

**B. The Effects of Traumatic Separation on Children*****Conceptual Framework***

All of us have experienced separations during our lives, and we often remember these experiences as stressful, painful, and traumatic. Death, relocation, the emancipation of children, the dissolution of a close relationship, and other typical life experiences involve separation from persons, places, and things that are important to us. Most people experience similar feelings in response to separation: sadness, depression, or despair, often accompanied by anger, anxiety and fear, loneliness, and in some instances, a loss of self-esteem or direction. Some separations remain vivid in our memories, despite the passage of many years.

However, not all separations are equally distressing. By understanding the variables that contribute to traumatic separation, we can gain insight into why the separation of children from their families is potentially one of the most damaging and traumatic of all separation experiences.

One critical variable in determining the degree of trauma associated with separation is the significance of the lost person or persons. The stronger the relationship with the person(s) we have lost, the greater the likelihood of trauma. For this reason, the loss of a parent is the most traumatic separation a child can experience.

The extent of trauma is also affected by whether the separation is temporary or permanent. Temporary separations, while distressing, are rarely as painful as the permanent loss of a loved one. Many people are able to cope with even lengthy separations, if they are certain that the separation will not be permanent. While most separations in child placement are considered "temporary" by the placing agency, in the young child's mind, a few weeks is eons, and a few

months is permanent. Children in lengthy substitute care may react to separation from their families as if it were final.

Third, if we perceive ourselves to be responsible for the separation through something we did or did not do, normal feelings of loss are exacerbated by feelings of guilt and self-recrimination. This increases emotional distress and trauma. Young children do not have the cognitive maturity to understand the reasons for placement, and complicated explanations about their parents' problems make no sense to them. Children often believe themselves to be at fault, and they often interpret separation as a punishment for some misdeed or wrongdoing. Many children firmly believe, and often express, that they were unwanted by their families and "sent away" because they were "bad."

The availability of other significant people to provide support and comfort during a separation experience can lessen its traumatic effects. Supportive relationships help an individual cope during a period of grieving, and can help temper feelings of loneliness and isolation. By contrast, the absence of such supports may exacerbate emotional distress and despair. When children are placed in agency foster homes, they are likely to be separated from many significant people, including extended family members, siblings, friends, and neighbors. Their usual sources of support and comfort are not available to them. This underscores the importance of placing children who must be removed from their families with relatives or other caregivers whom they know and trust, if we are to minimize separation trauma.

### Children's Responses to Separation

Children often experience the separation associated with placement both as a loss, and as a physical and emotional threat to themselves and their families, and they respond to these threats and losses in typical ways. An understanding of this helps us put the child's experiences during placement into a relevant perspective.

Children in placement fear the unknown, and are anxious about potential personal harm. Initially, they worry whether they will be fed, clothed, sheltered, and protected. Some verbalize concern that they may die without their families to care for them. They can experience a type of "culture shock," similar to that experienced by adults who relocate to a foreign country. They must leave behind everything that is familiar and predictable, and must adapt to an entirely new environment and family culture, with many different rules and customs, and sometimes with a different language. They often feel out of place, and fear being ridiculed or ignored. Children in placement often feel abandoned, angry at having been forced into a frightening situation, helpless, and hopeless.

The intensity of trauma experienced by young children in placement can be partially explained by considering their level of development. There are many things that adults have learned from experience and take for granted that children do not understand. Young children's cognition is egocentric and very concrete, and as a result they have a limited ability to understand the activities and events around them. Their limited perspective greatly increases their anxiety about even small changes. For example, in the car on the way to a preplacement visit, five-year-old Lisa anxiously asked her social worker whether the new family had a bathroom at their house. Her worker was surprised by the question at first, considered it from Lisa's point of view, and appreciated her concern.

Consider the confusion and anxiety experienced by a seven year old who was fed a pork chop and spinach for the first time in his foster home. For this child, eating spinach was like eating seaweed. When his foster mother told him he had to eat it, and assured him it was good for him, this only increased his anxiety.

A third child who was placed in a new home remembered that whenever he hurt his knee, his grandmother had some special medicine to make it better. He was worried because his grandmother and the medicine were not at the new home. He was concerned about what would happen the next time he hurt himself.

Naturally, as a child, he did not understand that antibiotic ointment is common in most medicine cabinets.

When children go into a new home, the basic rules and expectations for behavior may be very different from those of their family. This is especially true if they are placed in a foster family of a different ethnicity, culture, or socioeconomic level. Differences in these behavioral expectations may confuse children. They may not understand what is appropriate behavior, nor why they are being disciplined. Concurrently, foster families may misinterpret the meaning and intent of children's behavior. This may increase the breach in their relationship, and can affect children's other social interactions and self-esteem.

Children in placement often wonder what will happen to their families while they are gone. They may imagine their families to be dead, moved away, or maybe that their families have forgotten them. They may worry that their families are looking for them, but don't know how or where to find them. They may despair of ever seeing their families again. This is accentuated when visits and other contacts with family members are infrequent.

Furthermore, children in placement are often frightened by their own anger. They believe they will be, and in fact often are, reprimanded for their angry behaviors. Many children learn that suppression of angry feelings is necessary, if they are to survive in the new home. The unexpressed anger may emerge in negative behaviors, or in subversive and passive aggressive ways.

In summary, the separation experience during placement is painful and potentially overwhelming for children. It is often difficult for adults to assume young children's perspective, but it is essential to do so to understand their perceptions of threat and loss. Caseworkers must be continually aware of the magnitude of the changes children experience when placed, the ways in which children's limited development can increase stress, and how these changes can contribute to the trauma experienced by these children.

## Concepts of Crisis Intervention in Separation and Placement

Traumatic separation and placement create a high risk of clinical crisis for children and their families. Caseworkers must understand and consider the dynamics of crisis when developing placement plans and strategies in order to prevent crisis and its potentially damaging consequences.

Crisis is the predictable emotional state that results when people are subjected to overwhelming and unmanageable stresses. Several theorists [Lindemann 1965; Parad 1965; Caplan 1965; Hill 1965; Rapoport 1965] have contributed to the development of crisis theory. Crisis theory suggests that much human behavior is directed toward maintaining physical and emotional equilibrium (homeostasis). When problems or events (stressors) occur which lead to an upset in this steady emotional state, people engage in a series of actions and behaviors (coping), to resolve the problem and to reestablish their psychological equilibrium. Crisis may result when coping strategies cannot resolve the stress, and equilibrium cannot be restored. Crisis theory also contends that not all events are universally stressful; the personal meaning of the event to the individual (perception) influences the degree to which the event is experienced as stressful. Each of these three contributors to crisis – stress, coping, and the perception of the event – will be examined individually.

### *Stress*

Stress is usually precipitated by a change in life circumstances, including a change in the environment, in interpersonal relationships, in the family, or in individual health or development. Some events involving significant change are universally stressful and create a situation of potential crisis for most people. These include death of a spouse, close family member, or close friend; marital separation or divorce; serious illness or personal injury; and environmental disasters. Normally, the extent of any stress is related to the magnitude of its

associated change. For example, a tornado that uproots trees in the yard is considerably less stressful than one that destroys the house, and moving across the country is usually more stressful than moving across town.

### *Coping*

Our most effective coping responses can be categorized as constructive problem solving. These responses include assessing and accurately judging the extent of the problem or situation, seeking and using appropriate problem-solving strategies, using resources and support systems, and engaging in activities that directly address and overcome the problem and restore equilibrium. When these strategies successfully mitigate the stressful situation, crisis is averted. When an individual lacks the coping responses to master and overcome a stressful situation, crisis often results.

### *Perception of the Event*

The same or similar events may be perceived quite differently by different people, or by the same person at different times. The individual's perception of the event greatly affects the degree to which stress is experienced.

Crisis intervention theory has described three ways events may be interpreted, and the predictable emotional responses to each. If the event is perceived as a loss, or potential loss, the typical emotional response is depression; and, the greater the perceived loss, the greater the depression and stress. If the event is perceived or interpreted to be a threat, or a potential threat, the predictable emotional response is anxiety; and, the more significant the perceived threat, the greater the anxiety and stress. By contrast, if the event is perceived or interpreted as a challenge, and the individual believes himself or herself capable of avoiding a situation of significant loss or threat, the predictable emotional response is a mobilization of energy, and activity directed toward resolving the stressful situation.

Whether crisis develops in a potentially stressful situation depends upon the interrelationship of these three factors. Generally, low levels of stress, effective coping ability, and a realistic and accurate perception of the event tend to prevent the development of crisis. Conversely, high stress, poor or limited coping ability, and a distorted or inaccurate perception of the event increase the likelihood of crisis. People who have strong coping responses, and an accurate perception of the event, can often withstand significant stress without experiencing crisis. Other people, whose coping resources are limited, or who have grossly distorted perceptions of the event, can become prone to crisis in situations of little stress.

### Child Placement: Proclivity for Crisis

When we assess child placement within the framework of crisis intervention, it is easy to understand why children are so prone to crisis as a result of traumatic separation. Children placed into substitute care are typically subjected to pervasive changes and high levels of stress. Concurrently, their cognitive and developmental immaturity not only reduces their internal coping abilities, but also contributes to an inaccurate and distorted interpretation of the placement experience.

Children experience many losses when they are placed. In addition to losing their parent(s), they may also lose siblings, grandparents and extended family members, teachers, neighbors, and friends. They are separated from meaningful places and objects including their house, toys, pets, beds, clothes, schools, churches, and neighborhoods. They are placed into new environments, which may be totally foreign to them, especially when different in culture, ethnicity, or socioeconomic level from their own families. Their sense of identity and belonging may be threatened. They often experience a complete and total life change.

Separation from known and trusted adults, especially parents, deprives children of their customary means of coping with stress. Children do not have well-developed internal problem-solving abilities. They depend on adults to meet their needs, and to solve problems for them. Without these supports, children experience severe anxiety and depression in situations of stress.

Children's developmental immaturity also affects their understanding of and emotional reaction to the stresses of placement. Children's immature perspectives of causality and time, their limited language ability, their egocentric thinking, and other developmentally-determined cognitive limitations make it much more difficult for them to understand the complex realities of separation and placement. Children are very likely to have distorted perceptions regarding the reasons for separation and placement, the causes, who is to blame, and the expected outcomes.

Child welfare workers should become aware of emotional responses and behaviors that typically indicate that a child is experiencing stress related to separation and placement. The presence of these behaviors is an important diagnostic clue that can help the worker gauge the child's distress, and plan supportive interventions. Careful monitoring for "stress overload" is the most effective way to prevent crisis for children in placement.

### The Stages of Grieving

Clinicians have identified a series of stages, referred to as the grief or mourning process, which are commonly associated with loss, and which may be exhibited by children who have been separated from their families [Kubler-Ross 1972; Fahlberg 1979]. These are as follows:



### *Stage I: Shock/Denial*

People in shock or denial appear compliant and disconnected from the event, as if the loss were of little significance. They often verbally deny the event ("No, it isn't true. I can't believe it. This isn't really happening.") Or, they may admit the event cognitively, but deny the feelings that accompany the event. Affect is muted and flat, and there may be little emotional expression. People in this stage may be described as "robot-like," "stunned," "shell shocked," or "dazed." The stage generally lasts from a few hours to several days.

### *Stage II: Anger/Protest*

At this stage, the impact of the loss can no longer be denied, and the first emotional response is usually anger. Anger may be diffuse and directionless, or may be directed at the lost person or persons, at themselves, at God, fate, or at whomever or whatever is believed responsible for the loss. Guilt, blame, recriminations, protest, and other behaviors associated with anger are common.

### *Stage III: Bargaining*

Typical behavior during this stage of grieving appears to be a final attempt to regain control and, if possible, to regain that which was lost. To the degree that people feel themselves responsible for the loss, they may resolve to change their behavior and to "do better from now on." They may try to bargain with whomever is thought to have power to change the situation. In child placement, this power may be attributed the caseworker, the foster caregiver, or the agency.

The bargaining need not be this concrete, however. The process often has a magical quality. A person may come to feel and believe that a certain way of behaving or thinking will reverse the loss, regardless of its illogic. For example, a child may believe that by washing his face every day, or by being helpful to the foster mother, he can bring about a reunion with his family.

*Stage IV: Depression*

This stage is characterized by expressions of despair and futility, with or without episodes of fear and panic; listlessness; withdrawal; and a generalized lack of interest in people, surroundings, or activities. The despair is deep, and people in this stage often cannot be comforted. The loss is fully perceived as "real," and irrevocable, with devastating personal consequences.

### *Stage V: Resolution*

Most people cannot tolerate intense psychic pain for extended periods of time. If previous relationships and attachments have been strong and positive, people at this stage will usually direct their behavior toward the development or strengthening of other relationships. They also begin to invest more emotional energy toward planning the future, and less in ruminating about the past. The final stage of grieving ends when they become actively involved in the present, and in new relationships. Adaptive energy is redirected toward compensation and reintegration.

### Consequences of Unresolved Emotional Distress

It is evident that separating children from their parents can have multiple harmful effects upon their emotional well being. The more traumatic or numerous the separations, the more likely there will be significant negative psychological consequences. Repeated traumatic separations can have long-term negative developmental consequences as well.

When child welfare caseworkers remove children from their families, the attachment of these children to their parents and to other significant persons is disrupted. These traumatic separations can interfere with the development of healthy attachments, and can affect children's ability and willingness to become involved in relationships in the future. Children who have suffered traumatic separations from their parents may also display low self-esteem and a general distrust of others. This is particularly true if they perceive themselves as having been abandoned, unwanted, or somehow responsible for the separation.

Children who have inadequate emotional support are often overwhelmed during the placement process. Littner [1956] contends that children who are emotionally overwhelmed during separation must psychologically repress their painful feelings, because they lack other ways of handling them. Littner states that the

penalty of repression on a child's subsequent personality development may be severe.

"Repression bottles up the various impulses and prevents their full expression. It makes necessary the maintenance of unrealistic, childhood-derived behavior patterns. It freezes psychological energy that would otherwise be available for meeting and mastering new life situations. It reduces the child's emotional flexibility, and prevents him from functioning at his full physical, intellectual, and emotional capacities" [Littner, 1956].

When children remain in placement for extended periods of time, they remain in an emotional limbo. They cannot reverse the loss by returning home; nor can they fully grieve the loss and reestablish themselves in new families and communities. The unresolved nature of this situation can create emotional chaos for children, with chronic mood swings from hope to anger to despair, and back again. Most children in placement expend considerable emotional energy trying simply to manage their feelings.

Without frequent contact with family members, young children may grieve their loss and develop strong attachments to new caregivers. Infants and preschool children may do this within a few months, school-age children within a year. Unfortunately, many children remain in substitute care for longer than this. It is therefore likely that children in "temporary" care for long periods of time will suffer another painful separation from their substitute care families when they are returned to their own families, or to an adoptive family or other permanent home.

This does not imply that children should be frequently moved to different substitute care homes to prevent attachment! Some child welfare practitioners continue to adhere to the belief that if reattachment is prevented through frequent moves, children will not suffer the distress of separation.

Unfortunately, this belief has persisted for many years in spite of its inherent

disastrous consequences for children, and the repeated admonitions of child advocates that it be abandoned. This practice presumes that children are capable of comfortably suspending all meaningful involvement with adults for periods of time, depending only upon themselves, and then becoming reinvolvement with adults "when the time is right." Children cannot turn attachment on and off like a water faucet, nor can they remain "emotionally suspended without human objects to love and depend upon – much as a trapeze artist might be expected to leave one hanging bar and remain in the air some time before grasping the next" [Gerard & Dukette 1953].

It is not surprising that children who have experienced repeated traumatic separations often become permanently damaged. Generalized cognitive and language delays, attachment disorders, sociomoral immaturity, and inadequate social skills are highly correlated with early traumatic separation. These children may be subject to chronic mood disorders such as depression and anxiety. Many adults with a clinical diagnosis of personality disorder experienced repeated traumatic separations in their early lives. Their behavior is often characterized by dependent or manipulative relationships, and an absence of social conscience, concern, empathy, or intimacy.

Once workers fully understand the potentially traumatic and harmful effects of separation and placement, they should find themselves with a renewed conviction that the best possible outcome of protective services would be for children to be protected and nurtured in their own homes. This belief is consistent with the values of family-centered practice, and also provides considerable impetus for the development and provision of intensive, in-home services to the family.

A commitment to family-centered practice would appear to make placement decisions much easier. In fact, many cases are more difficult because of our commitment to preserve families and protect children from the trauma of separation and placement. In many families, potential risk of harm is not easy to quantify. Workers will struggle with the difficult choice of leaving children at

home with supportive services, and potentially subjecting them to increased risk of maltreatment; or, removing them and subjecting them to almost certain trauma from the separation in order to assure their safety. This is one of the most fundamental dilemmas of child welfare casework. There will always be children who cannot be protected at home, even with intensive services, and who must be placed to assure their protection. In addition, there are many children who have been subjected to repeated and traumatic separations from their families before coming to the attention of the agency, and do not have a family with whom to reunify.

To meet the needs of all these children, we must be committed to achieving permanence as quickly as possible. When appropriate, these children should be helped to maintain an attachment to their families and be reunified with them as quickly as possible. If reunification is not possible, then a carefully planned and executed separation and prompt placement into a permanent family environment should be achieved.

We must also be highly skilled in the technology of child placement to prevent crisis, and to help children manage and master the placement experience with the least amount of distress and pain. Placement strategies that prevent crisis and provide the maximum support to children are more fully discussed in Section VIII-C, "Placement Strategies to Prevent Trauma."

### *Application*

A caseworker who fully understands the normal development of children will be able to devise appropriate placement strategies that can help to minimize the trauma inherent in separation and placement.

Listed below are important developmental characteristics of children at various ages, and the implications of these developmental variables for children during

separation and placement. The characteristics listed here are typical for normally developing children. However, children who have been abused or neglected are often delayed in their cognitive, social, and emotional development. The caseworker should identify each child's developmental age and should plan interventions accordingly.

### Infancy: Birth – Two Years

#### *Cognitive Development*

- Infants have not developed object permanence; when things are out of sight they are gone! Even temporary losses of significant caregivers are experienced as total. Infants cannot comprehend that their caregiver "will be right back."
- Infants have a short attention span and poor memory.
- Infants do not understand change; they only feel its disconcerting effects. Without an understanding of events, they are easily frightened by environmental changes and unfamiliar sensory experiences, sights, noises, and people.
- Infants lack language ability and, therefore, have few means to communicate their needs or distress to others, except by crying. They also cannot be verbally reassured that they will be cared for.

#### *Emotional Development*

- Infants are fully dependent upon others for physical care and nurturance to meet their basic survival needs.

- Infants generally form strong and trusting emotional attachments to their primary caregiver and turn to that person when in need. Their scope of trusting relationships is very limited. After five to six months, infants can easily discriminate between people, display anxiety in the presence of unknown persons, and often cannot be comforted by others when distressed.
- Infants often experience anxiety in the face of even small changes. Emotional stability depends upon familiarity and continuity in the environment, and the continued presence of their primary caregiver.

#### *Social Development*

- Without language, infants have few ways to communicate their distress or needs. Most communications are nonverbal. If adults are not familiar with infants' cues, and do not recognize or understand the source of their distress, their needs may remain unmet.
- Social attachments are limited to infants' immediate caregivers and close family members. Infants do not easily engage in relationships with unfamiliar persons. Adults must generally initiate and reinforce interactions. Infants also vary in the speed with which they will interact and be comfortable with strangers. Many infants are temperamentally cautious, and need considerable time to become comfortable in the presence of new people, much less turn to them when distressed.

#### *Implications for Separation and Placement*

- 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.



- Infants have few internal coping skills. Adults must protect and provide for them by eliminating their distress, and meeting all of their needs. When deprived of the trusted, familiar adults upon whom they depend, they are more vulnerable to the effects of internal and external stresses.
- Infants experience the absence of caregivers as immediate, total and complete. Infants do not generally turn to others for help and support in the absence of their primary caregiver. Infants who have lost their primary caregiver often cannot be comforted by a caseworker, foster parent, or others.
- If traumatic separation occurs during the first year, it can interfere with the development of basic trust. This has serious implications for the infant's subsequent development of interpersonal attachments.
- Infants who are easily frightened by change and new people may react more strongly and exhibit more distress than a placid, more adaptable infant. This does not mean, however, that less temperamental infants do not experience severe distress during the placement process.
- Infants' distress during placement will be lessened if their environment is familiar or can be made very consistent with their old one. Caseworkers should also assess infants' attachments to adults, and should identify persons with whom infants have the strongest attachment. This is not always the parent; it may be an extended family member, a neighbor, or a babysitter. In the best situation, an infant's regular caregiver should visit frequently, preferably daily, and provide direct care in the placement setting.
- Seriously abused or neglected infants may appear to have no secure attachments with any caregiver. Infants who have not developed attachments, or who have insecure attachments, may not exhibit distress

when placed. These infants will often be remote and withdrawn. Such attachment disorders should be of considerable concern to workers, as they indicate these children are at serious risk developmentally.

Placement planning for children with attachment disorders should include the identification of primary caregivers, who can be a constant in the children's lives. Continuity in relationships with trusted caregivers will promote the development of basic trust.

- If the plan is to reunite infants with their families, parents should be included in all phases of placement and permanency planning, and the parent/child relationship should be maintained through regular visitation while the infant is in placement. Similarly, when infants are placed from foster care into adoptive families, the foster caregivers should remain actively involved until the infants are securely attached and fully integrated into their adoptive homes. This "transitional" approach to placement prevents the total disruption of critical attachments for infants, and can help to prevent the serious negative consequences of traumatic separation on development [Gerard & Dukette 1953]. The consistent involvement of a nurturing caregiver is essential to promote the development of healthy attachment. Once it has developed, separating an infant from his or her primary caregiver should be approached with extreme caution.

## Preschool: Two to Five Years

### *Cognitive Development*

- Preschool children use language to communicate, but they have a limited vocabulary, and do not understand complicated words or concepts. Many thoughts or feelings cannot be fully expressed. This makes it difficult for them to understand complex events or to fully communicate their concerns and distress.

- Preschool children do not have a well-developed understanding of time. They cannot discriminate between "next week," "next month," and "next year."
- They have difficulty understanding causality and are often unable to discern how events relate to one another, to explain why things happen, or to predict what may happen next.
- They are cognitively egocentric. They are not able to understand perspectives that are different from their own. The world is as they perceive it. Other people's explanations of events may make no sense to them, and they will stubbornly cling to their own perceptions and explanations. Their logic may be faulty by adult standards but seems rational to them.
- Preschool children may display magical thinking and fantasy to explain events, and may believe that their actions or thoughts have exaggerated effects on events in their environment.
- They may not generalize their experiences in one situation to another. They may be unable to draw logical, even obvious, conclusions from their experiences. For example, despite the fact that his house and all his friends' houses have kitchens, a child may still doubt the existence of a kitchen in the foster home until he sees it for himself.

#### *Emotional Development*

- Preschool children are still dependent on adults to meet their emotional and physical needs. The loss of adult support leaves them feeling alone, vulnerable, and anxious.

- Development of autonomy and a need for self-assertion and control make it extremely frustrating for children this age to have limits and restrictions imposed by others. When thwarted by adults, they are likely to create and engage in battles with adults to maintain some degree of control.

### *Social Development*

- Preschool children are beginning to relate to peers in reciprocal, cooperative, and interactive play.
- They relate to adults in playful ways, and are capable of forming attachments with adults other than parents. They can turn to other adults to meet their needs.
- "Good" and "bad" acts are defined by their immediate, personal consequences. Children who are bad are punished; children who are good are rewarded. Self-esteem is often influenced by how "good" children believe they are.

### *Implications for Separation and Placement*

- Preschool children are still essentially dependent and have limited coping abilities. They need dependable adults to help them manage day-to-day events. However, emotionally healthy children of this age can turn to substitute caregivers or to known and trusted caseworkers for help and support during the placement process. Having a relationship with an adult in the new home prior to placement also helps to reduce the stress of placement.
- Preschool children will display considerable anxiety about their new home. Because they are still unable to make logical inferences from much of their experience, preschool children may be unable to predict the

seemingly obvious. Therefore, any change in environment can have exaggerated ambiguity, and be ominous and foreboding. They will be concerned about being cared for, but may not have adequate language to express the concerns in detail. Their insecurity may be expressed with questions such as, "Do they have bandages at their house? Does their dog bite?" They need reassurance that they will be fed, clothed, and that the new family will care for them when they are sick. While verbal reassurances are helpful, children will often not be comfortable until they actually experience the environment as safe and nurturing.

- Due to their immature conception of time, any placement of more than a few weeks is experienced by preschool children as permanent. Without frequent contact with their parents, these children may assume that their parents are gone and are not coming back. They may abandon hope relatively quickly, grieve the loss, and attempt to establish a permanent place for themselves in the substitute care home. This makes reunification at a later time, at best, another traumatic separation, and at worst, impossible.
- Preschool children are very likely to have an inaccurate and distorted perception of the placement experience and the reasons for their placement. They may feel personally responsible for the family disruption. Many children view separation and placement as a punishment for bad behavior. Egocentric thinking limits preschool children's ability to understand the reasons for placement. That they had to leave home because someone else (their parent) had a problem is beyond their conceptual capabilities. Children this age will cling to their own explanation for the placement, despite attempts by adults to explain otherwise. This self-blame threatens children's self-esteem and increases their anxiety.
- Forced placement without proper preparation may generate feelings of helplessness and loss of control. This may interfere with the development

of self-directed, autonomous behavior. Children this age may learn that they cannot influence the environment, and may become placid and unassertive; or, they may become engaged in a power struggle with adults in an attempt to assert and assure their autonomy.

- Because preschool children do not fully understand the reasons for the placement, they often perceive the absence of their parents as abandonment, and they learn to expect abandonment in other relationships. They often express concern about the new family leaving them, or about having to move again; they are also anxious about whether the caseworker will return for them. Caseworkers are often these children's only perceived link to their family and prior life, and for this reason, the workers can take on extreme importance to them. The children's anxiety about abandonment is exacerbated if the caseworkers who conduct their placement "disappear" from their lives, which often occurs when the case is transferred after placement. The need to maintain continuity in all these children's relationships, including the casework relationship, cannot be stressed enough. A continuous parade of new faces in their lives is disruptive, and seriously damaging to their emotional development.

### School-Age: (Six to Nine Years)

#### *Cognitive Development*

- School-age children have developed cognitively to the stage of concrete operations. They understand cause and effect, and can often discern logical relationships between events. They will, however, have difficulty understanding abstract relationships. "Your mother placed you for adoption because she loved you and wanted the best for you," is a difficult concept for children to understand. In their concrete view of reality, people don't give away things they love.

- School-age children have developed some perspective-taking ability. They can, at times, understand other people's feelings and needs, and they are beginning to understand that things happen to them which are not their fault.
- School-age children usually experience the world in concrete terms. They are most comfortable if their environment is clearly structured, if they understand the rules about how things should be done, and if they have a clear definition of what is right and wrong. They are concerned with fairness, and often have difficulty accepting ambiguity, or changes in previously defined rules.
- School-age children have a better perspective regarding time than do younger children, and are able to differentiate between days and weeks, but still cannot fully comprehend longer time periods, such as months or years. A school year is often perceived as an eternity.

#### *Emotional Development*

- Children this age are performers. Their self-esteem is strongly affected by how well they do in their daily activities, in school, and when playing.
- They become very anxious and distressed when they are not provided with structure, or when they do not understand the "rules" of the situation. If expectations for their behavior are ambiguous or contradictory, they do not know what is right, and often feel helpless to respond properly. A significant change in expectations, such as occurs when children are placed in a home of a different socioeconomic class or culture, can create serious disruption and anxiety for them.

- The primary identification for school-age children is with their family. Their sense of self and their self-esteem are closely tied to their perception of their family's worth. If other people talk about their family in negative terms, it is an assault upon their self-worth.

### *Social Development*

- School-age children can relate to many people, and can form significant attachments to adults outside the family and to peers.
- They derive considerable security from belonging to a same-sex social group. For many children this age, their friends are the focus of most activities and social interactions.
- They recognize that being a foster child is somehow "different" from other children at a time when it is very important that they be more like them and accepted by them. The tendency for school-age children to be critical of differences, and to ignore or tease children who do not "belong," exacerbates foster children's isolation and feelings of rejection.
- School-age children may be fiercely loyal and exclusive in their relationships, and may feel they must choose between relationships. They may not understand how they can care for old friends and new ones too, or love both mother and foster mother. They may feel they must choose between the old and new life, which creates emotional conflict and guilt. This is exacerbated when foster caregivers expect them to "become a part of their family," and subtly or openly expect children to lessen their attachments to their primary family.
- The value system of school-age children has developed to include "right" and "wrong," and they experience guilt when they have done something wrong.



*Implications for Separation and Placement*

- School-age children can develop new attachments and turn to adults to meet their needs. If previous relationships with unrelated adults have been positive, they will be likely to seek out help from adults, including a known and trusted caseworker, when they need it. This increases their ability to cope in stressful situations.
- Their perception of the reason for the separation may be distorted. They may verbalize that they are not at fault, particularly if this is reinforced by persons they trust, but they may not fully believe it. They will not want to accept that their parents are at fault either. Their self-esteem is closely tied with their parents' worth, and they need to view their parents positively. However, in the cognitively concrete world of school-age children, someone must be blamed; and often the caseworker, the agency, or the foster parents are faulted.
- School-age children will compare foster caregivers to their parents, and the caregivers will generally lose the competition. This may be expressed in a statement such as, "My mom's hot dogs are better than these old things." Caregivers must allow children to retain a positive attachment to their family without feeling threatened. They must also be able to talk with children in positive terms about their family, and reassure them that they can like the foster caregivers and care about their family, too.
- The loss of a stable peer group and trusted friends can be quite traumatic. Making new friends may be difficult. School-age children may be embarrassed and self-conscious about their status as foster children, and they may feel isolated. Maintaining contact with friends is helpful. Workers can also help these children by developing an explanatory story about the reasons for their placement to be used with peers.

- Children this age will be very confused if the rules or expectations in the substitute care home are different from those to which they are accustomed. They will be anxious and uncomfortable until they fully understand what is expected of them. They may also perceive differences in rules as unfair and protest the changes.
- School-age children have an improved conception of time. They can tolerate placements of a few months, if they understand they will eventually go home. Longer placements may be experienced as permanent. Because children this age need concreteness, if they cannot be told exactly when they are to return home, their anxiety increases.
- School-age children, who are placed after some perceived misbehavior, may feel responsible and guilty, and may be anxious about their parents accepting them back. Repeated placements are perceived as rejections, and threaten their self-esteem. Children who have been subjected to multiple placements often express a belief that they are not wanted by anyone.

### Preadolescence: (10 to 12 Years)

#### *Cognitive Development*

- Most of preadolescent children's thinking is still concrete. However, some children begin to show an ability to think and reason abstractly, and to recognize complex causes of events.
- At the preadolescent stage, children develop the ability to better understand perspectives other than their own. Some children at this age have developed insight, and can recognize and respond to the needs and feelings of others. They may recognize that their parents have problems

that contributed to the need for placement – "My Dad is nice until he gets drunk, and then he gets mean and hits us."

- Preadolescents also have a better and more realistic conception of time. They understand weeks and months, and they can recall events that occurred months and probably years earlier. They are also able to maintain a sense of continuity over time.
- Preadolescents can logically generalize from their experiences. For example, they will not question whether the foster family has a kitchen, even though they have never been to the foster home, because they understand that houses have kitchens.
- Children this age understand that rules often change depending upon the situation, and they can adjust their behavior to meet the expectations of different situations. This does not mean that changes are not stressful; however, the ability to adapt their behavior helps them cope with the changes.

### *Emotional Development*

- Self-esteem and identity are still largely tied to the family. Adolescents often feel that negative comments regarding their family reflect upon them as well.
- Preadolescents have an increased ability to cope independently for short periods of time. They can feed, dress and care for themselves, and travel independently around the neighborhood. They can manage some problems and resolve them without assistance from adults. However, they still turn to significant adults for approval, support, and reassurance, and for help when things are difficult.

- They may be very embarrassed by their foster child status. They are self-conscious about their "differentness."

### *Social Development*

- The social world of preadolescents has expanded to include many people outside the family. Peers are extremely important. Most peer relationships are of same-sex. Both boys and girls may have best friends who form their social support network, as well as peer groups with whom they identify.
- Children this age still need trusted adults for leadership, support, nurturance, and approval.
- "Right" and "wrong" are complicated and evolving concepts. For most children this age, right and wrong are determined by principles which they believe apply to all people, including their parents. While children may not understand the sources or reasons for this moral code, they can begin to understand that their parents have the capacity to do wrong.

### *Implications for Separation and Placement*

- Preadolescents have a better capacity to understand the reasons for the separation and placement. With help, these children may be able to identify the causes of the family disruption. They can be helped to realistically assess the degree to which their behavior contributed to the problems. With proper assistance, they can often develop a realistic and accurate perception of the situation, which can help prevent unnecessary and unreasonable self-blame.
- These children can benefit from supportive adult intervention, such as casework counseling, to help sort through their feelings about the

situation. Some children this age are able to acknowledge their anger and ambivalent feelings, and talk about them. This helps them to cope.

- If given permission, preadolescents may be able to establish relationships with caregivers without feeling disloyal to their parents. If this is possible, placement in substitute care may not be as threatening.
- Preadolescents are often aware of the perceptions and opinions of other people. They may be embarrassed and self-conscious regarding their family's problems and inadequacies, and regarding their status as foster children. This may contribute to the development of low self-esteem.
- These children may be worried about their family as a unit, and may demonstrate considerable concern for siblings and parents. They will want reassurance that they are okay, and are getting the help they need.
- The loss of best friends and peers may be particularly difficult for children this age. It may be difficult to replace these relationships in the foster care setting. They may be lonely and isolated.

### Early Adolescence: (13 to 14 Years)

#### *Cognitive Development*

- Youths' emerging ability to think abstractly may make complicated explanations of reasons for placement more plausible. However, they still may be confused if the factors are too abstract. As with adults, the ability to think abstractly may depend upon general intellectual potential and level of education.
- These youth may have an increased ability to identify their own feelings, and to communicate their concerns and distress verbally.

### *Emotional Development*

- Early adolescence is a time of emotional lability. Early adolescents may experience daily (or hourly) mood swings and fluctuations. At its worst, this can be a chaotic time. At best, youth of this age are still unpredictable and emotionally volatile.
- Physical and hormonal changes, including significant and rapid body changes, generate a beginning awareness of sexuality. Early adolescents experience many new feelings, some of which are conflictual and contradictory. Emotional changes may be accompanied by solicitous and exaggerated behavior toward the opposite sex, or anxious withdrawal. Many youth display both behaviors at different times as they experiment with new feelings.
- Early adolescents begin to feel a desire to be independent. However, they are not emotionally ready for true independence. Independence is often expressed primarily through verbal rejection of parental values and rules, and adhering, instead, to the values of their peers.
- Despite a verbalized rejection of adult rules and values, youth this age experience considerable anxiety when deprived of structure, support, and clearly defined limits.

### *Social Development*

- Early adolescents may be embarrassed to admit their need for adult approval, support, and nurturance. This makes it difficult for them to enter into relationships with adults, particularly when in an authority or parental role.

- Many early adolescents are conscious of their status or popularity, and their self-esteem is often derived from being accepted by the right peer group. These groups and their membership may change from day to day. Some youth may reject their childhood friends for acceptance into a more popular subgroup. Standards of acceptance are rigid, and many youth this age typically feel they do not adequately measure up.
- Many early adolescents may feel a need to keep up appearances, and may defend their family in public and to adults, even if they personally believe their parents to be at fault.
- At this stage, youth are beginning to become aware of social roles, and they experiment with different roles and behaviors. Consistent social role models are needed. Because sexual identity is becoming an issue, improper or atypical sexual behavior on the part of a youth's parents (sexual abuse, prostitution) may be of increasing concern.
- Although many youth will have developed a moral attitude with clearly defined "rights" and "wrongs," these values may take a back seat to their friends' opinions and attitudes regarding their thoughts and actions. The values of the peer group often supersede their own.

#### *Implications for Separation and Placement*

- Early adolescence is emotionally a chaotic period. Youth experience many stresses as a result of internal, biological changes, and changes in expectations for their behavior. Any additional stress has the potential of creating a "stress overload" situation, and may precipitate crisis.
- Early adolescents may resist relationships with adults, and may describe adults in uncomplimentary terms. In their minds, dependence upon adults threatens their independence. They may not be able to admit their

need for support, nurturance, and structure from adults. Without these, however, they may flounder and experience considerable anxiety. By rejecting adults, they deprive themselves of a source of coping support. The peer group, to whom a youth may turn, cannot generally provide the stability and help needed.

- At this stage, youth may deny much of their discomfort and pain. This prevents them from constructively coping with these feelings, and they may be expressed through volatile, sometimes antisocial behavior. The general emotional upheaval of this developmental period may be exhibited in mood swings and erratic, temperamental behaviors.
- Separation from parents, especially because of family conflict and unruly behavior on the part of a youth, may generate guilt and anxiety.
- At a time when identity is an emerging issue, youth may have difficulty in realistically dealing with their parents' shortcomings. The parents may either be idealized, and their shortcomings may be denied; or, they may be discounted, verbally criticized, and rejected.
- The emotional and social nuances of emerging sexual relationships may be very frightening without the support of a consistent, understanding adult.
- Early adolescents have the capacity to participate in planning, and to make suggestions regarding their own life. This provides a sense of involvement, self-worth, and control. They will be less likely to resist or thwart a plan if they have been involved in developing it.
- Persistent, repeated attempts by caseworkers to engage youth can have very positive results. Even if they never acknowledge that their caseworkers are of help, they may greatly benefit from the workers' support and guidance.



## Middle Adolescence: (15 to 17 Years)

### *Cognitive Development*

- By middle adolescence, youth have often developed the ability to understand complex reasons for separation, placement, and family behavior. They can understand that things happen for many reasons, that no one person may be at fault, and that their parents aren't perfect. They may not, however, be able to accept their situation emotionally.
- The ability to be self-aware and insightful may be of help in coping with difficult situations and their conflicting feelings about them.
- At this stage, adolescents have greater ability to think hypothetically. They can use this ability to plan for the future, and to consider potential outcomes of different strategies.

### *Emotional Development*

- Middle adolescents are developing greater self-reliance. They are more capable of independent behavior, and can contribute to decisions about their life and activities. This helps them to retain some control of their situation, which helps reduce anxiety.
- Identity is being formulated by considering and weighing a number of influences, including family, peers, and their own values and behaviors. These adolescents are beginning to formulate many of their own beliefs and opinions. Many behaviors and ways of dealing with situations are tried, and adopted or discarded, in an attempt to determine what seems to be right for them.

- The development of positive self-esteem may depend as much on acceptance by peers of the opposite sex as by same-sex peers.

### *Social Development*

- Considerable social behavior is centered around exploration of sexual relationships and concerns around intimacy. Much social behavior is centered around dating. Group identification is important, but less so. Individual relationships are becoming more important.
- Adolescents become very interested in adults or older youth as role models. They will be very responsive to people who are honest and who will talk about their ideas without enforcing behavioral expectations or values. They are often willing to listen and to try new ways of thinking and behaving.
- Adolescents are beginning to focus on future planning and emancipation, and are experimenting with and developing self-reliance. But they still need the consistent support of their family.
- Toward the end of middle adolescence, many youth may begin to question previously held beliefs and ideas regarding "right" and "wrong," and they may be less influenced by peer attitudes. An emergence of independent ethical thinking may be evident.

### *Implications for Separation and Placement*

- Adolescents will often reject a family's supporting, nurturing, and guiding efforts as they struggle to express their need for independence. This often results in conflicting, labile, and ambivalent emotions and feelings toward their family. Separation during this time further complicates an already complicated developmental dynamic. Youth in placement may need help

and counseling to sort through their ambivalent feelings regarding their family.

- Adolescents' need for independence may affect their response to placement in a substitute family setting, especially if the caregiving family expects them to "become one of us." Adolescents' family identity may remain with their biological family, and they may be unwilling to accept the substitute family as more than a place to stay. This may be perceived as their failure to adjust to the placement, even though it is a healthy and reasonable response.
- Adolescents may not remain in a placement if it does not meet their needs. Some would rather find their own solutions and placements.
- Adolescents may constructively use casework counseling to deal with the conflicts of separation and placement in a way that meets their needs without threatening their self-esteem and independence. A strong relationship with a trusted caseworker or therapist can provide support, offer guidance and direction, and help them develop realistic, accurate perceptions of a situation and their role in it.

### Recognizing Signs of Grief and Stress in Children

While the stages children experience in response to crisis and loss may be predictable, the behaviors exhibited by different children at each stage or at different ages may differ markedly. The common behavioral indicators of stress and loss at each stage in the grieving process are described below.

#### *Stage I: Shock/Denial*

After the initial distress of the move itself, children may appear to settle in and make an adjustment for a period of time. This period may last from several days

to several weeks, and is sometimes referred to as the "honeymoon period." Children often appear placid, amenable, and easy to get along with. In truth, they are usually in emotional shock.

- Children experiencing shock or denial often seem indifferent in affect and behavior. They may not show any emotional reaction to the move; it appears to be "taken in stride;" for example, as when a child is observed to "wave good-bye at the door; she was all smiles, and went off to play with the children and all the new toys."
- Behavior may be robot-like. Children may go through the motions of normal daily activity, but there is a lack of investment or exuberance. They appear quiet, compliant, easy to please. This absence of emotion may indicate a defensive psychological withdrawal, denial of feelings, and emotional numbness. If workers have not observed children often prior to placement, it is sometimes difficult to determine if the present condition is typical, or a reaction to separation.
- Children often verbally deny a loss. They may say, "I'm not staying. My mommy will be back for me soon;" or, "The caseworker just left me here for a little while, and then I'm going home."
- Infants may exhibit physical symptoms, including respiratory or intestinal upsets or infections, and feeding or sleep disturbances.

One of the most common errors made by caseworkers, parents, and caregivers is to misinterpret children's compliant and unemotional behavior during this stage as indication that placement was easy, and that the children handled it well. If workers and caregivers do not recognize the grieving process, and anticipate its developmental progression from denial to anger, they may not recognize angry affect and behavior as part of the grieving process. Instead, they may mistake these for signs of more serious emotional or behavioral problems. The children

may be punished for these behaviors, intensifying their distress and depriving them of support and help.

A few children who have not developed strong attachments to their caregivers may not react at all when they are moved. This lack of response may indicate that their ability to form relationships has been damaged. The absence of an emotional response by children in placement which extends beyond the initial shock stage of the grief process should be of considerable concern to caseworkers and foster parents.

### *Stage II: Anger/Protest*

Children demonstrate anger in very different ways, depending upon their age and developmental level. They may be oppositional and hypersensitive. They may act out their feelings through angry outbursts, tantrums in response to minor events, by blaming others, and through verbal and physical aggression.

- In infants and preschool children, physical symptoms and emotional outbursts are common. Younger children may refuse to talk, eat, or sleep. In older children, anger may be directed into destructive and aggressive behaviors, such as tantrums in preschool-age children, and more complex behaviors such as lying and stealing in school age or adolescent children.
- Tantrum behaviors and emotional, angry outbursts are common at all ages; these are often easily precipitated, and the intensity of a child's response often seems excessive for the situation.
- School-age children and adolescents may emotionally withdraw, sulk, or pout, and they may exhibit a sullen, self-imposed isolation. They may refuse to participate in activities or social interactions, and may be crabby, grouchy, and hard to satisfy.

- Children at this stage may also exhibit aggressive or rough behavior with other children, and may bully or physically hurt them. They may break toys or objects, lie, steal, and exhibit other antisocial behaviors. They may also refuse to comply with requests, may be both overtly and/or covertly rebellious and oppositional.
- Children may make comparisons between their own home and the one in which they are placed, and, in doing so, rarely find the new one as good. Older children may be very critical of new caregivers and the new environment.

It is difficult to live with children who are angry. Oppositional behavior may be disruptive to the caregiving family, and confrontations between caregivers and children may promote a struggle for control. Angry children may be diagnosed as severely behaviorally handicapped or emotionally disturbed, and may be punished for misbehavior. If their behavior is properly identified as an expression of normal grieving, caregivers are generally more able to provide support, and give them opportunities for appropriate expressions of angry feelings, while gently setting firm limits for their behavior.

Because these behaviors are also typical of children who have been abused and neglected, it may be difficult to distinguish such behaviors from placement-induced stress. However, caseworkers and foster caregivers should recognize that separation and placement of already emotionally damaged children can exacerbate their problems at the same time it potentially protects them from further maltreatment. We should always assume that these children are experiencing separation trauma, and respond accordingly in a supportive and helpful manner.

### *Stage III: Bargaining*

This stage is more frequently exhibited by school-age and older children, who have developed more complex cognitive and social skills. They must have the cognitive ability to understand the potentials of cause and effect, and they must believe that their behavior can influence a change in their circumstances. Often these children's behavior will reflect their perceptions regarding the cause of the separation.

- They may become "good as gold," appear eager to please, and promise to do better. They may also try to undo what they feel they had done to precipitate the placement. For instance, a child who believes she was sent away because she didn't eat her dinner, will try hard to eat everything put in front of her.
- They may try to negotiate agreements with the foster caregiver or the caseworker, and will agree to do certain things in exchange for a promise that they will be allowed to return home; "I'll go to counseling and get better grades, and then I can go home." Some ritualized behaviors may be noted, reflecting both their obsession with returning home, and the emotional intensity of their compulsion to do whatever is necessary to achieve this goal.
- At times, they may appear moralistic in their beliefs and behavior. These behaviors and verbalizations are a form of self-reinforcement, and a defense against failure in upholding their end of the bargain.

The worker should remember that while many behaviors at this stage may be inherently desirable, they do not represent a positive change in character. At this point they represent a desperate attempt to control the environment, and to defend against feelings of loss and fear. In reality, there is little chance of children's behaviors producing the desired results of reunification. If workers

are not fooled by the surface quality of the behaviors, they will be in a better position to provide the support needed when children realize the ineffectiveness of the bargaining strategy and begin to experience the full emotional impact of their loss.

#### *Stage IV: Depression*

During this stage children appear to have lost hope, and they experience the full emotional impact of the loss. There are several behavioral indicators of depression, which include social and emotional withdrawal, and failure to respond to other people.

- Infants or young children may cling to adults, but the clinging has an ambivalent, remote, forlorn, and detached quality. They may avoid contact or interaction, or be unresponsive when approached. Older children may isolate themselves and avoid interaction.
- Anxiety is often associated with this stage. Depressive anxiety is manifest by easily precipitated fear and panic within an overall listless and withdrawn demeanor. Children experiencing anxiety may be easily frightened, frustrated, and overwhelmed by minor events and stresses.
- Children may be listless, seeming to be without direction or energy. They may appear distracted and lost. They may play sporadically, but their actions may appear mechanical, and without emotional investment or interest. There is little goal-directed activity, and they may drift from one thing to another with a short attention span. They may be unable to concentrate. This may result in school problems or failure.
- These children may appear to be vulnerable to minor stresses and easily hurt. They may cry with little or no provocation. Generalized emotional distress is often seen in infants and younger children, including



whimpering, crying, head banging, rocking, lack of interest in feeding, excessive sleeping, vomiting and other stomach upsets, and susceptibility to colds, flu, and illness. Preschool or school-age children may also demonstrate regressive behaviors, such as thumb sucking, toilet accidents, or baby talk. The signs of depression in adolescents are similar to those in adults and include: disturbances in eating and sleeping; depressed mood; inability to concentrate or attend to task; frequent crying jags; and feelings of futility and hopelessness.

There may be a considerable lapse of time between the original separation and the onset of depressive behavior in children. In spite of this, workers should recognize depressive behavior as a likely expression of the evolving grieving process.

#### *Stage V: Resolution*

The normal grieving process is an adaptive dynamic and is, therefore, is often time limited. Depressed feelings and behavior can eventually be replaced with constructive and adaptive attempts to reintegrate socially, and to reestablish emotional equilibrium. As children in placement give up hope of ever returning home, they will often begin to develop stronger attachments in the new home and try to establish a place for themselves in the family structure. However, for many children, this still does not eliminate a chronic feeling of loss and sorrow which persists into adulthood, which may precipitates a desire to search, find, and re-establish contact with members of the child's birth family. Some children, having grown up in foster care, choose to go "home" to their birth families when they emancipate. One of the most prevalent problems for children not placed in permanent families is an anxious or avoidant attachment style as an adult. They are never able to resolve this dilemma, and they remain emotionally adrift, without the opportunity or capacity to sustain deep personal connections. When strong personal connections can be established and the child has the security of permanence, healing behaviors can be seen:

- They may begin to identify with their new family and express this to others. They may want to assume the new family's name.
- General emotional distress will decrease, and emotional reactions to stressful situations will diminish over time, as they become more secure in their new environment.
- They begin to experience pleasure in normal childhood play and activities. Goal-directed activities resume.
- They reach out to engage others in positive social interactions and form new attachments.

When children's case plans include permanent placement with the current family, behaviors suggesting resolution are generally positive signs. However, if permanent separation is not the case plan, then resolution behavior seriously interferes with reunification. Furthermore, separation from their new family creates an additional, unnecessary stress for children. It is inappropriate for children to resolve the loss of their family if their case plans include reunification.

### *Case Examples*

Children experience separation distress in a variety of ways. The way distress is exhibited depends upon the child's age, personality, and previous experiences. The following case vignettes illustrate the reactions of several children to traumatic separations [Gerard & Dukette 1953]. All of these children were moved rapidly, without preparation, and without the benefit of preplacement visits.

- After having been removed from his family and placed in foster care by the caseworker, nine-month-old Todd became fearful and anxious when he had to ride in a car. For months he screamed and protested when taken near a car. Once in it, he settled, but again screamed when removed from it.
- Three-year-old Susan disintegrated emotionally when placed in her second foster home. For days she wandered around the new home calling "Mommy," looking for her mommy, refusing to eat, and refusing to interact with the new foster parents. She ignored toys and wandered aimlessly, intermittently breaking into tears, clutching herself and sobbing, and then stopping abruptly. She would not let anyone comfort her. When the foster parents tried to pick her up and hold her, she sat stiffly in their laps for several seconds and then squirmed away. She would not make eye contact with them.
- One-year-old Bobby clung to his hat and coat, and refused to give them up for several days after placement in an adoptive family. He rocked violently, clutching his hat and whimpering.
- Two-year-old Leon walked around his new home talking to himself, saying, "Now we go home. Leon go home now. Leon not go bye-bye. Go home to Mommy. No bye-bye." He had no interest in toys, and he ignored his new foster caregivers.
- Four-year-old Lucy, a plucky and self-directed child in her foster home, developed a severe anxiety reaction when moved to her adoptive family. She refused to go into dark rooms, was afraid of the "basement monster" despite repeated tours of the basement, and wouldn't go alone into the back yard. She locked herself in the bedroom when the service repair people came to fix the furnace. She had frequent night terrors, waking from a sound sleep screaming, sweating, and anxious. It took as long as an hour to calm her. During the day she tried valiantly to get along with

- the adoptive family, but she often dissolved into anxious tears at small provocation. Her behavior reflected a pervasive anxiety disorder over which she appeared to have little control. It persisted for months, despite her adoptive parents' consistent reassurances.
- Five-year-old Lester had protested violently when the caseworker came to move him from his home. He ran from her, hid in a closet, kicked and screamed, and refused to come out. He attacked the caseworker by trying to kick her. When she tried to reason with him and coax him out, he put his hands firmly over his ears and screamed "No, No." Finally, the much larger and stronger worker picked him up and carried him, screaming and crying, to her car and belted him in. He undid the seat belt and tried to open the door. The worker locked the doors from her side of the car and redid the seat belt. Lester then abruptly swallowed one last anguished sob, and looked out the window. At the new home he rejected the foster mother, and became totally focused on a toy truck in the new family's playroom.
  - Eight-year-old Wendy moved from her foster home to another when her foster mother was suddenly hospitalized with a heart attack. She had suffered one previous separation from her family when she was five. Wendy appeared to take the move in stride. However, in her new home, she became uncharacteristically independent. She dressed herself, fed herself, and asked nothing of the foster mother. When she fell while playing, even though hurt, she whimpered to herself on the lawn, and rejected the foster mother's attempts to help her. She took food from the kitchen and began to hoard it in her bedroom closet. This behavior, often called "pseudo-independence" is typical of children who have learned that trusting and relying on adults only results in a painful separation.
  - Chip, age 12, calmly told his caseworker that he wouldn't stay, wherever she placed him. He was not going to live with any more families. He wanted to live with his sister, a 17-year-old single parent living on her

own. The worker questioned the adequacy of this environment for Chip, and tried to get him to agree to at least give the foster family a try, assuring Chip that they were very nice people. Chip was sullen and quiet during the ride to the foster home. Within 10 minutes after arrival, while the worker and the foster mother were talking quietly in the living room, Chip disappeared out the back door. A week later, despite several visits by the caseworker to the sister and Chip's extended family, Chip was still missing.

- Chris, age 13, had lived intermittently with a variety of caregivers for most of his life. The placements had been arranged by Chris' mother, who periodically moved away with boyfriends, returned to care for him for a few months, and then left again. She had been in and out of Chris' life since his birth. When Chris was placed in a foster home, he appeared nonplussed by the move, and shrugged it off as "no big deal." Within a few weeks of placement, his foster mother discovered he deliberately tore holes in his clothing and then hid them. He broke the other children's toys, took money from the parents' dresser, spent his allowance immediately on candy and toys for himself, and relentlessly tormented the family cat. He chose to play with much younger children, bossed them around and often inflicted physical harm on them when they wouldn't do what he wanted. He was always pleasant and civil to the foster parents, but according to the foster mother, he seemed "remote," as if the "real Chris" were "peering at me through a glass wall, which he allowed no one to penetrate."

All these scenarios reflect a degree of emotional isolation and withdrawal by the children from interpersonal relationships. Some children, who are removed from their families abruptly and inappropriately, will not recover, even when adults are consistently warm and nurturing to them. Their willingness to risk in developing interpersonal relationships will be permanently damaged.