

# Attachment, Grief, and Loss

Foster Parent  
Training

# What is Reactive Attachment Disorder?

## The Healthy Attachment Cycle

Part One:  
Attachment

- Reactive Attachment Disorder (RAD) is a very real illness. Children with RAD are reacting to events in their early life that may include neglect, abuse, or something more subtle. Due to these events, many children are unable to attach to a primary caregiver and go through normal development that children must go through in order to function in relationships.
- In the first two years of life, children go through healthy attachment cycles.

A healthy first year attachment cycle:

Baby has a need → baby cries → needs met by caregiver → trust develops

- As the baby has a need and signals by crying, the primary caregiver comes and soothes the baby and meets the needs. If this cycle is repeated over and over again and the baby's needs are consistently met in the proper way by the same caregiver, the baby learns to trust. The baby will then be able to continue on their own in their development.

# What is Reactive Attachment Disorder?

## The Disturbed Attachment Cycle

Part One:  
Attachment

### A Disturbed Attachment Cycle:

Baby has a need → baby cries → needs not met by caregiver → trust does not develop, rage develops instead

- As you can see the baby has a need, the baby cries, but this time the need is not met by the primary caregiver. Sometimes, the need is met but it is inconsistent, or there are different caregivers who are not attuned to this particular baby. Sometimes the baby's cry goes unanswered (neglect) or the baby's cries are met with a slap (physical abuse). Whatever the cause, the baby's needs are not met in a consistent, appropriate way.
- Instead of learning to trust, this baby learns that the world is an unsafe place, that they must take care of themselves, that they can trust no one to meet their needs. They learn that they cannot depend on adults.
- Instead of trust developing, rage develops and is internalized. They learn that they must be in charge of their life for their very survival. This is why a child with RAD feels the need to be in control - they think their life depends on it.

# What is Reactive Attachment Disorder?

## The Second Year Secure Attachment Cycle

Part One:  
Attachment

- If the child successfully goes through the Healthy Attachment Cycle during the first year of life, then they will most likely be able to reach the Second Year Secure Attachment Cycle. It is only going through this cycle that the child will ever be able to learn to accept limits on their behavior.

### 2<sup>nd</sup> Year Secure Attachment Cycle:

Child wants → Caregiver sets limit (NO) → Child will accept limit, test limit, or defy limit → Caregiver responds appropriately

- Successfully going through the Healthy Attachment Cycle and Second Year Secure Attachment Cycle that the child learns to trust, engage in reciprocity, and to regulate their emotions. The child develops a conscience, self-esteem, empathy, the foundations for logical thinking are laid down, etc.
- The breakdown of these two attachment cycles will damage all relationships that the child has for the rest of their life unless interventions are made.
- When the first cycle breaks down, the child cannot do the second year. To expect the child to function as a typical child when the normal development was completely stunted during the first year is not rational.

# How Does Attachment Help the Child?

Part One:  
Attachment

- Attain his/her full intellectual potential
- Sort out what he/she perceives
- Think logically (development of abstract reasoning - cause and effect)
- Develop social emotions (empathy)
- Develop a conscience (sense of right and wrong)
- Trust others
- Become self-reliant
- Better able to cope with stress and jealousy
- Overcome common fears and worries
- Increase feelings of self-worth
- Reduces jealousy
- Accepting of unconditional love
- Develop a positive perception of family life
- Develop healthier relationships

# Common Causes of Attachment Problems

(Highest risk if these occur in the first two years of life)

Part One:  
Attachment

- Sudden or traumatic separation from primary caretaker
  - Through death, illness, hospitalization of caretaker or removal of child
- Physical, emotional, or sexual abuse
- Neglect of physical or emotional needs
- Illness or pain which cannot be alleviated by caretaker
- Frequent moves and/or placements
  - Through foster care, adoptions, changes of caretaker within family
- Inconsistent or inadequate care at home or in day care
  - Care must include holding, talking, nurturing, as well as meeting basic physical needs
- Chronic depression of primary caretaker
- Neurological problem in child which interferes with the perception of or ability to receive nurturing
  - i.e. babies exposed to drugs in utero.

# Behaviors Associated with Problematic Attachment

## Part One: Attachment

- Unable to engage in stratifying, reciprocal relationship
  - Superficially engaging, charming (not genuine)
  - Lack of eye contact
  - Indiscriminately affectionate with strangers
  - Lack of ability to give and receive affection on parents' terms (not cuddly)
  - Inappropriately demanding and clingy
  - Persistent nonsense questions and incessant chatter
  - Poor peer relationships
  - Low self-esteem
  - Extreme control problems - may attempt to control overtly or in sneaky ways
- Poor cause and effect thinking
  - Difficulty learning from mistakes
  - Learning problems - disabilities, delays
  - Poor impulse control
- Emotional development distributed: child shows traits of young child in "oral stage"
  - Abnormal speech patterns
  - Abnormal eating patterns
- Infantile fear and rage, poor conscience development
  - Chronic, "lazy" lying
  - Stealing
  - Destructive to self, others, or property
  - Cruel to animals
  - Preoccupied with fire, blood, and gore
- "Negative attachment cycle" in family
  - Child engages in negative behaviors which can't be ignored
  - Parent reacts with strong emotion, creating intense but unsatisfying connection
  - Both parent and child distance and connection is severed

# Factors That Influence the Child's Reaction to Placement

Part One:  
Attachment

- Age at separation
  - Younger children will more easily transfer their attachment to another parent figure.
- Quality of the relationship with the mother prior to separation
  - Highly dependent children will react more severely.
  - Children who have a low level of bonding or attachment to their mother may not have a severe reaction to separation, but they may encounter problems later in life in relationships with others.
- Abuse or neglect
  - An abused or neglected child may still have a strong attachment to the parent.
- Reactions of others
  - The reactions of significant adults (foster parents, caseworkers, teachers) to the child's feelings and behavior influence the severity and duration of the separation process. Accepting the child's feelings, his or her acting out, and any medical problems is critical.
- Remember: Each child's unique personality will determine the extent of his/her reactions to placement. In general, the more contact with the parent through visits, calls, cards, etc., the less anxiety the child is likely to suffer.



# Indicators That The Adult May Be Having Problems Attaching

Part One:  
Attachment

## General Observations

- The child is seen as the problem
- The child's behaviors have gone public and stigmatized the family
- The turning point - the child has acted out in a way that has been anticipated but cannot be tolerated by the family
- Deadline or ultimatum is given for the child's behaviors to improve

## Infancy

- Fails to respond to the child's vocalizations and cues
- Doesn't encourage age appropriate development
- Fails to initiate and enjoy positive physical interaction with the child

## Toddler Years

- Fails to set age-appropriate expectations and boundaries
- Doesn't provide comfort and positive feedback
- Scapegoats the child and/or the child's behaviors

## Elementary-Aged

- Fails to encourage the child academically
- Unaware of the child's likes and dislikes
- Shows favoritism between siblings

## Adolescence

- Fails to provide adequate structure
- Voices distrust about the child
- Fails to show affection towards the child

# Long-Range Effects of Lack of Normal Attachment

Part One:  
Attachment

## Emotions

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

## Cognitive Problems

- Has trouble with basic cause and effect
- Experiences problems with logical thinking
- Appears to have confused thought processes
- Has difficulty thinking ahead
- May have an impaired sense of time
- Has difficulties with abstract thinking

## Developmental Problems

- May have difficulty with auditory processing
- May have difficulty expressing self well verbally
- May have gross motor problems
- May experience delays in personal-social development
- May have inconsistent levels of skill in all these areas

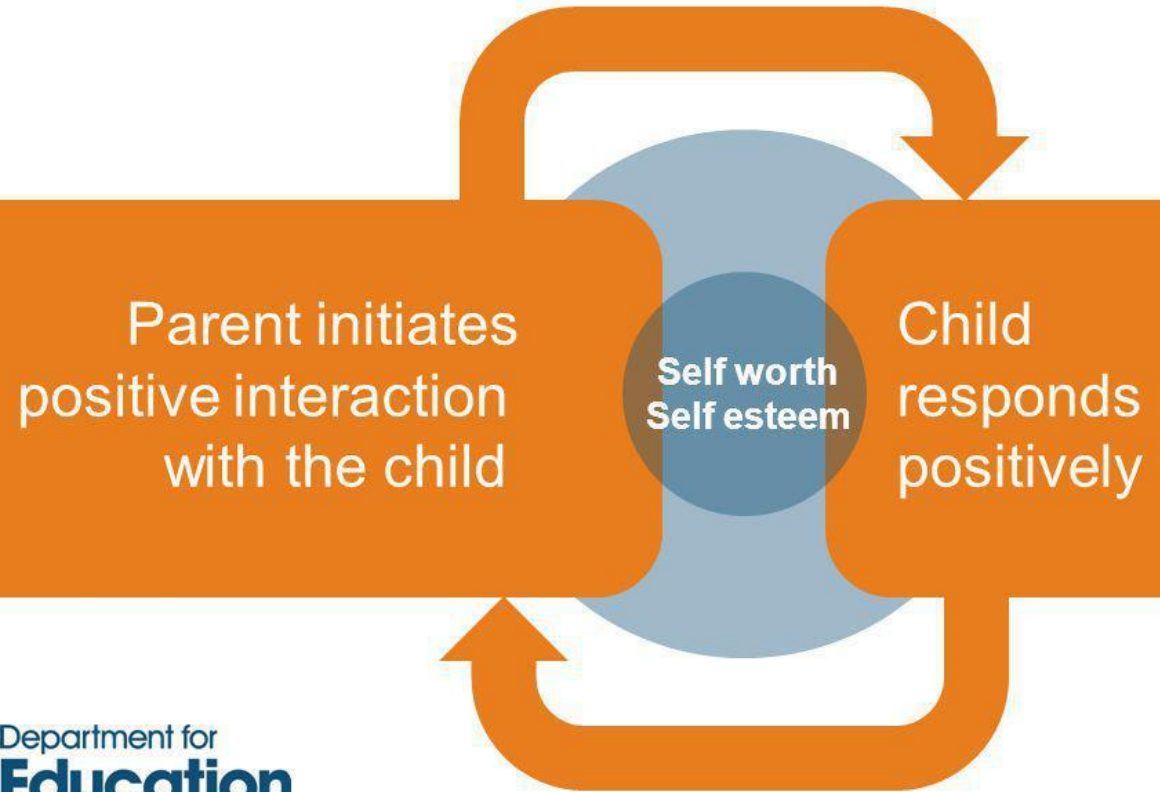
## Psychological or Behavioral Problems

- Conscience Development
  - May not show normal anxiety following aggressive or cruel behavior
  - May not show guilt about breaking laws or rules
  - May project blame onto others
- Impulse Control
  - Exhibits poor control
    - Depends upon others to provide external controls on behavior
  - Exhibits lack of foresight
  - Has poor attention span
- Self-Esteem
  - Is unable to get satisfaction from tasks well done
  - Sees self as undeserving
  - Sees self as incapable of change
  - Has difficulty having fun
- Interpersonal Interactions
  - Lacks trust in others
  - Demands affection but lacks depth in relationships
  - Exhibits hostile dependency
  - Needs to be in control of all situations
  - Has impaired social maturity

## Positive Interaction Cycle

The parent initiates positive interaction with the child and the child responds positively. This reinforces positive interaction between the parent and child and builds self-esteem and self-worth.

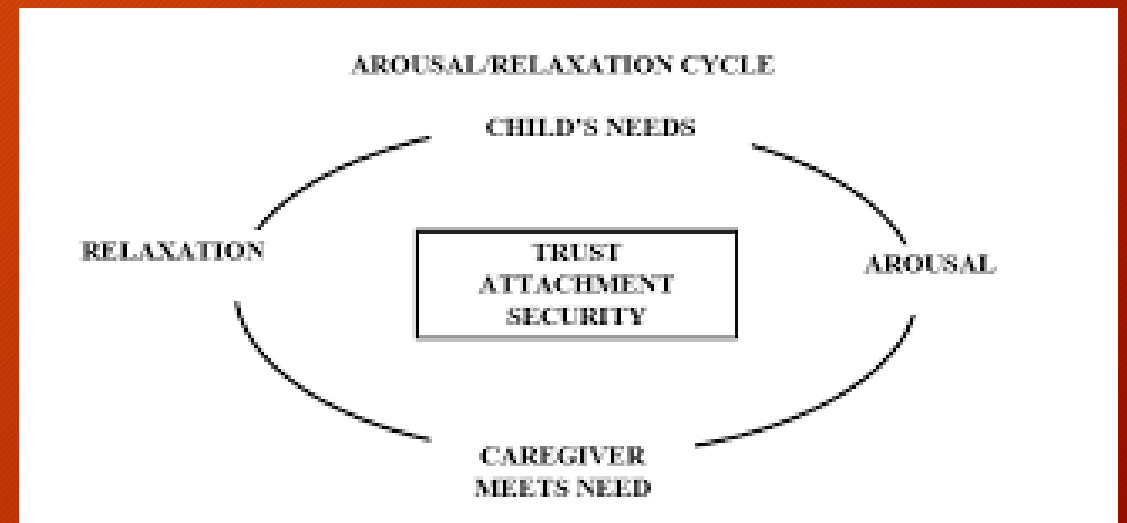
### The 'positive-interaction' cycle



# Arousal-Relaxation Cycle

Part One:  
Attachment

The interaction is initiated by the child's need and expression of that need through displeasure. The parent responds to the need and satisfies the need causing the child to be relieved. This helps trust, security, and attachment to develop between the child and the parent.



# Elizabeth Kubler-Ross: Five Stages of Grief

Part Two:  
Grief

1. Denial - We refuse to believe that what happened has actually happened. A person may act like the loss was not significant or they seem stunned, shell-shocked, and behave in a manner that is robot-like.
2. Anger - The individual blames themselves or others for what has happened. They may experience outburst or withdrawal. Anger that is internalized can lead to health problems. "Pain deserves to be felt."
3. Bargaining - The grieving person may attempt to bargain with God or with themselves, trying to make a deal to get things back to how they were before suffering the loss. The grieving person will attempt to regain control and prevent the finality of the loss. They will promise to be a better person from now on.
4. Depression - The grieving person may feel that there is no purpose in life any longer. They may be tired, listless, and disinterested in activities. They may be tearful or lack the ability to feel joy in anything.
5. Acceptance - The grieving person reaches the realization that life goes on. They have energy and begin to move on with a sense of direction.

# Denise Goodman: Common Behavior Patterns of the Grieving Process

Part Two:  
Grief

1. Shock/Denial: The child may not show an emotional reaction to the loss. They may show little commitment to or interest in what they are doing. They may appear passive, emotionally detached, or numb. A child in placement may talk about not remaining in the foster home for long and claim that they are going to return home soon.
2. Anger/Protest: The child may be oppositional. They may have tantrums or outbursts. The child can withdraw, pout, sulk, and refuse to participate in activities.
3. Bargaining: The child may be eager to please or make promises that they will behave in a certain manner or do certain things. The child may feel that if they behave this way it will enable them to reconcile and return to their family. The child may try to negotiate agreements to do certain things for the foster family in exchange for a promise that the child can return home.
4. Depression: The child appears to have lost hope and is experiencing the full impact of the loss. They are socially and emotionally withdrawn. The child may be anxious, easily frightened, and overwhelmed. They can be distracted and lacking in direction. The child may display regressive behaviors.
5. Resolution: The child tries to establish a place for themselves in the home and family. They start to identify themselves as part of the family. The intensity of the emotional distress decreases.

# How Do Children Cope?

Childhood Defenses, Coping Styles, and Survival Behaviors

Part Two:  
Grief

Interactional Defenses are used by all children as ways of reducing anxiety, discomfort, and distress when with others. These behavioral relationship styles are the unfortunate outcomes of the children's experience of caregivers as dangerous, frightening, cruel, and unforgiving. Such defensive responses have helped children ward off the overwhelming pain of losses, of maltreatment, and of emotional hurts from a life experienced as uncaring. These "symptomatic strategies," in essence, are "survival behaviors" -- and in placements are maintained by the child long after their purpose is lost and longer appropriate. When these behaviors continue, or are relied upon too extensively or rigidly, they have the opposing effect of reducing the very opportunities for comfort, closeness, and support that children need -- blinding the child to family belongingness, love, and affection.

# How Do Children Cope?

## Childhood Defenses, Coping Styles, and Survival Behaviors

Part Two:  
Grief

- Ingratiating Friendliness: A need to make friends with adults and peers. Typically arising out of fear of others and of consequences of actions, used to avoid punishment, and sometimes due to past reinforcement of conforming, seductive behavior.
- Noble Resilience: Avoidance of pain, anger, and loss by falsely seeming unmoved and emotionally untouched by past traumatic experiences. A way of keeping others at a distance, of avoiding negative feelings and losses, and of gaining shallow closeness.
- Complete Devastation: This response style can be coercive in gaining comfort and support, or a defense against being confronted with misbehavior by reacting theatrically or by “falling apart” - too weak, vulnerable, or out-of-control to “face the music”.
- Theatrical Displays: which include lying, deception, manipulation, and “chameleon-like” behavior. Children adopt this style and strategy due to a tremendous lack of trust in others, a need to control, and keep distance. Such displays mask real feelings of pain and hurt. These children can be successful in manipulating others for their own needs, or at falsely connecting with others by “telling them what they want to hear” and “being what they want them to be.”
- Tantrum Behavior: Often a strategy of keeping others away and of forcing a “wide berth” due to the intensity of a child’s reaction. A style of keeping caregivers from dealing with anything serious or emotional with them, as their reactions are so severe. A way of involving others closely - though at a distance.



# How Do Children Cope?

## Childhood Defenses, Coping Styles, and Survival Behaviors

Part Two:  
Grief

- Disappearing: A strategy of “You can’t hurt what you can’t see” avoidance of anxiety producing interactions or playing a controlling game -- a passive-aggressive way of causing concern.
- Negativism, Acting-Out: Avoiding feelings and relationships by misbehavior and aggression against others. “Acting-out” of feelings so that these do not have to be faced or shared in relationships.
- Impulsivity: Avoiding reflection on self that would cause anxiety, acting to immediately meet needs lest the opportunity be lost, doing something to stop a process or consequence, and immediate and unchecked way to express anger or hostility, and oppositionality and a refusal to be controlled.
- Hypercontrollingness: Avoidance of anxiety-producing intimacy, feeling “secure” by being in charge, a need for stability and structure, fear of consequences of failure, an outlet for anxiety, a style of expressing anger, and a reaction to the fear of losing self-control.
- Constant Checking and Questioning: Coping with insecurity by engendering reassurance, lowering expectations, and a need for compliments and befriending to avoid punishment.
- Affection Addiction: Avoidance of feelings of loss, aloneness, and emptiness through over-affection and clinging, satisfying unmet emotional needs through “token” affection, a need for human touch and contact due to neglect.
- Passive-Aggressiveness: An indirect way of venting anger and rage, the fear of consequences from the outright expression of feelings, a way of acting-out and avoiding consequences simultaneously, and confusion over closeness and intimacy.

# Ten Common Myths About Children and Grief

Part Two:  
Grief

- 1. Grief and Mourning are the same experience.**
  - ✓ Grief represents the thoughts and feelings that are experienced within the child when they lose a relationship with someone they love.
  - ✓ Mourning means taking the internal experience of grief and expressing it outside oneself. It is grief gone public.
  - ✓ Children are the forgotten mourners: they do grieve but because they do not mourn as adults do, it is thought they are “over it”.
- 2. A child’s grief and mourning is short in duration.**
  - ✓ If the adult can assume the grief and mourning are of short duration, they will not have to deal with the pain.
  - ✓ The child may not mourn for six months because they are protecting themselves.
- 3. There is a predictable and orderly stage-like progression to the child’s experience of grief and mourning.**
  - ✓ A variety of unique thoughts, feelings, and behavior will be experienced as part of the healing process.
  - ✓ We must remind ourselves to not prescribe how children should grieve and mourn
  - ✓ Allow them to teach us where they are in the process.
- 4. Infants and toddlers are too young to grieve and mourn.**
  - ✓ Any child old enough to love is old enough to grieve and mourn.
  - ✓ Infants and toddlers may experience regressive behaviors, sleep disturbances, and explosive emotions.
  - ✓ Unless supported in their loss, they can potentially develop a lack of trust in the world around them.
  - ✓ Hugging, holding, and playing with them are the primary ways in which we can attempt to help these children.
- 5. The grief and mourning of adults surrounding children with loss does not have an impact on them.**
  - ✓ The significant adults in children’s lives are the most important factor in allowing and encouraging children to mourn.

# Ten Common Myths About Children and Grief

Part Two:  
Grief

## 6. The trauma of childhood bereavement always leads to a maladjusted adult life.

- ✓ With proper guidance, children are able to express their feelings, which leads to better preparation for other losses in life.

## 7. Children are better off if they don't attend funerals.

- ✓ Children in the system may experience the loss of a parent while in foster care.
- ✓ They are in need of closure.
- ✓ Be aware they will have many unresolved issues with their birth parent.

## 8. Children who express tears are being “weak” and harming themselves in the long run.

- ✓ Tears provide an emotional release for the child and it is a healthy way to mourn.

## 9. Adults should be able to instantly teach children about religion and loss.

- ✓ Help the child to express themselves and help them in the healing process.
- ✓ Imposing beliefs may make them feel as though they are not being heard.
- ✓ Religion needs to be taught gradually and understanding takes time.

## 10. The goal in helping bereaved children is to “get them over” grief and mourning.

- ✓ Grieving is a process that may take a lifetime.
- ✓ The goal is to help them through the process.

# Tips On Helping Children Grieve

Part Two:  
Grief

- When words fail, a hug is perfect.
- Don't be afraid to be empathetic with the child. Share the intensity of the pain.
- Reassure the child they are safe. He/She may be afraid after having the loss experience.
- Do not dismiss the child's feelings of guilt. Help them express why they feel guilty and assure them they were not the cause of the loss.
- The child may express anger over the loss. They may throw things, ignore rules, or become disrespectful. They need help to find alternative ways to express their anger.
- Sometimes a child will become upset over an unrelated subject, but the source of the reaction is unresolved feelings of grief. Being aware of their history may help you identify what could trigger reactions.
- Allow the child to talk about their past and their family.
- Listen more than you talk. You cannot listen if you are talking. Show them that you want to listen by giving your undivided attention.
- Ask questions for clarification. Help them develop what they are trying to say.

# Reminders For Grieving Children

Part Two:  
Grief

- ❖ Children cannot sustain grief for long periods of time.
- ❖ Allow a child to give significance to their loss.
- ❖ Do not tread on a child's feelings. Allow them to feel whatever they feel.
- ❖ Do not give up the rules, maintain stability. Grief still requires boundaries.
- ❖ Expect some "regrieving" at each developmental stage.
- ❖ Repeat information as often as necessary. Keep explanations simple for children.
- ❖ Allow children to PLAY... this will lay the groundwork for their grief process.
  - Positive Leisure/Learning Activities for Youth
- ❖ Children are not immune to grief just because they do not have language.

# Factors That Influence A Child's Reaction To Separation and Loss

## Part Three: Loss

- Child's age and state of development
    - ✓ Separation from parents leads to regression in development, especially the recently learned skills.
  - Child's attachment to parents
  - The parent's bonding to the child
  - Past experiences with separation.
    - ✓ The more the child has moved, the less he will react.
    - ✓ Has developed defenses against the pain.
    - ✓ Hesitates to become close to avoid pain.
  - Child's perceptions for the reasons for separation.
    - ✓ They are prone to "magical thinking" (wanting to control their own destiny).
    - ✓ They hold themselves responsible when things don't work out.
- The stronger the attachment, the more traumatic the loss

# Factors That Influence A Child's Reaction To Separation and Loss

## Part Three: Loss

- Child's preparation for the move
  - ✓ A planned separation makes it easier for the child to through the grief process
- The “welcoming message” received by the child
  - ✓ Be prepared - Welcome the child
- Post separation environment
  - ✓ The environment that a child lives in following a loss has a tremendous impact on the grieving process.
- Child's temperament
  - ✓ Some kids withdraw under stress
  - ✓ Some act out
- The environment the child is leaving
  - ✓ Despite the problems in the home, knowing is nearly always preferable than not knowing.
  - ✓ If a child is fearful of his living environment, he may not react as adversely to the separation.

# When You Lose Something: How You Might Feel

## Part Three: Loss

- You have tightness in your throat or heaviness in your chest.
- You have an empty feeling in your stomach, and you don't feel like eating.
- You feel guilty at times and angry at others.
- You feel restless and look for something to do, but have trouble concentrating .
- You feel like the loss didn't really happen.
- You expect the person who left you or who you left to return at any minute.
- You are reminded often by smells, sounds, and places, or the people you miss.
- You feel confused. Sometimes you forget what you are doing and forget to finish what you have started.
- You have dreams about the people you are missing and you have a hard time sleeping.
- You try to become the person you miss and do things that might make them happy.
- You feel guilty or angry over things that happened or didn't happen with the person who left you.
- You feel very angry with the person who left you.
- Your mood changes often and you cry at times when you don't expect to.



# Grief Responses In Children

## TWO TO FOUR YEARS OF AGE:

- The concept of loss is that it is reversible.
- Children at this age have a quick response to loss but also experience an even quicker recovery.
- The child is very aware of changes in their routine caused by the loss.
- A child in this age range tends to live in the moment and not dwell on the past.
- Their persistent questions, “Are we there yet” change to “When are they coming back?” This is usually in reference to someone who has died but can also apply to a child who has been removed from their home and parents and placed in foster care.

## FOUR TO SEVEN YEARS OF AGE:

- The concept of loss is that it is possibly still seen as reversible.
- The child has feelings of responsibility or fault for having caused the loss.
- Children at this age experience grief as “no big deal” and they seem as if they are “over it”.
- Their questions are more serious than that of the younger age group - “Why did this happen?” and “Will this happen to you?”
- This age group of children experience and demonstrate more emotions regarding the loss.

# Grief Responses In Children

## SEVEN TO ELEVEN YEARS OF AGE:

- The concept of loss is that the child is able to understand that the loss could be final and if the loss involves a death, it is final
- The child may also feel that the loss could be a punishment or consequence for some behavior or action the child took.
- Children at this age respond by having and asking real questions.
- They have a strong desire to know and understand what happened.
- They are capable of beginning to mourn a loss.

## ELEVEN TO EIGHTEEN YEARS OF AGE:

- Children in this age range understand that if the loss is final there is no returning to life as they knew it prior to placement.
- If the loss involves a death, a child understands that death is final and that the deceased is never returning.
- Children respond by feeling sadness, anger, and pain.
- They may regress in their behaviors or choose to engage in dangerous activities such as experimenting with drug use.
- Children don't want to share their thoughts or feelings with their family - this is typical for all feelings at this age, whether those feelings are related to loss or not.
- Foster parents and others working with the child will need to determine if the behaviors are typical teen behaviors or the result of the child's reaction to the loss.