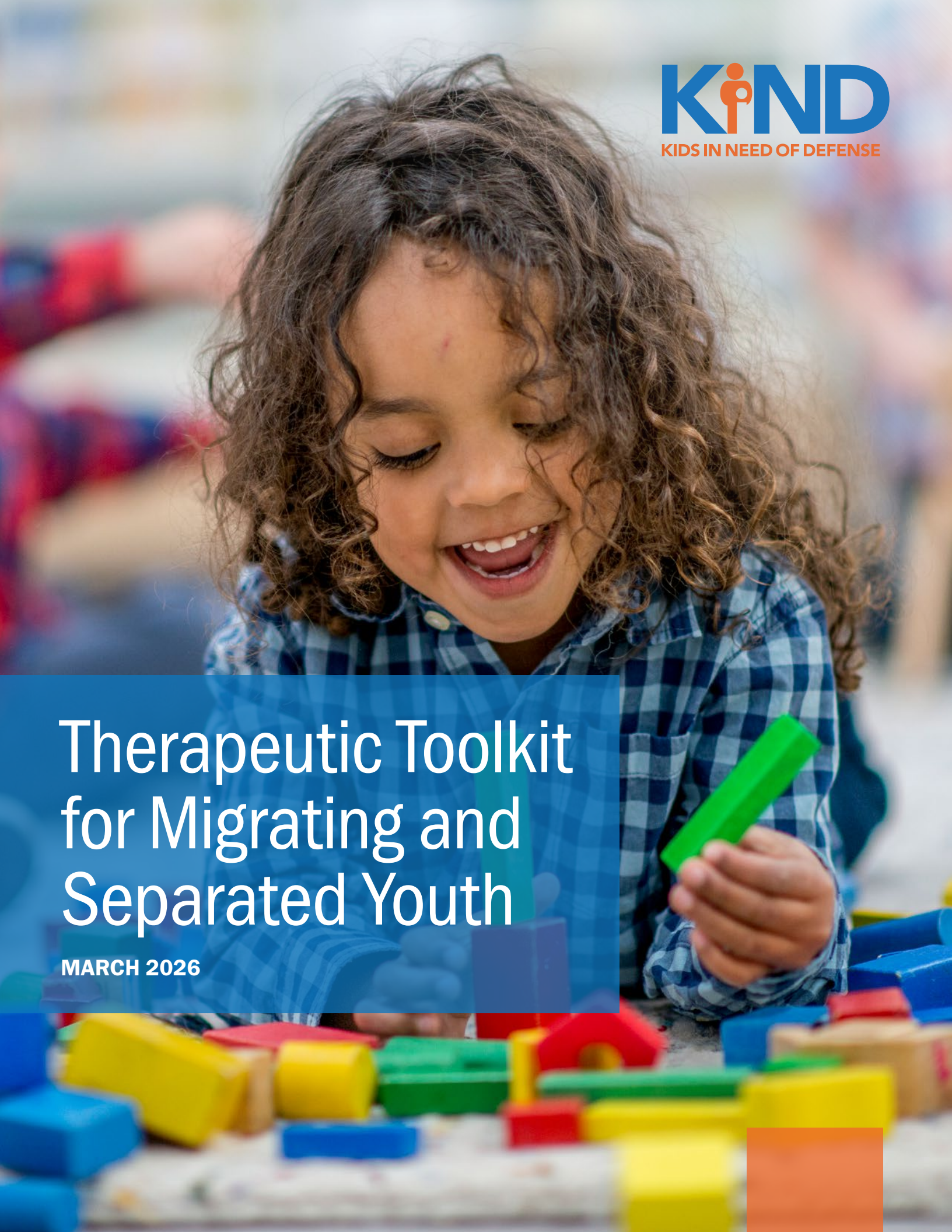

KIDS IN NEED OF DEFENSE

Therapeutic Toolkit for Migrating and Separated Youth

MARCH 2026

Acknowledgements

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Contents

Introduction

This toolkit provides tools and resources to service providers working with unaccompanied and separated children across various contexts. The toolkit presents research and background on the experiences, needs, and strengths of unaccompanied and separated children, and specific considerations for how service providers may support children's long-term well-being and resilience while providing needed services. Kids in Need of Defense (KIND) believes that all service providers can provide therapeutic support to children who need it, regardless of whether they have a clinical background. In this way, they can support unaccompanied and separated children in a manner that affirms their dignity, life experience, identity, and culture.

The interventions and best practices presented here are clear and straightforward, and demonstrate that trauma-informed, child-centered practice is attainable in any context. The toolkit serves as both an orientation and a training tool for clinical and non-clinical staff working with unaccompanied and separated children.

KIND is a preeminent U.S.-based nongovernmental organization devoted to the protection of unaccompanied and separated children in the United States and globally. KIND envisions a world in which every unaccompanied and separated child has access to legal counsel and has their rights and well-being protected as they seek comfort and safety.

Every KIND office in the United States has a legal team that provides legal information, counsel, and representation to unaccompanied and separated children as they navigate complex legal cases in a new country. Additionally, every KIND office has a team of psychosocial staff who provide a variety of supportive services directly to KIND's child clients, as well as organizational assistance to ensure that all of KIND's services are trauma-informed and prioritize the well-being and safety of each client.

KIND staff come from a variety of clinical and non-clinical backgrounds. To ensure that all clients receive the best care, KIND developed an internal therapeutic toolkit in 2022 to compile activities that support clients and staff during intakes and other instances where psychosocial support may be beneficial. KIND updated and expanded the toolkit into this latest version which we hope will be useful within KIND and beyond.

Clients and their families participate in bracelet-making activity during a KIND back-to-school drive in Newark, New Jersey.

Unaccompanied and Separated Children

According to UNICEF, "between 2010 and 2023, the global number of forcibly displaced refugee children and asylum seekers more than doubled, from around 18.8 million to the current number of 47.2 million." Over two million children were born as refugees between 2018 and 2023, according to the UN Refugee Agency (UNHCR).[1] These unaccompanied and separated children have been dramatically impacted by circumstances beyond their control—such as armed conflicts, community or interpersonal violence, and natural disasters—and have made the challenging choice or been forced to leave their homes in search of safety. The International Data Alliance for Children on the Move (IDAC) identifies international migrant children and children directly impacted by migration and displacement as two specific subgroups of unaccompanied and separated children. Further, within all these groups there are certain children who are highly vulnerable to trauma and exploitation: children who are unaccompanied, separated, or stateless, or who have been smuggled or trafficked.[2] KIND's work and experience serving these children inform this toolkit and the tools and interventions presented here.

No matter the scenario in which a child becomes an unaccompanied and/or separated child, research has shown that the majority will have experienced one or more traumatic events in their lives. Just by virtue of being "on the move," these children face challenges to their rights and well-being, as they must adjust to life in a new and unfamiliar place and a protracted process for legal relief. The next section discusses trauma and its impact on child development, with a particular focus on unaccompanied and separated children. Subsequent sections discuss how service providers may use an understanding of the unique experiences of unaccompanied and separated children to best support their well-being and resilience.

A child at the U.S.-Mexico border.
Photo by Brett Gundlock

Trauma and Child Development

Understanding the unique experiences of unaccompanied and separated children enables service providers to best support their well-being and resilience. When a person experiences a traumatic event, that is, "a stressful event that makes a person fear for their or other people's life or safety," several neurological and physical processes are triggered that allow the person to defend themself against the threat (UNICEF).[3]

Within the brain, the limbic system reacts first: the amygdala detects a threat and alerts the hypothalamus, which sends messages to the pituitary and adrenal glands to release cortisol, the primary stress hormone, as well as the hormones adrenaline and noradrenaline. These messages tell the sympathetic nervous system to increase heart rate, blood pressure, and energy levels to prepare the body for immediate action. This process is the trigger of the fight, flight, and freeze responses. During this time, the hippocampus, which forms and retrieves memories, is impaired, and the prefrontal cortex, responsible for rational thought and decision-making, becomes less active. These changes explain how someone responding to trauma can "do so without thinking," and afterward may have a temporarily impaired memory of the traumatic experience.[4]

In short, the brain reacts in ways that allow people experiencing trauma to defend and protect themselves. If, however, the brain has to re-enact this process repeatedly, stress hormones overload the body, and the development of neural pathways that allow people to learn, reason, remember, and problem-solve are continuously interrupted. Over time, a body under stress becomes more and more sensitive to over-activation, causing it to remain on high alert (hypervigilance) and have outsized reactions to even small stressors. That is, the body's "window of tolerance" of stress becomes smaller and smaller, and the person may feel increasingly powerless to control how they react to triggers. Continued exposure to stress has been shown to have long-term harmful effects, including worsening short-term memory, various learning difficulties, and long-term physical and mental health conditions.[5]

Unaccompanied and separated children are highly likely to have experienced more than one traumatic event, and to have been or are likely to be living with persistent unpredictability and loss of control, making it hard for the brain to re-calibrate the stress response.[6] Further, the support systems that these children may have had that modeled appropriate responses and helped them process challenging events and emotions may be disrupted or no longer exist.

COMMON SYMPTOMS AND BEHAVIORAL REACTIONS TO TRAUMA

While there is no single set of symptoms or behaviors that indicate that someone has experienced trauma and/or is currently in a state of toxic stress, there are certain signs that service providers should look out for and identify.[7] This list is meant to provide context for the interventions and tools presented in this toolkit. It is the hope that by providing a safe space in which unaccompanied and separated children can name, experience, and process emotions and build resilience through nurturing intra- and interpersonal supports, some of the symptoms may be mitigated.[8] Importantly, depending on a child's cultural context and background, service providers may identify behaviors to add to this list.

PHYSICAL

- Fatigue, exhaustion and disturbed sleep
- Excessive alertness, on the look-out for danger, easily startled
- Constant aches and pains including stomach aches, headaches or dizziness
- Rapid heart rate. Especially when afraid.
- Change in appetite or eating habits.

EMOTIONAL

- Fear, numbness, detachment, depression, sadness
- Intense grief
- Guilt or regret, overwhelm, hopelessness
- Anger and irritability, anxiety and panic
- Erratic mood changes

COGNITIVE

- Intrusive thoughts or memories of distressing events, nightmares
- Difficulty in concentrating, easily confused or disoriented, poor memory
- Shift in view of world, philosophy, religious beliefs, loss of faith
- Preoccupation with violence, death and killing (including suicide)

BEHAVIORAL

- Acting withdrawn, numb, not reacting to games or fun activities
- Social isolation, loss of interest in normal activities
- Always looking sad never smiling, crying a lot, overly clingy or independent
- Persistent aggressive behavior with peers or staff as non-stop questions or arguments
- Defiance of staff/authority figures
- For adolescents: Risk-taking behaviors such as alcohol or substance misuse (linked to self-destructive feelings or feeling invincible)

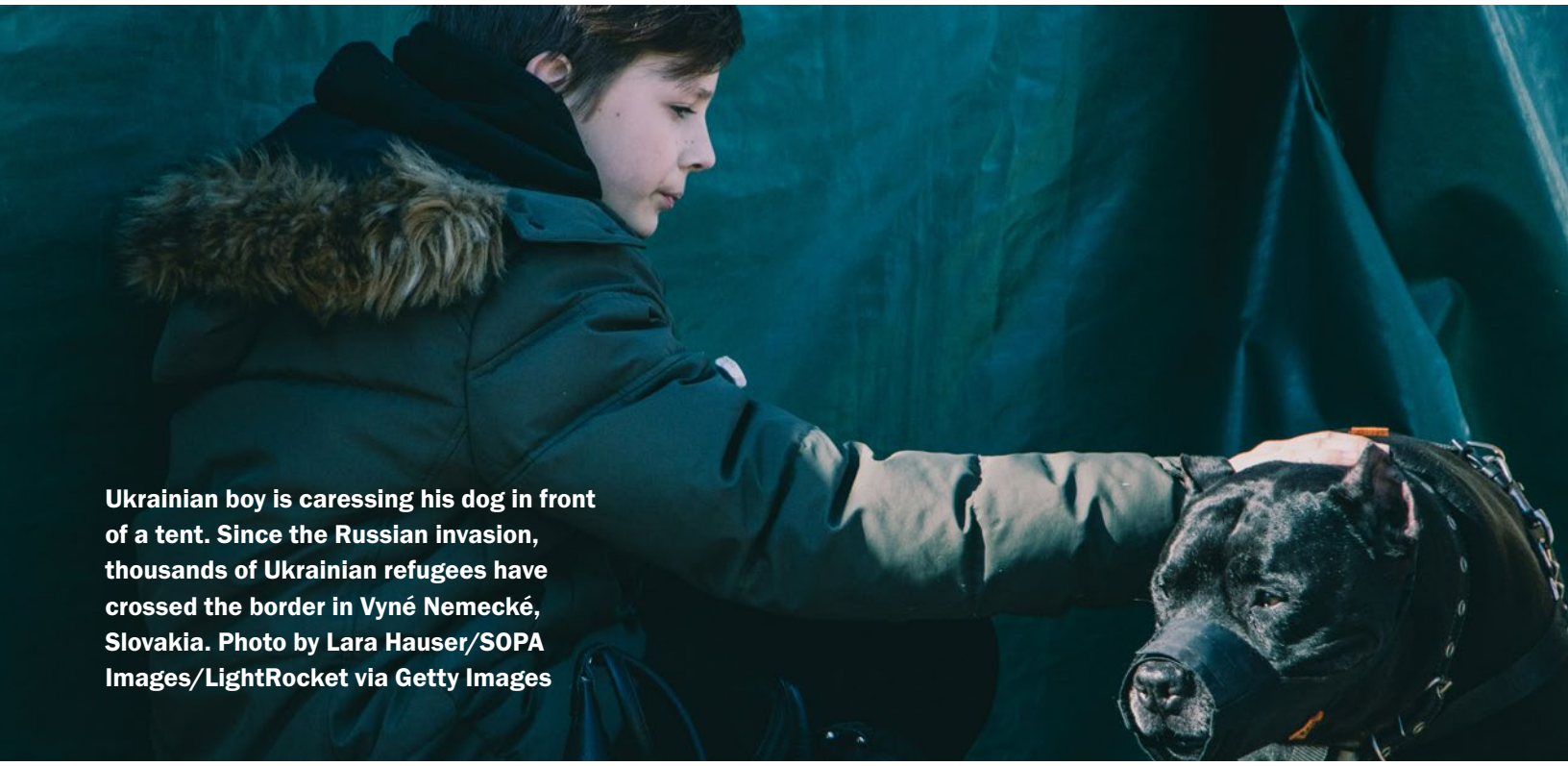
IMMEDIATE AND DELAYED REACTIONS TO TRAUMA

Sources: Briere & Scott, 2006b; Foa, Stein, & McFarlane, 2006; Pietrzak, Goldstein, Southwick, & Grant, 2011.

	IMMEDIATE	DELAYED
EMOTIONAL REACTIONS	• Numbness and detachment • Anxiety or severe fear • Guilt (including survivor guilt) • Exhilaration as a result of surviving • Anger • Sadness • Helplessness • Feeling unreal; depersonalization (e.g., feeling as if you are watching yourself) • Disorientation • Feeling out of control • Denial • Constriction of feelings	• Irritability and/or hostility • Depression • Mood swings, instability • Anxiety (e.g., phobia, generalized anxiety) • Fear of trauma recurrence • Grief reactions • Shame • Feelings of fragility and/or vulnerability • Emotional detachment from anything that requires emotional reactions (e.g., significant and/or family relationships, conversations about self, discussion of traumatic events or reactions to them)
PHYSICAL REACTIONS	• Nausea and/or gastrointestinal distress • Sweating or shivering • Faintness • Muscle tremors or uncontrollable shaking • Elevated heartbeat, respiration, and blood pressure • Extreme fatigue or exhaustion • Greater startle responses • Depersonalization	• Sleep disturbances, nightmares • Somatization (e.g., increased focus on and worry about body aches and pains) • Appetite and digestive changes • Lowered resistance to colds and infection • Persistent fatigue • Elevated cortisol levels • Hyperarousal • Long-term health effects including heart, liver, autoimmune, and chronic obstructive pulmonary
COGNITIVE REACTIONS	• Difficulty concentrating • Rumination or racing thoughts (e.g., replaying the traumatic event over and over again) • Distortion of time and space (e.g., traumatic event may be perceived as if it was happening in slow motion, or a few seconds can be perceived as minutes) • Memory problems (e.g., not being able to recall important aspects of the trauma) • Strong identification with victims	• Intrusive memories or flashbacks • Reactivation of previous traumatic events • Self-blame • Preoccupation with event • Difficulty making decisions • Magical thinking: belief that certain behaviors, including avoidant behavior, will protect against future trauma • Belief that feelings or memories are dangerous • Generalization of triggers (e.g., a person who experiences a home invasion during the daytime may avoid being alone during the day) • Suicidal thinking

IMMEDIATE AND DELAYED REACTIONS TO TRAUMA CONTINUED

	IMMEDIATE	DELAYED
BEHAVIORAL REACTIONS	• Startled reaction • Restlessness • Sleep and appetite disturbances • Difficulty expressing oneself • Argumentative behavior • Increased use of alcohol, drugs, and tobacco • Withdrawal and apathy • Avoidant behaviors	• Avoidance of event reminders • Social relationship disturbances • Decreased activity level • Engagement in high-risk behaviors • Increased use of alcohol and drugs • Withdrawal
EXISTENTIAL REACTIONS	• Intense use of prayer • Restoration of faith in the goodness of others (e.g., receiving help from others) • Loss of self-efficacy • Despair about humanity, particularly if the event was intentional • Immediate disruption of life assumptions (e.g., fairness, safety, goodness, predictability of life)	• Questioning (e.g., "Why me?") • Increased cynicism, disillusionment • Increased self-confidence (e.g., "If I can survive this, I can survive anything") • Loss of purpose • Renewed faith • Hopelessness • Reestablishing priorities • Redefining meaning and importance of life • Reworking life's assumptions to accommodate the trauma (e.g., taking a self-defense class to reestablish a sense of safety)

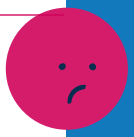


Ukrainian boy is caressing his dog in front of a tent. Since the Russian invasion, thousands of Ukrainian refugees have crossed the border in Vyné Nemecké, Slovakia. Photo by Lara Hauser/SOPA Images/LightRocket via Getty Images

COMMON STRESS REACTIONS EXPERIENCED BY CHILDREN

1. Thinking excessively about experiences of violence

Children may re-experience the event in their minds over and over again. They may also avoid anything that reminds them of the event or they may re-enact it in their play.

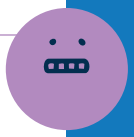


Example

Sofia, 8 years old, saw her parents die in a house set afire by bandits. *They were unable to get away and she was unable to help. She can't forget this horrific image.*

2. Feeling afraid

In an effort to prevent future threats, children become hyper-vigilant in looking for warning signs that something bad is going to happen again.



Sofia does not feel secure. *She wants to be close to adults and does not want to stay at home alone. She is scared when she hears a shot, shouting, or any noise that reminds her of her experiences of violence.*

3. Feeling sad

Sadness and grief are common especially when the stressful event involved the loss of someone close to the child. It's normal for these feelings to wax and wane over time.

Sofia feels sad because of the loss of her parents. *She cries easily, seems unhappy most of the time and she says she is not good at anything.*

4. Feeling physically ill and having pain

Fear and sadness can affect the body through symptoms, such as:

- **Lack** of energy
- **Lack** of appetite
- **Rapid** heart rate, especially when the child is afraid
- **Headaches** or bodily aches

Sofia keeps saying her head hurts, *and these problems don't seem to have a physical or medical cause.*

5. Difficulty sleeping

Children often sleep poorly because they are afraid. They may wake up at night to the slightest noise and have nightmares about their experiences.

Sofia can't fall asleep *and wakes up during the night from nightmares.*

6. Lack of concentration and interest

Children are unable to concentrate or learn when they are suffering emotionally and afraid. They are easily distracted, both at home and at school, and are not interested in games or other activities.

Sofia isn't interested in playing *or doing other things she used to enjoy.*

7. Not trusting other people

Children who have experienced adversity may mistrust adults, since they failed to protect them when protection was needed.

Sofia starts to believe that the world around her is a scary place *and all adults are dangerous.*

8. Lack of self-confidence

Children may feel abandoned and may lose a sense of hope for the future.

Sofia says negative things about herself, *like 'No-one at school likes me'.*

Selected Cultural Considerations for Working with Unaccompanied and Separated Children

While many unaccompanied and separated children may have directly experienced one or multiple traumatic events that they can self-identify as traumatic, others may not associate their pre-migration circumstances or migration journey as something that can have a lasting emotional impact on them. Many children find themselves experiencing physical or emotional symptoms without being able to identify a particular trigger and may feel confused or frustrated by their symptoms. Research indicates that such things as ongoing community violence, the unaccompanied migration experience, and finding oneself in an unstable environment in a new country, can be experienced—consciously or not—as traumatic. Even where a child is not currently in a traumatic situation, the amount of change and upheaval implied by migration can impact a child's well-being, their sense of identity, and feelings of self-efficacy, that is, their capacity to take care of themselves and accomplish their goals.

There is significant research showing that a child exposed to such things as ongoing community violence, systemic racism and/or discrimination, armed conflict, or natural disasters without sufficient support from trusted adults can experience toxic stress. However, there is far less research on the unique experience of child migrants regarding a loss of less visible but no less important things, such as a sense of identity and belonging, closeness with family, a sense of community, and affirmation of one's cultural and linguistic heritage. Research shows that there can also be a significant destabilizing impact on children moving from a more collectivist into a more individualistic cultural context. These experiences of loss and cultural upheaval can also, without proper support, lead to a toxic stress response in unaccompanied and separated children.

This section will discuss a number of cultural considerations that can inform the provision of culturally responsive trauma-informed services to unaccompanied and separated children. These sections are not exhaustive but can be used to start broader conversations about how service providers contextualize children's physical and mental health symptoms and think through appropriate tools and interventions to support their resilience and well-being. The below sections discuss the construct of ambiguous loss, the contrast between collectivist versus individualistic cultural contexts, the particular experience of Indigenous unaccompanied and separated children, and the importance of religion and spirituality for unaccompanied and separated children. Considering these and other topics can enable service providers to better understand the unique experience of unaccompanied and separated children during migration and in the host country.

AMBIGUOUS LOSS AND BOUNDARY CONFUSION

Ambiguous loss, as defined by Pauline Boss, is a loss that may "defy resolution" or have no foreseeable ending, and that may not be understood as a clear loss.[9] This "lack of finality and recognition can block natural coping and grieving processes."[10] Research shows that ambiguous loss can trigger the same emotional and neurological responses that a conventional loss, such as the death of a loved one, does. Ambiguous loss can be equally as challenging to a child's well-being as actual loss.[11] This section will introduce ambiguous loss as an important concept for understanding the presence of grief-like symptoms in unaccompanied and separated children which might otherwise seem incongruous.

Boss originally defined ambiguous loss in two ways. One is physical absence with psychological presence, a situation in which a loved one—or, in the case of a migrant, one's home, family, community, and culture—are physically absent, but very psychologically present in the person's mind. The second is psychological absence with physical presence, where someone is physically present in the person's life, but at the same time is psychologically absent: the person is not present in the way they once were for a variety of reasons. Below are some examples of how unaccompanied and separated children might experience ambiguous loss.

- **A child's biological parent may have emigrated, leaving the child to be raised by another family member, such as a grandparent, for most of their life, to the point where the child associates this person as a parent**. Then, at some juncture, the child also emigrates and reunites with their biological parent. In

this case, the caretaker in the home country is physically absent, but for the child, is still psychologically present as parent and role model. Myriad legal and financial barriers exacerbate this loss because of the uncertainty as to when, if ever, they will be able to reunite with the absent person.

- **Regarding psychological absence but physical presence, imagine this child is now reunited with their biological parent, with whom they may have even been in regular contact throughout their life.** The child expects to feel a sense of closeness and trust with the parent. However, due to the prolonged separation, the parent and the child have lost the emotional closeness typical between a parent and child. This role ambiguity, that is, who occupies the role of parent in the mind of the child, can be emotionally challenging to the child. It may also impact the biological parent's approach and ideas about parenting their child. This example contextualizes some of the relational difficulties between migrant parents and their children; both have experienced a loss, albeit ambiguous, of what they imagined their relationship to be.
- **Ambiguous loss also encompasses the sense of loss of identity and culture.** Unaccompanied and separated children must, by definition, leave something behind. However, most are also heading towards something. Some children may be thrilled to be migrating to reunite with parents or other loved ones. Other children may feel isolated, detached, or unmoored in their new home despite a joyful reunion. Not knowing the language of the new country, not being able to navigate around the neighborhood, not understanding the new educational context, no longer being in their old church, or not experiencing much-loved ethnic celebrations are some of many ambiguous cultural and identity losses that a child on the move may experience.

Consider the example of the child who was being raised by a grandparent and suddenly had to leave home due to extreme community violence. That child may or may not be conscious of the fact that by migrating they may be giving up any chance to be reunited with their grandparents. The child may experience symptoms of grief, whether or not they are conscious of the experience as a loss. The child may also be reuniting with a parent with whom they have not lived for some time. While the child is now physically close to the parent, the long-term separation may have ruptured any feeling of attachment. The hoped-for joyful reunion may not come to fruition as imagined and can be challenged by the conscious or unconscious experience of loss of their grandparent, and perception of that grandparent as the de facto "parent."

Additionally, unaccompanied and separated children may feel pressure to be grateful for having escaped a violent situation, especially if some family remained behind, for having survived the migration process, being in good health, and having an opportunity to move forward with school or work. This pressure to be thankful can invalidate their profound sense of loss and longing for the life they had to leave behind.

In short, unaccompanied and separated children may not just be experiencing loss or trauma in the conventional or visible sense. They may also be experiencing the varied impacts of ambiguous loss. Service providers should be aware of this contextual complexity and have the knowledge and skills to support the unaccompanied or separated children in naming and normalizing their experiences. The following sections discuss how service providers can support unaccompanied and separated children in developing their emotional literacy, tools and skills for self-soothing, and affirm the important of joyfulness and play as a way to build individual resilience.

COLLECTIVIST VERSUS INDIVIDUALISTIC CULTURAL CONTEXTS

Many unaccompanied and separated children find themselves migrating from communities that operate more collectively to cultural contexts that are much more individualistic. While the particularities of how collectivist or individualistic values manifest themselves vary by country, ethnicity, etc., "the key difference between individualism and collectivism is how people view themselves in relation to others."[12] In collectivist cultures, a person exists as a part of a whole, that is, they are entwined with both family and community. Decisions are made with group well-being in mind. The individual gains meaning and self-efficacy from this group identity, and loyalty is primary, even when it requires sacrifice by the individual. In contrast, individualistic cultures greatly value independence, self-reliance, and individual rights. Dependence on others is not seen as a strength. Rather, there is a belief that individuals have an intrinsic ability to independently solve problems or achieve goals without outside assistance.

Interestingly, "studies show that as families [from

collectivist cultures] acculturate they learn how to behave externally in a dominant culture that values assertiveness, independence and achievement. Yet, they do not abandon internally the connectedness and interpersonal controls of many collectivistic family systems."[13] For unaccompanied and separated children who have migrated without their family unit, the process of cultural integration can be much more fraught, and they will likely need support from a variety of sources to navigate these cultural transitions.

While the following table oversimplifies the differences between collectivist and individualistic cultures, it can serve as a guidepost for understanding the experiences of unaccompanied and separated children who find themselves in a more individualistically oriented host country and have to navigate their own feelings and acculturation in this new place.

	COLLECTIVIST CULTURES	INDIVIDUALISTIC CULTURES
CORE VALUES	Group harmony, interdependence, loyalty, family ties, collective identity	Personal achievement, independence, self-reliance, individual rights
DECISION MAKING	Group consensus, community-oriented	Personal choice, individual-oriented
SOCIAL RELATIONSHIPS	Strong family and community bonds, respect for elders, implicit loyalty to the group	Looser family ties, emphasis on personal relationships and friendships
CONFLICT RESOLUTION	Avoidance of direct conflict, mediation through group	Direct confrontation, problem-solving individually
SENSE OF SELF	Defined by group membership, loyalty, duty, and defined roles	Defined by personal traits and individual achievements
COMMUNICATION STYLE	Emphasis on non-verbal cues, body language, tone, indirect verbal communication	Emphasis on clarity and precision in language; explicit, direct verbal communication
COPING WITH TRAUMA	Seeking support from family and community, sharing mourning or processing rituals/experiences	Seeking professional help, employing personal self-help strategies, individual coping mechanisms
PSYCHOLOGICAL SYMPTOMS	Often manifest as physical symptoms (e.g., somatization), collective distress	Manifest as emotional and cognitive symptoms (e.g., anxiety, depression)

From a clinical perspective, there are factors that support personal well-being in all of these cultural orientations. For instance, the impact of a traumatic event can be lessened by a feeling of protection and safety in the group and engagement with spiritual practices that make meaning of the experience. When someone from an individualistic culture experiences trauma, there may be less stigma attached to seeking help from outsiders, and there is a belief that one possesses the intrinsic capabilities to cope with their symptoms and find resilience.

However, when a child is pushed outside of their familiar cultural context, they may experience particular challenges in coping with trauma, change, and unpredictability, because they are not able to rely on their usual coping and processing resources. In addition, clinicians and other service providers may not have significant insight into their client's cultural context, thus enabling them to understand both their symptomatology and approach to coping.

In a collectivist culture, because of cultural norms that prioritize family stability over expressing personal difficulties, some people may experience more somatic symptoms—such as stomach and headaches, appetite changes, gastrointestinal distress, sleep disturbance, fatigue, etc. —rather than emotional reactions like anxiety, irritability, and depression. However, in an individualistic culture, service providers might observe these as principally physical ailments, rather than connecting them with psychological challenges.

Trauma-informed services for unaccompanied and separated children must include a nuanced analysis of the possible causes of a child's symptoms or emotional state, which steps outside of the dominant culture's manner of interpretation. See the "**Supporting Cultural Belonging**" section for practical guidance on how to provide services that are intentionally culturally responsive.

NAVIGATING AN INDIVIDUALISTIC CULTURAL CONTEXT AS A LATINO TEEN

Through interviews with unaccompanied Latino immigrant children in the United States, Stephanie Canizales identified the importance of shifting one's cultural orientation from being strictly communitarian/collective to focusing on their own aspirations and goals as well. While this shift can be disorienting and often emotionally challenging, Canizales identified that when adolescents are able to process the reasons for making this shift with other youth of similar backgrounds, the shift was not as jarring. Youth were able to affirm a desire to maintain a connection with their home culture and loved ones, but also a shared need to set individually focused goals that enable them to participate and feel successful within the U.S. economic and social system.[14] This finding further emphasizes how important positive peer relationships are for unaccompanied and separated children to experience healthy identity formation and cultural belonging in a new place.

Migrant teen at a shelter in Mexico.
Photo by Brett Gundlock

SUPPORTING INDIGENOUS UNACCOMPANIED AND SEPARATED CHILDREN

In the United States in particular, there is a significant subset of unaccompanied and separated children from Mexico, Central America (principally Guatemala), and some South American countries (principally Ecuador and Peru) whose primary language is Indigenous,[15] and who were living in majority or all-Indigenous communities prior to migration. Some were largely monolingual prior to migration, and in many ways lived isolated from the dominant culture in their home countries. These children often find themselves doubly culturally isolated when arriving in the United States.[16]

Furthermore, there is a collective and generational experience of oppression through war, genocide, and prejudicial government policy and investment in Indigenous communities that has shaped the identity of Indigenous children the world over.[18]

Many Indigenous children are also the first in their immediate family to migrate. They bring with them pressure to succeed and earn money to support families back home and are less likely to attend school full time.[19] While these children face particular challenges due to their language and ethnicity, on the whole their motivation to become part of the workforce and their commitment to their families back home contribute greatly to their overall resilience.[20]

There are key ways in which service providers can support the culture of Indigenous unaccompanied and separated children. Service providers have a unique ability to affirm clients' cultural identities and provide space for expression and exploration of rituals, beliefs, and language. They can also support Indigenous children by connecting them with ethnic community and peer groups/organizations, as well as religious communities, that enable them to remain connected to (and feel pride in) their identity while navigating a new cultural context.

> "There is ample evidence that speakers of Indigenous languages often come to view their languages, in part, as problems (cf. Ruiz, 1984), since the languages are associated with a lack of economic opportunity and a history of racial and cultural stigmatization."[17]

A child in Guatemala whose family was assisted by KIND and our partners through our Reintegration work.

THE ROLE OF RELIGION AND SPIRITUALITY

Ample research has shown that many unaccompanied and separated children—especially Latino and Indigenous unaccompanied children—have strong spiritual or religious beliefs, whether they actively practice or attend church. Religion can be a protective factor for children who have experienced trauma, as it can provide a lens through which to process challenging experiences and can remove feelings of guilt or responsibility, as the events are seen to be beyond their control.

Churches and religious communities can support unaccompanied and separated children's overall well-being and acculturation by providing a safe space, potential for new friendships, and opportunities to engage in the community and learn a new language. However, it is important to understand that churches and other houses of worship may not be a universally positive space for unaccompanied and separated children. In some churches, failure to achieve is associated with insufficient piousness or faith. For unaccompanied and separated children who are not accomplishing their economic or educational goals, the church can be isolating.

Service providers must balance the important protective role that religion and spirituality can play for unaccompanied and separated children as they arrive in a host country with the potentially unhelpful and even damaging aspects of some religious organizations.[21] Service providers should observe over time whether a church is providing a sense of cultural belonging and building unaccompanied and separated children's resilience. In lieu of houses of worship, unaccompanied and separated children may find meaningful spiritual kinship in religious youth groups, peer support networks, or ethnic community organizations, especially those that can connect them to other needed support services in their community.

REFLECTIONS ON CULTURAL HUMILITY

Unaccompanied and separated children are by no means a monolith. Children from the same town, state, or country may have significantly different upbringing and migration experiences that impact their current functioning and well-being. By approaching each child through a lens of cultural humility, service providers can more effectively understand and contextualize a child's symptoms and current presentation and assess and employ the appropriate supports and interventions to affirm each child's strengths and support their resilience-building.

Trauma-Informed Care for Unaccompanied and Separated Children

TENETS OF TRAUMA-INFORMED CARE

Trauma-informed care (TIC) is an approach that recognizes and acknowledges the role that trauma may play in a person's life and adapts the way services and treatment are provided such that it does not further traumatize the personand provides opportunities for resilience and healing. There are six widely held tenets of TIC:[22]

- **Safety.** Ensuring the physical and emotional safety of clients.
- **Trustworthiness and Transparency.** Building trust through clear, transparent, and honest communication.
- **Peer Support.** Using the knowledge and experience of peers to provide support and integrating mutual self-help into services.
- **Collaboration and Mutuality.** Emphasizing the importance of partnership and shared power and decision-making.
- **Empowerment, Voice, and Choice.** Prioritizing client empowerment and self-determination, providing choices, and encouraging clients to share in decision-making.
- **Cultural, Historical, and Gender Issues.** Using humility and sensitivity in recognizing and addressing historical trauma, cultural contexts, and gender differences.

TIC's best practice is to ensure that each interaction between a service provider and a client, as well as between the client and systems within an organization, upholds the tenets of TIC. Organizational policy, programs, services, and staff training should address the specific needs and contexts of clients to serve the whole person in a way that affirms their dignity and worth.

Programs that serve unaccompanied and separated children have an additional mission. Services must go beyond merely complying with generic recommendations for trauma-informed care. They must also consider the experiences of unaccompanied and separated children and consider how to bolster their strengths and protective factors to support their resilience in the long term. Research has shown that four components, discussed below, are key to supporting resilience-building in unaccompanied and separated children and providing responsive trauma-informed care to unaccompanied and separated children.[23]

KIND client.

Supporting Resilience in Unaccompanied and Separated Children

Resilience is the capacity to adapt and thrive in the face of adversity, challenges, and stress. A person's capacity for resilience is derived from many sources, in alignment with Bronfenbrenner's Ecological Systems theory: intrinsically, that is, coming from a source within oneself; interpersonally from one's relationship to family, social, education, or community groups; and/or more broadly, from systems with which one may interact, such as health care, political, or legal systems.

Although most unaccompanied and separated children have experienced at least one traumatic event, they also possess intrinsic strength and resilience that the people and systems in their lives should protect and nurture. Children's brains are extremely resilient and are growing and changing every day. People up to age 25 with the right support can develop coping, processing, and self-soothing skills that can prime new neural pathways and re-adjust the automatic responses of the body to cope with traumatic experiences.

Trauma can impact a child's growth and development. However, when thinking about how to support the resilience of unaccompanied and separated children, there is important additional cultural, interpersonal, and personal context to consider.

This section will present some helpful context for understanding some of the particular and unique experiences unaccompanied and separated children may have, in order to better situate the recommendations for supporting their resilience in the short and long term.

"A migration does not have to add up to complex trauma with the right social support and acess to resources."24

RISK AND PROTECTIVE FACTORS

As a child grows and develops, there are variables that either help or hinder them in meeting their physical and emotional developmental milestones; these are known as risk and protective factors.

Risk and protective factors can present at the biological, psychological, family, community, or even broader levels and, and can be linked to positive or challenging outcomes for a child.[25]

For instance, a child may have a loving and supportive family—a protective factor—but may be living in a conflict zone—a risk factor. Both factors will have an impact on how this child grows and develops over time. It is important for service providers—as well as a child's support system and the child themself—to understand that multiple historical, simultaneous, and current factors can impact that child's overall well-being and functioning.

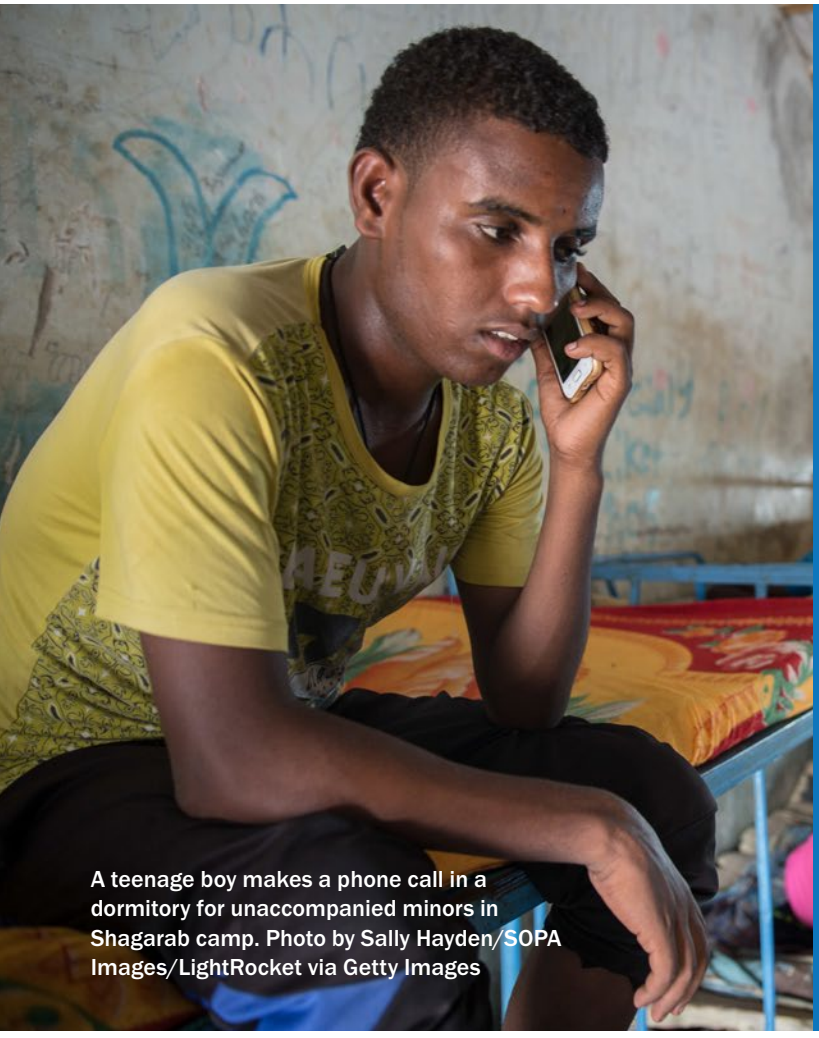
A woman with two children and carrying bags walk on a street to leave Ukraine after crossing the Slovak-Ukrainian border in Ubla, eastern Slovakia, close to the Ukrainian city of Welykyj Beresnyj, on February 25, 2022. Photo by Peter Lazar/AFP via Getty Images

STEPS FOR SUPPORTING RESILIENCE IN UNACCOMPANIED AND SEPARATED CHILDREN

Research specific to unaccompanied refugee children shows that four specific factors are essential in promoting recovery and adaptation to a new country and community context:[26]

- **Individual Growth.** Support to grow and develop problem-solving, self-soothing, and social skills at the individual level.
- **Promoting Healthy Lifelong Relationships.** Support in maintaining early family relationships and connections with friends and family in their home country, while also developing positive and healthy relationships with trusted peers and adults in their new community.
- **Supporting Cultural Belonging.** Supporting cultural belonging in a way that integrates and values their own identity and culture, while helping them to learn about and build positive relationships with/within a new culture.
- **Ensuring Healthy Living Situations and Care Arrangements.** Finding and supporting living arrangements that offer stability and emotional support, and that support cultural belonging, while allowing for autonomy and personal growth (especially in the case of older adolescents).

Knowing these factors, as well as the particular experiences of unaccompanied and separated children regarding loss and shifts in identity, the following sections will provide specific research and recommendations for supporting and growing unaccompanied and separated children's resilience over time.



A teenage boy makes a phone call in a dormitory for unaccompanied minors in Shagarab camp. Photo by Sally Hayden/SOPA Images/LightRocket via Getty Images

SUPPORTING INDIVIDUAL GROWTH

Developing intrinsic coping mechanisms that can be called on in moments of depression, isolation, and loss enables individuals to manage their emotions, navigate difficult situations, and maintain psychological stability. For unaccompanied and separated children—particularly those who may be experiencing physical and/or emotional separation from their family and other support structures—developing internal coping skills can be key to fostering resilience.

Many unaccompanied and separated children come from cultural contexts that do not promote open conversations about mental health, may view the family as the primary source of support and relief in challenging moments, or promote work and a sense of purpose as the antidote to emotional distress.27 These cultural beliefs are valid and can certainly act as protective factors that can aid children in coping with adversity. However, for certain unaccompanied and separated children, such as an unaccompanied child who may have migrated alone and is now living with relatives they do not know well, having other tools in their coping arsenal can be pivotal.

SUPPORTING EMOTIONAL LITERACY

A comprehensive review of children's emotional and behavioral responses following migration found "a significant pattern between the difficult experiences of premigration and postmigration that primarily manifested as symptoms of depression, regardless of the migratory movement, age, gender, or cultures involved."[28]

When children are better able to recognize and name their feelings and emotions, they are more empowered to ask for support and to support themselves. Research has shown the massive short and long-term benefits to children's mental health in general from integrating social and emotional learning into curricula in schools.[29] The research supports providing similar content and support for immigrant and refugee children, especially in the context of trauma-informed service delivery. Service providers should make it clear that all emotions and feelings are valid and provide a variety of resources that assist children in communicating how they feel (including by having developmentally and age-appropriate methods for communicating feelings). For further guidance, visit the "**Tools for emotional literacy**" section below.

Activities using sensory storytelling help children identify their feelings without the need for extensive vocabulary. The practice can help children express their dreams for the future or reconstruct distressing experiences, which in turn supports the development of suitable coping strategies.

Maira Herrera,
Senior Social Services Coordinator

MINDFULNESS, SELF-SOOTHING, AND GROUNDINGINTERVENTIONS

There is significant research demonstrating the effectiveness of mindfulness therapeutic interventions with immigrant and refugee children and adults.[30] Mindfulness practice has shown to be a protective factor against worsening mental health symptoms such as depression, anxiety, and post-traumatic stress.[31] More specifically, research on mindfulness interventions with Latina women shows that "mindfulness and grounding techniques in one's own language that elicit [sic] stories about one's identity and family," and techniques that integrate one's faith and collectivist cultural values, are well-received and effective.[32] Visit the "**Mindfulness and Grounding Techniques**" section for a list of recommended mindfulness and self-soothing activities for unaccompanied and separated children of different ages.

THE IMPORTANCE OF SAFE SPACES AND PLAY FOR UNACCOMPANIED AND SEPARATED CHILDREN

Providing a safe child-friendly space, i.e., one that considers the experience of the child and their well-being first and foremost, is crucial to providing trauma-informed services to children and youth. No matter where service providers are engaging with unaccompanied and separated children and regardless of the type of service being provided, the goal should be to make the child feel emotionally and physically safe and empowered to participate in whatever way they choose. Research has shown that post-disaster or during crises, having a "special place" to which a child can retreat and play greatly contributes to overall well-being.[34] This is equally true for tender age children and adolescents.

A safe space is more than the physical structure and furnishings. It is also a space in which unaccompanied and separated children feel heard, find emotional comfort, are given agency and choice, can reconnect with their cultural heritage and gender identity, and can build relationships with trusted peers and adults. Finally, a safe child-friendly space is one where children do notjust feel safe but can also feel joyful.

The practical recommendations section of this toolkit provides concrete suggestions for creating safe child-friendly spaces, including how to design the physical space, and training tools for service providers to engage in active listening and provide choice and agency to children in different contexts.

> "Because migration is characterized by significant and permanent changes to [a child's] nuclear family, neighborhood, school peers, extended family, teachers, and religious communities it constitutes a loss of children's emotional reference points."[33]

THE IMPORTANCE OF PLAY

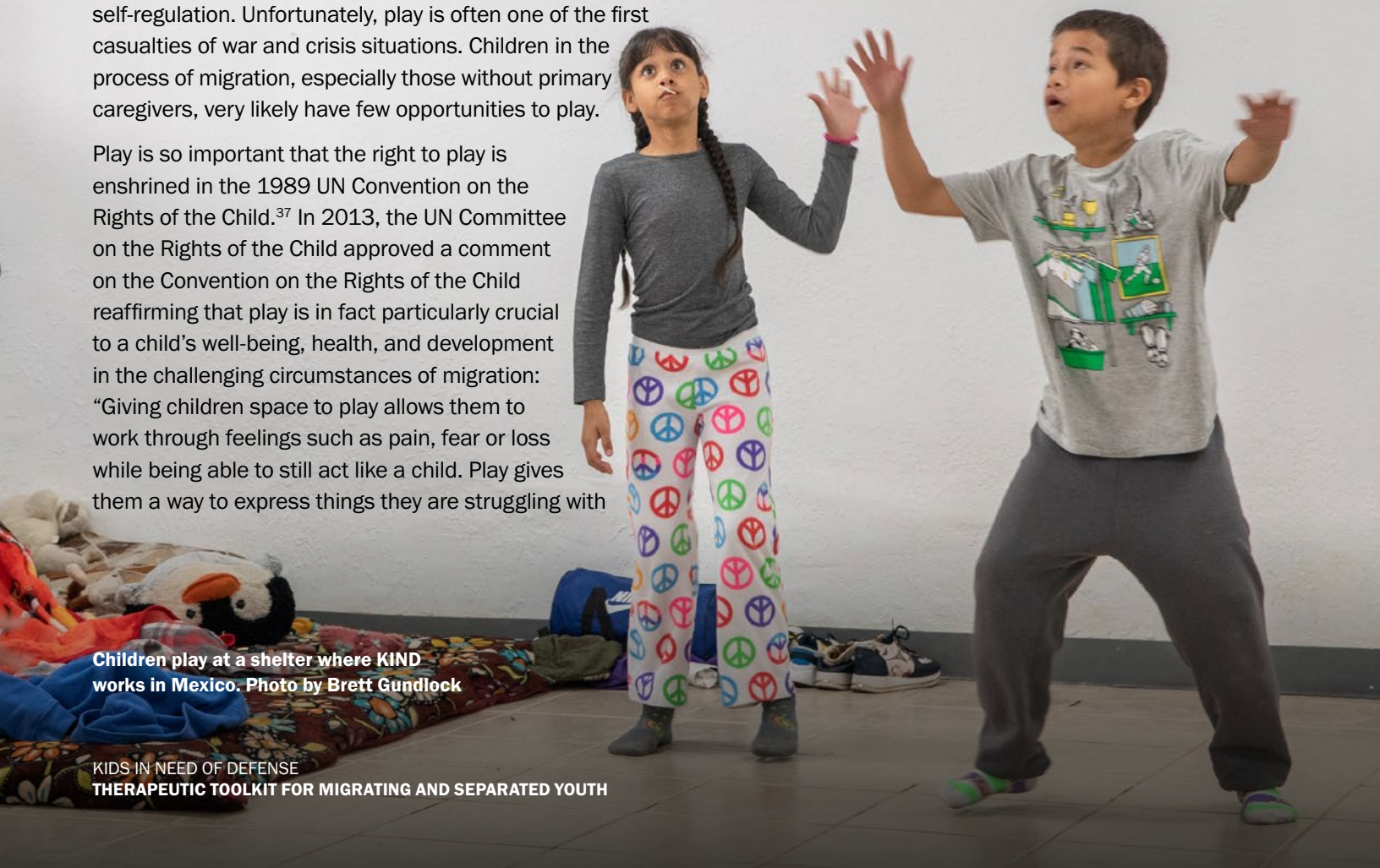
Children build resilience when they develop a sense of self-efficacy and self-confidence in their ability to express themselves and problem-solve. With children, these skills are often developed through play. Play therapy expert Eliana Gil notes that "for those young people who have experienced frightening life events—family disruption, illness, or trauma—play offers a second chance, an opportunity for reworking and rebuilding."[35] Play allows children to use their creativity while developing essential physical, cognitive, and emotional skills, contributing to healthy brain development and the ability to interact with the world. It helps children build confidence and resilience, learn social skills, and practice decision-making, all of which foster overall growth and adaptability.[36]

Joyful play operates in many ways as an antidote to the stress response in the brain of a child. Instead of releasing defense hormones like cortisol and adrenaline, play causes the brain to release dopamine, a hormone and neurotransmitter that can lower cortisol levels in the body. Whereas trauma causes the brain to slow and dull the sections that manage reasoning, learning, and the formation of memories, play encourages neuroplasticity—the brain's ability to form new neural pathways that promote cognitive growth and emotional self-regulation. Unfortunately, play is often one of the first casualties of war and crisis situations. Children in the process of migration, especially those without primary caregivers, very likely have few opportunities to play.

Play is so important that the right to play is enshrined in the 1989 UN Convention on the Rights of the Child.[37] In 2013, the UN Committee on the Rights of the Child approved a comment on the Convention on the Rights of the Child reaffirming that play is in fact particularly crucial to a child's well-being, health, and development in the challenging circumstances of migration: "Giving children space to play allows them to work through feelings such as pain, fear or loss while being able to still act like a child. Play gives them a way to express things they are struggling with that they don't yet have the words to fully explain. By recreating painful events repeatedly through imaginative play, little ones are trying to understand the impact of what has happened."[38]

Play can be structured or unstructured, guided or unguided, and carried out alone, with peers, or with adults. In all of these iterations, play gives children the freedom to trust and be themselves and to trust others—prime building blocks of resilience. Service providers who create space for play may be opening one of the only avenues of communication available to a child. Service providers can obtain important information, verbally or symbolically, that they might not otherwise gather, which helps them provide greatly needed support and services.

In summary, individual resilience is only one part of the resilience puzzle, but it is vitally important because it is the resource that a child can call on when they are alone and without other support. Unaccompanied and separated children's individual resilience is strengthened when they are given information and the opportunity to make meaning of their experiences, feelings, and physical and mental health symptoms. When they are then able to develop internal coping mechanisms through play and self-soothing and grounding techniques, they can develop confidence and self-efficacy that they can use well into the future.



Children play at a shelter where KIND works in Mexico. Photo by Brett Gundlock

BUILDING AND MAINTAINING HEALTHY LIFETIME RELATIONSHIPS

IMPORTANCE OF PEER RELATIONSHIPS

Research indicates that peer relationships play a crucial role in fostering resilience among unaccompanied and separated children by providing emotional support, enhancing social skills, countering feelings of isolation, and supporting cultural belonging and language acquisition.[39] Importantly, while it is particularly beneficial for immigrant children to build healthy relationships with peers who have similar backgrounds or migration experiences, building relationships with peers from the host community is also important in building resilience.[40]

Peer connections with fellow unaccompanied and separated children and other immigrant children offer shared experiences that help with navigating the challenges of displacement and acculturation, as well as a sense of solidarity and belonging.[41] Observing peers who effectively manage stress, and adversity can teach unaccompanied and separated children constructive ways to cope with their own challenges. These relationships can also provide a sense of familiarity and security, which can help unaccompanied and separated children maintain a positive self-concept and feeling of belonging, two keys to emotional resilience. Lastly, relationships with children from similar cultural backgrounds can reinforce a child's cultural identity, which is core in supporting cultural belonging.

It is also important for a child on the move to build healthy relationships with children from the host country. These relationships provide a natural and immersive way to learn a new language and understand new cultural norms. For teens, who are at a developmental stage where peer influence and judgment are felt especially deeply, building a broader social network can reduce feelings of marginalization. These relationships can also ease transitions into educational settings and support educational attainment–feeling integrated into a school setting is directly linked with academic performance and retention.[42]

Finally, peer relationships are uniquely beneficial because they provide a different kind of social support that complements the guidance and security offered by adults. Instances of mutual understanding and support during play and shared social activities foster a sense of normalcy and joy, which are crucial to building self-confidence and emotional well-being.[43] Wherever possible, service providers should consider ways to facilitate peer-relationship building, especially for newcomers who are geographically and socially isolated, and for unaccompanied and separated children who are not consistently attending school.

TRUSTED RELATIONSHIPS WITH FAMILY

Healthy family relationships are fundamental to a child's development. Secure attachments provide a stable foundation for emotional, social, and cognitive growth. In nurturing environments, children experience love, security, and support, which foster a sense of belonging and self-worth. By observing healthy interpersonal interactions, these children learn essential skills such as communication, empathy, and problem-solving. Consistent positive relationships within the family also help to build resilience, enabling children to navigate challenges and stress more effectively as they grow.

As noted, unaccompanied and separated children may experience family instability due to the migration of primary caregivers, losses due to war or community violence, or other reasons. Most unaccompanied and separated children, however, have someone in their home country with whom they retain an important bond, and many others may have undertaken a migration journey to reunite with parents or other family after short or prolonged separations. Falicov (2005) states that family systems are challenged by migration, in particular when a non-parent may have partly or primarily raised the child.[44] In this case, the separated parents may find it challenging to establish parenting expectations and to rebuild a trusting relationship, particularly in the case of older adolescents who actively or passively resist parental authority.

Regardless of where an unaccompanied and separated child's trusted family is located, it is important that they be able to maintain and nurture those relationships, as research has shown that maintenance of lifelong family relationships contributes to the unaccompanied and separated child's overall well-being and resilience.[45] Ultimately, unaccompanied and separated children benefit greatly from a sense of "family resilience," in which families are able to "make some order and meaning out of the many stresses they encounter."[46] In working with unaccompanied and separated children in these situations, service providers need to emphasize two things: First is to enable

unaccompanied and separated children to reach out for support to whomever they consider to be trusted family members, whether in their host or home country. Second is to provide them with support and information that helps ease the challenging transitions within their current living arrangement.

TRUSTED RELATIONSHIPS WITH NON-FAMILY ADULTS

Building positive relationships with trusted adults beyond service providers is pivotal in determining an unaccompanied and separated child's cultural belonging trajectory in the future.[47] It is important for children to develop long-term relationships with trusted adults in the community as they navigate the complexities of their new life. Positive, nurturing relationships with teachers or school professionals, sports coaches, ministers, friends' parents, etc. can ensure an unaccompanied and separated child always has someone to turn to. These adults can model healthy lifestyle behaviors, support educational and career goals, and be an impartial sounding board when family or peer difficulties arise. Adults, in particular those at educational or other community institutions, can provide leadership opportunities, recognize positive participation and growth, or provide important feedback for growth that is non-punitive and non-judgmental. All of these actions support children in building their sense of agency and self-efficacy.

KIND staff working with children in Mexico. Photo by Brett Gundlock

SUPPORTING CULTURAL BELONGING

In host countries, the unfortunate reality is that migrants are often artificially grouped together by virtue of their legal status or lack thereof. This categorization homogenizes people whose cultural, ethnic, and linguistic backgrounds and experiences with migration and the host country may be very different. It is important that service providers working with unaccompanied and separated children support children's cultural belonging within the host county. That is, supporting unaccompanied and separated children in "maintaining the connection to the old, as well as adoption of new cultural practices." This includes helping children to feel and appear "ordinary" so as not to stand out, build new relationships, understand and adopt local habits, and learn the local language, while at the same time having time and space to treasure and celebrate their roots.[49]

When a service provider working with an unaccompanied and separated child demonstrates cultural curiosity and humility, they are in fact supporting the resilience of the child as they navigate a new and unfamiliar culture and community. In turn, a child who feels their culture is not merely accepted but also valued will feel more supported, which can be key in building trust with the service provider. This section presents some critical considerations in supporting cultural belonging in unaccompanied and separated children, another essential building block in supporting resilience.

UNDERSTANDING A CHILD'S CULTURAL CONTEXT

The "Cultural Considerations" section above discussed certain relevant topics that can facilitate the provision of culturally responsive services to unaccompanied and separated children. This section will provide some guiding questions that can help service providers approach a child with humility and genuine curiosity, enabling them to affirm a child's identity, strengths, and protective factors in their lives, while identifying areas for support and intervention.

This list of questions is certainly not exhaustive but may enable service providers to better understand the experiences of their unaccompanied and separated child clients in order to wholistically support their cultural belonging.

> "If all migrants are united by the fact that they have experienced migration, each of them has had a personal experience of it, rooted in [their] personal life."[48]

How does the client perceive family and develop personal relationships?

- Does family encompass only the nuclear family or also the extended family?
- To what extent should the family be included and consulted during assessment, intake, and service provision, either literally or figuratively (if the child is separated from or has lost their family, how can the family still be included)?
- Is it customary for a client to attend appointments alone or with members of their family, and is there an expectation of disclosure of information to family members?

How does the client build trust with strangers?

- Is value placed on formal but warm and personal interactions, or more so on showing deference to people in authority positions?
- How are trust and respect established?

Does the client hold a cultural value of emphasizing harmony and agreeableness in interactions, especially with authority figures (common in a collectivist cultural context)?

- How might cultural value impact a child's ability to question or disagree with a service provider or lodge a grievance?

How does the child's cultural background view help-seeking behaviors?

- **What** is the child's instinct about sharing intimate personal details, particularly family strife?
- **Is** there a cultural stigma against seeking mental or physical health care?[50]

What are the child's cultural views on authority and respect for one's elders?

- **How** might this be complicated for a child who has reunified with a parent or other elder, but who has had to provide significant care for younger family members (parentification), and/or has been living independently, working, and been treated as an adult by others in their life prior to arriving in the host country?

How are gender roles defined in the child's cultural context?

- **How** might this impact a child's experience of their own gender identity and romantic/sexual preferences?
- **How** might a desire to conform to these roles impact a child's feeling about their own ability to cope with emotional difficulty?

What is the child's religious or spiritual belief system or practice? Research has shown that for many ethnic groups, spirituality and religion are hugely important to one's identity and can be protective factors against mental health challenges. This cultural element merits consideration in supporting religious or spiritual clients to make meaning of past and current experiences and when thinking about the most appropriate mindfulness activities.

- **How** might recognizing and/or integrating this belief system into service provision build trust?
- **How** can a child be supported in continuing to practice their beliefs in their host country?

What is the child's ethnic identity and primary language?

- **For** Indigenous children, how can their identity and/or language be uplifted and valued in service provision?
- **How** can service providers both place value on retaining a child's native language and provide support for new language acquisition?
- **Which** cultural elements valuable to the child? "While there are compelling adaptational reasons for the acquisition of new language and cultural practices, there are equally compelling reasons for retention of cultural themes in the face of change, among them the attempt to preserve a sense of family coherence."[51]

How does the host country's dominant rhetoric about immigrants and immigration impact the emotional experience of the child and their family/support system?

- **Is** the child aware of the dominant rhetoric?
- **Is** their caregiver aware of the rhetoric, and how does that impact the way they operate in the host country?
- **Is** the child internalizing external messages in mainstream environment? "Most immigrants and their children are aware of the hostilities and prejudice towards them. From a psychological viewpoint this awareness may be debilitating when internalized or denied, but it may be empowering when it helps stimulate strategic social justice activism. Proponents of critical pedagogy underline that awareness of one's own marginal status is the first step towards empowerment (Trueba, 1999). Thus, it seems possible that awareness of social injustices may create a measure of family resilience against assaults on identity."[52]

How are a child and their support system experiencing the ongoing pressure of a legal case?

- **How** is this impacting the child's desire and ability to acculturate in a healthy and positive way?
- **Are** there legal or social barriers to acculturation due to their legal status?

SUPPORTING ENGAGEMENT WITH PROSOCIAL GROUPS AND ACTIVITIES

Research has shown that cultural belonging comes about when a child can be themself, that is, be proud of their identity and culture, while also experiencing and learning about a new culture in a welcoming way. As such, there is a distinct benefit to engaging with "prosocial" institutions and activities that facilitate positive peer and adult relationships.

Many unaccompanied and separated children will attend school in the host country. Doing so has both acculturative benefits and challenges. Positive school environments can be hugely helpful in supporting unaccompanied and separated children in building community and resilience.

However, many unaccompanied and separated children—particularly older adolescents—will not attend school and instead seek employment to support themselves and possibly their families in their home countries. It is very easy for these children to become isolated from their peers and fail to engage in aspects of the host culture that might promote cultural belonging (as well as face greater risk of labor exploitation and trafficking). These children will likely experience greater challenges in language acquisition and navigation of health, social services, and legal systems in the host country.

Service providers supporting a child on the move's acculturation should help provide opportunities for connections that enable the child to cross the divide between their home culture and that of the host country.

Below are some examples of institutions and activities that can support prosocial relationships and cultural belonging. The ability of unaccompanied and separated children to join groups, teams, or organizations can provide a sense of stability and predictability that will benefit them greatly in the long term.

- **School** groups and clubs
- **Sports** activities and teams
- **Cultural** activities such as music and dance
- **Arts** activities such as creative writing, drawing, and painting
- **Spiritual** or religious groups such as churches with youth groups
- **Peer** support groups that provide psychoeducation alongside other engaging activities

"Although relationships to their new environment, such as with peers or teachers, are important, their primary source of support and possibly the primary protective factor if healthy, is the child's family."[100]

The young refugee Assani (l) from Burundi plays soccer on the football field in the family holiday village with other young refugees who have also come to Germany unaccompanied. Photo by Felix Kästle/picture alliance via Getty Images

ENSURING HEALTHY CARE ARRANGEMENTS

Unaccompanied and separated children may migrate with their parents, non-parent caregivers, siblings, other family members, or by themselves. "In most instances, migrating accompanied by their parents helped children negotiate cultural differences, find emotional support, overcome academic hurdles, and have access to better economic opportunities."[53] "The journeys of [unaccompanied and separated children] already highlight the resources that are present in those individuals, as these have enabled them, despite trauma, to leave their countries and successfully negotiate travel across long and potentially dangerous routes, and then to begin to engage in the resettlement and acculturation process without the company of their families (Keles et al., 2018)."[54] For those children who have undertaken a migration journey largely or wholly on their own, it is all the more important to re-establish stable and reliable care in the host country.

When a child feels safe, supported, and cared for in their home, their stress level diminishes, which makes their emotional, neurological, and physical systems function better. When those systems function better, a child is more able to do things like learn a new language, make friends, and gain new coping skills, which in turn increases their overall resilience and self-efficacy. This is equally true for tender age children and older youth.

In all, a safe home is not just that—it also represents a key building block for future success and well-being.

BALANCING A NEED FOR INDEPENDENCE WITH A NEED FOR SUPPORT

Unaccompanied and separated children, particularly those not accompanied by a caregiver or trusted adult, arrive in a host country having had to fend for and care for themselves, often from a young age. As noted, in many cases, this need for self-reliance may have been the result of separation from their primary caregiver and having to live independently or having had to work and earn money for themselves and/or their families. Research indicates that especially for older unaccompanied and separated teens, the ability and desire to work are core to their sense of identity and confidence.[55]

As a result of this increased independence, when unaccompanied and separated children are reunited with parents, family members, or other trusted adults in a host country, they are faced with a challenging confusion of roles and authority. This is particularly true for children who are reuniting with their parents after being apart for a prolonged period, with the usual parent-child attachment having become complicated or ruptured. Often, unaccompanied and separated children and their sponsors or caregivers experience a "honeymoon period" in which the children and adults avoid conflict or pushing of boundaries. The caregivers may feel that they are successfully establishing a positive relationship in which their authority is respected. This period can last for some months, but eventually the ruptured attachment and the child's need for autonomy and self-determination lead many unaccompanied and separated children to test boundaries, which creates conflict with their caregivers.

Service providers can help unaccompanied and separated children and their caregivers understand these complex relational dynamics, and the possible interplay of trauma, and normalize the resulting symptoms and behaviors both in the child and in the caregiver. Equally important is to provide them with resources that help them understand and navigate the stress of integration. In the case of older adolescents, honoring their need for autonomy and agency in a moment of post-migration upheaval supports their resilience-building. Ways to do this include opportunities for decision-making, support for occupational and other skill-building, and support for "self-sustenance and independent navigation of life in a host country."[56]

SAFE CARE ARRANGEMENTS FOR LGBTQ+ CHILDREN

LGBTQ+ children must deal with an identity that is—and has always been—highly politicized in countries around the world. In many unaccompanied and separated children's countries of origin and in host countries in Europe and North America, past and current legislation criminalizes aspects of LGBTQ+ relationships, gender identity, health care, and more. As a result, many LGBTQ+ unaccompanied and separated children may not have experienced much or any positive validation of their identity in their home or community, which can be damaging to their psychological and physical well-being in the long term. Service providers have a responsibility to protect any child, regardless of their sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC). Particularly for unaccompanied and separated children, service providers must do their utmost to ensure that their home environment not only provides them a secure space but also affirms and uplifts them. Below are some basic guidelines for ensuring safety for LGBTQ+ unaccompanied and separated children in the home:

Education

- **Provide** needed education/pyschoeducation to LGBTQ+ unaccompanied and separated children on topics such as SOGIESC and self-identification, supporting mental health for LGBTQ+ individuals, etc., particularly for those who were closeted or not accepted by their family, in their home country or during their journey
- **Ensure** the caregiver and other household members have a general understanding of LGBTQ+ issues, experiences, etc., including that a person's identity is not a choice nor is it immutable (i.e., identity can shift over time)
- **Provide** parenting support through community groups or one-on-one meetings with service providers
- **Provide** mandatory training to service providers on relevant LGBTQ-related policies, understanding the spectrum of sexual orientations, gender identities, gender expressions and sex characteristics (SOGIESC), and how to provide different levels of support to children, their parents and caregivers, and other children/siblings in the home

Acceptance

- **Affirm** child's gender presentation, pronouns, etc., and physical and emotional needs
- **Use** chosen names and pronouns by everyone in the household
- **Affirm** sexual orientation and gender identity

Support

- **Enable** supportive/accepting relationships with peers and adults
- **Prepare** to connect unaccompanied and separated children with any needed LGBTQ+-sensitive mental or physical health care services to the extent permitted by applicable law
- **Provide** educational support and liaise with school staff to ensure needed support and response to bullying/mistreatment
- **Facilitate** connections with LGBTQ+ community organizations and support groups

Safety

- **Protect** from physical, verbal, and emotional abuse and prejudicial language in the home
- **Provide** a stable and permanent living arrangement without the threat of displacement (particularly due to LGBTQ+ identity)

Intersectionality

- **Ensure** sensitivity to the cultural conflicts that may be at play for unaccompanied and separated children and others in the household, and the emotional impact these conflicts can have on the child
- **Provide** additional support for cultural belonging, particularly how to navigate one's identity as a "double outsider"–both migrant and member of a gender/sexual orientation minority.

FOR ONGOING TRAINING, SEE

- UNHCR's "SOGIESC and working with LGBTIQ+ persons in forced displacement" training package, which includes a train-the-trainer program with various helpful training modules, resources, and activities[57]
- Children's Immigration Law Academy (CILA)'s webinar "Being an Ally: Working with and Advocating for LGBTQ+ Unaccompanied Youth," which provides guidance, role play activities, and resource flyers for service providers specifically working with immigrant youth[58]
  - Resource flyer for LGBTQ+ children[59]
  - Spanish-language role-playing activity for discussing gender identity and sexual orientation with youth[60]
- National LGBT Health Education Center's glossary of relevant terms in Spanish[61]

SAFETY FOR ESPECIALLY VULNERABLE CHILDREN

It is important to ensure that all especially vulnerable children have a way to reach out to a trusted person in case of crisis and for ongoing emotional support.

Survivors of sexual abuse and trafficking[62]

- **Ensure** staff are trained to identify instances of child sexual abuse and trafficking
- **Ensure** staff know about Child Advocacy Centers and organizations that address trafficking

Children with severe mental health symptoms, e.g., have expressed suicidality

- **Ensure** trained staff conduct risk assessments
- **Establish** safety plans

Children with developmental delays and/or physical disabilities

- **Ensure** staff and caregivers understand the IEP process and where to obtain other support in the community
- **Ensure** access to staff trained on interviewing children with developmental delays
- **Ensure** accessibility of home and offices where child lives/visits frequently

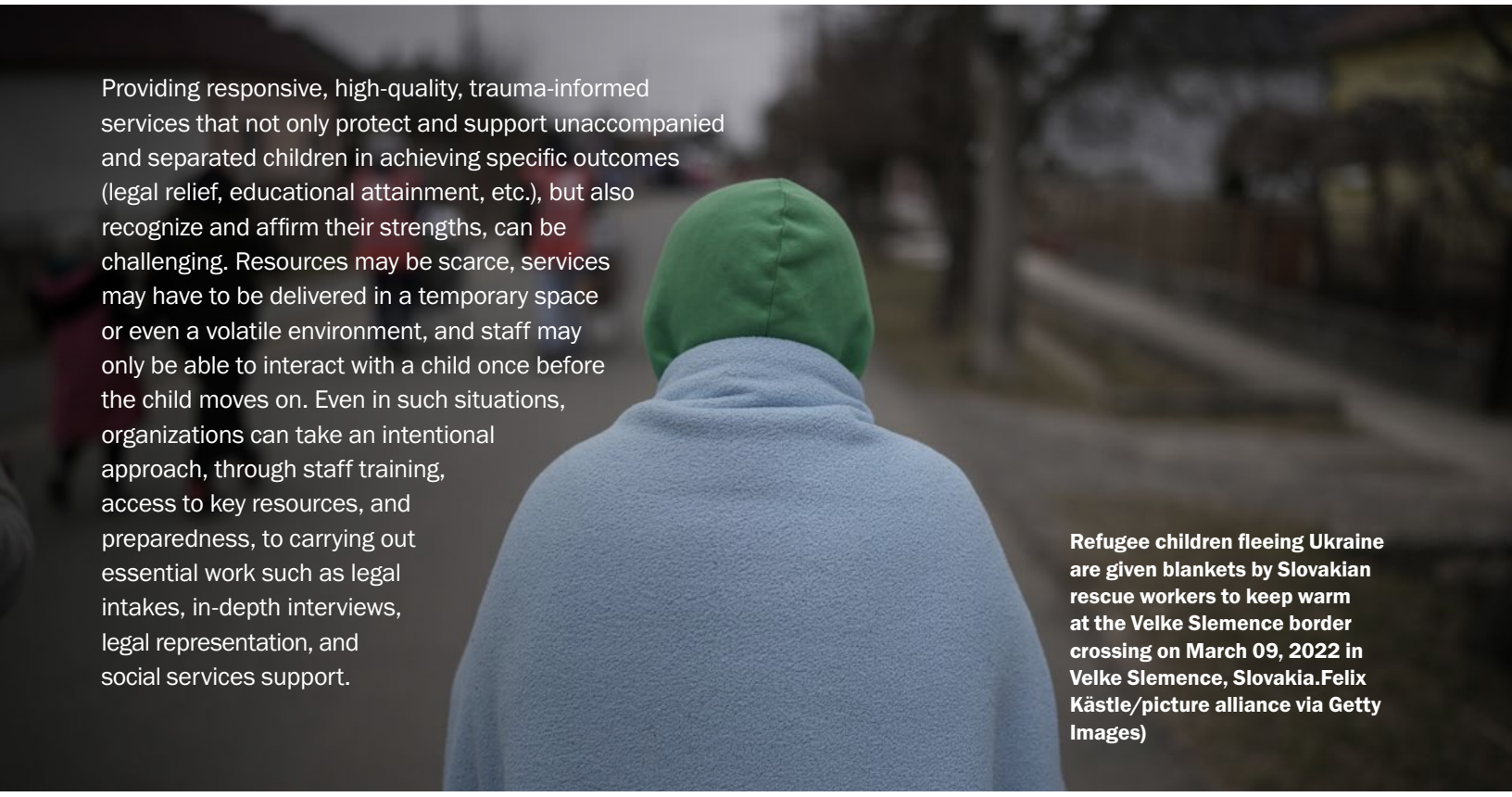
Tender-age children under Five

- **Ensure** access to staff trained on trauma-informed interviewing with tender-age children
- **Provide** child-friendly spaces for young children

Pregnant or parenting teens[63]

- **Ensure** teens have access to all contraceptive information to which they are entitled
- **Ensure** access to pre- and post-natal care
- **Support** connections to government or community safety net programs such a nutritional resources for pregnant individuals
- **Ensure** that healthy care arrangements are in place for the infant and that a safety plan is developed where there is risk/instability in the home (i.e., strained sponsor-child relationships)
- **When** available, establish referrals to parenting programs, ideally trauma-informed parenting strategies
- **Strengthen** relational and community protective factors to ensure a broader support net for the parenting teen

Providing responsive, high-quality, trauma-informed services that not only protect and support unaccompanied and separated children in achieving specific outcomes (legal relief, educational attainment, etc.), but also recognize and affirm their strengths, can be challenging. Resources may be scarce, services may have to be delivered in a temporary space or even a volatile environment, and staff may only be able to interact with a child once before the child moves on. Even in such situations, organizations can take an intentional approach, through staff training, access to key resources, and preparedness, to carrying out essential work such as legal intakes, in-depth interviews, legal representation, and social services support.



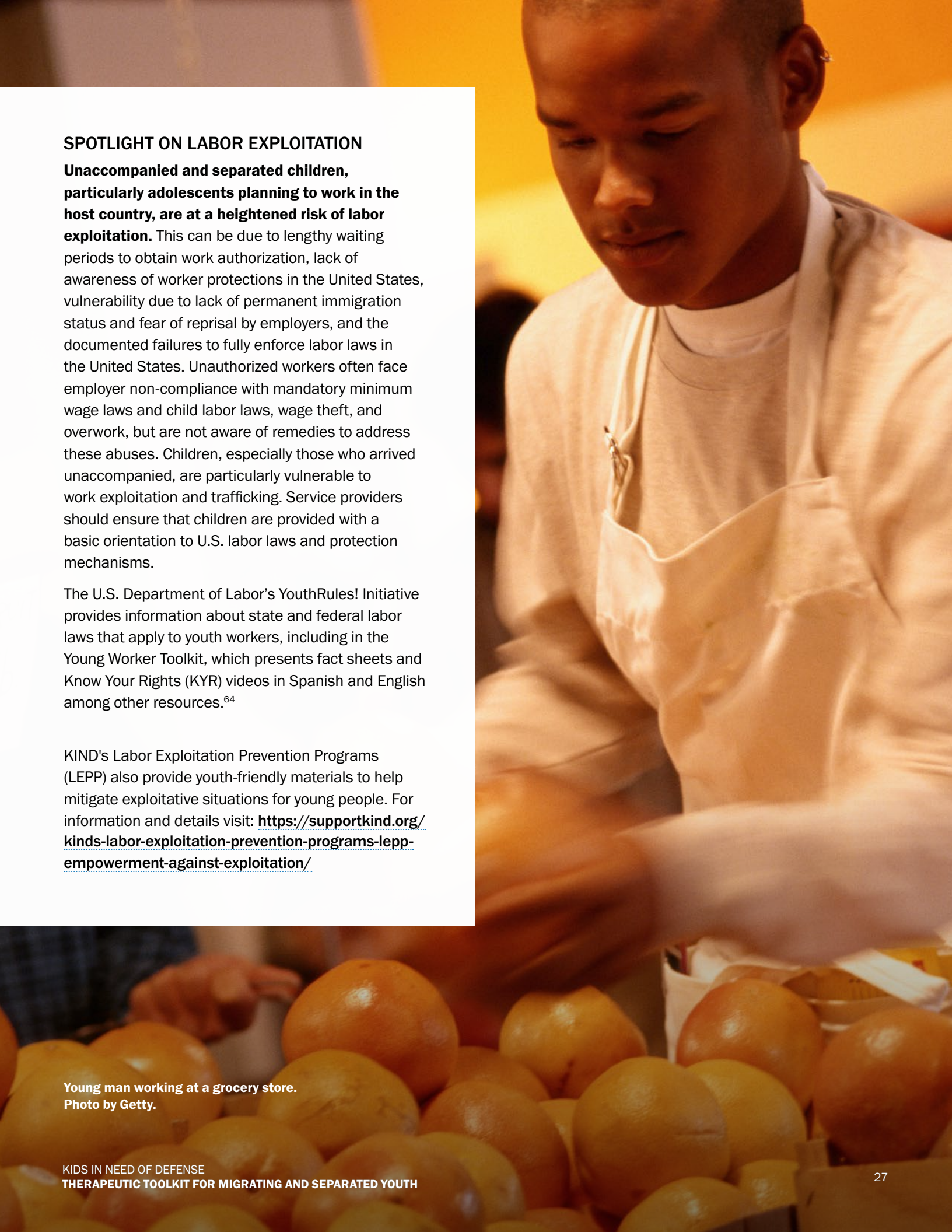
Refugee children fleeing Ukraine are given blankets by Slovakian rescue workers to keep warm at the Velke Slemence border crossing on March 09, 2022 in Velke Slemence, Slovakia.Felix Kästle/picture alliance via Getty Images)

SPOTLIGHT ON LABOR EXPLOITATION

Unaccompanied and separated children, particularly adolescents planning to work in the host country, are at a heightened risk of labor exploitation. This can be due to lengthy waiting periods to obtain work authorization, lack of awareness of worker protections in the United States, vulnerability due to lack of permanent immigration status and fear of reprisal by employers, and the documented failures to fully enforce labor laws in the United States. Unauthorized workers often face employer non-compliance with mandatory minimum wage laws and child labor laws, wage theft, and overwork, but are not aware of remedies to address these abuses. Children, especially those who arrived unaccompanied, are particularly vulnerable to work exploitation and trafficking. Service providers should ensure that children are provided with a basic orientation to U.S. labor laws and protection mechanisms.

The U.S. Department of Labor's YouthRules! Initiative provides information about state and federal labor laws that apply to youth workers, including in the Young Worker Toolkit, which presents fact sheets and Know Your Rights (KYR) videos in Spanish and English among other resources.[64]

KIND's Labor Exploitation Prevention Programs (LEPP) also provide youth-friendly materials to help mitigate exploitative situations for young people. For information and details visit: **https://supportkind.org/kinds-labor-exploitation-prevention-programs-lepp-empowerment-against-exploitation/**



Young man working at a grocery store. Photo by Getty.

Practical Applications

ORGANIZATIONAL AND SERVICE PROVIDER PREPAREDNESS

Service providers, be they crisis support, legal, psychosocial, or educational, have a pivotal role to play in supporting the resilience of unaccompanied and separated children. These relationships may be relatively short within the lifespan of the child, but research has shown that they are memorable and important to these children for a number of reasons.[65] First, the service providers may be the first adults either in transit or in the host country with whom a child has contact after leaving their home country. They represent how safe, welcoming, and trustworthy both people and systems can be in a new place. Service providers are also pivotal brokers of services and social support. Research shows that where there are trusting relationships, a child on the move can better access and engage with needed physical and mental health care services.[66]

Legal and psychosocial service providers are likely to gain access to the most intimate details about a child's migration journey, including family ties, meaningful relationships, traumatic experiences, looming fears, and hopes for the future.[67] This means the providers have a powerful ability to normalize, validate, and contextualize a child's feelings, physical and mental health symptoms, and experiences. They also may be more able to put a child in contact with loved ones who are back home.[68] Studies have shown that when a child feels able to be their most complete self in their new community, they are more likely to thrive.[69]

As such, it is essential for organizations to ensure staff are well-trained, that there are structures and policies in place to ensure programs are adaptable and accountable to their clients, and that resources to support resilience-building programming are available where possible.

ACCOUNTABILITY TO AFFECTED PEOPLE (AAP) POLICIES

Accountability to Affected People (AAP) refers to the "commitments and mechanisms that humanitarian agencies have put in place to ensure that communities are meaningfully and continuously involved in decisions that directly impact their lives."[70] Integrating a comprehensive AAP approach into services is key to enacting the trauma-informed care tenet of "Empowerment, Voice, and Choice," which calls for "prioritizing client empowerment and self-determination, providing choices, and encouraging clients to share in decision-making."

For programs to be accountable, clear and functional, mechanisms must be established for soliciting, receiving, and responding to feedback and complaints from affected people, with confidentiality assured when necessary. Programs should seek feedback proactively, which can be done through mechanisms such as community meetings, structured interviews or focus groups, confidential and/or anonymous electronic or material complaint boxes, information desks, hotlines, and SMS campaigns.

Core tenets of AAP include[71]

- **Ensure** that participation, feedback, and response mechanisms are integrated into all strategies, plans, and programs from the start of an emergency
- **Provide** a range of accessible and rapid channels of communication with affected people, and use them to inform affected people about procedures, structures, and processes that affect them, so that they are able to make informed decisions and choices
- **Ensure** that programming decisions and actions are responsive to the expressed priorities, needs, capacities, and views of all clients

Steps that organizations can take toward a comprehensive AAP approach include:

- **Conduct** an organizational AAP sssessment, such as the one developed by UNHCR[72]
- **Enact** a detailed Code of Conduct for all service providers and volunteers at an organization[73]
- **Write** and disseminate procedures to elicit client feedback throughout the lifespan of a program, and receive and respond to grievances.[74] See:
    - UN Inter-Agency Standing Committee lists of questions for clients when conducting an organizational assessment of AAP performance[75]
    - UNHCR guide "Listen and Learn: Participatory Assessment with Children and Adolescents"[76]

SERVICE PROVIDER TRAINING

Service providers must "lay down the foundations of reciprocity"[77] by displaying openness, clarity, respect, and kindness. In this way, not only can a service provider build a trusting relationship with a child, but that child can experience an authority figure as helpful rather than frightening or antagonistic. This is important to providing high-quality services and promotes resilience in those who may lack a trusted family and social network in their new country.[78]

Recommendations for staff training and orientation

Training on trauma and child development as it pertains to unaccompanied and separated children

Understanding healthy child developmental stages is a first line of training for service providers working with children. Beyond this, providers should understand how trauma can disrupt typical development processes, and what symptoms and behaviors it can produce in children at different developmental stages. Finally, service providers must understand the cultural background of each unaccompanied and separated children with which a provider is working, and how this can impact symptomatology and coping strategies.

The National Child Traumatic Stress Network webinar series "Trauma-Informed Care: Understanding and Addressing the Needs of Unaccompanied Children" has four parts; the first three sections pertain specifically to trauma and development in unaccompanied children:[79]

- Culture, the Migration Journey, Trauma and Assessment
- Culture, Development, Trauma, and Socio-Cultural Responsive Interventions with Youth Ages 7 and Older
- Attachment, Development, Trauma, and Socio-Cultural Responsive Interventions for Young Children

UNICEF South Africa produced a toolkit which breaks down child developmental stages from birth to 16 years, what possible symptoms survivors of trauma may exhibit, and what age-appropriate support may benefit the child.[80]

Training on trauma-informed care and resilience-building

UNICEF USA "Mental Health & Psychosocial Support (MHPSS) for Families at the US-Mexico Border: A Field Guide"[81]

UNICEF Mexico "Handbook of activities that promote resilience in migrant and refugee children and adolescents housed in social assistance centres"[82]

UNICEF USA "Best Practices for Working with Unaccompanied Migrant Children in Humanitarian Contexts A Guide for Staff and Volunteers in the United States"[83]

Trauma-informed interviewing

Much has been written about the importance of trauma-informed interviewing, especially in the immigration legal context. Often, legal services professionals interview children about traumatic events that occurred recently or were deeply disruptive to their lives and identities. Talking about their experiences may trigger a stress response in the child. It is pivotal that service providers have the tools to support children stay within their window of tolerance and develop the self-soothing and grounding skills that may help them in their lives beyond the current interaction.

Stanford University Center for Health Education has developed a number of training videos on trauma-informed interviewing with unaccompanied children in custody in the United States. They can be accessed HERE.[84]

The American Bar Association has also written guidance on best practices in delivering trauma-informed legal services to unaccompanied children, which can be accessed HERE.[85]

The National Child Traumatic Stress Network has produced two toolkits for juvenile defense attorneys that can be helpful to any legal professional working with a child who has experienced trauma and is undergoing a legal process: (1) "Trauma: What child welfare attorneys should know,"[86] and (2) "Trauma-informed legal advocacy: A resource for juvenile defense attorneys.[87]

Psychological First Aid (PFA)

According to UNICEF South Africa, "Psychological First Aid (PFA) is the immediate psychological care needed after a trauma. Just like medical first aid is needed when there have been physical injuries in a situation, PFA is the immediate response to the mental health 'injuries' of the person. PFA provides immediate support and relief and has long-term benefits in terms of better coping after a trauma. This can help to prevent the person developing harmful coping mechanisms."[88]

Training on PFA for service providers makes them more able to identify which therapeutic tools and interventions might be most applicable in a given situation and builds provider confidence in these decisions.

Psychological First Aid: A guide for fieldworkers World Health Organization[89]

Training on use of therapeutic interventions in non-clinical spaces (for clinical and non-clinical staff)

As presented above, one core piece of resilience-building for unaccompanied and separated children is to provide them with various techniques and tools to process and adapt to adverse situations and challenging emotions. Refer to the "**Therapeutic Tools and Interventions**" section for a compilation of grounding, self-soothing, and mindfulness activities that have been used by the KIND team.

Develop support for staff who may or are experiencing vicarious trauma

Recommendations from UNICEF regarding staff care:[90]

- **Ensure** reasonable working hours and conditions by upholding policies and promoting self-care strategies for staff and volunteers.
- **Provide** clear guidance on what is expected for staff and volunteer performance through job descriptions.
- **Check** in with volunteers and staff to see how they are coping with their work, especially in stressful contexts.
- **Arrange** regular meetings that bring all staff/volunteers together and foster a feeling of team unity.
- **Offer** information about stress and its impacts through self-care and stress management workshops.
- **Offer** recognition and rewards: show appreciation of volunteers and let them know they are valued members of the team.
- **Create** a cordial culture where people can speak comfortably regarding work-related stressors and receive support from supervisors and/or co-workers.

Also see this National Child Traumatic Stress Network webinar: "Secondary Traumatic Stress: Understanding the Impact of Trauma Work on Professionals"[91]

EXPAND ORGANIZATIONAL PROGRAMMING

Peer support and cultural belonging programs and resources

UNICEF Psychosocial Support Circles for Teens[92] outlines a structured arts-based psychosocial support program designed to help migrant adolescents in the U.S. cope with stress, build relationships, and enhance their well-being through group activities. It provides facilitators and coordinators with tools and resources for planning, conducting, and evaluating adolescent circles to foster emotional expression and social connection.

Resilience and Hope: Exploring Immigrant and Refugee Youth Experiences through Community-based Arts Practice[93] explores how arts-based programs serve as a tool for promoting resilience and hope among immigrant and refugee youth. It highlights the role of creative expression in fostering emotional healing and community connection.

UNICEF Handbook of Activities the Promote Resilience: In migrant and refugee children and adolescents housed in social assistance centres[94] provides a range of activities designed to support resilience-building in children and adolescents living in social assistance centers. It emphasizes the use of art-based therapeutic practices to help youth process trauma, build emotional strength, and regain a sense of self-worth.

UNICEF Adolescent kit for expression and innovation[95] provides guidance, tools, and activities aimed at supporting adolescents aged 10-18, especially those affected by humanitarian crises. The kit promotes resilience and community engagement through arts-based activities, helping adolescents express themselves, develop life skills, and build positive relationships in safe, supportive spaces. It has been implemented in over 45 countries, reaching more than 1.5 million adolescents since its launch.

Family strengthening programming

- **Parenting** and caregiver support groups or classes, in particular for LGBTQ+ or otherwise particularly vulnerable children
- **Parenting** groups or classes for parenting unaccompanied and separated teens
- **Programming** to support families interacting with one another to support safety net or bridge the challenges in the reunification process

CREATING SAFE CHILD-FRIENDLY SPACES

Service providers working with unaccompanied and separated children—especially those who must probe into the details of a child's personal history—have an obligation to limit distress and re-traumatization wherever possible. Child-friendly spaces are those which are developmentally appropriate and provide comfort and a space to play, but also are spaces where children know they will be heard and respected. Below are some suggestions for how to design a physical space, as well as guidance on ensuring service providers are engaging in active listening and have skills to provide choice and agency to children wherever possible.

Room design and resources

- **Rugs,** mats, or other to make sitting on the floor comfortable
- **Child-sized** chairs and tables
- **Soothing** paint colors and child-friendly and affirming artwork/decorations
  - Emotion identification posters
  - LGBTQ+ affirming and safe space posters
- **Clock** or timer as needed
- **Tool(s)** for child to signal a need without speaking, such as a ball or pom-pom

Basic needs items such as diapers, clothes, toiletries, and hygiene products on hand (consider retaining donations for other frequently)

A child-friendly space in KIND's New York office features a confortable atmosphere including child-size chairs and table, rugs, educational toys and books.

Trauma-informed engagement

Give the child choice and control

- **Ensure** at the start of any interaction that the child knows what happens as a result of certain kinds of disclosure and about mandated reporting
- **Link** to "**Choice Giving**" video description

Set expectations and limits at the outset of every meeting

- **Ensure** the child knows they are in control and can stop participating at any point, and take breaks as needed
- **Ensure** the service provider is open to feedback; they may make and want to correct mistakes so that the child feels comfortable giving honest feedback
- **Have** a clock visible or give time warnings for time-bound meetings so that a child can prepare for them to end
- **Ensure** the child knows where the bathroom is and that they can use it when needed
- **Allow** the child to know they can eat and drink as needed
- **Keep** therapeutic tools and activities on hand and accessible, and let children know they can use them without asking
- **Ensure** a child knows that all emotions are welcome, and ensure staff are trained on how to manage especially strong emotions

Know how to manage strong emotions, distress, and conflict

- **Ensure** service providers have been able to practice employing self-soothing and grounding tools and interventions so that they may feel comfortable utilizing them with a distressed child
- **Link** to "Calming a Distressed Child" video (which may need to be re-recorded because of issues with the zoom background in the original).

Transparency and openness in communication

- **Link** to "**Reflection of Feelings**" and "**What if I Said Something Wrong?**" videos/descriptions
- **Provide** tools for children to learn emotion names and name their own emotions
    - Space and time should be provided at different points during an interview to check in and allow the child to name their feelings
    - Children should be made to feel that any emotions are valid and that they should be able to trust their own feelings and instincts.
- **Especially** for younger children, provide a way to communicate without speaking
    - A ball or other item that when lifted indicates a feeling of being overwhelmed, needing to take a break, etc.
- **At** the end of an interaction, summarize what was discussed, welcome the child to make corrections, and set expectations for any future interactions

Demonstrate active listening

- **Train** all clinical and non-clinical staff on tenets of active listening and have workshops to practice how to engage in active listening in an interview.
- **Link** to **UNICEF guide.**

Provide a space for play

- **Service** providers should encourage levity and play where possible, including in intake and interviews, as it is an important tool for communication, especially for tender-age children.
- **Ensure** interview space is equipped to allow children to easily transition to play
- **Provide** opportunities for play that are culturally sensitive, and allow ample opportunities for children to see their culture valued and to be able to connect with and share it through play.

Therapeutic Tools and Interventions

MATERIALS AND TOOLS FOR SELF-SOOTHING

FIDGET TOYS

GUIDELINES FOR USE

- Fidget toys are useful tools for distraction and self-soothing during challenging conversations
- Try displaying no more than three fidget toys and offer them to the youth before starting the meeting
- If a youth declines the toys, you may try the following statement: “That’s okay, I will leave them here in case you’d like to use them at any time.”
- Monitor for appropriate & safe use, especially in tender age children

BENEFITS

- Increased focus and concentration
- Creates movement for stimulating the brain
- Monitor for appropriate & safe use, especially in tender age children
- Fun!

Tender Age & Adolescent

FEELING CHARTS & CARDS

GUIDELINES FOR USE:

Re-telling traumatic experiences may be triggering for clients. It can be helpful to identify their emotions when we notice signs of withdrawal, inability to self-regulate, or disconnect.

When asking a client how they are feeling, they often respond simply “good/fine.” To follow up, show the client the feeling cards or chart. You might ask them: “What is ‘good’ to you? Which of these faces describes how you feel?”

It’s important to follow up by asking if there is something in particular that makes them feel that emotion.

Validate and normalize the emotions they share. This helps to ease the intensity of their feelings.

BENEFITS

- Assists with feelings identification
- Builds socio-emotional skills & empathy
- Positive approach for redirecting challenging behavior
- Healthy way to verbalize big emotions and normalizes emotions
- Gives an opportunity for client to self-regulate

Tender Age & Adolescent

PUPPETS & DOLLS

GUIDELINES FOR USE

- Before meeting with the client, you may display the dolls in the space where you will be interacting with the child
- Use these as playful toys to calm the child, to support intake questions around family composition, represent different people in a client’s story, etc.

BENEFITS

- Enhances and supports rapport with the client
- Creates a safe, playful space
- Supports the child to feel more comfortable and engaged in dialogue
- Assists staff to gather information about family & people in client’s history

Tender Age

DRAWING SUPPLIES

GUIDELINES FOR USE

- Use coloring supplies to distract and self-soothe clients during interviews, or as a tool during questioning about family composition, event timelines, scenes of events, etc.

BENEFITS

- Allows youth to draw their story with images
- Improves fine motor skills
- Builds client self- confidence
- Promotes creativity & self-expression
- Gives an opportunity for clients to self-soothe

Tender Age & Adolescent

SENSORY TOYS

GUIDELINES FOR USE

- Sensory toys are a useful grounding tool when a youth is feeling overwhelmed
- When noticing signs of withdrawal, inability to self-regulate, disengagement, etc. consider offering one of these toys and observing the motions with the youth to bring them back into the moment

BENEFITS

- Taps into client's senses. This is helpful when clients are disassociating into traumatic memories or simply feeling overwhelmed.

Tender Age & Adolescent

ICE PACKS

GUIDELINES FOR USE

- Ice packs can be used to soothe the nervous system and ground clients when feeling overwhelmed, anxious, or escalated
- If a client shows signs of hyperventilation, anxiety, panic, etc. offer an ice pack to be placed wherever the client would like
- The most effective location on the body is the chest/neck area or held in the hands
- Defer to the client's comfort level - do not pressure if the client is not interested in using an ice pack

BENEFITS

- Reduces heart rate and body temperature, calming the nervous system
- Helpful for grounding during panic attacks and anxiety
- Brings client back into their body and out of traumatic memories

Tender Age & Adolescent

LAP PADS

GUIDELINES FOR USE

- Sensory pads and/or pillows can be an effective grounding tool for antsy, fidgety, or anxious youth
- If a client is struggling to focus or stay still, offer the lap pad to place on their body wherever they are most comfortable

BENEFITS

- Assists with focus and staying still
- Helps ground & calm clients in stressful conversations

Tender Age & Adolescent

TOOLS FOR EMOTIONAL LITERACY

Coloring and drawing activities

- **Colored** pencils or markers and blank paper
- **Ensure** availability of different skin tones
- **Coloring** options for all ages (i.e., simple and more detailed coloring books/pages)
- **Materials** for a life-mapping activity—drawing or writing on a timeline (vague or literal depending on age and interest) to map out significant life moments

Storytelling tools

- **Puppets** and dolls
- **Can** be used directly to represent people in a child's life or serve as a playful distraction to make a child more comfortable
- **Allow** the child to direct the play as much as possible
- **Ensure** diverse representation in puppets/dolls (ethnicity, race, gender, age, etc.)
- **Tools** for cultural exploration/appreciation
- **Computer** or iPad to allow the child to choose music or tell about cultural events, clothes, etc., and allow searching for images
- **Clothes** for dolls from children's cultures (based on who the children are)
- **Sound** makers or musical instruments from different cultures
- **Miniature** furniture or household items
- **Can** be used to describe home life in home or host country; can be used in conjunction with puppets and dolls

Tools to express feelings/emotion identification cards

- **All** types of feelings and expressions so that they can be normalized
- **Ideally** non-human faces and uncomplicated words for emotions
- **All** applicable languages and possibly more simplified versions for tender age children
- **Good** to have posted on the wall and in laminated sheets the child can look at

Gender and sexuality identification cards and videos

- "The Gender Unicorn" tool by Trans Student Educational Resources, 2015.IOM SOGIESC Handout[96]
- UNHCR/IOM poster explaining umbrella terms: trans, transgender, gender diverse, and gender non-conforming[97]
- SOGIESC terminology in Spanish[98]

MINDFULNESS AND GROUNDING TECHNIQUES/EXERCISES

Adolescent = A | Tender-age children = T

Grounding exercises

- **Count** backwards from 100 to 10 | A
- **Name** some objects you see (or one per finger, touching finger as you go) | T & A
- **Tell** about an activity you like or excel at
- **Talk** through the steps of how to do that activity | A
- **Pick** an object up and describe it | T & A
- **Provide** assistance to tender-age children
- **Spell** your name forwards and backwards, also for your family
- **Name** your family members, their ages, and something they like to eat or an activity they like to do
- **Draw** something you like in the air with your finger, or with your finger on a table
- **Categories** game

Breathing exercises

- **Box** breathing | A
  - Breathe in for 4, hold for 4, exhale for 4, hold for 4
  - For adolescents, encourage placing tip of tongue at front roof of mouth
- **Flower** breathing | T
  - Take a fake flower or picture of a flower, pretend you're smelling it by taking a deep breath through nose, hold the smell, and then blow the petals away, and repeat
- **Blowing** bubbles slowly | T + A
- **Balloon** breathing (age 5+)
  - Imagine your belly is a balloon, and inflate and deflate it, holding the inflated balloon for a moment before deflating

Mindfulness activities

Body awareness activity

- Body Scan

Child-friendly meditations

- **Worry tree meditation**

  "For the next few minutes, we are going to use our imagination to go on a journey. Sit or lie down in a comfortable position and close your eyes if you want. Imagine that you are walking along a path in a beautiful field, filled with flowers. It's quiet and peaceful, the weather is warm and dry, and you feel safe. You see a huge tree with long branches ahead of you. It is so beautiful. Look at the tree and notice its leaves and branches. Picture its huge roots growing from the ground. Does it smell nice? You touch the bark of the tree and it feels magical, you feel a warmth run through your fingers and up your arm. Sit and feel that warmth. You instantly feel calm. In your hand, you hold ribbons of different colors. Each of the ribbons represents a worry, concern, or hard thought that you have in your mind. Now imagine you are tying each ribbon onto the branch of the tree, knowing that the tree has the power to transform your feelings and thoughts into calmness. Tie one ribbon, take a deep breath (repeat this once or twice more as needed). Walk away from the tree feeling like a weight has been lifted off your shoulders, and continue walking through the beautiful field, smelling the flowers. Slowly open your eyes and take a deep breath."

- **Walk in the park meditation**
  (This is a guide for an actual walk in the park with a child)

  "We are going to walk slowly and observe some of the things we see around us. When we notice something, let's just focus on that thing, this will help distract us from other thoughts and feelings that are rumbling around in our head. Name something you see ahead of you/above you/below you. What color is it? Does it have a smell? Does it make a sound? You don't have to tell me the answers out loud if you don't want—you can just think about them in your mind if you prefer. Take a deep breath and just focus your eyes on the thing you're looking at. Repeat as many times as desired.

5-4-3-2-1 technique

- **Name** 5 things you see, 4 things you hear, 3 things you can touch, 2 things you can smell, and 1 thing you can taste (within the room)
- **Alternately,** name 5 things you like to look at, 4 things you like to taste, 3 things you like to like to listen to, 2 things you like to touch, and 1 thing you like to smell
- **For** a longer version or for older youth, please see Mindfulness Activities

Nature journaling activity

- Can be done inside or outside, but basically is describing something in nature in detail (color, feeling, size, etc.) in writing or verbally

Mindfulness Bingo

- Link to game
- Chose at least 2 of the squares below and for a few minutes name as many things as possible within that category.
  - Animals
  - Fruits
  - Sports
  - Vehicles
  - Cartoon Character
  - Clothing
  - School supplies
  - Snacks
  - Ocean Things

Feelings charts

- Link to chart

CHILD-FRIENDLY DEEP BREATHING

Presented by Yumiko Ogawa, Ph.D., LPC, ACS, Registered Play Therapist

Benefits of deep breathing exercises

- **Relaxing,** anxiety-reducing, slows down breathing, prevents hyperventilation
- **Why** do we engage in deep breathing exercises?
- **Calms** our bodies when we are feeling anxious or stressed out
- **Helps** to slow down our breathing, prevents hyperventilation, and brings more oxygen into our body
- **Shifts** focus from things that make us feel anxious to the instruction of deep breathing

Age-appropriate audience

3-year-olds and up

Description of kid-friendly deep breathing technique

- **Helps** to slow down our breathing and prevents hyperventilation, and brings more oxygen into our body
- **Ask** the child to think about their favorite hot dish/meal, such as soup, hot pot, or a baked cookie
- **Ask** the child to imagine smelling the hot dish and then blowing on it slowly

Tips to ensure that deep breathing exercises are more effective

- **Exhaling** should take about twice as long as inhaling. Your instructions to the child can be along the lines of: "You are going to smell your favorite soup for 3 seconds and then blow it for 6 seconds to cool it down. I will count it for you so we can do it together"
- **If** a child has nasal congestion, you may want to ask the child to blow their nose first so they can properly engage in the exercise
- **If** a child starts yawning during this exercise, it is a good sign their body has started to relax
- **Keep** in mind that thinking about a "special hot dish" may bring up memories that can make the child feel sad. For example, a child might think about a hot dish their mom used to make, but they have been separated from the mother for a while now. On such occasion, instead of continuing with the exercise, you can pause it and gently reflect back their feelings, such as "you are feeling sad thinking about the dish…"

CHOICE GIVING

Presented by Marium Sadiq, MS, LPC; video featuring Peggy Ceballos, Ph.D. and Sofia Torres

Why do we give choices?

- **Choices** are a really great way to enforce consequences
- **Choices** empower children to make their own decisions
- **Choices** help to avoid the power struggle between the parent-child relationship or counselor-child relationships

What do we focus on?

- **Choices** should be acceptable to both the child and you
- **You** don't want to give a choice that you have to take back or change later
- **Helpful** rule of thumb for giving choices: little kids, little choices. Big kids, big choices.

How to "choice give:"

- **Make** sure you enforce the consequences consistently and without anger
- **Stay** empathic, firm, and very matter of fact
- **When** giving choices as consequences, the consequence should be for today only
- **Give** the child the opportunity to try again at a later date

Wording for choices

Keep it simple: You can choose this shirt or this shirt. Which do you like?

Choice as consequence

When you choose to fight with your sister, you are choosing not to watch TV. However, when you choose not to fight with your sister, you are choosing to watch TV.

What to avoid

Do not offer choices to manipulate the child. Choices empower children to make their own decisions

Giving a choice that's clearly better than another choice is not really giving the child a choice

LIMIT SETTING

Presented by Mercedes Ruiz, M.A. Clinical Mental Health Studies

Why do we set limits?

- **Provides** structure to the relationship and makes the experience more real
- **Provides** physical and emotional safety to the child
- **Helps** the child feel secure
- **Teaches** the child about responsibility, consequences, and self-control
- **Offers** a child the opportunity to make choices
- **Protects** the physical well-being of the therapist/worker/grown-up and facilitates acceptance of the child

Age-appropriate audience

- 3-year-olds and up

What to know about setting limits

- **Should** be implemented only when needed
- **Should** be minimal, enforceable, and consistent
- **Helps** with the development of trust
- **Total** limits are more effective than conditional limits
- **"I** am not for hitting" vs. "You can hit me a little but not too hard"
- **Should** be stated in a calm, patient, matter-of-fact, and firm way
- **Protects** the physical well-being of the therapist/worker/grown-up and facilitates acceptance by the child

Limit Setting Steps (ACT)

- **Acknowledge** the child's feelings, wishes, and wants
- **"I** can see that you are angry and want to break the toy"
- **Communicate** the limit
- **"But** toys are not for breaking"
- **Target** acceptable alternatives
- **"You** can smash the egg carton or hit the Bobo"

CALMING A DISTRESSED CHILD

- **Introduce** yourself and ask if it's OK to talk
- **Reflect** what you are seeing/hearing from the child, for example "I hear you are crying for your mother and father…where are they now?"
- **Affirm** the raw emotions and normalize them
  - Paraphrase what you have heard where needed
- **Use** feelings cards to assist the child with putting a name to their emotion
- **Employ** a developmentally appropriate tool, like a puppet or doll, to begin a self-soothing activity and distract the child from their strong emotions
- **With** the doll's help, lead the child through some self-soothing regulation exercises
  - Normalize any strong emotions
- **Ask** child how they are doing
  - Ask child if they enjoyed any of the self-soothing activities in particular to know for later use
- **Provide** room for the child to stay in a safe space where they can continue to calm down

REFLECTIONS OF FEELINGS

Presented by Marium Sadiq, MS, LPC; video featuring Peggy Ceballos, Ph.D. and Sofia Torres

Why do we reflect feelings?

- **We're** trying to communicate to the child that:
  - I'm here
  - I hear you
  - I understand
  - I care
- **We** are also trying to communicate to children that their feelings are acceptable
- **We** want to help children grow their feelings and vocabulary
- **We** want to help children learn how to trust their feelings

What to consider when communicating reflections of feelings

Make sure you understand the child's feelings and that you're able to communicate them empathy

How do you reflect feelings?

- **You** want to ensure you match the child's affect and body language. There are of different ways to say it, e.g.,:
  - You like, you don't like
  - You're curious about
  - You feel
- **Avoid** correcting the child's feelings and/or trying to reassure the child when they have hard feelings

Remember: We're trying to communicate to a child that we understand their feelings, that their feelings are okay, and that we can grow their feelings vocabulary

WHAT IF I SAID SOMETHING WRONG?

Presented by Yumiko Ogawa, Ph.D., LPC, ACS, Registered Play Therapist

Communicate at the beginning of the relationship that you are open to being corrected. This idea comes from the concept of cultural humility. Hook et al. define cultural humility as, "an awareness of one's limitations to understanding a client's cultural background and experience…an interpersonal stance that is other oriented rather than self- focused in regard to the cultural background and experience of the client".[99]

Sharing this acknowledgment of your own limitations at the beginning of the relationship with a child can be helpful. At the start of the interview, say something like, "I studied about your country and culture before I met you today (or I am familiar with your country and culture), but there are many things that I still do not know about you and your life. If you notice that I am saying something wrong, or if I said something that hurt you, please let me know. I would like to be corrected."

If you say something that is wrong or hurtful, apologize for it. Acknowledge the child's feelings (upset, angry, mad, frustrated) by simply reflecting on what was said: "What I said really made you upset. I am so sorry." Service providers often fear that acknowledging a feeling may amplify the feeling. On the contrary, acknowledging and reflecting on feelings often help the person become calmer because they feel heard and accepted.

If applicable and possible, ask a child how you can do better. What is the better word to use? When should you use and not use the word? If you still must ask questions that upset the child, perhaps ask if you can incorporate other means of expression such as drawing, puppet shows, or dolls. Sometimes those expressive methods create a bit of psychological distance from their story, which makes it easier for them to share.

ARTOLUTION X KIND VIDEOS

Compilation of video tutorials in Spanish covering different techniques and artistic expression approaches to engage children and youth.

- **Retrato Taller (Spanish)**
- **Contando Historias Taller (Spanish)**
- **Creando Personajes Taller (Spanish)**
- **Danza Taller (Spanish)**
- **Graffiti y Stencil (Spanish)**

KIND clients team up with Artolution to create a vibrant mural, sharing their stories through art.

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