



Transforming
Children's Care

GLOBAL COLLABORATIVE PLATFORM

**WEBINAR #6:
TRAUMA-
INFORMED
APPROACHES TO
CARE**

17 November 2021

This webinar
will begin
momentarily.





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WEBINAR #6: TRAUMA- INFORMED APPROACHES TO CARE

17 November 2021

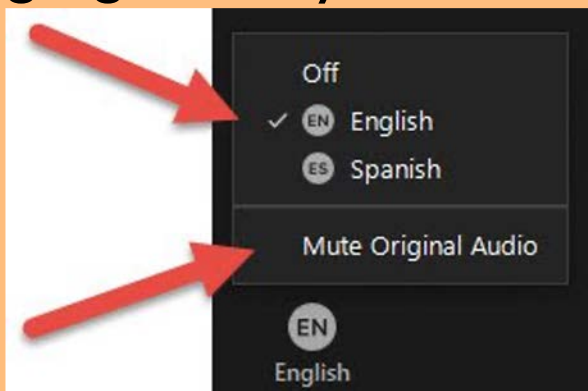


Welcome!

This event has simultaneous interpretation available.

After the host activates language interpretation please follow the instructions below.

1. In your meeting controls, click **Interpretation**. 🌐
2. Click the language that you would like to hear.

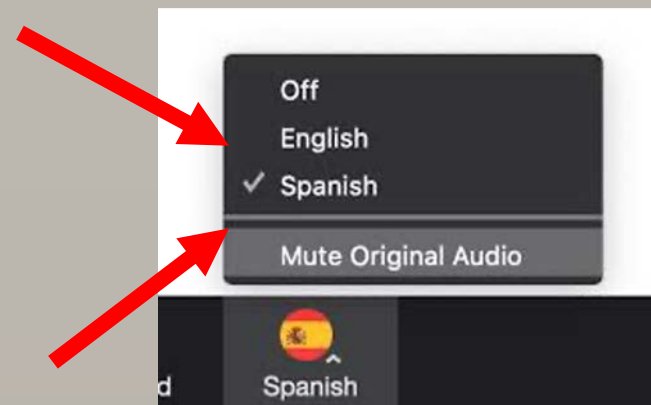


¡Bienvenido!

Este evento cuenta con interpretación simultánea disponible.

Cuando esté activada la interpretación por favor siga las siguientes instrucciones.

1. En los controles de la reunión haga clic en **Interpretar** 🌐
2. Haga clic en el idioma que desee escuchar



WELCOME

- This webinar is part of a series of webinars from the Transforming Children's Care Global Collaborative Platform
- The platform establishes more strategic sector-wide collaboration
- Sign up at the link in the chat to join the platform and receive updates about future webinars



HOUSEKEEPING

- This webinar is being recorded and the recording will be made available to you in Spanish and English.
- Introduce yourself in the chat (select “Panelists and Attendees” when sending a message so everyone can see it)
- Respond to poll questions when they pop up
- Use the Q & A to ask questions and upvote and comment on the questions of other attendees.



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MODERATOR

Kelley Bunkers
Senior Technical Advisor,
Changing the Way We Care
and Senior Associate with
Maestral International



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AGENDA

- Welcome
- Panelist presentations/discussions
 - Innocent Habimfura, Hope and Homes for Children
 - Julie Cooper, Trauma Free World
 - Patricia Flores, Back2Back Mexico A.C.
 - Camille Evans, UNICEF Regional Office for South Asia
 - Kia Hem, Hagar International Cambodia
- Q & A



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POLL #1

Have you ever been trained in trauma-informed care (TIC)?

- Yes, fully trained in TIC
- Yes, have received some training in MHPSS
- No, have never received training
- No, but I have received training in another type of mental health and psychosocial support



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**INNOCENT
HABIMFURA**

Regional Director for East
and Southern Africa |
Country Director for
Rwanda, Hope and Homes
for Children



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RELEVANCE OF **TRAUMA**
INFORMED CARE IN CARE
PROGRAMMING FOR CHILDREN

















I THANK YOU.

**JULIE
COOPER**

Senior Vice President,
Training and Curriculum,
Trauma Free World



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INTRODUCTION TO TRAUMA-INFORMED CARE



WHAT IS TRAUMA?

- The experience of an event that overwhelms a person's capacity to cope
- Perception matters

TYPES OF TRAUMA

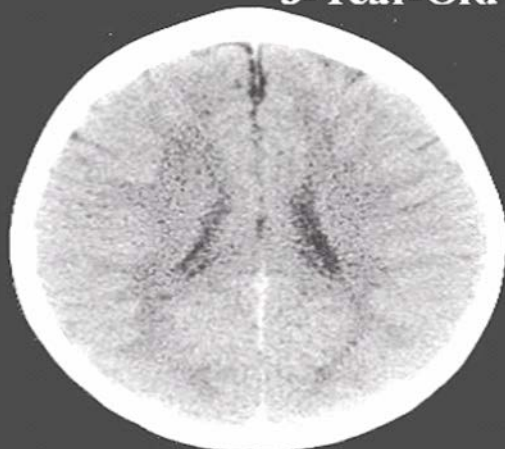
- Acute trauma
- Chronic trauma
- Complex developmental trauma

TRAUMA-INFORMED CARE

- Practices that promote safety, empowerment, and healing.



3-Year-Old Children



Normal



Extreme Neglect

© 1997 Bruce D. Perry, MD., Ph.D., ChildTrauma Academy

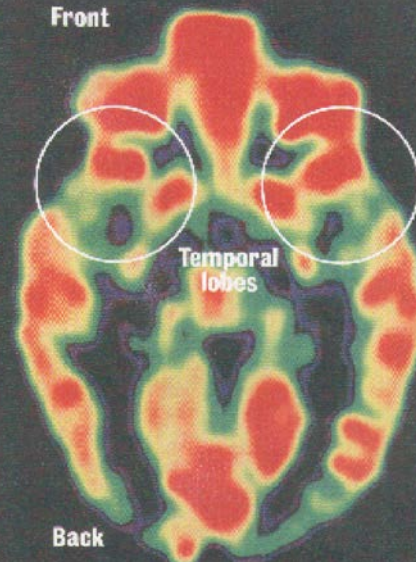
NEGLECT

ABUSE

Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

Front

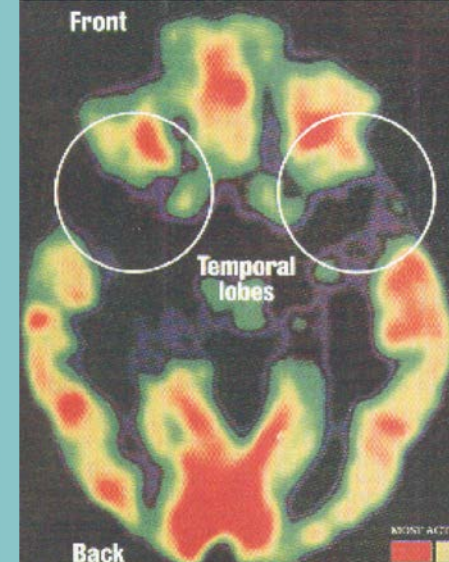


Back

An Abused Brain

This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.

Front



Back

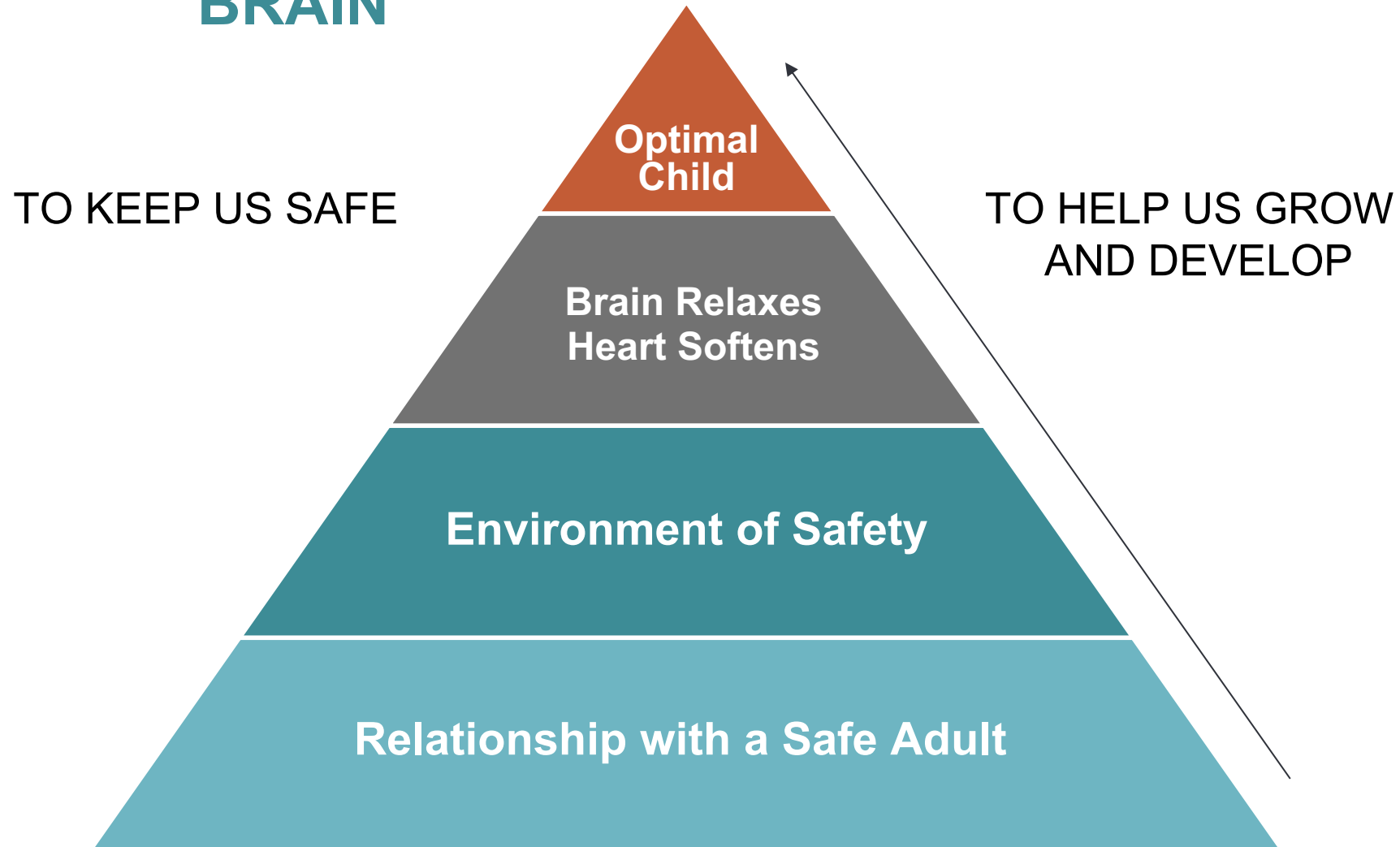
MOST ACTIVE
LEAST ACTIVE

-
- ```
graph LR; A[1 MANIPULATION
2 TRIANGULATION
3 LYING
4 AGGRESSION
5 VIOLENCE
6 CONTROL] --- B[PROTECTIVE STRATEGIES]
```
- 1 MANIPULATION
  - 2 TRIANGULATION
  - 3 LYING
  - 4 AGGRESSION
  - 5 VIOLENCE
  - 6 CONTROL

PROTECTIVE  
STRATEGIES



# TWO MAIN FUNCTIONS OF THE BRAIN



# WHY IS IT IMPORTANT TO LEARN ABOUT AND IMPLEMENT TRAUMA-INFORMED PRACTICE?

## Relationship with a Safe Adult

- What is felt safety?
- How can I really reach a child or adolescent?
- Am I pursuing long-term healing or just momentary behavioural control?

**PATRICIA  
FLORES**

Coordinator of the Foster  
Care Program for  
Back2Back Mexico A.C.



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# TRAUMA INFORMED CARE FOR FOSTER FAMILIES IN MEXICO





# GOALS OF TRAUMA INFORMED CAREGIVERS



UNDERSTAND



RECOGNIZE



RESPOND

# HOW DO WE VIEW CHILDREN'S BEHAVIOR?

WILLFUL  
DISOBEDIENCE

SURVIVAL  
BEHAVIOR

# HOW DO WE RESPOND TO CHILDREN'S BEHAVIOR??



FURIOUS



CURIOUS

# THE FAMILIES NEED TO LEARN CARING FOR THE CHILDREN HOLISTICALLY



EMPOWERING  
(BODY)



CONNECTING  
(HEART)



CORRECTING  
(MIND)

From Trust-Based Relational Intervention; KP-ICD



# THE GOOD NEWS

*“I will praise You, for I am fearfully  
and wonderfully made.”*

*Psalms 139:14*

THE BRAIN CAN CHANGE, GROW, AND  
HEAL OVER A LIFETIME.



DO YOU WANT TO KNOW MORE ABOUT  
TRAUMA COMPETENT CARE?



[hola@traumafreeworld.org](mailto:hola@traumafreeworld.org)



[www.traumafreeworld.org](http://www.traumafreeworld.org)



Trauma Competent Care



## POLL #2

Trauma informed care approaches are:

- Available and offered by other organizations in my context
- Available and offered by my organization/institution/program
- Does not exist in my context
- I don't have any information about whether or not it exists in my context



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**CAMILLE  
EVANS**

Regional MHPSS Capacity  
Strengthening Specialist,  
UNICEF Regional Office for  
South Asia



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# *Promoting Resilience-Informed Care: Holistic Prevention and Response to Adverse Childhood Experiences*

**Changing**  
THE WAY WE  
*care*

A practical  
guidance resource  
for front-line  
workers and  
managers  
promoting family-  
based care



+

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○

# About the Guidance

## **What**

Simple overview of why and how to support children at risk of or have experienced adverse experiences that might lead to distress or trauma.

## **Who for**

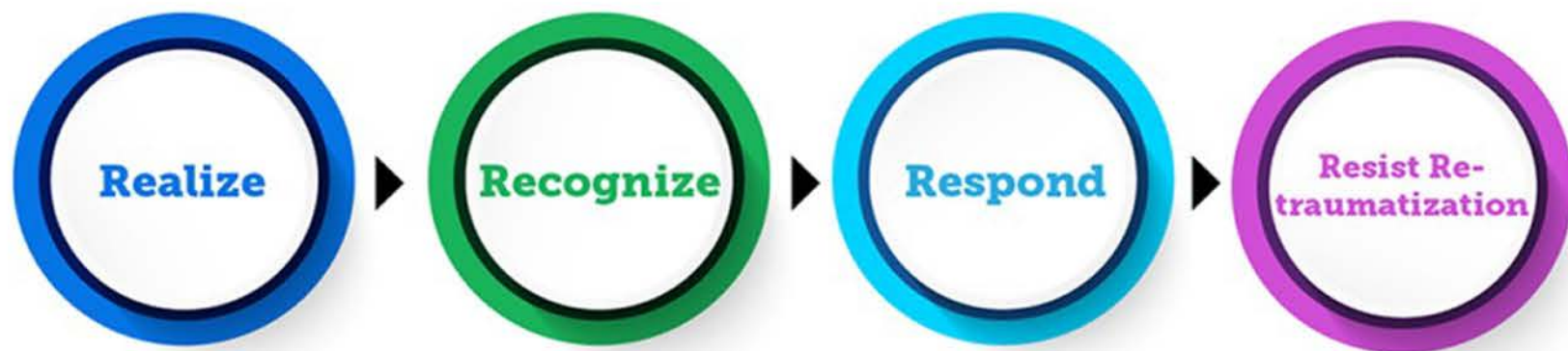
Front-line workers - formal and informal practitioners working with children at risk of entering, living in, transitioning out of care

## **Why**

Children at risk of entering or with experience of alternative care likely to experience violence and other adversities. Front line workers are unlikely to have received much training on identification or practical support to prevent trauma and promote resilience.



*A focus on resilience...*



**Trauma  
Informed Care**

**VS.**

**Resilience  
Informed Care**

**Realize** the widespread impact of trauma and understand potential paths for recovery



**Realize** the impact of ACEs and the subjective experience of everyday stress, distress and traumatic stress

**Recognize** the signs and symptoms of trauma in clients, families, staff, and others involved with the system



**Recognize** protective factors, risks as well as signs & symptoms of distress and its impact on individuals, relationships, families and larger systems

**Respond** by fully integrating knowledge about trauma into policies, procedures, and practices



**Respond** by promoting resilience and integrating a social ecological response based on knowledge about ACEs, distress and the trauma response

**Resist** re-traumatization of children, as well as the adults who care for them



**Resist re-traumatization & pathologizing.** Recognize trauma as an ordinary response in an extraordinary circumstance



---

Imagine these life lessons as 'credit' that builds up in a savings group or in a bank.

---

When we face challenges, we withdraw some of the 'credit' to help us.

---

When surrounded by support, we can keep on putting credit back into the account.

---

Without support or if we are face ongoing challenges, hard to replenish the credit.



# Resilience

- A person's ability to overcome difficult experiences or hardship and continue his or her normal development.
- Ongoing life-long process –protective factors including individual traits, experiences, relationships and enabling environment can teach us how to thrive during good times and hard times

# Protective factors and risk factors that affect resilience

| Protective factors                                                                                                                                                                                                                                                                                                                                         | Risk factors                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Individual: healthy, optimistic, feels loved</li><li>• Family: close relationships, loving and consistent caregiver</li><li>• Community: settled neighborhood, caring leadership</li><li>• Culture that supports child wellbeing</li><li>• Peace, local economy doing well, investment in local services</li></ul> | <ul style="list-style-type: none"><li>• Individual: chronic health conditions that not treated</li><li>• Family: violent, no time for children, neglect</li><li>• Community: communal violence, local tensions, no neighbor support</li><li>• Culture that prevents children from doing well</li><li>• Conflict, lack of local opportunities, poverty, no local leadership or investment</li></ul> |

# Adverse Childhood Experiences (ACEs)



## ABUSE

- Emotional
- Physical
- Sexual



## HOUSEHOLD CHALLENGES

- Violence in the home / IPV
- Mental illness
- Family separation
- Family, household, placement changes
- Substance abuse



## NEGLECT

- Emotional neglect, e.g. name calling, belittling
- Physical neglect, e.g. not caring

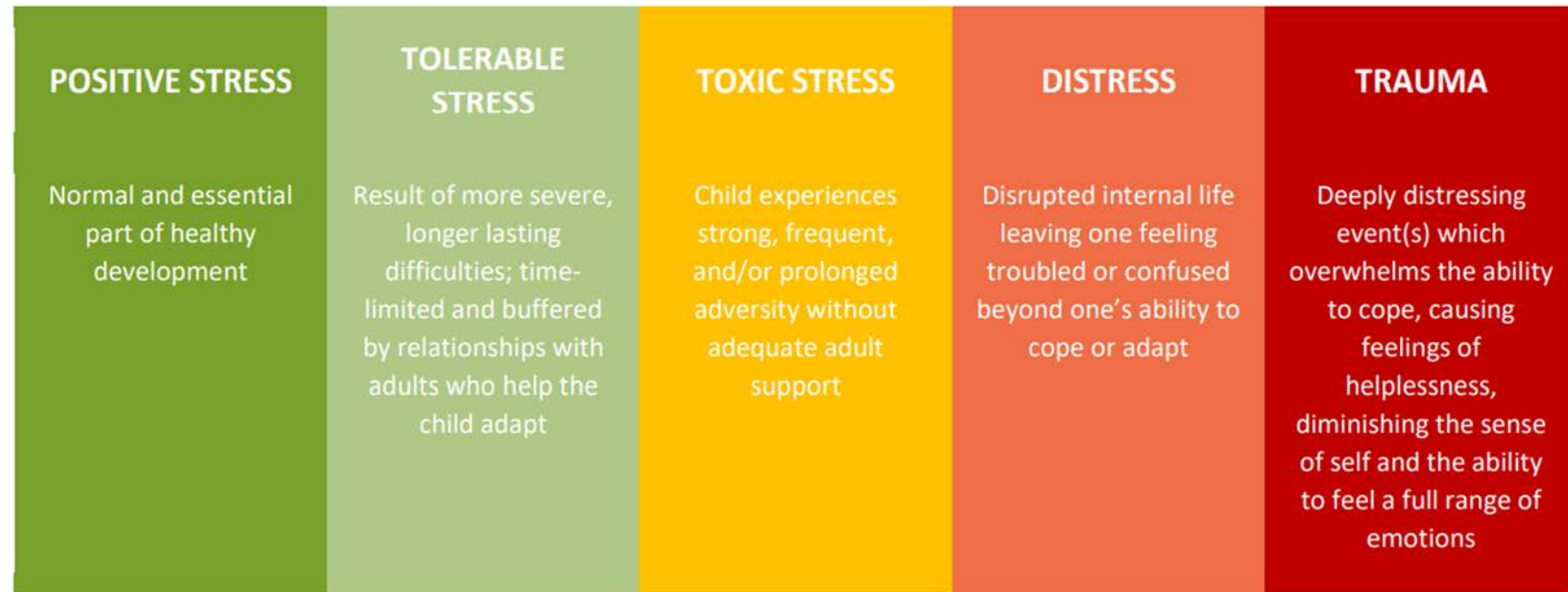


## COMMUNITY VIOLENCE

- Peer violence
- Witnessing community violence
- Exposure to war or collective violence



# What happens when a child experiences ACEs



Hippocampus  
(offline)



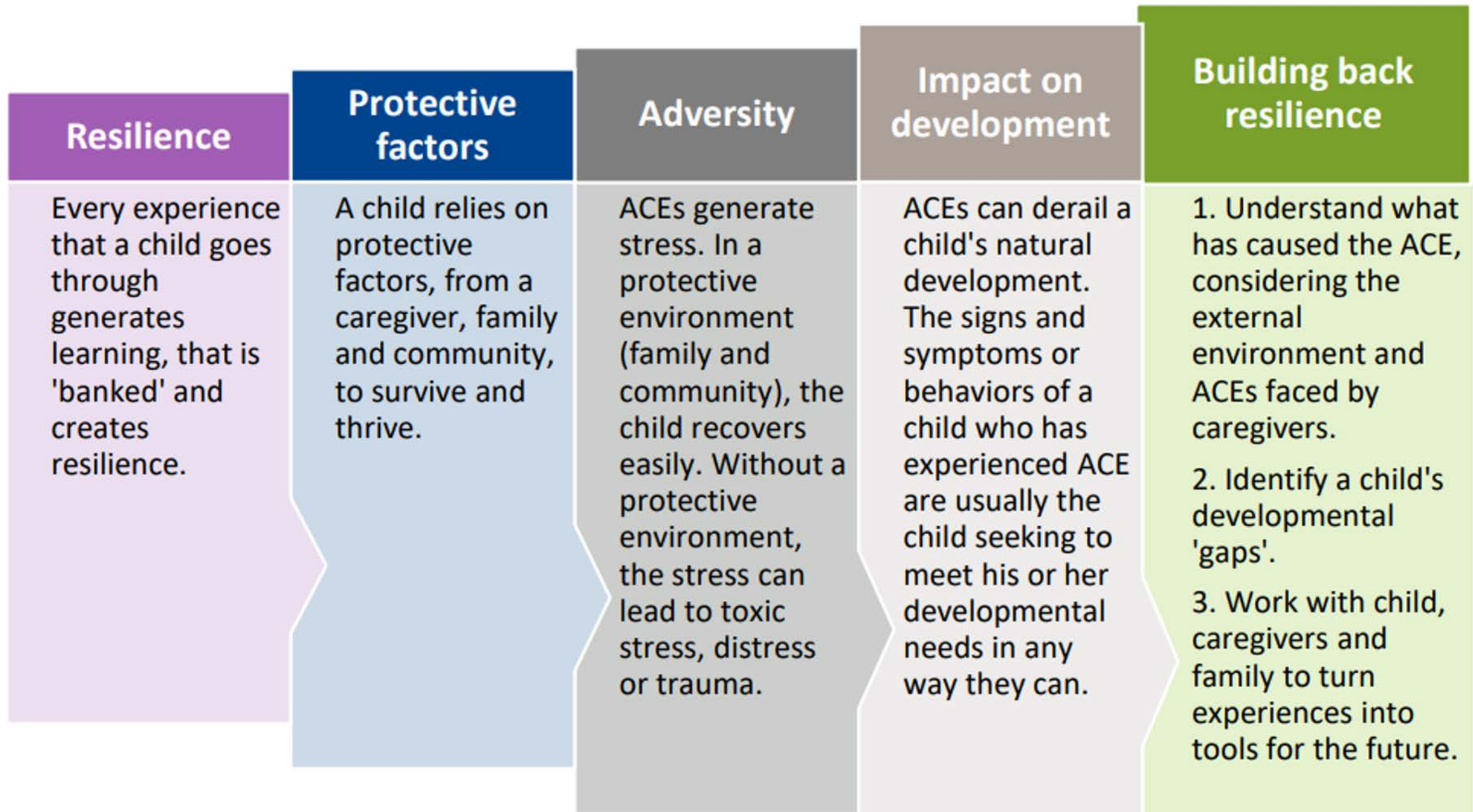
Prefrontal cortex  
(offline)



Body / Brain Ready to Act  
"Fight or Flight"

**Signs and symptoms  
of ACEs**

Physical and  
emotional  
Connected to  
developmental stage

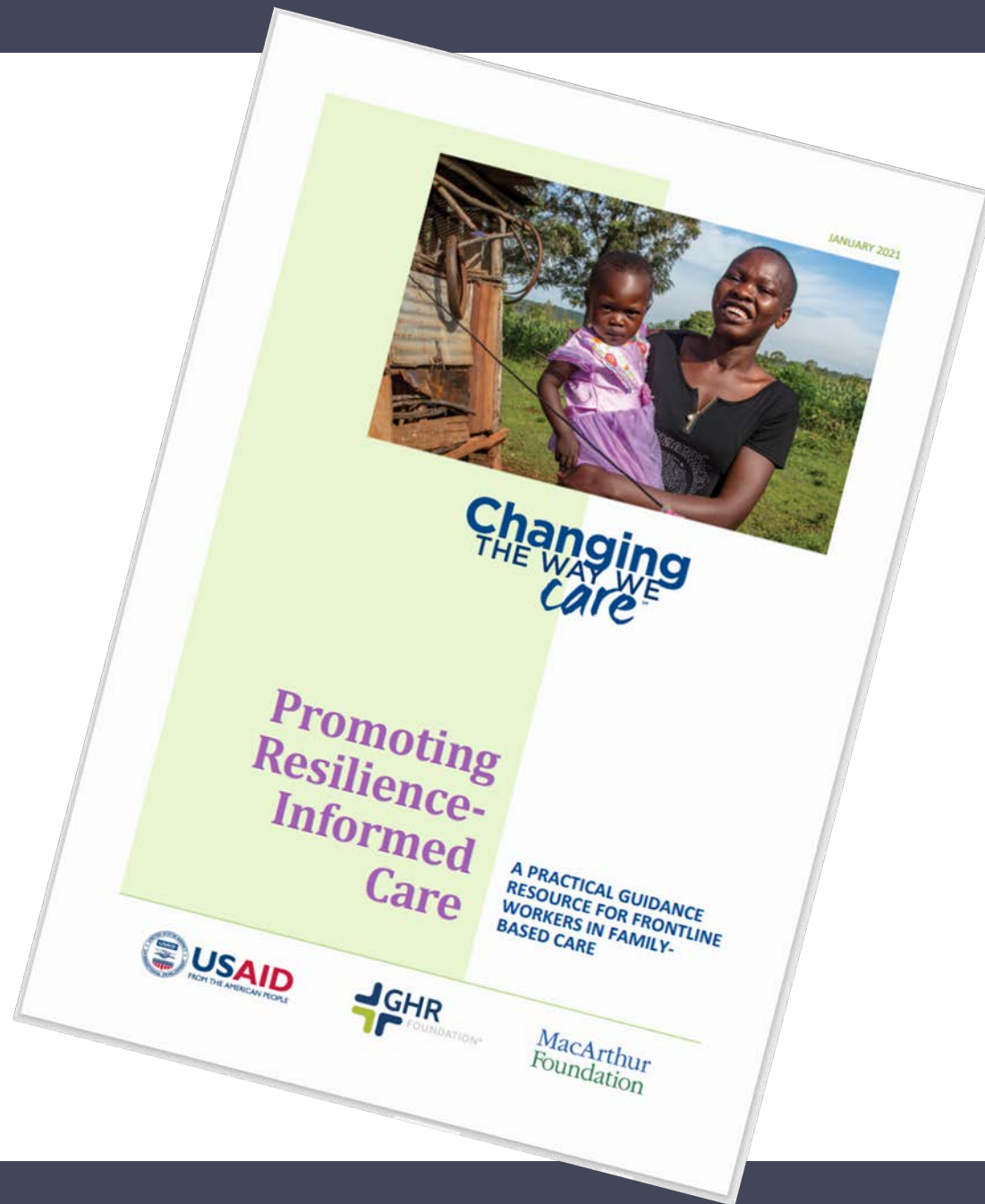




# Opening the bag

- Role of front-line worker in promoting resilience-informed care approach is to help the child:
  - Recognize adversity
  - Name the experience
  - Acknowledge its impact on the child without making a judgement.
- Opening the bag allows you to:
  - Start the engagement process – develop a relationship with the child
  - Assess the child's level of resilience, and how the resilience is demonstrated, reflected in the child's ability to function on a day to day basis
  - Start to identify the ACEs that are affecting the child.
- The guidance provides practical tools to 'open the bag' during the assessment phase





Thank you!

**KIA HEM**

# TIC and Technical Manager, Hagar International



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# HAGAR

The whole journey

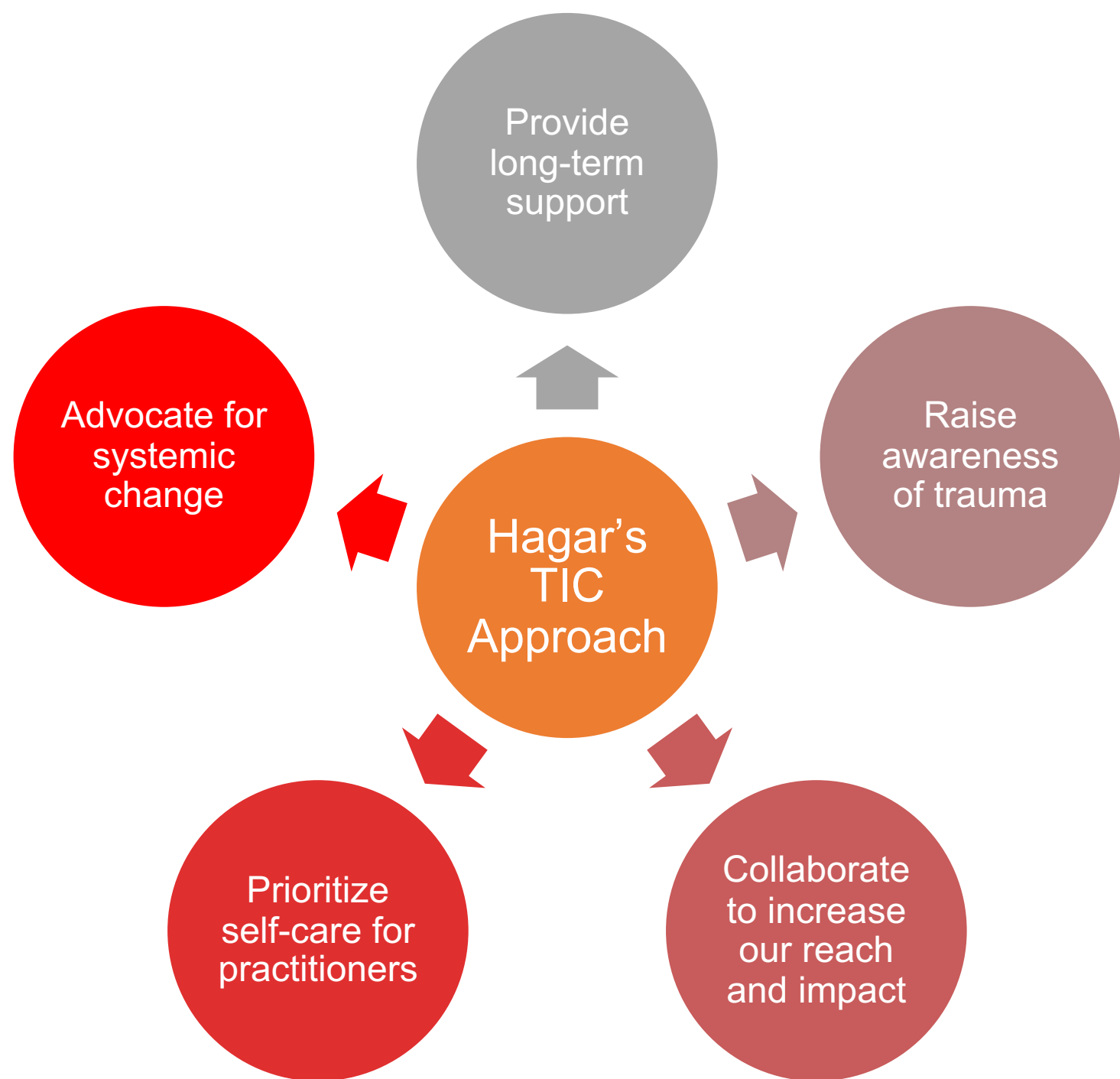


**HAGAR'S TRAUMA-INFORMED CARE APPROACH AND INTEGRATION**  
17<sup>th</sup> November 2021



# HAGAR's TIC Approach

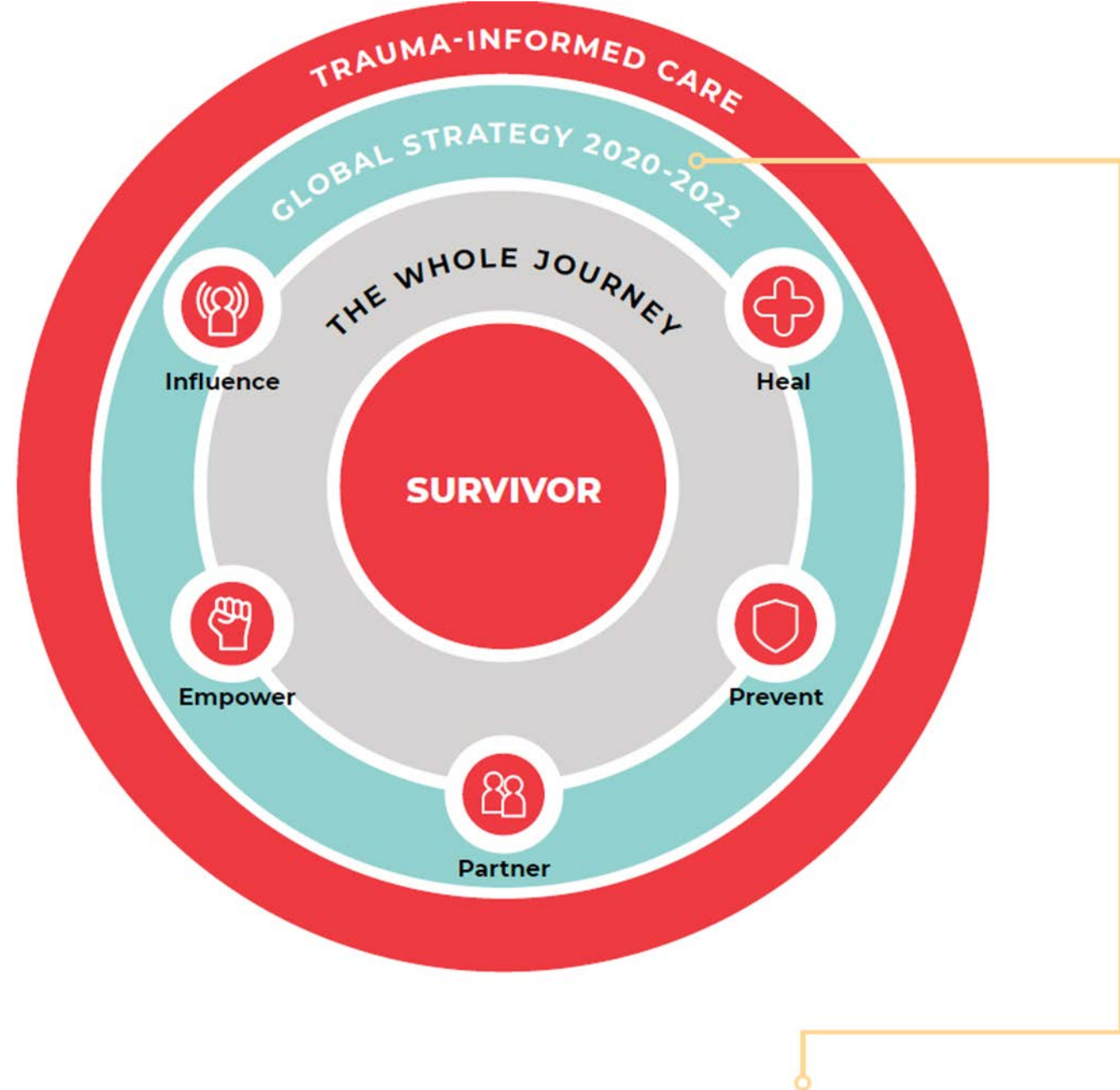
**HAGAR**  
The whole journey



# HAGAR's TIC Approach

HAGAR

The whole journey



Hagar's Global Strategy 2020-2022 is driven by **Five Strategic Goals** that are underpinned by our experience in Trauma-Informed Care.

# Building a Trauma-Informed Community

Where we share the same:


- Knowledge
- Values
- Language
- Practice



*When healing happens, the cycle of trauma stops.*



# The Foundations of Recovery



The healing journey for each client and staff must be an individual journey.

Healing takes place through safe caring supportive relationships.

Staff provide support based on the 6 key principles of Trauma-Informed Care.

***When healing happens, the cycle of trauma stops.***

# Hagar's TIC Approach for Foster Care

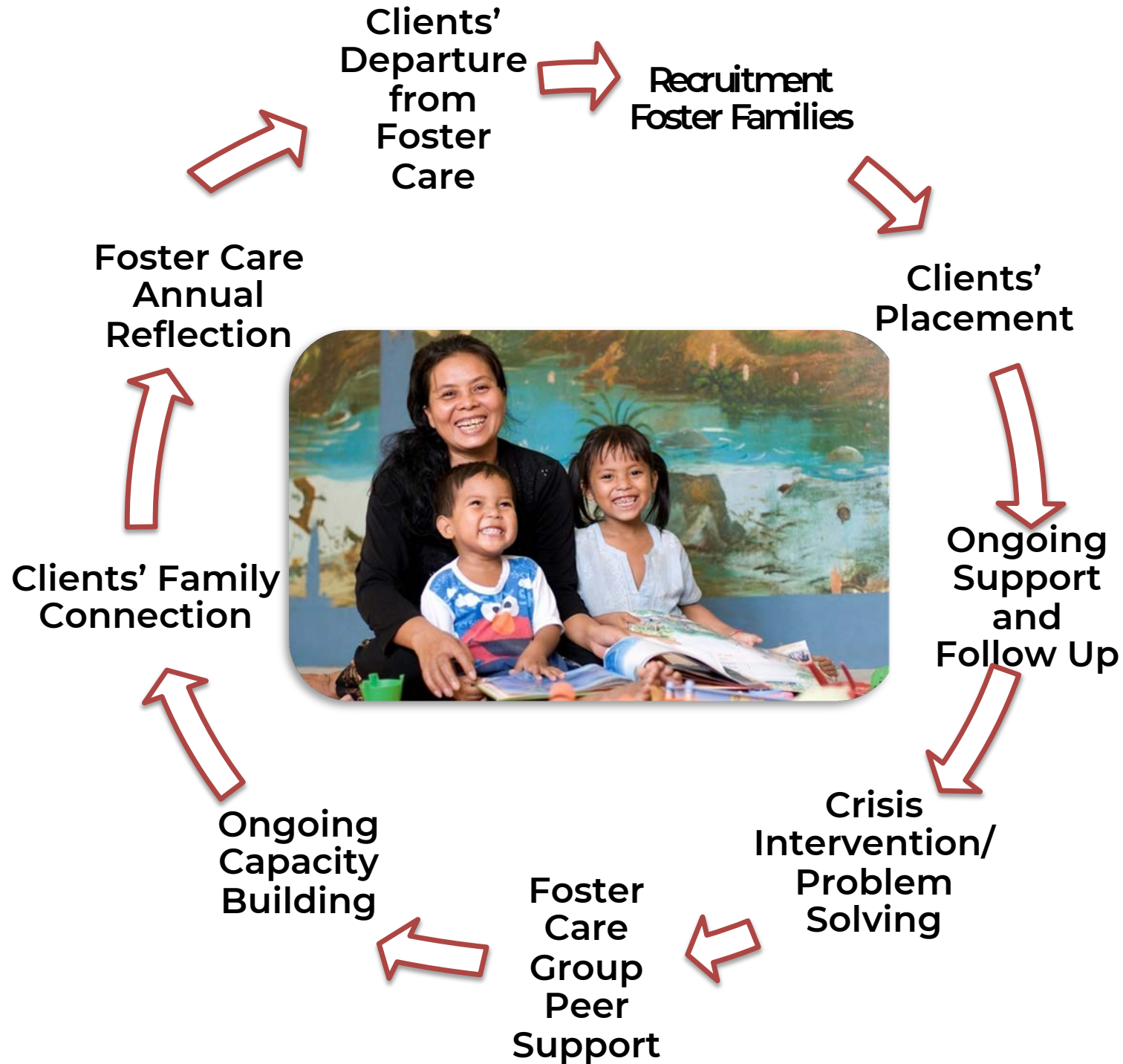
The aim of Foster Care is to provide **foster placements** for the short and long term care of children who are **unable to stay** with their family of origin because of **serious safety** concerns. It is a family-like approach that helps children to live in a **normal family life** prior to **reintegration**.



*When healing happens, the cycle of trauma stops.*

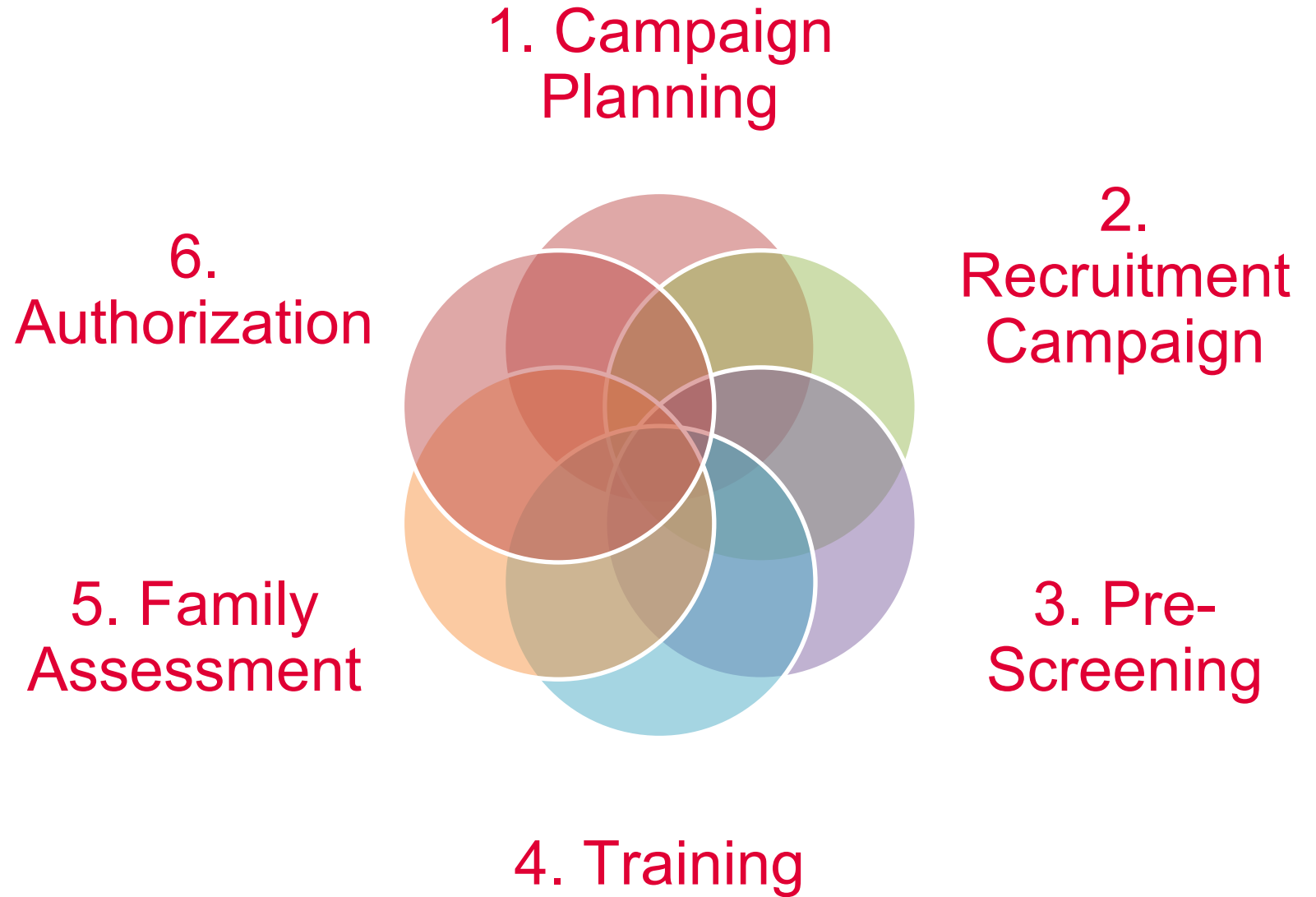
# Hagar's TIC Approach for Foster Care

**HAGAR**  
The whole journey





# Foster Families Recruitment Process



# Clients' Placement Process in Foster Care



*When healing happens, the cycle of trauma stops.*



*Thank you.*

HAGAR

The whole journey

<https://hagarinternational.org/info@hagarinternational.org>

Facebook HAGARInternational / Twitter @HAGARIntl

LinkedIn HAGAR / YouTube HAGARinternational



## POLL #3

What further information on TIC would you find useful (tick all that apply?)

- Access to more training on TIC
- Case studies, tools, and experiences on how to support foster carers on TIC
- Case studies, tools, and experiences on how to support adoptive families on TIC
- Practical guidance for front-line community workers
- Community of Practice on Care Reform and TIC



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# Q&A



# THANK YOU FOR JOINING!

Please see the chat box for a link to learn more about the [Transforming Children's Care Global Collaborative Platform](#) and find out how to join.

We will be sending you a link to the webinar recording and slides in a follow-up email shortly. If you have questions, comments or recommendations for future webinar topics, please send them to:

[contact@transformcare4children.org](mailto:contact@transformcare4children.org)

En el chat encontrará un enlace para obtener más información sobre la [Plataforma de Colaboración Mundial para la Transformación de la Atención Infantil](#) y saber cómo unirse a ella.

En breve le enviaremos un enlace a la grabación del seminario web y a las diapositivas en un correo electrónico de seguimiento. Si tiene preguntas, comentarios o recomendaciones para los temas de futuros seminarios web, envíelos a:

[contact@transformcare4children.org](mailto:contact@transformcare4children.org)



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