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UNITÀ DI RICERCA
SULLA RESILIENZA

UNIVERSITÀ CATTOLICA DEL
SACRO CUORE

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ACTION-RESEARCH:
RESILIENCE FOCUSED BEST
PRACTICES
TRAINING MODEL:
TUTOR OF RESILIENCE PROGRAM
RESILIENCE
RESEARCH UNIT
RiRes
Università Cattolica del Sacro
Cuore, Milan (Italy)

“Resilience is defined as the capacity of individuals to navigate difficult situations by accessing health-enhancing psychological, social, cultural, and physical resources”

THE TUTOR OF RESILIENCE MODEL

A model piloted and adjusted in different contexts worldwide

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Violence, abuse and maltreatment

War and forced migration

Tutor of Resilience

PREVIOUS IMPLEMENTATIONS

Natural disaster

Social difficulties, disability and suburbs

Universitties and Research Centers

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THE TUTOR OF RESILIENCE MODEL

A model strongly based on scientific research

TUTOR OF RESILIENCE: RESEARCH AND SCIENTIFIC PUBLICATIONS

- Giordano, F., Cipolla, A., & Ungar, M. (2021). Tutor of Resilience: A Model for Psychosocial Care Following Experiences of Adveristy. Frontiers in Psychiatry. DOI: 10.3389/fpsyt.2021.559154
- Giordano, F., & Ferrari, C. (2018). Resilience in children victims of violence: An intervention project with adolescents in Lithuania [Processi di resilienza in minori vittime di violenza: Un progetto di intervento con adolescenti in Lituania]. Maltrattamento e Abuso all'Infanzia, 20(2), 105–116
- Giordano, F., Ragnoli, F., Brajda Bruno, F., Boerchi, D. (2018). Resilience and trauma-related outcomes in children victims of violence attending the Assisted Resilience Approach Therapy (ARAT). Child and Youth Services Review, 96, 286-293. DOI:10.1016/j.childyouth.2018.11.050
- Giordano F., Cipolla. A., Ragnoli, F., Brajda Bruno, F. (2019). Transit Migration and Trauma. The detrimental effect of interpersonal trauma on Syrian children in transit in Italy. Psychological Injury and Law, 1-12. DOI:10.1007/s12207-019-09345-x
- Giordano F., Brajda Bruno, F., Jefferies, P. The role of social-ecological resilience in the relationship between coping and trauma symptomatology . Child and Youth Services Review, under revision.
- Giordano, F:, Vai, B., Soleri G., Melloni, G., Benedetti, F., Di Blasio, P. Tutor of Resilience School-Based Program in Schools Affected by the 2016 Italian Earthquake. Child and Youth Care Forum, under revision.
- Giordano, F., Ghibelli, V., Ragnoli, F. The protective role of School and Community-Centres for Syrian Children displaced in Syria and in Lebanon. International Review of the Red Cross, under revision.
- Veronese, G., Pepe, A., Giordano, F. Children psychological adjustment to war and displacement: a discriminant analysis of resilience and trauma in Syrian child refugees. International Journal of Developmental Behavior, under revision Giordano, F., Ungar, M. Principle-driven Program Design versus Manualized Programming in Humanitarian Settings. *Child abuse and neglect*, under revision.

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frontiers in Psychiatry

METHODS

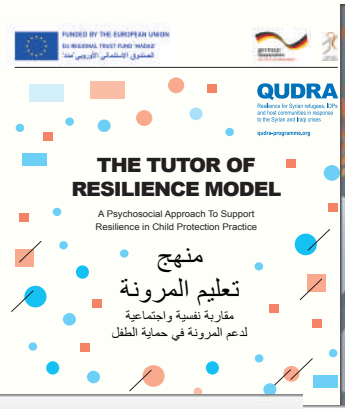
Tutor of Resilience: A Model for Psychosocial Care Following Experiences of Adversity

Francesca Giordano, Ungar

https://www.frontiersin.org/articles/10.3389/fpsyt.2021.659154/full

This article describes a model for training service providers to provide interventions that build resilience among individuals who have experienced adversity. The Tutor of Resilience model emphasizes two distinct dimensions to training: (1) transforming service providers' perceptions of intervention beneficiaries by highlighting their strengths and capacity for healing; and (2) flexibly building contextually and culturally specific interventions through a five-phase model of program development and implementation. Tutor of Resilience has been employed successfully with child and youth populations under stress in humanitarian settings where mental health and psychosocial support and deliver interventions that enhance resilience

OPEN ACCESS



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QUDRA

THE TUTOR OF RESILIENCE MODEL

A Psychosocial Approach To Support Resilience in Child Protection Practice

منهج تعليم المرونة

مقاربة نفسية واجتماعية لدعم المرونة في حماية الطفل

Journals & Books

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ELSEVIER

Children and Youth Services Review

Volume 96, January 2019, Pages 286-291

Testing Assisted Resilience Approach Therapy (ARAT) with children victims of violence

F. Giordano, F. Ragnoli, F. Brajda Bruno, O. Boerchi

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https://doi.org/10.1016/j.childyouth.2018.11.050

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Highlights

- The increase of resilience over the ARAT predicts lower levels of trauma-related symptoms at the end of it.
- A significant improve of resilience over the ARAT was detected.
- A significant decrease of trauma-related symptoms over the ARAT was detected.

March 2019, Volume 12, Issue 1, pp 76–87 | Cite as

Transit Migration and Trauma: the Detrimental Effect of Interpersonal Trauma on Syrian Children in Transit in Italy

Authors Authors and affiliations

Francesca Giordano, Alessandra Cipolla, Fausto Ragnoli, Federico Brajda Bruno

Article
First Online: 31 January 2019

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Abstract

Following the humanitarian crisis caused by the Syrian war, the shortages in European Union's reception system exposed numerous children to a prolonged period of transit within frontier countries (e.g., Italy), during which they were considered "invisible" and received no legal recognition and protection. This situation offered a unique possibility to study the psychological dimensions involved in the elaboration of trauma during a migratory journey

Journals & Books

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ELSEVIER

Annales Médico-psychologiques, revue psychiatrique

Volume 170, Issue 5, June 2012, Pages 342-348

Communication

Le non-sens et le chaos dans les dessins des enfants victimes du tremblement de terre aux Abruzzes

Non-sense and chaos in the drawings of children victims of the earthquake in Abruzzo

Francesca Giordano, Cristina Castelli, Louis Crocq, Thierry Baubet

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https://doi.org/10.1016/j.amp.2012.05.011

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Referred to by Annales Médico-psychologiques, revue psychiatrique, Volume 170, Issue 5, June 2012, Pages 348

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THE ASSISTED RESILIENCE PARADIGM

WORKSHOP: Getting to know you

MODULE I

THE ASSISTED RESILIENCE PARADIGM: CONCEPTUAL FRAMEWORKS

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MODULE I
THE ASSISTED RESILIENCE PARADIGM: CONCEPTUAL FRAMEWORKS

A. **Psychosocial approach: from vulnerability to Resilience**
B. The critical lifetime developmental milestones for onset of Adverse Childhood Experiences (ACEs)

Implemented by

Funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020)

This document was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020).

A. Psychosocial approach: from vulnerability to Resilience

AIM: *Acknowledging professionals on the resilience paradigm and the related shift in perspective from a deficit-focus approach to a strengths based reframing on beneficiaries.*

THE RESILIENCE CONCEPT

When a grain of send gets into an oyster and it is so irritating that, in order to defend itself, the oyster has to secrete a nacreous substance, the defensive reaction produces a material that is hard, shiny and precious.

(Cyrulnik, 1999)

THE RESILIENCE CONCEPT: what is resilience?

IN PSYCHOLOGY:

- The human capacity to face, overcome, and even be strengthened by the adversities of life.
- The capacity some individuals have to adapt successfully despite exposure to severe stressors.

THE RESILIENCE CONCEPT: background

Anna Freud (1895 – 1982) and Rene Spitz (1887 – 1974)

Boris Cyrulnik (Bordeaux, 1937)

Why some individuals flourish despite adversities?

Emily Werner (1955): longitudinal study on 201 “high risk” children

- 1/3 of children have surprisingly developed positively.
- 2/3 of children have developed several impairments

THE RESILIENCE CONCEPT: the three dolls metaphor (Anthony, 1974)

THE THREE DOLLS METAPHOR
(Anthony, 1974):

- Glass doll
- Plastic doll
- Iron doll

THE RESILIENCE CONCEPT: the three dolls metaphor (Manc ,1999)

The DOLL METAPHOR (Manciaux ,1999). If we let a doll fall down, it will break more or less easily according to:

- **Its material** (plastic or wood…), which represents the internal resources
- **The strength** employed in the strike, which represents the peculiarity of the traumatic event
- **The nature of the ground** (asphalt or sand…), which represents the environmental resources (social, cultural, family..)

THE RESILIENCE CONCEPT: resilience VS resistance

Resistance

Resisting to the external pressures that are threatening to modify the form and the dimensions of the object

VS

Resilience

Vigorous behavior and accessing resources in order not to be wiped out

PASSIVE CONNOTATION

ACTIVE CONNOTATION

THE RESILIENCE CONCEPT: resilience VS resistance

Resilience is not a simple resistance

Departure for a new existence

2 parts: capacity of resisting and rebuilding life

THE RESILIENCE CONCEPT

WORKSHOP: The resilience sculpture

THE RESILIENCE CONCEPT: final recap

Is it a process or a result?

- A human being is not born «resilient», but he/she **becomes resilient** following certain life experiences.
- Resilience is not acquired definitively, but it is **constantly developing**.
- It is a **dynamic process** which does not hold over every life experiences.
- There are **different ways** for being resilient.

THE RESILIENCE CONCEPT: final recap

Can resilience be influenced or reinforced?

- Resilience process can be spontaneously activated by a person facing certain experiences, or it can be stimulated by different kind of supporting relationship (educational, medical…)

- Several variables should be taken in consideration, in a resilience enhancing process.

THE RESILIENCE CONCEPT: final recap

CASE STUDIES: Stories of resilience

THE RISK AND PROTECTIVE FACTORS PARADIGM

THE RISK AND PROTECTIVE FACTORS PARADIGM

Risk factors

A risk factor is any event, condition or experience that *increase the likelihood* of *a future negative outcome* for an individual.

Protective factors

Protective factors are conditions or attributes of individuals, families, communities, or the larger society that, when present, promote well-being and reduce the risk for negative outcomes.

(Masten and Reed, 2002)

THE RISK AND PROTECTIVE FACTORS PARADIGM

RISK FACTORS

- **Individual:** Early conduct disorders, prematurity, somatic pathology, cognitive deficits
- **Family:** Parents suffering from mental illness, depression, substance abuse, divorce
- **Social-environmental:** Poverty, immigration, relational isolation…

PROTECTIVE FACTORS

- **Abilities and skills:** Physical attributes, intelligence, practical skills, social skills, helping skills..
- **Meaning, values and faith**: Values such as hope, love, honesty, friendship, solidarity, prayer and fellowship
- **Network factors**: Friends, family, community, institutions

THE RISK AND PROTECTIVE FACTORS PARADIGM

WORKSHOP: Caught in a thunderstorm

MODULE I

A. Psychosocial approach: from vulnerability to Resilience

LESSONS LEARNED

MODULE I
THE ASSISTED RESILIENCE PARADIGM: CONCEPTUAL FRAMEWORKS

A. Psychosocial approach: from vulnerability to Resilience
B. **The critical lifetime developmental milestones for onset of Adverse Childhood Experiences (ACEs)**

MODULE I
THE ASSISTED RESILIENCE PARADIGM: CONCEPTUAL FRAMEWORKS

- The critical lifetime developmental milestones for onset of Adverse Childhood Experiences (ACEs): perinatal period, post-partum period, kindergarten entry and early dating. The module points out which are the specific risk and protective factors that characterize each critical lifetime developmental milestones for onset of Adverse Childhood Experiences.

B. The critical lifetime developmental milestones for onset of Adverse Childhood Experiences (ACEs)

AIM: illustrating each *critical lifetime developmental milestones for onset of Adverse Childhood Experiences*.

- *Prenatal period*,
- *Post-partum period*,
- *Kindergarten entry*
- *Early dating*.

- Peculiarities and challenges.
- RISK FACTORS and PROTECTIVE FACTORS (Retrived from: Milani, L., Miragoli, S., Grumi, S., & Di Blasio, P. (2020). A multi-method assessment of risk and protective factors in family violence: Comparing Italian and immigrant families, in N. Balvin, D.J. Christie (Eds.) Children and Peace: From Research to Action. Berlin: Springer, pp. 3-23.)
- Implications for practice.

WORKSHOP: Caught in a thunderstorm for each developmental milestone

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

PRENATAL STAGE: Peculiarity

Substantial life stressors due to:

- New mindset
- Increased family responsibility,
- physical, psychological, social, and financial stressors.
- Women exposed to early maltreatment at risk to develop repetitive, depressive, or maladaptive responses.

Risk of **problematic caregiving**

Onset of **psychological mistreatment, abuse and neglect**

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

PRENATAL STAGE: Challenges

1. PRENATAL ATTACHMENT

Prenatal attachment: «*the emotional tie or bond that develops between expectant parents and their fetus*»

Parent-fetus relationship ➔ Postnatal parent-infant relationships and daily interactions ➔ child development

FATHERS:

- Stress, worry, pressure
- Frustration and confusion
- Fear, anxiety and depression
- Stronger reactions: anger ➔ violence

MOTHERS:

- Physical, hormonal and neurobiological shifts
- Renegotiation of identity
- New representations of self and other, attachment and caregiving;
- New network of relationships.

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

PRENATAL STAGE: Challenges

2. INTIMATE PARTNER VIOLENCE (IPV)

«Intimate partner violence is a pattern of coercive control of one intimate partner (spouse, ex-spouse, boyfriend and/or girlfriend or ex-boyfriend and/or ex-girlfriend) by the other that includes physical and sexual violence, threats of physical or sexual violence, and emotional abuse in the context of physical and sexual violence»

Why does intimate partner violence can increase during pregnancy?

1. Traditional attitudes towards gender roles
2. Trigger for perpetrator jealousy and control
3. Women's preoccupation with their baby and their lesser physical and emotional availability
4. Limit the men’s assumed entitlement and free access to his partner's body

BEAR IN MIND:

- Existing verbal or psychological abuse prior to pregnancy was associated with the onset of physical violence during pregnancy.
- Younger women are at greater risk of experiencing violence from an intimate partner during pregnancy and in early motherhood

Women feel that they’re ‘walking on eggshells’ because they’re afraid of triggering violent behaviour.

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

PRENATAL STAGE: Challenges

1. INTIMATE PARTNER VIOLENCE (IPV) - Maternal and Infant Health Consequences

- **Adverse health outcomes for the mother**: preterm labor, hypertension, edema, vaginal bleeding, placental problems, severe nausea, severe vomiting, dehydration, diabetes, kidney infection and/or urinary tract infection (UTI), and premature rupture of membranes; placental abruption, cesarean delivery, hemorrhage, and infection
- **Adverse outcomes for the fetus and infant**: a low birth-weight infant; preterm or very preterm birth (< 32 weeks) delivery; neonatal death

Intimate partner violence (IPV) against women might occur **before, during, and after pregnancy**

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

PRENATAL STAGE: Risk factors

PROBLEMS WITHIN THE COUPLE	IPV before pregnancy and couple conflict
	Lack of mutual esteem among the couple
PROBLEMS IN TRANSITION TO PARENTHOOD	Having unrealistic expectations
	Feelings of parental inadequacy
	Fear of changes
	Undesiderable maternity and pregnancy
INDIVIDUAL PROBLEMS IN CAREGIVERS	High levels of stress
	Unavailability of support from family and friends
	Emotional problems of mothers during pregnancy
	Husband/partner feeling left out
	History of childhood abuse

Retrived from: Milani et al., 2020

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

PRENATAL STAGE: Risk factors

History oh childhood abuse and pregnancy

- More **women's health problems during pregnancy**, (pregnancy complications, increased number of interventions during labor…).
- More **difficulties during the postpartum period**
- **affect** women's **relationships with other adults and their babies**
- **lead to** women's **depression** and **PTSD**

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

PRENATAL STAGE: Protective factors

INDIVIDUAL RESOURCES	Trauma recovery from parents' childhood experiences and/or parents reporting the violence and asking for help
	Empathy
	Striving to be a good parent and/or to improve oneself
	Personal autonomy
	Adequate self-esteem
	Capacity to manage conflicts
SOCIAL RESOURCES	Communities where families have access to medical care and mental health services/ social services
	Family with a social supporting network
	Family and /or friends support
PARENTING RESOURCES	Parental responsibility
	Parents sharing a family project
	Parental mutual esteem
	Ability to take on the parental responsibilities
	Parental reflective functioning

Retrived from: Milani et al., 2020

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

PRENATAL STAGE: Protective factors

Parental reflective functioning (PRF)

"Parents' ability to think about themselves as a parents, their child, and the relationship with their child in terms of mental states (feelings, thoughts and intentions) and to use this understanding to guide their responses to the child"

- ➔ The woman's representations of herself as a mother and of the baby
- ➔ It determines psychological adjustment to motherhood and affect children's outcomes
- ➔ It's necessary for self- regulation and keeping the baby in the mind

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

PRENATAL STAGE: Implications for practice

A. Promoting parental reflective functioning (PRF)

1. Helping the parent to **reflect on the emotional, internal life of the baby**, even before birth;
2. Helping the parent to **reflect on his/her own internal experience of parenting**, even before birth;
3. Helping the parent to **understand the dynamics of her own and his/her baby's affect** as a means for problem- solving and developing sensitive, responsive caregiving

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

PRENATAL STAGE: Implications for practice

B. Preventing or reducing intimate partner violence during pregnancy

IPV screening and assessment

Assess the patient's safety

Screen for IPV during obstetric care

(I) in the first prenatal visit,
(II) at least once per trimester,
(III) at the postpartum checkup.

Build a confidential, trusting relationship between the patient and her provider

➔ support, secure her, immediate safety, and appropriate medical attention.

Develop a safety plan

➔ guide and support in their decision-making, referred to local agencies for:

- Universal screening
- Counseling interventions
- Perinatal and postnatal parent-infant therapy
- Home visitation programs
- Community education programs

Two questions related to IPV:

- *"During the past 12 months did your partner hit, slap, kick, choke or physically hurt you?*
- *During your most recent pregnancy did your partner hit, slap, kick, choke or physically hurt you?".*

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

PRENATAL STAGE: Implications for practice

B. Preventing or reducing intimate partner violence during pregnancy

IPV screening and assessment

Signs and symptoms of physical abuse in pregnancy:

- bruising (combination of old and new bruises) + odd and/or inconsistent excuses for bruising;
- anxiety about pleasing her partner, getting home, or accounting for her time;
- missing work or school for no clear reason;
- depression;
- wearing clothing inappropriate for the season (long sleeves in the summer to cover bruising);
- withdrawal from social settings.

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

PRENATAL STAGE: Implications for practice

C. The promotion of maternal-fetal attachment

1. *Provide Health Care Advocacy*
2. *Plan Ahead for Infant Feeding*
3. *Encourage Positive Internal Representation*
4. *Educate about Fetal Sensitivity to the Maternal Experience:*
5. *Offer Information on Fetal Development*
6. *Assist Mother in Detecting Fetal Placement and Movement*
7. *Assist Mother in Building a Support System*
8. *Connect Mother with Mental Health Services*

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

PRENATAL STAGE: Implications for practice

C. The promotion of maternal-fetal attachment

Specific practices for engaging expectant fathers in health care settings

- *Understand the family's social, economic and cultural background and father's accessibility for appointments.*
- *If a father is not present for prenatal visits, ask about the father and encourage mothers to include father in visits.*
- *Encourage father to learn about different stages of pregnancy and attend prenatal visits.*
- *Emphasize the importance of fathers and their capability to care for infants.*
- *Share the risks associated with unhealthy behaviors such as alcohol, drug use, and family violence. Advise father of risks to the health of mother and child and stress his role as protector.*
- *Provide time for father to ask questions and share any concerns.*

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

POST PARTUM STAGE: Peculiarity

*"The period following the birth of a child (post-partum period) represents a very delicate phase of **settling and redefinition of personal and relational identity for new mothers**, marked often by a wide range of more or less serious and/or temporary symptoms"*

1. the physical burden of caring for an infant (sleep deprivation..)
2. the strain on the husband–wife relationship,
3. emotional costs related to doubts over competence and responsibilities of parenthood
4. personal confinement.

the mother-child relationship

mother's **abusive behavior**

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

POST PARTUM STAGE: Challenges

1. BABY BLUES

"A temporary and short-term mental and emotional health condition that can set in immediately after giving birth"

- **Normal response** to changing hormone levels, exhaustion and the life-changing event of having a new baby (70 to 80 % of women from all backgrounds, races, ethnicities, cultures and socioeconomic levels).
- **Triggers**: Sleep deprivation, Fatigue, Other pre-existing medical conditions, Marital problems, Lack of social or family support, Being a young or first-time parent, Low socioeconomic status
- **Symptoms**: Mood swings, Irritability, Sadness, Bursting into tears, Feeling on edge or overly sensitive, Physical and mental exhaustion, Anxiety and worry, Feeling empty or lonely, Feeling stressed or overwhelmed, Confusion about your emotions, Not being able to cope, Difficulty sleeping or trouble falling asleep (start within the first 48 to 72 hours and last about 2 weeks)

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

POST PARTUM STAGE: Challenges

2. POST PARTUM DEPRESSION (I)

"It is a disorder that can cause severe mood swings, exhaustion, and a sense of hopelessness that hinder mother's ability to take care for the baby and/or herself"

Triggers:

- hormonal changes that take place during and after childbirth
- General feelings of being overwhelmed by new motherhood
- Mood disorders like depression or anxiety or more significant mental illnesses
- job loss, financial burdens, the death of a friend or family member, the end of a relationship or any other type of stressful life situation
- Lack the support of a partner, family members or friends during pregnancy/Women in abusive domestic situations
- Unplanned or unwanted pregnancy
- Substance abuse such as drugs or alcohol
- Abruptly stopping taking medications during or after pregnancy

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

POST PARTUM STAGE: Challenges

2. POST PARTUM DEPRESSION (II)

Symptoms

- Depressed mood or severe mood swings
- Excessive crying
- Difficulty bonding with your baby
- Withdrawing from family and friends
- Loss of appetite or eating much more than usual
- Inability to sleep (insomnia) or sleeping too much
- Overwhelming fatigue or loss of energy
- Reduced interest and pleasure in activities you used to enjoy
- Intense irritability and anger
- Intense irritability and anger
- Fear that you're not a good mother
- Hopelessness
- Feelings of worthlessness, shame, guilt or inadequacy
- Diminished ability to think clearly, concentrate or make decisions
- Restlessness
- Severe anxiety and panic attacks
- Thoughts of harming yourself or your baby
- Recurrent thoughts of death or suicide

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

POST PARTUM STAGE: Risk factors

INDIVIDUAL FACTORS	Current abuse
	MH (depression, posttraumatic stress disorder)
SOCIAL FACTORS	social isolation
	lack of social support
CAREGIVING FACTORS	Cessation of breastfeeding
	Child being unwanted, or failing to fulfill the expectations of parents
	Difficulty bonding with a newborn and not nurturing the child
	Inaccurate knowledge and expectations about child development
CHILD FACTORS	Premature birth, birth anomalies, low birth weight, exposure to toxins in utero
	Child having special needs, crying persistently or having abnormal physical features
	Temperament: difficult or slow to warm up

Retrived from: Milani et al., 2020

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

POST PARTUM STAGE: Protective factors

INDIVIDUAL RESOURCES	Trauma recovery from parents' childhood experiences of rejection, violence and/or abuse
	Personal autonomy
	Adequate self-esteem levels
	Capacity to manage conflicts
SOCIAL RESOURCES	Satisfactory relationships with at least one member of the family
	Family with a social supporting network
	Knowledge and access to the family counseling and support services in the neighborhood
CAREGIVING RESOURCES	Caregivers who create safe, positive relationships with children/ secure attachment
	Caregivers who practice nurturing parenting skills and provide emotional support and empathy
	Positive childbirth experience
	Parental responsibilities
	Striving to be a good parent and/ or to improve one self
	Parents sharing a family project
CHILD RESOURCES	Easy temperament

Retrived from: Milani et al., 2020

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

POST PARTUM STAGE: Implications for practice

1. Universal screening of women during well-child visits
2. Constant follow-up of complicated cases (mother with history of substance use, preterm and/or low-birth-weight infant, previous partner abuse)
3. Referrals to community resources

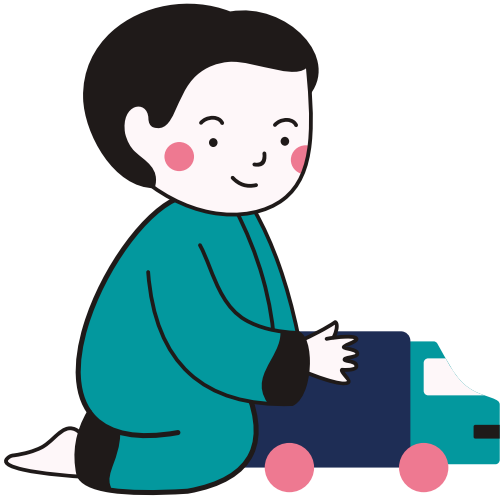
Post partum depression treatments: medication and therapy.

If you think you might have depression, it's important to get help early.
- *Talk with your partner, family and friends about what you're going through*
- *Speak to your doctor*
- *Go to your local community health center*
- *Contact your local mental health services*

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

KINDERGARTEN ENTRY STAGE: Peculiarity

«The transition to kindergarten is recognized as an important developmental milestone in early childhood particularly given that successful early school experiences have important implications for later adjustment and achievements».



Parents are called to:

•Accompany children in the transition process
•Not showing anxiety about the change
•Be sensitive and responsive to children's emotions
•Provide an emotional refuge for children,
•fostering the development of a healthy sense of belonging,
•self-esteem, and well-being
•Be aligned with the kindergarten context.
•Be engaged in complementary learning

Children are called to:

- Be ready to separate from their parents
- Change contexts and relationships
- Develop an adequate socio-emotional and behavioural functioning
- Function autonomously,
- Develop positive relationships with peers and teachers, Understand and conform to classroom routines and rules
- Develop communication skills

Warm, reciprocal parent–child interactions

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

KINDERGARTEN ENTRY STAGE: Challenges

1. SEPARATION ANXIETY

"Separation Anxiety is defined as the concerns that the child experiences early in life due to separation from one or both parents characterized by a non-age-appropriate, excessive worry and anxiety regarding separation from caregivers or from home"

SYMPTOMS in CHILDREN:

- refuse to go to school or to sleep alone,
- have nightmares about separation,
- disrupted sleep patterns,
- psychosomatic symptoms.

SYMPTOMS IN MOTHERS:

feelings of worry, sadness, or guilt that accompany short-term separations,
enmeshed relationships with the child,
overindulgent and overprotective behaviours that gradually weaken the child's attempts to become separated and autonomous.

mother's separation anxiety ➔ child's difficulties in separating + child impairments in the the general adjustment

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

KINDERGARTEN ENTRY STAGE: Risk factors

INDIVIDUAL FACTORS	Young mother	Low frustration tolerance
	Emotional difficulties and impulsiveness	Mother's perceived stress
	Childhood experiences of rejection, violence or abuse	
SOCIAL FACTORS	Chronic poverty	Lack of interpersonal relationships
	Low educational level	
CAREGIVING FACTORS	Parents' separation anxiety	
	Feelings of parental inadequacy	
	lacking of accountability	
CHILD FACTORS	Temperament: difficult or slow to warm up	
	Children difficulty to comply with parental rules	

Retrived from: Milani et al., 2020

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

KINDERGARTEN ENTRY STAGE: Protective factors

INDIVIDUAL RESOURCES	Parents' firm sense of self
	Personal autonomy
	Adequate self-esteem levels
SOCIAL RESOURCES	Communities where families have access to high-quality preschool
	Communities where families have access to safe, engaging after school programs and activities
CAREGIVING RESOURCES	Parental mutua esteem
	Ability to take on the parental responsibilities
	Responsive and careful parents
	Parental responsibilities
	Striving to be a good parent and/ or to improve one self
CHILD RESOURCES	Easy temperament
	Child's adequate self- esteem levels

Retrived from: Milani et al., 2020

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

KINDERGARTEN ENTRY STAGE: Implications for practice

A. Supporting Parents With Separation Anxiety (for Early care providers)

- *Speak to parents about separation anxiety and how it is common for a child to display distress when being dropped off;*
- *Reassure the parent that you're there to support the family during separation and it is normal for them to feel anxious during this time;*
- *Set up a routine for the parents and the child: this way everyone knows what to expect;*
- *Encourage parents to explain to their child about what will happen;*
- *Let the parent know they can call as often as they want throughout the day to check their child;*
- *Support the parent to keep calm and relaxed during the separation;*

➢ *Encourage positive relationships between children, their teachers, and their parents*

➢ *Propose informational meetings prior to kindergarten, parents information meeting or school orientation day where families and teachers can meet and establish communication.*

Retrived from: https://aussiechildcarenetwork.com.au/articles/childcare-articles/supporting-families-with-separation-anxiety-in-childcare

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

KINDERGARTEN ENTRY STAGE: Implications for practice

B. Supporting A Child With Separation Anxiety (for Early care providers)

- *Establish a positive relationship and gain a connection.*
- *Encourage the child to join in group times, during activities.*
- *Reassure each child by repeating often that parents will return at the end of the day.*
- *Once the parents have left, redirect the child's attention by engaging the child*
- *Don’t force the child to participate.*
- *Routines are important in school. Make sure to stick to a schedule as much as possible*
- *Let the child deal with their grief.*
- *Help children feel in control by giving them choices.*

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

EARLY DATING STAGE: Peculiarity

"Adolescence is the period of transition between childhood and adulthood. It includes some big changes - to the body, and to the way a young person relates to the world"

- **physical, sexual, cognitive, social, and emotional** changes➔ anxiety
- rapid **physical growth, reproductive maturity, and evolving psychosocial expectations**
- **Need for privacy and emancipation** ➔ search for relationship outside the family

Exploration of dating and romance

- **Black-and-white thinking**

Increased risk taking and exposure to violence

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

EARLY DATING STAGE: Challenges

1. SEARCH FOR IDENTITY

Self-identity of adolescent

➔ social environments' (peers, family, and school) membership
➔ sense of belonging and acceptance.

"***Who am I?***" ➔ role confusion in which he or she is balancing or choosing among identities

James Marcia's Stages of Identity Development. Adapted from Marcia (1980)	
Identity-diffusion status	The individual does not have firm commitments regarding the issues in question and is not making progress toward them.
Foreclosure status	The individual has not engaged in any identity experimentation and has established an identity based on the choices or values of others.
Moratorium status	The individual is exploring various choices but has not yet made a clear commitment to any of them.
Identity-achievement status	The individual has attained a coherent and committed identity based on personal decisions.

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

EARLY DATING STAGE: Challenges

2. TEEN DATING VIOLENCE (I)

Early dating **represents a risk factor for youth's development of maladaptive trajectories of dating aggression.**

Teen dating violence includes the following types of behavior:

- **Physical violence**.
- **Sexual violence**
- **Psychological aggression**
- **Stalking**.

Consequences:

- Experience symptoms of depression and anxiety
- Engage in unhealthy behaviors, like using tobacco, drugs, and alcohol
- Exhibit antisocial behaviors, like lying, theft, bullying, or hitting
- Think about suicide
- Problems in future relationships (IPV and sexual violence perpetration and/or victimization)

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

EARLY DATING STAGE: Challenges

2. TEEN DATING VIOLENCE (II)

Teen dating violence is common.

- Nearly 1 in 11 female and approximately 1 in 14 male high school students report having experienced physical dating violence in the last year.
- About 1 in 8 female and 1 in 26 male high school students report having experienced sexual dating violence in the last year.
- 26% of women and 15% of men who were victims of contact sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime first experienced these or other forms of violence by that partner before age 18.

Greater risk for teens belonging to sexual minority groups and racial/ethnic minority groups.

Retrived from the *Centers for Disease Control and Prevention Youth Risk Behavior Survey and the National Intimate Partner and Sexual Violence Survey*

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

EARLY DATING STAGE: Risk factors

INDIVIDUAL FACTORS (ADOLESCENT AND/OR CAREGIVER)	Abuse of alcohol and/or drugs	Low frustration tolerance
	Emotional difficulties	Difficulty to comply with rules
	Impulsiveness	High levels of stress
	Childhood experiences of rejection, violence or abuse	
SOCIAL FACTORS	Anti-social peer group	
	Lack of interpersonal relationships	
	Disadvantaged social context	
FAMILY FACTORS	Family conflict and aggression	Parents' lacking of accountability
	Intergenerational transmission of violence	Caregiver being jealous/ possessive
	Cultural acceptance of violence and severe punishments	

Retrived from: Milani et al., 2020

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

EARLY DATING STAGE: Protective factors

INDIVIDUAL RESOURCES	Empathy	Capacity to manage conflicts
	Personal autonomy	Reporting the violence and asking for help
	Trauma recovery from childhood experiences of rejection, violence and/or abuse	Adequate self-esteem levels
SOCIAL RESOURCES	Good peer relationships	
	Social supporting network	
FAMILY RESOURCES	Family support	Parental responsibility
	Parental reports of attachment to the subject	Responsive and careful parents
	Satisfactory relationships with at least one member of the family	

Retrived from: Milani et al., 2020

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

EARLY DATING STAGE: Implications for practice

Preadolescence and Adolescence ➔ learn social skills to:

1. promote healthy, of healthy, respectful, and nonviolent relationships
2. prevent patterns of dating violence

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

EARLY DATING STAGE: Implications for practice

A. Supporting the search for identity process

1. Promoting Self-Esteem in terms of:

- Security;
- Selfhood;
- Affiliation;
- Mission;
- Competence

2. Fostering Exploration and Commitment

3. Reducing Self-Discrepancies between their personal identity (ideal self, real self, self-perceived self), **and their social identities** self as perceived by others.

4. Proposing positive role models in developmental contexts.

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

EARLY DATING STAGE: Implications for practice

B. Preventing dating violence (I)

1. Assess any possible indicators of violence:

a) discomfort when being asked about relationship,

b) partner who will not leave the patient's side during the health care encounter(s)

c) somatic complaints, repeat visits to health care providers, developmental and behavioral problems, psychological distress, and numerous vaginal and urinary infections

→ gender-neutral terms.

→ Assess the adolescent alone

2. Ask adolescents about communication with their partner:

Does your boyfriend or girlfriend :

① *Talk openly with you when there are problems?*

② *Give you space to spend time with your friends and family?*

③ *Act supportive and respectful?*

(Retrived from Family Violence Prevention Fund, 2004).

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

EARLY DATING STAGE: Implications for practice

B. Preventing dating violence (II)

3. **Build a broad coalition of parents, schools and other community organizations**, who are called to:

1. *Become a trusted source of information about relationships*
2. *Teach adolescents about how to form them and how to recognize healthy relationships*
3. *Raise adolescents to be assertive*
4. *Teach adolescents to recognize warning signs of an unhealthy relationship.* (jealousy and controlling behavior, excessive communication or monitoring, secrecy).
5. *Teach adolescents to r*ecognize the warning signs of an unhealthy relationship (changes in mood, sleep and/or eating patterns; withdrawal from former friends; declining school performance…)

DEVELOPMENTAL MILESTONES FOR THE ONSET OF ACE

EARLY DATING STAGE: Implications for practice

	**Teach safe and healthy relationship skills** • Social-emotional learning programs for youth	• Healthy relationship programs for couples
	**Engage influential adults and peers** • Men and boys as allies in prevention	• Family-based programs • Bystander empowerment and education
	**Disrupt the developmental pathways toward partner violence** • Early childhood home visitation • Preschool enrichment with family engagement	• Parenting skill and family relationship programs • Treatment for at-risk children, youth and families
	**Create protective environments** • Improve school climate and safety • Improve organizational polices and workplace climate	• Modify the physical and social environments of neighborhoods
	**Strengthen economics supports for families** • Strengthen household financial security	• Strengthen work-family supports
	**Support survivors to increase safety and lessen harms** • Victim-centered services • First responder and civil legal protections • Treatment and support for supervisors of IPV, including teen dating violence	• Housing programs • Patient-centered approaches

MODULE II
METHODS, TOOLS AND STRATEGIES

PEARLS
FOR CHILDREN

WWW.PEARLSFORCHILDREN.EU

MODULE II
METHODS, TOOLS AND STRATEGIES

Assuming the role of Tutor of Resilience against ACE beneficiaries: identification, prevention and response

Implemented by

Funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020)

This document was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020).

METHODS, TOOLS AND STRATEGIES

Assuming the role of Tutor of Resilience against ACE beneficiaries: identification, prevention and response

I. IDENTIFY AND UNDERSTANDING

Psychological Trauma	• The emotional and behavioural impact of traumatic events on children, • The Post Traumatic stress Disorder • Post-traumatic attitudes towards services • The long-term impact of trauma
Interpersonal trauma	• Definition and peculiarities • Types of violence against children: Maltreatment, Bullying; Intimate partner violence; Sexual violence; Neglect; Emotional or psychological violence • Domestic violence during the COVID-19 pandemic • Intimate partner violence during the COVID-19 pandemic
Adopting a trauma-informed care	Core Principles of Trauma-Informed Care

IDENTIFY AND UNDERSTAND ACE

Psychological Trauma

IDENTIFY AND UNDERSTAND ACE

WORKSHOP: Experiencing trauma

IDENTIFY AND UNDERSTAND ACE

Psychological Trauma: definition

Psychological trauma can be defined as a singular experience that happens suddenly and unexpectedly, or as enduring events (i.e. grain(s) of sand) that completely overwhelm the individual's ability to cope or deal with it.

IDENTIFY AND UNDERSTAND ACE

Psychological Trauma: the shattered assumptions

Traumatic events violate **3 fundamental assumptions** about the self and the world:

1. *The world is benevolent* (good things happen and people are good);
2. *The world is meaningful* (fair, predictable and controllable);
3. *The self is positive* (worthy, and deserving of good outcomes ➔ bad things cannot happen to good people).

(Janoff-Bulman, 1992)

intense feelings of **vulnerability**, **helplessness**, **powerlessness** and **low self-esteem and efficacy**

IDENTIFY AND UNDERSTAND ACE: PSYCHOLOGICAL TRAUMA

What makes an experience traumatic?

- It occurs outside the realm of expected daily experiences, in contrast to the usual stresses and strains of our daily lives.
- It threats to one's physical and emotional well-being and basic sense of safety in the world;
- It is overwhelming.
- It leads to intense feelings of fear and lack of control.
- It leaves people feeling helpless.
- It changes the way a person understands themselves, the world, and others.

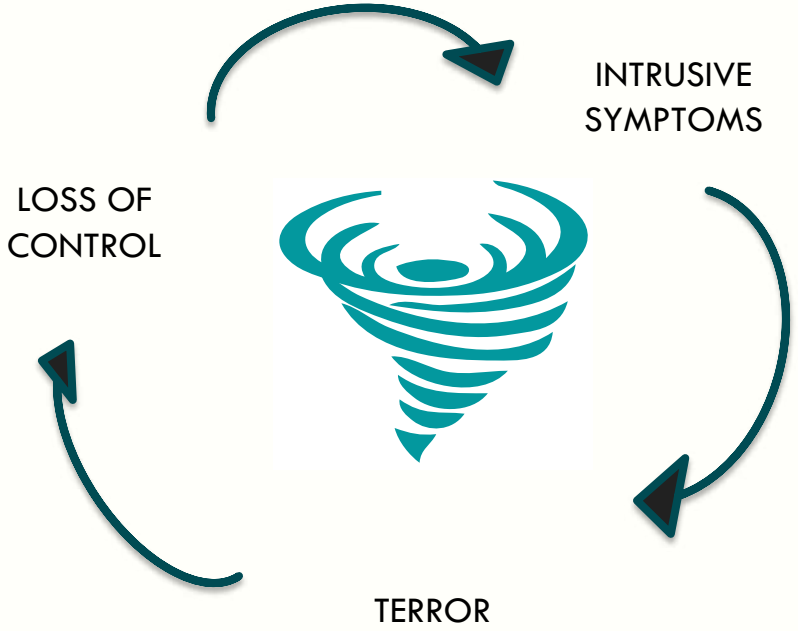
(American Psychiatric Association, 2000)

Psychological Trauma: Consequences

Traumatic experiences may lead the individual to develop:

1. **Fragmentary self-representation**
2. **Constant sensation of terror and helplessness**.

Post-Traumatic Stress disorder (PTSD)



IDENTIFY AND UNDERSTAND ACE: PSYCHOLOGICAL TRAUMA

PTSD (Post-traumatic Stress Disorder)

Post-traumatic Stress Disorder (PTSD) is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault

(APA, American Psychiatric Association)

IDENTIFY AND UNDERSTAND ACE: PSYCHOLOGICAL TRAUMA

PTSD (Post-traumatic Stress Disorder)

1. Re-experiencing symptoms
2. Avoidance symptoms
3. Arousal symptoms
4. Cognition and Mood Symptoms

DIAGNOSIS: symptoms:

(I) continue for **more than a month**

(II) interfere with aspects of daily life (relationships or work).

(APA, American Psychiatric Association)

PTSD (Post-traumatic Stress Disorder) – RE-EXPERIENCING SYMPTOMS

- Flashback and nightmares,
- Sudden and intense emotional reactions in response to external inputs,
- Reoccurring memories related to the event (Repetitive drawings)

PTSD diagnosis: at least 1 re-experiencing symptom

IDENTIFY AND UNDERSTAND ACE: PSYCHOLOGICAL TRAUMA

PTSD (Post-traumatic Stress Disorder) – AVOIDANCE SYMPTOMS

- Staying away from places, events, or objects that are reminders of the experience
- Sense of isolation and disaffection,
- Others perceived as different/distant
- Apathy,
- Loss of hope for and faith in the future.

PTSD diagnosis: at least 1 avoidance symptom

IDENTIFY AND UNDERSTAND ACE: PSYCHOLOGICAL TRAUMA

PTSD (Post-traumatic Stress Disorder) – AROUSAL SYMPTOMS

- Being easily startled
- Feeling tense, on guard, or “on edge”
- Having difficulty concentrating
- Having difficulty falling asleep or staying asleep
- Feeling irritable and having angry or aggressive outbursts
- Engaging in risky, reckless, or destructive behavior

PTSD diagnosis: at least 2 arousal symptoms

PTSD (Post-traumatic Stress Disorder) – COGNITION AND MOOD SYMPTOMS

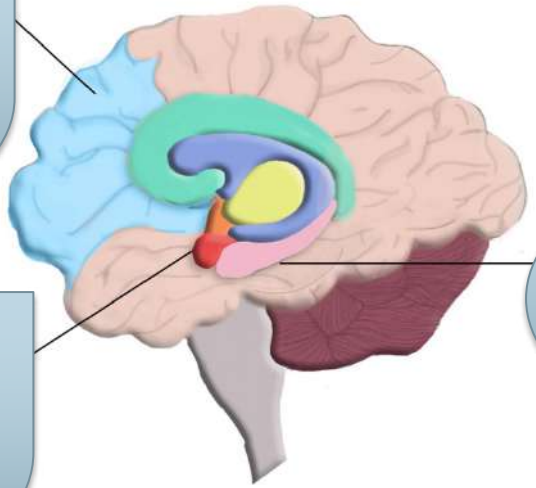
- Loss of interest in previous activities
- Negative thoughts about oneself or the world
- Feelings of blame due to distorted thoughts about the event
- Ongoing negative emotions (fear, anger, guilt, or shame) and difficulty feeling positive emotions
- Difficulty in remembering the traumatic event
- Feelings of social isolation

PTSD diagnosis: at least 2 arousal symptoms

IDENTIFY AND UNDERSTAND ACE: PSYCHOLOGICAL TRAUMA

How PTSD affects the brain regions

PREFRONTAL CORTEX:
- Abstract thinking
- Personality development
- Behavior regulation
- Planning
- Problem solving



AMYGDALA:
- Decision making
- Emotional memories
- Regulates behavior
- Initiates responses to fear

HIPPOCAMPUS:
- Memory consolidation
- Navigation and spatial memory
- Learning

Retrived from: https://staradvocates.blog/2020/02/19/the-neurobiology-and-impacts-of-ptsd/

IDENTIFY AND UNDERSTAND ACE: PSYCHOLOGICAL TRAUMA

Behavioural impact of traumatic events: the signs of distress

Post-trauma responses include:

- difficulty following through on commitments;
- avoiding meetings and other isolating behaviours;
- frequently engaging in interpersonal conflicts;
- becoming easily agitated and/or belligerent;
- demonstrating a lack of trust and/ or feel targeted by others;
- continued involvement in abusive relationships;
- active substance abuse

(Hopper, et al, 2010)

- ➔ **difficult to redirect**,
- ➔ **emotionally out of control**,
- ➔ **avoid taking responsibility**,
- ➔ **oppositional and disruptive**,
- ➔ **withdraw**

(Hodas, 2006).

IDENTIFY AND UNDERSTAND ACE: PSYCHOLOGICAL TRAUMA

Post-traumatic attitudes towards services

- Providers' efforts to help may be interpreted as controlling;
- Providers' inability to "fix" needs may be seen as purposeful and punishing;
- Agency rules and regulations may be perceived as disrespectful and belittling, and not dissimilar to prior acts of victimization;
- Drop out of services due to unrealistic demands and harsh responses by staff

(Prescott et al., 2008; Harris & Fallot, 2001).

IDENTIFY AND UNDERSTAND ACE: PSYCHOLOGICAL TRAUMA

The impact of trauma over time

Ongoing exposure to traumatic stress can impact all areas of people's lives, including:

- biological, cognitive, and emotional functioning;
- social interactions/relationships;
- identity formation.

(Putnam, 2006; Saxe et al., 2006; National Scientific Council on the Developing Child, 2005; Cohen et al., 2002; Perry, 2001)

IDENTIFY AND UNDERSTAND ACE: PSYCHOLOGICAL TRAUMA

The traumatic challenges

- **Past**:
  - Access to personal memories
  - Ability to give sense to personal life

VS

- Trauma Fixation

- **Present**:
  - Ability to recognize personal resources and to identify risk and protection in personal life

VS

- Sense of helplessness and vulnerability

- **Future**:
  - Ability to project the self into the future

VS

- Intrusive memories and trauma fixation

IDENTIFY AND UNDERSTAND ACE: PSYCHOLOGICAL TRAUMA

Interpersonal Trauma

IDENTIFY AND UNDERSTAND ACE: PSYCHOLOGICAL TRAUMA

Interpersonal Trauma

Interpersonal trauma consists in traumatic injuries due to or mixed with violence

(Alisic et al., 2014)

In children, It may affect their basic need to be loved by someone who is expected to be their caregiver

➔ feelings of no longer being worthy of care,

➔ erode his/her trust in other human beings.

Directive 2013/33/EU: interpersonal trauma - such as abuse, neglect, exploitation, torture, or cruel, inhuman and degrading treatment, or exposure to armed conflicts- has a traumatic effect on humans.

IDENTIFY AND UNDERSTAND ACE: INTERPERSONAL TRAUMA

Key facts on violence against children

- Includes all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers.
- Globally, up to 1 billion children aged 2–17 years, have experienced physical, sexual, or emotional violence or neglect in the past year.
- Experiencing violence in childhood impacts lifelong health and well-being.
- Target 16.2 of the 2030 Agenda for Sustainable Development is to “end abuse, exploitation, trafficking and all forms of violence against, and torture of, children”.
- Evidence from around the world shows that violence against children can be prevented.

Retrived from: https://www.who.int/news-room/fact-sheets/detail/violence-against-children

IDENTIFY AND UNDERSTAND ACE: INTERPERSONAL TRAUMA

Types of violence against children

- Maltreatment
- Bullying
- Domestic violence due to Intimate partner violence
- Sexual violence
- Emotional or psychological violence

Retrived from: https://www.who.int/news-room/fact-sheets/detail/violence-against-children

IDENTIFY AND UNDERSTAND ACE: INTERPERSONAL TRAUMA

Types of violence against children: MALTREATMENT

Maltreatment (including violent punishment) involves physical, sexual and psychological/emotional violence; and neglect of infants, children and adolescents by parents, caregivers and other authority figures, most often in the home but also in settings such as schools and orphanages.

Retrived from: https://www.who.int/news-room/fact-sheets/detail/violence-against-children

IDENTIFY AND UNDERSTAND ACE: INTERPERSONAL TRAUMA

Indicators of Maltreatment and Physical abuse

Observable Indicators	Behavioral Indicators
Unexplained or questionable/inconsistent bruises and welts: • On face, mouth, lips • On back, buttocks, torso, tights • In various stages of healing • Clustered, forming regular patterns • Reflecting shape of article used to inflict (belt buckle, electric cord…) • On several different surface areas • Regularly appear after absence, weekend or vacation	• Wary of adult contacts • Complaining of soreness or moving uncomfortably • Appearing uncomfortable with physical contact • Apprehensive when other children cry • Behavioural extremes: aggressiveness or withdrawal • Reluctant to change clothes after PE • Frightened of parents • Afraid to go home • Seeking to stay late after school • Reports injury by parents

http://www.state.nj.us/education/students/safety/socservices/abuse/training/

IDENTIFY AND UNDERSTAND ACE: INTERPERSONAL TRAUMA

Maltreating families

Four types of maltreating family:

- Child/ adolescent as a victim who assume scapegoat role
- Dominating, intimidating and intolerating father
- Authoritarian and strict mother
- Incompetent parents and a chaotic and insane family context

Family functioning (Gagnè, Bouchard, 2004)

IDENTIFY AND UNDERSTAND ACE: INTERPERSONAL TRAUMA

Types of violence against children: BULLYING

Bullying (including cyber-bullying) is unwanted aggressive behaviour by another child or group of children who are neither siblings nor in a romantic relationship with the victim. It involves repeated physical, psychological or social harm, and often takes place in schools and other settings where children gather, and online.

Retrived from: https://www.who.int/news-room/fact-sheets/detail/violence-against-children

IDENTIFY AND UNDERSTAND ACE: INTERPERSONAL TRAUMA

Indicators of Bullying

Warning sings:	
• Unexplained damage or loss of clothing and other personal items	• Unusually sad, moody, anxious, lonely, or depressed
• Evidence or physical abuse, sucgh as bruises and scratches	• Problems with eating, sleeping, bed-wetting
• Afraid of going to school, walking to and from school	• Headaches, stomachaches, or other physical complaints
• Loss of or changes in friends	• Decline in school achievement
• Reluctance to participate in activities with peers	• Becomes aggressive toward others
• Loss of interest in activities	• Thoughts of suicide
• Frightened to say what's wrong	

Types of violence against children:
DOMESTIC VIOLENCE DUE TO INTIMATE PARTNER VIOLENCE (IPV)

Intimate partner violence (or domestic violence) involves physical, sexual and emotional violence by an intimate partner or ex-partner (mainly male). It commonly occurs against girls within child marriages and early/forced marriages.

➔ “dating violence”: romantically involved but unmarried adolescents

Retrived from: https://www.who.int/news-room/fact-sheets/detail/violence-against-children

IDENTIFY AND UNDERSTAND ACE: INTERPERSONAL TRAUMA

Indicators of Intimate Partner Violence (IPV)

Warning sings:
• Fear of the partner
• Unpredictable temper
• Partners ignores the consort's opinions and ides
• Partner blames the consort for his/her behavior
• Treat the partner as an object not a person
• The partner separates the consort from friends and family
• Extremes controlling behavior

IDENTIFY AND UNDERSTAND ACE: INTERPERSONAL TRAUMA

Types of violence against children: SEXUAL VIOLENCE

Sexual violence includes non-consensual completed or attempted sexual contact and acts of a sexual nature not involving contact (such as voyeurism or sexual harassment); acts of sexual trafficking committed against someone who is unable to consent or refuse; and online exploitation.

Retrived from: https://www.who.int/news-room/fact-sheets/detail/violence-against-children

IDENTIFY AND UNDERSTAND ACE: INTERPERSONAL TRAUMA

Indicators of Sexual violence

Warning sings:	
• Sexual knowledge or behavior inappropriate to age/stage of development, or that is unusually explicit	• Pregnancy
• Inexplicable changes in behavior (ex. Aggressive or withdrawal)	• Poor attention / concentration
• Reluctant to undress for PE	• Sudden changes in school work habits, become truant
• Self-harm (eating disorders, self mutilation and suicide attempts)	• Withdrawal, isolation or excessive worrying
• Running away from home	• Inappropriate sexualized conduct
• Sexually exploited to indiscriminate choice of sexual partners	• Pain, bleeding, bruising or tiching in genital and/or anal area
• Poor self-image, self-hatred	

www.eys.org.uk

IDENTIFY AND UNDERSTAND ACE: INTERPERSONAL TRAUMA

Types of violence against children: EMOTIONAL OR PSYCHOLOGICAL VIOLENCE

Emotional or psychological violence includes restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment.

Retrived from: https://www.who.int/news-room/fact-sheets/detail/violence-against-children

IDENTIFY AND UNDERSTAND ACE: INTERPERSONAL TRAUMA

Indicators of Emotional or psychological violence

Warning sings:	
• Fearfulness, avoids looking at caregiver, flinching on approach	• Unusual bouts of sobbing or weepiness
• Sleep disturbance (insonnia or eccessive sleep)	• Punitive approach to bodily functions or incontinence
• Low self-esteem	• Few visitors / phone calls /outings
• Unexplained fear, defensiveness , paranoia	• Locking the person in the home / car
• Defense, resignation, passivity	• Threats to abandon the person or “put them away”
• Emotional withdrawal	• Ambivalent feelings between victim and caregiver

The impact of Interpersonal trauma over time: long-term consequences

Trauma that goes unrecognized and unaddressed in childhood has **long-term individual and societal implications**.

Significant connection between childhood exposure to trauma and **adverse adult outcomes**:

- social, emotional, and cognitive impairment;
- high-risk behaviours as coping mechanisms (e.g., eating disorders, smoking, substance use, self- harm);
- severe health problems;
- greater risk of early death

(Felitti & Anda, 2010; Feletti et al., 1998).

The cost to society in human and economic terms is significant

MODULE II

LESSONS LEARNED

METHODS, TOOLS AND STRATEGIES

Assuming the role of Tutor of Resilience against ACE beneficiaries: identification, prevention and response

II. RESPONSE: Applying resilience-focused methods, tools and strategies with beneficiaries, starting from the PEARLS principles

Building resilience in beneficiaries: the P.E.A.R.L.S. principles
Being a tutor of resilience with beneficiaries: the action plan design (for each profession

THE PEARLS APPROACH

BUILDING RESILIENCE AMONG RESEARCH, PRACTICE AND POLICY

Enhancing the skills, capacities and resources of individuals and families are important in reducing harm and promoting healthy development.

- Still limited weight of evidence ➔ difficulties in translating good social science research findings into good public policies ➔ no clear direction to the field.
- Needs to focus also on prevention (not only intervention) to protect and support children ➔ emphasis on risk factors that may place children in jeopardy in the first place and the related individual, family and community strengths

Strengths based strategies in PREVENTION, EARLY INTERVENTION AND FAMILY SUPPORT

THE PEARLS APPROACH

RECOMMENDATIONS FOR IMPROVING, BRIDGE-BUILDING BETWEEN RESEARCH, PROGRAMS AND POLICY

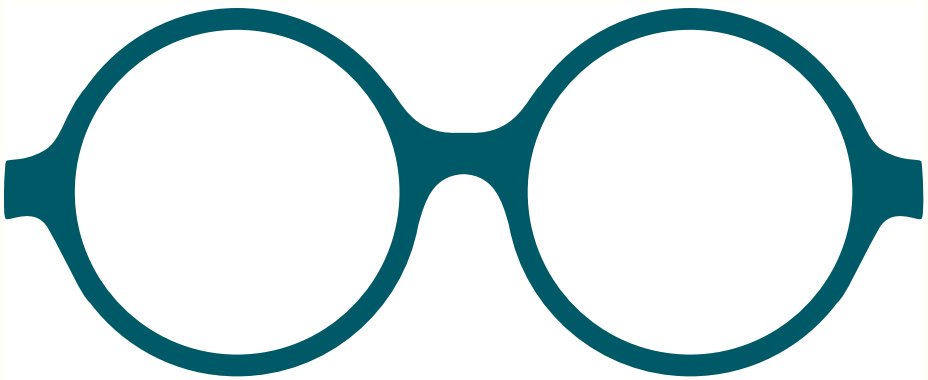
1. Early needs assessment of abused and neglected children ➔ **tailor and individualize interventions**
2. Theory-based multivariate approaches with a developmental long-term or **longitudinal perspective**
3. Programs and policies that **build on the strengths** of children and families.
4. Expand research and communicate it ➔ **adequate preparation and support to understand the importance of building bridges and to gain the skills to do the work well**

THE PEARLS APPROACH

BUILDING RESILIENCE IN BENEFICIARIES: THE P.E.A.R.L.S. PRINCIPLES

- **P**ositive reframing
- **E**mpowerment
- **A**ctivation and Agency
- **R**ecovery
- **L**istening Actively
- **S**upporting relationship

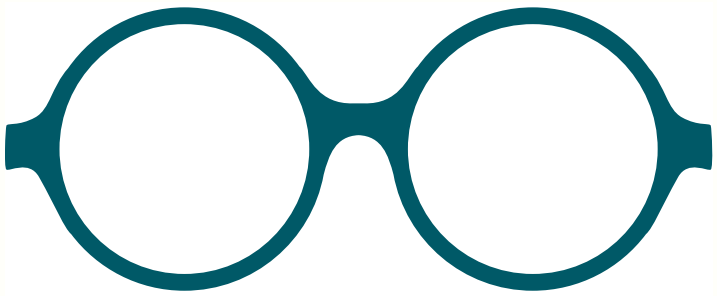
POSITIVE REFRAMING



THE P.E.A.R.L.S. PRINCIPLES

POSITIVE REFRAMING

PRINCIPLE: *Widening the provider's point of view on the beneficiary, to shift his/her perspective from focusing on impairments and psychological wounds, to strengths and capacity to heal*.



Challenges are reframed as barriers to goals rather than as intrinsic characteristics of individuals

THE P.E.A.R.L.S. PRINCIPLES

POSITIVE REFRAMING

What is strengths-based practice?

Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets.

IMPLICATIONS: Applying a strengths-based approach requires:

- Challenge the traditional focus on clients' deficits to a **focus on skills, capacities, possibilities and solutions**;
- Deploy personal strengths to **aid recovery and empowerment**;
- **match** existing **resources** within clients' communities and support networks to their **goals and needs;**
- **Challenges are reframed as barriers to goals rather than as intrinsic characteristics of individuals**;
- **Embrace an asset-based approach where the goal is to promote the positive**.

(Miller, Duncan and Hubble, 2001, Morgan and Ziglio, 2007)

THE P.E.A.R.L.S. PRINCIPLES

POSITIVE REFRAMING

Identifying client and environmental strengths for goal attainment

The individual is supported to recognize the resources they have at their disposal which they can use to counteract any difficulty or condition.

“Strengths assessment’: The 50:50 method;

PROBLEMS/ VULNERABILITIES	STRENGTHS/ RESOURCES
.....	.....

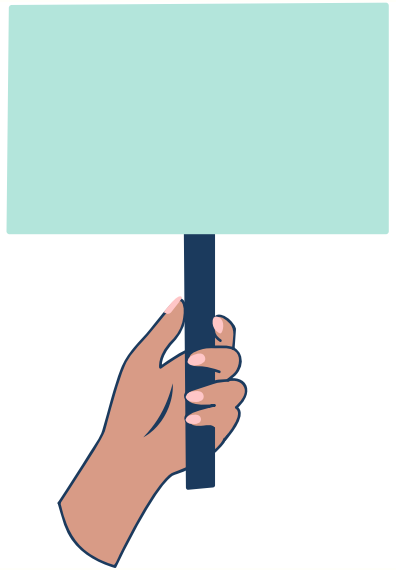
THE P.E.A.R.L.S. PRINCIPLES

POSITIVE REFRAMING
PRACTICAL TIPS

- Be aware of your own expectations and pre-conceptions on clients, as sometimes we may see clients as completely vulnerable, because his/her psychological and physical wounds are much more visible compared to their resources.

- Explore together with the client what are the strengths/skills that allowed them to deal with the adversity they were exposed to and survive (“*What do you enjoy doing?*”, “*Which activity give you a sense of satisfaction?*”, “*What are you good at?*”, “*What makes you good at.....?*” , “*What do you like about yourself?*”)

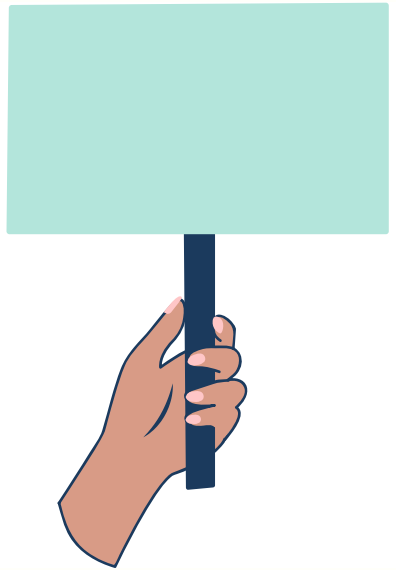
EMPOWERMENT



THE P.E.A.R.L.S. PRINCIPLES

EMPOWERMENT

PRINCIPLE: *Assisting beneficiaries to reinforce their own qualities, skills, and talents and mobilize them*



THE P.E.A.R.L.S. PRINCIPLES

EMPOWERMENT

Empower beneficiaries means:

1. Viewing children, parents and communities as having inner **strengths** that can and should be tapped and enhanced, not merely as entities that need fixing

2. Build a **hope-inducing relationship** with the client.
   → *The wishing chest*

3. Enable **links to environmental resources (**individuals, associations, groups and institutions who have something to give) **these resources**.

THE P.E.A.R.L.S. PRINCIPLES

EMPOWERMENT

The resources paradigm “I CAN, I AM, I HAVE”

- “**I CAN**” resources refer to the talents, abilities, and skills that individuals learn, acquire, and develop in different contexts.

- “**I AM**” resources refer to the set of values, personal beliefs, and emotions that represent the stable benchmarks of individual’s inner world.

- “**I HAVE**” resources refer to external resources in the shape of significant relations that help individuals dealing with their own adversity, and instil trust and love.

THE P.E.A.R.L.S. PRINCIPLES

EMPOWERMENT

GROUP DISCUSSION

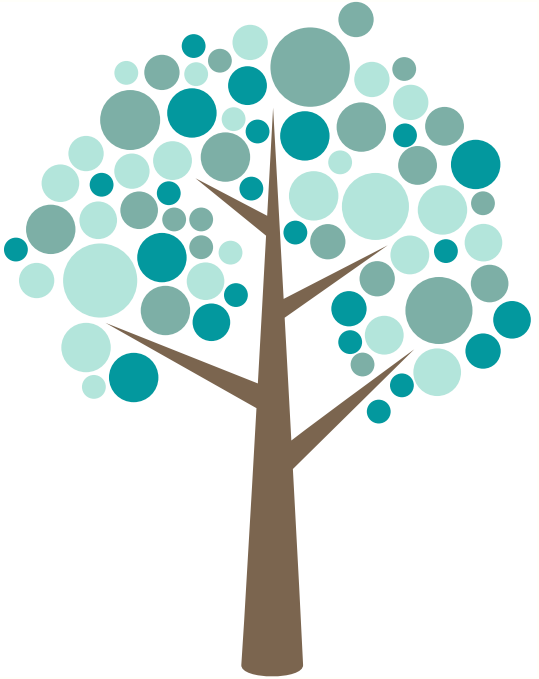
The I CAN, I AM and I HAVE resources I detect in my beneficiaries:

Which resources I manage to empower? How?

THE P.E.A.R.L.S. PRINCIPLES

EMPOWERMENT

WORKSHOP: The tree of self



THE P.E.A.R.L.S. PRINCIPLES

EMPOWERMENT
PRACTICAL TIPS

1. Mobilize the beneficiary's resources that may empower him/her and facilitate his/her recovery process.

2. Give client the chance to be aware of his/her own talents and skills.

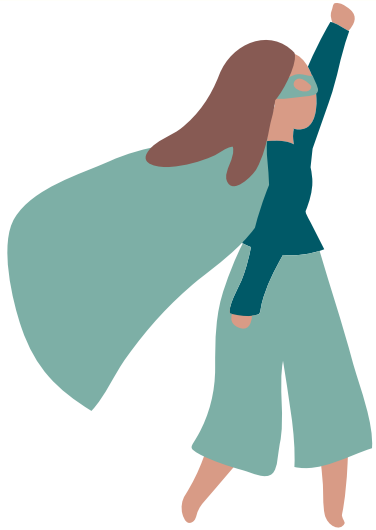
3. Help client to regain trust in others and build safe and supportive networks.

AGENCY AND ACTIVATION

THE P.E.A.R.L.S. PRINCIPLES

AGENCY AND ACTIVATION

PRINCIPLE: *Promote the beneficiary's self-reliance that will allow him/her to overcome the traumatic sense of passivity and helplessness and to feel again like the main character of his/her life.*



THE P.E.A.R.L.S. PRINCIPLES

AGENCY AND ACTIVATION

THE STORY OF THE MONKEY AND THE FISH

“Monkey saw Fish swimming. He did not know that Fish liked water. He sympathized with Fish and took it out of water thinking it would drown.

In the process Fish died.

Monkey cried and said he was only helping.”

THE P.E.A.R.L.S. PRINCIPLES

AGENCY AND ACTIVATION

Applying a "Client-Centered Approach"

"Client-centered" theory emphasizes and builds on a person's self-actualizing techniques to achieve individual or collective life goals

The client-centered approach requires (IMPLICATIONS):

1. Consider the client as the **expert of his or her personal situation** and social reality.
   - ➔ Goals are mutually agreed upon between the client and practitioners,
   - ➔ Practitioners are considered **facilitators of client-centered care** rather than directors.
   - ➔ **The practitioner's role is to increase and explain choices and encourage people to make their own decisions and informed choices**.
2. Use **positive reinforcement and encouragement** for achievements (≠ coercion) ➔ reduce the stigma associated with justice system involvement.
3. Build an **individualized (≠ standardized)** care based on each client's goals and unmet needs ➔ Programming is continually modified to ensure goals are met.
4. Engage clients through **community involvement and collaboration with outside agencies**.

THE P.E.A.R.L.S. PRINCIPLES

AGENCY AND ACTIVATION

WORKSHOP: Caught in a thunderstorm

THE P.E.A.R.L.S. PRINCIPLES

AGENCY AND ACTIVATION

PRACTICAL TIPS

1. Restore/reinforce beneficiary's ability to feel like **active «actors»** in their life.

2. Accompany the beneficiary in gaining back the motivation to **look towards the future** and move forward.

3. Help beneficiary in **identifying and naming the main risks and protections** in his/her life.

RECOVERY

THE P.E.A.R.L.S. PRINCIPLES

RECOVERY

PRINCIPLE: *Integrate trauma-informed care to enhance beneficiary's emotional recognition and accompany his/her own recovery*

THE P.E.A.R.L.S. PRINCIPLES

RECOVERY

Adopting a Trauma-Informed Care

Trauma-informed care (TIC) is defined as *an* ***understanding*** *of and* ***responsiveness*** *to the* ***impact of trauma****, that emphasizes* ***physical, psychological, and emotional safety for both providers and survivors****, and that creates* ***opportunities for survivors to rebuild a sense of control and empowerment***"

(Hopper et al., 2010, p. 82)

THE P.E.A.R.L.S. PRINCIPLES

RECOVERY: IMPLICATIONS

1. Recognizes and comprehends the trauma symptoms (I)

Viewing survivors' behaviours, responses, attitudes, and emotions as a collection of survival skills developed in response to traumatic experiences

(Guarino et al., 2009; Harris & Fallot, 2001; Bloom, 2000).

→ **Avoid the risk of being "misdiagnosed"** → recognize the traumatic source of the emotions and/or behaviours (focus of treatment)

RECOVERY: IMPLICATIONS

1. Recognizes and comprehends the trauma symptoms (II)

Beneficiaries who have been traumatized *think in a different way* from others:

- experience an *increase in emotion, agitation, and have difficulty trusting others.*
- Carry a feeling of *hopelessness*, helplessness, powerlessness, have *low confidence*, and *difficulty imagining a future* for themselves.
- Those feelings lead to social isolation and difficulty communicating

RECOVERY: IMPLICATIONS

2. Use the knowledge of trauma and recovery to design and deliver services

Core Principles of Trauma-Informed Care

Understanding Trauma and its Impact	Understanding traumatic stress and recognizing that many current behaviours and responses are ways of adapting to and coping with past traumatic experiences.
Promoting Safety	Establishing a safe physical and emotional environment where basic needs are met, safety measures are in place, and provider responses are consistent, predictable, and respectful.
Supporting Control, Choice, and Autonomy	Helping people regain a sense of control over their daily lives. Keeping people informed about all aspects of the organization and allowing them to drive goal planning and decision-making.
Ensuring Cultural Competence	Respecting diversity within the program, providing opportunities for beneficiaries to engage in cultural rituals, and using interventions specific to cultural backgrounds.
Integrating Care	Maintaining a holistic view of beneficiaries that understands the interrelated nature of emotional, physical, relational, and spiritual health and facilitating communication within and among service providers and systems.
Healing Happens in Relationships	Believing that establishing safe, authentic, and positive relationships can be corrective and restorative to trauma survivors.
Recovery is Possible	Understanding that recovery is possible for everyone regardless of how vulnerable they may appear; instilling hope by providing opportunities for beneficiaries involvement at all levels of the system; and establishing future oriented goals.

THE P.E.A.R.L.S. PRINCIPLES

RECOVERY

Adopting a Trauma-Informed Care: OUTCOMES

- Improved functioning and decreased emotional symptoms;
- Decreased use of crisis-based services;
- Enhanced self-identity, skills and safety among survivors;
- Greater collaboration among service providers

(Noether, et. al., 2007; Cocozza, et. al. 2005; Morrissey et. al., 2005).

RECOVERY: IMPLICATIONS

3. Accompany the Disclosure

- AWARE that the beneficiary is telling me something important
- HOLD what the beneficiary is telling me
- SUPPORT the expression of their emotions

THE P.E.A.R.L.S. PRINCIPLES

WORKSHOP: The river of life

THE P.E.A.R.L.S. PRINCIPLES

RECOVERY
PRACTICAL TIPS

1. Support beneficiary in “piecing together” the different parts of their lives’ history (past, present, and future) and integrate traumatic experiences as a part of it.

2. Listen and respond to beneficiary’s emotional needs and help him/her in dealing with the “emotional storm” that he/she may feel inside.

3. Do not be afraid of the beneficiary’s sufferance, rather, give each individual the chance to express him/herself.

LISTENTING AND COMMUNICATE ACTIVELY

THE P.E.A.R.L.S. PRINCIPLES

LISTENING AND COMMUNICATE ACTIVELY

PRINCIPLE: *Provide an active listening that will allow you to welcome the stories and validate the related feelings*

Attentive listening to clients' histories and backgrounds and **cultural sensitivity** are essential to facilitating access to appropriate resources and pinpointing clients' self-identified goals and needs.

THE P.E.A.R.L.S. PRINCIPLES

LISTENING AND COMMUNICATE ACTIVELY

Communicating with parents or caregivers in distress

- Be **precise** and **clear** – longer discussions for later
- **Re-assurance** and **guidance** (can help parents communicate better with children)
- Ensure **follow-up**

THE P.E.A.R.L.S. PRINCIPLES

LISTENING AND COMMUNICATE ACTIVELY

Factors that may hinder the parent's ability to "reflect" or use their "reflective capacity"

- Be fully present with the other person
- Use words and non verbal communication to acknowledge and contain feelings so the person feels understood and is helped to think more about their own feelings
- Use words that make sense of the other's experience
- Reduce judgment by being interested in the other's behaviour and intentions so they can understand more about their own behaviour and intentions

THE P.E.A.R.L.S. PRINCIPLES

LISTENING AND COMMUNICATE ACTIVELY

Provide a "holding environment" for the parent

- Observe, listen and respond with empathy
- Nurture the parent to better nurture and respond to the child
- Show interest in the parent's feelings, behaviors and past experiences as they dramatically influence a parent's ability to provide sensitive and responsive care
- Hold hope that success/ change in possible

THE P.E.A.R.L.S. PRINCIPLES

LISTENING AND COMMUNICATE ACTIVELY

Communicating with children in distress

1. Initial contact
2. Information
3. Active listening
4. Normalization and Generalization
5. Triangulation
6. Stabilization

Retrived from: https://cpaor-videofiles.com/wp-content/uploads/2020/11/Handout-4-Anne-Sophie-Dybdal.pdf

THE P.E.A.R.L.S. PRINCIPLES

LISTENING AND COMMUNICATE ACTIVELY

Communicating with children in distress: INITIAL CONTACT

- Explain who you are
- What are you doing there
- Speak softly, slowly, calmly
- Try to sit down next to the person, or crouch down to talk to the parent or child, so you are at the same level

THE P.E.A.R.L.S. PRINCIPLES

LISTENING AND COMMUNICATE ACTIVELY

Communicating with children in distress: INFORMATION

Use open-ended questions to:

1. Better understand the situation (Questions that normally cannot be answered with a “yes” or a “no” and begin with “why”, “when”, “what”, and “who”)
2. Encourage active participation
3. Clarify what happened
4. Leave space to beneficiaries’ feelings and thoughts

THE P.E.A.R.L.S. PRINCIPLES

LISTENING AND COMMUNICATE ACTIVELY

Communicating with children in distress: ACTIVE LISTENING

- *Active focus*: pay attention while listening, use body language
- *Paraphrasing*: repeat key words used by the beneficiary
- *Encouragement*: convey warmth and positive sentiments in verbal as well as non-verbal communication ➔ create openness and a feeling of safety
- *Summarize*

THE P.E.A.R.L.S. PRINCIPLES

LISTENING AND COMMUNICATE ACTIVELY

Communicating with children in distress: NOTMALIZATION AND GENERALIZATION

- Assure beneficiary that his or her reaction is common and normal in relation to a distressful event
- Assure beneficiary that his or her reactions do not mean that there is something wrong with him/her

THE P.E.A.R.L.S. PRINCIPLES

LISTENING AND COMMUNICATE ACTIVELY

Communicating with children in distress: TRIANGULATION

If a child does not want to talk to you directly, talk to the child through another person, or using a toy or other objects you find suitable

THE P.E.A.R.L.S. PRINCIPLES

LISTENING AND COMMUNICATE ACTIVELY

Communicating with children in distress: STABILIZATION

When children and their parents or caregivers are very distressed, help them become calm through:

- shifting their attention to something else
- Using a calm, low, comforting voice and non-threatening body language also help

THE P.E.A.R.L.S. PRINCIPLES

LISTENING AND COMMUNICATE ACTIVELY

The role of child-friendly languages

A bridge between the individual and his/her inner life

THE P.E.A.R.L.S. PRINCIPLES

LISTENING AND COMMUNICATE ACTIVELY

ROLE PLAYING

- Interview with a child
- Interview with a caregiver

THE P.E.A.R.L.S. PRINCIPLES

LISTENING AND COMMUNICATING ACTIVELY

PRACTICAL TIPS

1. Provider should focus his/her attention not only on WHAT he/she is supposed to ask/the information he/she needs to gather, but also on HOW to gather the information he/she needs to collect.
2. Applying a client-centred approach which may honour the client as being the protagonist of the interview.
3. Ensure empathy and provide active listening.

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SUPPORTING RELATIONSHIP

THE P.E.A.R.L.S. PRINCIPLES

SUPPORTING RELATIONSHIP

PRINCIPLE: *Support the beneficiary through building a trusting relationship with him/her*

Emphasis on developing a strong relationship between the practitioner and client in order to work collaboratively and meet the goals of the client.

↓

*Providing **acceptance**, **transparency, warmth, respect, dignity, support, and empathy**, and by conveying a **genuine interest** in providing help*

(Joseph & Murphy, 2013).

THE P.E.A.R.L.S. PRINCIPLES

SUPPORTING RELATIONSHIP

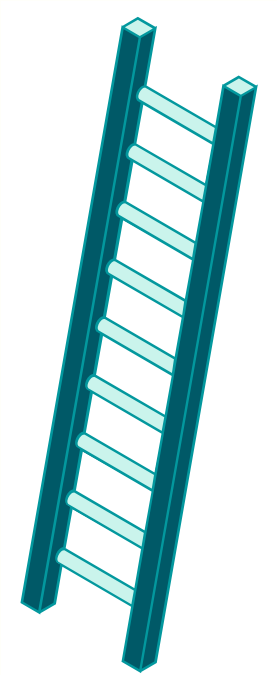
BEAR IN MIND

- *You cannot help someone who does not want to be helped* ➔ the fundamental prerequisite and the first big challenge in the process is to lead clients to rely on provider.
- *Interpersonal trauma hinder the beneficiary's ability to trust in others*
- *Aversive responses in clients can be misunderstood as purposefully offensive, rude, or aggressive* ➔ understand the client's messages with patience and tenacity, observing their behavior and respecting their silence

THE P.E.A.R.L.S. PRINCIPLES

SUPPORTING RELATIONSHIP

WORKSHOP: The trusting staircase



THE P.E.A.R.L.S. PRINCIPLES

SUPPORTING RELATIONSHIP

The Animal fairy tale

There was once a city where all the inhabitants were blindfolded. One day, a foreign prince who was crossing the country arrived with his courtiers at the foot of the city ramparts. The inhabitants soon heard tales of an amazing animal that the prince rode upon. None of the inhabitants had ever seen that strange animal in their country and they did not know what it was.

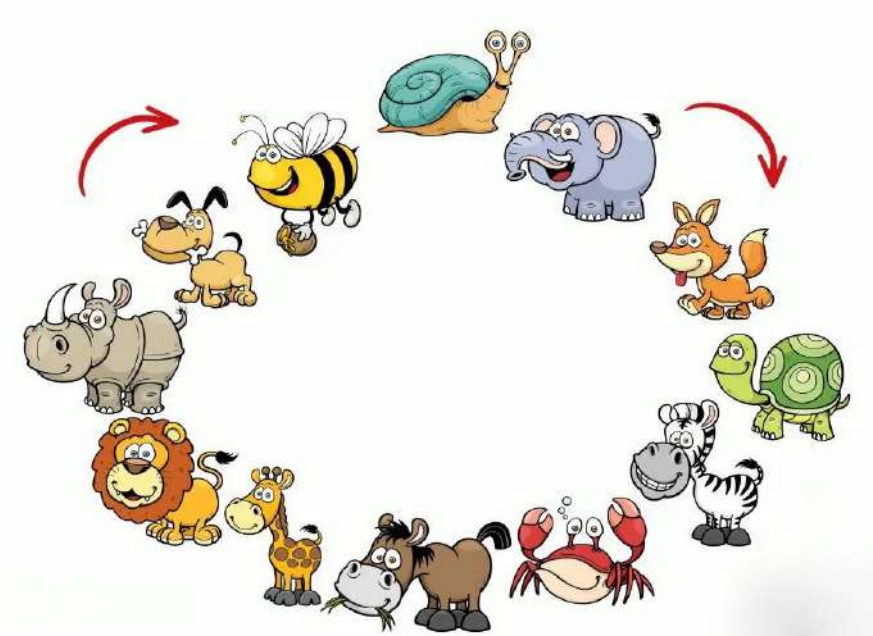
The city folk decided to send six people to touch the animal, and to describe it to all the others.

Upon their return, the six were welcomed by the people, who were impatient to know what that animal might look like

THE P.E.A.R.L.S. PRINCIPLES

SUPPORTING RELATIONSHIP

What kind of animal that is?



THE P.E.A.R.L.S. PRINCIPLES

SUPPORTING RELATIONSHIP

The Animal fairy tale

Upon their return, the six were welcomed by the people, who were impatient to know what that animal might look like.

- *Well, said the first man, this animal is like **a big, rough fan**. He had touched the animal's ears.*
- *Absolutely not, said the second. It's like **a pair of long bones**. He had touched its tusks.*
- *Not at all, said the third, it looks like a **thick rope**. He had touched the trunk.*
- *You don't know anything, said the fourth, it is as powerful and solid as a **tree trunk**. He had touched the animal's legs.*
- *I don't know what you mean, said the fifth, it is like a **wall that breathes**. He had touched its sides.*
- *That's not true, cried the sixth, this animal is like a **long piece of string**. He had touched the tail.*

THE P.E.A.R.L.S. PRINCIPLES

SUPPORTING RELATIONSHIP

The Animal fairy tale

The six inhabitants began to argue, each refusing to listen to the description of the other five. The other people became impatient, not knowing which one was right.
Disturbed by the noise, the prince came to see what was happening.

Sire, said an old man, we sent these men to discover your animal and each has told us something different. We do not know what to think.
The prince listened as the six described the animal again.

After a silence, the prince said:
What all these men say is right and true, but each has only touched one part of the animal, and therefore only knows part of the truth. As long as each thinks that he is the only one who is right, you will not know the whole truth. Do the different colors of the kaleidoscope not join together to form one beautiful picture?

The prince then described the animal by collecting together the six descriptions. And the townspeople finally knew what the extraordinary animal looked like: it was an ELEPHANT!”

Tale inspired by L’alphabet de la sagesse, Johanna Marin Coles and Lydia Marin Ross

THE P.E.A.R.L.S. PRINCIPLES

SUPPORTING RELATIONSHIP

The Animal fairy tale

THE P.E.A.R.L.S. PRINCIPLES

SUPPORTING RELATIONSHIP
PRACTICAL TIPS

1. Create a safe space where beneficiaries can feel welcome and free to express themselves.

2. Show the beneficiary respect, dignity, and unconditional acceptance.

3. Help the beneficiary to break out of his/her isolation and open up to the outside world.

THE P.E.A.R.L.S. PRINCIPLES

THE ACTION PLAN DESIGN (for each professional category)

Indicate the actions you plan to conduct during the “Tutor of Resilience” implementation» that may achieve each resilience-enabling principle

- **P**ositive reframing
- **E**mpowerment
- **A**ctivation and Agency
- **R**ecovery
- **L**istening Actively
- **S**upporting relationship

THE P.E.A.R.L.S. PRINCIPLES

THE ACTION PLAN DESIGN (for each professional category)

- **P**ositive reframing: *Widening the provider's point of view on the beneficiary, to shift his/her perspective from focusing on impairments and psychological wounds, to strengths and capacity to heal.*
- **E**mpowerment: *Assisting beneficiaries to reinforce their own qualities, skills, and talents and mobilize them*
- **A**ctivation and Agency: *Promote the beneficiary's self-reliance that will allow him/her to overcome the traumatic sense of passivity and helplessness and to feel again like the main character of his/her life.*
- **R**ecovery: *Integrate trauma-informed care to enhance beneficiary's emotional recognition and accompany his/her own recovery*
- **L**istening and Communicating Actively: *Provide an active listening that will allow you to welcome the stories and validate the related feelings*
- **S**upporting relationship: *Support the beneficiary through building a trusting relationship with him/her*