

**British Columbia Foster Care  
Education Program**

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

**(6 Hours)**

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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.

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# **INTRODUCTION**

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# 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.

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**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.