Children's Services
PRACTICE NOTES

For North Carolina's Child Welfare Workers

From the NC Division of Social Services and the Family and Children's Resource Program

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IN THIS ISSUE: SEPARATION AND ATTACHMENT

The painful effects of separation and loss are experienced by children and their families, social workers, foster parents, adoptive parents—everyone touched by child welfare social work.

In this issue of *Practice Notes*, we look at these powerful forces. Our lead article defines separation and attachment, presents ways to help a child deal with separation, and outlines the grief process that separation so often initiates.

On page 4, we look at the dynamic between maternal substance abuse and infant attachment; we also provide you with an assessment tool to help you decide whether to remove an infant at this crucial stage.

On page 6, we explore the influence grief has on foster parent retention. Why do some foster parents grieve the end of a placement so much that they stop fostering? What can you do to help them?

EFFECTS OF ATTACHMENT AND SEPARATION

Attachment and separation: these elemental forces drive the behaviors and decisions that shape every stage of practice. Assessment, removal, placement, reunification, adoption—no aspect of child welfare social work is untouched by their influence. This article will describe these forces and provide suggestions for helping children and families understand and cope with them.

ATTACHMENT

Attachment is the social and emotional relationship children develop with the significant people in their lives. An infant's first attachment is usually formed with its mother, although in some circumstances another adult can become the primary attachment figure. This may be a father, a grandparent, or an unrelated adult (Caye, et al., 1996).

How can you minimize the trauma of placement?

Attachment is a process made up of interactions between a child and his or her primary caregiver. This process begins at birth, helping the child develop intellectually, organize perceptions, think logically, develop a conscience, become self-reliant, develop coping mechanisms (for stress, frustration, fear, and worry), and form healthy and intimate relationships (Allen, et al., 1983).

In her 1982 article on parent-child attachment, published in the journal *Social Casework*, Peg Hess states that three conditions must be present for optimal parent-child attachment to occur: continuity, stability, and mutuality. **Continuity** involves

the caregiver's constancy and repetition of the parent-child interactions. **Stability** requires a safe environment where the parent and child can engage in the bonding process. **Mutuality** refers to the interactions between the parent and child that reinforce their importance to each other.

Research has demonstrated that two primary parenting behaviors are most important in developing an infant's attachment to a caregiver. Optimal attachment occurs when a caregiver recognizes and responds to the infant's signals and cues, meeting the infant's physical and emotional needs; and when the caregiver regularly engages the child in lively social interactions.

Studies of infants raised in institutional settings suggest that neither behavior alone is sufficient for secure attachment. For example, one study found that institutionalized infants failed to form strong attachments to care-givers who readily met their physical needs but did not engage them in social interaction. Conversely, social interactions alone are not enough: infants often form social attachments to brothers, sisters, fathers, and grandparents who engage them in pleasurable social activity. Yet, when they are tired, hungry, or distressed, they often cannot be comforted by anyone other than the caregiver who has historically recognized and responded to their signals of physical and emotional need (Caye, et al. 1996).

SEPARATION

Separation, the removal of children from the caregiver(s) to whom they are attached, has both positive and negative aspects. From a child protection perspective, separation has several benefits, the most obvious being the immediate safety of the child. Through this separation, limits can be established for parental behavior, and the child may get the message that society will protect him or her, even if the parent will not. Separation also temporarily frees parents from the burden of child-rearing, allowing them to focus on making the changes necessary for the child to return home.

Separating a parent and child can also have profoundly negative effects. Even when it is necessary, research indicates that removing children from

"The success of a new relationship isn't dependent upon the memory of an earlier one fading; rather the new one is likely to prosper when the two relationships are kept clear and distinct" (Fahlberg, 1991).

HELPING A CHILD THROUGH A PERMANENT SEPARATION

1. **Help the child face reality.** The pain needs to be acknowledged and the grieving process allowed.

2. **Encourage the child to express feelings.** There can be expressions of reasons for the separation without condemning parents.

3. **Tell the truth.** You can emphasize that his parents were not able to take care of him without saying, "Your mother is an alcoholic." Also, try to deal with the fantasy that children often have that the parents will return. The permanency of the loss needs to be realized.

4. **Encourage the child to ask questions.** Again, be as truthful in your responses as you can without hurting the child. Never lie to the child, even to spare some pain.

5. **Process with the child why the losses occurred.** Ask about his ideas of why he has made the moves he has and experienced these losses.

6. **Spend time with the child.** Any child who has experienced separation feels rejection and guilt. This can interfere with his sense of trust in others and himself. By spending time and talking with the child, a new, trusting relationship can be built between the worker and child during preparation. This, in turn, can lead to other healthy relationships.

7. **Encourage information about the past.** A child's identity is partly a result of having a past that is continuous. To achieve this continuity, various techniques, such as the Life Book, are valuable. Social, cultural, and developmental information needs to be included in the book and made available to the child.

8. **Understand your own feelings.** It is difficult to share the pain of separation and to be the one who helps the child face reality—such as the fact that he may never see his biological or foster parents again. Often, the worker would prefer to avoid the pain and angry feelings. However, if these feelings are not dealt with now, they will recur and may jeopardize placement.

their homes interferes with their development. The more traumatic the separation, the more likely there will be significant negative developmental consequences.

Repeated separations interfere with the development of healthy attachments and a child's ability and willingness to enter into intimate relationships in the future. Children who have suffered traumatic separations from their parents may also display low self-esteem, a general distrust of others, mood disorders (including depression and anxiety), socio-moral immaturity, and inadequate social skills. Regressive behavior, such as bedwetting, is a common response to separation. Cognitive and language delays are also highly correlated with early traumatic separation.

Social workers in child placement must be continually aware of the magnitude of the changes children experience when they are removed from their families. See the box on page 2 for ways to minimize the trauma of separation.

GRIEF

In most cases of separation, the families involved go through the five stages of grief (shock/denial, anger, bargaining, depression, and resolution), although not necessarily in this order. For example, it is possible for a grieving person to move from anger to depression and back to anger again. At right is a chart that identifies behavioral expression in children and parents during each of these stages.

One of the most common errors made by social workers, foster parents, and parents is to misinterpret a child's compliant and unemotional behavior during the shock/denial stage and judge a placement to be a "success." When a child is thought to have handled the move without distress, later behavioral signs are often not recognized as part of the grieving process. They may be ignored or attributed to emotional or behavioral problems. At times the child may even be punished for them, intensifying the child's distress and depriving him of support and help (Caye, et al., 1996). ◆

REACTIONS TO THE FIVE STAGES OF GRIEF

STAGE	CHILD'S BEHAVIOR	PARENT REACTIONS
Shock/denial	indifference positive initial adjustment to the new living environment lacks commitment or conviction to activities denies the loss emotional numbness	robot-like, lacks emotion compliance denies there is any problem avoidance
Anger	aggressive expression of feelings aggressive behavior toward others lies, steals, or breaks toys oppositional eating or sleeping problems	uncooperative behavior oppositional demanding blaming
Bargaining	eager to please ritualized behaviors negotiate agreements moralistic	improved compliance makes broad promises
Depression	social and emotional withdrawal increased crying increased anxiety lack of energy unable to concentrate regressive behaviors	forgets appointments exhibits little initiative loss of hope about child returning home
Resolution	identifies with the new family stronger attachments to new family emotional distress decreases exhibits goal-directed behavior decreased emotional reactions to stressful situations	gets on with his or her life unresponsive to social worker stops visiting the children may accept agency pursuit of permanent custody

Source: Caye, J., et al. (1996). See below.

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MATERNAL DRUG ABUSE AND ATTACHMENT

In the last issue of *Practice Notes*, we wrote about grandmothers as caregivers of crack-exposed infants and young children. Here we continue this theme by discussing the consequences drug use during pregnancy can have on mother-infant attachment.

In the early 1990s, Lori Mundal and her colleagues conducted a study to determine whether infants of substance-using mothers are more at risk of removal than babies of women who do not use substances during pregnancy. Their research focused on two questions: 1) Do mothers who use substances during pregnancy exhibit more difficulty with maternal-infant attachment at or around birth than women who abstain? and 2) Are mothers who use substances during pregnancy more likely to have their babies separated from them at birth?

To find out, they compared the outcomes of 82 mothers, 60 of whom were substance users and 22 of whom were not.

What they found was that pregnant women who abused substances were more likely to experience complications during pregnancy, deliver prematurely, and have C-section births. Also, the infants of mothers who abused substances were placed in intensive care more frequently and stayed in the hospital longer after birth than the children of non-users.

Mundal and her colleagues also found that women who used substances during pregnancy had more difficulty attaching to their infants. They based this conclusion on the fact that, compared to non-using mothers, these women had less eye-to-eye contact with their infant, less affectionate touch, and focused less attention on the child.

As noted in the article on page 1, the consequences of poor attachment at infancy can be serious. Mundal notes that poor infant-mother attachment can result in childhood mood disorders and learning difficulties. Children with attachment disorders are at higher risk for substance abuse and delinquent behaviors in their teenage years (p. 135).

Crack-exposed infants are at further risk because of the effects of the drug.

Mothers who abused drugs during pregnancy paid less attention to their infants.

These babies do not respond to the voices and faces of others around them because they lack the ability to organize environmental stimuli. Their emotions are constantly changing and they do not respond well to attempts of comfort. An infant who is withdrawn and irritable may be difficult for the primary caregiver to bond with; this can begin a cycle of rejection.

Child welfare workers must sometimes decide whether to let a crack-exposed infant return home with his or her mother upon hospital release. Monica Wightman (1991) has developed a model that social workers can use to help them make this specific placement decision. Based on a qualitative research study and guided by the concepts of ecological theory, her model considers factors at the individual, caregiver, family, environmental, and agency levels. Wightman notes that the model is "tailored to the unique needs of cocaine-exposed infants and their families. It may also act as a training vehicle for investigators who have limited experience in this arena" (p. 661). The model is presented on page 5. ◆

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IMPLICATIONS FOR SEPARATION AND PLACEMENT OF INFANTS

1. Infants' cognitive limitations greatly increase their experience of stress. Without a well-developed cognitive perception of the event, any change is threatening. Infants will be extremely distressed simply by changes in the environment and the absence of trusted caregivers.

2. Infants have few internal coping skills. Adults must "cope" for them by removing stressors and meeting all of their needs. When deprived of adults whom they have learned to trust and upon whom they can depend, they are more vulnerable to the effects of internal and external stresses.

3. The infant experiences the absence of caregivers as immediate, total, and complete. Infants generally do not turn to others for help and support in the absence of their primary caregivers. Infants who have lost their primary caregivers often cannot be comforted by social workers, foster parents, or others.

4. If separation occurs during the first year, it can interfere with the development of trust, the foundation of positive self-image, worldview, and later social development.

5. Infants' distress will be lessened if their new environment can be made very consistent with the old one, and if the biological parent(s) can visit regularly, preferably daily, and provide direct care to the infant in the placement setting.

Source: Caye, J. (1993). *Capturing best practice in foster care and adoption for North Carolina: Trainer's notes.* Chapel Hill, NC: UNC School of Social Work.

A MODEL FOR PLACEMENT DECISIONS WITH COCAINE-EXPOSED INFANTS

	Descriptions	*Questions Requiring Investigation*
INFANT ASSESSMENT FACTORS		
Infant Medical Symptoms	· low birth weight · small head size · apnea · abnormal suck-swallow reflex	1. Does infant require immediate follow-up medical care? 2. Will caregiver require training for apnea monitor, medications, and so on?
Infant Behavioral Symptoms	· irritability, tremulousness, poor feeding and sleeping patterns	1. Will infant's behavioral symptoms create undue stress on family? 2. With instruction, can caregiver provide adequate care to infant?
Observations of Caregiver-Infant Interactions	· touching, eye contact, attitude toward infant · swaddling techniques, avoiding overstimulation	1. Does caregiver accept special needs of infant? 2. Did caregiver make any preparations for infant's return home (baby bed, clothing)?
CAREGIVER ASSESSMENT FACTORS		
History of Abuse or Neglect	Determine previous patterns of stress in family and potential for neglect or abuse with new infant in home.	1. Are there previous child abuse/neglect indications? What were the circumstances? 2. Is there current or previous removal of siblings from the home?
Criminal/Mental Health History	Police checks and other agency collateral contacts are helpful.	1. Are there previous drug-related criminal charges? 2. Is there any evidence of psychiatric problems? 3. Is there any involvement with probation or counseling?
Substance Abuse Evaluation	Examine past and current substance use patterns. Talk with other concerned parties to corroborate caregiver's life-style.	1. Does caregiver admit drug use and its effect on the infant? 2. Is there evidence of polysubstance use? 3. Is caregiver willing to enter treatment?
Caregiver's Parenting Skills and Knowledge	Siblings can add to caregiver's credibility as a capable parent, but new infant may overtax caregiver's current parenting abilities.	1. Has the caregiver successfully reared other children? 2. Will the caregiver acquire the necessary knowledge for parenting a high-risk infant?
FAMILY ASSESSMENT FACTORS		
Strength of Family Support Systems	This was a key variable in determining placement decisions for drug-exposed infants. Relatives, agencies, and interested others are immediately linked to the family to monitor and support the new infant and caregiver, and intervene quickly, if necessary.	1. Are other responsible adults, preferably relatives, available to monitor the home situation? 2. Does caregiver have a partner or co-parent for the child? Is this a positive influence? 3. Is caregiver isolated from support systems? Who will caregiver contact in times of need (i.e., crisis, babysitting)?
Condition of Home	Home should be assessed for safety hazards and sanitation problems. Utilities must be functional and appropriate space and privacy maintained to avoid overcrowding.	1. Is home adequate for care of new infant? 2. Is there any imminent risk of eviction?
Financial Stability	Financial means of providing adequate food, clothing, and shelter should be evaluated.	1. Is caregiver employed or planning to look for employment? 2. Are other means of regular income available?
Agency Linkage	Because of the high-risk nature of this type of case, linkage, monitoring, and supportive services must be expediently arranged. Continued family and substance abuse assessments will be needed to ensure the safety of the infant.	1. Can a child welfare worker begin follow-up casework immediately? 2. Can a public health nurse begin working with the infant and caregiver? 3. Can a referral for substance abuse assessment be arranged? 4. Can follow-up medical care with a physician be arranged?

SEPARATION, LOSS, AND FOSTER PARENT RETENTION

Foster parents are in a tough position. On the one hand they are expected to welcome unfamiliar children into their homes, invest in them emotionally and physically, and help them through a difficult time.

On the other hand, this intense investment is supposed to be temporary. When the placement ends, foster parents are expected to disengage in a way that is helpful to the child and everyone else involved. In the hustle and bustle of a placement move, whether the child is going home or moving somewhere else, foster parents' feelings of loss are often not given adequate attention.

AGENCY FACTORS

In 1989, Lois Urquhart conducted a study to determine whether foster parents' experiences of separation and loss affected their decision to continue fostering children. She surveyed 376 foster homes, 275 of which were licensed and open to children, and 101 of which had been previously-licensed but had closed within the past 3 years.

She found that both groups of families expressed love and affection for their foster children and sadness at their loss. The two groups also felt similar levels of anxiety and uncertainty regarding foster care placements. Urquhart found that "although open home respondents more often knew how long a placement would be, both groups rarely knew from the outset a child's length of stay in their homes" (p. 203).

Urquhart did find two key differences between open and closed foster homes. The first emerged when she asked foster parents how well their agency prepared them for the separation and the grief they would feel at the end of a placement. While 36 percent of foster parents from open homes felt they had been taught skills for coping with a child's removal; only 19 percent of closed homes felt they had been adequately prepared.

The other significant difference between open and closed homes had to do with the degree to which they felt their agency supported them before, during, and after separation. Foster parents from open homes felt they were better supported by their agency in every category assessed. Parents from open homes were also provided with information about and contact with former foster children more often than were parents from closed homes.

Urquhart concludes that foster parents who are "unprepared or unsupported for the separation and loss experience can be considered foster parents at risk" of leaving foster care (p. 206).

EMOTIONAL FACTORS

To continue on in their work after the end of a placement, foster parents need to resolve their grief. One step in this process—expressing the pain associated with the loss—can be especially difficult for some foster parents.

In *When Foster Children Leave: Helping Foster Parents to Grieve*, Susan Edelstein (1981) identifies four obstacles that prevent people from expressing grief over a loss. Foster parents can run up against any or all of these.

> **Foster parents who left and those who stayed on expressed similar amounts of emotion. The difference was in how much support and preparation they received from their agency.**

SUPPORT AT THE END OF PLACEMENT

What can you do to help foster parents deal with the feelings of loss that come at the end of a placement? Here are some suggestions:

1. Be direct and honest about the duration of placement; share updated and relevant information with foster parents on an ongoing basis.

2. Learn about the stages of grief. Coping with foster parent anger (or despair) may be easier if you see it as a natural part of the grieving process.

3. Send a condolence note after the placement ends. Make a follow-up phone call to express your appreciation and concern.

4. If resources are available, your agency may be able to assign a social worker to each foster home. This worker could be a stable presence for the foster parent to turn to at the end of a placement.

5. Increase foster parent training related to separation and loss. This will help them understand their own reactions to loss, as well as the reactions of their foster children.

6. Foster parent associations and self-help groups can provide another avenue for the foster parents to get support during times of separation.

Sources: Edelstein, S. (1981). See citation p. 7.
Evans, B. (1997). Thoughts on foster parent grief. *Fostering Perspectives*, 1(2), p. 5.

First, grieving is difficult when the relationship to the lost person was ambivalent or hostile. Foster parents may experience mixed feelings about foster children, especially those who are prone to act out. A second barrier to fully expressing feelings of loss when a child leaves the foster home is the number of other demands placed on foster parents. Usually, there are other foster and biological children still in the home. Foster parents must continue to attend to these children, leaving little opportunity to express themselves.

Expectations can be another barrier. It may be an unspoken expectation that foster parents should not get too attached to the children in their homes. Foster parents who express feelings of loss may be considered weak by their agency or other foster parents; they may even have their ability to foster questioned. The final barrier has to do with differences in individual personalities. Some people have a need to always appear confident and independent, and grieving makes them uncomfortable; they view the vulnerability that is part of grief as a sign of weakness.

For suggestions for supporting—and retaining—foster families, see the box on page 6. ◆

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WHY SEPARATE SIBLINGS ?

They can be comforters, caretakers, role models, spurs to achievement, faithful allies, and best friends. No matter how close they are, most brothers and sisters share years of experiences that form a bond, a common foundation they do not have with anyone else (Viorst, 1986). If parents are unable to provide the necessary care, sibling attachments can be even closer (Banks & Kahn, 1982).

Brothers and sisters separated from each other in foster care experience trauma, anger, and an extreme sense of loss. Research suggests that separating siblings may make it difficult for them to begin a healing process, make attachments, and develop a healthy self-image (McNamara, 1990). Indeed, because of the reciprocal affection they share, separated siblings often feel they have lost a part of themselves.

It stands to reason, then, that the decision to place siblings separately should be made with great care. This article will consider some of the factors used to make this decision and provide suggestions for helping children when separation must occur.

COMMON REASONS

In her article, *Sibling Ties in Foster Care and Adoption Planning*, Margaret Ward identifies two primary reasons siblings are separated during placement (1984). The first is a lack of resources: most agencies do not have many homes that can accommodate sibling groups, especially large ones.

The second reason has to do with the needs of the children in the sibling group. The individual needs of siblings can be quite diverse; sometimes a social worker fears that a single foster family cannot adequately meet all of the children's needs. For instance, if one child is more needy than his siblings, it is assumed he would receive better care as the only child in a foster home. This is not necessarily the case, however. According to Ward, "To place a child as an only child or as one of a small family subjects the child to concentrated attention and concentrated hopes of the foster parents. This can be stressful because the foster parents may expect the child to change more rapidly than he is able" (p. 325).

FACTORS TO CONSIDER

In her book *A Child's Journey Through Placement*, Vera Fahlberg advises social workers to consider a number of factors before separating siblings (see box at right). In her article, Ward identifies four factors that need to be considered in deciding whether to separate
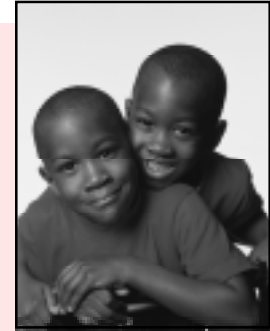
GUIDELINES

In her book *A Child's Journey Through Placement*, Vera Fahlberg advises social workers to consider separating siblings when keeping them together would

- interrupt a normal parent-child relationship
- mean that one child would not get his needs met
- maintain a destructive relationship even after attempts to normalize it
- threaten someone's safety.

Fahlberg, V. I. (1991). *A child's journey through placement*. Indianapolis, IN: Perspectives Press, p. 275.

SEPARATING SIBLINGS from page 7

siblings. First, determine the strength of the ties between the siblings. One way to assess this is by looking at the length of time the siblings have already been apart. If they have been apart, were they placed close enough to maintain contact through school, church, or otherwise? Age at separation can influence the strength of the ties between siblings. Generally, the older the child, the closer the attachment and the more traumatic the separation.

A second factor to consider is whether one of the siblings has assumed a parental role. If so, is the effect on the sibling group negative or positive? For example, "parentified" siblings may undermine foster parents, or they may help everyone in the group accept the placement.

A third factor to consider is the degree and nature of sibling rivalry. While some rivalry is normal, when it is extreme it can be disruptive to the whole family.

Finally, ask the children themselves: do they want to be placed together? This can be the most important factor of all, especially in adoption situations.

HELPING SIBLINGS ADJUST

When siblings have to be separated, effort should be made to maintain frequent contact through visits, phone calls, and letters. It is important for the social worker to be sensitive to the loss the children are feeling. Workers should follow the same practice guidelines involved in helping children deal with separation from their parents (see page 2). Separation and loss anxiety will be strongest immediately before or after placement. ◆

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