

Impact of Separation and Trauma Chart

All children placed in out of home care are impacted by the separation and trauma that they have experienced. The goal is to create proactive visit and case plans that address the impacts that will likely occur due to the trauma, rather than waiting for the child's reactions to the trauma and then trying to respond.

This chart was developed using research on child development, grief and loss for children, best practices and special need issues such as drug exposed infants. Each age group has a separate section. When using this chart select items based on the child's developmental age.

The "Issue/Developmental" column – lists developmental facts that will impact how the child responds to trauma and separation. It also lists special issues that are applicable to some children. Example: Developmental fact - Infants have limited cognitive abilities; this applies to all infants. Special issue - Drug exposed infants respond differently (even without experiencing other traumas); this only applies to some infants.

The second column lists "Behaviors/Impacts" that may occur due to the **Issue or Developmental** fact when a child is traumatized or separated from the family.

The third column provides "Visit Planning Strategies" suggestions to eliminate or minimize the child's behaviors or negative impacts. Behaviors can occur before, during or after visits. The purpose of this chart is to provide suggestions that can help adults to assist the child throughout their time in care, not just during a visit. The strategies can be implemented by any adult or even by older children such as siblings. The term parent in this chart can refer to biological parent, foster parent or any caregiver. Professionals need to help teach, support and monitor all parents to ensure the child's needs are being met.

How to use the chart

1. When developing a visit or case plan, review the chart and choose the items that relate to that child. Add visit planning strategies to the visit and case plans; include which adult(s) is responsible to ensure that the child's needs are met.
2. When a child is having negative or destructive behaviors related to visits (before, during or after) review the **Behaviors/Impacts** column. Locate behaviors listed in the **Behaviors/Impacts** column that match the child's behavior. Implement the suggestions in **Visit Planning Strategies**. Some behaviors can be related to more than one **Issue or Developmental** fact. Consult child development specialists or child therapists if the strategies do not work. Children are telling us they need help when their negative behaviors continue. Never ignore the behaviors or hope that they will just go away.

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	Issue/Developmental	Behaviors/Impacts	Visit planning strategies
INFANT	<ul style="list-style-type: none"> •Infants' cognitive limitations greatly increase their experience of stress. 	<ul style="list-style-type: none"> •Infants will be extremely distressed by changes in the environment and caregivers. •Expect the infant to show stress in bodily functions such as eating, sleeping and being "fussy". 	<ul style="list-style-type: none"> •Help parent understand why infant may be distressed. •Infants should have people they "know" help with all transitions from one caregiver to another. •Do not force an infant to eat or sleep during a visit. •Have caregiver and parent share information with each other regarding how the infant shows stress and how to comfort infant.
	<ul style="list-style-type: none"> •Drug exposed infants respond differently. 	<ul style="list-style-type: none"> •Hard to comfort, feed and may not want to be held. 	<ul style="list-style-type: none"> •Meet infant's needs before visit. •Teach parent how to understand needs and respond to infant.
	<ul style="list-style-type: none"> •Infants have few internal coping skills. •Infants do not generally turn to others for help and support. It needs to be provided. 	<ul style="list-style-type: none"> •Adults must "cope" for them. •Infants who have too many changes will be impacted at a higher level. •Infant is fussy, does not respond to his normal schedule or means of being comforted. 	<ul style="list-style-type: none"> •Give the infant items that bring her comfort such as a blanket or stuffed animal. •Do bonding activities on visits. •Allow infant to choose who or what they want to be comforted by. Praise parent(s) who is able to allow others to comfort the infant. Goal: Shared parenting not competition among adults.
	<ul style="list-style-type: none"> •Infants experience the absence of caregivers immediately. •Infants do not forget people who are absent from their life but they only understand what is happening to them NOW. 	<ul style="list-style-type: none"> •Infants may cling to new caregiver and refuse to go to other parent. •Infants may be confused by changes and become upset at times of transition: i.e., beginning and end of visits. •Infants need multiple contacts each week to maintain an active memory of a person and to attach to that person. 	<ul style="list-style-type: none"> •Inform parent of this normal behavior. •Have visit as soon as possible after placement •Use voice recordings, phone calls, & pictures to keep memory active. Infants can respond well to skype contact. •Always say good-bye – do not let parents disappear hoping that will not upset the infant. •Do visits/contacts several times a week and encourage the birth parent to "provide care" for the infant during a visit so attachment is maintained.
	<ul style="list-style-type: none"> •Separation during the first year can interfere with the development of trust. 	<ul style="list-style-type: none"> •Expect that a healthy infant will attach to his caregiver and that will help with the child continuing his developmental tasks. •Infants with multiple placements may withdraw from bonding activities. 	<ul style="list-style-type: none"> •Let parent know that attachment to caregiver does NOT interfere with attachment to birth parent. •Praise the parent for supporting the infant's developmental need to attach even when they infant attaches to others. •Visit plan should emphasize the need to keep child and parents bonded. Include bonding activities on each visit.
	<ul style="list-style-type: none"> •Attachment is essential for the infant to live and develop. 	<ul style="list-style-type: none"> •Infants can attach to more than one caregiver. •It is better for children to have multiple attachments. 	<ul style="list-style-type: none"> •Minimize the number of changes in caregivers that an infant has. •Legally required to help children maintain and enhance their attachments to parents and family.

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INFANT	<ul style="list-style-type: none"> •Consistency and schedules are critical for an infant’s development. 	<ul style="list-style-type: none"> •Infants are distressed by their new environment and caregivers. •Fussy, hard to comfort, do not sleep well, etc. 	<ul style="list-style-type: none"> •Keep the child on the same food, schedule and other routines – changes should occur slowly. •Follow a regular schedule – preferably the infant’s. If changes are needed do them slowly.
	<ul style="list-style-type: none"> •Infants miss their parent even if that parent was inconsistent or absent before separation (incarceration/hospitalization /divorce). 	<ul style="list-style-type: none"> •Almost all children want to know their biological family even those adopted as infants. •Birth family is always a part of who a child/adult is. 	<ul style="list-style-type: none"> •Infants need and legally have the right to have visits even when they have not had a prior relationship or cannot remember their parent or sibling. •Ensure infant has contact with birth family; including siblings and extended family. •Make “Life Story book” for the child to gather his history and memories.
	<ul style="list-style-type: none"> •Infant’s developmental changes can occur weekly. 	<ul style="list-style-type: none"> •Parents may not recognize the infant’s changes or act as if the infant has not changed. 	<ul style="list-style-type: none"> •Inform parent of the changes. •Teach parent how to adapt to new developmental stage of the infant.
TODDLER	<ul style="list-style-type: none"> •Typical reactions by toddlers: fear, regression, fantasy, guilt, bewilderment, change in level of aggression, generalized emotional neediness, inability to enjoy play or using play to recreate the family. 	<ul style="list-style-type: none"> •Toddler will test their “new world” to try and understand how it works. •Toddler behaviors that some find hard to handle will increase after being traumatized (toileting, hitting, biting). •Adults often want to blame someone or interpret the behaviors as related to things besides the separation, i.e. Mrs. S must not be a good parent of the child. 	<ul style="list-style-type: none"> • Expect the toddler to show behavioral signs of trauma and loss. • Do not blame adults or shame the toddler. • Provide structure, rules, consistency and stability for the toddler – minimize how many changes the toddler must have – make changes slowly • Reassure the toddler that she is loved. • Control behaviors that can cause harm to the toddler or others but do not overreact or punish the toddler.
	<ul style="list-style-type: none"> •The toddler needs dependable adults to help him/her cope. 	<ul style="list-style-type: none"> • Child can turn to relative, substitute caregivers or a known and trusted worker for help and support during the placement process. 	<ul style="list-style-type: none"> • Early & regular contact with parent or other who the toddler has emotional ties. • Do bonding activities. • Place siblings together and/or provide time for them to comfort each other. • Provide toddler with his favorite comfort item.
	<ul style="list-style-type: none"> •The toddler is likely to have an inaccurate and distorted perception of the placement experience. 	<ul style="list-style-type: none"> •Toddler may make up stories about abuse, what occurred, why it occurred, what is happening to him in care, etc. This can appear to be lying to others. 	<ul style="list-style-type: none"> •Discuss reality and fantasy with the child. •Do not punish child for “telling lies”. •Explain how this behavior is a normal reaction for a toddler who is stressed or traumatized.

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	<ul style="list-style-type: none"> • See people in extremes as either all good or all bad. 	<ul style="list-style-type: none"> • Toddler may fear parent or environment. • Fear can be shown in words, behaviors, nightmares or not being able to understand adult behaviors. 	<ul style="list-style-type: none"> • Assure toddler he is safe with people. • Inform parents and caregivers of these issues so they do not overreact to things he may tell them, e.g. "My new mommy is a bad."
TODDLER	<ul style="list-style-type: none"> • Any placement of more than a few weeks is experienced as permanent, i.e. the child believes they will stay forever in their current home. • A toddler believes what they see and experience, not what they are told. 	<ul style="list-style-type: none"> • Without visits, the child may assume parents to be gone, dead or not coming back. • A toddler can complete the grief and loss cycle in a few weeks and reach the <i>Acceptance stage</i> which may interfere with his willingness to attach to biological family if no contact is maintained 	<ul style="list-style-type: none"> • Do frequent visits, if not possible, have pictures, talk about the absent parent or have phone calls, skype or audio tapes. • Prepare the parent for the toddler's behavior or belief that a parent who has been absent is dead or does not love them, especially if visits have not occurred regularly. • Give the toddler a chance to remember or reestablish a connection with the parent at the beginning of a visit.
	<ul style="list-style-type: none"> • The toddler will often view separation and placement as a punishment for her 'bad' behavior. 	<ul style="list-style-type: none"> • Toddler will cling to her own explanation for the placement. • Self-blame increases anxiety and lowers self-esteem. • Toddler may believe if she repeats the bad behavior, which she believes caused the placement; the new family will send her home. 	<ul style="list-style-type: none"> • Explain, in simple language, that the adults are responsible and will fix the problem. May need to repeat this information multiple times • Help parent learn how to explain what happened in a way that will not increase the toddler's belief that she is responsible. • Let toddler know that her being good or bad will not change things such as where she is placed, when she gets to go home, etc. • Avoid replacing the toddler and/or stating to the toddler that she caused the change due to her behavior.
	<ul style="list-style-type: none"> • Because the toddler cannot generalize experiences from one situation to another, all new situations are unknown and therefore, more threatening. 	<ul style="list-style-type: none"> • Even what appears to be a small change to adults can be a new trauma to the toddler, i.e. changing beds at the home, change in food, or changes of when visits occur. 	<ul style="list-style-type: none"> • Prepare child for any changes, new experiences and what will happen "next". "Today is a special day so you will see your dad at lunch but not at bedtime." • Have a schedule and keep it unless there is no other choice. • Have toddler practice things ahead of the event, i.e. going through screening at the jail, bed time routine, riding to the visit.
	<ul style="list-style-type: none"> • Want to please their parents and adults they are attached to. 	<ul style="list-style-type: none"> • Confused when given mixed messages about which parent he can trust or love. • Will act differently with different parents in response to trying to please that person. 	<ul style="list-style-type: none"> • Give child clear boundaries and messages. • Do not ask the child to choose between parents. • No bad talk about the other parent. • Each adult be consistent in his/her messages. Child is able to respond to differences among adults but consistency is better.

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TODDLER	<ul style="list-style-type: none"> The toddler will display considerable anxiety about the new home. 	<ul style="list-style-type: none"> Toddler may express anxiety through behaviors and bodily functions. Most often, while verbal reassurances are helpful, the child needs to experience the environment to feel comfortable in it. 	<ul style="list-style-type: none"> Help the parent (or someone the toddler trusts) comfort the toddler and address her anxieties. Let the child know that it is OK to have feelings and that you want to know what they are. Teach child safe ways to express emotions; crying, hitting a pillow, quiet time, cuddling, etc. Use games to teach the child about the new home and family. Allow the child to have comfort items such as blankets, toys, or pacifier. This is not the time to ask a toddler to give up comfort items
	<ul style="list-style-type: none"> Placement, without proper preparation, may generate feelings of helplessness and loss of control, which may interfere with the development of autonomous behavior. 	<ul style="list-style-type: none"> The toddler will revert to infant like behaviors; wanting their bottle, asking to be feed, wetting their pants or bed, etc. They may become whiney and clinging to any adult who shows affection 	<ul style="list-style-type: none"> Expect this behavior; do not take it “personally” when a child acts out his feelings. Inform parent of changes in behaviors or skills. Allow the behaviors without comment during the transition time. When the toddler is more secure slowly work towards regaining these developmental skills. Often the toddler will do this on his own once he feels secure. Allow the toddler time to be clinging – may need to start the goodbye part of the visit early so there is enough time to finish the good-bye routine. Have a good-bye routine. Have parents share how they say good-bye or good night and use what the child is used to. Make sure people the toddler say goodbye before they leave. Do not “disappear” or sneak out.
PRE SCHOOLER	<ul style="list-style-type: none"> The child may wonder how the necessities of life (food, toys, etc.) will be provided. 	<ul style="list-style-type: none"> This feeling can lead to overeating, begging or manipulation. Child may refuse to let go of an item. 	<ul style="list-style-type: none"> Reassure the child that her needs will be met. Do not try remove comfort item from child unless necessary. Most behaviors are temporary and will go away once the child feels secure so do not overreact.
	<ul style="list-style-type: none"> The child needs dependable adults to help him cope. 	<ul style="list-style-type: none"> Child can turn to a relative, substitute caregivers or a known and trusted worker for help and support. 	<ul style="list-style-type: none"> Visits should always include at least one person the child trusts. Prepare parent if the child does not currently trust/remember the parent. Regular contact is necessary to build trust and maintain memories.

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PRESCHOOLER	<ul style="list-style-type: none"> •The preschool child is likely to have an inaccurate and distorted perception of the placement experience. 	<ul style="list-style-type: none"> •Magical thinking can cause them to make up stories about their parent or their situation. •Look for clues the child has fantasies and talk to the child about the fantasies such as; feelings of pain, of sorrow, or of being responsible for the situation. •The child may fantasize about returning home. •Child may become upset or feel adults have lied when fantasies do not become real. 	<ul style="list-style-type: none"> •Try to explain when things will occur in a manner the child will understand. Do not wait for the child to ask for the information. •Do not treat child’s perception/magical thinking as a lie. •Do not avoid talking about a traumatic placement or event in the hopes that the child will forget the event. •Use books and stories to help the child understand what is real. •Ask the child to tell you her “story” about what happened. •Drawing or playing is a way for the child to share her perceptions.
	<ul style="list-style-type: none"> •They may believe they are responsible for their parent being in jail, getting a divorce or why family violence occurred. 	<ul style="list-style-type: none"> •Self-blaming can be shown through regression in behaviors or skills such as bed wetting, trouble sleeping, developing fears (monster in the closet), nightmares and toddler-like tantrums. 	<ul style="list-style-type: none"> •Inform the parent of the child’s behaviors or belief that she caused the parent’s behaviors. •Parent and others to give clear message the child is NOT responsible. Especially important if the child did something like call the police.
	<ul style="list-style-type: none"> •Any placement of more than a month is experienced as permanent. 	<ul style="list-style-type: none"> •Without visits, the child may assume parents to be gone, dead or not coming back. •Child does not understand time periods such as six months versus two years. •Child may “forget” many things about birth family within a short time. (Short term cognitive memory is lost but child usually has a long term subconscious memory of that parent.) •Child will go through grief and loss cycle quickly. Expect changes in behaviors such as denial, anger, and bargaining. •Child may try to bargain (not always stated out loud). If I am good can I go home? •Child may not know how to express emotions or fears expressing emotions. 	<ul style="list-style-type: none"> •Ensure that the child has immediate contact after placement and frequent visits thereafter. •Pictures and phone calls can help supplement visits. •Talk to the child about the next visit but do not try to explain things that may take months or years to occur. •Do not deny visits in the hope that the child will adjust faster to new home if there is no contact. •Address the child’s need for love and stability NOW. •Prepare parent for child’s fussy memory if the visits do not occur regularly. •Give the child time to reestablish a relationship with a parent he has not seen in weeks or months. •Child’s anger at parent may be related to <i>Anger stage</i> of grief/loss cycle and not the abuse. Child may show anger to another person. •Talk to the child and assure him that he will have a family and that the adults will work to be sure the child is loved even by family members whom he has not seen for a while.

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PRESCHOOLER	<ul style="list-style-type: none"> •The child will display considerable anxiety about the new home/family. 	<ul style="list-style-type: none"> •Child may try to do things that make his new home be more like his parent's home. This may be seen as not following the rules. •All adults should regularly check how the child is doing especially during the first days of placement. 	<ul style="list-style-type: none"> •Ask parent about the child's schedule and home life. •Use that information to make things in the caregiver home mimic the child's home; food, routines, toys, clothes. •Adults ask the child about new home and schedule. Encourage and praise the child for adjusting to his new home. •While verbal reassurances are helpful, the child needs to experience the environment to feel comfortable in it. Make changes slowly. Provide clear and simple rules to the child to follow. •Do not punish the child for not following the rule. Develop boundaries that allow him choices and keep him safe.
	<ul style="list-style-type: none"> •Child may have emotions she does not know how to handle. 	<ul style="list-style-type: none"> •Child appears to be deliberately trying to upset adults by actions or statements. <ul style="list-style-type: none"> ▪Child may say things to be in control or express anger that upset others. "I hate you, you're not my mom, you can't make me" 	<ul style="list-style-type: none"> • Prepare parent for these behaviors/emotions. • Do not overreact or the child will probably repeat the statement or behavior. • Often occurs when parent is trying to set boundaries. Continue to enforce boundary/rule. "John, I am not your mom but you cannot hit me."
	<ul style="list-style-type: none"> •Placement, without proper preparation, may generate feelings of helplessness and loss of control, which may interfere with the development of autonomous behavior. 	<ul style="list-style-type: none"> •Child is likely to regress on one or more developmental tasks. •Child may refuse to be alone, try to control world, or display symptoms similar to depression. •Child may lack concentration and is not able to enjoy normal activities. •Child needs to know that she has some influence on adults to get her needs met. Child may manipulate, repeats requests or insist doing things his way. 	<ul style="list-style-type: none"> •Prepare the parent for this to occur. •Expect behavioral changes and emotional reactions; the child may act out his emotions towards the parent, caregiver or social worker. •Do not take it "personally" but allow the child a safe way to act out the emotions. •Encourage child to do things that have brought him joy in the past. But do not pressure the child. •Allow child to express his emotions and show him that you still love him when he expresses his emotions. He does not have to be perfect to be loved. •Acknowledge child's emotions and praise him for even small steps he makes towards adjusting to the situation. •Meet the child's needs. Allow the child control over safe things like what to wear to the visit, which vegetable to eat, etc.

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PRESCHOOLER	<ul style="list-style-type: none"> • Child attaches to new caregiver or to primarily to one parent and feels loyalty conflicts 	<ul style="list-style-type: none"> • Child calls new caregiver mom/dad • Child shows signs of confusion about who is my parent/family • Child's self-esteem is connected to <u>everyone</u> he considers his family. 	<ul style="list-style-type: none"> • Inform the parent of the child's behavior and how this is normal and healthy • Parent assures the child that he can love two moms or dads. • Do not ask the child to choose between parents. • Maintain frequent contacts with all birth parents or past caregivers. • One adult should never talk negatively about another adult with whom the child is attached. • Explain to the child that many children have multiple families (divorce) and that it is normal to feel confused at first.
	<ul style="list-style-type: none"> • Child needs to know what happened to his parent or what mom is doing while away from the child. Especially for parents in jail, hospital or settings far away from the child. 	<ul style="list-style-type: none"> • Child wonders what their parent's life is like in jail or hospital. She may ask a lot of questions. • Child will make up worse stories about parents life if no information is given. 	<ul style="list-style-type: none"> • Answer the child's questions. You may need to repeat the answers. • Do not wait for the child to ask. Provide information about things like where the parent is and their daily life. • Explain why other children or siblings are with the parent. • Draw or take pictures of where the parent lives. • Do not share information on difficult things you may experience in jail or hospital.
GRADE	<ul style="list-style-type: none"> • The child will compare one parent to another. 	<ul style="list-style-type: none"> • The child may talk about what the "other" parent does or does not do. 	<ul style="list-style-type: none"> • Let the parents know that this is normal. • Let the child talk about without assuming that he prefers one person over the other. • Never talk negatively about the other parent/caregiver. • Don't push a child to provide information about the other parent(s). • Concerns about the behavior of the other parent should be referred to the agency worker and the worker will investigate.

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GRADE SCHOOL AGE	<ul style="list-style-type: none"> • The child can develop new attachments and turn to adults to meet his/her needs. 	<ul style="list-style-type: none"> • Child will call caregivers mom and dad. • If given permission, the child may be able to establish relationships with caregivers without feeling disloyal to own parents. • Child may bond with other children who are a part of her new family. 	<ul style="list-style-type: none"> • Allow the child to determine what names/titles are used; what to call foster parents, step-parents, other children in the home, etc. • Prepare the parents for their normal reaction (anger, sadness) and explain this shows that the child is healthy and normal. • Adults should give positive support of each other's role. Disagreements should be handled without placing the child in the middle. • Keep child in contact with caregivers and others in the home if the child moves to another home or returns home.
	<ul style="list-style-type: none"> • Child will have intense emotions and may not know how to handle them. 	<ul style="list-style-type: none"> ▪ Anger, sometimes quite intense, is expressed as both an honest reaction to what is happening to him/her and as an externalizing attempt to cope with his/her pain, sadness, and helplessness. ▪ May refuse to visit a parent. 	<ul style="list-style-type: none"> • Allow the child ways to express her emotions in a safe manner. • Let her know it is OK to have these emotions. • Parent should admit to things he/she did that lead to the child having these feelings. • Do not minimize the child's feelings or tell child not to feel that way. • Allow child to make choices about visits that so her feels safe.
	<ul style="list-style-type: none"> • The loss of siblings, peer group, school and friends may be as traumatic as the loss of parents. 	<ul style="list-style-type: none"> ▪ Making new friends may be difficult. ▪ The child may be embarrassed and self-conscious about "foster child" status. ▪ Children who lose too many relationships may refuse to form new friendships. ▪ School performance may deteriorate. ▪ Child may refuse to continue involvement in former activities; sports, school, arts, hobbies. etc. 	<ul style="list-style-type: none"> • Make efforts to keep the child in the same school. • If not possible, ensure the child can maintain contact with school friends. • Encourage the child to make friends but acknowledge to the child that it is normal to be afraid that this may cause more lose. • Have the child remain involved in activities and hobbies. • Parents and caregivers work to maintain these connections. • Have the child develop a scrapbook to save pictures, letters and stories of the people in his life.

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	<ul style="list-style-type: none"> •The child may be confused if the 'rules' and expectations in the caregiver's home are different from what she is used to 	<ul style="list-style-type: none"> ▪ The child may not want to ask about the rules or is in shock in the first days and does not remember the rules. ▪ The child may feel a need to test the rules to see what happens. 	<ul style="list-style-type: none"> • Caregiver should learn from the child and family about the rules the child had in his last home. • Whenever possible maintain those rules. Example: Keep bedtime the same. If change is needed, slowly move bed time to meet the rules of the new family. • Be non-judgmental of the rules of the other parent/caregiver • Provide clear rules and do not overreact if the child does not follow all the rules immediately. • Give the child some choices, "Would you like to store your shoes under your bed or in the closet?"
GRADE SCHOOL AGE	<ul style="list-style-type: none"> •The child has a better understanding of time than younger children so placements of a few months can be <i>tolerated</i> but attachments may be impacted especially if visits are infrequent. 	<ul style="list-style-type: none"> ▪ The child of knowing that a parent they have not seen in months or years is still alive. ▪ The child may be shy when they first see their parent, if contact is not frequent. ▪ The child is likely to have emotions such as fear, angry, disappointment regarding the parent. 	<ul style="list-style-type: none"> • Have regular visits and use photographs, letters, skype and phone calls to supplement the contact. • Involve the child in planning the visit. • Be sure the visit does not regularly interfere with the child's schedule, school attendance or time with peers. • Provide parent with information on the child's life, school and friends. Provide the parent with information that can be used to talk to the child; "I heard you had a test today, how did you do?"
	<ul style="list-style-type: none"> •The child has an increased ability to understand the reasons for the separation. •The child often feels loyalty to the parent and may blame others for the separation. 	<ul style="list-style-type: none"> ▪ With help, the child may be able to develop a realistic perception of the situation and avoid unnecessary self-blame. ▪ Do not over estimate his ability to fully understand. ▪ Language skills are more advanced than cognitive and abstract thinking skills. 	<ul style="list-style-type: none"> • Give the child honest answers about the situation and the adult's responsibilities. • Include the child in court hearings or provide him information. Do not assume he does not know or care about court. • Parent and others should answer the child's questions honestly and as completely as possible. • Do not wait for child to ask the questions. Encourage the child to ask questions.

Impact of Separation and Trauma Chart

	<ul style="list-style-type: none"> •The child may be worried about family members she does not live with and may demonstrate considerable concern for siblings and parents. 	<ul style="list-style-type: none"> ▪ Child may ask questions, try to take care of the other family member or be protective of siblings to the point of interfering when adults try to care or discipline the sibling. ▪ Child may be <i>parentified</i> in his behaviors towards siblings or parents. 	<ul style="list-style-type: none"> •Ensure frequent contact and when not possible share information so the child is assured of everyone’s safety. •Provide information about the parent’s whereabouts and condition. •Allow for early & regular phone calls to parent or other family members. •Allow child time to adjust and feel secure before trying to change behaviors that are protective of siblings or parent. •Do not force the child to give up <i>parentified</i> behaviors immediately. This is the child’s way of bonding and forcing the child to stop can cause the child additional trauma.
GRADE SCHOOL AGE	<ul style="list-style-type: none"> •The child may be embarrassed and self-conscious regarding family’s problems and foster care status, which may contribute to low self-esteem. 	<ul style="list-style-type: none"> ▪ Child is very aware of being different and may deny or hide the fact that she is a foster child, that a parent is in jail, etc. ▪ Child may not want to go on visits, especially if that will make her seem different, i.e. being pulled from class. ▪ Child may want to hide the fact that her parent is in jail or hospitalized. ▪ Severe reactions may include the child refusing to visit a parent. ▪ Child may be taunted by others for what the parent did (committed a crime). ▪ Child may refuse to go to school. 	<ul style="list-style-type: none"> •Help the child develop ways to explain her situation to her peers. The child may feel that he has to tell the “truth” and does not understand how to only share what he wants with his peers. •Have visits where the child is comfortable. Ex: some children like parents to visit the school and others do not. •The child can benefit from supportive adult intervention or counseling to help sort through his feelings about the situation. •Talk to the child about how he is doing at school, if he is being taunted or treated badly. •Get child to help with the planning of the visit and changes in her life. Allow her some choices and control.
	<ul style="list-style-type: none"> • Shaken sense of identity – Who am I? Who is my family? 	<ul style="list-style-type: none"> ▪Child may ask to change her name, deny she knows a parent or refuse to go to a visit. ▪Trauma and lack of support may delay the child’s development. ▪ The child may need help resolving family relationship issues so she can continue to progress. 	<ul style="list-style-type: none"> •Inform the parent it is developmentally normal for children in this age to start to “pull” away and not want to be with his parents in public places. This is not an indicator of a lack of attachment. •Share family history or stories to help enhance family connections. •Do not expect child to spend every minute with the parent on longer visits.

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GRADE SCHOOL AGE	<ul style="list-style-type: none"> • Moral lapses are not rare, as the foundation of development of morality (their parent) is shaken and the child experiences painful injustices. 	<ul style="list-style-type: none"> ▪ This may be evidenced in such behavior as lying and stealing. ▪ The child is aware of concepts of justice, crime and punishment. A parent involvement in criminal court or the family’s involvement in family court can be confusing and upsetting especially when information is not shared. 	<ul style="list-style-type: none"> • All the parents and caregivers should discuss moral development and have consistent expectations and consequences when the child does not meet expectations. • Non-custodial parent should be actively involved in setting expectations, boundaries and enforcing discipline. • Help child to understand why parent is in prison. • Child should be given the choice to attend family court hearings.
	<ul style="list-style-type: none"> • Shows stress with symptoms such as headaches and stomach aches. 	<ul style="list-style-type: none"> ▪ Child may become ill or say she does not feel well when experiencing stress or to avoid a situation. 	<ul style="list-style-type: none"> • All medical issues should be evaluated by a physician. • Teach the child methods of handling stress. • Track to see if there is a pattern when the child is sick or uses illness as a way of escaping. • Try to get her to discuss what is causing her stress rather than focusing on the illness.
ADOLESCENT	<ul style="list-style-type: none"> • Early adolescence is an emotionally and physically chaotic period for all teens. 	<ul style="list-style-type: none"> • Any additional stress has the potential of creating “stress overload” and may precipitate a crisis. 	<ul style="list-style-type: none"> • Teach the youth methods of handling the stress. • Do not overreact to outward changes – hair, clothes. • Give youth choices in planning visits and changes in his life. • Ensure that the youth has at least one trusted adult in his life.
	<ul style="list-style-type: none"> • The youth may resist relationships with adults. Dependence upon adults threatens “independence”. 	<ul style="list-style-type: none"> • Refusing to attend visits or have contact with parents and family. • Rejecting adults who could support them in their transition. • Only has trusting relationships with teens. • May begin having sex early or have inappropriate relationships. 	<ul style="list-style-type: none"> • Allow the youth choices in how the relationship will occur but not whether he should have relationships with adults. • Even youth who state they do not want a relationship have told researchers that they wanted the relationship and feared rejection so acted as if they did not want adult relationships. • Prepare parent for this normal teen behavior. • Adults watch for behaviors that could harm the teen. • Adults continue to offer supportive relationship even if the teen initially rejects the relationship.

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	<ul style="list-style-type: none"> The youth may deny much of his own discomfort and pain, which prevents him from constructively coping with those feelings. 	<ul style="list-style-type: none"> Developmental regression, evidenced as choosing younger friends, withdrawing, and changes in school achievement or attendance. Rejecting parents or adults who try to help. Suicide, drug use, eating disorders and other self-destructive behaviors. 	<ul style="list-style-type: none"> Teach the youth it is OK to have emotions and how to handle the pain. Provide emotional support even if this is initially rejected by the teen. These reactions are usually temporary. Do not overreact. If behaviors continue to become self-destructive refer teen to counseling.
ADOLESCENT	<ul style="list-style-type: none"> Separation from parents, especially if it is the result of family conflict or behavior on the part of the youth, may generate guilt and anxiety. 	<ul style="list-style-type: none"> Denial of emotions, physical illness, eating disorders, depression, suicide, etc. Acting out behaviors that endanger the teen or others. 	<ul style="list-style-type: none"> It is important that ALL the adults who are responsible develop an agreed upon plan to handle the youth's behavior. Adults work together with youth to set consistent boundaries and consequences. Support from parents, adults or therapist is essential.
	<ul style="list-style-type: none"> Identity is an emerging issue; dealing with one's parents' shortcomings makes this transition more difficult. 	<ul style="list-style-type: none"> Parents may be idealized or shortcomings may be denied. May see adults as all good or all bad. 	<ul style="list-style-type: none"> Do not take it personally when youth "notices" your shortcomings. Honest, open discussion of parent's behaviors. Most helpful if parent initiates this discussion and takes responsibility. Help youth develop a relationship with another adult who can provide support to the teen: relative, culturally significant leader, coach, teacher, etc.
	<ul style="list-style-type: none"> Exploring his/her sexual identity. 	<ul style="list-style-type: none"> Entry into sexual relationships may be very frightening without the support of a consistent, understanding adult. Sexual relationship may start earlier for traumatized teens and teen may be susceptible to abuse by others. 	<ul style="list-style-type: none"> Be willing to discuss or provide the youth information about sex, your values and expectations. Support the youth even if he does not meet your expectations.

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ADOLESCENT	<ul style="list-style-type: none"> •The youth has the capacity to participate in planning and to make suggestions regarding own life. 	<ul style="list-style-type: none"> •He may refuse to attend visits. •He may act as if he does not care or want to be involved in planning. •Visits may be boring especially when held in agency offices. •Asks to have friends attend visits. 	<ul style="list-style-type: none"> • Teen should be included in developing visit plans. • Persistent repeated attempts to engage the youth by parent or worker can have very positive results. • When possible have longer visits with opportunities to learn from parent (cooking, driving, sports, shopping, etc.) provide normal interaction activities. • Predictable schedules is not as important as allowing the youth choices. • Have visits where the teen is: foster home, school, sports events, music event, etc.
	<ul style="list-style-type: none"> • The youth will be mourning the loss of family and home. 	<ul style="list-style-type: none"> • Symptoms of mourning may include such things as feelings of emptiness, tearfulness, difficulty concentrating, chronic fatigue, and troublesome dreams. • May choose to join a new family such as a gang. 	<ul style="list-style-type: none"> • Talk to the youth about her feelings, refer to counseling and monitor for suicidal thoughts or signs of mental health problems. • Do not expect teen to quickly bond to new caregiving family or follow new household rules; the teen may see this as denying her birth family or the other parent. • Use internet and social media to enhance the teen’s connections with family, friends, and culture.
	<ul style="list-style-type: none"> • Anger as a direct response to life disruptions and circumstances surrounding it, and to cover feelings of powerlessness, vulnerability, and grief. 	<ul style="list-style-type: none"> • Expect withdrawal, both psychological and physical distancing and detachment. Adolescents, because of their greater independence, mobility, and access to resources (e.g. friends, organizations) outside the home, are often able to withdraw from the problems of the home to maintain their equilibrium • Watch out for social and behavioral problems, such as sexual misconduct, truancy, delinquency, substance abuse, eating disorders and gang activity. 	<ul style="list-style-type: none"> • Encourage the youth to be involved with friends and activities that bring her joy. • Adults regularly check with teen. Do not accept “no” if you suspect there is a problem. • Prepare parent for teen’s emotions. Have parent accept responsibility for how his/her actions contributed to these emotions. • Do not overreact and/or expect teen to deny emotions. • Connect teen with other people or groups that are a positive “family” - sports, church, hobby groups, school activities, cultural groups, extended family, etc.

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Sources

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Resources

- California Youth Connections (site for and about youth in foster care) <http://www.calyouthconn.org/>
- The Center for Children of Incarcerated Parents www.e-ccip.org
- The Child Trauma Academy (Dr. B. D. Perry's site in brain trauma) www.ChildTrauma.org
- Child Development Institute (research and articles on child development) <http://www.childdevelopmentinfo.com>
- Child Welfare Information Gateway (comprehensive child welfare website for all issues) www.childwelfare.gov
- Indian Child Welfare <http://www.nrc4tribes.org/indian-child-welfare-act.cfm>