THE #FKLM FAMILY BLUEPRINT

Signs a Child May Need More Than a Caregiver Can Give

Caregiver Wellness & Support · Supporting the Child

What to watch for, and what asking for professional support actually looks like.

IN THIS GUIDE

A free guide from My Fairy GodParents — for youth impacted by parental incarceration, justice-impacted youth, and the caregivers and families who support them.
myfairygodparents.org/resources/family-blueprint

Print, write on it, and share it with the people helping your family.

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THE DIFFERENCE THIS MAKES

Grief, anger, and worry are normal responses to a parent being incarcerated. A child who is sad about it is not broken, and not every hard week means something is wrong. Caregivers who treat every emotion as a crisis exhaust themselves and teach the child that their feelings are alarming.

At the same time, some children move past ordinary distress into something that will not lift on its own, and the adults closest to them are often the last to notice, because the change happens slowly and because everyone is already stretched.

The useful question is not "is my child sad?" It is: has something changed, has it lasted, and is it getting in the way of eating, sleeping, learning, or being with other people?

THE FOUR-PART TEST

Change: is this different from how this particular child usually is? A quiet child being quiet is not a signal. A talkative child going quiet is.

Duration: has it lasted more than two to four weeks? Bad weeks happen. Bad months mean something.

Interference: is it getting in the way of school, sleep, eating, friendships, or activities they used to enjoy?

Intensity: is the reaction far larger than the trigger, or is there no recovery afterward? A meltdown that ends is different from one that never resolves.

One of these can wait and be watched. Three or four together is a reason to reach out to someone.

WHAT IT LOOKS LIKE AT DIFFERENT AGES

Young children: regression such as bedwetting or baby talk, new separation fear, frequent stomachaches or headaches with no medical cause, sleep disruption, aggressive play that does not resolve.

School-age children: falling grades, refusing school, trouble concentrating, fighting, withdrawal from friends, becoming rigidly perfect and anxious about small mistakes.

Teenagers: skipping school, substance use, running away, staying up all night, dropping activities that

mattered, secrecy that is new, giving away possessions, talk of not being needed.

Across all ages, the child who suddenly becomes no trouble at all deserves attention. Children who conclude the household cannot handle any more sometimes disappear into being good.

+ GET HELP IMMEDIATELY, NOT LATER

Any talk of suicide, wanting to die, or being better off gone. Any self-harm. Any plan or means. Take it seriously the first time — do not wait to see whether it repeats.

In the United States you can call or text 988 for the Suicide & Crisis Lifeline, at any hour, for yourself or on behalf of a child. For an immediate danger to life, call 911. If a child says something frightening, stay with them, remove access to means, and get help the same day.

Talking about it does not plant the idea. Asking directly — "Are you thinking about hurting yourself?" — is protective, and children frequently answer honestly when someone finally asks.

+ WHAT ASKING FOR HELP ACTUALLY LOOKS LIKE

Start with the school counselor. Counseling through the school is generally free, requires no insurance, happens during the day with no transportation problem, and the counselor already knows the child in context.

Your pediatrician is the second door. They screen for anxiety and depression, can rule out medical causes for physical symptoms, and can refer to a therapist who takes your insurance.

Community mental health centers offer sliding-scale therapy. Many organizations serving families affected by incarceration run children's groups specifically, which do something individual therapy cannot: show a child other kids in the same situation.

Therapy is not a verdict on your caregiving. Children do better with more supportive adults, not fewer, and asking for one is what a functioning caregiver does.

+ WHILE YOU ARE WAITING

Waitlists are real. In the meantime, hold routines, protect sleep, keep contact with the incarcerated parent as steady as the rules allow, and get the child physically moving and around other people.

Tell the school what is happening so a struggling child gets read correctly rather than disciplined. A teacher who knows a child is grieving responds very differently to an outburst.

Keep watching against the four-part test, and escalate if it intensifies rather than waiting for an appointment date.

+ THE A STUDENT WHO STOPPED TURNING THINGS IN

A twelve-year-old whose mother was sentenced in the fall kept getting good grades for about six weeks.

Then assignments stopped arriving. He said he was fine. He was still polite, still helpful, still up at midnight.

His aunt ran the four-part test in her head. It was a change — he had always been organized. It had lasted six weeks. It was interfering with school and sleep. That was three of four.

She emailed the school counselor rather than confronting him. The counselor started meeting with him weekly and, six weeks after that, he joined a small group for students with a parent in prison. His grades came back slowly. What his aunt said mattered most was that he stopped being the only kid he knew in his situation.

+ WORDS YOU CAN USE

Emailing the school counselor

You do not have to share the whole family history.

"Hello — I'm [child's name]'s caregiver in [grade]. Their parent is incarcerated, and over the past [timeframe] I've noticed [specific changes]. I'd like to ask about counseling support at school and whether you have any groups for students in similar situations. What's the process on your end? Thank you."

Raising it with the pediatrician

"Along with the checkup, I'd like to talk about how [child's name] is doing emotionally. Their parent is incarcerated, and I've seen [changes] for about [timeframe]. Could you screen for anxiety or depression and let me know whether a referral makes sense, and which therapists take our insurance?"

Asking a child directly about self-harm

Ask plainly and calmly. Asking does not plant the idea.

"I want to ask you something straight, because I love you and I'd rather ask than wonder. Have you been having thoughts about hurting yourself, or about not wanting to be here anymore? You won't be in trouble whatever the answer is. I just need to know so I can help."

Naming a change without accusing

"I've noticed you've been [specific change] for a few weeks now, and that's not really how you usually are. I'm not upset and you're not in trouble. I just want to know what's been going on for you lately."

+ WATCHING, AND KNOWING WHEN TO ACT

- [ ] Ask: is it a change from this child's normal?

- [ ] Ask: has it lasted more than two to four weeks?
- [ ] Ask: is it interfering with school, sleep, eating, or friendships?
- [ ] Ask: is the intensity far past the trigger, with no recovery?
- [ ] Note the child who suddenly became no trouble at all.
- [ ] Any talk of suicide or self-harm: act the same day; call or text 988.
- [ ] Email the school counselor as your first free door.
- [ ] Raise it at the next pediatrician visit and ask for a screening.
- [ ] Ask about children's groups for families affected by incarceration.
- [ ] Tell the school what's happening so behavior is read correctly.
- [ ] Protect sleep and routine while you wait for an appointment.

+ REFLECT AND WRITE

What specifically has changed in my child over the last month?

Which of the four tests — change, duration, interference, intensity — does it meet?

Which door will I use first: school counselor or pediatrician?

Have I asked my child directly how they are, and listened without fixing?

+ YOUR NEXT STEP

> Name one adult you would call first, and find their number now.

+ WHERE THIS COMES FROM

Written by My Fairy GodParents — reviewed August 2026.
Official reference: USA.gov — Mental Health Help — linked for the official rules and forms, which MFGP does not set.
https://www.usa.gov/mental-health
This is general information and practice guidance — not legal advice, mental-health treatment, or a statement of any court, agency, or facility's rules. Policies differ by state, county, facility, school, and program, so always confirm details with the office involved.
For decisions with legal, medical, financial, or clinical consequences, work with a licensed professional or the organizations listed with each resource.

You do not have to do this alone.

More free guides, scripts, and checklists:
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