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Supporting Learners with Trauma in Non-Formal Educational Settings

A Workbook from the COPE Project

With materials for the COPE Training Course



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ABOUT COPE

Many individuals who have experienced difficult and traumatic situations, such as refugees or forcibly displaced persons, often face mental health challenges like post-traumatic stress disorder (PTSD), depression, and anxiety. Studies show that approximately one-third of refugees may experience these mental health issues. At the time of the duration of this project similar issues have been observed among internally displaced people in Ukraine.

Accessing the necessary support for these mental health challenges can be difficult due to various barriers. These include the stigma surrounding mental health, a lack of awareness among both individuals and healthcare providers, limited resources, and a lack of expertise in providing trauma-focused care. This situation also affects the helpers, volunteers, and educators who work with trauma survivors. They may experience secondary or vicarious trauma or find themselves in situations that trigger trauma in the individuals they are trying to support. Existing resources and materials to support these helpers are limited.

The COPE project seeks to address these gaps and challenges. All project partners, including organizations and individuals working with refugees, have firsthand experience with these issues. They understand the lack of practical resources, training, and e-learning materials for educators and volunteers in this context.

The project aims to:

- Collect and review best practices and approaches used to prepare educators across various sectors in Europe to work with trauma survivors.
- Develop training courses for non-formal adult educators and volunteers, using situational simulations to help them manage critical situations in classrooms or other environments.
- Create easy-to-understand infographics and compile them into a handbook.
- Develop an e-learning course.
- Launch an awareness campaign targeting adult educators via platforms like EPALE and social networks, helping them understand trauma and reduce stigma.

The project's goal is to equip educators with the skills and competencies they need to support trauma survivors, ultimately assisting them in reintegrating into European society. This, in turn, will help reduce the impact of the war on the European education sector.

The COPE project is innovative because it adapts the established methodology of Simulation-Based Education in Trauma Management to the needs of adult educators and volunteers. While there are existing resources and practices for psychologists, there is a significant gap when it comes to educators and volunteers working with trauma survivors. COPE seeks to fill this gap with a practical and urgently needed approach. Additionally, the project includes a needs assessment, including empathy interviews with adult educators from Ukraine, ensuring cultural sensitivity and relevance. An awareness campaign and training formats will also work to combat stigma associated with trauma.

COPE has the potential to create synergies across different fields of education, training, youth work, and sports. While its primary focus is on non-formal adult educators and volunteers, the materials and simulations can be adapted to other sectors, such as vocational education and training, higher education, youth work, and sports coaching. COPE aims to create a transferable approach that can benefit individuals across various learning and support environments.



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MORE INFORMATION



INTRODUCTION

STRUCTURE OF THE WORKBOOK

WHAT WILL YOU FIND IN THE WORKBOOK AND HOW TO USE IT?

INTRODUCTION

UNDERSTANDING TRAUMA IN SIMPLE TERMS

Trauma happens when something deeply upsetting or dangerous happens to a person, leaving them feeling unsafe or overwhelmed. This could be a big event like an accident, war, or disaster. But it can also come from smaller, ongoing experiences, like being ignored or hurt emotionally as a child. Trauma isn't just about what happens - it's about how it affects someone inside, making it hard for them to feel safe or manage stress.

How trauma affects us:

- **Body and Brain:** Trauma can change how our brain and body work. For example, some people may feel “on edge” all the time, jumpy, or overly sensitive to small things that remind them of the bad experience.
- **Feelings and Relationships:** It can make people feel scared, helpless, or stuck, even when they're in a safe place. It may also make it hard to trust or connect with others.

Different views on trauma

Experts have different ways of explaining trauma. Here's what some of them say:

- **Dr. Bruce Perry:** Trauma changes the way the brain handles stress. It can make people react too strongly to things that others might not find stressful (Supin, 2016).
- **Bessel van der Kolk:** Trauma isn't just about what happened in the past. It's about how that event lives inside someone today, making them feel unsafe or scared in their body and mind (van der Kolk, 2014).
- **Gabor Maté:** Trauma is like a wound inside us. It's not about the event itself but how it hurts us emotionally and physically (Maté, 2019).
- **Dr. Judith Herman:** Trauma often involves something that feels life-threatening, like violence or danger. It can leave people feeling powerless and unable to cope (Herman, 1992).
- **Russ Harris:** Trauma can make it hard for people to move forward. Learning to accept what happened and focusing on what's important in life can help (Harris, 2009).

What makes trauma personal?

Not everyone reacts the same way to the same event. What feels like trauma to one person might not feel that way to another. For example, something small to others, like being teased, might feel very hurtful to someone with a history of being ignored or put down. This is why trauma is personal - it depends on how the person feels and what they've been through before.

Why some people don't see their trauma?

Sometimes, people don't realize they've been through trauma, especially if it's from something like emotional neglect or ongoing stress during childhood. They might think, "It wasn't that bad," or compare themselves to others who've been through worse. This can lead to more hurt, especially if their pain is dismissed by others or by themselves.

Why does awareness and support matter?

Recognizing trauma is important because it helps people understand what's going on inside them. When trauma isn't seen or acknowledged, it can lead to more harm, like feeling misunderstood or being retraumatized. This is why we need Trauma-Informed Approach and Care - helping that makes people feel safe, respected, and understood. Non-formal educators like mentors, coaches, or community leaders can play a big role in people's lives, including those with a history of trauma. By learning about trauma and how it shows up, they can create spaces where people feel supported and valued. This helps in healing and building confidence.

Conclusion

Trauma can come from big or small events, but what matters is how it affects the person. It changes how they feel about themselves and the world around them. Understanding trauma and offering kindness and support can help people feel safe and start to heal. Whether you're a caregiver, educator, or friend, knowing these basics can make a big difference in someone's life and your safety.

References

- Harris, R. (2009). *The Happiness Trap: How to Stop Struggling and Start Living*. New Harbinger Publications.
- Herman, J. L. (1992). *Trauma and Recovery: The Aftermath of Violence-from Domestic Abuse to Political Terror*. Basic Books.
- Maté, G. (2019). *When the Body Says No: Understanding the Stress-Disease Connection*. Vintage Canada.
- Supin, E. (2016). Dr. Bruce Perry: Understanding the Effects of Trauma. [Source].
- van der Kolk, B. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Viking.

STRUCTURE – WHAT IS THIS WORKBOOK AND HOW TO USE IT?

This workbook is divided into seven areas of focus related to professional care in the context of psychological trauma, guided by principles of **Trauma-Informed Care (TIC)** and the **Trauma-Informed Approach (TIA)**. These chapters provide a foundation for understanding, applying, and facilitating trauma-sensitive practices. To ground these practices, we first define trauma:

Definition of Trauma

- **The American Psychiatric Association (APA)** defines trauma as an emotional response to a distressing event or series of events that overwhelms an individual's ability to cope. It may involve a threat to life or bodily integrity and often leads to lasting physical, emotional, and psychological effects. Trauma can arise from a variety of experiences, such as accidents, natural disasters, abuse, or violence (American Psychiatric Association, 2021).
- **The Substance Abuse and Mental Health Services Administration (SAMHSA)** expands on this, describing trauma as resulting from an event, series of events, or set of circumstances that are experienced by an individual as physically or emotionally harmful or threatening. These experiences have lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (Substance Abuse and Mental Health Services Administration, 2014).

With these definitions in mind, the following chapters delve into key principles of Trauma-Informed Care. Based on a review of research, models of Trauma-Informed Care, and the Trauma-Informed Approach, seven sections were selected to guide this program:

1. **Safety-** focuses on creating safe environments, including the importance of responsibility and clear boundaries.
2. **Trust-** emphasizes building trust through transparent communication and consistent actions.
3. **Support-** covers strategies for peer support, self-help, and fostering connection in the healing process.
4. **Collaboration-** highlights mutuality and reciprocity as key elements in working effectively with individuals and communities.
5. **Empowerment-** encourages autonomy by strengthening individual agency, amplifying voice, and promoting informed choice.
6. **Culture-** explores the impact of cultural, gender, and national identity, with an emphasis on understanding and respecting diversity and the needs of minorities.
7. **Trauma Awareness-** focuses on understanding the effects of trauma, fostering responsiveness, and integrating values of humility and attentiveness to individual needs.

THE IDEA BEHIND THE WORKBOOK

The COPE program is grounded in an international **needs assessment** that examined the training requirements of non-formal educators. This research was designed to:

- Identify gaps in trauma-related knowledge and competencies.
- Explore how trauma is understood and addressed in practice.
- Assess educators' readiness to work with trauma survivors.
- Define the tools and systemic support needed for safe and effective trauma-informed education.

Methodology

A qualitative, multi-method approach was used to capture both depth and diversity of perspectives:

- Non-directive interviews following Carl Rogers' person-centered approach.
- Open-ended questionnaires for educators and experts across Europe.
- Thematic analysis (Braun & Clarke, 2006) to identify recurring themes.
- Literature review to integrate current best practices in trauma-informed training.

The workbook is designed to **facilitate** an educational process by guiding users through:

- **Gaining knowledge:** Learning about trauma and its impacts.
- **Sharing and applying knowledge:** Developing skills through collaborative and practical exercises.
- **Recognizing and refining abilities:** Translating knowledge and skills into effective actions to build robust competencies.

KNOWLEDGE, SKILLS, AND COMPETENCIES

The workbook is structured to progressively build:

- **Knowledge**
Foundational information about trauma, educational processes, and basic psychological support.
- **Skills**
The ability to recognize, organize, plan, and act effectively in contexts involving emotional trauma.
- **Competencies**
Integrating knowledge and skills into practice by:

Designing scenarios for trauma-informed care.

Modifying and enhancing scenarios through feedback and reflection.

Applying critical thinking and curiosity to improve processes.

ASSUMPTIONS OF THE WORKBOOK EDUCATION METHODS

The workbook operates on four core principles to encourage active learning:

- **Cooperation:** Co-creating scenarios and solutions collaboratively.
- **Commenting:** Modifying and refining scenarios based on feedback.
- **Critique:** Encouraging constructive critique and building dialogue.
- **Curiosity:** Asking questions and fostering openness toward explorations.

By blending these elements, the workbook becomes a dynamic tool for building trauma-informed practices and fostering both professional and personal growth, through the exercises that can be commented on, criticized, curiously explored and created by cooperation more adequately for the facilitator, the training group or the institution.

FACILITATORS OF COPE FOR HOPE

Who can be a facilitator?

Facilitators play a pivotal role in ensuring the success of the **COPE** program by creating safe, engaging, and culturally responsive, learning environments.

To effectively guide participants through this workbook, facilitators should meet the following criteria.

Facilitators play a pivotal role in ensuring the success of the COPE program by creating safe, engaging, and culturally responsive learning environments.

To effectively guide participants through this workbook, facilitators should meet the following criteria:

1. **Language and cultural competence.**

- Facilitators should speak the same language as the participants to ensure clear communication and minimize misunderstandings.
- Ideally, they should also share or deeply understand the cultural background of participants, enabling them to address sensitive topics with respect and relevance.

2. **Educational background**

- While a higher educational background is not mandatory, facilitators are expected to have at least completed high school education to ensure they can deliver the content effectively and confidently.

3. **Passion for education and support**

- A genuine interest in educating and supporting others is crucial. Facilitators should have a strong desire to help participants grow, learn, and overcome challenges, reflecting a compassionate and non-judgmental approach.

4. **Comprehensive training**

- Before leading a cope group, facilitators should go through the full training process — completing the online course, reading the workbook, and taking time to reflect on the materials. This helps them understand the approach from the inside, experience the exercises themselves, and learn how to support participants with care and confidence.

5. **Application of TIC and CopeForHope principles**

- Facilitators should not only teach the principles of trauma-informed care and COPE but also embody these practices in their own lives. By modelling empathy, respect, and self-awareness, they can inspire trust and encourage participants to engage fully in the program.

ADDITIONAL GUIDANCE AND RESOURCES

Self-Help Plus (SH+) is a stress management program developed by the World Health Organization (WHO) that consists of a 5-session course designed to help individuals manage stress effectively. Delivered by non-specialist facilitators who have undergone brief training, the course can accommodate up to 30 participants. Facilitators use pre-recorded audio and an illustrated guide titled *Doing What Matters in Times of Stress* to teach key stress management skills. The program is designed for adults experiencing stress, regardless of their background or environment.

Research has shown that SH+ significantly reduces psychological distress and helps prevent mental health disorders. It is particularly effective as an initial step in a stepped-care approach to mental health or as part of broader community interventions. The SH+ course can be integrated with other mental health initiatives to provide holistic support.

For facilitators, the WHO provides a detailed Self-Help Plus (SH+) Training Manual which offers guidance on delivering the course. This manual includes valuable resources (through QR codes referring to broader materials - as we do here below the text) and real-life scenarios from experienced SH+ trainers, to help facilitators prepare and deliver the course content effectively.

The manual, available in multiple languages, offers SH+ audio files in English and several other languages, including Arabic, French, Juba Arabic, Portuguese (adapted for Brazil), Spanish, Turkish, and Ukrainian. These resources can be found on the WHO's official website, where facilitators can also access training materials tailored to different languages and cultural contexts.

For more information, including the complete SH+ facilitator training manual and audio files, visit the WHO website.

The SH+ program and its resources are licensed under CC BY-NC-SA 3.0 IGO. ISBN: 9789240035119 Number of Pages: 256

For detailed preparation and access to the course materials, refer to the SH+ facilitator manual, which offers in-depth instructions and practical advice for delivering stress management skills to individuals in various settings.

World Health Organization. (2024). *The Self-Help Plus (SH+) training manual: For training facilitators to deliver the SH+ course* (p. 47). Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO. ISBN: 9789240035119.



DISCLAIMER

PRACTICE WISELY

COPE PROJECT DISCLAIMER

PRACTICE WISLEY

DISCLAIMER

The information contained in all parts of the COPE Project is readily available to anyone interested through international literature on the subject. The concepts, information, scientific theories, and interdisciplinary applications included in this project have been organized to be valuable to individuals from diverse professional backgrounds who offer assistance and services to students, teachers, school personnel, clients, patients, or service users in various settings, nations, and cultures.

While the scientific knowledge and applications presented in this project are freely accessible through various scientific publications and databases worldwide, the practical implementation of these insights is governed differently across countries by their respective laws, regulations, and professional codes of ethics. These regulations and ethical guidelines often differ from one country to another, reflecting the unique legal frameworks and standards of each region.

All materials accessed through the COPE Project are offered with the clear intention of respecting all relevant laws and regulations. No part of this course should be interpreted or used for purposes other than those stated.

It remains an essential duty for every professional and organization to act with scientific integrity and ethical responsibility, which includes full adherence to the regulations in their country, respect for the specific competencies of other professions, an awareness of one's own limits and knowledge, and adherence to the boundaries that define their profession or role. Professionals must also comply with the internal rules of their respective organizations.

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AS YOU ENGAGE WITH THE PRINCIPLES OF TRAUMA-INFORMED CARE (TIC), APPROACH THIS MATERIAL WITH EMPATHY, SELF-AWARENESS, AND A COMMITMENT TO SELF-REFLECTION.

TIC IS NOT A SUBSTITUTE FOR PROFESSIONAL THERAPY, NO DOES IT OFFER DIAGNOSTIC TOOLS. INSTEAD, IT PROVIDES A FRAMEWORK FOR FOSTERING SAFE, RESPECTFUL, AND SUPPORTIVE ENVIRONMENTS. WHEN APPLYING THESE PRINCIPLES, PRIORITIZE BOTH YOUR WELL-BEING AND THAT OF OTHERS, STAYING MINDFUL OF YOUR OWN BOUNDARIES AND LIMITATIONS. PRACTICE THOUGHTFULLY BY REMAINING CURIOUS, OPEN TO LEARNING, AND RESPECTFUL OF THE UNIQUE EXPERIENCES OF THOSE YOU WORK WITH.

IF AT ANY POINT YOU FEEL TRIGGERED OR ENCOUNTER SITUATIONS BEYOND YOUR KNOWLEDGE OR EXPERTISE, PAUSE AND PRIORITIZE YOUR OWN CARE. SEEK GUIDANCE FROM EXPERIENCED PROFESSIONALS OR RECOMMEND APPROPRIATE RESOURCES WHEN NECESSARY. REMEMBER, BUILDING A TRAUMA-INFORMED SPACE STARTS WITH MINDFUL INTENTION, ONGOING EDUCATION, AND A DEEP RESPECT FOR EACH PERSON'S INDIVIDUAL JOURNEY.

GLOSSARY

TRAUMA-INFORMED CARE (TIC) TRAUMA-INFORMED APPROACH (TIA)

UNDERSTANDING THE LANGUAGE OF TRAUMA-INFORMED CARE AND APPROACH

Essential terms for understanding and applying TIC and TIA

TIC and TIA Glossary

Acceptance: a willingness to allow and make room for uncomfortable thoughts, feelings, and sensations without trying to avoid or suppress them. Acceptance is about acknowledging the presence of these experiences without struggling against them. Source: Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). Guilford Press.

Acute Trauma: a single traumatic event that occurs at a specific point in time, such as a car accident, assault, or sudden loss of a loved one. Source: American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

Adverse Childhood Experiences (ACEs): potentially traumatic events that occur during childhood (0-17 years) such as abuse, neglect, witnessing domestic violence, substance misuse in the household, or parental separation. ACEs have been linked to long-term health and behavioral issues. *The Role of Adverse Childhood Experiences (ACEs) in Substance Misuse Prevention*. Source: Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/S0749-379_7\(98\)00017-8](https://doi.org/10.1016/S0749-379_7(98)00017-8)

Andragogy: The theory and practice of adult learning, which emphasizes the needs and motivations of adult learners. Non-formal education programs targeting adults often use andragogical approaches, focusing on self-directed learning and practical applications. Source: Knowles, M. S. (1980). *The modern practice of adult education: From pedagogy to andragogy*. Cambridge Adult Education.

Capacity Building: The process of developing the knowledge, skills, and resources necessary for individuals and communities to achieve their goals and improve their well-being. Capacity building is a key goal of many non-formal education initiatives. Source: Eade, D. (1997). *Capacity- building: An approach to people-centered development*. Oxfam.

Chronic Trauma: repeated and prolonged exposure to a traumatic event or series of events over an extended period, such as ongoing abuse, domestic violence, or living in a war zone. Source: Herman, J. L. (1997). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books.

Cognitive Distortions: irrational or exaggerated thoughts that can negatively influence how an individual perceives themselves and the world. Examples include black-and-white thinking, catastrophizing, or overgeneralizing. These distortions are common in trauma survivors. Source: Beck, A. T. (1976). *Cognitive therapy and emotional disorders*. International Universities Press.

TIC and TIA Glossary

Collaboration and Mutuality: Emphasizing shared decision-making and partnerships. Collaboration respects each individual's contributions, promotes equality, and values teamwork in achieving common goals. Source: Bloom, S. L. (2013). *Creating Sanctuary: Toward the Evolution of Sane Societies* (2nd ed.). Routledge.

Community-Based Learning: A learning approach that involves using community resources, experiences, and local knowledge to support education. Community-based learning often encourages collaborative efforts to address local challenges and foster social change. Source: Smith, M. K. (2001). Community-based learning and education. *The Encyclopaedia of Informal Education*. Retrieved from www.infed.org.

Community Engagement: The process of working collaboratively with community members to address issues that impact their well-being. Community engagement is central to non-formal education, as it involves participatory approaches and active involvement of learners in the community. Source: Centers for Disease Control and Prevention (CDC). (2011). *Principles of community engagement*. U.S. Department of Health and Human Services.

Complex Trauma: a type of trauma that results from multiple, prolonged, or repeated traumatic experiences, often beginning in childhood. It involves the impact of exposure to multiple traumatic events and their long-term effects on a person's development and relationships. Source: Courtois, C. A., & Ford, J. D. (2009). *Treating complex traumatic stress disorders: An evidence-based guide*. Guilford Press.

Cultural Awareness: The recognition and understanding of the differences and similarities between cultures, including one's own, without assigning value judgments to those differences. Source: Betancourt, J. R., Green, A. R., & Carrillo, J. E. (2003). Cultural competence in health care: Emerging frameworks and practical approaches. *The Commonwealth Fund*.

Cultural Competence: The ability to interact effectively with people of different cultures by being aware of one's own cultural worldview, gaining knowledge about different cultural practices, and developing skills to work respectfully in diverse settings. Source: Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing*, 13(3), 181–184. <https://doi.org/10.1177/10459602013003003>.

Cultural, Historical, and Gender Sensitivity: Recognizing the influence of cultural, historical, and gender-related factors on trauma. This principle involves being mindful of diverse perspectives, systemic inequities, and historical injustices. Source: Brown, L. S. (2008). *Cultural Competence in Trauma Therapy: Beyond the Flashback*. American Psychological Association. <https://doi.org/10.1037/11652-000>.

TIC and TIA Glossary

Cultural Humility: An ongoing process of self-reflection and self-critique, acknowledging that no one can fully understand another person's culture. It emphasizes openness to learning from others and recognizing the limits of one's knowledge about different cultures. Source: Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117–125. <https://doi.org/10.1353/hpu.2010.0233>.

Cultural Identity: A person's sense of belonging to a particular culture or group, shaped by shared traditions, values, language, and history. Source: Hall, S. (1990). Cultural identity and diaspora. In J. Rutherford (Ed.), *Identity: Community, culture, difference* (pp. 222–237). Lawrence & Wishart.

Cultural Safety: The practice of creating an environment where individuals feel respected and safe from cultural harm or discrimination. It goes beyond cultural competence by ensuring that people from all cultural backgrounds feel their identity and experiences are honored and protected. Source: Ramsden, I. (2002). Cultural safety and nursing education in Aotearoa and Te Waipounamu. *Nursing Praxis in New Zealand*, 8(3), 4–10.

Cultural Sensitivity: The awareness and understanding of the values, beliefs, customs, and practices of individuals from different cultural backgrounds. Cultural sensitivity involves being respectful and considerate of these differences in all interactions. Source: Purnell, L. (2013). *Transcultural health care: A culturally competent approach*. F.A. Davis Company.

Cultural Trauma: the collective impact of a traumatic event or ongoing oppression experienced by a cultural group. Cultural trauma can affect the group's identity, cohesion, and sense of history. Source: Alexander, J. C., Eyerman, R., Giesen, B., Smelser, N. J., & Sztonmka, P. (2004). *Cultural trauma and collective identity*. University of California Press.

Developmental Trauma: trauma that occurs during crucial periods of a child's development, often stemming from abuse, neglect, or disruptions in attachment with caregivers. It affects the child's emotional and social development and can lead to lifelong challenges in relationships and self-regulation. Source: Van der Kolk, B. A. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 35(5), 401–408. https://doi.org/10.3928/00485_713-20050501-06

Dissociation: is a psychological phenomenon in which an individual disconnects from their thoughts, feelings, memories, or sense of identity. It can occur as a coping mechanism in response to trauma or overwhelming stress, allowing the person to distance themselves from experiences that are too difficult to process. Dissociation ranges in severity, from mild forms like daydreaming or losing track of time to more severe forms such as dissociative amnesia or dissociative identity disorder (DID). Source: American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.)

TIC and TIA Glossary

Dissociative Identity Disorder (DID): a severe form of dissociation in which an individual develops two or more distinct identities or personality states. DID often arises as a coping mechanism in response to severe and repeated trauma, particularly during childhood. Source: American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

Distress: refers to a state of emotional, mental, or physical strain and discomfort, often resulting from adverse circumstances or events. It typically arises when an individual perceives a situation as threatening or overwhelming, exceeding their ability to cope. Unlike eustress (positive stress that can motivate and improve performance), distress is negative and can impair functioning, contributing to anxiety, depression, and other health issues. Source: American Psychological Association. (n.d.). Distress. Retrieved from <https://www.apa.org>.

Emotional Flashbacks: sudden and intense emotional reactions that occur when an individual is triggered, causing them to re-experience emotions associated with past trauma. Unlike visual flashbacks, emotional flashbacks do not involve specific memories but evoke the emotional state felt during the traumatic event. Source: Walker, P. (2013). Complex PTSD: From surviving to thriving. Azure Coyote Publishing.

Emotional Numbing: a common trauma response in which an individual feels detached from their emotions or experiences a diminished emotional response to situations that would normally evoke strong feelings. Source: Litz, B. T. (1992). Emotional numbing in combat-related post-traumatic stress disorder: A critical review and reformulation. Clinical Psychology Review, 12(4), 417–432. [https://doi.org/10.1016/0272-7358\(92\)90125-R](https://doi.org/10.1016/0272-7358(92)90125-R)

Empowerment, Voice, and Choice: Providing individuals with opportunities to express themselves, make decisions, and take ownership of their experiences. This principle emphasizes respect for autonomy and fostering self-efficacy. Source: Herman, J. L. (1992). Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror. Basic Books.

Facilitator: An individual who guides and supports a group of learners in non-formal education settings. Facilitators focus on encouraging participation, promoting discussions, and creating an environment conducive to learning rather than acting as traditional instructors. Source: Brookfield, S. D. (2013). The skillful facilitator: A comprehensive resource for leading group discussions. Wiley.

Fight, Flight, Freeze, and Fawn Responses: the four primary stress responses to a perceived threat:

- Fight - Facing the threat aggressively.
- Flight - Running away or avoiding the threat.
- Freeze - Feeling stuck or unable to move or respond.
- Fawn - Appeasing or trying to please the threat to avoid harm.

Source: Levine, P. A. (1997). Waking the tiger: Healing trauma. North Atlantic Books.

TIC and TIA Glossary

First Psychological Help (also known as Psychological First Aid or PFA): is a supportive, compassionate, and non-intrusive assistance provided to individuals experiencing emotional distress following a traumatic event or crisis. The goal of first psychological help is to stabilize, comfort, and connect individuals with additional resources and support, without forcing them to share details or relive their experiences. Source: World Health Organization (WHO). (2011). Psychological first aid: Guide for field workers. World Health Organization. <https://apps.who.int/iris/handle/10665/44615>

Historical Trauma: Cumulative emotional and psychological harm experienced across generations within a group due to traumatic experiences, such as colonization, slavery, war, or forced migration. Understanding historical trauma is essential to recognize how past events continue to affect current behaviors and well-being. Source: Brave Heart, M. Y. H. (1998). The historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*, 35(1), 7–13. <https://doi.org/10.1080/02791072.1998.10399788>.

Humility and Responsiveness: Approaching every situation with openness and a willingness to learn. This involves adapting support to meet individuals' unique needs and valuing their lived experiences. Source: Freire, P. (1970). *Pedagogy of the Oppressed*. Continuum.

Hyperarousal: A state of heightened alertness and reactivity, often seen in individuals who have experienced trauma. Symptoms include anxiety, irritability, difficulty concentrating, and a heightened startle response. Source: Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.

Hypoarousal: A state of numbness, low energy, or emotional shutdown in response to trauma. It may involve feelings of disconnection, lack of motivation, or emotional flatness. Source: Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.

Implicit Bias: Unconscious attitudes or stereotypes that affect our understanding, actions, and decisions. Implicit bias can unknowingly influence behavior towards individuals based on their race, gender, ethnicity, or other characteristics, making awareness of these biases crucial in promoting inclusivity. Source: Greenwald, A. G., & Krieger, L. H. (2006). Implicit bias: Scientific foundations. *California Law Review*, 94(4), 945–967. <https://doi.org/10.2307/20439056>.

Informal Education: Learning that occurs naturally in daily life through experiences, social interactions, and observations. Unlike formal and non-formal education, informal education is not intentionally structured or organized, and it happens in diverse settings, such as the family, community, or workplace. Source: Coombs, P. H., & Ahmed, M. (1974). *Attacking rural poverty: How non-formal education can help*. Johns Hopkins University Press.

TIC and TIA Glossary

Intergenerational Trauma: trauma that is passed down from one generation to the next, often through behaviors, beliefs, and emotional patterns. Intergenerational trauma can result from historical events such as war, colonization, systemic racism, or familial patterns of abuse. Source: Danieli, Y. (1998). *Intergenerational handbook of multigenerational legacies of trauma*. Plenum Press.

Intersectionality: A framework for understanding how different aspects of a person's identity (such as race, gender, class, sexuality, and ability) intersect and influence their experiences. This concept is essential in recognizing how multiple forms of discrimination or disadvantage can overlap. Source: Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241–1299. <https://doi.org/10.2307/1229039>.

Life Skills Education: Teaching essential skills that help individuals effectively handle challenges and responsibilities in everyday life. Life skills education often includes communication, critical thinking, problem-solving, decision-making, and emotional regulation skills. Source: World Health Organization. (1997). *Life skills education for children and adolescents in schools: Introduction and guidelines to facilitate the development and implementation of life skills programmes*. WHO.

Mentorship: A relationship in which a more experienced or knowledgeable person provides guidance, support, and encouragement to a less experienced person. Mentorship is a common approach in non-formal education to support personal and professional development. Source: Crisp, G., & Cruz, I. (2009). Mentoring college students: A critical review of the literature between 1990 and 2007. *Research in Higher Education*, 50(6), 525–545. <https://doi.org/10.1007/s11162-009-9130-2>.

Microaggressions: Everyday verbal, nonverbal, or environmental slights, snubs, or insults that communicate negative messages to individuals based on their marginalized group membership. Awareness of microaggressions is crucial for creating a trauma-sensitive and inclusive environment. Source: Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, 62(4), 271–286. <https://doi.org/10.1037/0003-066X.62.4.271>.

Non-Formal Education (NFE): An organized, structured educational activity that takes place outside the formal school system. Non-formal education is intentional and designed to meet specific learning objectives, often targeting diverse groups such as youth, adults, and marginalized populations. It can include community education, workshops, training programs, life skills education, and adult literacy programs. Source: UNESCO. (2010). *Reaching the marginalized: EFA global monitoring report 2010*. UNESCO Publishing.

TIC and TIA Glossary

Peer Support and Mutual Help: Recognizing the value of relationships among individuals with similar experiences. Peer support fosters shared understanding, learning, and encouragement, creating a sense of community. Source: Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*, 25(2), 134–141. <https://doi.org/10.1037/h0095032>.

Polyvagal Theory: theory developed by Dr. Stephen Porges, focusing on how the nervous system responds to stress and trauma. It highlights the role of the vagus nerve in regulating emotions and emphasizes the connection between physiological states and psychological experiences. Source: Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton & Company.

Post-Traumatic Growth (PTG): Positive psychological changes that occur as a result of the struggle with highly challenging or traumatic life events. PTG includes improved relationships, a greater appreciation for life, new possibilities for the future, increased personal strength, and spiritual development. It highlights the potential for finding meaning and growth despite adversity. Source: Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01.

Psychological Safety: A state in which individuals feel secure, respected, and valued in a space, allowing them to be open about their thoughts, emotions, and experiences without fear of judgment or rejection. Source: Edmondson, A. C. (1999). Psychological safety and learning behavior in work teams. *Administrative Science Quarterly*, 44(2), 350–383. <https://doi.org/10.2307/2666999>

Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential, grounded in key principles such as hope, self-determination, peer support, respect, personal responsibility, and person-centeredness, and it recognizes the importance of meaningful relationships and community context in the journey of healing and growth. A personal, unique, and non-linear process through which a person experiencing psychological distress or mental health challenges builds a satisfying, meaningful, and purposeful life, even while living with possible symptoms or limitations. Rather than the mere remission of symptoms, recovery concerns the reclaiming of personal power (empowerment), self-determination, and the ability to fully participate in social and relational life. Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2012). *SAMHSA Working Definition of Recovery: 10 Guiding Principles of Recovery*. Rockville, MD: Department of Health and Human Services [Accessed October 27, 2025].

Retraumatization: an experience or interaction that inadvertently recreates a feeling or memory of the original trauma, leading to emotional or physical responses similar to those experienced during the traumatic event. Retraumatization can occur through insensitive language, dismissive attitudes, or certain environments. Source: Bloom, S. L. (2013). *Creating sanctuary: Toward the evolution of sane societies*. Routledge.

TIC and TIA Glossary

Safety: Physical and emotional safety are foundational to trauma-informed care. This involves creating environments where individuals feel secure, respected, and free from harm or re-traumatization. Safety extends to clear expectations, boundaries, and consistent practices. Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Substance Abuse and Mental Health Services Administration.

Self-Compassion: Being kind and understanding towards oneself during times of struggle or failure, rather than being overly self-critical. Self-compassion involves recognizing that imperfections and difficulties are part of the shared human experience. Source: Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85–101. <https://doi.org/10.1080/15298860309032>.

Somatic Experiencing: a body-centered therapeutic approach developed by Dr. Peter Levine, focusing on the physiological effects of trauma. It emphasizes releasing stored tension in the body to restore emotional and physical balance. Source: Levine, P. A. (1997). *Waking the tiger: Healing trauma*. North Atlantic Books.

Toxic Stress: Prolonged exposure to severe, unrelenting stress without adequate support. Toxic stress can have lasting negative effects on brain development, health, and behavior, particularly in children and adolescents. Source: Shonkoff, J. P., & Garner, A. S. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232–e246. <https://doi.org/10.1542/peds.2011-2663>.

Trauma: Refers to an emotional response to a deeply distressing or disturbing event that overwhelms an individual's ability to cope. Trauma often affects a person's physical, emotional, and psychological well-being, influencing how they perceive and interact with the world around them. Source: American Psychological Association. (n.d.). Trauma. Retrieved November 24, 2024, from the American Psychological Association website: <https://www.apa.org/topics/trauma>.

Trauma-Informed Approach: A framework that acknowledges the prevalence and impact of trauma, emphasizing the creation of safe, trustworthy, and empowering environments. It seeks to avoid re-traumatization, understand trauma's effects on individuals' lives and behaviors, and promote recovery and resilience through supportive relationships and systems. Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.

TIC and TIA Glossary

Trauma-Informed Care (TIC): An approach that underpins frameworks to reduce coercive practices, stating that behind all behaviors that challenge is an unmet need. TIC is characterized by a strength-based approach using psychoeducational training, service-user interventions (e.g., play-based, sport-based), debriefing, and problem-solving. Source: Kelly, J., Hammond, J., Murray, D., & Reilly, C. (2023). Trauma-informed care in mental health services: A systematic review of evidence for reducing coercive practices. *Journal of Psychiatric and Mental Health Nursing*, 30(4), 281–295.

Trauma Response: An individual's physical, emotional, or psychological reaction to a traumatic event. Common trauma responses include hypervigilance, emotional numbing, intrusive thoughts, or difficulty trusting others. Source: Herman, J. L. (1997). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books.

Trauma Sensitivity: Understanding the profound impact of trauma and taking proactive steps to minimize potential triggers or re-traumatization. This includes creating compassionate and empathetic environments. Source: Van der Kolk, B. A. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Viking.

Trauma Survivor: A person who has experienced and lived through a traumatic event or series of events. The term emphasizes the individual's resilience and capacity to endure difficult circumstances. Source: Herman, J. L. (1997). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books.

Trigger: A stimulus (e.g., sight, sound, smell, memory, or thought) that causes a person to relive or react emotionally to a past traumatic event. Triggers can be conscious or unconscious, and their impact can be emotional, physical, or behavioral. Source: Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

Trustworthiness and Transparency: Building trust through honest, open, and consistent communication. This includes being clear about intentions, following through on commitments, and demonstrating reliability in all interactions. Source: Fallot, R. D., & Harris, M. (2002). The Trauma Recovery and Empowerment Model (TREM): A comprehensive approach to trauma-informed care. *Community Mental Health Journal*, 38(6), 475–485.

Youth Work: A field of practice focused on providing support, guidance, and opportunities for young people to develop life skills, gain self-confidence, and explore their potential. Youth workers play a crucial role in non-formal education through programs, activities, and mentorship. Source: Batsleer, J. (2013). *Youth working with girls and women in community settings: A feminist perspective*. Ashgate.

DO YOU WANT TO KNOW MORE?

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Additional Source:

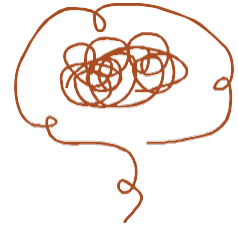
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TRAUMA INFORMED-CARE & NON-FORMAL EDUCATION

WHAT SHOULD YOU KNOW BEFORE WE BEGIN?

TRAUMA INFORMED-CARE- OVERVIEW

TRAUMA INFORMED CARE



DEFINITION

An approach that underpins frameworks to reduce coercive practices, stating that behind all behaviours that challenge is an unmet need. Evidence suggests that patient- centered interventions that use a trauma-informed approach to enhance de-escalation can result in reduced coercive practices. TIC is characterized by a strength-based approach to reduce coercive practices, using both staff and service-user-focused approaches. These include psychoeducational training designed to build staff effectiveness, service-user-focused interventions including play-based and sport-based interventions, as well as debriefing and problem-solving approaches.

Trauma-informed care represents a shift in perspective from asking, "**What's wrong with you?**" to "**What happened to you?**" This approach recognizes that providing effective health care requires understanding a patient's full life context—both past and present. By adopting trauma-informed practices, health care organizations and teams can improve patient engagement, enhance treatment adherence, and achieve better health outcomes, while also supporting the well-being of providers and staff. Additionally, trauma-informed care can help reduce unnecessary care and associated costs across health and social service sectors.

Key principles of trauma-informed care include:

1. **Realizing** the widespread impact of trauma and identifying paths to recovery.
2. **Recognizing** trauma's signs and symptoms in patients, families, and staff.
3. **Integrating** trauma knowledge into policies, procedures, and practices.
4. **Actively avoiding** re-traumatization of patients or staff.

This framework is grounded in the principles outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Source:

Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. Substance Abuse and Mental Health Services Administration. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

TRAUMA INFORMED-CARE- OVERVIEW

HOW TRAUMA INFORMED CARE IS USED

Trauma-Informed Care can be applied across various fields and in different roles. It is not a specific set of techniques, but rather a framework for understanding and responding to individuals who may have experienced trauma. Here are some examples of how TIC is used in practice:

1. Education

Teachers and school staff can apply TIC by creating classrooms where students feel safe, valued, and respected. For example, a teacher might use language that validates a student's feelings, provides choices in activities to give a sense of control, and actively listens to students' concerns without judgment.

2. Healthcare

In healthcare settings, TIC involves recognizing how medical procedures or interactions may be triggering for patients with a history of trauma. Healthcare professionals can use TIC by explaining each step of a medical procedure, asking for consent, and being sensitive to patients' emotional responses.

3. Social Services

Social workers and community support workers can use TIC by building trust and showing empathy. They can recognize when a client's reluctance to engage may be related to past traumatic experiences and respond with patience and respect, rather than judgment or pressure.

4. Non-Formal Education

Coaches, youth workers, and other non-formal educators can apply TIC by acknowledging that their participants may come with various unseen emotional challenges. By maintaining clear communication, offering flexible ways to engage, and using inclusive language, they can help create safe spaces for all participants.

5. Workplace Settings

Organizations can implement TIC by developing policies and practices that prioritize the well-being of their employees. This might include offering mental health resources, fostering an inclusive culture, and promoting transparency in decision-making processes.

NON-FORMAL EDUCATION - OVERVIEW

NONFORMAL EDUCATION

DEFINITION

Non-formal education refers to organized educational activities that take place outside the formal school system. It is structured and intentional, but not necessarily within a traditional curriculum or academic institution. Non-formal education is designed to be flexible, accessible, and tailored to the needs of different groups, often focusing on practical skills, community engagement, lifelong learning, and social or personal development.

According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), non-formal education is defined as "any organized and sustained educational activities that do not correspond exactly to the definition of formal education. Non-formal education may therefore take place both within and outside educational institutions, and cater to persons of all ages. Depending on the country's contexts, it may cover programs to impart adult literacy, basic education for out-of- school children, life skills, work skills, and general culture."

Non-formal education is distinct from both formal education (which is typically provided by established institutions like schools and universities with a standardized curriculum) and informal education (which happens spontaneously in daily life, without structured goals or outcomes).

Key Characteristics of Non-Formal Education:

1. **Flexibility:** It is adaptable to the needs and circumstances of learners.
2. **Learner-Centered:** Often focused on practical skills, personal development, and social engagement.
3. **Community-Based:** Commonly involves local communities and addresses specific local needs or issues.
4. **Voluntary and Inclusive:** Participation is usually voluntary, and the approach is inclusive and accessible.

EXAMPLES OF HOW NON-FORMAL EDUCATORS CAN USE TIC:

1. TEACHERS

- **HOW TO APPLY TIC:**

Teachers can create a trauma-sensitive classroom by being mindful of how students might respond to certain types of feedback or situations. They can build a trusting relationship by setting clear expectations, offering choices in activities, and actively listening to students' concerns.

- **EXAMPLE:**

A student consistently disrupts the class or withdraws when asked a question. Rather than assuming the behavior is defiance or disinterest, the teacher can approach the student privately, offering understanding and letting them choose when and how to participate. This reduces stress for the student and maintains a supportive environment.

2. SPORTS TRAINERS OR COACHES

- **HOW TO APPLY TIC:**

Sports trainers and coaches can recognize that some athletes may have a history of trauma that affects their ability to trust others or handle intense pressure. Emphasizing a culture of encouragement rather than criticism and creating a non-judgmental atmosphere is key.

- **EXAMPLE:**

A coach notices a player becoming overly anxious during competitive situations. Instead of pushing them harder or singling them out, the coach checks in with the player after practice, provides positive reinforcement, and offers breathing techniques to help manage stress.

3. PHYSIOTHERAPISTS

- **HOW TO APPLY TIC:**

For physiotherapists, the physical nature of the profession requires extra sensitivity to trauma. This means explaining procedures thoroughly, asking for consent before any physical contact, and being attentive to the individual's body language and emotional reactions.

- **EXAMPLE:**

A patient appears uncomfortable when certain physical movements are demonstrated. The physiotherapist pauses, reassures the patient that they can stop anytime, and explains each step in a calm, reassuring voice. This builds trust and ensures that the patient feels in control of their recovery.

4. HAIRDRESSERS AND BEAUTY PROFESSIONALS

- **HOW TO APPLY TIC:**

For hairdressers, creating a trauma-informed space means recognizing that personal grooming can be an intimate experience, and being touched by someone they don't know well might trigger discomfort in some clients. Respecting personal space, being gentle, and offering choices throughout the service are crucial

- **EXAMPLE:**

A client is unusually tense or reactive when the hairdresser touches their head. The hairdresser can politely ask if there's a way to make the experience more comfortable, give the client options (e.g., tilting the chair slightly, asking permission before each step), and ensure they feel heard and respected.

5. FITNESS INSTRUCTORS OR PERSONAL TRAINERS

- **HOW TO APPLY TIC:**

Fitness instructors can create a safe and empowering environment by encouraging participants to listen to their bodies and offering modifications for exercises. Instructors should avoid shaming language or pushing someone beyond their comfort level without consent.

- **EXAMPLE:**

A participant seems uneasy during a group fitness class when the instructor gives corrections. The instructor can approach the participant quietly and ask if they prefer verbal instructions instead of physical corrections. They can also provide reassurance that it's okay to take breaks or opt-out of certain exercises.

6. COMMUNITY HEALTH WORKERS

- **HOW TO APPLY TIC:**

Community health workers often interact with individuals who may have experienced health crises or trauma. Using TIC means being patient, attentive, and non-judgmental in their approach. It also involves respecting privacy and being sensitive to how questions or instructions are given.

- **EXAMPLE:**

A community health worker is conducting home visits to provide information about healthcare resources. They notice that a client is reluctant to discuss their health issues openly. Rather than pressing for information, the worker lets the client know they are there to support them and offers written resources to review in their own time. This respects the client's autonomy and comfort level.

TRAUMA INFORMED-CARE- OVERVIEW

7. SOCIAL WORKERS OR YOUTH WORKERS

- **HOW TO APPLY TIC:**

Social workers and youth workers often interact with individuals in vulnerable situations. They can use TIC by being aware of potential triggers and offering choices in their interventions. Providing clear explanations and allowing individuals to have a voice in decision-making are key.

- **EXAMPLE:**

A youth worker is supporting a teenager who becomes defensive and withdrawn when discussing family issues. Instead of confronting the behavior, the worker acknowledges the difficulty of the topic and offers a different, non-verbal method (such as drawing or writing) for the teenager to express themselves.

8. LIBRARIANS OR COMMUNITY CENTER STAFF

- **HOW TO APPLY TIC:**

Librarians and community center staff often serve as informal educators who support community members with resources and assistance. TIC involves creating an inclusive environment where individuals feel welcomed and not judged for their needs or questions.

- **EXAMPLE:**

A librarian notices a visitor frequently spending long hours in the library, showing signs of stress or anxiety. The librarian approaches them gently and offers a quiet room for reading or studying without prying into their personal circumstances. This respects the individual's privacy while ensuring they have access to a safe space.

9. ART AND CREATIVE THERAPISTS OR WORKSHOP LEADERS

- **HOW TO APPLY TIC:**

Creative therapists and workshop leaders facilitate activities that may tap into deep emotions or memories. Using TIC means allowing participants to set their own pace, encouraging creative expression without judgment, and offering alternatives if certain activities feel too personal or overwhelming.

- **EXAMPLE:**

An art workshop leader introduces a drawing exercise where participants reflect on a significant memory. Noticing that some participants seem uncomfortable, the leader gives them the option to draw abstract patterns instead or to write down their thoughts without sharing. This approach maintains a sense of safety and respect.

TRAUMA INFORMED-CARE- OVERVIEW

10. CHILDCARE PROVIDERS

- **HOW TO APPLY TIC:**

Childcare providers often work with children who may have experienced stressful or unstable home environments. TIC involves using predictable routines, offering choices in play activities, and recognizing that challenging behaviors may be expressions of unmet emotional needs.

- **EXAMPLE:**

A childcare worker notices that a child reacts aggressively whenever toys are shared. Instead of punishing the behavior, the worker sets up a separate space with a few toys the child can play with alone. Over time, they gently introduce activities that encourage sharing in a supportive way.

11. OUTDOOR EDUCATORS OR ADVENTURE GUIDES

- **HOW TO APPLY TIC:**

Outdoor educators often lead activities that involve physical and mental challenges. TIC involves being mindful of participants' boundaries, offering choices in activities, and checking in frequently to ensure everyone feels secure and in control.

- **EXAMPLE:**

an adventure guide is leading a team-building exercise that involves trust falls. One participant expresses hesitation. The guide acknowledges their feelings, offers an alternative (such as observing or partnering with someone they trust), and ensures the participant feels empowered to make their own choice.

12. CLERGY OR RELIGIOUS LEADERS

- **HOW TO APPLY TIC:**

Clergy or religious leaders often provide spiritual guidance and emotional support. TIC principles can help them offer compassionate, non-judgmental listening and recognize the signs of trauma without pressing for disclosure or solutions.

- **EXAMPLE:**

A religious leader is approached by a congregation member who feels isolated and disconnected. Rather than probing for details, the leader offers a supportive presence, suggests community activities for connection, and reassures them that they are not alone.

TRAUMA INFORMED-CARE - PRACTICE



CONSIDER WHICH OF THESE EXAMPLES SEEMS HELPFUL AND USEFUL TO YOU, AND WHICH ONE SEEMS TOO GENERAL/RISKY? WHY? (ASSUMPTION FOR CRITIQUE AND COMMENTING)

REFLECT, BASED ON THESE EXAMPLES, HOW YOU CAN RELATE THIS TO YOUR WORK (COOPERATION AND CURIOSITY)

PRACTICE WISLEY

DISTINGUISHING TRAUMA-INFORMED CARE (TIC) FROM TRAUMA THERAPY

It's crucial to understand that **Trauma-Informed Care (TIC) is not the same as Trauma Therapy**. This distinction is important to avoid misconceptions about the scope and purpose of TIC. Here's a breakdown of the differences:

O1

TRAUMA-INFORMED CARE (TIC):

Purpose: TIC aims to create environments that are safe, supportive, and sensitive to the potential impacts of trauma. It recognizes that individuals might have experienced trauma and seeks to avoid re-traumatization in any interaction or setting.

Scope: TIC is a broad framework that can be applied across various sectors, such as education, healthcare, social services, and criminal justice. It involves principles like empathy, respect, safety, and empowerment, without attempting to diagnose or treat trauma.

Who can practice it: Anyone, including educators, social workers, healthcare providers, law enforcement, and community leaders, can integrate TIC principles into their work. No specialized training in trauma therapy is required, but awareness and understanding of trauma's effects are necessary.

Approach: TIC is proactive and preventive, focusing on recognizing signs of trauma, responding with sensitivity, and creating safe spaces.



O2

TRAUMA THERAPY:

Purpose: Trauma Therapy, on the other hand, is a specialized form of mental health treatment. It directly addresses and processes traumatic experiences, with the goal of reducing symptoms and promoting healing.

Scope: Trauma Therapy is typically conducted within a clinical or therapeutic setting by qualified mental health professionals. It involves targeted interventions to help individuals work through traumatic events and their aftermath.

Who Can Practice It: Only licensed and trained psychotherapists, and, where allowed, other health professionals authorized and regulated by law in your country, are permitted to provide trauma therapy. This requires extensive training and clinical experience.

Approach: Trauma Therapy is reactive and curative, aiming to help individuals heal from specific traumatic experiences using evidence-based therapeutic methods like Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), or Somatic Experiencing.

KEY TAKEAWAY

Trauma-Informed Care (TIC) is not about treating trauma—it is about creating an environment that understands, recognizes, and respects the presence of trauma and seeks to prevent re-traumatization. TIC principles are meant to be a universal framework that applies in any supportive role, s than a clinical intervention.

To ensure clarity, it is important to distinguish between psychological trauma and potentially traumatizing events. Psychological trauma refers to the emotional and psychological response an individual has to an event or series of events that overwhelms their ability to cope, often leading to lasting effects on mental health. It can result from experiences such as abuse, loss, violence, or natural disasters. In contrast, a potentially traumatizing event is any situation that has the capacity to cause trauma, but does not necessarily result in it for every individual. Such events may include accidents, witnessing violence, or experiencing significant life changes.

This distinction is essential to prevent misunderstandings. Individuals who are not mental health professionals should refrain from attempting to "treat" trauma. Instead, their role should be to create an empathetic, safe, and responsive environment that recognizes the potential for trauma in those they interact with.

TRAUMA INFORMED-CARE-OVERVIEW

COMPARISON OF TRAUMA-INFORMED CARE (TIC) AND PSYCHOLOGICAL FIRST AID (PFA)

Aspect	Trauma-Informed Care (TIC)	Psychological First Aid (PFA)
Definition	A framework for understanding and responding to the long-term impacts of trauma in individuals and communities.	Immediate support offered to individuals in the aftermath of a traumatic event or crisis.
Purpose	To create a safe, supportive, and empowering environment that avoids re-traumatization and fosters healing.	To stabilize individuals emotionally, ensure their safety, and connect them to further support or resources.
Scope	Broad and ongoing—applies in everyday interactions and systems (schools, healthcare, organizations)	Narrow and short-term—focused on the immediate aftermath of a crisis or traumatic event.
Who Can Use It	Professionals and non-professionals (e.g., teachers, caregivers, youth leaders).	Often provided by trained responders (e.g., volunteers, first responders), but can also be used by anyone with basic training.
When It's Used	In daily interactions or over the long term to support trauma recovery.	During or shortly after a crisis or traumatic event to address immediate emotional needs.
Focus	Understanding and addressing the impact of trauma on behavior and relationships.	Providing safety, comfort, and connection in a crisis situation.
Example of use	A school implements policies to support students with trauma histories. A community leader uses trauma-sensitive language in group settings	<ul style="list-style-type: none"> - Helping a person feel safe after a natural disaster. - Supporting a friend immediately after they witness an accident.

STARTING WITH AWARENESS

IDENTIFYING TRIGGERS
AND MANAGING EMOTIONS

with ACT Techniques

IDENTIFYING TRIGGERS AND MANAGING EMOTIONS WITH ACT TECHNIQUES

WHAT IS A TRIGGER?

Triggers are external or internal cues that can remind someone of a past traumatic experience, causing a sudden and often intense emotional or physical reaction. These cues can be anything from sights, sounds, smells, and environments to certain feelings, thoughts, memories, or even physiological sensations like increased heart rate. What makes triggers particularly challenging is that their effect is often subconscious—individuals may not immediately understand why they are reacting a certain way or what has caused the emotional response.

Types of Triggers

Triggers can be categorized into external and internal triggers:

1. External Triggers

These are stimuli in the external environment that remind someone of their trauma. They include:

- **Sensory Cues:** Sounds, sights, smells, tastes, or textures that evoke memories of the trauma. For example, the smell of smoke might remind someone of a house fire.
- **Situational Cues:** Being in places or situations similar to the trauma, such as returning to a location where an accident occurred.
- **Relational Cues:** Interactions with certain people or groups that resemble or remind the individual of a past traumatic dynamic or relationship.
- **Time Cues:** Anniversaries, times of the day, or seasons associated with the traumatic event.

2. Internal Triggers

These are cues within the person that can lead to memories or reminders of the traumatic event. They include:

- **Emotional States:** Feelings such as fear, helplessness, guilt, or shame that were experienced during the trauma.
- **Bodily Sensations:** Physical feelings like increased heart rate, muscle tension, or nausea, which can remind the person of their state during the trauma.
- **Thought Patterns:** Recurring thoughts or negative beliefs, such as “I’m not safe” or “I’m not good enough,” which were formed during or after the traumatic experience.

IDENTIFYING TRIGGERS AND MANAGING EMOTIONS WITH ACT TECHNIQUES

TRIGGERS VS. EMOTIONAL DISCOMFORT: CHALLENGING COMMON MYTHS

Triggers vs. emotional discomfort: challenging common myths

In the context of trauma-informed care, the term trigger is often misunderstood or misused, leading to the belief that any emotional reaction to challenging content necessitates immediate therapeutic intervention. This misconception can create unnecessary pressure and overshadow the natural human response to difficult topics.

A trigger refers to a specific stimulus that involuntarily activates a trauma survivor's intense emotional, psychological, or physiological reactions tied to their traumatic experience. Triggers are often unique to the individual and may result in responses like dissociation, panic, or an overwhelming sense of being back in the traumatic event.

In contrast, emotional discomfort is a natural and expected response to engaging with topics related to human suffering, injustice, or loss. Feeling sadness, anger, or unease when encountering such content is not inherently pathological but reflects our shared humanity. This discomfort, while unpleasant, can be a meaningful opportunity for growth, self-reflection, and connection with others.

Key points to remember:

1. Not all emotional reactions are triggers. Experiencing discomfort doesn't necessarily indicate unresolved trauma
2. Emotional discomfort can be an invitation to explore personal values, empathy, and resilience rather than a sign of dysfunction.
3. While therapy can be invaluable for processing trauma, it is not always the first or only step. Self-awareness, grounding practices, and supportive conversations can often help navigate these experiences.

By differentiating between triggers and emotional discomfort, we empower non-formal educators to approach sensitive topics with clarity and compassion, supporting participants in recognizing their emotional reactions without over-pathologizing them.

IDENTIFYING TRIGGERS AND MANAGING EMOTIONS WITH ACT TECHNIQUES

RECOGNIZING TRIGGERS VS. EMOTIONAL DISCOMFORT: DO YOU NEED TO LABEL IT?

Understanding the distinction between a trigger and emotional discomfort is valuable but doesn't always require immediate labeling. Instead, the focus should be on recognizing what you're experiencing and responding in a way that supports your well-being.

How to recognize the difference?

Triggers:

- Sudden, intense reactions that feel overwhelming or out of proportion to the present moment.
- Physical symptoms like rapid heartbeat, sweating, or difficulty breathing.
- A sense of "reliving" past trauma, often accompanied by feelings of helplessness or fear.
- Difficulty staying grounded or present, such as dissociation or a sense of disconnection from reality.

Emotional Discomfort:

- Feelings like sadness, anger, frustration, or unease that align with the context of the situation.
- A sense of being moved or affected by the subject matter without losing connection to the present.
- Emotional responses that, while unpleasant, feel manageable and don't prevent you from engaging with the experience.
- The ability to reflect on or make sense of the feelings without a sense of panic.

Do you need to label it?

Not necessarily. While identifying a reaction as a trigger or discomfort can provide clarity, it's often more helpful to focus on what you need in the moment. Ask yourself:

1. What am I feeling right now?
2. Is this reaction making it hard to stay present or function?
3. What could help me feel more grounded or supported right now?

It's also important to remember that there's no shame in acknowledging that this might not be the right time in your life to engage in this course. Recognizing your limits is a sign of self-awareness and care.

If the regulation strategies provided in the following sections aren't enough to help you feel grounded, it's okay to seek professional support. Therapy or counseling can offer additional tools and a safe space to process your reactions at your own pace. *Your well-being always comes first.*

IDENTIFYING TRIGGERS AND MANAGING EMOTIONS WITH ACT TECHNIQUES

WHAT SHOULD I DO IF I NOTICE TRIGGERS OR EXPERIENCE DIFFICULTIES WITHIN MYSELF DURING THE TRAINING?

NOTICE YOUR THOUGHTS (DEFUSION)

Exercise: “Leaves on a Stream” Metaphor

Imagine sitting by a stream, watching leaves float by on the water. Visualize each of your thoughts as a leaf—whether it’s “I’m not good at this” or “This is overwhelming”—and gently place it on a leaf, watching it drift away.

Purpose: This exercise helps you see your thoughts as passing events rather than facts, reducing their power and allowing you to stay present.

MAKE SPACE FOR EMOTIONS (ACCEPTANCE)

Exercise: “Expansion” Practice

When you feel a strong emotion, resist the urge to fight it. Instead, pause, close your eyes, and focus on the physical sensations of the emotion. Breathe deeply and imagine creating space around it, allowing it to exist without pushing it away.

Purpose: This practice reduces the internal struggle with emotions, enabling you to accept them as they are and allowing them to change over time.

ANCHOR YOURSELF IN THE PRESENT MOMENT (GROUNDING)

EXERCISE: “5-4-3-2-1” TECHNIQUE

If you’re feeling overwhelmed, try this quick grounding exercise:

- 5: Name five things you can see.
- 4: Identify four things you can feel.
- 3: Listen for three things you can hear.
- 2: Notice two things you can smell.
- 1: Focus on one thing you can taste or on the sensation of breathing.
- Purpose: This technique helps bring you back to the present, calming racing thoughts and intense emotions.

IDENTIFYING TRIGGERS AND MANAGING EMOTIONS WITH ACT TECHNIQUES

RECONNECT WITH YOUR VALUES (VALUES CLARIFICATION)

Exercise: “Why Am I Here?” Reflection

Take a moment to ask yourself why you chose to explore Trauma-Informed Care. Is it to support others, build trust, or create safe spaces? Write down two or three values that motivate you to continue learning and applying TIC.

Purpose: Reconnecting with your values helps you stay grounded and focused on what truly matters, even in challenging moments.

THE PASSENGER ON THE BUS- METAPHOR

(Hayes, Strosahl, & Wilson, 1999)

Imagine that you are the driver of a bus. You are sitting behind the wheel, with a clear view of the road ahead, and your destination represents your **values**—what truly matters to you, the goals you want to achieve, or the kind of person you want to be. You’re in control of the bus and can steer it in any direction you choose.

Now, picture that there are **passengers** on your bus. These passengers represent your **thoughts, emotions, memories, and urges**. Some passengers are quiet and cooperative, but others can be quite loud, demanding, or even intimidating. They may say things like, “You’re not good enough,” “Turn back—you’ll fail,” or “You can’t handle this.” Some might shout reminders of past mistakes or scary possibilities in the future.

The key point of this metaphor is that the bus driver’s job is not to try and throw the passengers off the bus. After all, the passengers are part of the journey, and it would be impossible to get rid of them entirely. Trying to force them off the bus could cause you to lose focus on the road and steer off course.

Instead, your job as the driver is to keep **your eyes on the road** and continue moving toward your destination. This means allowing the difficult and uncomfortable passengers to stay on the bus, without giving them control over where you go. You acknowledge their presence, but you don’t need to listen to their instructions or follow their demands.

IDENTIFYING TRIGGERS AND MANAGING EMOTIONS WITH ACT TECHNIQUES

HOW TO APPLY THIS METAPHOR IN PRACTICE

Recognize the passengers

When difficult thoughts or emotions arise, identify them as “passengers” on your bus. This helps you take a step back and recognize that these experiences are just part of the journey, not the drivers of your behavior.

Acknowledge their presence

You don’t have to ignore or fight with the passengers. Instead, you can acknowledge their presence without letting them take over. For example, if a thought says, “You’re not good enough,” you can respond internally by saying, “I hear you, but I’m not stopping the bus.”

Refocus on your destination

Keep your attention on the road—on your values and goals. This could mean focusing on what you want to achieve in a situation, the kind of person you want to be, or the impact you want to have on others.

Take compassionate actions

Even with the difficult passengers present, you can still take steps aligned with your values. For instance, if you value being a supportive educator, you might choose to listen empathetically to a student or participant, even when you’re feeling self-doubt.

Reflection Exercise: Checking in with Your Passengers

When you notice difficult thoughts or emotions showing up, take a moment to identify the “passengers” on your bus. Ask yourself:

- What are these passengers saying?
- How do they want to steer the bus?
- What direction do I want to go in, regardless of their presence?

Recommit to Your Values: Remember that you are the driver. The passengers may not like where you’re going, but they don’t control the bus—you do.

REMEMBER! →

LEARNING ABOUT TRAUMA-INFORMED CARE IS NOT JUST ABOUT SUPPORTING OTHERS; IT’S ALSO ABOUT BUILDING RESILIENCE WITHIN YOURSELF. BY PRACTICING THESE TECHNIQUES, YOU ARE DEVELOPING THE ABILITY TO NAVIGATE DISCOMFORT, HONOR YOUR VALUES, AND CREATE MEANINGFUL CONNECTIONS WITH OTHERS. REMEMBER, BEING AN EFFECTIVE NON-FORMAL EDUCATOR ISN’T ABOUT ELIMINATING CHALLENGES—IT’S ABOUT SHOWING UP WITH COMPASSION, AWARENESS, AND A COMMITMENT TO WHAT TRULY MATTERS.

IDENTIFYING TRIGGERS AND MANAGING EMOTIONS WITH ACT TECHNIQUES

WHAT SHOULD I DO IF I NOTICE TRIGGERS OR EXPERIENCE DIFFICULTIES WITHIN MYSELF DURING THE TRAINING?

It's important to recognize that sometimes, despite our best efforts, these techniques may not immediately bring the relief or results we expect. When this happens, consider the following steps:

Be kind to yourself

Remind yourself that feeling overwhelmed or uncomfortable is not a failure—it's a normal part of being human. Managing emotions takes time and patience, so treat yourself with the same kindness and understanding you would offer to someone else.

Slow down and take a break

If a technique isn't working, it may be because you're trying to force it during a moment of high stress. Give yourself permission to pause, take a deep breath, and step back. You can always return to the exercises later when you feel ready.

Seek Support

Trauma-Informed Care emphasizes the importance of creating safe environments, and this includes seeking support for yourself. If a particular exercise isn't helping, reach out to a trusted colleague, mentor, or counselor familiar with the TIC approach. Sometimes, simply having someone listen with empathy can make all the difference.

Staying connected to your values

When faced with discomfort, it's easy to question why you chose this path. That's why it's essential to stay connected to your core values. Here's a brief exercise to help you clarify and commit to what matters most:

Values exercise: My Guiding Light

1. Identify Your Values
2. Take a moment to reflect on what drew you to explore Trauma-Informed Care.
Ask yourself:
 - What kind of educator or helper do I want to be?
 - Why is creating safe, supportive environments important to me?
 - What impact do I want to have on those I work with?
3. Write Them Down
4. Choose 2-3 core values that resonate most with you, such as compassion, empathy, growth, safety, or empowerment. Keep these values somewhere visible as a reminder of what's guiding you.
5. Commit to Action
6. Think of one small, concrete action you can take today to live out one of your values. For instance, if you value compassion, you might decide to practice active listening in your next conversation.

IDENTIFYING TRIGGERS AND MANAGING EMOTIONS WITH ACT TECHNIQUES

ACT VALUES LIST: WHO I WANT TO BE IN TRAUMA-INFORMED CARE

The following value list aligns with the principles of Acceptance and Commitment Therapy (ACT), tailored to Trauma-Informed Care. It helps educators clarify the type of person they want to be while supporting individuals affected by trauma.

Core Values for Trauma-Informed Care Practitioners

1. Compassion

I want to show empathy and understanding toward others' experiences.

I aim to create a space where individuals feel heard, valued, and cared for.

2. Safety

I want to prioritize both physical and emotional safety in all interactions.

I aim to consistently act in ways that build trust and reduce fear.

3. Respect

I want to honor others' boundaries, autonomy, and diverse experiences.

I aim to demonstrate cultural humility and treat everyone with dignity.

4. Integrity

I want to act in alignment with my values, being honest and accountable.

I aim to model ethical behavior and fairness in all situations.

5. Empowerment

I want to help others build their strengths and regain a sense of control.

I aim to encourage participation and ownership in decision-making processes.

6. Flexibility

I want to adapt to the needs of individuals and the group as they arise.

I aim to remain open to feedback and change my approach when necessary.

7. Patience

I want to be patient with others as they navigate their healing journey.

I aim to give people the time and space they need to feel safe and engage.

8. Kindness

I want to act with gentleness and warmth in all interactions.

I aim to use language and behavior that nurture positive connections.

9. Curiosity

I want to approach each situation with an open mind and a willingness to learn.

I aim to seek to understand rather than to judge or assume.

10. Accountability

I want to take responsibility for my actions and their impact on others.

I aim to repair relationships when harm occurs and model accountability.

11. Commitment to Growth

I want to continually improve my trauma-informed practices.

I aim to seek out training, feedback, and reflection to grow as an educator.

12. Hope

I want to foster optimism and belief in the possibility of healing.

I aim to highlight resilience and encourage others to envision positive outcomes.

IDENTIFYING TRIGGERS AND MANAGING EMOTIONS WITH ACT TECHNIQUES

SELF-COMPASSION

Before we move on: how do you intend to treat yourself during this course?

Self-compassion is treating yourself with the same kindness, care, and understanding that you would offer a close friend. It means acknowledging your struggles without judgment and recognizing that being imperfect, experiencing pain, and making mistakes are part of being human. Self-compassion involves three key elements:

1. Self-Kindness – Responding to yourself with care instead of criticism.
2. Common Humanity – Realizing that suffering and imperfection are shared human experiences, not unique to you.
3. Mindfulness – Being aware of your feelings without suppressing or exaggerating them.

Imagine you're traveling through this course, and Friend 1 (the kind, supportive companion) is guiding you. When a module or activity stirs up uncomfortable feelings, Friend 1 says:

- “It’s okay to feel this way. Learning about trauma is hard, and it’s normal to feel impacted.”
- “Take a moment to breathe. Let’s see what you need to feel safe and keep going.” Now imagine trying to navigate the course with Friend 2 (the critical, harsh voice):
- “You’re overreacting. You should be stronger than this.”
- “Why can’t you just get through this like everyone else?”

Who would you rather travel with?

Of course, Friend 1—the kind, understanding companion who makes the journey more manageable.

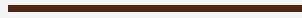
Now think about how you treat yourself when facing challenges. Are you traveling with a supportive Friend 1 mindset, or do you default to the critical Friend 2?

Self-compassion means being your own Friend 1—encouraging yourself when the road gets rough and recognizing that detours are a normal part of the journey.

Key Takeaway:

Like two friends traveling, your inner voice can either make your journey harder or smoother. Self-compassion invites you to be the kind friend who helps you keep going, even when things don’t go as planned. **Just as trauma-informed care seeks to create safety externally, self-compassion builds internal safety. Treating yourself kindly creates space to explore challenging topics without fear of self-judgment or shame.**

UNDERSTANDING TRAUMA



FOUNDATIONS OF TRAUMA: UNDERSTANDING AND RECOGNIZING ITS
IMPACT

UNDERSTANDING TRAUMA

WHAT IS TRAUMA?

Trauma refers to an event or series of events that are perceived as physically or emotionally harmful or life-threatening. It can affect anyone, regardless of age, gender, or background. The perception of trauma is subjective—what may be traumatic for one person might not be for another. This means that trauma is not solely defined by the event but by an individual's experience of it

(Substance Abuse and Mental Health Services Administration, 2014)

Trauma always involves three primary symptom areas that interact with and stem from each other:

O1 Direct or indirect experience of traumatic events.

O2 Emotional, cognitive, and physiological reactions to that experience, which cause psychological distress.

O3 Inability to effectively manage these distressing reactions, leading to continued suffering.

TRAUMA AFFECTS INDIVIDUALS IN COMPLEX WAYS, OFTEN LEADING TO

- **Re-experiencing traumatic events:** traumatic events may be relived in various ways, such as nightmares, flashbacks, ruminations, or intrusive thoughts and emotions.
- **Extremes in arousal levels:** trauma survivors often experience either too little or too much arousal. Hyperarousal manifests as the "fight or flight" response, associated with anger, irritability, fear, anxiety, hypervigilance, difficulty sleeping, and poor concentration. Hypoarousal manifests as the "freeze or shutdown" response, leading to apathy, lethargy, withdrawal, numbness, and dissociative states.



TYPES OF TRAUMA

TRAUMA IS NOT A SINGLE, ONE-SIZE-FITS-ALL CONCEPT. IT CAN BE BROKEN DOWN INTO DIFFERENT TYPES

Acute Trauma:

- ✓ This results from a single distressing event that causes significant harm or threatens safety, such as an accident, injury, or loss.

Chronic Trauma:

- ✓ This occurs when someone is exposed to prolonged or repeated traumatic experiences, such as abuse, neglect, or domestic violence.

Complex Trauma:

- ✓ Often experienced during childhood, complex trauma refers to multiple traumatic events or experiences that occur over time, usually in the context of caregiving relationships

Secondary Trauma:

- ✓ This occurs when an individual is indirectly affected by the trauma experienced by others, often through working with trauma survivors, leading to feelings of helplessness or compassion fatigue.

Historical and Intergenerational Trauma:

- ✓ Trauma passed down through generations as a result of collective experiences such as war, colonialism, or systemic oppression.

HOW CAN I RECOGNIZE A TRAUMA SURVIVOR?

Recognizing a trauma survivor involves understanding how trauma can affect individuals on multiple levels—emotionally, physically, cognitively, and behaviorally. These symptoms may not always be immediately apparent, as people process and react to trauma in unique ways. Some survivors may exhibit overt signs, while others might suppress or mask their symptoms for extended periods. Awareness of these indicators is critical for providing support and fostering a safe environment.

SYMPTOMS OF TRAUMA

Trauma can manifest through a wide range of symptoms, which may appear shortly after the event or even years later. These symptoms can impact multiple areas of functioning:

✓ Emotional Symptoms

Trauma often affects emotional regulation, leading to a spectrum of responses that include:

- Persistent feelings of **anxiety, fear, or helplessness**.
- **Sadness or depression**, often accompanied by a sense of loss or despair.
- **Anger or irritability**, sometimes disproportionate to the situation.
- **Guilt** or shame, including survivor's guilt.
- Emotional **numbness** or detachment from others or one's own feelings.
- Rapid shifts in mood, reflecting **emotional instability**.

✓ Physical Symptoms

The body often holds the impact of trauma, leading to physical manifestations such as:

- Chronic **fatigue** or a sense of **exhaustion**.
- **Headaches** and **muscle tension**, often related to **stress**.
- Difficulty **sleeping**, including insomnia or nightmares.
- **Increased sensitivity to stimuli**, such as startle responses to sudden noises or movements.
- **Gastrointestinal issues** or other stress-related physical ailments.

SYMPTOMS OF TRAUMA



Cognitive Symptoms

Trauma can interfere with thinking processes, leading to cognitive challenges, such as:

- **Difficulty concentrating** or focusing on tasks.
- **Intrusive thoughts** about the traumatic event.
- **Flashbacks**, which may feel as though the event is happening again.
- **Problems with memory**, including forgetting parts of the traumatic experience or experiencing general memory issues.
- **Heightened hypervigilance**, constantly scanning the environment for potential threats.



Behavioral Symptoms

Trauma often influences how individuals interact with others and the world around them, resulting in:

- **Social withdrawal or isolation**, avoiding interactions or activities they once enjoyed.
- **Irritability or outbursts of anger**, particularly in stressful situations.
- **Avoidance behaviors**, such as steering clear of places, people, or activities that remind them of the trauma.
- **Challenges in forming or maintaining relationships**, stemming from mistrust or fear of intimacy.
- **Engagement in substance misuse** or other coping mechanisms to numb emotional pain.

Type Your Notes Here

ADDITIONAL INDICATORS OF TRAUMA

Trauma survivors may also show more subtle signs, such as:

- A heightened startle reflex, seeming jumpy or easily startled.
- A tendency to overreact to minor stressors, which may appear disproportionate.
- Perfectionism or overachievement as a way to regain control.
- A lack of self-care, neglecting their physical or emotional needs.
- A disconnection from the present moment, appearing distracted or disengaged.

RECOGNIZING THE CONTEXT

Trauma symptoms often arise in response to specific triggers.

These may include sensory experiences, anniversaries of the trauma, or interactions that mirror aspects of the traumatic event. Understanding the context of a survivor's reactions is essential for providing appropriate support.

Recognizing these symptoms does not mean labeling someone as a trauma survivor without their disclosure. Instead, it involves cultivating empathy, creating a safe environment, and approaching individuals with patience and care.

If you suspect someone may be experiencing the effects of trauma, it is vital to offer nonjudgmental support and connect them with appropriate resources, such as trauma-informed care professionals.

Type Your Notes Here

IMPACT OF TRAUMA

When individuals experience repeated or prolonged exposure to trauma, their bodies may remain in a heightened state of alertness (hyperarousal) or emotional numbing (hypoarousal). This can significantly impact their well-being and quality of life.

✓ **Post-Traumatic Stress Disorder (PTSD)**

For some individuals, trauma may lead to the development of Post-Traumatic Stress Disorder (PTSD), a condition characterized by persistent symptoms such as:

- Intrusive memories, flashbacks, or nightmares of the traumatic event.
- Avoidance of reminders or triggers associated with the trauma.
- Hyperarousal, such as irritability, insomnia, or a heightened startle response.
- Negative changes in thoughts and mood, including feelings of detachment or hopelessness.

PTSD can develop after experiencing or witnessing a traumatic event and can last for months or even years without proper intervention.

✓ **Post-Traumatic Growth (PTG)**

While trauma can have a devastating impact, many individuals find new strengths or positive changes as a result of their struggle with trauma. This is referred to as Post-Traumatic Growth (PTG). PTG includes experiences like improved relationships, a greater appreciation for life, increased personal resilience, and new possibilities or purposes. Recognizing PTG does not diminish the pain of trauma, but it highlights the human capacity to find meaning and growth despite adversity.

IMPACT OF TRAUMA

WHY UNDERSTANDING TRAUMA MATTERS FOR NON-FORMAL EDUCATORS?

Non-formal educators, such as youth workers, coaches, social workers, community leaders, and caregivers, often interact with individuals who may have experienced trauma. Understanding trauma and its impact is crucial for:

- Creating supportive and safe environments.
- Recognizing signs and symptoms of trauma.
- Responding with empathy and sensitivity.
- Preventing retraumatization through thoughtful interactions and practices.
- Building trust and connection, which are vital for healing.

✓ **Trauma-Informed Care is vital because it creates environments where individuals feel seen, heard, and supported.**

While not every trauma requires psychotherapy, every person who has experienced trauma deserves an empathetic witness—someone who can hold space for their experience without judgment, offering understanding and support.

Trauma-Informed Care assumes that you can be that first point of contact. Whether you're a friend, parent, educator, or colleague, you have the power to offer something essential: a safe and understanding presence.

✓ **Sounds overwhelming? Don't worry—we'll explore how to provide this support together.**

Our nervous systems are inherently wired for connection and healing. We recover from overwhelming experiences, whether acute or prolonged, by being in relationships where we feel seen, heard, and safe. Our bodies and minds are built to resonate with others, to feel understood, and to be in tune with those around us. Healing begins when we feel connected, listened to, and supported.

CASE EXAMPLE

Recognizing and Responding to Trauma in a Community Setting

Scenario:

Alex, a community youth leader, notices that one of the teenagers in their group, Sarah, becomes visibly anxious and withdrawn during discussions about family life. Sarah often leaves the room when other group members talk about family holidays or traditions.

Response:

Alex, having a basic understanding of trauma, recognizes this as a potential sign of trauma or past distress related to family experiences. Rather than pressuring Sarah to participate or share, Alex approaches her privately and offers a safe space for her to express her feelings if she chooses. Alex also reassures Sarah that she can step out of group discussions whenever she feels uncomfortable, creating a supportive environment for her.

In this example, Alex's trauma-informed approach involves recognizing potential signs of trauma, creating psychological safety, and being sensitive to Sarah's needs without prying or applying pressure.

KEY TAKEAWAY'S

- **Trauma** is an individual experience and can arise from a range of events or situations.
- It is essential to recognize that trauma can affect anyone, and its impact is not always visible.
- Understanding trauma helps non-formal educators **create safe, supportive environments for learning and healing.**
- Understanding **how to encourage trauma survivors to refer to local health agencies and other community services offering professional mental help** that is trauma informed.
- **Awareness of symptoms, triggers, and responses** allows educators to approach their roles with sensitivity and empathy.

Non-formal educators are not therapists but play a vital role in supporting individuals through trauma-informed care.

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COOPERATE (CO-CREATE) - COMMENT (MODIFY) - CRITIQUE (DIALOGUE) - STAY
CURIOS (ASK)

**CONSIDER WHICH OF THESE EXAMPLES SEEMS HELPFUL AND USEFUL TO YOU,
AND WHICH ONE SEEMS TOO GENERAL? WHY? (ASSUMPTION FOR CRITIQUE AND
COMMENTING)**



**REFLECT, BASED ON THESE EXAMPLES, HOW YOU CAN RELATE THIS TO YOUR
WORK (COOPERATION AND CURIOSITY)**



OUR CORE

-01-

SAFETY AND RESPONSIBILITY

Building Safe and Responsible Environments

-02-

TRUST AND TRANSPARENCY

Cultivating Trust Through Transparent Communication

-03-

SUPPORT

Peer Support and Self-Help Strategies

-04-

COOPERATION AND RECIPROCITY

Strengthening Relationships Through Cooperation

-05-

EMPOWERMENT AND AGENCY

Voice, Choice, and the Power of Empowerment

-06-

CULTURE AND HISTORY

Understanding Gender, Nationality, and Historical Context

-07-

AWARENESS AND MINDFULNESS

Applying TIA and TIC, Practicing Humility, Responsiveness, and Understanding the Impact of Trauma

SECTION

01

SAFETY AND RESPONSIBILITY

Building Safe and Responsible Environments

BUILDING SAFE AND RESPONSIBLE ENVIRONMENTS

THE ROLE OF SAFE ENVIRONMENTS IN TRAUMA PROCESSING

- ✓ When trauma survivors are given the opportunity to process their experiences in a space they perceive as safe—both physically and emotionally—they are more likely to experience meaningful healing.

- ✓ The individual can begin to make sense of the traumatic memory, allowing it to be reorganized in their mind. This process of reorganization helps the traumatic memory transition from being an overwhelming present experience to becoming a part of their past.

- ✓ The memory no longer feels as though it is still happening, but instead, it becomes a part of the individual's history. By organizing the traumatic memory in this way, the survivor can regain control of their present and future.

WHY DOES THIS MATTER?

If trauma is not processed in a safe and supportive environment, the memory can remain frozen in time. This means that instead of being stored as a past event, the traumatic experience continues to feel like an ongoing, current threat. This creates a sense of perpetual danger and can prevent individuals from fully engaging with the present moment and planning for a healthy future.

For genuine recovery to take place, traumatic memories need to find their chronological order—to be recognized as something that has happened, rather than something that is still happening. This process allows the survivor to reclaim a sense of self in the present, free from the continual intrusion of past trauma, and enables them to envision a future where healing and growth are possible.

SAFETY AND RESPONSIBILITY
ARE THE CORNERSTONES OF
TRAUMA RECOVERY.

BY FOSTERING
ENVIRONMENTS THAT
PRIORITIZE EMOTIONAL AND
RELATIONAL SECURITY, WE
ALLOW TRAUMA SURVIVORS
THE SPACE TO PROCESS
THEIR EXPERIENCES ON THEIR
TERMS, EMPOWERING THEM
TO HEAL AND REGAIN
CONTROL OVER THEIR LIVES.



UNDERSTANDING TRAUMA RESPONSES: THE BODY'S WAY OF ENSURING SAFETY

O1

REFRAMING TRAUMA RESPONSES

When people experience trauma, they often interpret their difficult thoughts, emotions, and physiological reactions as signs of weakness, defectiveness, or even madness.

A core aspect of trauma-informed care is helping individuals reframe these experiences, so they can see them for what they truly are—the mind, brain, and body's efforts to ensure safety and protect against harm. This shift in perspective lays the foundation for self-acceptance and compassion. It's helpful to begin this work as early as the first session.

O2

THE SCIENCE BEHIND OUR REACTIONS

The autonomic nervous system (ANS) regulates our body's internal functions and determines how we react to threats. It consists of two key parts: Sympathetic Nervous System (SNS): This system prepares us for action, increasing alertness and energy in response to danger.

Parasympathetic Nervous System (PNS): This system calms and slows us down, promoting relaxation and recovery. These systems govern our responses to perceived threats, such as the well-known "fight or flight" reaction.

BUILDING SAFE AND RESPONSIBLE ENVIRONMENTS

UNDERSTANDING TRAUMA RESPONSES: THE BODY'S WAY OF ENSURING SAFETY

O3

FIGHT OR FLIGHT MODE

When the brain detects a threat, the sympathetic nervous system (SNS) activates the fight or flight response. This prepares the body to face the danger or escape it. Physical changes include tensing large muscles, increasing heart rate and lung capacity, and releasing cortisol, which provides the energy needed to respond. In this state, the SNS fuels emotions like fear, anger, panic, and frustration, all of which are natural reactions to danger.

O4

POLYVAGAL THEORY: UNDERSTANDING OUR BODY'S SAFETY SYSTEMS

The parasympathetic nervous system (PNS), which calms us, is centered around the vagus nerve. According to polyvagal theory, the vagus nerve has two branches:

The ventral vagal branch supports our "rest and digest" state, where we feel safe, relaxed, and able to connect with others. This is also known as the "share and care" mode, where we experience calm, warmth, and contentment.

The dorsal vagal branch activates during extreme threat when fight or flight is no longer possible. This triggers the "shutdown" response, where the body slows down to conserve energy, leading to paralysis, dissociation, or even fainting.

O5

THE SHUTDOWN RESPONSE – FREEZE

In situations where neither fight nor flight is possible—such as being trapped or overwhelmed—the dorsal vagal system takes over, activating the shutdown response. This involves the body slowing down its physiological processes to conserve energy. People may feel immobilized, emotionally numb, or dissociated. This can manifest as feelings of despair, apathy, or disconnection from the present moment

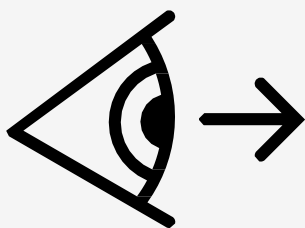
O6

THE FAWN RESPONSE

In addition to the typical fight, flight, and freeze responses, there is also the "fawn" response. This involves making efforts to appease others in order to avoid harm. For example, a child may become excessively compliant to avoid punishment from abusive caregivers, or an adult might ignore their own needs and boundaries to maintain approval and avoid conflict. Unlike the instinctual responses of fight, flight, and freeze, fawning is a learned survival strategy rooted in social relationships.

TRAUMA RESPONSES AS ADAPTIVE STRATEGIES
BY HELPING INDIVIDUALS UNDERSTAND THAT THESE
REACTIONS ARE NORMAL, ADAPTIVE STRATEGIES EMPLOYED BY
THE BODY TO PROTECT AGAINST HARM, WE PAVE THE WAY FOR
SELF-COMPASSION AND HEALING. TRAUMA-INFORMED CARE
EMPHASIZES THAT THESE RESPONSES ARE NOT SIGNS OF FAILURE
BUT RATHER THE BODY'S INTELLIGENT WAY OF COPING WITH
OVERWHELMING SITUATIONS. THIS UNDERSTANDING FOSTERS
ACCEPTANCE, RESILIENCE, AND A PATH TOWARD RECOVERY.

COMPLICATED... SO LET' S MAKE IT EASY!



LET'S MAKE IT EASY

THE BEAR METAPHOR: UNDERSTANDING THE BODY'S RESPONSE TO TRAUMA



Regardless of background, culture, or the type of traumatic experience, every human body reacts in the same way. The best way to illustrate this is through the following example.

To understand how trauma functions from the perspective of Emotional Processing Theory (Foa, Kozak), we first need to understand how fear and other emotions work. According to this theory, fear and other painful or intense emotions are represented in normal memory as a threat-avoidance program.

This structure includes various types of information, including:

O1

What we are afraid of

object, phenomenon initiating - known as the fear-evoking stimulus (e.g., an unexpectedly encountered bear in the forest).

O2

The fear response

bodily reaction to the fear emotion (e.g., the heart begins to beat faster).

O3

The meaning we assign to the stimulus

thoughts created and attached to the stimuli (e.g., bears are dangerous) and the meaning we assign to our reactions (e.g., a fast-beating heart means I am scared).

LET'S MAKE IT EASY

THE BEAR METAPHOR: UNDERSTANDING THE BODY'S RESPONSE TO TRAUMA



FIGHT OR FLIGHT

Imagine your ancestor is out hunting and suddenly encounters a massive bear with her cubs. To the bear, your ancestor is a threat. What will the bear do to protect her cubs? Naturally, she will attack. In this situation, your ancestor has only two options: **fight or flight**.

This is not a conscious decision—before the mind even registers what's happening, the autonomic nervous system has already shifted into fight or flight mode.

In this state, the sympathetic nervous system (SNS) triggers a surge of adrenaline, muscles tense, and the heart pumps faster to deliver oxygen-rich blood to those muscles, preparing the body to act quickly. It's a survival mechanism.

RELATING THIS TO EVERYDAY LIFE

Have you ever felt like this in your personal or professional life?

Perhaps when faced with overwhelming responsibilities, tight deadlines, or personal conflict? This heightened fight or flight response was meant to last briefly—to help us escape immediate danger. However, for many people with trauma experiences, their nervous system remains stuck in this mode. Persistent tension, anger, sleeplessness, and feelings of anxiety are signs of a body constantly operating in survival mode, long after the threat has passed.

LET'S MAKE IT EASY

THE BEAR METAPHOR: UNDERSTANDING THE BODY'S RESPONSE TO TRAUMA



To better understand this response, imagine your ancestor being chased by an enraged bear. The bear catches up to him, sinking its claws and teeth into him with force. In this situation, **the only chance of survival** for your ancestor is to lie as still and quiet as possible. If he tried to fight back or flee, the bear would cause even more harm. But **by freezing and becoming motionless**, there's a chance the bear might lose interest, believing him to no longer be a threat, and leave him alone.

However, it's incredibly difficult to remain still and not react when a bear is biting you, right? It would be impossible without **the body's emergency shutdown** response. Our bodies have a large nerve, known as the **vagus nerve**, which in moments of **extreme danger, paralyzes us**. This is why we sometimes say someone was "frozen with fear" or "stood as if rooted to the spot."

The vagus nerve causes your ancestor's muscles to freeze, leaving him unable to move or cry out. At the same time, it numbs him, cutting off the sensation of pain to prevent panic and thrashing, which could worsen the situation. So, he lies there, paralyzed by fear and **numbed** by his body's survival mechanisms.

REMEMBER! →

The freeze response is a natural survival mechanism that can occur during highly threatening or traumatic events, such as sexual assault. It's part of the body's automatic reactions to perceived danger, alongside fight and flight. While we may expect people to fight back or run away in such situations, the freeze response can be misunderstood, leading to the assumption that victims "didn't react" or "didn't resist." However, freezing is often the body's way of trying to protect itself when fighting or fleeing doesn't seem like a viable option.

EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)

O1

SELF-REFLECTION AND GROUP DISCUSSION

Have I ever experienced a "fight," "flight," "freeze," or "fawn" response? How did my body feel? What emotions did I experience?

EXERCISE
ACTIVE LEARNING: DESIGN - MODIFY - APPLY

O2

COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE (DIALOGUE) - GET CURIOUS (ASK)

CREATE SHORT SCENARIOS

Create short scenarios depicting different trauma responses (fight, flight, freeze, fawn) in realistic settings such as a classroom, workplace, or social environment. Include specific details about how the individual reacts, and how the educator or bystander can respond using a trauma-informed approach (e. g., offering space, not pressuring to talk, providing a calm environment).

Scenario Development Prompts:

- **Fight:** A person becomes defensive or angry when feeling overwhelmed. How can the educator create a safe space for them?
- **Flight:** A person avoids a situation or conversation due to stress. How can the educator gently offer support?
- **Freeze:** A person shuts down or becomes unresponsive. What strategies can the educator use to help them feel safe?
- **Fawn:** A person is overly compliant or eager to please, possibly due to fear of conflict. How can the educator recognize this and help build their confidence?

EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)

O3

CREATING INFOGRAPHICS (25 MINUTES)

Infographic Design:

- Using the scenarios developed, each group creates an infographic that explains the trauma response (fight, flight, freeze, or fawn) and suggests trauma-informed strategies to address it.

The infographic should:

- Clearly define the trauma response.
- Provide a visual representation of how it manifests (e. g., body language, emotional signs).
- Offer practical trauma-informed techniques to create a safe environment for the individual experiencing the response.

O4

PRESENTATION AND FEEDBACK (20 MINUTES)

Group Presentations:

- Each group presents their scenario and infographic to the larger group. They should explain the trauma response they focused on and the trauma-informed strategies included.

Peer Feedback:

- After each presentation, invite the audience to offer constructive feedback and suggestions on how the scenarios or infographics could be improved or further clarified.

O5

FINAL REFLECTION (10 MINUTES)

- How can these tools (scenarios and infographics) be used in your work as informal educators?
- What challenges might you face when applying trauma-informed care, and how can this training help overcome those challenges?

CO-REGULATION & SELF- REGULATION

BUILDING SAFE AND RESPONSIBLE

ENVIRONMENTS

BUILDING SAFE AND RESPONSIBLE ENVIRONMENTS

THE IMPORTANCE OF CO-REGULATION AND SELF-REGULATION FOR NON-FORMAL EDUCATORS IN TRAUMA-INFORMED CARE

What is Co-Regulation?

Co-regulation happens when someone (like an educator or caregiver) helps another person manage their emotions or behavior in the moment. For example, if a student feels anxious or upset, an educator might offer calm words or actions to help them feel better. This kind of support is especially important for people who have experienced trauma because it helps them feel safe and understood.

Why is co-regulation important for non-formal educators?

1. **Providing emotional support:** Non-formal educators can help learners by offering calm and reassurance when emotions are high. This creates a sense of safety, which is vital for people dealing with trauma.

2. **Creating stability:** A predictable environment—where expectations and routines are clear—helps learners feel grounded and more in control of their emotions. For people who have been through trauma, consistency can help them regain trust in others and in themselves.

What is self-regulation?

Self-regulation is the ability to manage your own emotions, thoughts, and actions, especially when you face challenges. It's about staying calm and focused even when you're feeling stressed or upset. People who have experienced trauma often find it harder to self-regulate because they might feel overwhelmed by their emotions. Non-formal educators can help by teaching learners ways to manage their feelings and behaviours.

Why is self-regulation important for non-formal educators?

1. **Modelling healthy responses:** Educators can show learners how to manage stress and emotions. For example, they might use deep breathing or mindfulness to stay calm and help students do the same.
2. **Building confidence:** Teaching learners how to recognize their emotions and respond to them in healthy ways can help them feel more in control. This is especially important for trauma survivors, who may feel like they have little control over their emotions.
3. **Encouraging reflection:** Educators can guide learners to reflect on their emotions and how they respond to challenges. This helps students become more aware of their emotional triggers and develop strategies to cope better.

CASE EXAMPLE

SCENARIO:

Maria is a youth mentor at a community center. She regularly works with teenagers who come from challenging backgrounds. One of the teenagers, Chris, is known to get easily overwhelmed and shut down when discussing family dynamics. During a group session on healthy relationships, Chris becomes visibly anxious, his shoulders tense, and his face turns red. Maria notices Chris's discomfort as he starts to withdraw from the discussion, avoiding eye contact and becoming unresponsive.

APPLYING CO-REGULATION:

Maria recognizes the signs of distress and decides to use co-regulation to help Chris feel safe and supported. She quietly moves closer to Chris without drawing attention and adopts a calm, open posture. Maria gently acknowledges Chris's emotions by saying, "Chris, it looks like this topic is bringing up a lot for you. That's okay. I'm here if you want to take a break or talk about how you're feeling."

Maria maintains a soft, steady tone, offering reassurance without pressuring Chris to respond immediately. By doing this, she provides a safe space and communicates empathy and support through her body language and words. This process helps Chris regulate his emotions through the presence of a calm, understanding adult, allowing him to gradually re-engage with the group when he feels ready.

APPLYING SELF-REGULATION:

After the session, Maria finds herself feeling unsettled and emotionally drained from the intense discussion. She knows that maintaining her emotional well-being is essential for providing effective support to the teens she works with. Maria decides to practice self-regulation using techniques from Trauma-Informed Care.

First, she takes a few deep breaths to center herself and releases the physical tension in her body. She then practices the "Leaves on a Stream" exercise, visualizing her thoughts as leaves floating by on a stream. When she notices worries like, "Did I do enough for Chris?" or "What if he feels worse now?", she gently acknowledges them and lets them drift away with the current.

Maria also reflects on her core values as a mentor. She reminds herself of why she chose this work—her commitment to creating a safe, supportive space for young people. This reflection helps her reconnect with her purpose and feel grounded in her role, allowing her to move forward with a clear mind.

CASE EXAMPLE

Why This Approach Matters:

Co-Regulation: Maria's ability to co-regulate with Chris demonstrates how non-formal educators can create a safe environment through empathy and responsiveness. By staying calm and present, Maria helps Chris feel seen and supported, which is essential in a trauma-informed setting.

Self-Regulation: Practicing self-regulation techniques ensures that Maria remains emotionally grounded and capable of providing effective care. It also prevents burnout and secondary trauma, which are common challenges in caregiving roles.

NOTICE AND RESPOND TO DISTRESS:

Pay attention to signs of discomfort, anxiety, or withdrawal in learners. Respond with calmness, empathy, and reassurance to create a safe and supportive environment. Acknowledging distress helps individuals feel seen and understood.

USE CO-REGULATION:

Your presence, tone of voice, and demeanor can significantly impact how learners regulate their emotions. During times of heightened stress, your ability to stay calm and provide steady emotional support can help individuals feel more grounded and secure.

PRACTICE SELF-REGULATION:

It's important to reflect on your own emotional state. Use grounding techniques like deep breathing, mindfulness, or short breaks to manage internal tension. Practicing self-regulation helps you stay resilient and effective, ensuring you can be a consistent source of support for others.

REAFFIRM YOUR PURPOSE:

Regularly reconnect with your values and intentions as an educator or mentor. This helps you stay motivated, grounded, and focused on your mission, especially when challenges arise in your work with learners.



EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE)
- CRITIQUE (DIALOGUE) - GET CURIOUS (ASK)

PART 1:

WHAT DO I NEED FOR SELF-REGULATION?

Take a few moments to reflect on the strategies, practices, or experiences that help you calm yourself when you feel stressed or overwhelmed. These are things you can do on your own, without needing anyone else's involvement. Write down your answers in the space below:

WHAT PRACTICES OR ACTIVITIES HELP ME RETURN TO A STATE OF CALM? (E.G., DEEP BREATHING, MEDITATION, PHYSICAL EXERCISE, CREATIVE ACTIVITIES, SPENDING TIME IN NATURE)

WHAT ENVIRONMENTS MAKE ME FEEL MOST AT EASE AND SAFE? (E.G., QUIET SPACES, BEING IN NATURE, A COZY ROOM)



EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE)
- CRITIQUE (DIALOGUE) - GET CURIOUS (ASK)

HOW DO I KNOW WHEN I'M OUT OF BALANCE, AND WHAT WORKS TO BRING ME BACK?

EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE)
- CRITIQUE (DIALOGUE) - GET CURIOUS (ASK)



PART 2

WHAT DO I NEED FOR CO-REGULATION?

Now, think about the people and relationships that help you feel grounded and secure. These are the people whose presence helps you find calm and stability. Write your reflections below:

- Who in my life provides a calming and supportive presence? (e.g., family, friends, colleagues, a mentor)
- What qualities do I look for in others to help me feel safe? (e.g., empathy, non-judgment, patience, active listening) How does this person make me feel when I'm with them?

EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)

PART 3



WHAT KIND OF ENVIRONMENT ENSURES MY SAFETY?

Lastly, reflect on the type of environment—physical, emotional, and relational—that makes you feel most safe and secure. This environment can include specific places or relational dynamics. Write your responses below:

What physical spaces make me feel safe? (e.g., my home, nature, quiet places)

What emotional and relational elements make me feel secure? (e.g., openness, trust, acceptance)

How can I cultivate these safe spaces in my work life?

EXERCISE



ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE)
- CRITIQUE (DIALOGUE) - GET CURIOUS (ASK)

CONSIDER WHICH OF THESE EXAMPLES SEEMS HELPFUL AND USEFUL TO YOU, AND WHICH ONE SEEMS TOO GENERAL? WHY? (ASSUMPTION FOR CRITIQUE AND COMMENTING)

REFLECT, BASED ON THESE EXAMPLES, HOW YOU CAN RELATE THIS TO YOUR

WORK (COOPERATION AND CURIOSITY)

WHERE AM I?

In Trauma- Informed Care (TIC), especially within the context of non-formal education, a foundational question to support trauma recovery and grounding is: "Where am I?" This question encourages participants to become aware of their mental and emotional state by observing whether they are:

- Stuck in the past: revisiting traumatic events or challenging memories.
- Worried about the future: preoccupied with potential risks or uncertainties.
- Engaged in the present: connected to and aware of the here and now.(Harris, 2023).

For educators working in a TIC framework, the goal is to help individuals develop the skills to recognize their mental and emotional positioning. Grounding techniques such as focusing on physical surroundings, bodily sensations, or engaging in exercises like "Dropping Anchor" can help participants regain a sense of safety and presence. By integrating these practices, non-formal educators can create a supportive environment that fosters self- awareness, resilience, and emotional regulation, aligning with the principles of Trauma- Informed Care.

How To 'Drop Anchor'

What is 'Dropping Anchor' and How Does It Help?

Dropping anchor is a very useful skill. You can use it for handling difficult thoughts, feelings, emotions, memories, urges and sensations more effectively; switching off auto-pilot and engaging in life; grounding and steadying yourself in difficult situations; disrupting rumination, obsessing and worrying; focusing your attention on the task or activity you are doing; developing more self-control; and as a 'circuit-breaker' for impulsive, compulsive, aggressive, addictive or other problematic behaviours.

What is involved?

Dropping anchor involves playing around with a simple formula: **ACE**

A: Acknowledge your thoughts and feelings

C: Connect with your body

E: Engage in what you're doing

A: Acknowledge your thoughts and feelings

Silently and kindly acknowledge whatever is 'showing up' inside you: thoughts, feelings, emotions, memories, sensation, urges. Take the stance of a curious scientist, observing what's going on in your inner world. If possible, silently put into words whatever you notice, using the phrase 'I'm noticing'. For example, silently say to yourself 'I'm noticing anxiety' or 'I'm noticing thoughts about being stupid' or 'I'm noticing feelings of anger' or 'I'm noticing worrying' or 'I'm noticing bad memories' or 'I'm noticing my mind racing wildly'.

And while continuing to acknowledge your thoughts and feelings, also

C: Connect with your body

Come back into and connect with your physical body. Find your own way of doing this. You could try some or all of the following, or find your own methods:

- Slowly pushing your feet hard into the floor.
- Slowly straightening up your back and spine; if sitting, sitting upright
- Slowly pressing your fingertips together
- Slowly stretching your arms or neck, shrugging your shoulders.
- Slowly breathing

Note: you are not trying to turn away from, escape, avoid or distract yourself from what is happening in your inner world. The aim is to remain aware of your thoughts and feelings, continue to acknowledge their presence *and at the same time*, come back into and connect with your body. In other words, you are expanding your focus: aware of your thoughts and feelings, and also aware of your body while actively moving it. And while acknowledging your thoughts and feelings, and connecting with your body, also

How To 'Drop Anchor' - continued

E: Engage in what you're doing

- Look around the room and notice 5 things you can see.
- Notice 3 or 4 things you can hear.
- Notice what you can smell or taste or sense in your nose and mouth
- Notice the activity you're doing, and give it your full attention

End the exercise by giving your full attention to the task or activity at hand. Ideally, run through the ACE cycle slowly 3 or 4 times, to turn it into a 2- 3 minute exercise.

NOTE: ***please don't skip the A of ACE***; it's so important to keep acknowledging the thoughts and feelings present, especially if they are difficult or uncomfortable. If you skip the A, this exercise will turn into a distraction technique – which it's not supposed to be.

WHAT'S THE POINT OF THIS PRACTICE?

There are many possible purposes for practicing this skill. Most of them are listed in the first paragraph on the previous page, but in addition, this skill is often used as a first step in handling flashbacks, panic attacks, chronic pain, and many other issues. So, if you are not sure why your counselor or health practitioner has recommended you to practice this, and how it can help you with your issue, please ask them to clarify the aim of it.

MODIFY THIS AS NEEDS

If you're pushed for time, just do a 30 second version: run through the ACE cycle once. If you're up for a challenge, run through the ACE cycle extremely slowly, over and over, for 5 to 10 minutes. There are literally hundreds of ways to modify this exercise, to accommodate your needs (e.g. physical pain) or overcome any difficulties you may have with it. Please ask your counselor or health practitioner how to do so.

PRACTICE OFTEN

Also remember, you can practise these kinds of exercises, any time, any place, any activity. And it's a good idea to practise them often in less challenging situations, when your thoughts and feelings are less difficult, so you can build up your skill levels. Over time, the idea is to use this in more challenging situations, when your thoughts and feelings are more difficult.

FREE AUDIO RECORDINGS

If you wish, you can download some free audio recordings of 'dropping anchor' exercises, varying from 4 minutes to 11 minutes in length. You can listen to these and use them as a guide to help you develop this skill. Just click to download.

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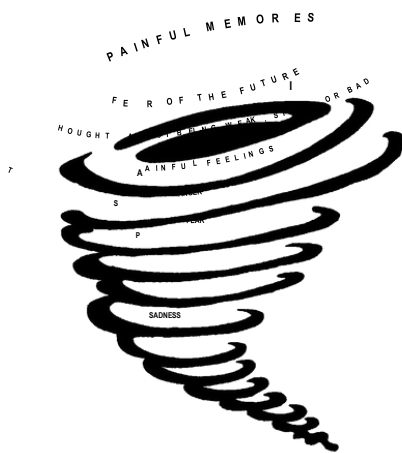
GROUNDING

DOING WHAT MATTERS IN TIMES OF STRESS: AN ILLUSTRATED GUIDE, WHO



But
sometimes
my feelings
and stories
are just so
painful.

Yes, sometimes
they are so
overpowering
they turn into
“emotional
storms”.

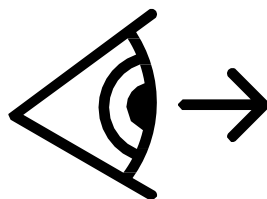


An “emotional storm” means
that you experience intensely
difficult thoughts and feelings. They
are so strong they are like a mighty
storm, and they can easily
overpower you.



When an
emotional
storm appears
we must learn
how to “ground


Wha
t
does
that



CONSIDER WHICH OF THESE EXAMPLES SEEMS HELPFUL AND USEFUL TO YOU, AND WHICH ONE SEEMS TOO GENERAL? WHY? (ASSUMPTION FOR CRITIQUE AND COMMENTING)



REFLECT, BASED ON THESE EXAMPLES, HOW YOU CAN RELATE THIS TO YOUR WORK (COOPERATION AND CURIOSITY)



SECTION

02

TRUST AND TRANSPARENCY

Cultivating Trust Through Transparent Communication

Cultivating Trust Through Transparent Communication

THE IMPORTANT OF TRANSPARENCY

Transparency is a key element in trauma-informed care because it helps individuals feel safe and understood. Trauma often disrupts a person's sense of control, safety, and trust in others. By being transparent—clearly explaining what has happened, what is happening, and what will happen next—we help rebuild trust and create a secure environment. This openness fosters a sense of predictability and agency, which are vital in trauma recovery.

TRANSPARENCY IN NON-FORMAL EDUCATION AND TRAUMA-INFORMED CARE

Transparency refers to open, clear, and consistent communication about the learning process, expectations, and intentions. In this integrated approach, it includes:

- Clearly outlining the goals, structure, and purpose of educational activities.
- Providing advance notice about sensitive topics or potential triggers (e.g., content warnings).
- Ensuring learners understand their rights, responsibilities, and options within the learning environment.
- Inviting feedback and addressing concerns openly.

Transparency helps reduce anxiety, builds a sense of predictability, and restores a sense of agency - key elements for individuals affected by trauma.

TRUST IN NON-FORMAL EDUCATION AND TRAUMA-INFORMED CARE

Trust is the foundation of a trauma-sensitive and empowering educational experience. It involves:

- **Consistency:** Delivering on promises and maintaining predictable interactions.
- **Safety:** Ensuring the environment is physically, emotionally, and psychologically secure.
- **Empathy and Respect:** Valuing learners' perspectives, boundaries, and lived experiences without judgment.
- **Confidentiality:** Protecting personal information shared in the educational space.

Trust enables participants to feel safe enough to take risks, share ideas, and engage fully, which is crucial for learning and personal growth.

CULTIVATING TRUST THROUGH TRANSPARENT COMMUNICATION

WHY DOES IT MATTER?

- **Promote healing:** A predictable, respectful environment can help mitigate feelings of fear and uncertainty common among trauma survivors.
- **Foster engagement:** Learners are more likely to participate and collaborate when they **feel secure and valued.**
- **Build resilience:** Transparent communication and trustworthy relationships encourage learners to build confidence and explore new skills in a safe space.
- **Encourage empowerment:** Learners gain a sense of control over their educational journey, reinforcing agency and self- determination.

By prioritizing transparency and trust, non-formal educators can align with Trauma-Informed Care principles, creating a transformative and inclusive learning experience for all participants.

UNDERSTANDING THE ROLE OF TRANSPARENCY

One of the most critical elements of trauma- informed care is transparent communication about the process.

- What the next steps are, and whether those steps can be adjusted based on their needs and preferences.
- What is happening right now.
- What has happened so far in their care or interaction.



NOTES:



EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)

Rebuilding Trust& Transparency in Relationships

Trust is not a one-size-fits-all concept; it can vary greatly based on personal experiences and definitions. Ask participants to reflect on:

- What does trust mean to me?
- How do I build trust in myself and others?
- What type of transparency feels most reassuring to me?

CULTIVATING TRUST THROUGH TRANSPARENT COMMUNICATION

CASE STUDY:

• Background

A community center offers a non-formal education program focused on developing life skills for young adults aged 18–25. Many participants are from marginalized backgrounds and have experienced trauma, including adverse childhood experiences (ACEs), displacement, or systemic discrimination. The program aims to improve participants' self-confidence, communication skills, and emotional resilience through workshops and group activities.

• Challenge

During the initial sessions, the educators noticed limited engagement and reluctance from participants to share their thoughts or fully participate in activities. Some participants appeared anxious, frequently checking their surroundings, while others seemed disengaged, avoiding eye contact or group discussions. Educators realized that trauma-related triggers, combined with a lack of familiarity with the environment and the educators, might be creating barriers to trust and active participation.

• Intervention:

1. Creating a transparent environment

- **Introducing the Program:** The educators began the next session by clearly outlining the program's purpose, structure, and goals. They explained how each activity contributed to the overall objectives, ensuring participants understood the "why" behind each step.
- **Content Warnings and Choices:** For activities involving role-playing or self-reflection, educators gave advance notice of potentially sensitive content and emphasized that participation was optional.
- **Clarity About Boundaries:** They clarified rules about confidentiality, emphasizing that personal stories shared in the group would not be discussed outside the learning space.

2. Building trust through consistent actions

- **Empathy and Listening:** Educators created space for participants to share concerns privately. When one participant expressed anxiety about group work, the educator adjusted activities to include small, optional breakout groups.
- **Predictability and Routine:** Each session began and ended with the same grounding exercises to help participants feel a sense of stability. For example, they practiced a simple breathing exercise at the start and concluded with a gratitude circle.
- **Follow-Through:** When participants provided feedback, educators made visible changes. For instance, after receiving feedback about the physical space feeling too exposed, they rearranged seating to create a more intimate, safer atmosphere.

CULTIVATING TRUST THROUGH TRANSPARENT COMMUNICATION

CASE STUDY:

3. Empowering participants

- **Choice and Agency:** Participants were encouraged to set personal boundaries, such as deciding whether to speak in discussions or just listen.
- **Collaborative Rule-Setting:** The group co-created a set of ground rules for interactions, ensuring everyone had a voice in shaping the learning environment.
- **Skill-Building Opportunities:** Educators encouraged participants to lead small parts of the session if they felt comfortable, fostering a sense of ownership and confidence.

Outcome

Over time, participants began to demonstrate increased engagement and trust. For example:

- A participant who initially avoided group discussions volunteered to lead an icebreaker activity, citing the program's supportive environment as a reason for their confidence.
- Another participant who had shared concerns about personal safety later expressed gratitude for the confidentiality measures and used the opportunity to explore challenges they were facing in a supportive group setting.

Key Takeaways for Non-Formal Educators

1. **Transparency builds predictability:** When learners understand the purpose and process of activities, they feel less anxious and more willing to participate.
2. **Trust requires action:** consistent follow-through on feedback and creating safe, predictable routines show learners that their well-being is a priority.
3. **Empowerment strengthens engagement:** allowing learners to make choices and co-create the learning space fosters a sense of agency, helping them feel respected and valued.

By applying these trauma-informed practices, non-formal educators can cultivate environments where participants feel safe, supported, and ready to learn and grow.

NOTES:

CULTIVATING TRUST THROUGH TRANSPARENT COMMUNICATION

TRUST AND TRANSPARENCY AS A TOOL FOR HELPING

For individuals who have experienced trauma, uncertainty can often feel like a threat. The unpredictability of a situation may trigger anxiety, distrust, and fear. **Transparency**— offering clear, honest, and consistent information—helps trauma survivors regain a sense of control over their lives. When they know what to expect, they can feel safer and more grounded in their environment, which reduces the risk of triggering negative emotions or behaviors.

Transparency is equally important for those indirectly working with trauma, such as professionals who may experience **secondary trauma** (e.g., archivists handling sensitive materials). Without transparent communication, they can face emotional strain, confusion, and even retraumatization. By sharing clear expectations and openly discussing boundaries, professionals and survivors alike can engage in a supportive, trauma-informed environment.

EMPOWERMENT THROUGH SHARING RESOURCES

People who have experienced trauma often feel disconnected from themselves and the world around them. **Sharing resources** and explaining how they can be used effectively empowers survivors to take an active role in their healing process. This active participation helps them rebuild **self-trust** and a **sense of agency**, key elements in their journey to recovery.

When survivors understand how to navigate their healing and are provided with the right tools, they can gradually reclaim power over their experiences. Educators and caregivers can further support this process by offering consistent, clear communication and ensuring that survivors are involved in decisions related to their care.

CULTIVATING TRUST THROUGH TRANSPARENT COMMUNICATION

MENTAL FLEXIBILITY AND TRAUMA AWARENESS

Trauma disrupts mental flexibility—the ability to adapt thoughts and behaviours in response to different situations. It also hinders **mentalization**, which is the capacity to reflect on one's own and others' emotions and experiences. Trauma survivors often struggle to differentiate between the past and present, leading to confusion and an inability to trust themselves or others.

Helping individuals understand **the nature of trauma**, including the impact of **retraumatization and post-traumatic** experiences, is crucial in rebuilding trust. **Trauma awareness** enables survivors to make sense of their emotions, behaviours, and time perceptions, fostering healing through understanding.

Transparent communication about expectations, boundaries, and the healing process encourages survivors to explore their feelings and reactions in a **non-judgmental way**, fostering greater **psychological flexibility**. By creating an open dialogue and offering support in navigating complex emotional responses, caregivers and educators can play a vital role in promoting mental flexibility and emotional resilience.

KEY TAKEAWAYS FOR TRAUMA – INFORMED CARE

- **Transparency:** Clear, honest communication helps trauma survivors feel safer and more in control of their situation, reducing anxiety and emotional overwhelm.
- **Empowerment:** Sharing resources and involving survivors in their own healing process builds self- agency and fosters self- trust.
- **Mental Flexibility:** Trauma awareness and transparent communication help survivors process their emotions and experiences, promoting psychological flexibility and healing.
- **By integrating these elements into a trauma-informed care framework, educators, professionals, and caregivers can provide a more supportive and healing environment for trauma survivors and those indirectly affected by trauma**

ASSESSMENT

DO/DON'T

DO

- Be honest and trustworthy: Always provide clear, accurate information. Consistency in your actions builds trust, especially when working with trauma survivors.
- Respect people's right to make their own decisions: Empower individuals by honoring their autonomy. Trauma often involves a loss of control, so giving people the freedom to choose is crucial to recovery.
- Be aware of and set aside personal biases and prejudices: Ensure that your actions and decisions are guided by the individual's needs, not influenced by personal judgments.
- Make it clear to people that even if they refuse help now, they can still access help in the future: Allow individuals to decide when they are ready for support. Offer open access to resources without pressure.
- Respect privacy and keep people's stories confidential, if this is appropriate: Trust is foundational in trauma-informed care. Confidentiality is essential unless there is a risk of harm to the person or others.
- Behave appropriately by considering a person's culture, age, and gender: Trauma-informed care is sensitive to individual differences. Cultural, gender, and age-specific considerations should inform your approach to ensure respect and appropriateness.

DON'T

- Don't exploit your relationship as a helper: Maintain professional boundaries. Helping is about the person's needs, not your personal gain.
- Don't ask people for money or favors for helping them: Help should be unconditional and never transactional. Avoid any action that could be perceived as exploitation.
- Don't make false promises or give false information: Be transparent about what you can and cannot do. Overpromising can break trust, especially when working with vulnerable individuals.
- Don't exaggerate your skills: Only provide support within the limits of your knowledge and competence. Be honest about your abilities and when a referral to a more qualified professional is needed.
- Don't force help on people, and don't be intrusive or pushy: Respect people's boundaries. Forcing help can feel like a violation of autonomy, which can retraumatize individuals who have already experienced a loss of control.
- Don't pressure people to tell their story: Let individuals decide what and when they want to share. Pushing someone to talk about their trauma before they are ready can cause harm.

EXERCISE

**ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)**

TAILORED DO'S AND DON'TS FOR SPECIFIC TRAUMA GROUPS

O1



Instructions:

- 1. Think of actions, behaviors, or approaches that help create transparency and trust with each specific group.**
- 2. Consider the unique vulnerabilities of each group and brainstorm what should be avoided (Don' ts).**

Example Brainstorming Questions:

- What kind of information should you always share with someone who is at risk of suicide?
- What can damage trust when working with survivors of violence?
- How can you respect cultural differences when working with refugees?
- How can you accommodate and respect the specific needs of individuals with disabilities who have experienced trauma?

DO'S

DONT'S

A large, empty white rectangular box intended for writing 'DO'S'.A large, empty white rectangular box intended for writing 'DONT'S'.

EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE (DIALOGUE) - GET CURIOUS (ASK)

Sample Do's and Don'ts for Each Trauma Group



INDIVIDUALS AT RISK OF SUICIDE

DO'S

Do: Be upfront about the limits of confidentiality, especially when discussing harm to self or others.

Do: Create a safe space for the person to express their feelings without fear of judgment.

Do: Clearly communicate the availability of support, even if they decline it at first.

DONT'S

Don't: Make promises you can't keep (e.g., "Everything will be fine" or "This will pass soon").

Don't: Push them to disclose more than they're ready to.

Don't: Ignore the importance of follow-up;
consistency is crucial for building trust.

EXERCISE

**ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) -
CRITIQUE (DIALOGUE) - GET CURIOUS (ASK)**

Sample Do's and Don'ts for Each Trauma Group



SURVIVORS OF VIOLENCE

DO'S

Do: Respect their boundaries—let them decide what to share and when.

Do: Be clear about what help you can offer and the resources available (e.g., shelters, legal aid).

Do: Provide information about safety planning if they are still in a dangerous situation

DONT'S

Don't: Blame or question their choices (e.g., "Why didn't you leave earlier?").

Don't: Press for details about the trauma, especially if they're not ready to talk.

Don't: Minimize their experience (e.g., "It's not that bad" or "You'll get over it").

EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) -
CRITIQUE (DIALOGUE) - GET CURIOUS (ASK)

Sample Do's and Don'ts for Each Trauma Group



REFUGEES OR DISPLACED INDIVIDUALS

DO'S

Do: Be sensitive to cultural differences—respect their customs and practices when offering support.

Do: Use interpreters or materials in their language to ensure clear communication.

Do: Share information about legal rights, housing, and healthcare services clearly and consistently.

DONT'S

Don't: Assume that trauma is experienced or processed the same way across all cultures.

Don't: Impose your values or beliefs about what they “should” do to recover or assimilate.

Don't: Treat them as victims only—acknowledge their strengths and resilience.

EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) -
CRITIQUE (DIALOGUE) - GET CURIOUS (ASK)

Sample Do's and Don'ts for Each Trauma Group



CHILDREN OR ADOLESCENTS EXPERIENCING TRAUMA

DO'S

Do: Break information down into manageable parts—complex trauma can affect concentration and memory.

Do: Provide clear, step-by-step explanations about what they can expect from support services.

Do: Regularly check in to ensure they understand and feel comfortable with the process.

DONT'S

Don't: Overwhelm them with too much information or pressure them to make decisions quickly.

Don't: Force them to discuss their trauma in detail if they're not ready.

Don't: Assume their disability limits their ability to understand or engage in conversations about their trauma. Always communicate in ways that align with their abilities, ensuring respect and inclusivity.

EXERCISE



ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) -
CRITIQUE (DIALOGUE) - GET CURIOUS (ASK)

TAILORED DO'S AND DON'TS FOR SPECIFIC TRAUMA GROUPS

O2

PERSONAL REFLECTION AND APPLICATION

Reflect: Individually, participants reflect on the new Do's and Don'ts developed for their specific trauma group.

They will consider:

How can I apply these trauma-informed practices in my current role?

What unique challenges might arise when working with these specific groups, and how can I address them using transparency and trust-building strategies?

NOTES

A large, empty rectangular box with a light gray border, intended for participants to write their notes during the exercise.

EXERCISE



ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)

TAILORED DO'S AND DON'TS FOR SPECIFIC TRAUMA GROUPS

O3

CREATIVE APPLICATION – BUILDING A TRANSPARENCY TOOLKIT FOR SPECIFIC TRAUMA GROUPS

TASK: IN SMALL GROUPS, PARTICIPANTS WILL DESIGN A TRANSPARENCY TOOLKIT FOR THEIR ASSIGNED TRAUMA GROUP. THIS TOOLKIT SHOULD INCLUDE:

- A list of key Do's and Don'ts for transparency when working with that group.
- Practical steps for ensuring clear communication and respect for boundaries in interactions.
- Guidelines for culturally or situationally appropriate communication, such as how to adapt language and support to the needs of the group.
- Creative Element: Encourage participants to present their toolkit as an infographic or poster that can be used in trauma-informed settings.

O4

Present and Share (10 minutes)

- Each group presents their Transparency Toolkit to the larger group, explaining how their Do's and Don'ts align with the needs of the specific trauma group.
- Debrief and Takeaways (10 minutes)

EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)
GROUP REFLECTION:

O5

WHAT CHALLENGES DO YOU FORESEE IN IMPLEMENTING THESE PRACTICES, AND HOW CAN YOU OVERCOME THEM?

FINAL THOUGHT:

EMPHASIZE THAT TRAUMA-INFORMED CARE IS NOT ONE-SIZE-FITS-ALL. DIFFERENT TRAUMA GROUPS HAVE DIFFERENT NEEDS, AND TRANSPARENCY IS KEY IN CREATING SAFE, TRUSTING ENVIRONMENTS FOR HEALING.

I WOULD LIKE TO ADD:

03

SUPPORT

Peer Support and Self-Help

SUPPORT: PEER SUPPORT AND SELF HELP

Peer support and self-help are integral elements of Trauma-Informed Care (TIC) in non-formal education, emphasizing shared experiences, mutual support, and empowerment.

- **Peer Support** involves individuals with lived experiences of trauma supporting each other in a collaborative, non-hierarchical way. It fosters connection and understanding, reducing feelings of isolation and stigma.
- **Self-Help** focuses on empowering individuals to take an active role in their healing and learning by developing strategies to manage emotions, build resilience, and navigate challenges.

In non-formal education, these approaches align with the principles of TIC by creating safe spaces where participants can learn from each other, practice self-regulation, and develop skills for personal growth.

WHY PEER SUPPORT AND SELF-HELP ARE IMPORTANT

- **PROMOTES CONNECTION AND BELONGING**
Trauma can lead to feelings of isolation and distrust. Peer support helps individuals see they are not alone and that others understand their struggles. Shared experiences create a sense of belonging and mutual understanding.
- **ENCOURAGES EMPOWERMENT**
Both peer support and self-help emphasize individual agency and the ability to contribute to one's own healing. This counters the helplessness often associated with trauma and fosters a sense of control.
- **MODELS RESILIENCE**
In peer support, individuals can see examples of how others have navigated similar challenges. This modeling can inspire hope and demonstrate practical strategies for coping and growth.
- **BUILDS SKILLS FOR EMOTIONAL REGULATION**
Through shared practices and group activities, participants can learn grounding techniques, mindfulness, and other self-help tools that enhance emotional resilience.
- **STRENGTHENS COMMUNITY**
Non-formal education often emphasizes relational learning. Peer support networks help create a strong sense of community, where members contribute to and benefit from collective wisdom and encouragement.

CULTIVATING TRUST THROUGH TRANSPARENT COMMUNICATION

CASE STUDY: A FOOTBALL COACH USING TRAUMA-INFORMED CARE TO SUPPORT A PLAYER

The Situation

Coach Alex leads a community football team for teens, focusing on teamwork and personal growth. One of his players, James, is a talented 16-year-old with great potential. However, James's behavior became increasingly erratic: skipping practice, lashing out at teammates, and withdrawing from group activities.

After a tense incident where James stormed off during a match, Alex decided to approach the situation differently. He suspected that James's behavior might stem from personal struggles rather than a lack of commitment.

Step 2: Offering Peer Support

Recognizing the value of connection, Alex paired James with an older teammate, Marco, who had faced similar challenges. Marco shared his story and how football helped him cope, creating a sense of understanding and encouragement for James.

Step 3: Teaching Self-Help Techniques

Alex introduced James to simple strategies to manage his emotions during practice:

- **Breathing Exercises:** James practiced taking deep breaths during moments of frustration to calm himself.
- **Focus Rituals:** Before each practice, James spent a few minutes setting a small, achievable goal, like improving his passing or staying positive with teammates.

Step 4: Adjusting the Environment

Alex worked with the team to create a more supportive culture. He emphasized encouragement and positive communication during drills, reducing the pressure James felt to "prove himself."

CASE STUDY: A FOOTBALL COACH USING TRAUMA-INFORMED CARE TO SUPPORT A PLAYER

The Impact

Within a month, James's attitude and performance began to shift:

- **Improved Behavior:** James started showing up consistently to practice and handled stressful situations with more composure.
- **Stronger Team Connection:** James felt supported by Marco and the team, which motivated him to rebuild trust with his teammates.
- **Resilience Growth:** James began applying the self-help techniques both on and off the field, managing his emotions during family conflicts.

James later told Alex, "You didn't give up on me when I felt like giving up on myself. Football feels like my safe place now."

KEY TAKEAWAYS:

1. **Start with Trust:** Taking the time to listen without judgment builds a foundation for meaningful change.
2. **Encourage Peer Support:** Connecting individuals with shared experiences fosters empathy and reduces isolation.
3. **Teach Practical Tools:** Simple self-help techniques, like breathing or goal-setting, empower players to manage emotions independently.
4. **Adjust the Environment:** A positive, trauma-sensitive culture benefits not just one individual but the entire team.

EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)

CONSIDER WHICH OF THESE EXAMPLES SEEMS HELPFUL AND USEFUL TO YOU, AND WHICH ONE SEEMS TOO GENERAL? WHY? (ASSUMPTION FOR CRITIQUE AND COMMENTING)



REFLECT, BASED ON THESE EXAMPLES, HOW YOU CAN RELATE THIS TO YOUR WORK (COOPERATION AND CURIOSITY)

SUPPORT: PEER SUPPORT AND SELF HELP

KEY TAKEAWAYS FOR TRAUMA – INFORMED CARE

Facilitate Safe and Inclusive Spaces

Create an environment where peer support can thrive by ensuring psychological safety, mutual respect, and opportunities for connection.

Empower Participants to Share and Lead

Encourage participants to share their experiences and insights in ways that feel comfortable to them. Peer- led activities or discussions can enhance engagement and trust.

Teach and Model Self-Help Tools

Provide participants with practical strategies, such as grounding exercises, journaling, or mindfulness techniques, that they can use independently to regulate emotions and reduce stress.

Foster Collaboration, Not Hierarchy

Ensure that peer support is mutual and not hierarchical. The role of the educator is to guide, not direct, allowing participants to learn from each other organically.

Celebrate Progress

Acknowledge and celebrate milestones, both individual and collective, to reinforce the value of shared effort and personal initiative.

Type Your Notes Here

MULTIPURPOSE PAGES

Whether through peer networks or self-help strategies,

is an essential part of **trauma-informed care**.

In moments when **professional help is unavailable or difficult** to access, individuals can draw on **personal resources**, peer relationships, and self-help techniques to foster **healing and resilience**.

This section focuses on how to both organize support for others and create a support system for yourself, offering practical tools and guidance for navigating these processes.

Step 1: Grounding – Returning to Your Resources

Before planning any support system, it's essential to ground yourself by reconnecting with your personal strengths and internal resources.

Grounding allows you to stay present and draw from a place of strength when providing or seeking help. This practice helps you stay balanced, even in difficult moments.

NOTES:

MULTIPURPOSE PAGES

STEP 3: Take a moment to list three of your personal strengths that you can rely on when supporting others or yourself:

Type Your Notes Here

STEP 4: Next, reflect on how these strengths have helped you in the past:

- How did these strengths help you navigate a challenging situation?
- How can they be applied to offer support to someone in need?

Type Your Notes Here

EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)

SCENARIO CREATION

- 01 -

Each group will create a hypothetical scenario where someone they know (a friend, colleague, family member, etc.) needs emotional or practical support after experiencing trauma. These scenarios should be framed through the lens of Trauma-Informed Care (TIC), ensuring that the support offered is empathetic, respectful, and empowering for the individual.

EXAMPLES

- **A colleague** who has experienced workplace harassment and is showing signs of withdrawal but isn't ready to discuss the trauma. The group must consider how to offer a **safe and supportive environment** without pressuring them to open up before they're ready.
- **A friend** who is feeling overwhelmed after the sudden loss of a loved one and is struggling to find resources or emotional support. The group should focus on **empowering the individual** by sharing helpful resources without taking control over their healing process.
- **A family member** who has recently been displaced due to a natural disaster and doesn't have access to professional support. The group will explore how **to provide immediate, practical support** while being sensitive to their emotional state and respecting their **autonomy and choices**.

FOCUS

In each scenario, groups should consider how they would apply Trauma-Informed Care principles such as empathy, safety, empowerment, and avoiding retraumatization to create a supportive plan for offering help.

SELF HELP

WHY TRAUMA-INFORMED SUPPORT IS CRUCIAL FOR THE SUPPORTER

When offering support to individuals who have experienced trauma, it's essential to approach the process with care and awareness, not only for the person you're helping but also for yourself.

Trauma-informed care emphasizes the importance of creating a supportive environment that avoids retraumatization for the individual and prevents **secondary trauma** for the supporter.

As someone providing support, understanding trauma responses and being mindful of how you approach each situation is key to protecting both the individual's well-being and your own. When you offer help with **empathy, clear communication**, and respect for **boundaries**, you create an environment where the person **feels safe, understood, and in control**.

This approach reduces the risk of retraumatization for them and helps you manage the emotional impact of their experiences.

Incorporating **values-driven support** and **self-care** practices is vital for maintaining your own emotional resilience. By being intentional and reflective in your support, you can help foster **healing** and **trust** while also ensuring that your own well-being is safeguarded.

NOTES:

EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)

-01-

Organizing Support for Yourself – Self-Help Strategies

Sometimes, professional help may not be immediately accessible, and in those moments, it's crucial to have self-help strategies in place. Self-help is about recognizing your own needs and using available resources to take care of your emotional and mental well-being.

Here are some steps to follow when organizing support for yourself:

1. **Recognize Your Needs:** Identify what kind of support you need—whether it's emotional support, practical advice, or a sense of safety.
Tip: Practice grounding exercises to clarify your needs in the moment.
2. **Use Available Resources:** Explore free and accessible self-help tools from trusted organizations like the WHO, or local mental health organizations. These resources can guide you through managing stress, anxiety, and trauma.
3. **Set Boundaries:** Protect your energy by setting boundaries around how much you can do for yourself and others. This ensures you don't burn out.
4. **Create a Self-Care Plan:** Design a plan that includes daily self-care activities, such as journaling, mindfulness exercises, or connecting with supportive peers.

Developing a Self-Help Plan

Write down three things you can do to support yourself when you're feeling overwhelmed:

Type your answer here

The Point of Choice and Values in Support

Every time you provide or seek support, you're at a point of choice. You can choose how to respond, how to organize support, and how to align your actions with your core values. When these choices are guided by values, they become powerful tools for creating meaningful and trauma-informed support systems.

Point of Choice:

When organizing support for someone or yourself, consider the moment of decision-making. Ask yourself:

- Am I responding in a way that aligns with my values?
- Am I respecting autonomy and supporting in a way that feels empowering for the person?

Values List for Peer Support and Self-Help

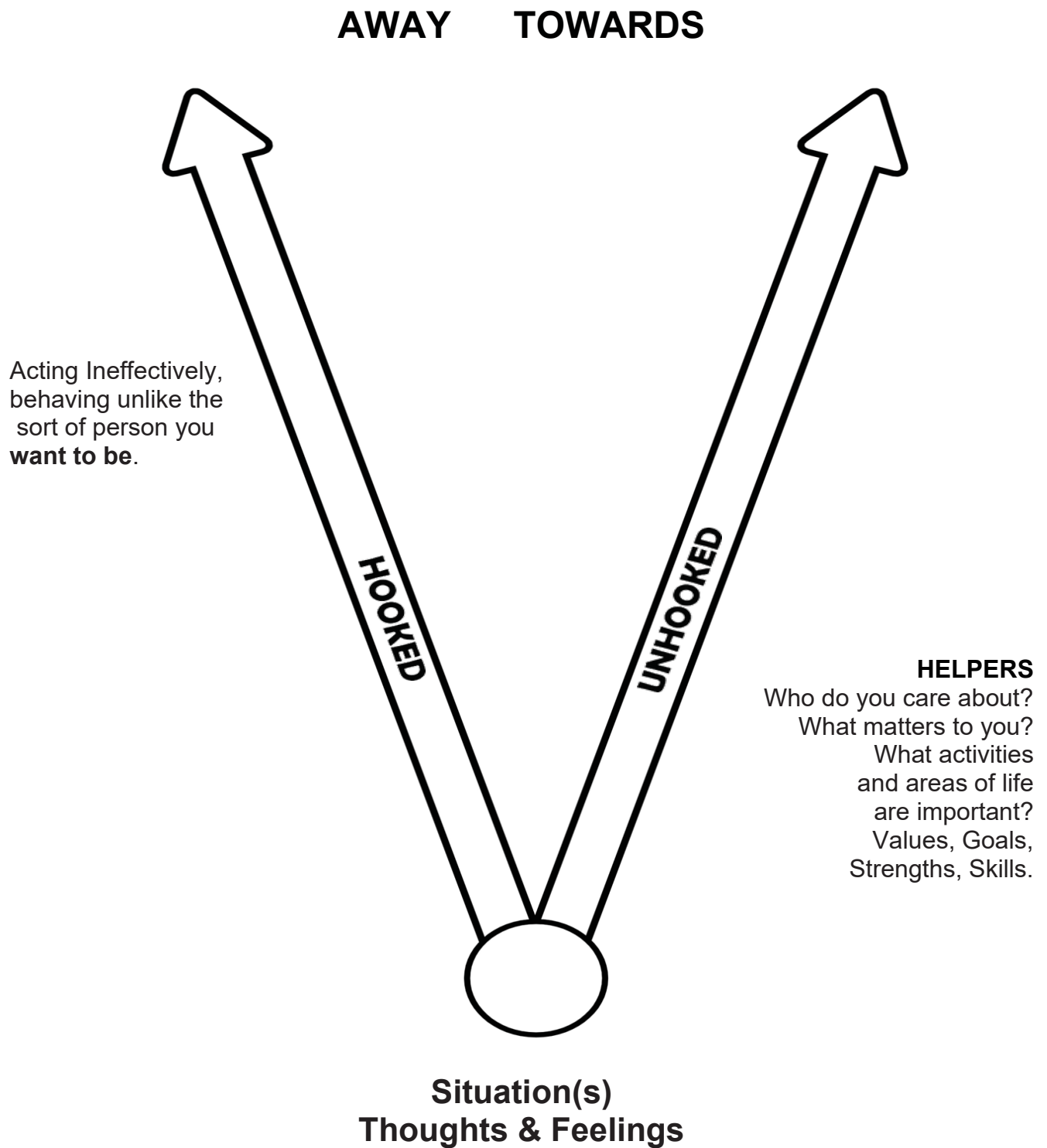
To guide your choices, here is a list of values you can use when providing support to others or organizing self-help strategies:

- **Empathy:** Understanding and sharing the feelings of others.
- **Compassion:** Acting with kindness and a desire to help alleviate suffering.
- **Autonomy:** Respecting the ability of others to make their own decisions.
- **Resilience:** Cultivating the strength to recover from setbacks.
- **Trust:** Building and maintaining trust through consistency and honesty.
- **Patience:** Allowing the process of healing and support to unfold at its own pace.
- **Safety:** Creating an environment of emotional and physical safety for yourself and others.
- **Collaboration:** Working together to find solutions and offer mutual support.

Exercise: Identifying Your Values

Write down the three values that resonate most with you when providing or seeking support:

- 1.
- 2.
- 3.



SECTION

04

COOPERATION AND RECIPROCITY

STRENGTHENING RELATIONSHIPS THROUGH COOPERATION

CULTIVATING TRUST THROUGH TRANSPARENT COMMUNICATION

COOPERATION AND RECIPROCITY:

Cooperation and reciprocity are fundamental to building healthy, supportive relationships in any educational setting. However, when it comes to trauma-informed care, these concepts take on a deeper meaning. Students who have experienced trauma often face challenges that make traditional educational approaches less effective. Trauma can cause emotional distress, difficulty trusting others, withdrawal, or even disruptive behavior. As non-formal educators, it's crucial to understand how cooperation and reciprocity can be leveraged to create a more inclusive and supportive environment for these students.

In this chapter, we will explore:

1. What we understand by cooperation and reciprocity in trauma-informed care.
2. Why these concepts are critical in supporting students affected by trauma.
3. How non-formal educators can integrate cooperation and reciprocity into their practices.
4. Practical exercises and strategies to build these principles into everyday teaching.

O1. COOPERATION: WORKING TOGETHER FOR SHARED GOALS

In any classroom or educational setting, cooperation involves individuals working together toward a common goal.

In the context of trauma-informed care, cooperation means that students, educators, and families work together to create a space where each person's needs are respected and supported.

However, for trauma-affected students, cooperation doesn't always look like it would in a traditional classroom. These students may need additional time, space, or different methods to engage with their peers and the material. Cooperation in a trauma-informed environment involves flexibility, patience, and a commitment to building trust and safety first.

Key characteristics of cooperation in trauma-informed care:

- **Empathy and understanding:** Recognizing that each person's trauma history can affect how they interact with others.
- **Respect for boundaries:** Students may need time to build trust or may prefer different ways of participating.
- **Shared responsibility:** Everyone contributes in a way that respects their capacity to engage.

CULTIVATING TRUST THROUGH TRANSPARENT COMMUNICATION

RECIPROCITY: MUTUAL GIVING AND RECEIVING OF SUPPORT

Reciprocity is the mutual exchange of support and care. In a trauma-informed classroom, this means creating an environment where both students and educators give and receive support in equal measure. While educators offer emotional safety and structured learning opportunities, students are encouraged to contribute in ways that feel safe to them.

Reciprocity in trauma-informed care involves:

- **Creating a balance:** Students aren't just recipients of care, they are also active participants in shaping the learning environment.
- **Empowering students:** By encouraging students to share their needs, feelings, and ideas, we empower them to take part in their own healing process.
- **Fostering trust:** Reciprocity fosters a sense of trust, where students know they can rely on educators and peers, and vice versa.

O2 WHY ARE COOPERATION AND RECIPROCITY SO IMPORTANT IN TIC?

Fostering Trust:

Cooperation and reciprocity build a foundation of trust, which is essential for trauma survivors who may have lost trust in others due to past experiences. When individuals feel that their input is valued and that decisions are made collaboratively, they are more likely to feel safe and supported.

Empowerment and Shared Power:

In TIC, it's important to empower individuals by giving them a voice in their own care and healing process. Cooperation ensures that the support is collaborative, not one-sided.

This helps survivors regain a sense of control and agency over their lives, promoting healing.

Strengthening Relationships:

Reciprocity—where both parties give and receive in a relationship—creates balanced, healthy connections. In trauma-informed relationships, it's important to avoid the helper-victim dynamic, which can perpetuate feelings of helplessness. Instead, both sides engage in mutual support, strengthening bonds and fostering mutual growth.

Preventing Burnout and Secondary Trauma:

Cooperation and reciprocity are also essential for the well-being of caregivers and supporters. By engaging in reciprocal relationships, supporters can avoid feelings of overwhelm and burnout, which can result from constantly giving without receiving.

This balance helps maintain the health of everyone involved.

CULTIVATING TRUST THROUGH TRANSPARENT COMMUNICATION

O3 HOW NON-FORMAL EDUCATORS CAN INTEGRATE COOPERATION AND RECIPROCITY

Non-formal educators, who often work in less structured environments than traditional schools, are uniquely positioned to foster a supportive, trauma-informed learning space. Here are practical strategies non-formal educators can use to promote cooperation and reciprocity:

CREATING A SAFE, SUPPORTIVE ENVIRONMENT

Before promoting cooperation or reciprocity, students need to feel safe. Safety is the foundation upon which cooperation can be built. Non-formal educators can establish safety by:

- **Setting Clear Expectations:** Create rules or guidelines that emphasize respect, understanding, and support.
- **Consistency:** Be reliable and consistent in your actions and responses, so students can trust that the environment will remain predictable and safe.
- **Active Listening:** Demonstrate empathy by listening to students' concerns and acknowledging their experiences without judgment

ENCOURAGING GROUP WORK WITH FLEXIBILITY

Cooperative learning thrives in a group setting, but it's important to be flexible in how groups work together:

- **Structured Group Activities:** Use group exercises that require students to share tasks based on their strengths. This allows them to contribute in different ways, which helps build confidence.
- **Peer Mentoring and Support:** Encourage students to work in pairs or small groups, allowing for peer support. This helps students feel more comfortable with one another and fosters reciprocity.
- **Choice-Based Groupings:** Allow students some say in who they work with or what roles they take in a group. This gives them a sense of control and empowers them to engage more fully.

MODELING RECIPROCITY

As an educator, you can model reciprocity by showing students how to offer and ask for help:

- **Sharing Your Own Vulnerability:** Demonstrate that it's okay to ask for help, share struggles, and rely on others. This shows students that reciprocal relationships are built on mutual trust and understanding.
- **Giving and Receiving Feedback:** Provide constructive, compassionate feedback and encourage students to offer feedback to each other. This reciprocal exchange builds communication skills and trust.

CULTIVATING TRUST THROUGH TRANSPARENT COMMUNICATION

CASE STUDY

BACKGROUND:

Ms. Jensen is a teacher in a middle school, working with a class of 7th graders. Several students in the class have experienced trauma, including the recent death of a parent, bullying, and living in unstable housing. Ms. Jensen is dedicated to creating a trauma-informed classroom environment that promotes emotional safety, empathy, and cooperation among her students.

In this environment, reciprocity is not just a concept between the teacher and students but is also extended between classmates. Ms. Jensen understands that trauma affects each student differently, so she fosters an atmosphere where the students support one another, creating a sense of shared responsibility and mutual respect.

THE SITUATION:

One of the students, Leah, has been struggling with severe anxiety following the sudden death of her father. She often has outbursts in class, feels overwhelmed with tasks, and frequently isolates herself during group activities. Leah's classmates, especially her close friend Sarah, are concerned, but they're unsure how to help without making Leah feel more uncomfortable.

Ms. Jensen has noticed Leah's distress and, as part of her trauma-informed approach, she has created a safe space where students can talk openly about their feelings and how trauma affects their daily lives. However, Ms. Jensen also recognizes the importance of cooperation and reciprocity among the students, as they are key to supporting one another in healing and growth.

TRAUMA-INFORMED APPROACH TO COOPERATION AND RECIPROCITY:

Ms. Jensen starts the day with a "check-in" circle, where students are invited (but not pressured) to share how they're feeling. The goal is not to force disclosure but to create a sense of solidarity within the classroom. During one of these check-ins, Leah shares that she feels anxious and overwhelmed, but she doesn't feel ready to talk about her father's death in front of the class.

Recognizing the need for a trauma-informed space, Ms. Jensen emphasizes that everyone is welcome to share as much or as little as they like. She also reassures the class that Leah's feelings are valid, without singling her out. Through this, Ms. Jensen models the importance of mutual respect and cooperation in the classroom, where the needs of the individual are balanced with the needs of the group. The students understand that cooperation means not pressuring their peers but offering support in a way that respects boundaries.

CULTIVATING TRUST THROUGH TRANSPARENT COMMUNICATION

CASE STUDY

FOSTERING PEER SUPPORT AND RECIPROCITY

As part of building cooperation, Ms. Jensen organizes group projects that focus on collective problem-solving. Instead of competitive group activities, the tasks are framed around shared goals—such as planning a community event or creating a group presentation about emotional well-being. Students are encouraged to work together, and Ms. Jensen gives them tools to foster positive, supportive interactions, such as:

- A "positive feedback" round where each student shares something they appreciate about another's contribution.
- Encouraging quieter students like Leah to contribute in ways they feel comfortable, such as in smaller sub-groups or through written feedback, rather than oral presentations.

Sarah, Leah's close friend, is also given the space to lead a portion of the project that involves helping others feel heard. Sarah naturally becomes a bridge for Leah's participation, helping her complete tasks without forcing her to speak out loud if she's not ready. This creates a reciprocal relationship where Sarah supports Leah, and Leah feels empowered to contribute in her own way.

ENCOURAGING EMPATHY AND COMPASSION AMONG CLASSMATES

Ms. Jensen holds a class discussion on empathy and emotional intelligence, helping students understand how trauma can impact behaviour and emotions. She uses age-appropriate examples to explain how someone might withdraw or act out due to overwhelming feelings they don't know how to express.

Afterward, she gives students the opportunity to pair up with someone they don't usually work with. In these pairs, students are asked to share their experiences about how they cope with stress, loss, or difficult situations, with the understanding that everything shared is confidential and respected.

Leah, although initially hesitant, opens up to Sarah about how she sometimes feels overwhelmed by even the smallest tasks because of the constant sadness she feels. Sarah listens attentively, offering empathy and reassurance. Over time, Leah begins to feel supported by not just Sarah but also the whole class, as they begin to show increased understanding of each other's emotional needs.

Through this exercise, students practice reciprocal support—listening and offering compassion—and begin to realize that they don't have to go through tough situations alone.

CULTIVATING TRUST THROUGH TRANSPARENT COMMUNICATION

CASE STUDY

COOPERATIVE LEARNING WITH FLEXIBLE SUPPORT

Ms. Jensen assigns a group project that will involve both individual and collective work, focusing on building confidence in teamwork. Leah is assigned to work with a small group of students, including Sarah, on a research project about resilience.

As part of the project, Ms. Jensen provides "flex time" during which students can choose how they want to work. Some students, like Leah, may prefer quieter work or written assignments, while others may engage in more vocal brainstorming sessions. The flexibility in how they complete the project helps create an environment where reciprocity thrives—students can depend on each other for support, but the methods of participation are varied to accommodate different needs.

Leah starts by contributing research findings through written notes and then, when she feels more comfortable, joins her group for brainstorming sessions. Over time, she is able to build rapport with her group members and eventually, through Sarah's gentle encouragement, even agrees to present a portion of the project to the class.

This process allows Leah to feel safe enough to reciprocate support and participate without pressure, and Sarah, in return, feels good about helping Leah feel comfortable. Through this mutual cooperation, both Leah and her classmates learn that supporting one another is a two-way street, which fosters a deeper sense of connection and belonging in the classroom.

REFLECTIVE PRACTICE AND FEEDBACK

At the end of the project, Ms. Jensen holds a reflective session where students discuss how the group work went and what they learned about working together and supporting each other.

Leah shares how much she appreciated her classmates' patience, and Sarah talks about how it felt good to see her friend participating more as time went on. Other students reflect on how it felt to help someone else who was struggling and to be a part of a team that was supportive rather than judgmental.

The entire class talks about how they can continue to support each other moving forward, and Ms. Jensen reinforces the idea that cooperation and reciprocity aren't just about getting tasks done—they're about building a community of care where everyone can thrive, regardless of their challenges.

CULTIVATING TRUST THROUGH TRANSPARENT COMMUNICATION

CASE STUDY

OUTCOME:

Leah becomes more engaged in class and begins to show signs of emotional healing. She still has difficult days, but her classmates and teacher are there to offer the support she needs.

The classroom, as a result, transforms into a more cohesive, empathetic community where students are not just aware of each other's struggles, but actively engage in cooperative, reciprocal relationships that help everyone feel valued and supported.

The experience also encourages Leah to open up more with her classmates over time. She feels empowered, not because her classmates force her to speak up, but because she knows they will be there to listen and offer help when she's ready.

KEY TAKEAWAYS:

- **Cooperation** in a trauma-informed classroom means working together toward shared goals, offering flexibility, and accommodating the individual needs of students.
- **Reciprocity** involves giving and receiving support, with a focus on mutual understanding, empathy, and respect.
- **Trauma-informed practices** encourage **safe, supportive environments** where students can express themselves without fear of judgment and where they learn to support one another.
- **Peer support is crucial in trauma-informed care.** When classmates offer empathy and compassion to each other, they build a sense of community that helps everyone heal and grow together.
- **Flexible participation** allows students with trauma histories to engage at their own pace, without feeling pressured, while still contributing to the collective success of the group.

CULTIVATING TRUST THROUGH TRANSPARENT COMMUNICATION

CONSIDER WHICH OF THESE EXAMPLES SEEMS HELPFUL AND USEFUL TO YOU, AND WHICH ONE SEEMS TOO GENERAL? WHY? (ASSUMPTION FOR CRITIQUE AND COMMENTING)

REFLECT, BASED ON THESE EXAMPLES, HOW YOU CAN RELATE THIS TO YOUR WORK (COOPERATION AND CURIOSITY)

EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)



EXERCISE: ICE - BERG METAPHOR

Objective: to help non-formal educators explore and understand the deeper layers of cooperation and reciprocity in trauma-informed care, and how these principles manifest in real-life scenarios with students.

This exercise uses the metaphor of an iceberg to explore the visible and invisible elements of cooperation and reciprocity in a trauma-informed educational environment. By recognizing the "tip" of the iceberg (what is seen or easily observable) and understanding the much larger, hidden parts beneath the surface (the underlying emotions, behaviours, and needs), educators can better practice cooperation and reciprocity with students who have experienced trauma.

Materials needed:

- Large paper or whiteboard for group brainstorming
- Markers
- Iceberg metaphor template (you can draw it on the board or use handouts with an iceberg image)
- Post-it notes or index cards

STEP-BY-STEP INSTRUCTIONS:

Iceberg metaphor: begin by introducing the Iceberg Metaphor to the group. Refer back to the initial discussion on different perspectives of trauma in this workbook.

- **Tip of the Iceberg (Visible):** This represents what we see in behaviour, emotions, and interactions—things like withdrawn behavior, anger, defiance, anxiety, or sadness. These are the observable symptoms of trauma.
- **Below the Surface (Invisible):** This represents the underlying causes—the emotions, needs, fears, past experiences, and coping mechanisms that aren't immediately visible but deeply influence a student's behavior and ability to cooperate or reciprocate.

Group brainstorming: Observing the Tip of the Iceberg ask participants to think about visible behaviors they might observe in students or colleagues when cooperation and reciprocity are strained. Examples could include:

- Resistance to group activities
- Difficulty sharing materials or ideas
- Emotional outbursts or withdrawal

Write these observations on the "tip" of the iceberg template.

EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)



**Now, shift the focus to what might be driving those visible behaviours.
Use the following questions to guide the group:**

- What unmet needs might be causing this behaviour? (e.g., safety, trust, understanding)
- What past experiences might have shaped this reaction?
- How might fear or anxiety be influencing their ability to cooperate?
- Write these underlying factors below the surface on the iceberg template. Encourage participants to think about how these invisible layers impact the ability to form reciprocal relationships.

A large, empty rectangular area with a light gray background, intended for participants to write their responses to the questions.



Connecting the layers

Facilitate a discussion on how understanding the hidden layers can help educators practice cooperation and reciprocity more effectively. Highlight the importance of empathy, patience, and creating safe spaces where these deeper needs can be addressed.

Reflection: shifting perspectives instead of reflecting on personal experiences, encourage participants to think about the perspectives shared earlier in the workbook on trauma. Ask:

- How do these perspectives (e.g., from Bruce Perry, Bessel van der Kolk, Gabor Maté) help us better understand the hidden layers beneath visible behaviors?
- How might recognizing these layers change the way we respond to a student struggling with cooperation?

Action planning concludes the exercise by asking participants to brainstorm specific actions they can take to build cooperation and reciprocity in their educational settings. Examples might include:

- Creating routines that promote trust and predictability.
- Using reflective listening to validate students' feelings.
- Offering opportunities for collaboration that feel safe and manageable.

KEY TAKEAWAYS:

This exercise emphasizes the importance of seeing beyond visible behaviors to understand the deeper needs and experiences that shape a person's ability to cooperate and reciprocate. By exploring these layers, non-formal educators can develop trauma-informed practices that foster mutual understanding and support in their learning environments.

Step 2: Mapping iceberg (15 minutes)

This exercise uses the Iceberg metaphor to explore how trauma can shape behaviours related to cooperation and reciprocity. It invites you to reflect not on personal experiences, but on what someone who has faced trauma might experience.

The goal is to develop sensitivity to the idea that many behaviours—especially those that might seem challenging or unexpected—often have deeper, unseen causes. Recognizing this can prevent retraumatization, which occurs when we respond to behaviours without understanding the underlying emotional landscape. If this process feels overwhelming or brings up difficult emotions, remember that many people carry unseen burdens, and seeking support is a brave step.

You may find it helpful to revisit the introduction for a broader perspective on trauma.

Instructions:

On the next page, you will see an iceberg diagram.

- The tip of the iceberg represents "Visible Behaviours"—the actions or patterns that are apparent to others.
- The larger, submerged portion represents "Invisible Causes"—the emotions, beliefs, or past experiences that drive those behaviours but remain hidden.

Reflect on how trauma might influence someone's behaviours and emotional state. Fill in the iceberg to imagine how visible actions might connect to hidden causes.

Visible behaviours: What might someone who has experienced trauma exhibit in their interactions?

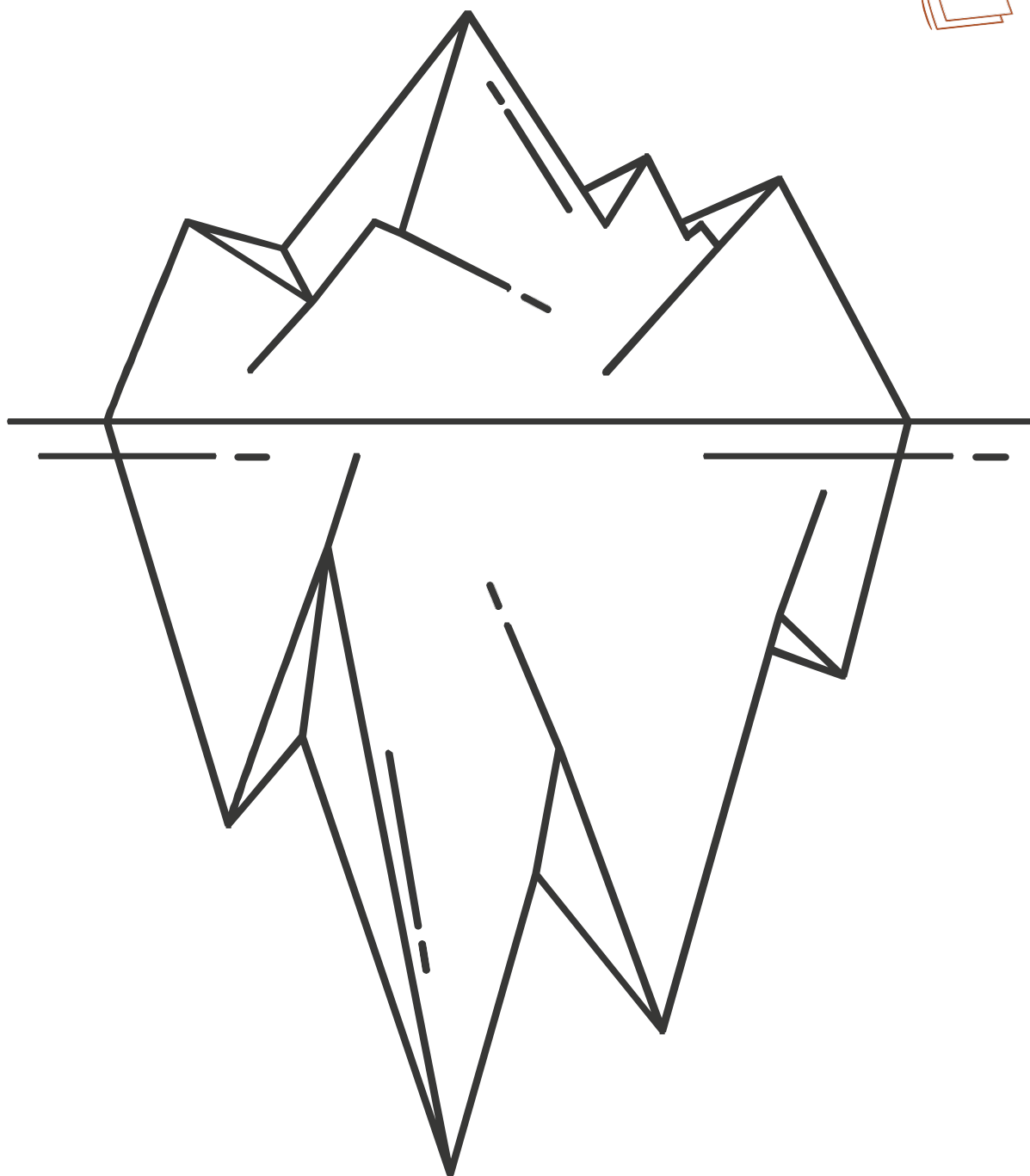
For example:

- They might appear overly self-reliant, avoid asking for help, or withdraw from cooperation.
- They could have difficulty trusting others or may overcompensate by trying to please everyone.

Invisible causes: What unseen factors might explain these behaviours?

For example:

- Fear of rejection or betrayal rooted in past trauma.
 - Beliefs formed in response to unhealed wounds, such as "I can only rely on myself" or "If I ask for help, I will be seen as weak." Cultural or familial norms that discourage vulnerability.
- Example:





STEP 3: IDENTIFYING PATTERNS AND UNDERSTANDING THE IMPACT (15 MINUTES)

Building on the iceberg exercise, this step encourages you to consider how patterns in behaviours and underlying emotional responses might be influenced by trauma. This reflection focuses on understanding how trauma could shape someone's approach to cooperation and reciprocity, particularly when interacting with individuals, such as students, who may be struggling with their own emotional difficulties. The goal is to recognize how trauma can create barriers to mutual understanding and to become more mindful of how certain responses - our own or others'—might inadvertently perpetuate harm or retraumatization.

Reflection prompts:

Patterns of cooperation

- Are there situations where someone who has experienced trauma might find it difficult to cooperate or share responsibilities? What factors could trigger those reactions?
- Could their willingness to cooperate vary depending on who they are interacting with? For example, they might feel safer cooperating with close friends or trusted individuals but struggle with unfamiliar people. Why might this be the case?
- When faced with a lack of cooperation from others, how might trauma survivors react? What emotions or thoughts could surface, such as feelings of rejection or fear of being judged?

Patterns of reciprocity

- How might trauma impact someone's comfort with mutual support? For instance, could they feel uneasy receiving help due to past experiences of being let down or judged?
- When they offer support to others, do they do so with an expectation of something in return, or do they feel unbalanced in relationships where their needs are not acknowledged?
- Do they tend to withdraw from relationships where reciprocity is lacking, or do they continue to give without expecting anything back, potentially at their own expense?

Why this matters:

Recognizing these patterns helps us understand that behaviours related to cooperation and reciprocity are often shaped by deeper emotional landscapes, particularly for those who have experienced trauma. For example, a reluctance to cooperate may stem not from defiance but from a fear of vulnerability, while discomfort with reciprocity might reflect unmet needs or previous breaches of trust.

By becoming aware of these dynamics, we can approach interactions with greater empathy and avoid responses that may unintentionally retraumatize. If this exercise prompts personal reflection, revisit the introduction to reframe trauma from a broader, compassionate perspective.

SECTION

05

EMPOWERMENT AND AGENCY

Voice and Choice - Exploring Strengths and Resources

O1

WHAT WE UNDERSTAND BEHIND EMPOWERMENT AND AGENCY:

Empowerment: empowerment, according to Carl Rogers' humanistic approach, refers to fostering an individual's sense of control and confidence in their ability to make choices and direct their own life. Rogers emphasized creating an environment of unconditional positive regard, empathy, and authenticity to help individuals realize their potential and regain power over their lives (Rogers, 1961).

Agency: agency is the capacity of an individual to make their own choices and act independently, rooted in a sense of self-efficacy and autonomy. Bandura's concept of self-efficacy complements Rogers' work, emphasizing that belief in one's ability to influence events and achieve desired outcomes underpins agency (Bandura, 1997). In this view, agency involves both the ability to act and the belief that one's actions have meaningful impact.

References:

Bandura, A. (1997). Self-efficacy: The exercise of control. W.H. Freeman and Company.

Rogers, C. R. (1961). On becoming a person: A therapist's view of psychotherapy. Houghton Mifflin.

Empowerment and agency are key ideas in Trauma-Informed Care (TIC) because they help address the common effects of trauma—losing a sense of control, safety, and trust. Trauma often leaves people feeling powerless and unsure of their ability to make decisions. Here's why focusing on empowerment and agency is so important in supporting recovery:

1. **Restoring a sense of control:** trauma can make people feel helpless and stuck. By empowering them, we help them regain confidence in their ability to make choices and take charge of their lives. Including them in decisions and listening to their perspectives is a crucial step toward this.
2. **Creating safety and trust:** respecting someone's choices and allowing them to take part in decisions builds trust. When people feel their agency (their ability to make their own decisions) is valued, they feel safer, which is vital for healing.
3. **Building confidence in themselves (self-efficacy)-** trauma-informed care encourages people to believe in their ability to shape their future. This focus helps shift their attention from feeling defined by the trauma to seeing their potential for growth and resilience.
4. **Avoiding re-traumatization** trauma survivors may be triggered by environments or interactions that feel controlling or dismissive. A trauma-informed approach avoids this by ensuring people feel heard, respected, and valued.
5. **Supporting:** healing and recovery: empowerment and agency help individuals recognize their strengths and use them to rebuild their lives. This strengths-based approach focuses on what people can do rather than what has happened to them.

In short, trauma-informed care is about meeting people where they are, honoring their experiences, and helping them regain control over their lives. By prioritizing empowerment and agency, we create an environment where survivors can heal, grow, and move forward with dignity and confidence.

O2 APPLYING EMPOWERMENT IN TIC

Empowerment involves helping learners rebuild confidence, identify strengths, and take active roles in their development.

Strategies for Non-Formal Educators:

- **Recognize Strengths:** Use activities that highlight learners' existing skills, talents, and resilience, such as team projects or creative challenges.
- **Set Achievable Goals:** Co-create learning objectives that reflect learners' needs and capacities.
- **Celebrate Progress:** Acknowledge milestones, even small ones, to boost confidence and motivation.
- **Skill-Building:** Offer workshops on emotional regulation, problem-solving, and other life skills.

O3 CENTERING VOICE IN TIC

Giving learners a voice helps them feel heard, valued, and understood, counteracting the silence or invalidation they may have experienced during trauma.

Strategies for Non-Formal Educators:

- **Active Listening:** Practice empathetic listening without judgment or interruption.
- **Encourage Storytelling:** Use journaling, art, or group sharing to help learners express their experiences in their own words.
- **Co-Design Activities:** Let learners decide on themes, formats, or topics for workshops or projects.
- **Use Strength-Based Feedback:** Offer constructive and affirming responses that validate learners' contributions and potential.

O4 OFFERING CHOICE IN TIC

Choice restores a sense of control that is often taken away by trauma. It allows learners to make decisions about their learning journey.

Strategies for Non-Formal Educators:

- **Flexible Learning Paths:** Provide multiple ways to engage with content (e.g., hands-on activities, discussions, or self-paced tasks).
- **Choice in Participation:** Let learners decide how and when they participate, respecting their readiness.
- **Collaborative Decision-Making:** Involve learners in planning sessions or setting group rules to foster ownership.
- **Safe Boundaries:** Clearly define options and their limits to ensure choices remain empowering, not overwhelming.

O5 PRACTICAL APPLICATIONS FOR NON-FORMAL EDUCATORS

1. Empowerment Activities:

- "Strength Circles": Learners share personal strengths or experiences that showcase their resilience.
- Skill-Mapping Workshops: Identify skills learners want to build and co- develop action plans.

2. Voice-Centered Practices:

- Art and Expression Projects: Use painting, drama, or music to provide non- verbal avenues for self-expression.
- Peer-Led Discussions: Encourage learners to lead conversations on topics they care about.

3. Choice-Driven Interventions:

- Activity Menus: Offer a range of activities learners can choose from based on their interests and comfort levels.
- Flexible Scheduling: Adapt the pace and timing of sessions to individual needs.

O6 EXAMPLE: A COMMUNITY-BASED EMPOWERMENT PROGRAM

A group of non-formal educators designs a community project for youth who have experienced trauma:

- **Empowerment:** Youth identify a community issue they care about and design a project to address it, such as a clean-up drive or a mental health awareness campaign.
- **Voice:** Participants share their ideas through storytelling sessions and are involved in every step of the planning.
- **Choice:** Youth select their roles in the project based on their strengths and comfort levels, ensuring everyone contributes meaningfully.

O7 CHALLENGES AND HOW TO ADDRESS THEM

Overwhelm from Too Many Choices: Offer guided choices with clear boundaries to avoid decision fatigue.

- **Resistance to Speaking Out:** Use gradual methods like anonymous feedback or non-verbal activities to build trust.
- **Balancing Structure and Flexibility:** Use a framework that adapts to individual needs without losing direction.

VOICE AND CHOICE

Reflect on your own strengths and resources.

How can you share them to support someone else's growth?

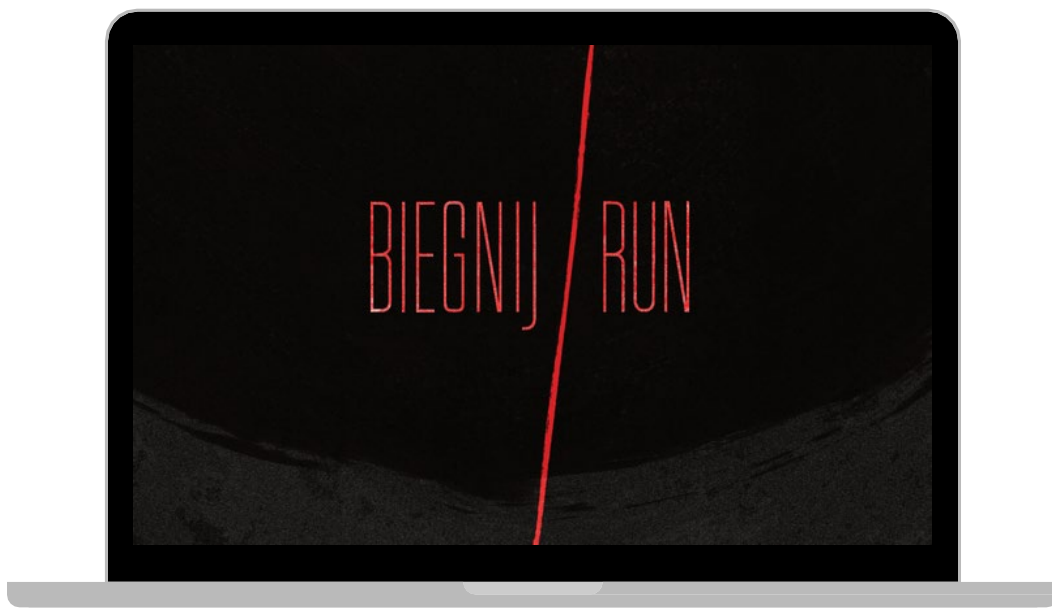
Next, consider how you can apply this mindset shift in your interactions—moving from a focus on weaknesses to highlighting strengths. How can you foster creativity in yourself and others?

By fostering this approach, you help others reclaim their voice and choice while continuing to strengthen your own. Empowerment is about seeing the potential in every interaction and every individual.

NOTES:

Type Your Answer Here

LET'S PLAY



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TRAUMA-INFORMED CARE – HOW TO RESPOND TO SUICIDAL THOUGHTS OR WHEN YOU SENSE SOMETHING IS WRONG

RECOGNIZING THE HESITATION TO ASK

Often, when we notice that someone around us is struggling, we hesitate to ask directly about their well-being. This is natural—such questions can feel heavy, uncomfortable, or even risky. One of the most common myths is the belief that talking about suicidal thoughts might encourage them or make the situation worse.

For example, teachers or parents might think:

“I can’t ask directly because I’m not a specialist. What if I make things worse?”

But this is not true. A person in a suicidal crisis has been living with these thoughts daily, often for weeks or months. For them, these thoughts are not new but a constant, overwhelming burden. Talking about it won’t introduce anything unfamiliar—it might instead provide relief, a moment when someone finally acknowledges their pain and says: “You are not alone in this.”

WHY IS IT IMPORTANT TO ASK?

Talking about a crisis can be like taking a deep breath for the person who is struggling. For the first time, they may feel truly seen and understood. Putting thoughts into words breaks the destructive inner monologue. Something invisible becomes visible, and therefore more manageable.

“Finally, someone noticed my pain.”

This realization can be the first step toward creating space for hope.

THE ROLE OF EMPOWERMENT AND AGENCY IN CRISIS RESPONSE

Empowerment and agency are central to trauma-informed care. They prioritize respecting an individual’s autonomy, fostering their ability to make choices, and helping them build resilience. Integrating these principles into your response can create a foundation of trust and collaboration, even in critical moments.

THE FOUR A'S FRAMEWORK FOR EMOTIONAL FIRST AID

Emotional first aid is built on four simple but effective steps:

- **Acknowledge (Notice)**
- **Pay attention to what is invisible. Say it outright:** “I see that you’re struggling” or “I sense that you’re going through a tough time.” Statements like these help the person in crisis feel seen and less alone.
- **Ask: don’t be afraid to ask difficult questions:**
 - “Do you ever feel like you don’t want to live anymore?”
 - “Do you sometimes think about taking your own life?”
 - “Has anything happened recently that made you feel this way?”

Honest questions help you understand the situation better and assess the level of risk. For the person in crisis, being able to talk about their feelings can be transformative.

- **Accept**
Responses like “Don’t overreact” or “Others have it worse” can shut someone down. Instead, show acceptance and empathy. Say: “What you’re feeling matters” or “Thank you for sharing this with me.”
- **ACT**
Acting doesn’t mean taking complete responsibility—it means offering tangible support:
 1. Help arrange an appointment with a mental health professional.
 2. Check in with them regularly: “How are you feeling today? Remember, I’m here for you.” Small, consistent actions can provide hope and build a bridge to professional support.

WHY WORDS MATTER?

Emotional first aid, though it cannot replace therapy or medical treatment, can save lives.

A conversation in a critical moment can disrupt tunnel thinking and spark even the smallest glimmer of hope. Sometimes, all it takes is one sentence:

- ***“You matter to me.”***
- ***“Thank you for being here.”***

Words like these, said at the right time, can give someone in crisis the strength to fight for themselves. Remember, any of us can be the person who notices the pain and helps lighten the burden.

“Acknowledge. Ask. Accept. Act.”

These four steps can be the beginning of change. They can save a life.

CASE STUDY: RESPONDING TO A STUDENT WITH SUICIDAL THOUGHTS

Background

Sarah, a 16-year-old high school student, has recently become withdrawn and less engaged in class. Once a talkative and diligent student, she now avoids group activities and often looks visibly tired. Her grades have started to drop, and she has been turning in incomplete assignments. During a class discussion on coping with stress, Sarah quietly mentioned feeling like “nothing she does matters” but quickly changed the subject when noticed. One day, her teacher, Mr. Andrews, found Sarah sitting alone in the hallway after school, visibly upset and staring blankly at her phone. He decides to approach her.

Step 1: Acknowledge

Mr. Andrews gently starts the conversation:

- *“Hi Sarah, I noticed you’ve been sitting here for a while. You seem upset. I just want to let you know I’m here if you’d like to talk.”*

Sarah looks down and shrugs but doesn’t say anything. Mr. Andrews sits a few feet away, giving her space but remaining approachable. After a moment, he continues:

- *“I’ve noticed you’ve been quieter in class lately, and I’m a little worried about you. Is something on your mind?”*

Step 2: Ask

After a pause, Sarah softly replies, “I’m just tired.” Mr. Andrews senses there’s more behind her response and carefully asks:

- *“I understand. Sometimes when people feel really tired, it’s more than just not getting enough sleep. Can I ask—have you been feeling this way for a while?”*

Sarah nods but avoids eye contact. Mr. Andrews follows up:

- *“Sometimes when people feel this way, they might think about not wanting to be here anymore. Have you had thoughts like that?”*

Sarah hesitates but eventually whispers, “Yeah... sometimes.”

Step 3: Accept

Mr. Andrews stays calm and validates her feelings:

- *“Thank you for telling me. That must feel really heavy to carry on your own. I’m so sorry you’ve*

been feeling this way, but I’m really glad you told me.”

He reassures her:

- *“You’re not alone in this, and it’s okay to feel how you’re feeling. We’ll figure this out together, step by step.”*

CASE STUDY: RESPONDING TO A STUDENT WITH SUICIDAL THOUGHTS

Step 4: Act

Mr. Andrews listens carefully to Sarah and responds with care:

“When you have those thoughts, do you ever think about acting on them?”

Sarah responds: “Sometimes I think about it, but I don’t really have a plan or anything.”

Mr. Andrews acknowledges the seriousness of what Sarah has shared, without making any assumptions about her level of risk. He knows that it’s important to connect her with someone who has the training to assess and support her appropriately.

He says:

“Thank you for trusting me with this, Sarah. I want to make sure you’re not facing this alone. Would you feel okay talking to the school counselor with me, or would you prefer that I reach out to them for you?”

Sarah agrees to go with him to the counselor. Mr. Andrews offers reassurance:

“You’re really brave for opening up. I’ll be with you every step of the way—we’ll figure this out together.”

Outcome

Sarah meets with the school counselor, who is trained to assess suicide risk and connect students with appropriate mental health resources. The counselor helps Sarah get in touch with a mental health professional for ongoing support. Mr. Andrews continues to check in with her regularly, offering care and encouragement. Over time, Sarah begins to engage more in class and develops healthy coping strategies with her therapist.

KEY TAKEAWAY’S

This case highlights several key principles:

1. **Acknowledging and observing:** Noticing changes in behaviour and initiating a gentle, non-judgmental conversation can make a difference.
2. **Direct questioning:** Asking about suicidal thoughts doesn’t encourage them—it opens the door for support.
3. **Validation and empowerment:** Accepting feelings without judgment and involving the individual in decision-making fosters trust and collaboration.
4. **Timely action:** Connecting the individual to appropriate resources ensures they receive the help they need.

By following the Four A’s—Acknowledge, Ask, Accept, and Act—educators like Mr. Andrews can provide crucial emotional first aid and potentially save lives.

EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)

CONSIDER WHICH OF THESE EXAMPLES SEEMS HELPFUL AND USEFUL TO YOU, AND WHICH ONE SEEMS TOO GENERAL? WHY? (ASSUMPTION FOR CRITIQUE AND COMMENTING)

A large, empty rectangular box with a light gray border, intended for the user to write their response to the first prompt.

REFLECT, BASED ON THESE EXAMPLES, HOW YOU CAN RELATE THIS TO YOUR WORK (COOPERATION AND CURIOSITY)

A large, empty rectangular box with a light gray border, intended for the user to write their response to the second prompt.

SECTION

06

CULTURE AND HISTORY

Understanding Gender, Nationality, and Historical Context

CULTURE AND HISTORY

Carrying the Luggage of Experiences

Every person carries with them a unique baggage of experiences—both wanted and unwanted, conscious and unconscious, known and unknown. These experiences shape who we are and influence how we approach others, including how we relate to trauma and those who have experienced it.

Reflecting on this baggage is crucial: NOTES:

Who am I, and what significance does my history hold?

- How do my experiences impact the way I approach and treat trauma and trauma survivors?
- Am I aware of my own unwanted, unconscious, or unknown experiences? How do they shape my behaviour?

By understanding our own experiences, we can better recognize the influences of culture, history, and identity on how we respond to trauma and interact with others.

Type your notes here

UNDERSTANDING GENDER, NATIONALITY, AND HISTORICAL CONTEXT

Cultural and Gender Considerations in TIC

Trauma is deeply intertwined with **culture, gender, and national identity**. These factors significantly influence how trauma is experienced and how survivors make sense of it. In trauma-informed care, it is crucial to adopt a culturally sensitive approach that recognizes and respects the unique perspectives of trauma survivors from diverse backgrounds.

Questions for Reflection:

- **How do gender and sexuality influence the experiences of trauma survivors?**
- **What cultural or national identities shape my understanding of trauma, and how does this affect the support I offer?**
- **How do my own biases and assumptions impact the way I approach trauma survivors from different cultural, gender, or national backgrounds?**

Understanding these intersections ensures that we provide trauma-informed care that is both **inclusive and effective**, allowing survivors to feel seen, heard, and supported in ways that respect their individual identities and experiences.

NOTES:

Type your notes here

EXERCISE



ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)

EXPLORING IDENTITY AND CULTURAL BAGGAGE IN TRAUMA-INFORMED CARE (TIC)

Purpose:

- To reflect on your own background and how it shapes your interactions in trauma-informed care.
- To engage with others' identities and reflect on how diverse cultural backgrounds affect trauma responses.
- To challenge collective cultural assumptions that may hinder building effective connections with trauma survivors from different backgrounds.
- To understand that everyone carries their own cultural and personal experiences, which influence how they engage with trauma.

O1

Plenary (15 min)

Facilitator Introduction:

The facilitator introduces the session as a space to reflect on our own cultural "baggage" and how it shapes our approach to trauma and relationships.

Key questions to consider:

What elements of our culture do we carry with us?

How does this affect the way we perceive ourselves and our interactions with trauma survivors?

How does our baggage impact how others perceive us?

Facilitator's Example:

The facilitator shares their own cultural "baggage" with the group, highlighting: These elements may come from both immediate or distant past experiences.

Cultural baggage can be suppressed or subconsciously expressed in different situations.

Baggage can either help or hinder effective communication and trauma-informed care.

Being aware of this baggage is critical, especially when working with individuals from diverse backgrounds in a TIC context.

The Concept of the Passport:

The facilitator introduces the idea of a passport, which represents the formal aspects of our identity (e.g., nationality, race, gender). Our passport can give us certain rights or take them away, depending on how others perceive our identity. The facilitator shares their own formal

identity aspects, showing how certain aspects have granted them more or fewer rights, and then draws a passport on the flipchart.

EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)

EXPLORING IDENTITY AND CULTURAL BAGGAGE IN TRAUMA-INFORMED CARE (TIC)



O2

Individual Activity (15 min)

The facilitator distributes blank A4 paper to everyone and invites participants to create their own cultural baggage and passport.

Instructions:

- Cultural baggage should consist of at least 3 key elements that shape their identity (e.g., cultural traditions, family expectations, personal experiences).
- The passport should also list 3 formal aspects of identity (e.g., nationality, age, race) that influence how they are seen by others.
- Participants will share these with the group afterward.
- Each participant creates their own cultural baggage and passport.
- Participants place their cultural baggage and passport on the wall for others to see.

O3

Individual Activity (15 min)

The facilitator invites the group to walk around and explore the cultural baggage and passport gallery. Instructions:

The facilitator encourages participants to share and reflect on others' baggage by asking:

- Would anyone like to share their cultural baggage?
- What is in the suitcase?
- Why did you identify this as part of your cultural baggage?
- Where does it come from? (e.g., cultural history, family traditions, societal expectations)

O4

Conclusion and Reflection (15 min)

1. The group discusses how identity and culture shape how we interact with others, especially in trauma-informed care.
2. The facilitator highlights the importance of cultural sensitivity in understanding trauma survivors' experiences and how our own baggage influences our approach.

3. Reflect on how recognizing both cultural baggage and formal identity helps build trust, respect, and empathy in trauma-informed care.
4. Alternative: appreciative feedback “on the back”

EXERCISE



ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)

CONSIDER WHICH OF THESE EXAMPLES SEEMS HELPFUL AND USEFUL TO YOU, AND WHICH ONE SEEMS TOO GENERAL? WHY? (ASSUMPTION FOR CRITIQUE AND COMMENTING)

REFLECT, BASED ON THESE EXAMPLES, HOW YOU CAN RELATE THIS TO YOUR

WORK (COOPERATION AND CURIOSITY)

SECTION

07

AWARENESS AND MINDFULNESS

APPLYING TIA, PRACTICING HUMILITY, RESPONSIVENESS, AND
UNDERSTANDING THE IMPACT OF TRAUMA

OVERVIEW

PITFALLS IN TRAUMA-INFORMED CARE: WHAT TO WATCH OUT FOR

IN TRAUMA-INFORMED CARE (TIC), WHILE THE FOCUS IS ON CREATING A SUPPORTIVE AND EMPATHETIC ENVIRONMENT, THERE ARE SEVERAL POTENTIAL PITFALLS THAT CAN UNINTENTIONALLY DISRUPT THE HEALING PROCESS. HERE ARE SOME KEY PITFALLS TO BE MINDFUL OF:

OVER-SOOTHING TRAUMA ("TOO MUCH COMFORT")

Pitfall: Sometimes, in an effort to be supportive, we over-soothe or "baby" trauma, focusing too much on avoiding difficult emotions (like anger or sadness) to prevent the person from feeling overwhelmed. This can actually block their ability to process and reorganize their experiences.

Watch Out For: Avoiding emotional expressions (like tears or anger) because of discomfort or fear of escalation. This can limit the individual's ability to release and reflect on their trauma.

What to Do Instead: Allow space for emotions, even if they're difficult. Emotions like anger or sadness are natural and can be part of the healing process.

PUSHING FOR CHANGE TOO QUICKLY

Pitfall: In our eagerness to help, we might pressure someone to take action or make decisions **before they're ready**. Forcing immediate change can be overwhelming, especially when our plan might not align with their own needs or readiness.

Watch Out For: Expecting the person to follow a specific path to healing or pushing them to set goals prematurely.

What to Do Instead: Let the person lead their own healing journey. **Meet them where they are**, provide options, and allow them the space and time to choose their next steps.

PITFALLS IN TRAUMA-INFORMED CARE: WHAT TO WATCH OUT FOR

FOCUSING SOLELY ON INDIVIDUAL CHANGE

Pitfall: Trauma recovery is often seen as an individual journey, but healing can also require **community** and **systemic support**. Focusing solely on the individual's change while ignoring **organizational or systemic barriers** can create isolation or unrealistic expectations.

Watch Out For: Overlooking the **organizational limitations** (such as staff capacity or available resources) or failing to recognize the need for a supportive network around the individual.

What to Do Instead: Build a network of support within your organization or community. Be honest about the resources available and ensure the person has access to them.

IGNORING ORGANIZATIONAL LIMITATIONS

Pitfall: In smaller organizations with fewer resources, it's easy to overlook the **limitations of your ability** to provide long-term or specialized support. This can lead to burnout for both the individual and the staff.

Watch Out For: Stretching the organization's resources too thin or trying to provide support beyond what's sustainable.

What to Do Instead: Recognize your organization's **limitations** and tap into **external networks** when necessary. Ensure the person knows what support is available both within and outside the organization.

OVER-EMPHASIZING THE ROLE OF THE HELPER

Pitfall: believing that you, as the helper, are the key to the person's healing can place undue pressure on both you and the individual.

Watch Out For: taking too much responsibility for someone's progress, which can lead to dependency or disempowerment.

What to Do Instead: encourage **self-agency** by giving the person autonomy in their healing journey. Act as a guide or support, but allow them to take control of their process.

PITFALLS IN TRAUMA-INFORMED CARE: WHAT TO WATCH OUT FOR

MINIMIZING THE PERSON'S AGENCY

Pitfall: In an attempt to be protective or caring, we sometimes minimize a person's ability to **make their own decisions**, inadvertently reinforcing feelings of helplessness.

Watch Out For: Taking over decision-making or not providing enough choice in how they engage in the healing process.

What to Do Instead: Provide **choices** and **options**. Empower the individual to make decisions, even if they are small ones, to reinforce their sense of control and agency.

OVER-FOCUSING ON TRAUMA TRIGGERS

Pitfall: Over-identifying with trauma triggers can sometimes prevent individuals from engaging in necessary healing experiences. While it is important to be mindful of triggers, focusing too much on avoiding them can limit a person's ability to face and process their trauma.

Watch Out For: Continuously shielding the individual from triggers or assuming that triggers are entirely negative, which can lead to avoidance of healing opportunities.

What to Do Instead: Acknowledge and **validate** the person's triggers, but gently help them build **resilience** and **copng** skills to face difficult emotions when they feel ready. Trauma-informed care is about creating safety while fostering **growth and healing**.

USING TRAUMA TRIGGERS AS A CAMOUFLAGE

Pitfall: While it's important to be sensitive to trauma triggers, there is a risk of over-protecting individuals by allowing trauma triggers to become a reason for avoidance or isolation, rather than empowering them to confront their trauma at a safe pace.

Watch Out For: Avoiding difficult conversations or growth opportunities under the assumption that the person will always be triggered.

What to Do Instead: Balance sensitivity to triggers with empowerment. Help individuals recognize that while triggers are real, they can also build coping mechanisms and engage in environments that challenge them without overwhelming them.

EXERCISE
ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)

Exercise: My Reflections at the End of the Course



O1

PERSONAL REFLECTION

Take a few moments to think about your experience throughout the course. Answer the following questions in writing:

1. What were the key insights I gained from this course?

- Think about the most impactful lessons, ideas, or tools you've learned.
- What resonated with you the most?

2. How have my thoughts or perspectives changed?

- Reflect on how your understanding of trauma-informed care has evolved.
- What concepts challenged you or opened your eyes to new ideas?

NOTES

EXERCISE

ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)

Exercise: My Reflections at the End of the Course



O2

PLANING:

Choose **JUST ONE** life or work domain where **you will implement Trauma-Informed Care**. This could be in your professional role as a supporter, educator, or caregiver, or in a personal context.

Possible domains:

- Health (e. g., supporting someone's mental or physical well-being)
- Work (e. g., integrating TIC into team dynamics)
- Education (e. g., creating trauma-sensitive learning environments)
- Personal growth (e. g., becoming more trauma-aware in your relationships)
- Parenting (e. g., fostering safety and trust with children)
- Social support (e. g., peer support, friends, or family)

Write your chosen domain here:

Choose Your Values

Pick 1 or 2 values (maximum of 3) that will guide how you apply Trauma-Informed Care in your chosen domain. These values will inspire and motivate your actions as you bring TIC principles into practice.

Examples of values:

compassion, empathy, safety, respect, trust, collaboration, empowerment etc.

Write your chosen values here:

EXERCISE



ACTIVE LEARNING: DESIGN - MODIFY - APPLY
COLLABORATE (CO-CREATE) - COMMENT (IMPROVE/REFINE) - CRITIQUE
(DIALOGUE) - GET CURIOUS (ASK)

O3

SMART Goal

Set a SMART goal that will guide your actions in implementing TIC. This goal should be practical and aligned with the values you identified in Step 2.

- **S = Specific:** Be clear about what you want to achieve. Instead of vague goals like “be more empathetic,” specify what actions you’ll take, such as “I will create a safe space for conversations by actively listening during team meetings.”
- **M = Motivated** by values: Ensure your goal aligns with the values you’ve chosen (e. g., trust, safety).
- **A = Adaptive:** Check if this goal will improve your work or personal life by creating a trauma-informed environment.
- **R = Realistic:** Make sure your goal is achievable with the resources you have (e. g., time, knowledge, support, etc.). If you lack the necessary resources, adjust your goal to focus on gaining those resources first.
- **T = Time-framed:** Attach a time frame to your goal. Specify when you will begin and complete the actions.

WRITE YOUR SMART GOAL HERE

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