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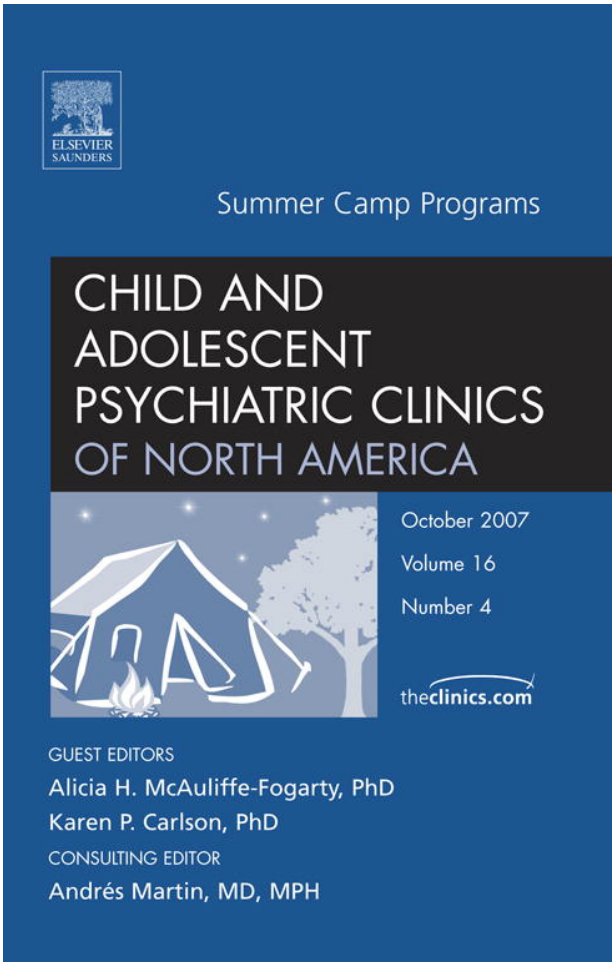

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Preventing and Treating Homesickness

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Leaving home is a universal developmental milestone. The homesickness associated with this event is usually mild, but the distress and level of impairment among some homesick persons can become extreme (Appendix). It is an ancient phenomenon, mentioned even in the Old Testament book of Exodus and Homer's *Odyssey*. The Greek physician Hippocrates (circa 460–377 BC) believed that homesickness was caused by a surfeit of black bile in the blood [1]. Seventeenth-century Swiss physician Johannes Hofer (1688) held that homesickness resulted from exposure to foreign environments. This exposure caused "vital spirits [to] constantly surge back and forth through the nerve fibers in which the impressions of the native land are stored" [2]. Currently, there is a clearer sense of what causes homesickness and how it can be prevented and treated (Appendix). Comprehensive historical [1,3,4] and contemporary [5,6] reviews of the literature are available.

Definitions, epidemiology, and diagnosis

Homesickness is defined as distress and functional impairment caused by an actual or anticipated separation from home and attachment objects, such as parents. According to the taxonomy of the American Psychiatric Association, severe homesickness may be best classified as adjustment disorder with mixed anxiety and depressed mood (diagnostic code 309.28) [7,8]. The defining feature of homesickness is recurrent cognitions focused on

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home (eg, house, loved ones, homeland, home cooking, returning home), and the precipitating stressor is always an anticipated or actual separation from home. It is possible to distinguish homesickness from all other kinds of anxiety disorders, mood disorders, or adjustment disorders and from separation distress that young people may feel when caregivers leave home (eg, for work, military service, divorce, incarceration) [9,10]. Homesickness also may be comorbid with other behavioral, emotional, cognitive, and physical problems that warrant clinical attention.

Homesickness occurs to some degree in nearly everyone leaving familiar surroundings and entering a new environment. Recent research has confirmed that homesickness is a significant source of distress and impairment for young people at summer camps, boarding school students, and hospitalized children [6,11,12]. Other populations frequently affected include immigrants, foreign students, foreign employees, displaced persons, refugees, and military personnel [13–20].

Prevalence estimates of homesickness vary widely, depending on how homesickness is defined, the population under study, the circumstances of the separation, and the type of measurement. For example, prevalence of homesickness among adolescent boarding school students is estimated to range from 16% to 91% [12]. Because nearly all homesickness researchers have relied on retrospective self-reports, these wide-ranging prevalence estimates also reflect variation in people's recollection of bouts of homesickness. In studies in which researchers measured homesickness at the time the individual was in the new environment, a prevalence of 83% to 95% was reported [21,22]. Prevalence rates measured while the subject was in the new environment were similar for children at summer camp [5] and hospitalized children [11], with younger children being at greater risk. There seem to be no gender differences in the prevalence or intensity of homesickness [9,22] or cultural differences in the way individuals and researchers define the term "homesickness" [21,23].

Another way to examine the severity of homesickness is to look at the percentage of children who rate the average intensity of their homesickness at or above the midpoint of the research rating scale used. This measurement technique consistently categorizes approximately 20% of boys and girls away from home as moderately to severely homesick [5,9,21,22]. A much smaller percentage of children—between 6% and 9%—report intense homesickness that is associated with severe symptoms of depression or anxiety or both [9,11,21,22].

Longitudinal changes in intensity of homesickness in children and adolescents also have been studied [9,11,21,22]. In summer camps and hospitals, young people seem to fall into one of two groups. For the least homesick 80% of children, they begin their stay away from home with a low level of homesickness and maintain that low level throughout their time away. For the most homesick 20% of children, they begin their stay with an elevated level of homesickness and the intensity increases over the course of

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several weeks, decreasing a bit just before reuniting with their caregivers. With preventive interventions, this trajectory can be altered significantly [11]. The longitudinal course of homesickness intensity for young people in other environments, such as refugee camps and foster homes, is unknown.

Children with homesickness usually present as tearful and withdrawn. Other children might present atypically with externalizing behaviors, such as fighting, swearing, or destroying property [9,21,22]. The best diagnostic tool at anyone's disposal is the simple question, "How homesick have you been feeling?" Contrary to some conventional wisdom, research has shown that asking this question as part of a broader assessment of positive and negative moods, even on a daily basis, does not worsen symptoms of homesickness [9]. Quite the opposite: it puts adult caregivers in a better, more educated position to help. Also contrary to conventional wisdom, severe homesickness does not remit spontaneously after a few days. Although this may be true for mild cases of homesickness, severe homesickness typically worsens over time if left undiagnosed and untreated [9,21,22].

Although some homesick children have somatic complaints, it is more likely for them to have withdrawn or depressed behaviors [9,21,24]. Of the children who somaticize their distress, only a small percentage is evaluated by a health care professional. In one study of 1412 consecutive visits to a summer camp health center by boys and girls aged 6 to 15 years, only 1.6% of visits were classified as "psychiatric" [25]. Although somatization is possible in homesick children, the careful clinician works to diagnose any contemporaneous but distinct physical ailments, such as menstrual pain, viral illness, or otitis media. It should be noted that genuine physical injuries or illnesses that occur during a separation may exacerbate or even induce a bout of homesickness. The converse also may be true, at least in adults. Poor self-reported physical health has been linked to homesickness [26].

Severe homesickness in children is associated with social problems, behavior problems, significant symptoms of depression and anxiety, coping deficits, and feelings of helplessness [9,22,27–29]. In academic settings, homesickness among adolescents and young adults can be associated with nontraumatic ailments [30–32], academic difficulties [33–35], absentmindedness [30,31,33,34], low self-esteem [34,36], and obsessive thoughts and behaviors [30,31]. Unfortunately, data do not exist on the incidence and severity of homesickness in children with cognitive or developmental delay. It can be inferred that these children would respond to these situations in a manner consistent with their developmental age, separation attitudes, attachment style, and previous experiences away from home.

Some data for hospitalized children suggest that homesickness is more severe and less predictable than in comparable samples of children in less stressful environments. Across a variety of presenting problems, approximately 50% of hospitalized children aged 8 to 18 years reported moderate to severe levels of homesickness [11]. The best predictors of homesickness

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were negative hospitalization attitudes and previous separations from home, such as foster placements. Contrary to the experience of children in other settings, homesickness for hospitalized children was not predicted by insecure attachment or low perceived control [11].

Risk factors

The risk factors for homesickness fall into four categories: experience, personality, family, and attitude. More is known about some of these factors in adults—especially personality factors—because more homesickness research has been done with older populations [23]. A growing body of research is elucidating the cause of homesickness in younger populations, however.

Experience factors

In studies of children at summer camps and boarding schools, the experience factors most predictive of homesickness are little previous experience away from home, little or no previous experience at the camp or school, and young age [5,37]. Age, of course, is often a proxy for experience, which is the more powerful predictor. For example, an 8-year-old child with a lot of experience away from home has less chance of becoming homesick at summer camp than a 12-year-old child with little experience away from home. Experience is probably most valuable when it refines coping strategies. Not surprisingly, previous experience away from home did not function as a protective factor in one study of hospitalized children [21]. This finding suggested that the types of previous separation experiences shape expectations of future separations [38]. If early separations are negative experiences—as may be the case with foster placements and traumatic hospitalizations—then expectations of future separations may be negative. This experience, in turn, causes homesickness, as discussed in the next paragraph.

Attitude factors

The belief that homesickness will be strong, coupled with negative first impressions and low expectations for a new environment, is a powerful predictor of homesickness [5]. In some ways, expectations of intense homesickness and negative experiences become self-fulfilling prophecies. In one study of college freshmen, perceived absence of social support was a strong predictor of homesickness [39]. A child's history of time spent away from home largely shapes his or her attitudes. In one study of boys aged 8 to 16 years who spent 2 weeks at camp, a combination of little previous experience away from home, low perceived control, negative attitudes about the separation, and high expectations of homesickness accounted for nearly 70% of the variance in the actual intensity of boys' homesickness [5].

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Personality factors

An insecure attachment relationship with primary caregivers is the most common risk factor associated with homesickness [5]. In particular, children and adolescents with an ''anxious-ambivalent'' attachment style are likely to experience significant distress on separation from home. These young people are unsure about how reliably or positively primary caregivers will respond to their displays of distress and may have mixed feelings about how worthy they are of other people's love and attention. This uncertainty can engender great distress in new social settings with surrogate caregivers. Secure attachment, on the other hand, is associated with independence, a proclivity to explore, and solid social skills—all of which help young people adjust to a novel environment.

Two other personality factors that increase the risk of homesickness are low perceived control (over life in general or the separation itself) and anxious or depressed feelings in the months before a separation [5]. In adults, low self-directedness, high harm avoidance, rigidity, and a wishful-thinking coping style all predict homesickness [20,23], although it is unclear whether these traits can be extrapolated downward to children and adolescents.

Family factors

The family factor most predictive of homesickness is low ''decision control'' [5]. In other words, when parents force a young person to spend time away, that child or adolescent feels little decision control. Consequently, he or she is more likely to feel homesick on separation. Other family factors that are weaker predictors of homesickness include caregivers who express anxiety or ambivalence about the separation (eg, ''Have a great time at camp. I don't know what I'll do without you'') and the presence of an unresolved negative life event [5]. Although conventional wisdom held that a recent move, divorce, or similarly disruptive event might predispose a child to homesickness, research has not supported that assumption [21]. It is plausible that if children have had a chance to process the thoughts and emotions associated with a recent negative life event, they are not at increased risk of homesickness.

Prevention

Prevention programs for homesickness involve a combination of environmental information, psychoeducation, social support, explicit coping instruction, caregiver education, practice time away from home, and surrogate caregiver training. The result of these interventions is less severe homesickness, fewer feelings of depression and anxiety, and greater satisfaction with the new environment [11,40,41]. Fig. 1 illustrates the results of one homesickness prevention program that successfully lowered the intensity of first-year campers' homesickness by about 50% [11]. In advance of

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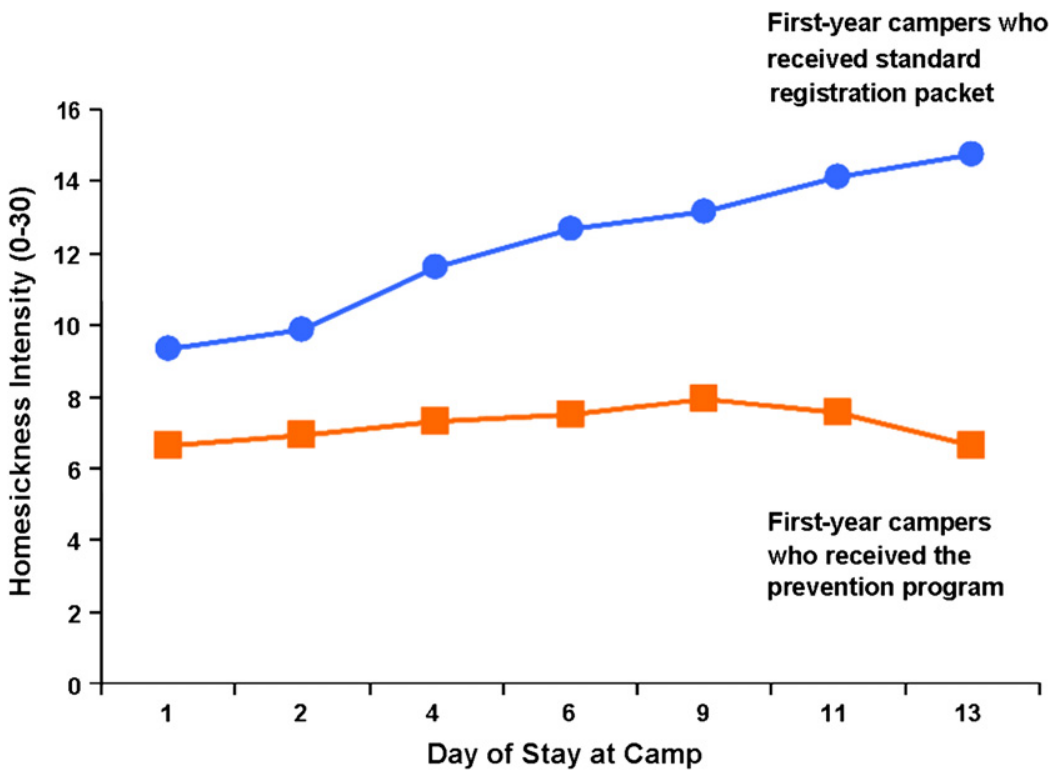

Fig. 1. Mean intensity of homesickness, on a scale from 0 to 30, as a function of time, for a treatment group ($n = 75$) that received homesickness prevention materials and a no-treatment group ($n = 348$) that received the camp's standard registration materials. (*From* Thurber CA. Mutimodal homesickness prevention in boys spending two weeks at a residential summer camp. J Consult Clin Psychol 2005;73:558; with permission.)

planned separations, such as camp, boarding school, or college, parents should be advised to do the following:

- Involve children—to the extent possible—in the decision to spend time away from home. This involvement is easier for a stay at summer camp than for a hospitalization, but even the latter can include children in the planning stages. Taking part in even the smallest decisions increases perceptions of control [28,42,43]. By contrast, feeling forced to leave home without input into the decision often increases homesickness intensity [5].
- Educate children. Young people should be told, "Almost everyone misses something about home when they are away. Homesickness is normal. It means there are lots of things about home you love. And the good news is that there are lots of things you can think and do to help make things better if homesickness bothers you."
- Provide explicit coping instruction (see following section for details). Using some of these strategies during a practice time away from home boosts a child's confidence about the separation.
- Arrange for practice time away from home, such as a weekend at a friend's or relative's house. Ideally, these 2 or 3 days do not include phone calls but do include opportunities for writing a letter or postcard

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home. After the practice time away, parents can discuss how things went and which coping strategies worked best.

- Practice basic correspondence. Ensuring that children know how to write letters increases the likelihood that they will maintain some contact with home. Better yet, parents can provide children with prestamped, preaddressed envelopes and notebook paper.
- Work together with children to learn about the new environment—be it a hospital, school, new neighborhood, or summer camp. Web sites, orientation booklets, and current students, alumni, or staff members are excellent resources. They increase familiarity and reduce anxiety [40].
- Get to know people in the new environment. Having at least one familiar face—be it an adult or a peer—in a new place can diminish feelings of homesickness by augmenting social support and connections [39].
- Encourage children to make new friends and seek the support of trusted adults. Both kinds of connections ease the adjustment to a novel environment. Research suggests that college students who are socially anxious are less likely to seek social support and more likely to feel homesick [39].
- Refrain from expressing anxious or ambivalent feelings about time away from home. Well-intentioned parents have often exacerbated homesickness with comments like, "I sure hope the food there is decent," "I hope you'll be okay," or "Have a wonderful time. I hope I remember to feed your dog." Giving children something to worry about will increase the likelihood of their having preoccupying thoughts of home. Ideally, parents should express enthusiasm and optimism about the separation and the novel environment. They should be counseled to share their own separation anxiety with other parents, not with their children.
- Maintain predictability and perspective about the time away. Use a wall calendar to show children the time between today and the day of the separation. Highlight which days or weeks the child will be away, so he or she can see that it is a discrete period, not an eternity. During the separation, calendars are also useful tools for helping children keep a perspective on duration.

Surrogate caregivers (eg, camp counselors, nurses, teachers, child life specialists, resident advisors) should be educated about the symptoms of homesickness and the most effective treatments. Staff at an increasing number of camps, schools, and hospitals receive training on how to coach homesick children. If such training is not provided, parents or health care professionals who believe a child is at risk of severe homesickness should inform the caregivers in the new environment and provide them with the following list of treatment techniques.

Treatment

Treating homesickness involves normalizing homesickness, coaching young people on effective ways to cope, working on building new social

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connections, helping them keep some perspective on the duration of the separation, and involving them with the new environment in meaningful ways that enhance their commitment to it [11,40]. Research with boys and girls aged 8 to 16 years spending 2 weeks at overnight summer camp suggested that the following strategies are the most effective for coping with homesickness [27]. Some are "doing" strategies (ie, observable, behavioral ways of coping); others are "thinking" strategies (ie, unobservable, cognitive ways of coping). It is worth noting that boys and girls report using these strategies with nearly equal frequency, except for social support, which girls report doing more often than boys [27]. Boys, on the other hand, engage in a bit more aggressive and delinquent behavior than girls, but the baseline frequency of this response to homesickness is low [27,28].

- Do something fun, like play with friends, to forget about homesick feelings (distraction and social connection).
- Do something (write a letter, look at a family picture) to feel closer to home (contact with home).
- Go see someone who can talk with you to help you feel better (social support).
- Think about the good side of things (activities, friends) to feel better (optimism).
- Think that time away is actually pretty short to make time go by faster (perspective).
- Try not to think about home and loved ones to forget about homesickness (cognitive avoidance).
- Think about loved ones to figure out what they would say to help (vicarious social support).

Research also suggests that the following strategies do not help [27,28,44]. Few children respond to the stressor of separation from home with these approaches, but some may try. They deserve mention so that caregivers can steer children away from these strategies and toward something helpful.

- Doing nothing because of a belief that nothing would help make things better (relinquished control).
- Engaging in wishful thinking, such as wishing that camp or school would end tomorrow (fantasy).
- Doing something angry or mean to get sent home (aggressive or delinquent behavior).
- Trying to get home (escape).

On the subject of phone calls and e-mail, professional opinions are mixed and research is scant. Ultimately, the kind and frequency of child-caregiver contact should be dictated by the goals of the separation. At summer camps, for example, anecdotal evidence suggests that phone calls, and to a lesser extent instant messaging, exacerbate homesickness during relatively short stays away from home (eg, ≤ 4 weeks). Such real-time correspondence

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also erodes the burgeoning independence that camps and trips are designed to nurture [45]. Parents should be strongly discouraged from insisting they talk with their homesick child during a short stay away. Chances are great that such contact will only increase the distress for both parties. Old-fashioned letters may be the best way to maintain contact with home. They lack the emotionally evocative quality of a phone call and require narrative reflection, which promotes understanding of one's experience [46]. Such reflection may even serve a therapeutic function, as does keeping a journal.

During longer separations (eg, camp stays >4 weeks, boarding school, college), scheduled phone calls and one-way e-mails (from parent to child) seem not to interfere with boys' and girls' enjoyment of the experience, although they still may be evocative [14]. In college students, such contact is actually associated with less homesickness [40]. Although no studies have been conducted on the topic, it is reasonable to assume that the same conclusion applies to adolescents in boarding school.

Research examining the association between contact with home and adjustment in hospitalized children is scarce. A review of these studies suggests that the quality, rather than the quantity, of child-caregiver contact is associated with adjustment [47]. Because the goal of hospitalization is good heath, rather than increased self-reliance, a different approach to child-caregiver contact is warranted. Whereas minimal contact is encouraged during a stay at camp, maximal contact—in person and electronically—is appropriate for medically hospitalized children. For psychiatric hospitalizations, health care professionals can advise parents on the appropriate quality and quantity of child-caregiver contact. This contact may be an integral part of treatment.

No deal

Under no circumstances of planned, recreational separations from home should parents ever make a "pick-up deal" with their son or daughter [48]. Promising that "if you don't like it, I'll come pick you up" reduces the child's likelihood of success for several reasons. First, the subtext of such deals is "I have so little confidence in your ability to cope with this normal response to separation that I believe the only solution is for me to rescue you." Such expressions of anxiety and doubt contradict the recommended expressions of optimism and confidence outlined previously. Second, such deals plant the seeds of homesickness by giving young people the expectation that they will not like the new place. Negative separation attitudes are powerful predictors of homesickness [5]. Third, such deals prevent the development of effective coping by pointing young people toward an escape route. Fourth, such deals paralyze surrogate caregivers who, after enthusiastic support and coaching, may be faced with a child who says, "My parents said that if I didn't like it here, they would come to get me." Parents are then faced with two equally unsatisfactory choices: (1) fulfill their promise, pick the child up, and deprive him or her of a wonderful opportunity to

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grow and develop or (2) renege on their promise and suffer an erosion of trust in their relationship with the child.

If a conversation with a parent or child suggests great anxiety about a planned separation, invite the family to reconsider the timing of the separation. Postponing a trip, a session at camp, or a year at boarding school until parents and children are more comfortable with the separation may be indicated. Knowing when the time is right for a planned separation is the cornerstone of homesickness prevention [49].

The health care provider's role

Pediatricians play a unique role in the prevention and treatment of homesickness. Whether the patient is coming to the office for a camp or boarding school physical, establishing care because of a recent move or refugee status, or being evaluated before a hospitalization, education about homesickness should be included as a part of the anticipatory guidance associated with these encounters. For their part, psychologists and psychiatrists who provide care to children also can be instrumental in providing guidance about camp selection and preparation.

For prospective boarding school students or overnight campers, help families assess their child's readiness to spend time away from home. Ask about previous separations, encourage practice time away from home, and assess the child's coping skills. Strongly dissuade parents from making pick-up deals (see previous section). Encourage families to activate all of the homesickness prevention strategies listed previously. Help families select a school or camp that is well matched to their child's interests, abilities, and developmental needs [50]. Be sure that they have a plan for keeping in touch and understand the school's or camp's policies regarding phone calls, e-mails, and visits. For children with special mental, physical, or emotional needs, be sure the school or camp has the appropriate resources in place to support and care for the child. For all children, normalize feelings of missing home and frame the separation as a positive developmental experience.

Elective interruptions in long-term medication regimens for behavioral or psychiatric diagnoses ("drug holidays") should be avoided when there are plans for a child to enter a new environment [50]. If the medications are helpful in one setting, they are likely to be helpful at school or camp. Only after a month or more of positive adjustment in a novel environment should changes to helpful medications be considered.

For displaced families, take time to understand the circumstances of the recent move. Was the family, or part of the family, forced to relocate? How traumatic was that for the family members? Homesickness, as noted previously, is idiosyncratic, so ask, "What do you miss most about where you used to live?" In addition to the treatment strategies listed earlier, homesickness in displaced families is also ameliorated by settling into and connecting with the new community [14]. Parents and children alike benefit from social

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support, a sense of purpose (eg, work, school, or sports), and feelings of security [29,51]. As knowledgeable, native authority figures, pediatricians can be instrumental in assisting newly displaced families connect with the social, educational, and vocational opportunities in the community. Connecting a newly displaced family with an established family of the same ethnicity or country of origin can be particularly helpful.

For hospitalized children, the pediatrician's approach depends on timing. For unplanned hospitalizations, the best approach may be to educate parents about the normalcy of adjustment difficulties encountered during hospitalizations, including homesickness [47]. Then, coach the parents and hospital staff on some of the best ways to bolster children's coping skills. Frequent, predictable contact between children and their primary caregivers is of paramount importance. For planned hospitalizations, the best anticipatory guidance focuses on creating positive attitudes about the hospitalization. Because negative separation attitudes are such strong predictors of homesickness [5], it is essential that parents and pediatricians partner to convey positive expectations about the helpful outcomes of the hospitalization. Anecdotal evidence also suggests that orienting children to the hospital unit, various medical procedures, and staff members who will be caring for them reduces anxiety and minimizes homesickness.

With children in all these circumstances, pediatricians can debunk certain myths about homesickness [21,52]:

- Homesickness is not just something that young children get. It is normal for all people to experience some degree of distress or impairment when they are away from home.
- Severe homesickness does not remit spontaneously but does get better with positive coping efforts. Encourage children to seek support from surrogate caregivers in the new environment.
- Talking about homesickness does not cause homesickness. Instead, it provides a way to educate and encourage a homesick person.
- Young people are not all homesick for their parents. Some children most miss home cooking or the family pet. Instead of assuming, always ask, "What do you (will you) miss most about home?"
- Homesickness does not always feel like sadness or nervousness. Sometimes, homesick persons feel angry, irritable, or disoriented. Homesick children are sometimes hard to identify.

Summary

Homesickness is a normative pathology that ranges from benign to severe. It is defined as the distress or impairment caused by an actual or anticipated separation from home and attachment objects. Symptoms of homesickness, including preoccupying thoughts of home, can be predicted, prevented, and treated. This article summarizes the latest clinical research

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and practice surrounding homesickness in children and adolescents. Equipped with this knowledge, health care providers can train and consult with summer camp directors and staff to properly prepare and treat new and returning campers.

Acknowledgments

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Appendix

Homesickness prevention strategies for parents to use with children around planned separations

1. Discuss the upcoming separation with your child. Young people should be told, "Almost everyone misses something about home when they are away. Homesickness is normal. And the good news is that there are lots of things you can think and do to help make things better if homesickness bothers you."
2. Involve your child in the decision to spend time away from home. Prepare and pack as a family. Taking part in even the smallest decisions increases perceptions of control. By contrast, feeling forced to leave home often increases the severity of homesickness.
3. Discuss coping strategies with your child. Using some of these strategies during practice time away from home boosts your child's confidence about the separation.
   - Do something fun, like play with friends, to forget about homesick feelings.
   - Do something (eg, write a letter, look at a family picture) to feel closer to home.
   - Go see someone who can talk with you to help you feel better.
   - Think about the good side of things (eg, activities, friends) to feel better.
   - Think that time away is actually pretty short to make time go by faster.
   - Try not to think about home and loved ones to forget about homesickness.
   - Think about loved ones to figure out what they would say to help.
4. Arrange for practice time away from home, such as a weekend at a friend's or relative's house. Ideally, these 2 or 3 days do not include phone calls but do include opportunities for writing a letter or postcard home. After the practice time away, discuss with your child how things went and which coping strategies worked best.
5. Practice correspondence. Ensuring that children know how to write traditional letters increases the likelihood they will maintain some contact

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with home. Give children prestamped, preaddressed envelopes and notebook paper.

6. Work together with your child to learn about their new environment—be it a hospital, school, new neighborhood, or summer camp. The more young people know about the new place they are going, the more at home they will feel when they arrive. Web sites, orientation booklets, and current participants, alumni, and staff members are excellent resources.
7. Help your child get to know some of the people in the new environment. Having at least one familiar face—be it an adult or a peer—in a new place can diminish feelings of homesickness by increasing feelings of social support and connection.
8. Encourage your child to make new friends and seek the support of trusted adults. Both kinds of connections ease the transition to a new environment.
9. Avoid expressing anxious or ambivalent feelings about time away from home to your child. Instead, express enthusiasm and optimism about the fun your child is going to have in the new environment.
10. Use a wall calendar to show your child the time between today and the day of the separation. Highlight which days or weeks will be spent away so he or she can see that it is a discrete period, not an eternity. During the separation, a calendar might be a way for your child to keep perspective on the separation.
11. Don't make a "pick-up deal" with your son or daughter. Promising that "if you don't like it, I'll come pick you up" decreases your child's likelihood of success in the new environment This gives your child the impression that you have so little confidence in his or her ability to cope with the separation that the only solution is to be rescued. Such deals also create difficulties for staff members who, after enthusiastic support and coaching, may be faced with a child who says, "My parents said that if I didn't like it here, they would come to get me." It also puts you in the position of either (1) fulfilling your promise to pick up your child, robbing him or her of a wonderful opportunity to grow and develop or (2) reneging on your promise, causing an erosion of trust in your relationship with your child. Respond to the query, "What if I feel homesick?" with a statement such as, "You probably will feel a little homesick, but your practice time away has taught you what to think or do in case any homesickness bothers you. Plus, staff members will be there to talk with you and help you make it through. You'll have a great time."

Resources for families

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