



Consequences of Breakdowns in Attachments

Learning Outcomes

By the end of this unit the learner will be able to:

- ✓ Explain the affects of bereavement & separation on children
- ✓ Assess the effects of divorce on children.

Consequences of Breakdowns in Attachments

Grief

The process of bereavement is unpredictable and is different with every child. Children differ in their exposure to and their feelings about death; emotions range in severity from indifference to great sadness and worry.

A shocking or tragic death causes more extreme sadness than an expected passing. The loss of a parent or guardian is one of the biggest events in a child's life requiring a large amount of adjustment to the child's normal patterns, as well as, the confirmation of new and tight relationships with substitute parents (Bowlby, 1981). The passing of a brother, sister, or other close individual will have a bigger effect on children than the passing of a society's leader or an individual they do not know. Past situations, taking part in funerals, and access to suitable support also affect the severity of grief.

Experiencing the death of a loved one in childhood is not easy. As children understand more about the meaning of the passing of an individual and what it suggests in the real world, they are forced to consider the loss in terms of their new reality. The passing, which they thought they understood, must be studied from bottom to top once again. In this theory, childhood bereavement may be viewed as a process even more so than bereavement in adults. After the initial shock, reactions differ as the child starts to understand the new realities of their experience.

Sadness, worry, and unclear memories may occur along with physical stress reactions, such as disrupted sleeping patterns and issues at school. A lack of understanding of death and its relevance may lead to perceived apathy or a persistence of normal activity in very young children. As they grow, children have the ability to understand death at a deeper level so later incidences of death may include sadness leading to feeling alone and uncared for. The drama associated with death may lead to temperament differences in the child. There is a widely accepted opinion that the loss of a parent in the child under ten years old may increase vulnerability to depression in adulthood (Brown, Harris, and Copeland, 1977). This means that the impact of death may not be looked at as limited to a set time frame in which the child will "get over it" but may be spread across childhood.

Dealing with the concerns of death is mediated, largely by family and social care, which may offer safety, realisation, and a place to share memories. However, a death that may harm children will also affect other family members, too. Parents might attempt to help or shield their children from exposure to death and grief in the family. This typically brings the unwanted effect of the children to making guesses about the reactions of those near them and the topics of death and loss which play a vital part in the grieving process. There are formal situations which help us people work through grief. Thoughts provide order in the first stage of grieving. This helps make the loss believable. It also allows a large number of peers and family members to provide care. They look happily on the life of the individual who has sadly passed away. Some

individuals believe that these thoughts are not right for children to experience. However, children who are prepared and cared for by a trusted adult are able to see the individual who passed away.

The grieving process is gradual and occurs over time. The process may stop or continued without any resolution when the death is traumatic. Outlines should be made to and informed by the differing needs of the bereaved child to show how worry and stress may interrupt bereavement in its various forms at different times.

Do Children Grieve Differently?

Children adapt to many changes, like being weaned, losing one of their favourite toys, going to school, moving to a different city or country and leaving peers, changing schools, or coping with the death of a pet.

In everyday life situations, children experience a wide range of emotions, such as, frustration, sorrow, confusion, sadness, or depression. The concept of people dying is not unknown to children despite their narrow understanding of how to express what they feel.

The way children deal with the death depends in part on their personalities but primarily, on what their parents or guardians have modelled for or taught them. These role models might stay with them all the way to their adolescence.

It has only been recently discovered that children do grieve. Studies suggest that children do grieve for the death of an important individual in their lives, feeling the same sort of emotions as grieving adolescents. Their level of understanding of death changes as they grow. Children under five might find it harder to determine and name their feelings.

Babies and Toddlers: Babies and toddlers might not grasp the concept of death but will respond to those around them. For instance, a grieving mother will not intentionally show her sad emotions to her baby but the baby may respond to the mother's mood by crying.

Primary School Children: Older children have the same sort emotions as adults, which include shock, confusion, frustration and sadness. Children in this group might not express their emotions openly, leading parents and others to believe that they are not suffering from the death of the individual. Any change in behaviour may suggest that they are also grieving and need care and understanding to help ease their pain.

Teenagers: Teenagers' grief reactions are similar to those of adolescents but negative emotions might lead to aggressive behaviour. Frequent mood changes and episodes of depression are normal but, it might be hard to separate them from typical adult reactions. Mounting pressure and arguing with family members may occur more frequently. Like adolescents, teenagers might suffer from headaches, sleeping problems, self harm/suicidal behaviours, or eating disorders.

The following are examples of what may be expressed by grieving children of any age, showing clearly some of the emotions they may feel:

- **Denial** - "I don't believe it. It didn't happen. It is just a nightmare. Daddy will be back."
- **Guilt** - "She fell ill because I did not behave. I murdered her!"
- **Blaming others** - - "It's the doctor's fault. He didn't treat him right."
- **Worry** - "Who is going to look after me now?"

Infancy/Early Childhood

This is the time of life in which the child first acts as an individual. Infants gradually grow from areas of total dependence on parents to being able to walk or run, communicating, and defining their universe. Notably, this goes with a period of studying and development in which thinking changes and growth is seemingly continuous. Many vital growing activities occur in infancy and early childhood. Activities include the rapid growth and refinement of motor abilities, the development of language and production of speech, and understanding the concept of predictability in situations. It is also in this stage of growth that children learn the idea of uniqueness or what defines an individual and includes the development of personality and the mind. Acquisition of these abilities is hard and continues into the later stages of development. As a result there are many concepts, plus, the perceptions of events, which are more complex and are difficult for young children to truly grasp.

One of the main activities in early infancy is the formation of tight relationships, bonds, and emotional connections with parents or guardians. These are the first real connections a child makes and serve as an introduction to social communications; nearly every other relationship in the child's life is made around these connections.

The relationships and emotional connections are part of the child's daily routine and provide a sense of predictability and security that frequently involves the parent or guardian. Individuals of significant importance to a child may have a soothing effect on a worried or saddened child and provide the young child with a feeling of safety when they are in changed settings (Bowlby, 1981).

Sudden Death in Infancy/Early Childhood

Infants do not grasp the concept of death but react to separations from a parent or family member. Infants may also be upset by differences in patterns or stress in caregivers due to grief. Infants respond best to consistent patterns where physical and emotional bonds are maintained. Children of preschool age may act differently because of an incomplete understanding of death. In this stage, children understand the more concrete aspects of death, like the permanent separation, but may continue to process as the situation continues. Depending on the age and level of understanding of the child, he may look for the deceased or believe that the dead come back to life for special occasions like birthdays or holidays.

Children typically ask questions and require answers multiple times. They may be in a state of confusion or fear caused by traumatic events such as, death. For example, they may equate death with going to sleep. Some deaths may seem more frightening because of the suddenness of the death, other factors regarding the loss of life, and whether or not the child saw the death occur. While very young children might not yet have the understanding to react to horrific events, or to realise a traumatic occurrence as they see it, there is proof that children learn this concept early, even before they learn how to speak. Seeing a horrific death typically leaves infants with a great need for safety and protection. They require assistance in dealing with the emotions that come after witnessing a tragic event. Preschool children have difficulty in grasping the reason for the death. They may feel a sense of responsibility that somehow their thoughts or actions caused pain or death. In addition, they may relive the tragedy through drama performances that typically depict events that bring the deceased back to life.

Extended periods of fearfulness and worry are difficult for a young child to process and may push the child to his limits. An initial feeling of nervousness in a child is a typical, healthy response. This may provide the child with an additional sense of security. This is helped when the child is sensitive to his surroundings and always seems to be in a state waiting for the next bad event to occur. Nevertheless, some tragic events may be so difficult to process that they force a child into an ever-present state of high alert. He may not be able to return to pre-trauma levels of arousal in specific settings. This results the child feeling tired and reeling from long-term, age-associated symptoms of worry like waking up in the middle of the night and clinginess. The mother and father of a young child who is grieving may not have the knowledge in a child's typical response to tragedy, they may find that managing their child's reactions is difficult at that time.

Children who may be grieving or who may have experienced trauma may feel insecure and worried. They may need a stable, trusting home environment in which they can return to the predictable routines of daily life. Even though children in this age group may be too young to comprehend the situation, it is likely they are listening to the adult conversations around him as he tries to create an understanding of what has happened. The young child's reaction to tragedy and grief is typically is the same regardless of the relationship the child has to the deceased.

Middle Childhood

Middle childhood is defined between the ages of five and ten years and is characterized by new mental and social skills. Of particular importance is a child's engagement in school. This allows the child to make new friends which help him to grow socially.

In this stage, children begin to understand the concept of self-regulation. Younger children most often talk about items they have seen or activities they have done in the more recent past. Older children are able to use speech for sharing abstract ideas or objects from their imaginations. Children in middle childhood are better able to define and understand death. This includes the reality that death is not reversible, has a variety of causes, and will happen to everyone.

As children move through middle childhood, their play changes to rule-based games or sports. This coincides with their increasing cognitive skills that enable them to comprehend and use more difficult instructions. Children form their own groups, acknowledge individuals as friends, go to clubs, study social behaviour, and practice self-regulation. In addition to starting school, children in this developmental stage have more social opportunities than they have had in the past even with the family staying as the social focus and primary provider of emotional support.

Sudden Death in Middle Childhood

The effects of a traumatic loss on children of this age range are widespread, but they are based on a broader understanding of the world and on different coping strategies than those used by younger children. In middle childhood, death is understood as a permanent separation from loved ones. A traumatic death may lead a child to question difficult issues of cause and injustice. Images of the trauma or death may play repeatedly through the child's mind. This may appear as difficulties in concentration and lapses in memory which may lead to poor school performance or lack of interest in normal activities. Socially, children affected by a traumatic death may either withdraw or show increased aggression. The children need to be reassured that their emotional and physical reactions to grief are normal and acceptable.

Unexpected tragic deaths, particularly those that are seen by children, are likely to be viewed in more complex ways with grieving as the children experience both worry and loss. At this age, children are old enough to understand the despair they feel and that they witness in those around them. Children, in middle childhood, typically have doubts about their own reactions to tragic occurrence but are rarely expected to talk about these concerns. Seeing similar events on the news, traumatic pictures, or even loud noises may act as triggers, causing the traumatic memories to resurface, and increasing the level of anxiety as the child perceives that safety concerns are ignored. Long periods of stress lead to fatigue along with physical and emotional problems.

Just as with the younger children, children in middle childhood have difficulty in understanding their physical reaction to tragedy. Bad dreams, interrupted sleeping, and weak academic performance are normal reactions to trauma but might not be processed as such by the children experiencing them. A persistent response to traumatic stress leads to tiredness, short-term damage to the immune system, and irregular emotional patterns. The unfamiliar emotion patterns may make the body's response to tragedy quite unpredictable. Children and their caregivers need to be aware of the variety of physical and behavioural responses that are considered normal.

Dealing with grief caused by trauma is an ongoing process and is difficult to work through. In middle childhood, the most recognised and widely-used mechanisms to resolve this are centred on family communication and especially, the bonds with parents. This means that the grief reaction of the parent is

the best estimation of the grief response of their children. On the other hand, however, children, in this age group, have access to a larger social network that may provide safe and normal settings that extend outside of the grieving family.

First, for the child, tragic death is painful and she needs a secure environment within which she could explore her emotions and responses. She might need reassurance about frightening or ambiguous aspects of the trauma which is the source of his anxiety. Nevertheless, many parents, teachers, and guardians avoid in-depth conversations about the tragedy. The adults may be nervous about discussing painful topics and memories fearing that it will create more wounds that must be healed. It is possible that children also avoid the topic of the traumatic death, fearing that it may upset the other family members. As a consequence, many children try to downplay the extent of their emotional pain for the benefit of their loved ones. Many parents do not take into consideration the magnitude of the emotion experienced by grieving children.

Adolescence/Late Childhood

The final stage of childhood is characterised by rapid growth and biological growth. Furthermore, adults generalise a period when children re-establish what they need to carry out and bonds with the family and in bigger friend groups. Personal and sexual characteristics are established and social and abstract reasoning occur.

A primary response to late childhood is an increased level of independence from the family while maintaining relatively good emotional connections with parents, brothers, and sisters. The road to this new state of mind is difficult due to physical and hormonal changes in the adolescent body. This is something, which the adults need to work through, as well. The increased level of self-awareness that adolescents experience may make these differences stressful and wash out emotional needs. Mentally, adults may work out more complex and more obscure ideas. In terms of death, adults may grasp the present and future factors of separation from the deceased and are more likely to focus on the certainty of their own unavoidable mortality.

Sudden Death in Adolescence/Late Childhood

The occurrence of a traumatic passing may be hard to come to terms with in adolescence, as this is a normal duration of change for children. Unnecessary and ongoing traumatic pictures may impact the adult's thoughts. These events are not experienced through drama nor are they always talked about openly because of their painful associations. Self-consciousness may also make talking about a traumatic death with a friend difficult or a source of worry. Arguments that happen naturally in adulthood, prior stress, and other stressors such as big tests or family pressures may all worsen an adolescent's response to a traumatic death.

Unlike younger children, adults might feel the need to look at concepts such as justice and injustice in more detail. They must be told that frustration and the desire for justice are natural responses to trauma. They might ask for information about how the trauma was handled or take issue with the way the police or media have dealt with the event. Nevertheless, as with every tragic death; the centre of anguish for grieving adults is the separation from a loved one and concern due to the traumatic nature of their passing.

If the adolescent saw the death occurring or the details of the death are particularly traumatic, grieving can become even more complicated. Adults have the ability to look at a situation from the perspective of the decedent. The child may become pre-occupied with making sense of how much hurt or injury was involved. This may make it more difficult for adolescents to come to terms with the death or to make meaning from it. In addition, the adolescent may focus anger at those who he perceives to have caused the trauma, whether it be the criminal justice system, society, or even, the person who passed away (for putting himself at risk).

Older children are slightly more aware of the persistent threat of death. This may establish or increase worries, which brought on as a result of the trauma and create a distraction that prevents the person from returning to usual daily patterns relationships. The typical physical reaction to trauma is an increased focus on the details of the trauma, a more extreme response to startling, and to mentally prepare for the next traumatic shock. In extremely traumatic settings, this pulsating reaction is for a long duration of time and is made up of a main lapse on internal needs. This means that adults might have difficulty eating, sleeping, focusing, and remembering. In addition, the adolescent may be more vulnerable to illness and may withdraw socially. These reactions are almost the same as natural stress responses in adolescents, but adults are less likely to have past relevancy with physical worry and might need to be told that their actions may be controlled.

Dealing with a shocking death occurs primarily within the family, but may have the support of friends and the community. Talking about the painful events with the ones who care about may improve trust and create stronger emotional bonds. It may also decrease the impact of painful flashbacks. Looking for meaning in the loss may lead to personal development and allow the bereaved to link the loss into their future.

Due to the mix of complex tasks and skills linked to different stages of childhood, it is typical for children to experience flashbacks of their grief or trauma. Often, children might be confused by specific factors of the death that they thought they knew. Feelings may still feel raw years after the loss, especially if they associate to scary factors of the death that children try to stop thinking about. Special events such as anniversaries, going abroad, or birthdays may be consistent reminders of the loss which have to be controlled. Nevertheless, these flashbacks are natural reactions to difficult separations and start the long duration of actions which occur naturally from tragic loss.

How Divorce Affects Children

When parents make the decision to go their separate ways, they must think about how the separation may harm their children. While adults may recover and move onto to a new relationship, the outcomes of divorce on children *may* be prolonged.

The child's age at the time of separation is not important as it is typically one of the most life-changing and stressful events that any child will experience.

The Effects of Divorce on Children

The effects of divorce on children vary greatly -

- The child's age will define what they are able to understand;
- The nature of the divorce - is it an ongoing, nasty, legal battle with many horrible consequences for everyone in the family, including children;
- how the parents contact each other; and
- the way children typically deal any necessary unpleasant alterations

The Effects of Divorce on Different Age Groups

Divorce brings up emotions in different ways for each child who goes through it. Nevertheless, there are many things that determine how a child will cope with a specific situation.

For example, when thinking about divorce and children, all of the following are factors that impact a child:

- emotional age, not chronological age;
- the bond with each parent;
- the bond with their siblings;
- general health;
- significant growth (mentally and physically) issues often linked to health problems;
- any other important childhood problems;
- characteristics, personality, and mentality;
- friendship group and peer group membership;
- the connections to the extended family;
- the bonding history with the parents; and
- past relationships or marital separations

The Emotional Turmoil

Once the reality of the situation takes hold, the children might have frequent mood swings. Angry actions and changes in eating patterns are usual. The frustration might be aimed at the caregiver who is seen as responsible for the separation. The child may even feel at fault.

Constant contact and frequent visits are needed. The children are vulnerable in this stage of life. Fear is one of the main effects on children of parents, who are splitting up.

This is primarily a fear of what will happen next:

- Who will they stay with permanently?
- Will they have to move to a different school, city, or country?
- Will their parents meet a new person to marry
- Will they still have the same friends?
- Will they have a birthday party?

Younger children might not comprehend all that is happening. Teenagers are very conscious of what their friends might think. It is important to address these concerns with respect as they are very real to the child.

Teenagers also feel unpleasant emotions. Some feel forced into adulthood, as if they have to take on many new duties or take care of brothers or sisters. Teens might react to parents' low energy and high worry levels by trying to help with managing the family. Others feel a reduction of parental care in managing emerging sexual emotions. Teens also might not be sure of their own ability to find and stay with a partner. Teens might grasp the causes leading to their parents' separation. Their ability to remember arguments and stress of the separation might interrupt with their skill in dealing with the differences in their family. They might also feel pressure to choose one parent over another or listen to parents criticise each other.

Short-Term Effects

In the two-years following a divorce, many children demonstrate some difficulties. Males typically exhibit conduct or externalising behaviour issues while females typically experience emotional or internalising behaviour issues. Both males and females might experience weaker academic performance and relationship problems with family and friends at home and at school.

Medium-Term Effects

The effects of divorce on children between the third and tenth year after the separation might show in more than one way:

- (1) As differences between the average or mean level of health or maladjustment of children of divorce looked with the mean level of wellbeing or maladjustment in well-connected families
- (2) As the amount of children of divorce who show changing problems continues to increase. The mean level of maladjustment has persistently been found to be worse for children of divorce than for those from close-knit families. The problems include conduct issues, emotional issues, school test results, confidence and relationships with their mother and father. This has led to unclear

assumptions by some researchers of that divorce always has a bad impact on children. When the effect of divorce on children is shown in terms of the number of maladjusted children, it is evident that divorce leads to maladjustment for only a small number of children. Of children of divorced parents, 20–25% show extreme, long-term mental issues.

Long-Term Effects

In adulthood, a small number of people from families where parents had separated reported difficulties in making and keeping a stable marital relationship have psychological changing issues, and had a lower socioeconomic status than adults whose families remained intact.

Factors Affecting Children's Adjustment

Specific factors of children and their social environments determine the effects of parental divorce on their changing. These factors have been classified as predisposing, securing and keeping things.

Predisposing Factors

Personal Predisposing Factors

Boys between the ages of three and 18 are especially vulnerable for post-divorce adaptation issues, particularly if they have genetic, biological risks, prenatal or perinatal issues, or a history of serious illness or injury. Children with low intelligence, difficult behaviour, low confidence, an external locus of control, and a long list of psychological problems are also predisposed to grow in post-separation issues.

Contextual Predisposing Factors

Children are more likely to develop post-separation hardships if there have been serious problems with the parent-child relationship before the separation. Included here are insecure connections, inconsistent discipline and authoritarian, and permissive or bad parenting. Exposure to chronic family issues, including parental adjustment issues, marital problems, domestic violence, family disorganisation, and a history of previous separations and unifications also put children at risk for post-separation changing issues. Early life problems, like abuse or loss, might also make child's mental space to manage with stresses to do with parental separation.

Maintaining Factors

Personal Maintaining Factors

Changing issues might be kept by strict sets of bad beliefs related to parental separation. These beliefs are that the child was at fault for the separation, has the power to influence or reunite parents, or believes abandonment by parents and rejection by peers will occur. Low self-efficacy thoughts, dysfunctional

attribution methods, dysfunctional dealing-with mechanisms, and immature protection might also keep post-separation changing issues.

Contextual Maintaining Factors

Changing issues following a separation might be directly associated to the specific factors of the child's social background. Poorer getting used to happen in the first two years after divorce where there is not much parental contact and parental arguments is channelled through the children. These parenting and co-parenting issues keep the child's changing problems are derived from the parents' personal post-separation alteration issues, which have been described above. The degree to which parents' post-separation issues compromise their mental space to a co-parenting environment that minimises rather than keeps their children's alteration reactions is sort of determined by the stresses parents face in the aftermath of separating.

These include the loss of care, financial hardship, and social problems. The challenges that parents face in dealing with children's post-separation changing problems are greatest when the sibling group is all boys or contains boys and girls. These sibling groups, in comparison with all-female sibling groups, tend to become involved in problem-maintaining interaction routines.

Protective Factors

Personal Protective Factors

Improved post-separation changes happens in intelligent females of easy to handle behaviour who are in either their infancy or late adulthood when divorce happens, particularly if they have high amount of confidence, an internal locus of control, and an optimistic characteristic style. Mature defences and functional coping mechanisms might also contribute to positive post-divorce getting used to.

Contextual Protective Factors

Certain factors of the child's family, their social network, and their school setting might secure the child from having changing issues after separation. Better changing happens typically after two years have passed, when parental arguments is minimal and are not channelled through the child, and where an authoritative parenting style is installed. When parents deal well with post-separation problems, have good personal psychological resources, and a high level of marital satisfaction within their new relationships, children do better post-separation changing. Parental commitment to resolving child-management problems and a good record of adjusting well with transitions in family life might be seen as protective factors. Fewer problems happen in families where the sibling group is made up entirely of females. The availability of social care for both parents and children from the extended family and friends and the absence of financial hardship are also protective factors for post-separation changing.

Clarifying Family Routines and Roles

When parents separate and get separate homes, with or without new partners and with or without other children, new routines need to be established, thus, new daily patterns for going to work or school, meal times, leisure activities, cleaning, transportation, and other activities need to be created. There may also be new visitation patterns for each parent as they now they live in separate homes. Annual plans for managing holidays, birthdays, Christmas and other special events all need clarification. One role of the clinician is to facilitate the negotiation of these new patterns and duties with appropriate family sub-systems.

The Effects of Foster Care

Children are considered for placement in foster care when their parents are unavailable or unable to meet their needs for the security, care and management. These cases fall into four types. First, a small number of children are put in foster care because their parents die or are unable to meet the children's needs due to parental physical illness or disability following an accident. Second, arrangements for temporary voluntary relief care are often made for children with intellectual or physical disabilities. This type of foster care allows parents some respite from the constant, stressful demands of caring for their disabled offspring. Third, foster-care placements may be made in situations where parents are having a hard time meeting children's needs for safety or adequate care and nurturing. In these cases, child abuse or neglect might have occurred or the child is at risk of abuse or neglect. Fourth, foster placements may be made where parents have a hard time meeting children's needs for control, clear boundaries, and an organised approach to keeping behaviour problems under control. In these situations, the demands of managing the child's conduct issues effectively outweigh the parents' abilities to cope with these parenting difficulties.

Within foster care, differences are made between voluntary and statutory placement. With voluntary placements, parents ask that their child be placed in care and they retain parental rights over their child. With statutory placements, the child is placed in care typically after a court order and responsibility for the child is moved from the parents to a legal environment such as a crown court, or a social service agency. Clear differences are also developed between family foster provision and institutional foster support. In previous cases, the child is looked after by their mother and father, who typically lack qualifications in their very own household. In a statutory placement, the child is typically looked after by professionally trained child-support employees in a house owned by the child-support company. With family foster support, more clear differences are distinguished between fostering, where the foster mother and father are a part of the child's extended family and continuous family foster support, where the child and foster mother and father are not connected in terms of biology. Permanent or long-term foster support is separated from short-term foster support. With permanent foster support, there are outlines for children to stay with their foster families until they reach adolescence, whereas with short-term foster care, going back with the biological family within a certain period of time is a goal of the

program. Finally, a difference is made between custodial foster support and treatment foster support, where foster mothers and fathers are taught specific ways and looked after to work as paraprofessional employees of a foster-support organisation to meet certain treatment goals with children and families.

Attachment Disruption

While placement in foster support might keep children safe from exposure to the vulnerability of abuse or abandonment, it interrupts with parent-child bonding and so it should only be considered when every other option has been ruled out. Bowlby (1980) outlined three stages of mourning after a separation from a bonded influence, and this three-stage theory gives a useful insight for understanding the child's reactions to a foster care placement. In the protest stage, the child weeps, begs, bargains, and tries to get the missing mother or father to come back. In the stage of anxiety, the child appears listless. Having lost the hope of getting a reunification with their mother or father, they continue to suffer. Nevertheless, at this stage the child is not quite at the stage to make a new chosen attachment. In the final stage of detachment, the child may re-bond to a replacement parent. If a good replacement parent is not available in a short window of opportunity, the child might fail to re-bond and enter a place of constant detachment. Unfortunately, this occurs when children go into the foster-support organisation and they experience several placements. These multiple placements typically occur because the foster parents are untrained to deal with behavioural problems that arise as part of the child's protest against separation from parents.

Principles of Practice

Preferably, a mix of pre-foster-housing visitations should be organised to permit the child, the biological parents, and the foster parents meet to get to know one another and to develop good working connections. A well organised plan should be made for parental visitations, especially when children are in short-term foster settings and these visits should occur on a regular basis, so that the child maintains and develops a more positive relationship with their biological mother and father. Foster parents might be trained in dealing with the difficult behaviours which typically follow returns from these visits. When foster mothers and fathers deny regular visits and claim the visits disturb the child, the main factor to consider is that regular connection with the biological mother and father is one of the most vital factors that make a lot of difference to long-term alteration after a short-term foster housing arrangement. Thus, the main role of the foster mother and father is to create a partnership with the biological mother and father, working co-operatively reduce the hard behaviour the child demonstrates around these visits.

A support group for foster parents should be created. A portion of the time could be dedicated to activity-focused teaching in child management skills and connection abilities for studying with biological parents.

Further Reading:

- ✓ *Development During Middle Childhood: The Years from Six to Twelve, (1984), edited by W. Andrew Collins*
- ✓ *Development During Middle Childhood: The Years From Six to Twelve, (1981), By Panel*
- ✓ *Case Studies in Child and Adolescent Mental Health, (1998). By M. S. Thambirajah*