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Your Feelings, Your Family, and You: Forced Separation Trauma and Accessible Media Interventions for Children Aged 3-5

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Abstract:

This capstone focuses on the developmental and academic effects of trauma in early childhood children aged 3-5, specifically trauma caused by forced separation from family members during or after immigration. It explores the literature on attachment theory and the effects of separation, as well as current research on developmentally appropriate trauma-informed interventions. In an attempt to create easily accessible materials that aid in trauma recovery, the project then focuses on children's media that engage pre-kindergarten age children. The final portion of the project is the creation of a series of developmentally appropriate videos aimed to provide children who have been forcibly separated from family members with tools to cope with the trauma. These videos model language to discuss and identify feelings, and somatic exercises to help cope with trauma symptoms. They are accompanied by a guide for parents/guardians with questions for engagement with the child on the content.

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Your Feelings, Your Family, and You:
**Forced Separation Trauma and Accessible Media Interventions for
Children Aged 3-5**

by
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Capstone submitted to the Education Studies Program
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(by way of Pittsburgh, Pennsylvania)

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Abstract

This capstone focuses on the developmental and academic effects of trauma in early childhood on children aged 3-5, specifically trauma caused by forced separation from family members during or after immigration. It explores the literature on attachment theory and the effects of separation, as well as current research on developmentally appropriate trauma-informed interventions. In an attempt to create easily accessible materials that aid in trauma recovery, the project then focuses on children's media that engage pre-kindergarten age children. The final portion of the project is the creation of a series of developmentally appropriate videos aimed to provide children who have been forcibly separated from family members with tools to cope with the trauma. These videos model language to discuss and identify feelings, and somatic exercises to help cope with trauma symptoms. They are accompanied by a guide for parents/guardians with questions for engagement with the child on the content.

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Literature Review

We live in a political moment of horror, in which children are being forcibly separated from their primary caregivers by the U.S. government. There are also children whose parents are incarcerated into our prison-industrial complex, and children whose parents are traumatically taken by community and police violence. The issue of traumatic forced separation is a pressing one, especially considering the massive effect it has on children's developmental outcomes, and interventions to support children who have experienced this form of trauma need to be created in an accessible format that all children can utilize. This project specifically focuses on the experiences of children who have been separated from a parent/parents during or after immigration to the United States due to deportation, separation at the border, or constraints on the family during the immigration process.

Adverse Childhood Experiences (ACEs)

Since the mid 1990s, researchers have recognized the effect of single traumatic events, the cumulative nature of childhood challenges, and the lingering effects these childhood experiences have on adult outcomes. ACEs are events that occur during childhood that are potentially traumatic, including abuse, neglect, witnessing or experiencing violence, living with a parent with addiction or mental illness, and instability in the home. Multiple studies have found that an increased number of reported ACEs in adulthood correlates with an increased risk of negative health outcomes, including chronic health problems, mental illness, risky sexual behavior, lowered educational achievement, and addiction¹. The original study, and the many successive studies on various health outcomes related to number of reported ACE's, indicates an outlook towards childhood trauma that acknowledges the lasting effect of even a single traumatic incident, and the compounding effect that multiple adverse experiences causes.

Early Attachment and Trauma

Early attachment is vital to a child's development, and is especially important when children experience any form of stress or trauma. Children exhibit a variety of attachment styles, which reflect how they relate to those to whom they are bonded. Mary Ainsworth created a

¹ Centers for Disease Control and Prevention. "Adverse Childhood Experiences (ACEs)," April 2, 2019.

standardized method of determining attachment styles known as the Strange Situation, which observes an infant's response in three specific scenarios. Researchers examine how an infant relates to the mother when she is in the room, once she has left, and how they respond after she leaves and comes back. Healthy attachment styles present in the form of secure attachment (crying on the mother's exit, and being soothed when she returns) or insecure attachment (crying on the mother's exit, and then either avoiding her on her return or not being easily soothed)². Regardless of the reaction, children with healthy attachment styles have consistent self-soothing behaviors that allow them to process stress.

Children who experience trauma are more likely to have a disorganized attachment style, which presents as having no consistent reaction to the Strange Situation, and attempt various self-soothing methods such as becoming overly friendly to the stranger or hitting their heads against objects. If a child does not have a healthy relationship with a caregiver on whom they can rely, the templates for handling stress and trauma developed in their early brains are physically altered, and affect their resiliency for the rest of their lives if not addressed. Traumatic loss of an attachment, such as forced separation from a trusted caregiver, can trigger a disorganized attachment style in children as young as infants³. Disorganized attachment presents as a lack of consistent emotional self-regulation, as shown in Ainsworth's Strange Situation, the result of neural emotional regulation pathways that have been detrimentally impacted. It is considered a risk factor for future psychopathologies, and can present itself as aggression and other behavioral problems when entering school⁴.

Attachment is vital to a child's future emotional health, and there is even research that suggests there is a critical period in which positive affectionate social interactions must occur. This even presents on the neurological level. Researchers have found that genetic methylation occurs in response to social interaction (or lack thereof) that regulates an infant's emotional regulation pathways. This methylation dictates the stress reaction a child feels in the future. On a genetic level, a methyl group attaches to a nucleotide and affects the three-dimensional shape of

² Keil, Frank. *Developmental Psychology: The Growth of Mind and Behavior*. W. W. Norton & Company, 2013.

³ Liotti, Giovanni. "Trauma, Dissociation, and Disorganized Attachment: Three Strands of a Single Braid." *Psychotherapy: Theory, Research, Practice, Training* 41, no. 4 (2004): 472–86.

⁴ Van Ijzendoorn, Marinus H., Carlo Schuengel, and Marian J. Bakermans–Kranenburg. "Disorganized Attachment in Early Childhood: Meta-Analysis of Precursors, Concomitants, and Sequelae." *Development and Psychopathology* 11, no. 2 (June 1999): 225–50.

the chromatin, changing how the gene is transcribed in the future. In this particular case, methylation affects the production of cortisol in reaction to stress⁵. Cortisol is a stress hormone involved in the fight-or-flight response. Due to this change on the genetic level, children who do not have positive social interaction during this critical period in infancy are more at risk for being emotionally reactive throughout their lives⁶. Children who have intense social deprivation, which has been studied in tragic situations such as institutional Romanian orphanages, have also been found to have smaller gray matter volumes, denoting a lower degree of interconnectivity and affecting future mental health and acuity⁷.

Children use caregivers as an external source of emotional regulation; the presence of a caring and attached adult actually affects how the child's brain develops⁸. Separation in tandem with other traumatic or stressful experiences is often considered a compounding factor in terms of the emotional effect on the child. One study found that maternal support was correlated with lower behavioral problems for children following family immigration, implying that maternal support served as an emotional buffer during this stressful transition⁹. The compounding effect of separation on other stress or trauma has most often been studied in unaccompanied children. The literature finds that the family group, or even just the company of a single close adult, can serve as a cushion against the harmful effects of trauma for children, so the paired loss of attachment alongside trauma compounds the effects of the trauma itself¹⁰.

The Traumatic Effects of Separation

⁵ Mulder, Rosa H., Jolien Rijlaarsdam, Maartje P. C. M. Luijk, Frank C. Verhulst, Janine F. Felix, Henning Tiemeier, Marian J. Bakermans-Kranenburg, and Marinus H. Van Ijzendoorn. "Methylation Matters: FK506 Binding Protein 51 (*FKBP5*) Methylation Moderates the Associations of *FKBP5* Genotype and Resistant Attachment with Stress Regulation." *Development and Psychopathology* 29, no. 2 (May 2017): 491–503.

⁶ Ibid.

⁷ Keil, Frank. *Developmental Psychology: The Growth of Mind and Behavior*. W. W. Norton & Company, 2013.

⁸ Gil, Eliana, Christine Ludy-Dobson, and Bruce Perry, eds. "The Role of Healthy Relational Interactions in Buffering the Impact of Childhood Trauma." In *Working with Children to Heal Interpersonal Trauma: The Power of Play*, 2013.

⁹ Short, Kathryn Helen. "Stress, Maternal Distress, and Child Adjustment Following Immigration : Exploring the Buffering Role of Social Support," 1995.

¹⁰ Rousseau, Cécile, Abdelwahed Mekki-Berrada, and Sylvie Moreau. "Trauma and Extended Separation from Family among Latin American and African Refugees in Montreal." *Psychiatry: Interpersonal and Biological Processes* 64, no. 1 (March 2001): 40–59.

This paper has elucidated the compounding traumatic effect of separation, and lack of attachment in the face of adverse events. But separation unrelated to other trauma, especially forced separation from a primary caregiver, is a traumatic experience in itself that can have lasting effects. In 2006, the Australian Institute of Family Studies looked at outcomes for individuals who had been affected by forcible separation policies conducted by the Australian government until the 1960s. As many as 100,000 Aboriginal children were forcibly separated from their primary caregivers and either placed in government-run institutions or white foster families, causing profound cultural and personal trauma. This study on the long-term effects of forced intergenerational separation found that participants who had been separated from their primary caregiver as children were over twice as likely to be at risk of clinically significant behavioral and emotional issues, and over two-and-a-half times as likely if that primary caregiver was a mother¹¹.

Oral histories collected from Indigenous Australian adults who were forcibly separated from their families as children emphasize the trauma of the experience. One interviewee shared that adults would not listen to him as a child, writing off his painful emotions due to his young age. Many talk about the impersonal experience of growing up with an institutional space as “home”. Others emphasize that even caring adults did not know how to address the trauma forced separation had caused:

I take my hat off to the nuns...They all did their best. They were loving and they tried their best to make us feel loved and comforted. But, of course, that wasn't enough for some of us because a lot of us have got a pain that's hard to heal and we're looking for that mother's comfort, I suppose (p. 31)¹².

This separation trauma affects children's socioemotional development, and their future academic achievement. A study that looked at children who were separated from their families during immigration, compared with non-immigrant children and children who immigrated with

¹¹ Silburn, Sven, Stephen Zubrick, David Lawrence, Francis Mitrou, John De Maio, Eve Blair, Adele Cox, et al. “The Intergenerational Effects of Forced Separation on the Social and Emotional Wellbeing of Aboriginal Children and Young People.” *Family Matters*, no. 75 (2006).

¹² Mellor, Doreen, ed. *Many Voices: Reflections on Experiences of Indigenous Child Separation*. Canberra: National Library of Australia, 2002.

their families, found that children who were separated during the immigration process were at a higher risk for depression, and were more likely to drop out of school¹³. This study was looking at separation caused by constraints on the parents during immigration, not forced governmental separation due to deportation or detainment at the border.

Separation caused by deportation or detainment has been found to increase anxiety for children, and predictably results in reactions that are different from temporary separation during immigration due to constraints on the family. Forced deportation or detainment of a parent has been found to cause intense insecurity and anxiety in children; even children who have immigrated or are the children of immigrants, whose parents have not experienced deportation or detainment, report high levels of anxiety centered on the fear of parental detainment or deportation¹⁴. Deportation disproportionately targets men, and can place economic stress on the family in addition to separation trauma and anxiety. Women whose husbands or partners have been deported cannot collect unemployment or worker's compensation to supplement the lost income from their partner, and are often afraid to seek social services for their children, even if the children are U.S. citizens and thus entitled to these services, due to the fear of disclosing their own immigration status¹⁵. This adds another level of anxiety to the family, which compounds the emotional trauma of separation, and increases the stress of the remaining parent, who has also experienced trauma due to the violent separation from their partner. Similar economic strains often occur in families in which a father is incarcerated.

However, separation from the mother has been associated with an increased risk for future mental health problems as compared to children separated from their father, specifically causing stronger posttraumatic stress disorder symptoms¹⁶. For children separated from both parents, the risk of developing anxiety, depression and posttraumatic stress symptoms is increased further. One study found that unaccompanied children are often exposed to more risks

¹³ Gindling, T. H., and Sara Z. Poggio. "The Effect of Family Separation and Reunification on the Educational Success of Immigrant Children in the United States." *Institute for the Study of Labor (IZA)*, IZA Discussion Papers, no. 4887 (2010).

¹⁴ Dreby, Joanna. "U.S. Immigration Policy and Family Separation: The Consequences for Children's Well-Being." *Social Science & Medicine* 132 (May 2015): 245–51.

¹⁵ Ibid.

¹⁶ Derluyn, Ilse, Cindy Mels, and Eric Broekaert. "Mental Health Problems in Separated Refugee Adolescents." *Journal of Adolescent Health* 44, no. 3 (March 2009): 291–97.

and face more traumatic experiences following separation, perhaps due to their vulnerability as unaccompanied minors¹⁷. These situations, especially in the absence of a parental support buffer for the emotional effects of trauma, can compound the trauma separated children experience.

Children who experience forced separation under stressful, dangerous, and even violent circumstances are often exposed to other traumas, such as witnessing or experiencing violence, seeing a parent handcuffed or brutalized, and worrying about a parent's safety, especially in the case of deportation or incarceration. Untreated trauma has a huge detrimental effect on academic performance, affecting cognitive abilities and behavioral skills that are key to success¹⁸. The inability to self-regulate emotions can cause children to act out in ways that hinder their achievement, especially in school settings.

Academic Effects of Trauma

One study found that behavioral regulation skills in pre-kindergarteners predicted emergent literacy, math and vocabulary skills, and that increases in behavioral regulation over the course of the school year correlated to higher increases in these academic skills from the fall to the spring¹⁹. This study looked at attention, working memory, and inhibitory control. It linked the ability to focus and follow directions to increased learning and the development of academic skills. Unaddressed trauma adversely affects children's behavioral regulation, and separated children who often face economic distress, and even institutionalization, likely do not have access to quality preschool programs. This combination can cause separated children to fall behind their peers academically before they even reach kindergarten, and points to the need for early accessible interventions to be administered before children enter the K-12 environment.

Trauma can have a serious effect on schooling outcomes in children. One study found that children with ACEs experience more language delays, are suspended more often, are assigned to special education classrooms more frequently, and are 2.5 times more likely to fail a

¹⁷ Ibid.

¹⁸ Larson, Satu, Susan Chapman, Joanne Spetz, and Claire D. Brindis. "Chronic Childhood Trauma, Mental Health, Academic Achievement, and School-Based Health Center Mental Health Services." *Journal of School Health* 87, no. 9 (September 2017): 675–86.

¹⁹ McClelland, Megan M., Claire E. Cameron, Carol McDonald Connor, Carrie L. Farris, Abigail M. Jewkes, and Frederick J. Morrison. "Links between Behavioral Regulation and Preschoolers' Literacy, Vocabulary, and Math Skills." *Developmental Psychology* 43, no. 4 (2007): 947–59.

grade²⁰. This is likely in part due to the detrimental effects of trauma on self-regulation, and the cognitive toll of constantly living in a state of post-traumatic fight-or-flight, in which learning is inhibited. By focusing on the arresting developmental effect of trauma on the lower brain, which controls self-regulation and subconscious body reactions such as the fight-or-flight system, educators can attempt to aid traumatized students in developing self-regulatory and calming skills that they could not develop due to their adverse experiences.

Trauma Presentation in Children

PTSD in children often presents as aggression, attention deficits, difficulties with self-regulation, and difficulty maintaining interpersonal relationships²¹. These symptoms are integrally related to the behaviors that affect early educational success. A neurosequential perspective postulates that the brain develops sequentially, from lower brain stem regulatory functions up to higher cortical functioning. Trauma causes children to be arrested in this development, triggering reactions in the lower brain and its regulatory function, and causing children to stay in a state of anxiety, neurobiologically triggering either the fast-acting mobilized effect of high alertness, or the exhaustive slowing effect of prolonged stress²². Either of these physical responses interferes with the child's ability to take in new information and concentrate on learning.

Some of the most common symptoms of PTSD in children are eating and sleeping difficulties, difficulty being soothed, head banging, and lack of consistent behavioral strategies in the Strange Situation. In toddlers, PTSD may present as recklessness in exploration, as well as tantrums and aggression. PTSD symptoms in children fall into similar categories to those observed in adults: re-experiencing of the traumatic event, avoidance of anything associated with the trauma and general numbing of responsiveness, and increased arousal. For children,

²⁰ Brunzell, Tom, Helen Stokes, and Lea Waters. "Trauma-Informed Positive Education: Using Positive Psychology to Strengthen Vulnerable Students." *Contemporary School Psychology* 20, no. 1 (March 2016): 63–83.

²¹ Brunzell, Tom, Helen Stokes, and Lea Waters. "Trauma-Informed Positive Education: Using Positive Psychology to Strengthen Vulnerable Students." *Contemporary School Psychology* 20, no. 1 (March 2016): 63–83.

²² Ibid.

symptoms often present as repetitive reenactment of the trauma through play, intrusive recollections, nightmares, social withdrawal, loss of range of affect, attentional difficulties, and night terrors. One of the struggles with treating young children is that they have much less verbal range, and often do not have the language to describe or understand how they are feeling.

How Pre-Verbal Children Process Traumatic Events

For young children, it can be difficult to verbalize or discuss trauma; they often do not yet know how to describe how they are feeling or what they have experienced. However, this does not mean that they are not processing and ruminating on what has occurred. Historically, there has been an incorrect assumption that young children do not remember or retain traumatic events that they experienced pre-verbally. However, there are numerous reported cases of children who can recall details of experiences from infancy, and evidence that children can behaviorally respond to stimuli that recall nonverbal experiences from their infancy. There is research that suggests 18 months is a relevant threshold. Children younger than 18 months can still be affected by traumatic events, but there is more evidence of increased symptomatology, specifically for reexperiencing symptoms, for children who experienced the trauma after age 18 months²³.

Preverbal children may express trauma in nonverbal ways due to the different coding of memory for early preverbal experiences. One example referenced by Coates and Gaensbauer is a child who witnessed an explosion as an infant and later became distressed by strong wind or dust landing on her. This suggests a physical encoding of trauma, focused on the nonverbal experience and the sensory memory.

Children as early as age 3 can articulate the causal effect of a past upsetting event with a current negative emotional state, such as “‘Mary’s sad because she’s remembering her lost rabbit’”²⁴. It is important to keep in mind, though, that this early cognitive ability, and the expansion of vocabulary surrounding emotions, relies on interactions with trusted adult figures;

²³ Susan Coates and Theodore J. Gaensbauer. “Event Trauma in Early Childhood: Symptoms, Assessment, Intervention.” *Child and Adolescent Psychiatric Clinics of North America* 18, no. 3 (July 2009): 611–26.

²⁴ Lagattuta, Kristin Hansen, and Henry M. Wellman. “Differences in Early Parent-Child Conversations about Negative versus Positive Emotions: Implications for the Development of Psychological Understanding.” *Developmental Psychology* 38, no. 4 (2002): 564–80.

for traumatized children whose attachments to their parents may be damaged, and whose parents may not be present, this emotional development may be delayed. The ability to understand one's own emotions relies on a degree of emotional regulation, especially the development of a healthy fear network to address and relieve stress, which is damaged in cases of early trauma²⁵.

The sense of security and safety given by strong attachments to caretakers is “the scaffolding upon which developmental progression depends”²⁶. Trauma at an early age in any form can derail a child's sense of security, affecting their developmental progression and their attachments. When the trauma itself is a separation from the attachment figure, whose presence would serve as the main buffer against the lasting effects of traumatic events, this sense of security is entirely shattered.

Trauma Interventions for Children

Literature on trauma-informed education practices focuses on encouraging and structuring self-regulatory behaviors by assisting children in identifying emotions and their triggers, and teaching ways to process them²⁷. One form of this practice is art therapy, which includes engagement in dance, visual arts, performance, and writing, and has been recognized as a way to allow children to process trauma in a developmentally appropriate way²⁸. It allows children to access their emotions and describe them in non-verbal ways, which may be easier, especially at a young age. Another way that young children process traumatic material is through play, often with the format of “superheroes” and “bad guys”²⁹. By guiding children in these play scenarios, adults can help children grapple with trauma.

One therapist found that those who experienced trauma as young children, specifically at pre-verbal ages, often experienced the event in a deeply physiological way, manifesting in a general feeling of disembodiment and of unsafety within the body. He worked mainly with those who had experienced sexual abuse, often as children, which may have also contributed to the body as the locus of trauma. However, especially for children with a limited verbal capacity or

²⁵ Salmon, Karen, and Richard A Bryant. “Posttraumatic Stress Disorder in Children: The Influence of Developmental Factors.” *Clinical Psychology Review* 22, no. 2 (March 2002): 163–88.

²⁶ Ibid.

²⁷ Brunzell, Tom, Helen Stokes, and Lea Waters. “Trauma-Informed Positive Education: Using Positive Psychology to Strengthen Vulnerable Students.” *Contemporary School Psychology* 20, no. 1 (March 2016): 63–83.

²⁸ Phelps, Don. “Therapeutic Use of Expressive Arts with Children.” *Social Work Today*, 2019.

²⁹ Sesame Street in Communities. “When Children Play ‘Bad Guys,’” n.d.

verbal understanding of what has happened or what they are feeling, feelings of unsafety and terror can concentrate in physical sensations that children cannot locate or verbalize. One method that Van der Kolk found effective in addressing trauma that was stored physically in the body was the incorporation of yoga. Yoga brought patients in tune with their own bodies, and allowed them to focus on physical sensations, as well as locate pain and anxiety in their manifestations in their bodies³⁰. Obviously, this treatment was aimed towards adults, and comes with the caveat that engaging young children in slow, mindful activities such as yoga is difficult due to their developmental stage. However, a few poses that focus on breath control, and only take a short period of guided time, could be incorporated to help children learn physical techniques that not only help with self-regulation of hyperarousal, but also may allow them to more fully acknowledge and process their feelings of terror and trauma that have been stored in their bodies.

Children who suffer from PTSD have higher than average heart rates, and mindfulness, a similar practice to yoga in that it focuses on identifying bodily sensations, has been employed in trauma-informed classrooms to help children transition their bodies from fight-or-flight hyperarousal to a state that is conducive to learning and focusing³¹. For children who are too young to possess the theory of mind or vocabulary to identify their feelings verbally, identifying these physical feelings of distress is a first step in self-regulation and well-being.

Much of the experience of trauma, in children and adults, manifests through physical symptoms, and focusing on interventions that calm the sympathetic nervous system can allow children to reach a place where they can take in information and learn, instead of feel trapped in a fight-or-flight response. Rhythms and patterns are important to allow children to feel comfortable and know what to expect, and help soothe their hyper-aroused nervous systems. Having routines is beneficial for these students and provides reliable expectations for each day.³²

Play Therapy

³⁰ Van der Kolk, Bessel A. *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*. New York, NY: Penguin Books, 2015.

³¹ Brunzell, Tom, Helen Stokes, and Lea Waters. "Trauma-Informed Positive Education: Using Positive Psychology to Strengthen Vulnerable Students." *Contemporary School Psychology* 20, no. 1 (March 2016): 63–83.

³² Ibid.

When treating trauma in children, their developmental stage must be kept in mind. A children's book on discussing difficult issues emphasizes that: "Play, joyous but also serious, is the way a child enacts himself a little bit at a time, to get used to events, thoughts and feelings he is confused about"³³. For children aged 3-5, interventions that function as developmentally appropriate Cognitive Behavioral Therapy focus on processing and expressing emotions and traumatic events through guided play scenarios³⁴. Children will often repeat play scenarios that hold meaning for them, and dramatic play allows children to represent their emotions and express them symbolically, as well as work through destructive and aggressive feelings in a safe setting³⁵. However, the ability to play freely relies on a child's feelings of trust and safety. A child who cannot enter into play may be overwhelmed by negative emotions³⁶.

The neurosequential approach to early childhood therapy postulates that you need to access the system affected by the trauma in order to intervene in its developmental damage. This often means beginning with lower brain functions, which can be disrupted by early trauma, to build on the development where it has been arrested³⁷. This can be addressed on three levels through play activities: the somatosensory (physical), relational (social), and cognitive. Effective somatosensory activities involve pleasurable sensations, such as swinging, hugging a stuffed animal, or even hearing rhyming lyrics. Relational activities focus on interaction, including practicing eye contact and facial mirroring, social games, and sociodramatic play. Finally, cognitive activities that are developmentally appropriate to 3-5 year olds include storytelling, behavioral management, and concentration games³⁸. Freeform singing and dance can also serve as means for children to express and work through their emotions³⁹. These interventions rely on ritual and repetition, and must be consistently enacted with children to rewire the areas of the

³³ Stein, Sara Bonnett, Gilbert Kliman, and Doris Pinney. *A Hospital Story: An Open Family Book for Parents and Children Together*. New York, N.Y.: Walker, 1985.

³⁴ Winerman, Lea. "Helping Children Recover from Trauma." *American Psychological Association*, December 2015.

³⁵ Read, Katherine H., Pat Gardner, and Barbara Child Mahler. *Early Childhood Programs: Human Relationships and Learning*. 9th ed. Fort Worth: Harcourt Brace Jovanovich College Publishers, 1993.

³⁶ Ibid.

³⁷ Gaskill, Richard, and Bruce Perry. "A Neurosequential Therapeutics Approach to Guided Play, Play Therapy, and Activities for Children Who Won't Talk." In *What to Do When Children Clam Up in Psychotherapy*, edited by Cathy A Malchiodi. New York, United States: Guilford Publications, 2017.

³⁸ Ibid.

³⁹ Read, Katherine H., Pat Gardner, and Barbara Child Mahler. *Early Childhood Programs: Human Relationships and Learning*. 9th ed. Fort Worth: Harcourt Brace Jovanovich College Publishers, 1993.

brain that have been affected by trauma. These interventions must also take place in a setting of warmth and support so that children feel comfortable enough to play and express their overwhelming negative emotions, ideally with a trusted adult.

Trauma Interventions in School Settings

Trauma informed structures have begun to be adopted in school settings. These are the most prevalent non-clinical interventions for school-aged children. Culturally responsive, trauma-informed teaching attempts to validate the experience and identity of students, and take into account the effects of trauma in an academic setting. These schools lean toward regulatory systems of growth instead of punishment, and recognize the behavioral effects of trauma and how a student's trauma can impact their relationship with a teacher and school. A trauma informed Sanctuary Model focuses on creating a sense of safety in the school setting, open communication, validation of multiple perspectives and experiences, and an emphasis on emotional intelligence and learning emotional tools⁴⁰. Teaching in these settings requires an acknowledgement by the teacher of their own identity and positionality in terms of their students, and a recognition and understanding of trauma symptoms and their expression in youths.

Brunzell et al. argues for the incorporation of a two-factor model of trauma informed education, one that both acknowledges and addresses negative psychological responses, and encourages positive psychological practices to increase student wellbeing beyond simply mitigating perceived damage⁴¹. This model argues that providing students with increased psychological resources in turn repairs their regulatory abilities and allows them a deeper cognitive understanding of their own feelings, as well as builds a well of positive emotion and experience that they can teach themselves to tap into as an emotional regulator. It aims to enhance the positive interactions and emotions children have, as well as recognize and encourage the developmental skills that they possess. Many psychotherapy interventions focus on tapping into past memories of feeling safe or loved; for children who have experienced trauma at such an

⁴⁰ Blitz, Lisa V., Elizabeth M. Anderson, and Monique Saastamoinen. "Assessing Perceptions of Culture and Trauma in an Elementary School: Informing a Model for Culturally Responsive Trauma-Informed Schools." *The Urban Review* 48, no. 4 (November 2016): 520–42.

⁴¹ Brunzell, Tom, Helen Stokes, and Lea Waters. "Trauma-Informed Positive Education: Using Positive Psychology to Strengthen Vulnerable Students." *Contemporary School Psychology* 20, no. 1 (March 2016): 63–83.

early age, focusing in on positive moments in the present to create these wells of positive emotion can serve as a buffer against the emotions triggered by trauma. Taking this theory into the school setting, it is helpful for teachers to give clear feedback and emphasize children's strengths and successes, as well as encourage children to fully experience positive emotions that they can then tap into as a method of resilience.

Resources for Guardians

Following 9/11, Sesame Workshop began making resiliency kits for children and their families who were affected by that traumatic event. These consisted of materials for adults to read, as well as videos featuring the beloved Muppets for their children. The media provided parents and children the language with which to discuss this big, traumatic issue. They began by making kits for children who had either lost parents in 9/11, or who lived in New York City when it happened; soon, they began expanding to create kits for children of deployed military personnel, and have continued to this day, creating materials to tackle all sorts of issues children face, ranging from divorce to parental incarceration. Parents in military families reported that they felt more at ease and more able to support their children after using these kits⁴².

Current available resources on their website include videos and print materials, to be used by both parents/guardians and children, including videos, an app, storybooks, and parent guides to go along with the materials. The content of the resources was created in tandem with advisory boards and tested on focus groups, and attempts to instill resilience in children through modeling healthy coping mechanisms and language to express their experiences and feelings. The materials for caregivers revolve around activities they can do with their children in specifically stressful situations, and ways to communicate with their children about the topic⁴³.

The Sesame Workshop model for creating these materials begins with the development of an educational curriculum. These curricula are research-based and inform the development of scripts or written materials, which are then shown to focus groups before finalization.

⁴² Cole, Charlotte F., June H. Lee, Jennifer Kotler, Rosemarie Truglio, and Jeanette Betancourt, eds. "R Is for Responsive: How Sesame Street Meets the Changing Needs of Children in the United States." In *The Sesame Effect: The Global Impact of the Longest Street in the World*. New York: Routledge, 2016.

⁴³ Oades-Sese, Geraldine V., David Cohen, Jedediah W. P. Allen, and Michael Lewis. "Building Resilience in Young Children the Sesame Street Way." In *Resilience Interventions for Youth in Diverse Populations*, edited by Sandra Prince-Embury and Donald H. Saklofske, 181–201. New York, NY: Springer New York, 2014.

The use of the Muppets in these toolkits is intentional as well. Besides being familiar to many children, research on puppets has found that they serve as a way for children to work through traumatic or disturbing emotions. Children are able to safely project their feelings onto the puppet, and often use puppets in therapy situations to indirectly share their own emotions. The Muppets are specifically effective because their eyes are positioned to look directly into the camera, sustaining eye contact with the audience in a human-like way. Puppets that reflect specific cultural or racial backgrounds have also been found to be more effective than non-specific puppets, especially for children who identify with the puppet's background. They are more able to identify with the puppets, and thus project their emotions onto them⁴⁴.

While the trauma informed Sanctuary Model for organizations focuses on the four tenets of Safety, Emotional Management, Loss and Future, and models language through those four categories⁴⁵, the resiliency toolkits focus on “Circle of care” (Attachment), Self, Emotional Understanding and Problem Solving. Though these groups of categories seem different, they are in essence very similar: creating a safety net based on relationships, understanding feelings, recognizing negative emotions and experiences, and problem solving how to move forward. These toolkits could thus be interpreted as an at-home version of the coping strategies taught through the organization-based Sanctuary Model.

Engaging 3-5 year olds

In order to make these media resources effective at teaching children ways to self-regulate and process trauma, the children need to engage with them. Research has found that the most important aspect of video media, in terms of holding a young child's attention, is the use of clear dialogue and short scenes. Concrete dialogue, as in immediate language about objects or actions that are visible and tangible, is much more comprehensible to a pre-K aged child than abstract language, and thus holds their attention better. Formal aspects of the video do not seem to affect attention, aside from the fact that often formal elements are key to motivating a clear

⁴⁴ Oades-Sese, Geraldine V., David Cohen, Jedediah W. P. Allen, and Michael Lewis. “Building Resilience in Young Children the Sesame Street Way.” In *Resilience Interventions for Youth in Diverse Populations*, edited by Sandra Prince-Embury and Donald H. Saklofske, 181–201. New York, NY: Springer New York, 2014.

⁴⁵ Bloom, Sandra, and SY Sreedhar. “The Sanctuary Model of Trauma-Informed Organizational Change.” *Reclaiming Children and Youth: From Trauma to Trust* 17, no. 3 (Fall 2008): 26–43.

storyline. Even so, sequencing of scenes does not seem to affect attention levels for pre-K children, indicating that they focus in on one scene at a time, instead of following one after another⁴⁶.

Since there is a limited number of media-based tools for addressing childhood trauma, and many are relatively new, there is a lack of long-term research on the efficacy of these interventions. However, one study on the Sesame Street kits for children with parents in the military found that children did engage with the kits and usage led to higher levels of resilience in the children, as reported by their caregivers⁴⁷. These kits differ from plain media interventions, since they also contained materials for caregivers, and part of the intervention involved interaction and discussion with these caregivers, which adds a level of trust and care that could affect the child's comfort and feeling of safety. However, there is evidence that children engaged with the media materials, and seemed to comprehend their messages. One important aspect of the videos is that they contained relatable characters that the children could follow, including the familiar cast of Muppets.

Methodology for this Capstone

Building off of this research, I developed a series of short videos that use film to address separation trauma and help young children process their emotions and reactions to separation from caregivers during immigration. These are both narrative and interactive, with videos that model how to discuss emotions and engage with children to teach them simple calming techniques that can help with the physical effects of trauma. The videos follow a puppet, Sofia, and a trusted adult, Zoe. They focus on normalizing the feelings and responses of children in these scenarios.

The first video (*Big Breath*) identifies the physical feelings of stress and anxiety and teaches a simple breathing exercise. The second video (*Tummy Ache*) focuses on the somatization of feelings, which is a common symptom of trauma in young children; they report

⁴⁶Anderson, Daniel, Elizabeth Lorch, Diane Field, and Jeanne Sanders. "The Effects of TV Program Comprehensibility on Preschool Children's Visual Attention to Television." *Child Development* 52, no. 1 (March 1981).

⁴⁷Walker, David Ian, Jean-François Cardin, Neelu Chawla, David Topp, Thomaseo Burton, and Shelley MacDermid Wadsworth. "Effectiveness of a Multimedia Outreach Kit for Families of Wounded Veterans." *Disability and Health Journal* 7, no. 2 (April 2014): 216–25.

many physical pains in response to their emotions but do not realize the cause. The third video (*Bear Family Afternoon*) models a play scenario in which Sofia mimics a child separation and reunion, and Zoe intervenes to create a happy ending and allow Sofia to feel more in control of the situation.

Each script is accompanied by a short guide for parents/guardians to explain the purpose of the video, how their child may react, and possible responses that their children may be exhibiting. These guides also include discussion questions to provide adults with ways to engage their child with the materials. Each video is produced in both Spanish and English, and the scripts were read by and discussed with practitioners in the field who deal directly with traumatized children.

Due to the unforeseen circumstances of the COVID-19 epidemic, I was only able to film the first two videos (in English and in Spanish). However, I still have included the script and accompanying guide for the third. It is notable as well that the epidemic we are currently experiencing is causing an unprecedented level of stress for families across the world, and that experiences during this time could constitute traumatic events. Organizations such as Sesame Workshop and Save the Children are developing and releasing online materials to help parents and guardians talk to their children about what is going on, and provide child-friendly stress relief activities such as breathing and stretching exercises^{48 49 50}. The videos I created, though developed with disrupted attachment in mind, teach applicable coping mechanisms for children struggling with any kind of trauma or stress (especially *Big Breath*). It is notable as well that, though the current situation often results in children being isolated from everyone except their families, some parents who are healthcare workers or are otherwise on the front lines have isolated from their children to protect them, causing scary separations for children.

Obviously, the most effective forms of trauma intervention cannot be administered through a screen. The most important aspect of healing for children is a close relationship with a trusted, loving adult. However, there are children currently being held in detention centers and

⁴⁸ “Caring for Each Other,” *Sesame Street*, 2020, <https://www.sesamestreet.org/caring>.

⁴⁹ “Coronavirus and Kids: Resources from Save the Children,” 2020, <https://www.savethechildren.org/us/what-we-do/emergency-response/coronavirus-outbreak/resources/easy-at-home-relaxation-activities-to-help-calm-kids>.

⁵⁰ “Tips for Families: Coronavirus,” *Zero to Three*, 2020, <https://www.zerotothree.org/resources/3210-tips-for-families-coronavirus>.

bounced through foster care for whom this is not a reality or possibility. Even children who have been reunified with their parent[s] following separation may continue to behave in a way that their parent cannot understand and does not know how to address. These videos would be best administered with a parent or guardian present who engage the child afterwards using the discussion questions and prompts. Hopefully these videos can at least provide an accessible, free resource for children that teaches basic self-soothing and expressive methods before they enter the school system in kindergarten, and support their parents/guardians in understanding and addressing their children's experiences and responses.

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Scripts and Accompanying Materials

Video 1: Big Breaths

Zoe is walking along and sees Sofia, who is jumping around in an uncomfortable way, looking stressed and erratic.

Zoe: Hey Sofia! Are you okay?

Sofia: Yeah, yeah, I'm just doing a little dance.

Zoe: A dance? Can I try?

Zoe tries to mimic Sofia's erratic movements.

Zoe: Hmm. This dance doesn't make me feel very good. I kind of feel nervous, like maybe I should be scared or worried but I don't know why.

Sofia: That's how I feel too! I just can't stop moving. It feels like there's a car and it's just going vroom vroom vroom.

Zoe: I know how that feels.

Sofia: It's like I've been running around for a long time. But I haven't been running, I've just been standing here. And no matter how long I stay still, it doesn't go away.

Zoe: You know what might help?

Sofia: What?

Zoe: Taking a couple of deep breaths.

Sofia: What's a deep breath?

Zoe: It's like breathing, but bigger. Like what you do right before you sing.

Sofia: Okay!

Zoe: Do you want to try that?

Sofia: Sure!

They both stop moving.

Zoe: So first you need to breathe in.

Sofia tries but does it way too harshly, sputtering.

Zoe: That's okay, it's hard to do, but you can practice. Ready?

They both take a slow, deep breath.

Zoe: Can you count to 4?

Sofia: Definitely! Uh...1, 2, hmm...4?

Zoe: Not quite.

Sofia: Maybe we can ask for help!

Zoe (to audience): Can you count to four? You can? Let's do it together!

Lead the audience in counting to 4.

Sofia: There we go!

Zoe: Now I want you to count to 4 when you're breathing.

Sofia: How do I do that?

Zoe: I'll count outloud for you, and you breathe in for four whole seconds. Can you do that?

Sofia: I don't know. Let's try!

Zoe: Ready?

Sofia takes in a deep breath, and we hear Zoe count to four.

Sofia: I did it!

Zoe: Now, this time, I'm going to have you breathe in for four seconds, and then hold your breathe. Can you hold your breath?

Sofia puffs up and loudly holds breath, nodding.

Zoe: Okay, let's go!

Counts 1, 2, 3, 4. Then 1, 2, 3, 4.

Zoe: You did it!

Sofia: That's a lot of breathing.

Zoe: There's one more step. This time, I want you to breathe in, hold your breath, and breathe out. Okay?

Sofia: Okay.

Zoe: Ready?

Do the full routine.

Zoe: How did that feel?

Sofia: I liked it.

Zoe: You did it perfectly. Want to try again?

Sofia: Yeah!

Zoe: Maybe everyone can do it with you!

Repeat the 4-4-4 breath, encouraging child participation.

Sofia: I think the car left.

Zoe: Maybe it drove away!

Sofia: Yeah! There it goes.

Zoe: That's great! And you can do this anytime you feel like you need to jump around, or anytime you feel your heart beat really fast.

Sofia: Can we do it one more time?

Zoe: Definitely!

Repeat the routine at least once more, maybe twice.

Video 2: Tummy Aches

Sofia is sitting at a desk. She seems to be having trouble focusing, and is clearly bothered. Zoe approaches to ask what's wrong.

Zoe:
Hey Sofia! How are you feeling today?

Sofia:
My tummy hurts. And so does my head.

Zoe:
I'm sorry. Are you feeling sick?

Sofia:
Yeah. I feel sick a lot.

Zoe:
Can you talk to your mommy about it?

Sofia:
My mommy isn't here yet. I came here without her.

Zoe:
Oh. Who's taking care of you?

Sofia:
My aunt and uncle. I had never met them before.

Zoe:
It's really hard when your mommy or daddy isn't around. And feeling sad about that, or scared, or worried, can actually make you feel sick. Lots of people feel that way.

Sofia:
My feelings can make me sick?

Zoe:
Yeah. That happens all the time. It can also make you do or say things you wouldn't have done when you were with your mom, and that's okay.

Sofia:
Like what?

Zoe:
Like hurt somebody's feelings, or have trouble paying attention. Just remember that everyone feels that way sometimes, and it'll get better.

Sofia:
How do I make it better?

Zoe:
You can always talk to me about how you're feeling. If you start feeling sick, try to find adults that you can talk to, like me, or your aunt and uncle. Tell them that you miss your mommy, and it's making you feel all sorts of things you don't like.

Sofia:
Will that make me feel better?

Zoe:
It might. We can also think about all the good things you and your mommy did together, and what you can do when you see her again. What was your favorite thing to do?

Sofia:
She would always sing me a song when I went to sleep.

Zoe:
That sounds really nice.

Sofia starts to cry.

Sofia:
This makes me sad.

Zoe:
I'm sorry. It's okay to feel sad, and to miss your mom.

Sofia:
I feel more sick now.

Zoe:

Why don't we try taking some deep breaths and doing a stretch. Do you want to do it together?

Sofia:

Okay.

They take three deep breaths, and stretch their arms up and down, and then wiggle.

Zoe:

Does that feel better?

Sofia:

A little bit.

Zoe:

You can always talk to me, and remember you can talk to any of your teachers, or grown ups in your family, and they can help.

Sofia:

Okay.

Zoe:

Do you want a hug?

Sofia:

Not right now.

Zoe:

That's okay!

Sofia:

Maybe a high five?

Zoe and Sofia high five.

Video 3: Bear Family Afternoon

Sofia is sitting on the floor playing with stuffed bears. She has a bear family—Dad bear, Mom bear, Daughter bear, and Brother bear (they could each be a different color or size to differentiate). She does the voices for each.

Dad:

Oh, let's go take a walk.

Daughter:

It's such a pretty day!

Mom:

Don't forget the umbrella, it's supposed to rain.

Dad:

I think we should go this way.

Brother:

I don't know, I'm really tired.

Daughter:

Come on, I'll race you!

Brother:

Race me? I said I'm tired!

Mom:

Don't go too far!

She bounces the Daughter bear and Brother bear far ahead.

Daughter:

Look how fast I'm going!

Suddenly, she pulls the Daughter bear all the way ahead and pushes the others back. She sits with the Daughter bear for a second, looking sad.

Zoe approaches.

Zoe:

What's wrong?

Sofia:

She was racing her brother and she ended up too far and now she's lost.

Zoe:
Uh oh. How'd she get lost?

Sofia:
She can't find her family.

Zoe:
Hey, that's okay. I'm sure she'll find them.

Sofia:
She doesn't know where they are.

Zoe:
She didn't go too far. Look, there they are.

Sofia:
But it started raining. And she didn't bring an umbrella even though her mommy told her to. And now there's a flood and it's in between them and she can't get back there.

Zoe reaches into her pockets and pulls out a wallet that she sets the Daughter bear on.

Zoe:
But look! She has a boat!

Sofia:
I don't think she'll ever find them.

Zoe:
Even if she has to wait for all the waves to go away, she'll get back there. Or they'll come to her. I promise.

Sofia:
Do you think they could make a boat too?

Zoe:
Definitely!

She takes off her hat and they put the other animals into it.

Sofia:
Look! They're going over the wave!

Zoe:
Hello! Hello! Which way did you go?

Sofia:
Over here! Over here! I have a boat!

Zoe:
So do we! And an umbrella!

Sofia:
Maybe they're in the top of the umbrella!

Zoe:
Yes, that's right! They turned the umbrella upside down and now they're paddling across the waves.

Daughter:
Oh hello!! You found me!

Zoe:
Of course!

Daughter:
Is there room for me in your umbrella?

Zoe:
Definitely.

The Daughter bear joins the other animals in the upturned umbrella.

Zoe passes the umbrella to Sofia and she floats it along, Zoe follows.

Vidéo 1

Zoe está caminando y ve a Sofia, quien está saltando de una manera incomoda. Parece estresada y errática.

Zoe: ¡Hola Sofia! ¿Estas bien?

Sofia: Si, si, nada más estoy bailando.

Zoe: ¿Bailando? ¿Puedo intentarlo?

Zoe intenta imitar los movimientos erráticos de Sofia.

Zoe: Hmm. Este baile no me hace sentir muy bien. Me hace sentir nerviosa, como si debería estar asustada o preocupada pero no sé por qué.

Sofia: ¡Yo también me siento así! No puedo parar de moverme. Se siente como si hubiera un coche y estuviera hiendo vroom vroom vroom.

Zoe: Entiendo cómo se siente eso.

Sofia: Es como si hubiera estado corriendo durante mucho tiempo. Pero no he corrido, he estado aquí parada. Y no importa el tiempo me quede quieta, te todas maneras no se va.

Zoe: ¿Sabes que podría ayudar?

Sofia: ¿Que?

Zoe: Tomar una respiración profunda.

Sofia: ¿Que es una respiración profunda?

Zoe: Es como una respiración, pero más grande. Como lo que haces justo antes de cantar.

Sofia: Okay!

Zoe: ¿Quieres intentarlo?

Sofia: ¡Claro!

Las dos dejan de moverse.

Zoe: Lo primero que tienes que hacer es inhalar.

Sofía lo intenta, pero lo hace con demasiada fuerza, tartamudeando.

Zoe: No pasa nada, es difícil de hacer, pero puedes practicar. ¿Lista?

Las dos respiran hondo lentamente.

Zoe: ¿Puedes contar a cuatro?

Sofía: ¡Claro que sí! Eh...uno, dos, ¿ehmm...cuatro?

Zoe: No exactamente.

Sofía: ¡A lo mejor podemos pedir ayuda!

Zoe (al público): Puedes contar a cuatro? ¿Si puedes? ¡Hagámoslo juntos!

Dirige el público en contando a cuatro.

Sofía: ¡Buen trabajo!

Zoe: Ahora quiero que cuentes a cuatro mientras respiras.

Sofía: ¿Como hago eso?

Zoe: Yo contaré en voz alta para ti y tu inhalaras durante cuatro segundos enteros. Puedes hacer eso?

Sofía: No lo sé. ¡Intentémoslo!

Zoe: ¿Lista?

Sofía inhala profundamente, detrás de la cámara podemos oír alguien contando a cuatro. Cuatro dedos aparecen, contando.

Sofía: ¡Lo hice!

Zoe: Ahora, esta vez quiero que inhales durante cuatro segundos y luego aguantes la respiración. Puedes aguantar la respiración?

Sofía se infla (puffs up) y fuertemente aguanta la respiración, asintiendo con su cabeza.

Zoe: ¡Okay, hagámoslo!

Cuenta 1, 2, 3, 4. Y después, 1, 2, 3, 4.

Zoe: ¡Lo hiciste!

Sofía: Eso es un montón de respiración.

Zoe: Hay un paso más. Esta vez, quiero que inhales, aguantes la respiración, y exhales. Okay?

Sofía: Okay.

Zoe: ¿Lista?

Hagan la rutina completa.

Zoe: ¿Eso como se sintió?

Sofía: Me gusto.

Zoe: Lo hiciste perfectamente. Quieres volver a intentarlo?

Sofía: ¡Si!

Zoe: ¡Tal vez todos lo puedan hacer contigo!

Repite las repiraciones de 4-4-4, animando los niños a participar.

Sofía: Creo que el coche ya no está.

Zoe: ¡Al o mejor se fue!

Sofía: ¡Si! Allí va.

Zoe: ¡Eso es genial! Y puedes hacer esto cada vez que sientes que necesitas saltar alrededor o sientes que tu corazón está latiendo muy rápidamente.

Sofía: ¿Podemos hacerlo una vez más?

Zoe: ¡Por supuesto!

Repite la rutina al menos una vez, al o mejor dos veces.

Vidéo 2

Sofía está sentada en un pupitre. Parece que le cuesta trabajo concentrarse y está molesta. Zoe se acerca y le pregunta que pasa.

Zoe:
¡Hola Sofía! ¿Te sientes bien? / Cómo te sientes hoy

Sofía:
Me duele la panza. Y también la cabeza.

Zoe:
Lo siento. ¿Te sientes enferma?

Sofía:
Si me siento enferma muchas veces.

Zoe:
Puedes decirle a tu mamá?

Sofía:
Mi mamá todavía no está aquí. Vine sin ella.

Zoe:
Oh. ¿Quién te está cuidando?

Sofía:
Mi tía y mi tío. Nunca los había conocido.

Zoe:
Es muy difícil cuando tu mamá o papá no están. Y sentirse triste, o asustada, o preocupada, en realidad te puede hacer sentir enferma. Mucha gente se siente así.

Sofia:

¿Mis sentimientos me pueden hacer sentirme enferma?

Zoe:

Si. Pasa todo el tiempo. También pueden hacerte decir o hacer cosas que no hubieras hecho si estuvieras con tu mamá, y no pasa nada.

Sofia:

¿Como qué?

Zoe:

Como herir los sentimientos de alguien, o que te cueste trabajo poner atención. Nada más acuérdate que todos se sienten así de vez en cuando y mejorará.

Sofia:

¿Como lo hago mejorar?

Zoe:

Siempre puedes hablar conmigo de cómo te sientes. Si empiezas a sentirte enferma, trata de encontrar a un adulto con quien puedas hablar, como yo, o tu tía y tu tío. Diles que extrañas a tu mamá y que te está haciendo sentir un buen de cosas que no te gustan.

Sofia:

¿Eso me hará sentir mejor?

Zoe:

Quizás. También podemos pensar en todas las cosas buenas que tú y tu mamá hicieron juntas, y que podrás hacer cuando la vuelvas a ver. ¿Qué es lo que más te gusta hacer?

Sofia:

Ella siempre me cantaba una canción cuando me iba a dormir.

Zoe:

Eso suena muy lindo.

Sofia empieza a llorar.

Sofia:

Esto me hace triste.

Zoe:

Lo siento. No pasa nada si te sientes triste y extrañas a tu mamá.

Sofia:

Ahora me siento más enferma.

Zoe:

Por qué no intentamos respirara hondo y hacer un estiramiento. Quieres hacerlo juntas?

Sofia:

Okay.

Toman tres respiraciones profundas y estiran sus brazos para arriba y abajo, y luego menean.

Zoe:

¿Te sientes mejor?

Sofia:

Un poquito.

Zoe:

Siempre puedes hablar conmigo. Y acuérdate que puedes hablar con cualquiera de tus profesores, o adultos en tu familia. Ellos pueden ayudar.

Sofia:

Okay.

Zoe:

Quieres un abrazo?

Sofia:

Ahorita no.

Zoe:

¡Eso está bien! No pasa nada.

Sofia:

¿Y si me das cinco?

Zoe y Sofia chocan los cinco.

Vidéo 3

Sofia está sentada en el suelo jugando con muñecas. Tiene una familia de osos – Papà, Mama, Hija, y Hermano). Hace voces para cada uno.

Papà:

Oh, vayamos a dar un paseo.

Hija:
¡Es un día tan bonito!

Mama:
No se les olvide el paraguas. Se supone que va a llover.

Papà:
Creo que deberíamos ir por aquí.

Hermano:
No lo sé. Estoy muy cansado.

Hija:
Vamos, ¡te reto a una carrera!

Hermano:
¿Una carrera? ¡Dije que estaba cansado!

Mama:
¡No se vayan muy lejos!

Ella hace botar la Hija y el Hermano más adelante.

Hija:
¡Mira lo rápido que voy!

De repente, jala a la Hija hasta adelante y empuja a los otras para atrás. Se sienta un momento con el Ratón, con un aspecto triste.

Zoe se acerca.

Zoe:
¿Que pasa?

Sofía:
Estaba corriendo con su hermano y acabo muy lejos y ahora está perdida.

Zoe:
Oh no. ¿Como se perdió?

Sofía:
No puede encontrar a su familia.

Zoe:
Ey, no pasa nada. Estoy segura que los encontrara.

Sofia:
No sabe dónde están.

Zoe:
No se fue tan lejos. Mira, allí están.

Sofia:
Pero empezó a llover. Y no se trajo un paraguas, aunque su mamá le dijo que trajera uno. Y ahora hay una inundación y está entre ellos y no puede regresar allí.

Zoe checa sus bolsillos y saca su cartera y pone a la Hija encima.

Zoe:
¡Pero mira! ¡Ella tiene un barco!

Sofia:
No creo que los encontrara.

Zoe:
Incluso si tiene que esperar a que todas las olas paren, regresara allí. O ellos vendrán a ella. Te lo prometo.

Sofia:
¿Crees que ellos también pudieran hacer un barco?

Zoe:
¡Por supuesto!

Se quita su gorra y meten a los otros animales dentro de ella.

Sofia:
¡Mira! ¡Están cruzando la ola!

Zoe:
¡Hola! ¡Hola! ¿A dónde fuiste?

Sofia:
¡Aquí! ¡Aquí! ¡Tengo un barco!

Zoe:
¡Nosotros también! ¡Y un paraguas!

Sofia:
¡Al o mejor están en la parte de arriba del paraguas!

Zoe:

¡Si, así es! Voltearon el paraguas de cabeza y ahora están remando a través de las olas.

Mouse:

¡Ah hola!! ¡Me encontraste!

Zoe:

¡Claro!

Hija:

¿Hay espacio para mí en tu paraguas?

Zoe:

Por supuesto.

La Hija se une con los otros animales en el paraguas volteado.

Zoe le pasa el paraguas a Sofia y lo flota por el agua, Zoe la sigue.

**Your Family, Your Feelings and You:
Materials for Parents and Guardians**

(Note: these materials would be made available in English and Spanish, but, due to the current circumstances, translation was not possible at this time)

Children rely on relationships with trusted adults to develop a sense of safety in the world as they are growing up. Separation, especially during the stressful and disorienting process of immigration, can be traumatic for children, and can have lasting effects even after they are reunited. Children often express their emotions through behavior. Once you recognize these actions, there are simple ways to help your child develop the language to talk about their experiences and learn how to calm down their own bodies, so that they are better able to succeed in social and academic worlds, and even relate to their families.

The best intervention is through close relationships with professionals: for example, if families are able to talk to a counselor or social worker who is trained in child separation and family reunification. However, even watching the videos alongside the child, without professional training, and engaging the child in discussion afterwards can be very effective. The most important part is that children develop connections with adults they can trust, and learn to understand their emotions and handle their reactions.

These videos attempt to model ways to open a conversation with your child and teach them simple calming techniques for when their feelings are overwhelming. They work best if you watch them with the child, and talk about the content afterwards.

Video 1: Big Breaths

Being attached to a parent or caregiver is really important for making children feel safe. When they are separated from a trusted adult, even for a short period of time, it can shake their feelings of security. For small children, this often makes them feel very anxious, because they don't know how to calm their bodies down.

This video provides a short breathing exercise to engage kids and teach them to notice their breath, which can help soothe them when they have too much anxious energy. You can tell that a child is feeling this discomfort if they can't sit still, or if they constantly feel exhausted, which is an effect of always having a racing heart beat and high stress.

Controlling breath can be difficult for young kids, and requires practice and focus, but can provide them with an easy way to help calm down anywhere, anytime. Practice the breathing exercise with them, and stick with it for 10 breaths to help switch their bodies into relaxation mode.

Questions to ask after this video:

How did Sofia feel? Have you ever felt like you needed to jump around, or that there was a car going vroom vroom in your chest? What did you do?

Did you like taking deep breaths? How did that feel? Do you want to practice?

Video 2: Tummy Aches

Children who have been separated from one or both parents, even after being reunited, can act differently. Children often feel aches and pains in response, and may be difficult to comfort. If they don't want a hug, or don't return a smile, it is not because they love or respect you any less; they are just struggling with that period of separation. The effects of separation can even make kids act in negative ways, such as saying or doing hurtful things, or taking things that aren't theirs. This is behavior that you may want to correct as a parent/guardian, but just remember as you are doing so that the child is acting in this way because they are struggling to cope with their emotions. Talking to them about their feelings and experience can go a long way, and helping them relax their bodies can help with their aches and pains.

Questions:

Why was Sofia sad? Do you ever feel stomach aches like Sofia?

What do you remember doing with your parent[s] before you moved? What did you like to do with them?

Are you looking forward to singing a song/reading a book/playing outside with them when you see them again?

Video 3: Bear Family Afternoon

Children often process upsetting or stressful thoughts and situations through play. Even after reuniting with a parent, children may be thinking about the period of separation and the emotions they felt during that period. Children can work through some of these feelings by creating play scenarios that mirror their own experience (for example, separation from the family) and then controlling the outcome. You do not need to intervene in a child's play unless they seem to be getting very worked up or seem unable to get out of the play scenario. If you are playing with the child and they begin to act out disturbing or upsetting situations, that is a healthy way children process, and you can help them deal with those emotions by gently guiding the play to a positive outcome and allowing the child to talk through the characters' worries or feelings. If you notice a stuffed animal is always getting lost, for example, you can offer alternatives, such as putting it in a safe place or always having it "play" with a buddy.

This video may be upsetting for children, especially those that are still currently separated, and be prepared to watch it with them and comfort them if it brings up upsetting thoughts and emotions.

Questions:

Do you think it was scary when the stuffed animal got lost? Was Sofia sad or scared that the stuffed animal was lost? How can she make it less scary for the stuffed animal while she finds her way back to her family?

Do you want to play that game with your toys? Do you want to play it together?