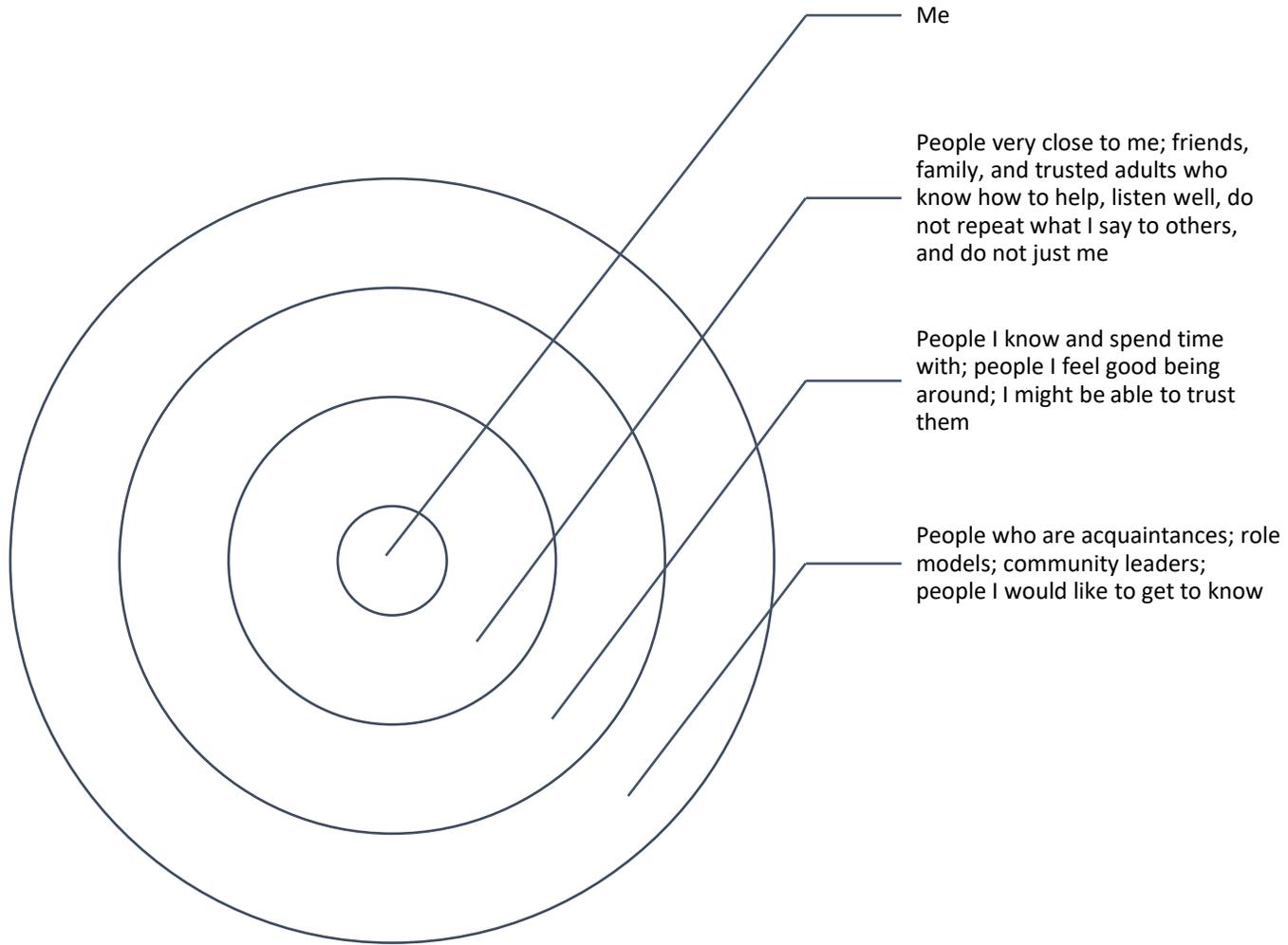


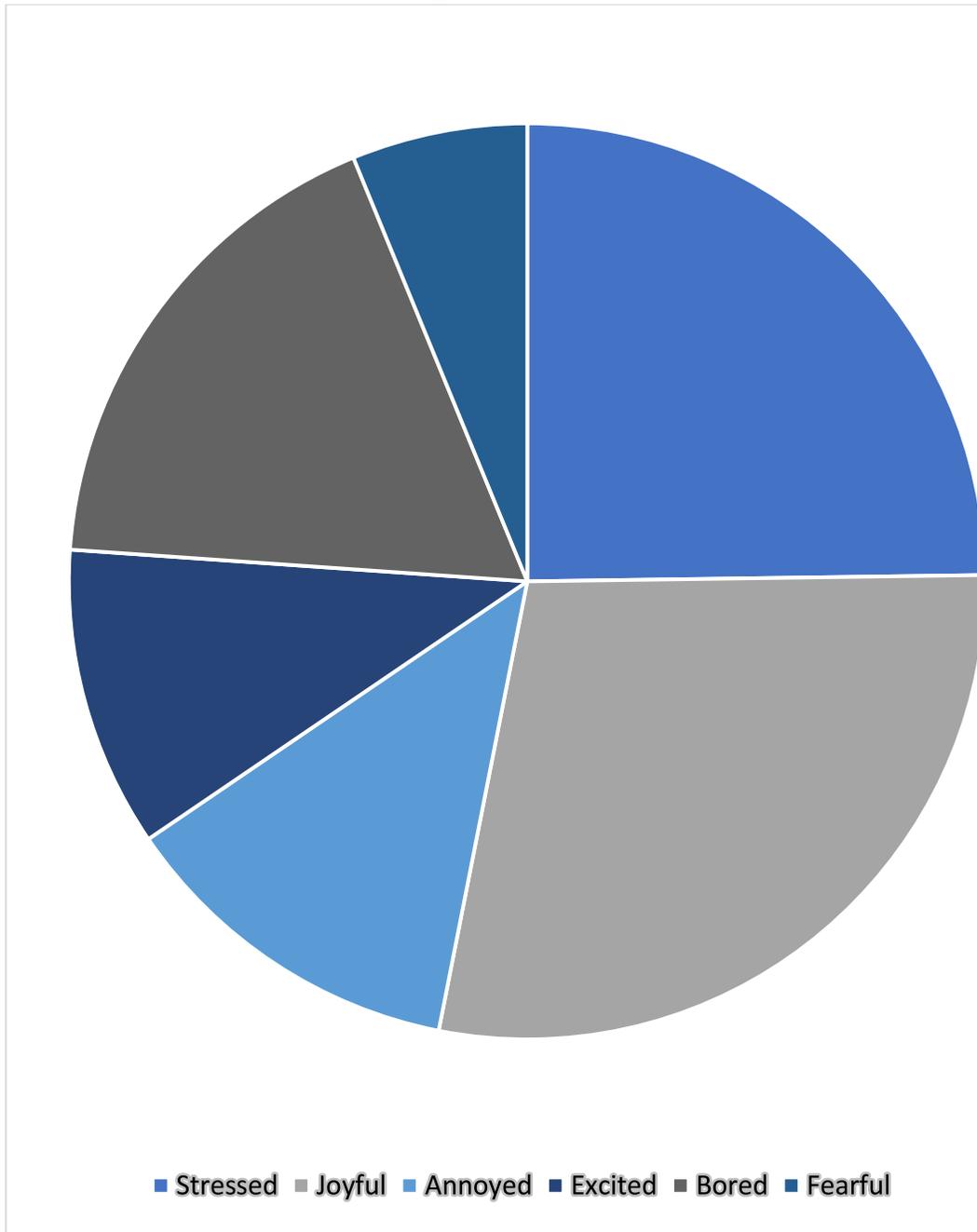
Circle of Trust



Instructions:

1. Draw four circles like you see above.
2. Start with the smallest circle. This circle represents you. Inside this first circle, write "me."
3. The second circle represents those people who are closest to you. Inside the second circle, write down the people you would tell if something traumatic, scary, or upsetting happened. If it is very personal we should be careful who we tell and stick with those who are closest to us such as our friends, family and most trusted adults.
4. The third circle represents all the people you like to spend time with. Inside the third circle, write down the people that you feel good being around and that you might be able to trust. Sometimes we have a lot of people like that. Sometimes we have a few. It's ok.
5. The fourth circle represents people you might need to seek support from who have lots of experience listening and helping like a professional counselor or clergy member. Inside the fourth circle, write down the professional people who could support you. You can also write down people you are acquainted with, as well as any role models, community leaders, or people you would like to get to know.

Feelings Pie Chart



Instructions:

1. Draw a circle.
2. Take a few minutes to reflect upon your day.
3. Identify at least 5 emotions you felt throughout the day and chart those emotion like the image above.

4. For each of your 5 emotions, measure how much of that emotion you had that day. The bigger the slice it has on your pie chart, the longer or higher intensity that emotion was for you.
5. Try to connect your emotions with events or circumstances you dealt with throughout the day. Write down those events and circumstances inside the slices of the emotions they are connected to. You may write down the same event for more than one emotion.

Components of Cognitive Behavioral Therapy

Psychoeducation – This component involves helping young people understand how trauma may have affected them. By explaining how trauma affects brain development and behaviors, we can help de-stigmatize a young person’s actions and demonstrate that they are not a bad person but a person who has had some difficult experiences that call for healing. We can also provide psychoeducation to parents and caregivers, helping them understand the nature of their children’s trauma responses and pointing out ways of supporting them (for instance, by relying on strengths-based encouragement and support rather than punitive discipline).

Relaxation skills – This component involves teaching children and parents skills that can help them counter the hyper-arousal and heightened stress responses that often result from trauma exposure. (Parents or caregivers may have heightened stress, too, due to their own personal experiences or the difficulties of dealing with children who live with traumatic stress.) Some forms of relaxation skills include yoga, mindfulness, and progressive muscle relaxation. But we can also encourage children and caregivers to seek out and regularly engage in any activities that help them relax (for example, cultural activities, prayer, reading, exercise, art, music).

Affect modulation skills – Children who have experienced trauma may have developed the maladaptive coping skill of suppressing, distancing themselves from, or denying negative emotions. This TF-CBT component involves helping children become comfortable expressing a full range of emotions and helping them manage negative emotions. TF-CBT therapists do this by helping them develop problem solving skills, encouraging them to express their needs for support, and helping them identify positive activities that distract them from negative feelings (like humor, writing in a journal, helping others, taking a walk, playing with a pet). The goal is for children to build up a tool kit of these skills. We can help with this, too, outside of a therapeutic context.

Cognitive processing skills – This component of TF-CBT involves helping a child replace negative ways of thinking about everyday events with ways of thinking that are more accurate or helpful. In everyday life, this might take the form of helping a young person see that their negative thoughts about themselves or the world aren’t rooted in reality, and providing them with an alternative

viewpoint that is rooted in reality. In general, we can foster helpful cognitive processing by approaching young people and their caregivers from a strength-based perspective that lets them know that recovery and healing are not just possible but likely, and we can help them see potential opportunities for growth and happiness, especially in moments of negativity.

Trauma narrative and processing – In TF-CBT sessions, the therapist works with the child to help them become comfortable sharing the narrative of their traumatic experience(s), even the most upsetting or private details that they have been most afraid to disclose. The purpose of this is to help the child develop mastery over the narrative rather than avoiding it. While the heavy lifting of developing a thorough trauma narrative is something we should leave to licensed professionals, we can help with this aspect of a young person’s recovery by demonstrating an openness to talk about what they have been through, no matter how disturbing.

Enhancing safety – Trauma involves the loss of feelings of safety and trust, so TF-CBT includes a focus on ensuring both actual physical safety and emotional safety. This can take a number of forms depending on the situation, including practical measures to address physical safety concerns as well as systematic safety planning that meets the child’s needs. For example, a safety plan may include everyone in a household adopting rules meant to foster a sense of safety, such as “No violence,” “No substance abuse,” “No secrets.” As laypeople, we can play a role in helping to enhance the safety of young people by learning what threats they perceive to their safety and talking with them and their caregivers about how to address these threats.

We are living through a time of fear and disruption of daily life that most of us have never experienced. When we are facing threats to our health, our safety, and financial security, and also dealing with the impact of social isolation and a massive disruption of normal routines of daily life, our minds and bodies respond in powerful ways.

When so much in our current external world is out of our control, it is especially important to find ways to better manage responses to the danger and fear we may be experiencing. We can begin to take greater control of our own distress/anxiety--and help those we care about — when we learn to recognize and understand what is actually occurring in our minds and bodies when we are afraid. When we can observe and understand our own versions of the shared human experience of fear and uncertainty, we are better able to make choices that can turn down the volume of our distress and increase our feelings of well-being.

Under normal circumstances there is regular communication between two important parts of our brain: the *pre-frontal cortex* and the *amygdala*. The pre-frontal cortex helps us organize information, think in an organized way and make decisions about our actions. The amygdala is the emotion center of the brain and plays a central role in responding to fear and threat by triggering the fight-flight response.

However, when we feel threatened, or when there are major disruptions to the ways we live, the communication between the pre-frontal cortex and the amygdala is disrupted. At these times, our brains literally may not work the same way. The production of stress hormones and neurotransmitters may become amplified and lead to symptoms of anxiety/distress that we experience in our bodies as well as our minds.

In normal times, we are able to find ways to order our thinking in efforts to calm our feelings of distress. For example, we may make lists of the things we need to do, or we may try to think through and identify current reasons for our distress or distract ourselves from troubling thoughts---all in an attempt to turn down the volume on uncomfortable feelings.

Higher levels of physical reactions to distress can interfere with our ability to think in clear, organized ways that ordinarily help us to feel calm. As a result, we may be caught up in repetitive, vicious cycles of distressing thoughts and distressing physical reactions that magnify our sense of loss of control and helplessness. When this happens, not only does the world around us seem out of control, but our own reactions feel out of control as well.

When we no longer feel in control and in charge of ourselves, on top of our limited control of the world around us, we become more prone to changes in mood. These changes in mood contribute to our suffering and to the accumulating experience of helplessness and loss of control.

Developed by the Childhood Violent Trauma Center
at the Yale Child Study Center

Understanding & Coping with Reactions in a Pandemic



During these challenging times, we are all vulnerable to changes in how we think, feel and act, and these changes themselves can contribute to the high levels of stress we experience. Those who have struggled with emotional difficulties in the past may be especially vulnerable, but may also be able to draw on coping strategies that they have already been practicing to reduce those levels of distress.

While we may need to be physically distant from each other, it is important to remember that we are not alone. When we reach out and help each other as part of our efforts to turn down the volume of our shared distress in reaction to the COVID-19 pandemic, we are at our best.

Understanding our stress reactions and using strategies to decrease overwhelmed feelings is the first step in taking greater control of ourselves, even when the world around us feels so unfamiliar, uncertain and scary.

The following table will help you to:

- Recognize common stress reactions
- Understand how we experience these reactions in our bodies, thoughts, feelings and behaviors
- Identify coping strategies for “turning down the volume” of these reactions.
- Understand why these coping strategies work to lower these reactions
- Connect to useful resources

Developed by the Childhood Violent Trauma Center
at the Yale Child Study Center

Understanding & Coping with Reactions in a Pandemic

What We're Experiencing & Why	Leading to Changes in Our...	How to Cope	Why it Works
<p>ANXIETY/STRESS</p> <p>Anxiety symptoms occur because stress hormones lead the body's stress response system to become dysregulated.</p> <p>So many unknowns and worries, including possibly getting sick and having difficulty meeting basic needs, can increase our feelings of not being in our control</p> <p>Frequently checking the news about COVID-19 is an attempt to regain a sense of control, but it can backfire by keeping the body's stress response system activated.</p>	<p>BODY</p> <ul style="list-style-type: none"> • Muscle tension • Aches and pains • Headaches • Stomachaches • Increased sweating • Changes in breathing (with no illness) <p>THOUGHTS</p> <ul style="list-style-type: none"> • Frequent worries (What if...?) • Self-critical thoughts • Constant thinking about COVID-19 and related topics <p>FEELINGS</p> <ul style="list-style-type: none"> • Nervous • Periods of panic • Overwhelmed • Helpless <p>BEHAVIORS</p> <ul style="list-style-type: none"> • Constant checking for symptoms of COVID-19 • Constant checking the news and social media for COVID-19 updates • Constant talking about COVID-19 and related topics 	<p>Maintain or create daily routines. Set realistic goals.</p> <p>Focus on what can be controlled. Remember that physical distancing and other recommended precautions are active ways of protecting yourself and others.</p> <p>Stay engaged in activities that have goals you can complete and feel successful about (hobbies and projects, household chores, and other work activities).</p> <p>Limit exposure to COVID-19 related news (try to check no more than twice per day for necessary updates).</p> <p>Seek pleasant distractions (music, books, movies, games, walking).</p> <p>Practice relaxation techniques, including focused breathing, progressive muscle relaxation, listening to music, exercising and guided visual imagery.</p>	<p>Establishing routines increases feelings of predictability and control.</p> <p>Taking recommended actions to protect yourself, family, and friends is a very real way of being in control.</p> <p>Accomplishing tasks can help you feel more in control, remind you of your capabilities, and help interrupt the unhelpful cycle of stress reactions.</p> <p>Having facts can help us feel in greater control, but constantly checking the news about COVID-19 can repeatedly activate stress reactions. Limiting news-checking allows the body's stress response system to reset.</p> <p>Entertainment can help interrupt the cycle of stress reactions and can provide relief from distressing feelings.</p> <p>Relaxation techniques can directly interrupt physical symptoms of arousal and help us feel more in control.</p>

Developed by the Childhood Violent Trauma Center at the Yale Child Study Center

Understanding & Coping with Reactions in a Pandemic

What We're Experiencing & Why	Leading to Changes in Our...	How to Cope	Why it Works
<p>TROUBLE SLEEPING</p> <p>In addition to changes in the body's stress response system, normal sleep patterns are disrupted when we are stressed because:</p> <p>1) When we turn the lights off, lie down and close our eyes to go to sleep, there are fewer distractions from upsetting thoughts feelings.</p> <p>2) With fewer distractions, upsetting thoughts and feelings can, in fact, increase and become more repetitive and intense.</p>	<p>BODY</p> <ul style="list-style-type: none"> Physical symptoms of anxiety (see above) <p>THOUGHTS</p> <ul style="list-style-type: none"> Repetitive, troubling, or racing thoughts at night Bad dreams or nightmares <p>FEELINGS</p> <ul style="list-style-type: none"> Anxious Exhausted/Fatigue Frustrated Helpless <p>BEHAVIORS</p> <ul style="list-style-type: none"> Restlessness Inability to fall asleep Waking up during the night Getting out of bed, walking around, being on "screens" 	<p>Try to get plenty of exercise, outside if possible.</p> <p>Try to stick to a routine, including consistent bedtime and wake up times.</p> <p>Avoid checking the news before bed. Instead, watch or read something enjoyable and distracting.</p> <p>If waking up during the night, try to stay in bed and rest; try to avoid using screens; if possible, read printed materials; or listen to music to fall back to sleep.</p> <p>Practice relaxation techniques, such as focused breathing, progressive muscle relaxation or guided visual imagery.</p> <p>Avoid excessive use of caffeine and alcohol.</p>	<p>Exercise and sunlight help regulate the body's sleep/wake cycle.</p> <p>Sticking to a sleep schedule helps reset the body's clock and supports falling and staying asleep. Consistent bedtime routines increase predictability and control.</p> <p>Actively focusing on positive/calming things at bedtime helps the brain and body prepare for sleep.</p> <p>Relaxation techniques slow down our breathing and heart rate and turn down the volume on our thoughts, sending signals to the brain that we can relax and fall asleep to get the rest we need.</p> <p>Caffeine is a stimulant that may interfere with sleep for up to 12 hours. While many think of alcohol as a relaxant, it can also contribute to interrupted sleep.</p>

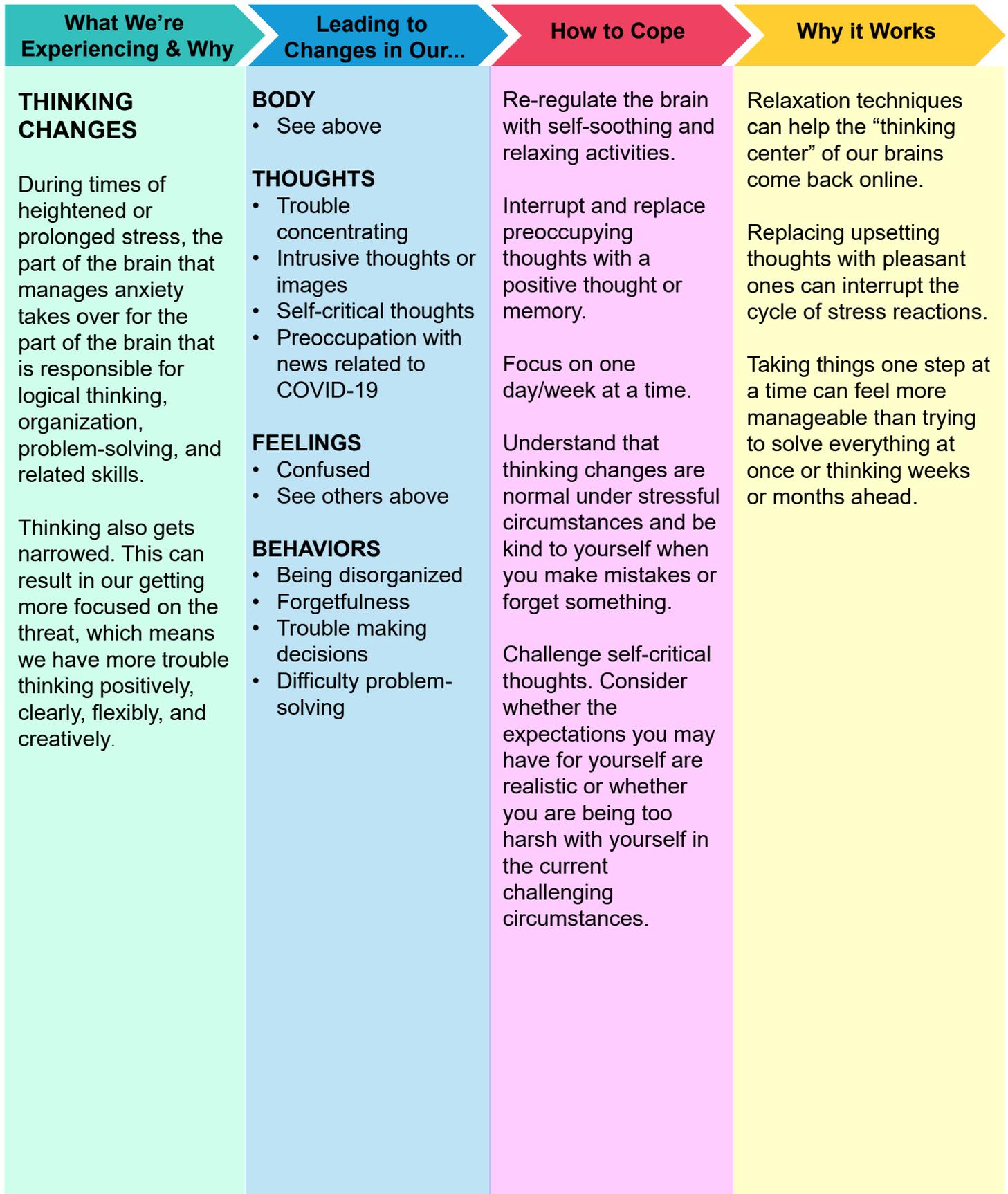
Developed by the Childhood Violent Trauma Center at the Yale Child Study Center

Understanding & Coping with Reactions in a Pandemic

What We're Experiencing & Why	Leading to Changes in Our...	How to Cope	Why it Works
<p>CHANGES IN MOOD</p> <p>Changes in the body's stress response system and trouble sleeping can negatively affect our mood.</p> <p>In addition, increased pressure from worries about health, financial stress, job loss, difficulty meeting basic needs, and/or working remotely while supporting children in distance learning can also negatively affect our mood.</p> <p>Postponing or canceling important events and milestones such as graduations, weddings, vacations, or funerals can make us sad, disappointed, and angry.</p>	<p>BODY</p> <ul style="list-style-type: none"> • Lack of energy • Change in appetite (wanting to eat more or less than usual) • Physical anxiety symptoms (see above) <p>THOUGHTS</p> <ul style="list-style-type: none"> • Pessimistic thoughts and outlook • Self-critical thoughts • Pre-occupation with worries about health and/or death <p>FEELINGS</p> <ul style="list-style-type: none"> • Irritability/Anger • Impatience • Sadness • Fear • Rapid shifts in mood • Numbness • Disinterest • Loss of pleasure in physical intimacy <p>BEHAVIORS</p> <ul style="list-style-type: none"> • Neglecting personal hygiene • Fighting with others • Angry outbursts • Staying in bed • Avoiding contact with others (including virtual/telephone) • Not eating regularly or eating more • Stopping or limiting physical activity and routines of daily life 	<p>Try to get enough sleep, eat well, and exercise regularly.</p> <p>If possible, be outside, while maintaining physical distancing.</p> <p>Limit use of mood altering substances (alcohol/other drugs).</p> <p>Stay connected to others (talk on the phone, video chat, connect through technology/social media, exchange cards/letters).</p> <p>If you can, help others (check on neighbors, participate in community activities that support others, make a donation).</p> <p>Be kind to yourself. Challenge self-critical thoughts. You are likely doing the best you can under difficult circumstances.</p> <p>Reassure yourself by focusing on helpers working to support the community (medical professionals, grocery store clerks, delivery workers).</p>	<p>Sleep, nutrition, and exercise are vital to regulating mood.</p> <p>In addition to well-known risks connected with overuse of alcohol and other substances, they can also significantly increase negative or depressed feelings once the "high" wears off.</p> <p>Social connectedness releases hormones that can increase positive feelings.</p> <p>Helping others can make us feel effective rather than passive.</p> <p>Our brains are biased to notice the negative, particularly when we are under stress. Shifting our focus to the positive can help change our mindset and improve mood.</p>

Developed by the Childhood Violent Trauma Center at the Yale Child Study Center

Understanding & Coping with Reactions in a Pandemic



Developed by the Childhood Violent Trauma Center at the Yale Child Study Center

Understanding & Coping with Reactions in a Pandemic

What We're Experiencing & Why	Leading to Changes in Our...	How to Cope	Why it Works
<p>LONELINESS & SOCIAL ISOLATION</p> <p>To protect ourselves and each other and help “flatten the curve” of the spread of COVID-19, we must practice physical distancing.</p> <p>As a result, we may have greater feelings of loneliness and isolation. While physical distancing is a way of taking protective action, it doesn't require disconnecting from others. What these times call for is <i>remote connecting</i>.</p>	<p>BODY</p> <ul style="list-style-type: none"> • See above <p>THOUGHTS</p> <ul style="list-style-type: none"> • See above <p>FEELINGS</p> <ul style="list-style-type: none"> • Lonely • Missing friends and loved ones • Disconnected • Helpless • Hopeless <p>BEHAVIORS</p> <ul style="list-style-type: none"> • See above 	<p>Connect/reconnect with family and friends using technology.</p> <p>Schedule regular virtual social activities (e.g., calls, video chats, virtual coffees, virtual movies).</p> <p>Play multiplayer online games.</p> <p>Sign up for online classes in areas of interest.</p> <p>Join a virtual book club.</p> <p>Participate in organizational activities that work toward a common purpose and connect you with others.</p>	<p><u>Physical</u> distancing doesn't require social or psychological distancing. Taking advantage of technology can bring us together and reduce loneliness and isolation.</p> <p>Feeling part of a larger community can combat isolation.</p>

Developed by the Childhood Violent Trauma Center at the Yale Child Study Center

Resources

Relaxation Techniques:

Focused Breathing (Relaxation Tip card):

https://nyulangone.org/files/Relaxation_Tip_Card--landscape-format.pdf

Progressive Muscle Relaxation

https://www.cci.health.wa.gov.au/~/_media/CCI/Mental%20Health%20Professionals/Panic/Panic%20-%20Information%20Sheets/Panic%20Information%20Sheet%20-%2005%20-%20Progressive%20Muscle%20Relaxation.pdf

Mindfulness/Meditation apps:

Stop, Breathe, and Think (adult and kid versions of the app)
Headspace
Calm

Trouble Sleeping:

Sleep Hygiene Fact Sheet

<https://restedlife.com/wp-content/uploads/2017/07/Sleep-Hygiene-Fact-Sheet-Rested-Life.pdf>

Ten Tips to Better Sleep

<https://worldsleepday.org/wp-content/uploads/2020/01/10-Tips-for-Better-Sleep-Graphic.jpg>

General Information regarding COVID-19 related Stress:

Managing Stress Associated with the COVID-19 Virus

https://www.ptsd.va.gov/covid/COVID_managing_stress.asp

Stress and Coping

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>

For Family and Friends of Families Experiencing Violence at Home during this Pandemic:

https://www.futureswithoutviolence.org/wp-content/uploads/Futures-Without-Violence-Family-and-Friends-Tips_Final-EN.pdf

Check your local domestic violence organizations for additional resources and assistance.

Should you need additional mental health support during these difficult times, please contact your primary health care provider or local mental health agencies.

If you are experiencing suicidal thoughts, contact your local emergency room, the National Suicide Prevention Lifeline (1-800-273-8255), or call 911.

What Is Childhood Traumatic Grief?

This brief information guide to Childhood Traumatic Grief summarizes some of the material from the “In-Depth General Information Guide to Childhood Traumatic Grief,” which can be found at www.NCTSN.org.

- Childhood traumatic grief is a condition that some children develop after the death of a close friend or family member.
- Children with childhood traumatic grief experience the cause of that death as horrifying or terrifying, whether the death was sudden and unexpected or due to natural causes.
- The distinguishing feature of childhood traumatic grief is that trauma symptoms interfere with the child’s ability to work through the typical bereavement process.
- In this condition, even happy thoughts and memories of the deceased person remind children of the traumatic way in which they perceive the death of the person close to them.
- The child may have intrusive memories about the death that are shown by nightmares, feeling guilty, self-blame, or thoughts about the horrible way the person died.
- These children may show signs of avoidance and numbing such as withdrawal, acting as if they are not upset, and avoiding reminders of the person, the way the person died, or the event that led to the death.
- They may show physical or emotional symptoms of increased arousal such as irritability, anger, trouble sleeping, decreased concentration, drop in grades, stomachaches, headaches, increased vigilance, and fears about safety for themselves or others.
- These symptoms may be more or less common at different developmental stages.
- Left unresolved, this condition could lead to more serious difficulties over time.
- Not all children who lose a loved one in traumatic circumstances develop childhood traumatic grief; many experience normal grief reactions.

What Is Normal Grief?

In both normal childhood grief (also called uncomplicated bereavement) and childhood traumatic grief, children typically feel very sad and may have sleep problems, loss of appetite, and decreased interest in family and friends.

In both normal and traumatic grief, they may develop temporary physical complaints or they may regress, returning to behaviors they had previously outgrown, like bed-wetting, thumb-sucking, or clinging to parents.

Both groups of children may be irritable or withdrawn, have trouble concentrating, and be preoccupied with death.

Children experiencing normal grief reactions engage in activities that help them adapt to life.

Through the normal grief process children are typically able to:

- Accept the reality and permanence of the death
- Experience and cope with painful reactions to the death, such as sadness, anger, resentment, confusion, and guilt
- Adjust to changes in their lives and identities that result from the death

- Develop new relationships or deepen existing relationships to help them cope with the difficulties and loneliness that may have resulted from the death
- Invest in new relationships and life-affirming activities as a means of moving forward without the person being physically present
- Maintain a continuing, appropriate attachment to the person who died through such activities as reminiscing, remembering, and memorializing
- Make meaning of the death, a process that can include coming to an understanding of why the person died
- Continue through the normal developmental stages of childhood and adolescence

What Additional Challenges Increase the Risk of Childhood Traumatic Grief? (Secondary Adversities)

Some evidence suggests that bereaved children who experience additional challenges related to the death—called secondary adversities—or who are already facing difficult life circumstances, are at risk for experiencing traumatic grief. For example, a child who must move after the death of a father must contend with both the absence of a parent and disruption of a social network. A child who witnessed the murder of her mother may face an array of severe additional adversities, such as participation in legal proceedings and facing intrusive questions from peers. Children whose lives are already very complicated and filled with challenges and adversities may be particularly susceptible to developing traumatic grief reactions.

What to Do for Childhood Traumatic Grief

Children with childhood traumatic grief often try to avoid talking about the deceased person or their feelings about the death, but talking about it may be important for resolving trauma symptoms that are interfering with the child's ability to grieve. If symptoms similar to those listed on this sheet persist, professional help may be needed. The professional should have experience in working with children and adolescents and specifically with issues of grief and trauma. Treatment itself should address both the trauma of the death and grief symptoms. Effective treatments are available, and children can return to their normal functioning. If you do not know where to turn, talking to your child's pediatrician or a mental health professional may be an important first step. They should be able to provide you with a referral to a mental health professional who specializes in working with children and adolescents experiencing traumatic grief reactions. Additional information is available from the National Child Traumatic Stress Network at (310) 235-2633 and (919) 682-1552 or www.NCTSN.org.

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Children with Traumatic Separation: Information for Professionals

Introduction

The relationship with a parent or primary caregiver is critical to a child's sense of self, safety, and trust. However, many children experience the loss of a caregiver, either permanently due to death, or for varying amounts of time due to other circumstances. Children may develop posttraumatic responses when separated from their caregiver. The following provides information and suggestions for helping children who experience traumatic separation from a caregiver.

Children and Traumatic Stress

Chronic separation from a caregiver can be extremely overwhelming to a child. Depending on the circumstances and their significance, the child can experience these separations as traumatic. They may be sudden, unexpected, and prolonged, and can be accompanied by additional cumulative stressful events. Situations in which a potentially traumatic separation from the caregiver can occur include:

- Parental incarceration
- Immigration
- Parental deportation
- Parental military deployment
- Termination of parental rights

While this fact sheet addresses traumatic separation between children and caregivers, the information also applies to other traumatic separations such as with siblings or close relatives.

Challenges for Children with Traumatic Separation

Children who develop posttraumatic responses to separation from a caregiver present clinically similar to children who have childhood traumatic grief, a condition that occurs when the circumstances related to the death impinge on the grieving process. However, different challenges are present for children whose caregivers are still alive than for those whose caregivers have died. For example, children with



traumatic separation have valid reasons to hope for a reunion with the caregiver even if that reunion could not happen for many years or at all. Hoping for reunification with the caregiver can complicate the child's ability or desire to adjust to current everyday life and to develop healthy coping strategies.

For some children, the most traumatic aspect of the separation is exposure to frightening events, such as witnessing a parent being handcuffed prior to incarceration; witnessing a caregiver's beating or rape during immigration; or not knowing whether the caregiver is currently safe (as in cases of deportation or deployment).



Often children are separated from their parents and/or siblings when professionals remove them from the home to protect them from an abusive or neglectful parent or from witnessing domestic violence. Children too young to fully understand the danger may perceive the separation from the caregiver as the traumatic experience. Other children may minimize traumatic experiences (e.g., child abuse, domestic violence) that led to the separation; they may identify the separation itself rather than the abuse or violence, as the worst or traumatic aspect of their experience.

Professionals must recognize, assess, and address in treatment both the circumstances under which the separation occurred (e.g., witnessing an arrest) and the underlying cause of the separation (e.g., abuse of the child), regardless of which the child identifies as “worst” or most traumatic.

Oscar, a thirteen year-old boy from Central America, lives with relatives who previously migrated to the United States. His mother had paid an acquaintance to transport him on the long, dangerous journey to these relatives because she feared the prevalence of gangs recruiting teens into drug use, the violence and looting in their town, and the lack of educational opportunities. He experienced harrowing events on the way, including seeing women assaulted and a lack of food and shelter. Once across the border, Oscar was taken into custody and detained for a time. Still fears for his own safety has lost contact with his family, and worries about their safety back home.

Separation from a Parent: Posttraumatic Responses

Following a very frightening event, children may develop posttraumatic responses that can include the following:

- Intrusive thoughts
- Nightmares
- Disturbing images of the separation reenacted in play or depicted in art
- Avoiding reminders of what happened, such as people, places, situations, or things associated with the traumatic event
- Negative beliefs about oneself, others, or the event
- Negative changes in mood (e.g., sadness, anger, fear, guilt, shame)

- Changes in behavior (e.g., increased anger, aggressiveness, oppositional behaviors, irritability, sleep problems, withdrawal)
- Self-destructive thoughts, plans, or actions
- Difficulty with thinking, attention, or concentration problems
- Physical symptoms (e.g., stomach aches, headaches)

If a child who has experienced a separation from a caregiver reacts in these ways, the child may be having a traumatic response that can overwhelm his or her ability to cope and can interfere with the child's self-perception, ability to be with friends, or performance in school.

(For more information go to <http://www.nctsn.org/trauma-types/traumatic-grief>).

In addition to having posttraumatic symptoms related to the separation from the parent, the child may face other challenges:

- **Viewing the absent parent as “all good”:** Placing the absent caregiver in a positive light or as viewing that caregiver as “perfect” may contribute to seeing the current caregiver as “not as good” or to constantly comparing the original and current caregivers. The child may feel the need to choose between caregivers or may feel “split loyalty”—that caring about or loving one caregiver will imply a betrayal of the other. The child may demonstrate devotion to the absent caregiver (so as not to disappoint him or her) by defying the current caregiver (especially when believing the absent person will return). When this occurs, the child may develop significant externalizing behavior problems (e.g., oppositional behavior), have multiple placement disruptions, and may lose the ability to trust—often seen in youth with complex trauma. This sometime rigid view of the “perfect” absent caregiver also can be the source of anger toward the people or system the child feels is responsible for keeping them apart.



Jasmine is 12 years old. Her mother has been in prison since she was 5, and her aunt became her full time kinship caregiver when she was 8. She visits her mother every other month. Her aunt does everything she can to make her happy. Jasmine is polite, not overly affectionate, and is usually well behaved. However, when her aunt sets limits or restricts her use of screen time, Jasmine gets angry and yells, “You’re not my mother. You can’t tell me what to do. She’s the only one I’ll listen to!”

- **Minimizing or denying previous traumatic experiences that led to the separation:** Children removed from the caregiver's care due to caregiver abuse or neglect may minimize or deny these traumatic experiences. They may identify the separation itself as the worst or only traumatic aspect of their experience, rather than events that led to their placement in foster or kinship care. Rather than acknowledging the caregiver's role in the separation, they may blame a system, other people, or even themselves. These children may have inaccurate information, and very young children may be confused or not understand fully the safety reasons for the removal. Clinicians should be aware of the child's previous trauma history and address the

separation clinically in the context of other traumatic events, in addition to understanding the child's thoughts and feelings about the separation.

- **Overly negative beliefs about the absent caregiver:**

Children may mistakenly believe that a caregiver's deportation or his or her medical, psychiatric, or substance abuse problem was the caregiver's intentional choice to abandon him or her, rather than an illness or a result of circumstances beyond the caregiver's control. This belief can lead to the child blaming the caregiver, holding on to negative feelings (e.g., sadness, anxiety, anger) and engaging in problematic behaviors (e.g., aggressive or oppositional behavior, self-injury, substance use, running away) in an attempt to cope with those feelings and regain some sense of control of the experience.

- **Negative self-beliefs:** Many children believe that something they did or did not do caused the caregiver to leave. Inaccurate self-blame leads many children to feel bad about themselves or to participate in negative behaviors in order to receive the punishment they may feel they deserve.

- **Emotional distance:** Some children avoid caring about anyone or anything, possibly to keep from being hurt again. In some cases, the child may wish that the absent caregiver never return or act as if the absent caregiver has died. This type of self-protection prevents the child from living in the present, receiving needed support, and experiencing positive relationships. It may lead to shutting down feelings and avoiding people, relationships, and situations that lead to upsetting emotions.

Mohamed was so excited when his father arrived from Senegal. He finally felt secure and happy that his whole family was together. One day he came home from school and found his mother crying—so upset she could barely talk. His aunt was there too. They said that his father had to return to their country because he didn't have the right papers. Mohamed was angry and thought that if his father really loved him he would have found a way to stay. In the days ahead, Mohamed began getting into fights at school and acting defiantly toward his teacher and mother.

For three years, Elizabeth's father had beaten her with his belt and burned her with cigarettes. She was usually able to hide the marks, but after a particularly volatile night, her 4th grade school teacher noticed bruises on her arm. Following an investigation, her father was imprisoned for the abuse, and she went to live with her grandmother. Elizabeth was quiet and withdrawn, and one day she said to her grandmother, "It's my fault daddy is in jail." She blamed herself, thinking her father must have hit her because she was bad.

Helping Children with Traumatic Separation

Here are tips for working with children experiencing traumatic separation:

- **Guide caregivers on how to talk to children:** Caregivers struggling with how to talk to children affected by traumatic separation can begin by asking the child what he or she believe happened with respect to the separation, and explore what he or she believes will happen in the future. Caregivers help children when they provide honest, age-appropriate information about the separation, to the extent that they know what occurred. As the situation evolves, caregivers can update children as appropriate. At times, the truth includes saying, "I don't know the answer to that, but when I do I will tell you." Encourage caregivers to listen to the child's questions and correct any misinformation or confusion.

- **Address related traumatic experiences:** When children have experienced traumatic separation due to suspected endangerment (e.g., removal from a situation of abuse or neglect; domestic violence; fleeing a warzone), clinicians need to address not only the separation from the caregiver, but also the traumatic experiences leading to the separation (e.g., the child abuse or neglect; domestic violence; war experiences). Children often need specific guidance during therapy to recognize and process these experiences.
- **Help child gain mastery over trauma related symptoms:** Although mental health treatment involves helping the child adjust to the separation, it is crucial also to address the child's related trauma reactions. Help the child gain mastery over his or her trauma-related symptoms through teaching trauma-focused interventions—coping strategies and identifying trauma reminders that may lead to trauma responses—and, ultimately, re-gaining a sense of control.
- **Suggest ways for the child to maintain connections:** It may help the child to have memorabilia (e.g., pictures, objects from a previous home, a scrapbook) to preserve positive memories of and stay connected to the absent caregiver. Help the current caregiver with his/her feelings about having such reminders available. When visitation is appropriate and allowed, work with the caregiver to determine the best time, place, and way for the child to meet with the person and be available for follow-up.
- **Coordinate outside resources and referrals:** Due to transitions in living situations, ongoing and longstanding supports may have changed. Review available support systems and people; identify adults at school and at home to whom the child can turn when needing comfort. If the child needs to build and strengthen relationships with peers, consider referring the caregiver for additional help to identify activities or sources of potential friendships. Keep in mind any specific needs that the caregiver indicates.
- **Monitor the Impact on you:** Take time to consider how working with cases of traumatic separation is affecting you, as a clinician. These can be challenging cases. These children need support, patience, and understanding—and so do you.
- Help is available for children with traumatic loss. For more information on helping children with traumatic loss go to www.NCTSN.org

