

CHAPTER 1

SEPARATION AND STRANGER ANXIETY

Young humans, perhaps more than any species, are exquisitely dependent organisms. The child needs reliable, loving attachment figures for normal social, emotional, behavioral, linguistic, and cognitive development. As such, children's separation distress, as well as their attachment behaviors (e.g., proximity seeking and displays of emotional distress in response to separation), are not only understandable but seen as necessary for survival.

Children may be separated from their parents for a variety of reasons, including parental separation or divorce; a parent's or child's illness, treatment, or hospitalization; child welfare involvement, such as foster or kinship care; disaster; incarceration of a parent; or military deployment; among others. Factors associated with parental separation, such as maternal depression, intimate partner violence, and parental substance abuse, have been shown to affect children's development and cognitive functioning (Black et al., 2002; Kernic et al., 2002). Jee and colleagues (2008) report that urban children who have experienced separation from a parent may have more learning difficulties at entrance to kindergarten. Separation from parents, regardless of the circumstances, can prove extremely stressful for the developing child.



*Courtesy of Steven Koross
Photography*

LIST OF ACTIVITIES

- | | |
|--|--|
| Activity 1.1 ABCD News via Skype | Activity 1.12 Rubber-Stamped Stationery |
| Activity 1.2 All About Me | Activity 1.13 Scavenger Hunt |
| Activity 1.3 Bulletin Board | Activity 1.14 Special-People Chain |
| Activity 1.4 CD Postcards | Activity 1.15 Staff Mix-Up |
| Activity 1.5 Doorknob Signs | Activity 1.16 Steps to Staying Connected |
| Activity 1.6 No-Sew Pillow | Activity 1.17 The Key to Making the Best of the Situation* |
| Activity 1.7 Funny Family Fotos | Activity 1.18 The People I Live With |
| Activity 1.8 No Tick-Tock Clock | Activity 1.19 Unit Scrapbook |
| Activity 1.9 People Important to Me Tree | Activity 1.20 Warm Wishes Tree |
| Activity 1.10 The People Match Game* | |
| Activity 1.11 Pop Art Photo Tints | |

Note: Asterisk (*) denotes that the activity is available on the CD that accompanies this book.

Separation Anxiety

Separation anxiety is a developmental stage during which children experience anxiety when separated from the primary caregiver, usually the mother. Separation anxiety is a normal occurrence between about 8 and 14 months of age. Some degree of separation anxiety is a good thing; it indicates that the child has developed healthy attachments to parents.

However, during the last half of the 20th century, a large body of literature developed that describes the difficulties hospitalized children, separated from their parents, experience (Bowlby, 1960; Quinton & Rutter, 1976; Robertson, 1958; Vernon, Schulman, & Foley, 1966). The research denotes the seriousness of separation anxiety for hospitalized children, including those beyond the age of 14 months, when “normal” children are placed in an “abnormal” situation in a strange environment without the presence and support of their parents. A recent study at a pediatric hospital during a two-week period found that about one third of children were sometimes unaccompanied (Roberts, 2010).

Unlike being separated from parents while at school or summer camp, children in the hospital face a variety of experiences that are truly scary and often painful or uncomfortable. Just the number of strangers children see can be overwhelming for any child. Strangers may be especially difficult for the child in the age group where separation anxiety and stranger anxiety coincide with a new intellectual skill, called *object permanence* (approximately 8 to 15 months), when the child now remembers objects and people that are not present. However, because in the hospital strangers often come to “do” something unpleasant or painful, even older children become very anxious when they see another unfamiliar face.

Separation anxiety is considered the primary source of stress for middle infancy through preschool-age children (ages 6 months through 3 years) who are hospitalized (Pearson, 2005). Although preschoolers can tolerate brief periods of separation, they still may display some separation anxiety behaviors. However, considering the disruption of familiar routines, differences between the hospital environment and home, and the regression that typically occurs when children are hospitalized, separation may be the primary source of stress for children up to 5 years of age and older.

As a result of the stress associated with illness, injury, and hospitalization, separation concerns may resurface for older children. School-age children cope better than younger children, but separation from family members remains high on the list of stressors. In many circumstances, for adolescents who are gaining independence, separation from their peers tends to be more intimidating than separation from family members when hospitalized.

Stages of Separation Anxiety

Young children separated from their parents respond to the separation in three stages: protest, despair, and detachment (Bowlby, 1960; Robertson, 1958).

1. *Protest*. The protest stage is an active and aggressive response to the absence of the parent, characterized by crying, screaming, or kicking. The child seems inconsolable and constantly watches for signs of the parent’s return. This stage may last for several hours to a week.
2. *Despair*. The second stage is a time of increasing hopelessness. Crying basically stops and the child appears depressed. Although the child may continue to cry intermittently, more often he or she appears withdrawn and quiet. When the parent returns, the child will once again cry vigorously. This response often was misinterpreted as re-upsetting the child who had finally adjusted to the parent’s absence, and thus provided the rationale for keeping parents away during hospitalization and procedures.
3. *Detachment*. After a long period of parental absence, detachment occurs. This stage is characterized by the child’s reinvestment in his or her surroundings and normal activity. The child forms superficial attachments to others, becoming increasingly self-centered and more interested in material objects (Bowlby, 1960). If the parent returns, he or she is met with apathy and the child’s inability to reattach. The adverse effects are less likely to be reversed once the child has reached the stage of detachment.

Dramatic changes in hospital visiting policies over the last four decades, with parents now welcomed around the clock, and with beds provided for them to room-in with their children, have been key strategies in decreasing the occurrence of the third stage of separation anxiety for hospitalized children. Protest and despair, however, continue to be observed, even with brief separations from either parent.

Homesickness

Although separation anxiety is an issue of special concern for younger children, children of all ages can experience homesickness. Homesickness is “the distress and functional impairment caused by an actual or anticipated separation from home and attachment objects such as parents” (Thurber, Walton, & Council on School Health, 2007, p. 192). Characteristics of homesickness include acute longing and preoccupying thoughts of home. Apart from familiar people and environments, almost all children, adolescents, and adults experience some degree of homesickness.

Homesickness may be one of the most prevalent types of distress experienced by hospitalized children. In a study of homesickness in hospitalized children, 88% of the children reported some homesick feelings (Thurber, Patterson et al., 2007). Half of the children had moderate to severe levels of homesickness, and at least 20% had associated symptoms of acute depression and anxiety, with anxiety a more reliable covariate of homesickness than depression. Researchers have found no gender differences in the prevalence or intensity of homesickness (Thurber, 1999; Thurber, Patterson et al., 2007; Thurber, Sigman, Weisz, & Schmidt, 1999); nor are there cultural differences in the way individuals and researchers define the term “homesickness” (Thurber, 1995; Verschuur, Eurelings-Bontekoe, Spinhoven, & Duijsens, 2003).

Although little previous experience away from home is a risk factor for homesickness at camp or school, research indicates that previous experience away from home does not function as a protective factor against homesickness for hospitalized children (Thurber, 2005). The types of previous separation experiences shape expectations of future separation. Thus, if an earlier separation through hospitalization has been a negative experience then expectations of future separations may be negative, which, in turn, can cause homesickness. Thurber, Walton et al. (2007) conclude that experience is probably most valuable when it refines coping strategies.

The child’s belief that homesickness will be strong, and a negative first impression of, and low expectations for, the new environment are powerful predictors of homesickness (Thurber & Sigman, 1998). The child’s attitude about hospitalization is strong predictor of homesickness intensity. However, an insecure attachment relationship with primary caregivers is the most common risk factor associated with homesickness (Thurber, Patterson et al., 2007; Thurber & Sigman, 1998). Children and adolescents with an anxious-ambivalent attachment style are particularly likely to experience significant distress on separation from home. Further, Thurber, Patterson et al. found that frequent visitation has a strong positive correlation with positive emotion; and, unfortunately, mothers who rate themselves as insecurely attached to their children are less likely to visit them in the hospital (Robinson, Rankin, & Drotar, 1996). Unsure about how reliably or positively primary caregivers will respond to their displays of distress, these children may have mixed feelings about how worthy they are of other people’s love and attention. However, Thurber, Patterson et al. point out that although these children’s moods are clearly affected by insecure attachment and low perceived control, the same children in their study did not necessarily miss home or primary caregivers: “For some children, inpatient hospitalization represented a significant upgrade from their home environment. In the hospital, they received three square meals a day, positive attention from adults, clear boundaries, and supervised play with peers” (p. 19).

Special Considerations

Interventions to help children cope with separation anxiety center around increasing children’s sense of control and enhancing their ability to understand and effectively cope with their healthcare experience (Gaynard et al., 1990). Suggested general strategies for hospital staff can be found in Table 1.1.

Separation activities assist the healthcare professional in making contact and establishing rapport with a child and family in a supportive and nonthreatening way. The activities can

Table 1.1 Hospital Staff Strategies and Rationale for Helping Children Cope with Separation Anxiety

Strategy	Rationale
<p>1. Encourage parents to bring in reminders of home.</p> <ul style="list-style-type: none"> For infants and very young children, ask parents to bring an article of clothing they have worn or blanket they have slept with, which has their scent on it, to put in the child's bed. If parents wear cologne, suggest they dab some on a stuffed animal that the child can cuddle. Tell parents to bring transitional objects, such as the child's blanket. 	Familiar objects or sensations are comforting for children away from home.
<p>2. Establish a routine.</p> <ul style="list-style-type: none"> Ask parents to complete a questionnaire that identifies feeding, bath, and bedtime rituals for young children so that they can be incorporated into hospital routines. Post a daily schedule listing such information as meal times, rest periods, and personal care. 	A routine offers children a sense of structure and predictability.
<p>3. Provide information by using concepts the child will understand.</p> <ul style="list-style-type: none"> Help children who can't tell time anticipate when their family will return by connecting the time to a familiar event, such as breakfast or when a favorite show is on TV. Suggest parents use concepts such as "I'll be back when you are having your lunch." 	The provision of age-appropriate information reduces children's fear of the unknown and thus enhances children's sense of control.
<p>4. Assign a consistent volunteer to spend time with the child whose family is unable to visit often.</p>	Consistency fosters trust and bonding with a surrogate caregiver.
<p>5. Encourage parents to be thoughtful and honest when communicating with the child.</p> <ul style="list-style-type: none"> Remind parents to call if an emergency delays their return to the hospital. Discourage parents from "sneaking away" when the child is distracted or asleep. 	Predictability and honesty build trust.
<p>6. Encourage parents to try to schedule departures after naps and meal-times.</p>	Children are more susceptible to separation anxiety when tired, hungry, or sick.
<p>7. Establish innovative protocols to help children cope with predictably difficult separations.</p> <ul style="list-style-type: none"> Equip the child and parent with walkie-talkies to enable voice communication until the child is anesthetized or sedated for surgery or other procedures.* 	Hearing a parent talk or sing comforts children and eases the stress of separation.

*Cardinal Glennon Children's Hospital in Saint Louis, MO, has been using walkie-talkies for children having surgery since 2002. See Mossman, B. (2004). How I do it: Using walkie-talkies to overcome the fear of separation in children having surgery. *ORL—Head and Neck Nursing*, 22(2), 21–22.

promote a smooth transition into the healthcare system. For children who were prepared before their admission, the activities will reinforce what they were told and therefore promote trust.

During hospitalization, children seek information and express concerns in a variety of ways. Healthcare professionals should be sure to observe both the child's nonverbal and verbal communication. While engaging in the activities, the professional will be able to discern a variety of factors about the child: age appropriateness of behavior, emotional maturity, disabling conditions, ability to comprehend directions or information, and acquired skills. Psychological indicators to be considered during these observations include the number of hospital admissions, family support system, stress factors in the home at the time of admission, reason for admission, the anticipated length of stay, and the ability of parents or other significant people in the child's life to room-in with or visit the child. These observations can help the professional select additional activities found in this and other chapters.

An accurate understanding of homesickness is needed when working with hospitalized children. For example, severe homesickness does not remit spontaneously; it does, however, get better with positive coping efforts. Thus, children should be encouraged to seek support from surrogate caregivers in the new environment. Talking about homesickness will not cause homesickness; rather, it provides a way to educate and encourage a homesick child. Not all children are homesick for their parents; what some children most miss is home cooking or the family pet. Instead of assuming, it is important to always ask, "What do you miss most about home?" Because homesickness does not always feel like sadness or nervousness, homesick children are sometimes difficult to identify. Some homesick children feel angry, irritable, or disoriented.

A variety of strategies exist for healthcare providers to use to prevent homesickness in hospitalized children (see Table 1.2). These strategies form the rationale for many of the activities

Table 1.2 Hospital Staff Homesickness Prevention Strategies and Rationales

Strategy	Rationale
<p>1. Prior to admission, encourage parents to be honest with their child about the purpose and timing of hospitalization.</p>	<p>Coping with reality prior to admission prevents uncomfortable surprises once admitted.</p> <p>Dishonesty can cause children to lose confidence in the reliability of their caregivers, which can increase homesickness and lessen trust.</p>
<p>2. Orient the child to the unit.</p> <ul style="list-style-type: none"> • Tour the unit. • Point out labeled photographs of staff members, calendars, and the unit's daily schedule. • Introduce the child to other children. 	<p>Children who feel they have some control over the novel hospital environment may experience less fear and homesickness.</p>
<p>3. Convey a consistent message about the length of the hospital stay.</p>	<p>Conflicting messages reduce children's confidence in caregivers.</p> <p>Unpredictability leads to anxiety.</p>
<p>4. Help the child make contact, by telephone or in person, when other family members are hospitalized as a result of a traumatic event.</p>	<p>When family members are in different parts of the hospital, or even different hospitals, this can induce homesickness and separation anxiety.</p>
<p>5. Continue efforts to orient the child to time and place.</p> <ul style="list-style-type: none"> • Hang photographs of family members, large clocks, and calendars in the child's room. • Turn lights on in the child's room during the day. • Provide frequent reminders regarding caregivers' presence. 	<p>Even within the course of a day, children's mental status can change dramatically. Changes often involve a distorted sense of time and a fluctuating awareness of the caregivers' presence, which can cause homesickness.</p>
<p>6. Apprise caregivers of the importance of frequent, reliable contact with the child, and encourage them to call and give ample warning if they are unable to make a scheduled visit.</p>	<p>Uncertainties and changes in caregiver visitations can cause disappointment and homesickness, and reduce trust.</p>
<p>7. Keep the child apprised of the day's schedule, and give ample warning if there are going to be times when the child will be left alone, however briefly.</p>	<p>Homesickness can result when children feel left alone, especially early in a hospital stay before they know the staff and routine.</p>
<p>8. Forewarn parents if and when their child will be moved to a different room, and assure the child that this information has been shared with his or her parents.</p>	<p>Finding the room empty or occupied by a stranger is unsettling for parents.</p> <p>Children may fear that their parents will be unable to find them.</p>
<p>9. Minimize discharge uncertainty, whenever possible.</p> <ul style="list-style-type: none"> • Avoid changing the date, if possible. • Tell children and parents that discharge dates are difficult to predict and give them a range of possible dates. 	<p>When an exact date is spoken out loud, children (and parents) tend to fixate on it. Homesickness can be provoked by a change in the promised date.</p>

Note. Adapted from Thurber, C., Walton, E., & Council on School Health. (2007). Preventing and treating homesickness. *Pediatrics*, 119, 192–201.

in this chapter. For unplanned hospitalizations, the focus is on the treatment of homesickness by providing information, positive modeling, and coping skills training as soon as the child is stable. The first step is to normalize the experience for the child; children need to know that almost all children feel a bit sad and nervous when they are separated from home and loved ones.

An important component of these activities is the opportunity they provide for the healthcare professional to address the needs of the child and family. Information from the activities can be shared with other professionals when appropriate. Ancillary professionals can be brought into the treatment process when warranted. Most importantly, the activities provide the healthcare professional with information to develop an individualized intervention program for a child and produce the ways and means for follow-up.

Activity Goals

Early research documented the value of therapeutic play in helping children to cope with separation and to ease homesickness (Hyde, 1971; Latimer, 1978). Later research emphasizes the importance of the relationship between the adult and the child (Carroll, 2002). The activities in this chapter incorporate both concepts and can be grouped into four major intervention strategies: providing information, personalizing space, using familial and other support systems, and identifying coping techniques.

Providing Information

The coping behavior most often used by children who are confronted with a new healthcare experience is orienting, for example, attempts to learn about the new environment. Orienting behaviors can help the child ease the physical unfamiliarity of the hospital, as well as the procedural unfamiliarity of what happens there. Staff Mix-Up and Scavenger Hunt are activities that support the orienting responses of children, which enable them to learn information about their surroundings. Gaining this knowledge is an important way that children can attempt to gain control over the stressful situation.

Personalizing Space

Children usually are in the hospital for only a short time before personal objects start to accumulate at their bedside, to personalize their space. These “bedside displays” can play an important role in developing, deepening, and enriching relationships between children, families, and hospital staff (Lewis, Kerridge, & Jorden, 2009), and therefore help reduce the negative impact of separation. The boundaries between the hospital environment and home appear blurred when observing hospital bedside displays (HBDs). Such displays are not simply an aesthetic device; children and families who create them are conscious that others can view the display, thus serving as a source of communication. Objects may serve as talismans, symbols of hope, substitutes for personal vigilance, and markers of the illness trajectory (Lewis, 2007). Some objects can facilitate memories of special events, such as rites of passage; plus the displays make those memories accessible to others present in the hospital, including staff, other patients, and families. Research suggests that displays have many important functions: providing reassurance and familiarity, strengthening identify, creating possibilities for communication, and maintaining important connections with people, places, and social networks (Lewis et al., 2009).

Doorknob Signs, Bulletin Board, and No-Sew Pillow are activities designed to help children personalize their space. The creations resulting from these activities can serve as important objects that convey information about the child, as well as provide an excellent resource for communication.

Using Familial and Other Support Systems

Hospitalized children usually express concern over family separation, and view the presence of parents as important for minimizing discomfort. Activities that promote discussion of the family (or other support network if a traditional family is not present) and friends can help reinforce the important emotional connection between the child and significant others, as well



as give the healthcare professional an understanding of issues that may need to be addressed. All About Me, CD Postcards, Funny Family Fotos, People Important to Me Tree, Pop Art Photo Tints, Special People Chain, The People I Live With, Rubber-Stamped Stationery, No Tick-Tock Clock, ABCD News via Skype, and Warm Wishes Tree can accomplish this.

Activities elsewhere in the book that involve interactions among patients can encourage supportive relationships between patients. These relationships can be particularly helpful for adolescents.

Hospitalized children have greater difficulty than healthy children in identifying coping techniques that they can use to deal with a hospital experience. They face many new experiences, in most cases with some level of anxiety, which interferes with their ability to problem-solve. Healthcare professionals can help children recognize coping strategies and understand their meanings. Activities such as The Key to Making the Best of the Situation and Steps to Staying Connected encourage discussion of coping techniques. They also indicate to the child that he or she will be discharged from the hospital, an underlying concern of many children.

Identifying Coping Techniques

ACTIVITY 1.1. ABCD NEWS VIA SKYPE

Skyping is a wonderful tool to help children who are homebound, hospitalized, or in hospice stay connected with family, friends, and classmates. Older children will have little trouble sustaining meaningful conversations, whereas younger children with less social experience may experience some challenges in doing so. This project allows children to interact, but in a more structured manner, guided by an adult.

Therapeutic Goal: To reduce feelings of homesickness by promoting communication with classmates.

Age Group: Primary/school-age

Adult/Child Ratio: 1:1

Required Time: Varies—can be a longer project

Restrictions and Precautions: Take glue precautions.

Materials:

- Computers
- Skype software
- Short cardboard tube
- Styrofoam ball
- Glue

1. Contact the child's teacher to invite participation in a Skype project between the child and his or her classmates. One format is to have the children pretend to be TV journalists or "talking heads" in a news broadcast. Provide examples of various approaches the child can use, such as doing interviews, reading a news report, giving an editorial, providing entertainment (e.g., sing a song or do a magic trick); or presenting an experience they have documented, using photographs or drawings (i.e., photojournalism). The topic can be connected to a subject being studied in the classroom or something in which the child has a special interest.
2. Once the topic has been decided, help the child (while the teacher works with classmates) formulate and put together what he or she would like to do. Take age and energy level into consideration.
3. If desired, the child can make a microphone by gluing a Styrofoam ball to one end of the cardboard tube.
4. Coordinate the time with the teacher and set up communication via Skype (www.skype.com).
5. Allow the child to present his or her portions of the "show."
6. When the show is completed, encourage the child to discuss the experience.

Process



ACTIVITY 1.2. ALL ABOUT ME

The information obtained by having children complete All About Me sheets can help staff to learn about each child's unique personality and, thereby, tailor their approach, choice of conversation topic, and delivery of care accordingly.

Therapeutic Goal: To reduce separation and stranger anxiety by fostering a sense of connect- edness with staff and helping staff individualize care.

Adult/Child Ratio: 1:1

Required Time: 15 minutes

Restrictions and Precautions: Take marker precau- tions.

Materials:

- All About Me worksheet appropriate to age (Figures Activity 1.2-1 and Activity 1.2-2)

All About Me

My name is _____ I am _____ years old.
 I'm in _____ grade and go to _____ school.
 My favorite subject at school is:
 The people that are important to me are:
 The things I do best are:
 My favorite TV program is:
 The kind of music I like most is:
 The best movie I ever saw was:
 Things that make me happy are:
 When I want to relax, I:
 I really don't like:
 Things that make me laugh are:
 Something else I'd like you to know about me is:

Figure Activity 1.2-1. All About Me
(Older Children)

All About Me

My name is _____ and I am _____ years old.
 The people I live with are:
 My favorite foods are:
 What I do best is:
 My favorite toy is:
 My favorite game is:
 My favorite color is:
 A song I like to sing is:
 Things that make me happy are:
 Things that make me sad are:
 I'm special because:

Figure Activity 1.2-2. All About Me
(Younger Children)

- Pens or pencils
- Crayons or markers
- Tape

Process

1. Have the child fill in the worksheet, providing assistance if needed.
2. Invite the child to use crayons or markers to color in and decorate the worksheet.
3. Encourage the child to select a place in his or her room or just outside it to display the completed worksheet, so staff can read it.

ACTIVITY 1.3. BULLETIN BOARD

Unlike typical bulletin boards, these can be used even by preschoolers because they don't require the use of thumbtacks. The little ones can participate by choosing the fabric and ribbon, and you can easily and quickly finish the project for them.



Therapeutic Goal: To reduce feelings of homesickness by personalizing the children's space.

Age Group: Preschool/primary/school-age/adolescent

Adult/Child Ratio: 1:6 (lower with small children)

Required Time: 30 minutes

Restrictions and Precautions: Take scissors and glue gun precautions.

Materials:

- Pieces of Styrofoam (3/4-inch thick), 1 foot × 2 foot or larger (1 per child)

- Fabric, cut 2 inches wider on all sides from the Styrofoam pieces (try to provide an assortment of fabrics for children to choose from, including traditional fabrics of other cultures)

- Glue gun
- Ruler
- Scissors
- Ribbons
- Buttons (optional)
- Removable picture hangers

1. Allow the children to select the fabric and ribbons that they wish to use.
2. Instruct the children to lay their piece of fabric face down on a hard surface.
3. Ask the children to center their piece of Styrofoam atop the fabric and glue the fabric to one of the long sides of the Styrofoam.
4. Allow the glue to cool completely and then show the children how to glue the fabric on the opposing side, pulling it taut so that it is smooth on the front side.
5. Demonstrate how to fold up the two shorter ends as if wrapping a gift (i.e., fold in the sides, fold down the flap, and glue it in place), then have the children do the same.
6. Show the children how to arrange the ribbon in a grid pattern on the front side of the bulletin board (diagonally or vertically), spacing them about 2 inches apart; glue the ends to the back side of the bulletin board.
7. Let the children glue on buttons or other decorative trims to make a border, if they wish.
8. Hang the bulletin board with removable picture hangers.
9. To use, simply tuck messages, cards, and photos between the board and the ribbons.

Process

ACTIVITY 1.4. CD POSTCARDS

Texting is the method of communication preferred by most teens these days. Even so, many of them will still find it fun to make and send these clever “postcards” in spite of the seeming obsolescence of “putting pen to paper.”

Therapeutic Goal: To reduce feelings of separation by promoting communication with family and friends.

Age Group: School-age/adolescent

Adult/Child Ratio: 1:10

Required Time: 15–20 minutes

Restrictions and Precautions: Take marker precautions.

Materials:

- Recycled CDs (e.g., damaged, dated, or from junk mail)
- Permanent markers
- Stickers (tiny)
- Postage stamp (check for current rate)



Process

1. Tell the children to write their message on the side of the CD with the label. They can write their message in traditional line format or write it in a spiral fashion.
2. Let the children decorate around the message using stickers and/or permanent markers.
3. Ask the children to write the mailing address on the shiny side of the CD, using a permanent marker.
4. Help the children to place postage stamps of the correct denomination on the shiny side, above and to the right of the address.

Variation

Paper plates also can be used as postcards.

ACTIVITY 1.5. DOORKNOB SIGNS

Taking ownership of their small room in a hospital can be a first step toward positive coping for children. Doorknob signs can help them define their personal space. Children should be supported in the use of other methods for identifying their personal space, as well, such as bringing their own pillows or sheets from home, or hanging artwork they have created or chosen on the wall.

Therapeutic Goal: To reduce feelings of separation by allowing children to personalize their space.

Age Group: Preteen/adolescent

Adult/Child Ratio: 1:10

Required Time: 30 minutes

Restrictions and Precautions: Take scissors and marker precautions.

Materials:

- Lightweight cardboard, cut into 8-inch × 4-inch pieces
- Pencil
- Compass
- Scissors
- Markers

Process

1. Explain how privacy signs are used in hotels to let guests communicate their wishes to staff, such as “Do not disturb” or “Please clean room.”
2. Ask the children what message they would like people to read before entering their room; for example:
 - Privacy Please
 - Danger Ahead
 - Do Not Disturb
 - Please Knock
 - No Grumpy People Allowed
 - Poke-free Zone
 - No Trespassing
 - Beware of Kid
 - Enter at Your Own Risk
 - Friendly Faces Welcome
3. Show the children how to use the compass to draw a 3-inch circle, 1 inch below the top of the cardboard.
4. When they have finished drawing the circle, instruct them to make a cut from the center of the top edge to the circle, and then cut out the circle.
5. Pass around markers to the children to write their message on the cardboard, using bold lettering and creating a colorful design on the background.



6. Encourage the children to display their signs on their doors, reminding them that staff may not always be able to comply with their wishes.

ACTIVITY 1.6. NO-SEW PILLOW

Fleece is wonderfully soft and comforting. These pretty pillows will help make hospitalized children's rooms more homelike. If possible, provide a variety of colors and patterns from which children can choose. Teens may enjoy drawing and cutting the pattern themselves.

<p>Therapeutic Goal: To facilitate coping with home-sickness by personalizing the environment.</p> <p>Age Group: School-age/adolescent</p> <p>Adult/Child Ratio: 1:8</p> <p>Required Time: 40 minutes, plus advance preparation</p> <p>Restrictions and Precautions: Take scissors and paint precautions.</p> <p>Materials:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Two 14-inch × 14-inch squares of fleece per pillow 	<ul style="list-style-type: none"> <input type="checkbox"/> Scissors with sharp blades <input type="checkbox"/> Ruler <input type="checkbox"/> Crayon or pen <input type="checkbox"/> Polyester stuffing <input type="checkbox"/> Fabric paint or markers
---	--

1. On the wrong side (the side without the pattern) of one of the fabric pieces, use the ruler and crayon or pen to draw an 11-inch square in the center of the fabric, each side of the square equidistant from the fabric edge.
2. Lay the two pieces of fabric together, with the piece with the square drawn on it facing up.
3. Cut strips from the edges of the fabric toward the center, 1 inch apart and 3 inches in length (to the crayon lines), around the perimeter of the fabric.
4. Demonstrate for the children how to place the wrong sides of the two squares together and match up the top and bottom fringe pieces.
5. Show them how to tie an overhand knot close to the base of the fringe, and tug gently. Let the children continue tying knots for each pair of fringe pieces on three sides of the pillow cover, leaving the last side open for stuffing.
6. Ask the children to insert the stuffing into the pillow cover, and then finish tying knots across the last side of the pillow.
7. Invite the children to decorate the pillow with fabric markers, if desired.

Process

ACTIVITY 1.7. FUNNY FAMILY FOTOS

Family photographs are always helpful for children to look at when they are missing their loved ones. Funny Family Fotos can be especially beneficial for sad children, because most can't help but smile when they look at them.

<p>Therapeutic Goal: To reduce separation anxiety by creating a family keepsake.</p> <p>Age Group: School-age/adolescent</p> <p>Adult/Child Ratio: 1:8</p>	<p>Required Time: 30 minutes</p> <p>Restrictions and Precaution: Take glue and scissor precautions.</p>
---	---



Materials:

- Photographs of family
- Magazine, postcards, or downloaded pictures of a group of people, cartoon characters, or animals. Examples include:
 - *The Simpsons* or other well-known cartoon family
 - A pride of lions
 - Addams Family or the Munsters
 - A rock band

- Robots
- Formally dressed musicians or people dressed in clothing from another era

Note: The group picture should have as many people or more as those in each child's family, with heads that are approximately the same size or slightly smaller than those in the photo.

- Glue
- Colored cardstock or cardboard
- Clear self-adhesive paper

Process

1. Have the children carefully cut out the heads from the family snapshot.
2. Glue the heads from the snapshot over the heads of the people or characters in the group photo.
3. Mount the picture on cardstock or cardboard.
4. Cover with self-adhesive paper.

Variation

Use the Lights, Camera, Color! program found on Crayola.com to turn a family photo, which has been downloaded into a computer, into a coloring page for young children. Don't forget pets!

ACTIVITY 1.8. NO TICK-TOCK CLOCK

This activity allows children who are unable to tell time to anticipate when their family will return. If the child is capable, allow him or her to assist in making the clock.

Therapeutic Goal: To reduce separation anxiety by helping the child to understand when his or her family will visit next.

Age Group: Preschool/primary

Adult/Child Ratio: 1:1

Required Time: 10 minutes

Restrictions and Precautions: Take scissor precautions if the child is helping to make clock.

Materials:

- Paper plate
- Scissors
- Poster board scraps or cardstock
- Paper fasteners
- Markers
- Real clock

Process

1. Draw numbers on the paper plate, as they would appear on the face of a clock.
2. Cut two strips of cardboard, one 2-1/2 inches in length, and the other 1-1/2 inches in length.
3. Cut one end of each cardboard strip to a point.
4. Attach the squared end of the two strips to the center of the plate with the paper fastener.
5. Set the clock to the time of an anticipated family visit.
6. Provide the child with a real clock and explain what will happen when the real clock hands are in the same position as those on the No Tick-Tock Clock. The child can then watch the real clock and compare it with the No Tick-Tock Clock to see when they coincide.

**ACTIVITY 1.9. PEOPLE IMPORTANT TO ME TREE**

This activity is best suited for long-term patients.

Therapeutic Goal: To reduce separation anxiety by identifying familial and social support systems and provide comfort during times of separation.

Age Group: School-age/adolescent

Adult/Child Ratio: 1: 1

Required Time: 30 minutes advance preparation at least one day prior to the activity; 1 hour or more for activity

Restrictions and Precautions: Mix the plaster of paris in a well-ventilated area. Take scissors and glue precautions. Not recommended for children with short attention spans.

Materials:

- Bare tree branch
- Paint (optional)

- Paintbrush (optional)
- 5-pound coffee can or similar-size container (or smaller if using a small branch)
- Plaster of paris
- Paint stirrer or other utensil for mixing
- Photographs or drawings the child has made of family and friends (ask family members to bring from home)
- Wooden or plastic shower curtain loops
- Pencils
- Heavy wrapping paper or colored cardstock
- Glue
- Scissors
- Ribbon

1. Paint the branch, if desired.
2. Mix the plaster of paris according to package directions and pour it into the can or container.
3. As the plaster begins to harden, insert the branch and hold it in place for several minutes until it stands without support. Allow to dry overnight.
4. Show the child how to use the curtain loop as a template and trace the shape onto the back of each photo; then cut them out along the traced lines.
5. To back the photos, tell the child to glue them to the wrong side of the wrapping paper or colored paper and cut out the circle again.
6. Have the child glue each photo to a curtain loop.
7. Help the child to string a small piece of ribbon through the small hangers at the top of the loops and tie them to the tree branches.
8. Invite the child to identify each of the people on the tree and tell why they are important to him or her.
9. Help the child think of things he or she can do while in the hospital to stay in touch with the people he or she cares about.

Process

Seasonal or holiday decorations, such as shamrocks, candy canes, stars, pumpkins, turkeys, watermelons, eggs, or valentine hearts may be hung on the tree, as well.

Variation**ACTIVITY 1.10. THE PEOPLE MATCH GAME**

The People Match Game is located on the CD that accompanies this book.



ACTIVITY 1.11. POP ART PHOTO TINTS

This activity is based on pop artist Andy Warhol's unique style of silk-screening, using repeated images. Children can be shown a picture of a Warhol creation in this style to stimulate the creative use of color and help them visualize the project outcome.

Therapeutic Goal: To reduce separation anxiety by creating a family keepsake and providing comfort during times of separation.

Age Group: Primary/school-age/adolescent

Adult/Child Ratio: 1:10

Required Time: 45 minutes

Restrictions and Precautions: Take glue, marker, and/or paint precautions.

Materials:

- Family photos, on disc or scanned into a computer (1 per child)
- Colored pencils, light-colored watercolor markers, or crayons
- Poster board
- Glue

Process

1. Make three or more copies of each child's photo, printing it in high-contrast black and white.
2. Provide the children with three or more copies of their family photos.
3. Encourage the children to paint or color each of the photos, using a different color combination for each. Encourage the imaginative use of color.
4. Help the children mount the pictures on the poster board in a square, vertical, or horizontal formation (depending on artistic preference or the piece of poster board being used).
5. Invite the children to display the finished creation in their room (Figure Activity 1.11-1).



Figure Activity 1.11-1. Pop Art Photo Tints

Variation

Open a photograph using photo-editing software. Manipulate the colors in the photos using paint tools or color modes. Use the software collage tool or print out four or more images, each with variations of color, and mount them together.

**ACTIVITY 1.12. RUBBER-STAMPED STATIONERY**

Stamping projects are good for children with low energy or poor coordination, or who enjoy repetition, such as those with autism. There are a many creative possibilities for using rubber stamps. As such, it is worth investing in a wide variety so children have many to choose from as a means to express their individuality.

Therapeutic Goal: To reduce feelings of separation by promoting communication with family and friends.

Age Group: Primary/school-age, adolescent

Adult/Child Ratio: 1:10 (lower with young children)

Required Time: 20 minutes

Restrictions and Precautions: Take scissor precautions.

Materials:

- Scrap paper or large Post-it Notes
- Stationery paper and envelopes

- Ruler
- Pencils
- Scissors
- Assorted rubber stamps
- Ink stamp pads, assorted colors
- Fine-line markers (optional)

1. Help the children measure and cut a piece of scrap paper or Post-it Note to create a “mask” that covers the center area of the stationery, leaving a 1 to 1-1/2-inch border on all sides. (Note: Young children will need more assistance.)
2. Encourage the children to experiment on scrap paper using different stamps, colors, and techniques (e.g., random or structured).
3. When the children determine the approach they wish to take, have them center the “mask” on a piece of stationery, leaving a uniform border on all four sides.
4. Have the children ink the rubber stamp and, while holding the mask in place, stamp around the border.
5. Instruct the children to remove the mask and allow the ink to dry. Repeat steps 3 to 5 for additional sheets of paper.
6. If a more finished look is desired, give the children the ruler and a fine-line marker to frame the inside edge.
7. For envelopes, have the children place a single stamp in the lower left quadrant on the front of the envelope and stamp the flap with a single image, or many if desired.
8. Encourage children to write letters to family and friends.

Process**ACTIVITY 1.13. SCAVENGER HUNT**

This activity appeals to most age groups. Vary the number and type of items for children to retrieve in accordance with their age and your goals for the activity (e.g., acquainting children with staff, orienting them to the environment, and/or familiarizing patients with medical equipment).

Therapeutic Goal: To promote coping with stranger anxiety by familiarizing children with staff and orienting them to the environment.

Age Group: Primary/school-age/adolescent

Adult/Child Ratio: Varies with ages of the children

Required Time: However long you wish to make it

Restrictions and Precautions: Provide explicit instructions on where the children can and cannot go, such as off the unit or into other people’s rooms.



Materials:

- List of items to be found
- Rules of the game
- Labeled map of unit
- Small bags

Process

1. Create a list of items for the children to collect. Place some of the items in common areas such as an activity room, kitchen, and waiting areas. Locating some of the items should require that the children interact with staff, such as getting a signature from a nurse or obtaining an item to which only a staff member has access. Some ideas include:
 - Drinking straw
 - Cotton swab
 - Hospital bracelet
 - Bandage
 - Piece of chewing gum
 - Penny
 - Signature of a nurse who likes broccoli
 - Red pen
 - Large paper clip
 - Business card
2. Explain the object of the game to the children: to obtain as many objects from the list as they can in a specified period of time.
3. Discuss the rules of the game—for example, not leaving the unit, not going into other children's rooms. Provide each child with a list of the rules.
4. Provide each child with a list of items to be located and a small bag in which to carry them. Let the children know when and where to meet when the game is over.

Variation

For toddlers and preschoolers, simply place toys in different areas and ask staff who are not familiar to the children to point them out.

ACTIVITY 1.14. SPECIAL-PEOPLE CHAIN

The image of people holding hands is symbolic of strength, unity, and friendship. This activity can help remind children of their connectedness with family and friends, or be used to foster a greater sense of connectedness with those involved in their care.

Therapeutic Goal: To reduce separation anxiety by identifying familial and social support systems and creating a symbolic representation of support systems.

Age Group: Preschool/primary/school-age

Adult/Child Ratio: 1: 1

Required Time: 30 minutes

Restrictions and Precautions: Take scissors, glue, and marker precautions.

Materials:

- Colored paper
- Gingerbread man cookie cutter
- Pencil
- Colored paper
- Scissors
- Markers
- Crayons
- Decorative trims (e.g., yarn, sequins, fabric scraps, glitter)
- Glue



1. Measure the height and width of the cookie cutter.
2. Cut a long strip of paper to the same height as the cookie cutter.
3. Give the children the cookie cutter to use as a stencil, and trace the gingerbread man onto the far left side of the paper.
4. Leaving the gingerbread man on top, demonstrate how to fold the paper back and forth accordion style, so that there are four or five same-size squares.
5. Have the children cut around the tracing, leaving the outstretched hands uncut, to create a chain of people holding hands.
6. Ask the children to write the name of one of their family members or friends on each of the figures. If needed, make an additional chain of people.
7. Encourage the children to color and/or decorate the figures with crayons, yarn, sequins, and/or fabric, and to include characteristics that match their friends' or family member's features, such as eye color, hair color, and clothing style.
8. Invite the children to talk about each of the people in the chain.
9. Encourage the children to display their chain in a prominent place.

Process

To promote enhanced patient/staff relations, suggest that the children make a chain of people representing the healthcare team that is caring for them.

Variation**ACTIVITY 1.15. STAFF MIX-UP**

Incorporating humor while introducing the healthcare team is a good way to relax children and make the staff seem less threatening. Making the Staff Mix-Up book can be time-consuming, but laminating it allows you to disinfect it and use it over and over again. This is a good project to give to a student or volunteer.

Therapeutic Goal: To reduce stranger anxiety by familiarizing children with staff.

Age Group: Preschool/primary

Adult/Child Ratio: 1:1

Required Time: 1 – 1 1/2-hour advance preparation; 15 – 20 minutes to implement

Restrictions and Precautions: None

Materials:

- Digital camera
- Printer

- Glue stick
- Paper cutter (for best results)
- Laminator
- Notebook (9 – 1/2-inch × 6-inch), with rings
- Heavy paper for notebook
- Ruler
- Pencil
- Scissors

1. Take close-up photos of the faces of six or more staff members. When taking the photos, stand the same distance away from each person, so that the images will be of uniform size.
2. Enlarge the images to 5-inches × 7-inches and print.
3. Center each photo on a page of notebook paper and glue it in place. The nose and the bottom of the person's ears should fall into the middle segment of the page.
4. Laminate each page.
5. Use the paper cutter to divide each photo into three equal horizontal segments, placing each picture in the notebook as it is completed.
6. With the child, look at each staff member's photo and tell the child the staff member's name and role, and say something nice about him or her.

Process

- After “introducing” each of the staff members, let the child flip the page segments and combine different photos to create funny new faces.

For more ideas, see Bright Ideas for Coping with a Strange Environment (Box Activity 1.15-1).

Box
ACTIVITY 1.15-1.
BRIGHT IDEAS
FOR COPING WITH
A STRANGE
ENVIRONMENT

- Ask parents of young children to complete a questionnaire that identifies feeding, bath, and bedtime rituals so that they can be incorporated into hospital routines.
- Post a daily schedule listing information such as meal times, rest periods, and personal care times, so that children can have a sense of structure and predictability.
- Assign a consistent volunteer to spend time with children whose family cannot visit often.
- Create a bulletin board and post on it current pictures of each staff member, along with pictures of them as an infant or child. Make a game of challenging the child to match current staff photos to pictures of them when they were young.
- Arrange for a “Welcome Wagon” committee to visit the child as soon after admission as possible; after they introduce themselves, ask them to tell the child some positive things about the hospital. To add to the warm welcome, suggest to visitors that they bring a small gift or activity packet for the newly admitted child.
- Compile a mobile library of interchangeable art for the wall in children’s rooms, to enable them to personalize their space.

ACTIVITY 1.16. STEPS TO STAYING CONNECTED

Steps to Staying Connected can be easily adapted to help children identify goals or positive coping strategies for just about any stressor they may encounter.

Therapeutic Goal: To reduce separation anxiety or homesickness by identifying coping techniques.

Age Group: Primary/school-age

Adult/Child Ratio: 1:8

Required Time: 30–40 minutes

Restrictions and Precautions: Take paint precautions.

Materials:

- Writing paper (1 sheet per child)

- Pencil (1 per child)

- Cushioned insoles, preferably child-size (1 per child)

- Brayers (a hand roller used to spread ink)

- Printing ink

- Butcher paper (one 4-foot × 3-foot sheet per child)

- Markers

Process

- Provide each child with writing paper, butcher paper, and a pencil.
- Engage the children in a discussion about what it feels like to be away from family and friends.
- Ask the children to generate a list of “steps they can take” to feel connected with those they miss. If needed, give examples, such as calling on the telephone, sending an email, Skyping, writing a letter, drawing a picture, or looking at photographs. Have them write down the ideas they like.
- Using the insole as a stamp, show the children how to apply ink to the latex side of the insole and make at least one footprint on their butcher paper for each idea they have written down. They can make a walking pattern, abstract designs, or totally random placements.
- When the paint has dried, give the children markers to write a “step to take” in each footprint.



6. Encourage the children to hang their paintings where they can see them frequently and be reminded of the coping strategies they have identified.

For more ideas, see Bright Ideas for Staying Connected (Box Activity 1.16-1).

- Ask parents to bring photo albums or family pictures for children to look at.
- Ask parents to tape-record themselves reading their child's favorite stories or singing their child's favorite songs.
- Give teens a video camera to use as a way to communicate with friends, school, and extended family.
- Encourage parents to bring favorite family foods from home (if compatible with children's hospital diets).
- Help children who cannot tell time anticipate when their family will return by connecting the time to a familiar event, such as breakfast or when a favorite show comes on TV.

**BOX
ACTIVITY 1.16-1.
BRIGHT IDEAS
FOR STAYING
CONNECTED**

 **ACTIVITY 1.17. THE KEY TO MAKING THE BEST OF THE SITUATION**

The Key to Making the Best of the Situation is located on the CD that accompanies this book.

ACTIVITY 1.18. THE PEOPLE I LIVE WITH

This activity produces a colorful collage of family photos that the child can personalize.

Therapeutic Goal: To reduce separation anxiety by identifying familial and social support systems.

Age Group: Preschool/primary

Adult/Child Ratio: 1:1

Required Time: 20–30 minutes

Restrictions and Precautions: Take marker, scissors, and glue precautions

Materials:

- Two sheets of construction paper or lightweight poster board of contrasting colors

- Pencil
- Scissors or craft knife
- Markers or crayons
- Photos of people who live with the child (Note: Head shots work best.)

Process

1. Stack one sheet of construction paper or poster board on top of the other.
2. Draw the shape of a house on the top sheet of paper or poster board and cut it out from both sheets of paper. Use the full width and height of the paper. (Note: Omit this step if the child lives in an apartment.)
3. Out of the top sheet of paper or board, cut a window for each person living in the house or apartment.
4. Cut out a flap for the front door and fold it open.



5. Glue the two pieces of paper or poster board together.
6. Cut the background off each photo (optional).
7. Have the child glue one family member's photo in each window and the door; or, if photos are not available, encourage the child to draw pictures of his or her family members.
8. Assist the child as needed in writing the street number of the house where he or she lives, along with the names of each family member.
9. Give the child markers or crayons to add details to the house (Figure Activity 1.18-1).



Figure Activity 1.18-1. The People I Live With

10. Encourage the child to talk about the people he or she lives with and how it feels to be away from them.
11. Remind the child that family members are all waiting eagerly for him or her to come home, and help identify ways for the child to keep in touch with them.
12. Hang the picture of the house where the child can see it.

ACTIVITY 1.19. UNIT SCRAPBOOK

Though time-consuming to make, unit scrapbooks are extremely beneficial, especially for those children who come to the unit disoriented or in an emergent situation. Because the books are laminated, they can be used many times over.

Therapeutic Goal: To facilitate coping with separation and homesickness by orienting children to their surroundings.

Age Group: Primary/school-age/adolescent

Adult/child Ratio: 1:1

Required Time: 1–2 hours to make

Precautions and Restrictions: None

Materials:

- Digital camera



- | | |
|--|--|
| <input type="checkbox"/> Decorative scrapbooking materials | (pages will need to be laminated when completed for infection control) |
| <input type="checkbox"/> Scissors | |
| <input type="checkbox"/> Adhesive | <input type="checkbox"/> Crayons or markers |
| <input type="checkbox"/> Plastic-covered photo album with plastic-covered pages or plastic-covered scrapbook | <input type="checkbox"/> Paper |
| | <input type="checkbox"/> Pencil |

1. Compile photographs of staff, equipment, and/or various areas of interest on the unit. **Process**
2. Arrange the photographs decoratively in the album, using colorful papers and lettering to make it look visually appealing and less institutional.
3. Laminate.
4. Look at the scrapbook with the child and talk about each picture, inviting the child to ask questions about them.
5. Encourage the child to draw a picture of his or her room to add to the scrapbook.

ACTIVITY 1.20. WARM WISHES TREE

This activity is adapted from the Japanese New Year's celebration custom of placing fortunes on bare-limbed trees.

- | | |
|---|--|
| Therapeutic Goal: To reduce separation anxiety by facilitating communication with family and friends and providing comfort during times of separation. | <input type="checkbox"/> Spray bottle filled with water |
| Age Group: Preschool/primary/school-age | <input type="checkbox"/> 12-ounce or 1-liter plastic beverage bottle |
| Adult/Child Ratio: 1:1 | <input type="checkbox"/> Small stones or other weights |
| Required Time: 30 minutes | <input type="checkbox"/> Cupcake liners |
| Restrictions and Precautions: None | <input type="checkbox"/> Fine-line markers or pens |
| Materials: | <input type="checkbox"/> Hole punch |
| <input type="checkbox"/> Heavy brown paper bag or package wrap | <input type="checkbox"/> Green curling ribbon, yarn, thread, or string |
| <input type="checkbox"/> Scissors | |

1. Cut off and discard the bottom of a large, brown paper bag, and cut open one side to create a rectangle; or cut a sheet of brown paper into a rectangle, approximately 3-feet × 2-feet square or larger. **Process**
2. Spray the paper lightly with water.
3. Gather the paper around the beverage bottle and twist it around the bottle neck (Figure Activity 1.20-1, step 1).
4. Cut down from the top of the paper to create four or five strips that will become the limbs of the tree (Figure Activity 1.20-1, steps 2 and 3).
5. Cut the untwisted ends into two or three strips and twist them to create smaller branches (Figure Activity 1.20-1, step 4).



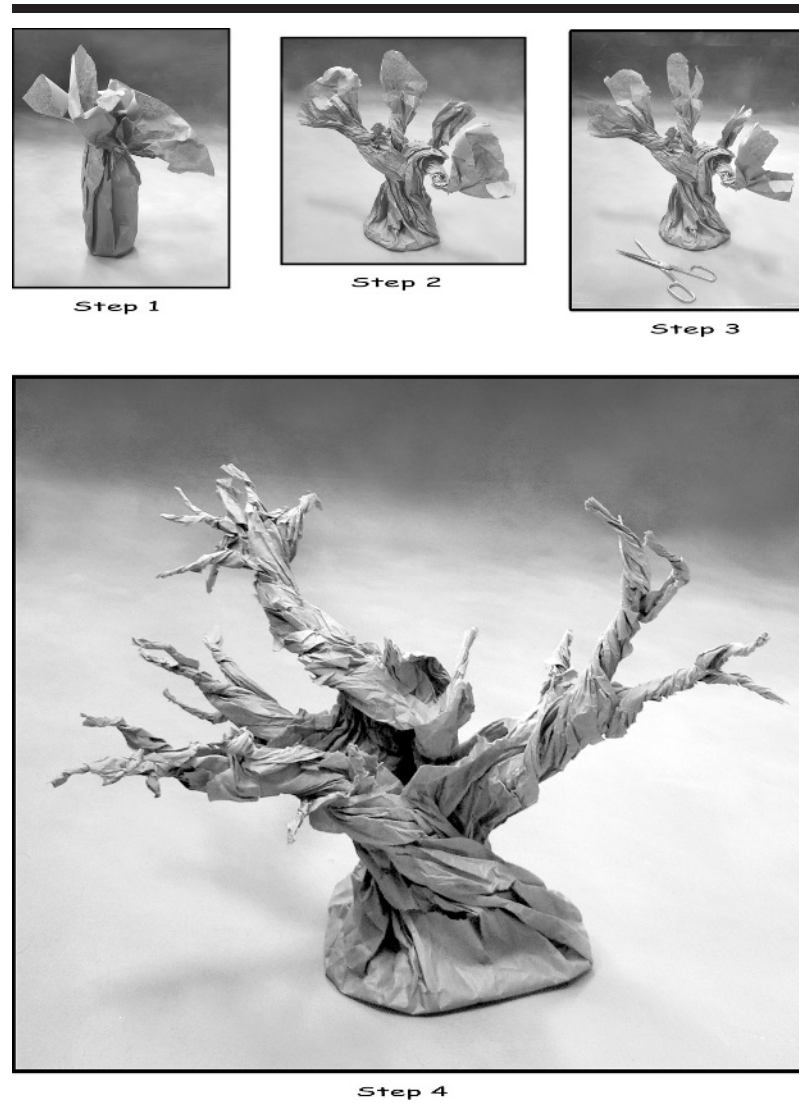


Figure Activity 1.20-1. Warm Wishes Tree

6. Remove the bottle and fill the trunk with small stones or other weights.
7. Each time they visit, ask family and friends to write personal messages or affirmations around the perimeters of the cupcake liners.
8. Fold the liners in fourths and punch a hole in the narrow part of the folded paper.
9. Make buds on the tree by threading a piece of ribbon through the hole in each message then tie them to the tree.
10. Invite the child to pick a message off the tree whenever he or she is feeling lonely, or as part of his or her bedtime ritual. Read the message together with the child.
11. Leave the cupcake liners and pens in the child's room, along with a sign to remind loved ones to write new messages each time they come.