forward to meeting my little niece. This was my first visit since she was born and those 10 months slipped by all too quickly. The doorbell rang and Nancy asked me to hold Tanya for a few moments while she answered the door.

Tanya's muscles tensed as Nancy handed her to me. She pushed against me with her arms and legs and her head turned around to follow her mother as she left the room. As soon as Tanya got her breath, she let out a terrific squeal that, I am sure, was heard by most of the neighbours, let alone the visitor at the door. Her squeals turned to sobs and nothing seemed to work to distract her. I tried her bottle, her teddy bear, and even the peek-a-boo game she loved so much with her mother. After about five minutes she did settle down a bit, but was constantly looking to the door through which her mother had left.

One Year and Beyond

(Case Study C)

Today is Jeremy's third birthday. Margo, his mother, made a birthday cake and the three of them, Margo, Jeremy, and Jeremy's father, Jim, had a little celebration after supper, complete with streamers and balloons.

Supper time is the usual chaos. Margo and Jim try to catch up on each other's day. Jeremy, as usual, managed to create a bit of a disturbance. He started by throwing his food on the floor. Margo quickly picked it up, wiped his hands and face and presented him with a clean bowl of food. She tried feeding him to speed up the process but Jeremy refused her help. He kept saying to her, "I feed myself." She finally relented and left him alone with his food. He finished most of his supper this time, but two minutes later he spilled his drink. He had already drunk most of it, so Margo simply wiped it up and put his tumbler in the dishwasher. A few minutes later Jeremy began banging his plate with his spoon. Requests and demands for silence had no effect. The banging continued until Jim picked him up and carried him off to the living room. They ended up playing together for 15 minutes while Margo cleared the table

and set up the birthday cake.

Jeremy squealed with delight when they brought in the pretty cake with glowing candles. He loved the cake and ice cream. Perhaps, most of all, he loved the attention.

Jeremy bounced a balloon in the air with his mother and father. The big purple balloon landed in his arms and he was so excited he gave it a big hug. The balloon burst. To Jeremy's little ears it was a major explosion. He reeled back, covered his ears and burst into tears. Jim responded quickly and picked him up. He comforted him and talked to him in a soothing voice. Jeremy's terrified cry gradually turned into little sobs and finally into the occasional deep breath. Jim took him upstairs, helped him get ready for bed and read him a little story before tucking him in for the night.

One Year and Beyond

(Case Study D)

Rod will be 16 in three weeks. He has been working part-time for the last two years. Some of his money has gone toward clothes and "R & R," but he has managed to save most of it for a car. He doesn't have a lot saved, certainly not enough for a new car, or even a fairly new car, but he does have enough for a 10-year-old car in decent shape. He enrolled in auto mechanics at school so he would be able to keep his car in good running order. Auto mechanics has become his favourite course and he said he even likes taking his report card home now because at least he has one good mark. Rod is considering the possibility of beginning an apprenticeship after he graduates.

He likes driving his parents' car, just because he likes driving. Rod gets really excited when he talks about having his own car. He said he's going to name his car, "Freedom." He has talked to his parents about the big changes coming up in his life and realizes he will still have curfews and will still need permission for certain things. However, he is looking forward to the little bit of freedom his car will bring him.

Last summer, Rod was shaken to the depths of his soul. His best friend killed himself. Larry had tried a few times before to commit suicide but the attempts didn't seem very serious. He seemed to set it up so he would be saved. This time he opened the windows of his father's car, drove it in the garage, kept the motor running, closed the garage door

and went to sleep in the back seat. He never woke up.

Rod managed to pull himself together to be a pallbearer at his friend's funeral. But three days later at home he fell apart. He wept uncontrollably while his mother held him in her arms. She said she felt like he was five years old again for a little while. It was a difficult time in Rod's life and he was glad his mother was there for him.

HANDOUT #8

STAGES OF LOSS

Denial (Shock)

The Child's Feelings. Feelings may seem to be absent. The child may not be present here and now. There may be "false" happiness. This stage is characterized by confusion, denial, and a sense of numbness.

The Child's Behaviour. This is sometimes called the "honeymoon" period of caregiving. The child may seem to be fitting in well (for the first few days to about six weeks) and may not exhibit some of the behaviour problems the child's worker predicted. The child may appear numb, dazed, or even "robot-like" and may continually ask if a parent has called but do not seem to hear the answer. The child may be docile, quiet, eager to please the caregiver, and generally conforming. When children are numb or in denial they may feel less emotional pain.

Anger (Protest)

The Child's Feelings: The child may feel anxious, helpless, and full of rage at parents, the child's workers, and the caregivers. Anger, frustration and even aggression are common feelings. The child may not trust anyone or anything at this stage.

The Child's Behavior: This is a period of "testing" for the child. The child may rebel against everything, confront others, and challenge rules and expectations. Crying, temper tantrums, and destructive behavior may occur. This is the stage children are most likely to run away, not from caregivers but to "the familiar" or in search of that which they perceive to be lost (birth family, siblings, street friends, etc.). Most frustrating for caregivers is the child's tendency to ask for

help and to reject it when offered. Eating and sleeping disturbances and bedwetting are common behaviors. The older child may turn to drugs or alcohol. This is the stage at which children are most likely to be rejected by caregivers as they find the behavior too difficult to understand or manage. If caregivers are unable or unprepared to effectively respond to the child, he may become one of those children who moves many times as he discovers adults can't effectively respond to his tests.

It is essential to realize the anger is simply a "mask" for the child's normal, instinctive feelings of discomfort, fear, anxiety, and pain.

Despair, Sadness, and Depression

The Child's Feelings: The child feels anguish, depression, hopelessness, and fearfulness and can become inwardly directed, silently stating "I'm no good, who would ever want me?" The child suffers a loss of identity and feels they have lost control of their lives.

The Child's Behaviour: The child may be apathetic, unorganized, and messy with personal belongings and personal grooming. The child may long for a person but does not actively search for anyone. The child may cry with little provocation and have nightmares, or may prefer to spend time alone, be withdrawn, self-consoling, and sometimes display self-destructive behaviour such as rocking back and forth or head-banging. The child blames himself for his loss. He doesn't know what to do, can't remember how to get to school, and may find getting up in the morning very difficult. He seems to have little motivation to do anything. The child may be more susceptible to colds, flu, and other illnesses, and may sleep more or less.

If they feel their experience is supported and accepted by caregivers, the child will move to the next stage:

Resolution (Adjustment)

The Child's Feelings: The child begins to develop a sense of hope (life goes on) and a sense of mastery (I will survive). and begins to feel more comfortable with himself. There is a growing sense of clarity, acceptance, safety, and a willingness to move forward.

The Child's Behaviour: Although the child continues to think of his losses it is more reality based. He now can seek new relationships and can invest in them emotionally. The child may become more organized, motivated, and look to the future. The child begins to show signs that they feel they are ok.

HANDOUT #9

RESPONDING TO SEPARATION AND LOSS

Adapted from the MCFD: Adoption Education Program Manual

1. Assure the child you will and can care for her. All children have fears of abandonment. These fears are particularly acute for children who come into the foster care system.
2. Provide nurturance through nourishment:
 - Infants and young children like apple sauce, mashed potatoes, and warm milk. These can be reassuring reminders of earlier, easier times.
 - Ask older children what they consider “comfort” foods and provide them if possible.
3. At bedtime use one or more of the following suggestions to help create an atmosphere of safety and security:
 - flannel sheets.
 - radio or loud ticking clock.
 - extra layers of clothing, as needed, to reduce the child’s sense of shock.
 - night lights.
 - relaxation tapes and/or bedtime stories.
 - familiar songs and lullabies.
 - items or material that relate to the child’s culture, such as music.
 - transitional objects (stuffed animal, music, a child has an attachment to).
4. Institute a predictable structure and routine:
 - Follow through with commitments.
 - Write lists, give frequent reminders in recognition of memory retention problems that normally accompany high arousal.
5. Allow regression, a common companion to the conflict and fatigue that accrues from grief work. Regression allows the child to return to familiar, simpler ground and to mobilize energy to cope and heal.
6. Give the child permission to experience both ambivalent feelings (love-hate) and conflicting loyalties for their birth parents, their caregivers and others.

It can be very healing for the child to hear that their mixed emotions are normal and expected. To add credibility to your efforts to normalize the child's feelings, you may even want to consider recalling examples of times you found yourself in a similar position.

7. Do not personalize the child's anger. Anger is a mask for pain. Remember that 90% of the time we are not even aware of the nature and cause of our intense emotions. In fact, when you look behind the mask of anger you will likely find fear, anxiety, confusion, and some other variation of pain, whether it is evident in a child or in an adult.
8. Realize that angry, intense feelings following a change or loss can last from six to twelve weeks before the worst of the pain subsides.
9. Encourage the expression of the full range of feelings that stem from grief and loss. Never minimize the child's feelings or collude with avoidance and denial. Messages such as "big boys don't cry" block the grieving process and prevent healing from occurring.
10. Tag and normalize feelings for the child, i.e. "I bet you are really missing your mommy right now. I remember when I first moved away from _____, I really missed my _____").
11. It is reassuring for a child to know that even though he may not understand what he is feeling, and therefore suffers a loss of control over himself, you probably do. Not only does that convey that you understand, but that you accept her normal reactions to loss as well.
12. Get physically close without intimidating or frightening the child.
13. Encourage physical activity. Help the child return to life's pleasures and learn to cope with the stress in healthy, productive, and energizing ways.
14. Set a structured time to talk about losses. In time the need will abate. Such discussion helps to relieve bottled up misery.
15. Provide factual information about the child's history and significant attachment figures in a respectful yet truthful manner to prevent the development of magical thinking. (e.g. "I know you love your mommy. She loves you too. We both know, however, that it will be a while before you can return to her house to live. Why don't we make a list of things you want to tell her the next time you see her."). Whenever you encounter difficulties interpreting historical facts in a sensitive, non-judgmental manner (e.g. family history of abuse or neglect) consult with the child's worker on how best to proceed.
16. Use your knowledge that the child is in high arousal to help facilitate the formation of attachment by using the occasion to satisfy needs and increase feelings of satisfaction.

17. Realize that by misbehaving the child might be asking for punishment so they can cry for the family left behind. In addition there are times a child will feel she was the cause of the family problems and thus feels a need to be punished. Let the child know it is not her fault and that it is okay to feel sad or angry. Teach the child alternate ways of expressing the full extent of grief if necessary.

 18. Initiate discussions about the child's other attachment figures when the child fails to mention them. Just because the child does not talk about birth relatives or other attachment figures does not mean they are not thinking about them. The child may need your permission to discuss significant others and sensitive issues, especially when suffering from loyalty conflicts. With experience, the child will eventually learn to safely trust you with other concerns and problems. The child will come to realize that you will not abandon or reject them because of their feelings, history, problems or needs.

 19. Model open communication and self-care.

 20. Exercise patience and tenacity. The grieving process is uneven and unpredictable. It is not subject to any right time frame. Just as adults need to re-examine and re-address their losses from time to time, so do children.

 21. Get support from your own attachment figures.

 22. Prepare the child well in advance, if possible, of any new changes.

 23. Be alert to anniversary dates (date of leaving home, date of admission to care and placement, Christmas, significant family events, etc.). Anniversary dates often trigger memories, conscious or unconscious, and feelings associated with past losses.
-

HANDOUT #11

THE CHARACTERISTICS OF INSECURE ATTACHMENT

Adapted from "Observation Checklist: Long-Range Effects of Normal Attachment" by Vera Fahlberg

N.B. Look for clusters of indicators and keep in mind that many of these may have alternate explanations including cultural differences for what is considered "normal behaviour."

Cognitive Challenges:

- difficulty with basic cause and effect
- difficulty with logical thinking
- confused thought processes
- difficulty thinking ahead
- impaired sense of time
- difficulty with abstract thinking
- short attention span and memory

Developmental Challenges:

- difficulty with auditory processing
- difficulty expressing self well verbally
- gross motor challenges/delays
- delays in the development of fine-motor adaptive skills
- delays in personal-social development
- inconsistent skill levels in above areas

Psychological or Behavioural Challenges:

a) Development of Conscience

- may not show normal anxiety following aggressive or cruel behaviour
- may not show guilt on breaking laws or rules
- may project blame onto others

b) Impulse Control

- exhibits poor control; depends on others to provide external controls on behaviour
- exhibits lack of foresight
- has a poor attention span

c) 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

d) Interpersonal Relationships

- 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

e) Emotions

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

Withdrawal

Many children with attachment difficulties withdraw physically or emotionally from interactions with others. Some children cringe out of fear (i.e., of abuse).

Chronic Anxiety

Children who have been moved without preparation or who have other major, abrupt changes in their lives may be chronically anxious. They may also be possessive and clinging.

Aggressive Behaviour

Some children may use aggressive behaviour to keep others from getting too close. If a child has tantrums when a demand is placed on him, his parents may find it easier to stop making demands. Hyperactive behaviour also keeps adults away.

Indiscriminate Affection

A well-attached child will demonstrate clearly close attachments to a limited number of people (parents, siblings, grandparents and other primary caregivers).

A child who climbs up on every stranger's lap and says, "I love you" is saying, "No one is any more important to me than anyone else." This is a child who most likely has not developed bonding or

attachments to primary caregivers.

Over-Competency

Some children with attachment problems seem to be over-competent. They don't appear to need parents, for example, a five-year-old gets up, makes her bed, and cleans her room without being asked. When these children do need help, they may grant the adult permission to help them (You may tie my shoes for me).

Lack of Self-Awareness

Some children have been neglected or abused to the point where their parents never responded properly to their needs. These children have not learned to associate certain kinds of discomfort with certain kinds of relief. They may be bedwetters, they may overeat to the point of vomiting, they may not react to pain, and may seem unaware of extremes in temperature.

Control Battles

These children appear to be constantly testing. Reasonable requests lead to major confrontations. Lack of trust and exposure to family power struggles contribute to this problem. They may appear to need to be in control at all times, yet they feel they have little control over their lives. This may come from being abused unpredictably, from being moved abruptly, or from experiencing other sudden major life changes.

Two or Twenty Syndrome

Some poorly-attached children seem to switch between being immature and being overly mature. When they play with other children their own age, they want to be in charge, however, they prefer to play with older children. If someone sets limits on their behaviour, they may revert to temper tantrums typical of two-year-olds.

Insecure Attachment in Adolescence

The youth may actively resist relating to adults by running away, presenting an array of rejecting behaviours or just not being available or may deny there are any problems.

The youth may present as detached and uncaring about themselves or others. In extreme cases this can emerge as aggressive hostile actions against other children and youth, especially younger children.

The youth may have little concern about right or wrong or peer judgments and does not seem to have developed a conscience. The youth seems to lack any sense of their strengths or weaknesses. The youth may be a “loner” who is often in trouble with other youth.

The youth may seem to have no sense of identity and may feel uncomfortable with their sexuality. The youth may be having difficulties performing adequately academically. The youth seems to have constant conflicts around controls and expectations. The youth may be in constant conflict with the law, and may lack interests and activities outside the home.

Adapted from “Observation Checklist: Long-Range Effects of Normal Attachment” by Vera Fahlberg

HANDOUT #12

UNDERSTANDING INSECURE ATTACHMENT

Insecure Attachment in Infancy:

Some children may not have formed secure attachments in infancy for a number of reasons:

- Parent-child bonding may not have occurred at birth.
- Physiological problems may have interfered with the attachment process (premature birth, colicky baby, born with a disability etc.).
- The baby may not have been breast fed or held during feeding.
- Stress, as a result of unemployment, financial worries, marital problems may have interfered with the attachment process.
- The child may have been abused or neglected.
- The child may not have experienced the Arousal-Relaxation Cycle. When a child has not experienced a healthy give-and-take in his first relationship, he must have help to learn how to experience it with others.

When either the parent or the child does not receive satisfaction through interaction, there tends to be inadequate bonding.

Separation:

When children are separated from people to whom they are attached, the ability to form subsequent attachments may be impaired. As a result, when children are repeatedly separated from people to whom they have become

attached, to they often quit trying to form attachments.

When well-attached children are abruptly separated, it is normal for them to suffer severe depression. When children have been emotionally neglected and have virtually no attachment to their parents, they have almost no reaction to an abrupt separation.

The child's reaction to separation from his parents provides much information about the attachment. The following factors influence a child's reaction to separation:

- the nature of the child's attachment to her primary caregiver.
 - the nature of the primary caregiver's bonding with the child.
 - experiences the child has had with separation in the past.
 - the child's perceptions of the reasons for the separation.
 - the circumstances of the move itself.
 -
 - the environment from which the child is being moved.
-

The Stages of Separation:

The stages of separation are more evident in younger children.

- The securely-attached child protests vigorously and makes attempts to recover his mother (e.g., going to the door to try to find her). The absence of this response may indicate a child with insecure attachment to caregivers.
- The securely-attached child despairs of trying to recover his mother but continues to be watchful. He is constantly preoccupied and depressed. He becomes alert when a car drives up or door bell rings, hoping it is his mother.
- The child who is insecurely attached may seem unconcerned generally and is not worried about her parent, but may be very anxious about everything and everyone. This child does not ask about specific people but seems more vague and general in her worry.
- The securely-attached child may eventually become emotionally detached and appear to lose interest in his mother. The child who is insecurely-attached may remain generally anxious or may never have expressed any real interest in parents or other caregivers.

Fear and Attachment

Determining if a situation exists where insecure attachment is evident can be difficult and care must be taken when assessing the situation. For example, when a child protection worker tries to remove a child, the parent may verbally,

sometimes physically, strike out at the worker. The child might cling to the parent and exhibit fear or hostility toward the worker. The child is trying to withdraw from the perceived threat (i.e., the worker) and move toward her parent who she knows and may feel safe with in the context of the situation. The parent may or may not be a strong attachment figure for the child.

The child may feel caught in a dilemma when she fears an abusive parent, yet she fears even more, the child protection worker because the worker is an unknown element.

Although hostility from the parent of a child-in-care is not pleasant to endure, it must be remembered that it is a normal, healthy reaction. It may even be a desired reaction because it may indicate attachment in some form.

HANDOUT #13

PROMOTING SECURE ATTACHMENT

1. The Importance of the Child's Parents

- Children identify with their families. As the vast majority of children who enter care will return to their parents, it is essential to help the child come to terms with his family.
- Children identify with their parents and carry images of them in their minds because the parents are a part of the child. When anyone criticizes or attacks the parents, the child sees that as a criticism or an attack on her. When someone supports the child's parents, the child also experiences some of that support.
- Children may develop highly unrealistic pictures of parents in their minds. They may over-idealize them or exaggerate their harsh treatment. These images help children deal with their own lack of self-confidence, poor self-image, anxiety, guilt and shame. Logical discussions will have no impact. Only when the child gains self-confidence and feels better about himself is he able to develop a balanced perspective and see his parents as they really were and are.
- Children who have lived with their parents may miss them deeply. No matter how the child may have been treated, some attachment is present. That attachment needs to be honoured.

- Children-in-care often develop irrational explanations for the reasons their parents abandoned them. They cannot hear the rational and logical “truth.” They often feel responsible for the abandonment. Continued contact with parents, in some cases, may be the only thing that can have an impact on irrational fears and thoughts.

2. The Arousal-Relaxation Cycle

- Caregivers can respond to the discomfort of a child in their care as a way of promoting attachment (Arousal-Relaxation Cycle).
- The child’s needs may be physical, psychological or emotional. Every time a child expresses a need, no matter how poorly he may express this need, there is an opportunity to enter into the Arousal-Relaxation Cycle with the child.
- The caregiver’s role is not necessarily to satisfy every need but to be with the child and encourage the expression of feelings, and to respond with empathy, until the tension relaxes and the child feels comforted.
- It is at this time of relaxation that the child is most open to attachment in relationship.
- When a child is physically ill or injured, an important opportunity is provided for the caregiver to nurture the child and promote attachment.
- Accompanying the child to doctor and dentist visits can help her in times of high stress and can promote attachment.
- Caregivers need to help the child express his feelings of anger and frustration.
- Sharing the child’s extreme excitement over her accomplishments can promote attachment.
- Caregivers can help the child cope with ambivalent feelings about his birth family by effectively listening and responding to the child.
- Caregivers can help the child learn more about his roots through work on the child’s Life Book and maintain continuity by ensuring the child has information about his family, including pets, etc and supporting and promoting the child’s culture.

3. Claiming Behaviour

This behaviour includes the verbal and non-verbal messages we send to

recognize a new member has joined the family.

- Hang pictures of the child on the wall.
 - Involve the child in family reunions or other family events.
 - Involve the child in grandparent visits.
 - Include the child in family rituals.
 - Honour and recognize the child's belonging to the family through rituals or other appropriate ceremonies.
 - Buy new clothes with the child as a way of getting to know her size, preferences etc.
-

4. Cycle of Positive Interaction

The caregiver initiates positive interaction. The child responds positively. Begin the cycle of positive interaction as soon as the child moves in to set the pattern.

Examples:

- Recognize and praise achievements.
 - Make affectionate overtures through hugs, kisses, physical closeness the child feels comfortable with.
 - Read to the child.
 - Share the child's Life Book and help him with it.
 - Play games.
 - Go shopping together.
 - Go on special outings to the circus, concerts, plays, movies together.
 - Support the child's outside interests and activities by volunteering transportation, group leadership.
 - Teach the child a skill such as cooking or fishing.
 - Prepare the child's favourite food.
 - Say "I love you" or "I like you" and be honest.
 - Teach the child about extended family members through pictures or conversations and let the child teach you.
 - Help the child understand the family jokes or sayings.
 - Encourage and teach the child to participate in family activities such as bowling, camping, or skiing.
-

HANDOUT #14

ATTACHMENT: SETTING GOALS

1. Assess for Attachment
 - The greatest potential for assessment is early in placement.
 - Check for secure attachment first. Accentuate the positive, and note strengths.
 - Check for insecure healthy attachment.
 - Look for degrees (not absolutes) and clusters. Keep conclusions tentative.
 - Obtain as much information as possible from the child's worker, the child, the family, and from any other relevant source.
 - If possible, find out about the child's early years, birth, and prenatal period. This may be possible to find out from the parents in a non-threatening manner and setting such as with parents over coffee where you can share your own stories.
 - Write everything down as soon as possible.
2. Establish some tentative goals to maintain, enhance, or develop new attachments. Present these to the care team.
3. Design some tentative strategies and determine how to achieve goals.
 - Use the Handout #13, "Promoting Secure Attachment," to select strategies that might apply.
 - Develop some new strategies to suit the uniqueness of each situation.
 - Be aware that stable predictable plans are absolutely crucial for children with attachment difficulties.
 - Advocate to ensure the child will have no more unnecessary moves.
4. Prepare a presentation for the child's worker/care team using the outline above.
 - Write down your questions/concerns for discussion.

- Be open to suggestions.
5. Prepare a plan in consultation with the child, the child's family and the child's worker in anticipation of the child returning to their own family or to other placements.
- Prepare the child to leave the caregiver's home and begin to live in a new placement.
 - Prepare yourself for your sense of loss and help your family members with their reactions to separation.
-

HANDOUT #15

SUGGESTED RESOURCES

1. Adopting the Older Child

by Claudia Jewett
Harvard Common Press, Harvard
Massachusetts 1978

2. Attachment and Separation

by Vera Fahlberg
Michigan Department of Social
Services 1979

3. Continuity of Care: Family, Developmental and Attachment Needs of Children in Long-Term FosterCare

by Barbara Thomlison
from: "International Perspectives on Specialist Foster Family Care" Edited by Burt Galloway, Dada Maglajlic, Joe Hudson, Patricia Harman, John McLagan
Human Service Associates
ISBN 0-8087-5153-0
1990

4. **A Child's Journey Through Placement**
by Vera Fahlberg
National Resource Centre for Special Needs
Adoption 1991
5. **Helping Children Cope with Separation and Loss** by Claudia Jewett
Harvard Common Press, Massachusetts
1982
- 7) **Helping Children When They Must Move** Michigan Department of Social Services 1979
- 8) **The Least Disruptive Alternative** by Paul Steinhauer
University of Toronto Press,
Toronto 1991
8. **Maintaining Family Ties: Inclusive Practice in Foster Care** by Sally Palmer
Child Welfare League of America
Washington D.C.
1995
9. **Specialist Foster Family Care: A Normalizing Experience** Editors: Joe Hudson and Burt Galaway
Haworth Press, New York, London

1989

APPENDIX II: OVERHEADS

OVERHEAD #1

**British Columbia Foster Care
Education Program**

CARING FOR CHILDREN:

ATTACHMENT, SEPARATION, AND LOSS

(6 Hours)

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT

OVERHEAD #5

Learning Outcomes

SESSION I

The caregiver can:

1. define secure attachment and describe the factors that promote secure attachment, including the Arousal-Relaxation Cycle.
2. identify secure attachment in children through the use of behavioural descriptions.

3. describe how separation and loss may impact children-in-care and lead to feelings of confusion, sadness, anxiety, and anger.
4. describe the stages of a child's adjustment to foster care as an experience of separation and loss.

SESSION II

The caregiver can:

1. express empathy for the child-in-care's experience and for the child's feelings of confusion, sadness, anxiety, and anger when separation or loss occur.
 2. define insecure attachment and identify factors that may contribute to or cause insecure attachment.
 3. identify and articulate ways to support children or youth to develop secure attachments in relationships.
 4. describe ways to prepare children and youth to move from their foster home back to their birth family, to another caregiver, or to independent living.
-

OVERHEAD #7

Definition of Secure Attachment

Secure attachment is characterized by a need to maintain closeness and contact, a readiness to explore the environment, distress upon inexplicable separation, pleasure upon reunion, and grief at loss (Ainsworth 1989).

Secure attachment leads to:

- high self-esteem
 - a personal sense of security
 - the capacity to trust others
 -
 - the development of positive behaviours.
-

OVERHEAD #7A

PHASES OF SECURE ATTACHMENT

Phase One: Prenatal

Phase Two: Bonding at Birth

Phase Three: Birth to 6 months

Phase Four: 6 to 12 months

Phase Five: One Year and Beyond

Relationship Building

Mutuality

OVERHEAD #8

**SECURE ATTACHMENT
DISCUSSION QUESTIONS**

1. What parental behaviours contribute to secure attachment at each phase?

2. What are some of the ways children in care and caregivers can interact to develop secure attachments?

OVERHEAD #9

ASSESSMENT CASE STUDY INSTRUCTIONS

- 1. Read the case study you have picked.**
 - 2. Underline or highlight the behaviours from your case study that indicate secure attachment**
 - 3. Using the checklist corresponding to the age group of your case study, place a mark in column A, B, C or D for each item.**
-

OVERHEAD #10

STAGES OF LOSS

Denial

Anger

Despair

Resolution

Questions For Discussion

How did you feel about and react to the loss (how was your behaviour affected immediately and later?)

How did your parent(s) or caregivers respond to your feelings and reactions?

Were you able to grieve the loss and move on in your life?

How does this loss affect you in your relationships, in your family, and as a care giver?

What have you learned from your experiences with separation and loss?

CHARACTERISTICS OF INSECURE ATTACHMENT: INSTRUCTIONS

- 1. Think of a child you know and whom you believe experiences insecure attachment.**
 - 2. What behaviours and characteristics did/does the child have that you believe demonstrate insecure attachment?**
-

OVERHEAD #15

UNDERSTANDING INSECURE ATTACHMENT

List on a sheet of paper as many things as you can think of that might impair or inhibit a child's ability to develop a secure attachment.

OVERHEAD #16

PROMOTING HEALTHY ATTACHMENT

**Think of ways that caregivers can
promote healthy attachment in
children in care**

Write these ideas on a sheet of paper.