## CHILD REACTIONS TO LOSS: COMMON BEHAVIOR PATTERNS OF THE GRIEVING PROCESS

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<th>STAGE</th>
<th>GENERAL DESCRIPTION</th>
<th>BEHAVIORAL EXPRESSIONS IN SEPARATED CHILDREN</th>
<th>DIAGNOSTIC IMPLICATIONS</th>
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| SHOCK OR DENIAL     | • Person appears compliant and disconnected from the event, as if the loss were of little significance.  
• Person may be stunned, robot-like, or "shell shocked."  
• Person may deny the event and/or the feelings accompanying the event.  
• There is minimal emotional expression. | • Often seems indifferent in affect in behavior.  
• May not show an emotional reaction to the move.  
• May appear to adjust well for a period of time, often referred to as the "honeymoon period."  
• May go through the motions of normal activity but shows little commitment or conviction.  
• May be unusually quiet, compliant, or eager to please. In retrospect, behavior may appear passive and emotionally detached or numbed.  
• May deny the loss, and may make statements such as, "I'm not staying here. Mommy will get me soon." | • Workers, foster parents, and parents may misinterpret compliant and unemotional behavior. When child is thought to have handled a move without distress, later behavioral signs are often not recognized as separation trauma and part of the grieving process.  
• Children who have not developed strong, healthy attachments to parents or caregivers may not display any emotional reaction to the move.  
• Absence of emotional responses to placement beyond the short time period of the "shock" phase should be concerning and may indicate underlying emotional disturbance. |
| ANGER OR PROTEST    | • Loss can’t be denied. The first emotional response is anger.  
• Anger may be non-directional or directed at a person or object thought to be responsible for the loss.  
• Guilt, blaming others, and recriminations are common. | • Oppositional and hypersensitive.  
• Tantrums and emotional outbursts.  
• Withdraw, sulk or pout; may refuse to participate in activities.  
• Crabby and grouchy; hard to satisfy.  
• Aggressive behavior with other children.  
• Break toys or objects, lie, steal, exhibit other antisocial behaviors.  
• Refuse to comply with requests.  
• Make comparisons between own home and foster home; prefers own home. | • Oppositional behavior may be disruptive to the caregivers.  
• Confrontations between caregivers and child may lead to power struggles.  
• Risk of misdiagnosis: "severely behaviorally handicapped," or "emotionally disturbed;" may be punished for misbehavior.  
• Be supportive and helpful in redirecting feelings if behavior can |
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<th>DEPRESSION</th>
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| • Behavior is often an attempt to regain control and prevent the finality of the loss.  
- Person may resolve to do better from now on.  
- Person may try to "bargain" with whoever is thought to have the power to change the situation.  
- Child may believe that a certain way of behaving or thinking will prevent the finality of the loss.  
• May be eager to please and will make promises to be good.  
• May try to undo what he/she believes he/she has done to cause placement.  
• May believe that behaving or thinking in a certain way will bring reconciliation. Behaviors may become ritualized, which may be an attempt to formalize "good behavior" and assure its consistency.  
• May try to negotiate agreements with foster parent or worker; may offer to do certain things in exchange for a promise to be allowed to return home.  
• May appear moralistic in beliefs and behavior; behaviors are often a defense against failure in upholding his/her end of the "bargain."  
• Behaviors represent a desperate attempt to control the environment and defend against feelings of emotional turmoil.  
• In reality, there is little chance of the behaviors producing the desired results or reunification.  
• The worker who understands this stage can provide support when the child realizes the ineffectiveness of bargaining and begins to experience the full emotional impact of the loss.  
| • Sleeping or eating disturbances; may be non-communicative.  
• May be listless and without energy.  
• Activities are mechanical, without direction, investment, or apparent interest.  
• May be distractible, have a short  
• This is a critical period in the parent – child relationship. Once the child has completed the grieving process, it is very difficult to re-establish the relationship. There may be a lapse of time between separation and the onset of depression.  
• Foster parents may feel frustrated and helpless by their inability to comfort or help the child.  
• The worker who recognizes depression as part of the grief process is better able to provide support or increase visitation to prevent the child from emotionally  
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<th>RESOLUTION OR ACCEPTANCE</th>
<th>Symptoms of depression and distress abate. Person begins to respond to others in a more normal manner.</th>
<th>Child begins to develop stronger attachments in the new home and tries to establish a place in the family.</th>
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<td>Person begins to invest emotional energy in the present or in planning the future, and less in thinking about the past.</td>
<td>Child may begin to identify as part of the new family and demonstrates stronger emotional attachments to family members.</td>
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<td>The final stage of grieving ends when the person returns to an active life in the present.</td>
<td>Intensity of emotional distress decreases and child once again experiences pleasure in childhood activities.</td>
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<td>Goal-directed activities reoccur; play and other activities become more focused and planned. Child is better able to concentrate.</td>
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<td>Emotional reactions to stressful situations diminish as security in the new environment increases.</td>
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<td>Behaviors suggesting resolution are generally positive signs, if the case plan includes permanent separation of the child from his family.</td>
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<td>It is inappropriate and harmful for the child to resolve the loss of his family if the plan includes reunification.</td>
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attention span and be unable to concentrate.
- Regressive behaviors are common, such as thumb sucking, toilet accidents, baby talk.
- Generalized emotional distress may be exhibited in both emotional and physical symptoms (i.e. whimpering, crying, rocking, head banging, refusal to eat, excessive sleeping, digestive disorders, illness).