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Supporting Learners with Trauma in Non-Formal Educational Settings

Facilitator's Guide for the Workbook

With materials for the COPE Training Course



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FACILITATOR MANUAL



GUIDELINE
FOR TRAINING
PROGRAM

COPE PROJECT

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C H A P T E R

01

INTRODUCTION

[ABOUT COPE](#)
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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. While we don't yet have specific data for the current conflict, 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 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.



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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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PARTNERS



**Comparative
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MORE INFORMATION:



QUOTE



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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.

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.

Materials from the COPE Project may be freely used, provided that the authors and sources are properly credited. However, they cannot be commercialized in any form.

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, NOR 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.

SECTION BREAK

C H A P T E R

02

FROM LISTENING TO ACTION:

HOW EDUCATORS' NEEDS SHAPED THE COPE PROGRAM

The COPE program is grounded in an international needs assessment that examined the training requirements of non-formal educators. These professionals often support individuals from vulnerable backgrounds—people with disabilities, children and youth in distress, those affected by mental health challenges, and individuals with refugee or migration experiences.

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.

Participants included:

- 33 non-formal educators from diverse European countries.
- 16 experts in psychotraumatology, education, and mental health.

The COPE program was designed to meet these needs, combining:

- principles of experiential learning (Kolb, 1984),
- a person-centered approach (Rogers, 1951),
- trauma-informed care guidelines by SAMHSA (2014),
- Acceptance and Commitment Therapy (ACT) foundations, with a focus on building psychological flexibility through practices such as mindfulness, values clarification, and self-compassion.
- Integration of tools and metaphors from WHO's Self-Help Plus (SH+) program—an ACT-based, low-intensity intervention developed for use with displaced populations and communities exposed to adversity.
- A toolkit of practical strategies to enhance empathy, present-moment awareness, emotional regulation, and relational safety in diverse educational contexts.
- practical tools to strengthen empathy, mindfulness, and relational safety.

KEY FINDINGS

1. Limited and superficial understanding of trauma

Most participants reported a lack of formal training on trauma. Their understanding was often based on intuition or personal experience rather than structured education.

"We had some psychology at university, but it was very vague."

"From your explanation, I can now better understand what trauma might mean... before, it was just a vague feeling."

2. Strong need for accessible, practical training

Participants consistently emphasized the need for training that is free, accessible, and focused on actionable strategies—especially around trauma recognition, communication, and emotional regulation.

"This would definitely be useful. Especially if the training was free."

"If it's available online—that's great. I'd take it myself and spread the word."

3. Difficulty managing intense emotions

Educators frequently encountered trauma symptoms—such as crying, aggression, or withdrawal—but lacked the tools to manage such reactions safely:

"I didn't know what to do when a participant started crying—I was afraid I might make things worse."

4. High value placed on relationship and empathy, but lack of tools

The relationship was seen as fundamental to effective support, yet many educators lacked professional guidance in how to build it safely and appropriately:

"Empathy is the key, but nobody ever taught me how to do it. I just go by instinct."

"I wish I had a support group or a place to get more training."

5. Need for supervision and systemic support

Many respondents reported a lack of systemic support, which often led to feelings of isolation or emotional burden:

"Sometimes I just don't know what to do next... it would help to have someone to talk it through with."

WORKBOOK JOURNEY MAP



AWARENESS OF TRAUMA

Learn what trauma is, how it affects the body and mind, and why a trauma-informed approach matters.

🔍 Focus: Building basic understanding and compassion — both for others and for yourself.

💬 "Before we can support others, we need to recognize how trauma shapes human behavior."

1

2

UNDERSTANDING EMOTIONS AND REACTIONS

Identify common trauma responses (fight, flight, freeze, fawn), emotional triggers, and patterns.

🧠 Focus: Emotional literacy and regulation – becoming aware of internal signals.

💬 "Not every reaction is 'bad behavior' – many are survival strategies."



3

WORKING WITH TOOLS AND TECHNIQUES

Engage in practical exercises, simulations, and strategies from the workbook:

- Safe environment creation
- Peer support
- Empowerment practices
- Focus: Building hands-on skills through roleplay, discussion, and reflection.
- 💬 "Knowledge becomes powerful when practiced with empathy."

5

4

REFLECTION AND FEEDBACK

Pause to reflect on your experience. Exchange insights with peers and facilitators.

🔄 Focus: Critical thinking, self-awareness, and group dialogue.

💬 "Reflection helps us translate learning into action — and deepen it."



IMPLEMENTATION IN PRACTICE

Apply trauma-informed principles in real-life settings: your community, classroom, or workplace.

🌿 Focus: Sustainable impact, adaptation, and long-term integration.

💬 "Trauma-informed care is not a checklist — it's a mindset."

SECTION BREAK

C H A P T E R

03

FACILITATOR GUIDLINE

- FACILITATOR'S ROLE
- WHO CAN BE OUR FACILITATOR?
- FACILITATOR ADVICE LIST
- CORE FACILITATION MODALITIES
- FACILITATION GUIDELINES BY SECTION

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Welcome, Facilitators!

This guide is designed to help you effectively deliver the COPE training program using the COPE workbook.

It provides a detailed breakdown of each section and actionable steps to ensure that participants gain the knowledge and skills necessary to apply trauma-informed care (TIC) principles in their roles.



FACILITATOR'S ROLE

As a facilitator, your role is to create a supportive and inclusive environment that encourages learning, reflection, and application.

You should:

- Guide discussions and activities.
- Encourage curiosity and participation.
- Model empathy, respect, and cultural sensitivity.

Preparation Tips:

- Review the entire workbook to familiarize yourself with its structure and content.
- Identify key points and exercises that resonate most with your participants' context.
- Plan for flexibility to adapt the material to participant needs.

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.
- **Became aware and respect the limits** of their professional profiles without invading the professional area of Trauma Informed therapy exclusively reserved by the laws of your country solely to health professional
- **Fully understand the COPE Disclaimer** and the ethics of working with trauma survivors

WHO CAN BE OUR FACILITATOR?

O1

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.

O2

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.

O3

Comprehensive Training

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.

O4

Value's

Facilitators should not only teach the principles of Trauma-Informed Care and Cope but also embody these practices in their own lives. By modeling empathy, respect, and self-awareness, they can inspire trust and encourage participants to engage fully in the program.

THE COPE WORKBOOK FRAMES FACILITATION AS AN ENGAGING, REFLECTIVE JOURNEY, DESIGNED TO EMPOWER NON-FORMAL EDUCATORS TO WORK CONFIDENTLY WITH TRAUMA-AFFECTED LEARNERS.

THROUGH ITS PAGES, FACILITATORS ARE INVITED TO:



CULTIVATE CURIOSITY & SELF-CARE

- Actively nurture your own well-being—physically, mentally, and emotionally—so you can remain present and resilient when supporting others. Regularly check in with yourself: What am I feeling right now? What support do I need? (Clervil et al., 2005).



DEEPEN TRAUMA AWARENESS

- Go beyond “textbook definitions” to recognize how trauma shows up in body language, emotional responses, and learning styles.
- Explore neurobiological and psychosocial perspectives to appreciate the full spectrum of trauma’s impact.



FOSTER HOPE & RECOVERY

- Model optimism: share stories of resilience and post-traumatic growth.
- Encourage learners to identify strengths and small wins, reinforcing that healing is a realistic, ongoing process.



MAKE EFFECTIVE REFERRALS

- When a learner needs specialized support, guide them—gently and confidentially—to community mental health or nonprofit services grounded in trauma-informed care.

FACILITATOR REFLECTION NOTES

Before you step into your role as a facilitator for the COPE program, take a moment to reflect. Your connection to the material—and to the people you serve—will shape everything you do.

WHY DO YOU WANT TO BE OUR FACILITATOR?

- What draws you to the role of guiding others in learning and healing?
- What personal experiences, skills, or passions do you bring to this work?
- What values are most important to you in building safe, supportive spaces?

WHY COPE PROJECT?

- Why did you choose to engage specifically with the COPE program and workbook?
- What resonates for you about its trauma-informed approach?
- How does the mission of COPE align with your own personal or professional path?

WHAT WILL YOU NEED TO STAY GROUNDED AND RESILIENT?

- What support, resources, or practices will help you facilitate sustainably?
- How will you take care of your own emotional and physical needs as you guide others through potentially sensitive material?
- Who can you turn to when you need encouragement or advice?

FACILITATORS ADVICE LIST

BEFORE THE SESSION:

- Review workbook content and objectives.
- Prepare emotionally; have a self-care plan.
- Create a safe, welcoming environment.
- Clarify your intention for the session.
- Gather referral resources and emergency contacts.

Ask yourself: "What feeling do I want participants to leave with?"

DURING THE SESSION

- Co-create group agreements (safety, respect, choice).
- Normalize all emotional responses.
- Offer multiple ways to participate (speak, write, observe).
- Stay flexible—adjust timing and activities if needed.
- Use grounding tools (breathing, sensory awareness).
- Monitor group energy and your own reactions.

AFTER THE SESSION

- Debrief with participants (glow and grow).
- Reflect on your facilitation—what worked, what was hard.
- Reach out for support if needed.
- Update your notes or facilitation journal.
- Celebrate small successes!

SELF-ASSESSMENT CHECKLIST

TRAUMA-SENSITIVE FACILITATOR

For each statement, select the option that best reflects your current practice. Rate on a scale: Always / Often / Sometimes / Rarely / Never. Use the comment area to note reflections or areas for growth.

O1. LANGUAGE & CULTURAL COMPETENCE

- I check with participants how they prefer to be addressed.
- I adjust examples to reflect diverse cultures.
- I notice and question my own cultural assumptions.

Always | Often | Sometimes | Rarely | Never

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

O2. PERSONAL AWARENESS & REFLECTION

- I set aside time for self-reflection after sessions.
- I recognize when I'm emotionally triggered.
- I engage in self-care practices (e.g., mindfulness, supervision) to sustain my well-being.

Always | Often | Sometimes | Rarely | Never

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

O3. SUPPORTIVE COMMUNICATION

- I mirror back participants' feelings before responding.
- I use "I" statements to give feedback.
- I allow silence and comfortable pauses during discussions.

Always | Often | Sometimes | Rarely | Never

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

O4. TIC APPLICATION

- I share session agendas and visual schedules in advance.
- I offer multiple ways for participants to engage (speaking, writing, drawing).
- I check in mid-session to ensure participants still feel emotionally safe.
-

Always | Often | Sometimes | Rarely | Never

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

CORE FACILITATION MODALITIES

TRAINING

Interactive, practice-oriented sessions where participants role-play scenarios, experiment with grounding techniques, and receive real-time feedback on applying TIC principles (safety planning, trigger warnings, choice architecture)

TIPS

- Use "fishbowl" role-plays (two volunteers in the center, others observing) to model best practices.
- Incorporate multi-sensory elements—soft music, tactile objects—to help participants feel grounded.
- Debrief each exercise with the question: "What felt safe or unsafe in that scenario, and why?"

LECTURING

Structured presentations that establish foundational knowledge—definitions, models (e.g., the "4 Rs": Realize, Recognize, Respond, Resist re-traumatization), and key research findings—interspersed with short pauses for reflection or Q&A to maintain engagement.

TIPS

- Break up content into 10-minute blocks, each followed by a "one-minute paper" prompt.
- Use stories or case vignettes to illustrate abstract concepts—people remember narratives better than facts.
- Display a "parking lot" slide or board for side questions, then address them in a wrap-up segment.

WORKSHOPS

Hands-on, experiential learning labs in which small groups tackle case studies, co-design trauma-sensitive activities, or use simulation tools (e.g., "what if" exercises) to translate theory into concrete practices they can deploy in their own contexts.

TIPS

- Begin with an ice-breaker that emphasizes choice (e.g., select one of three prompts to introduce yourself).
- Provide clear agendas and time checks—predictability reduces anxiety.
- End with a collective "glow and grow" circle: share one thing that went well (glow) and one area for improvement (grow).

BUILDING SAFETY

As a COPE facilitator, you are the steward of a learning environment where safety, trust, and growth go hand in hand. Your role weaves together practical structure and genuine empathy, so that every participant feels seen, heard, and empowered. Here's what that looks like in practice—and a few tips for making it real:

O1

CREATING SAFE SPACES

From the moment people enter the room (virtual or in-person), your first priority is to set a tone of physical and emotional safety. Begin by:

- Establishing clear boundaries (e.g., privacy agreements, no interruption rules).
- Explaining group norms ("Here's how we'll listen, speak, and step back if we need a pause").
- Inviting co-creation ("What else would help you feel comfortable here?").

TIP

Post a simple "Safety & Respect" poster or slide listing the norms. Refer back to it whenever the energy shifts or confusion arises.

O2

PROMOTING TRUST & TRANSPARENCY

Trust grows from predictability. Right up front, share:

- Session purpose ("Today we'll explore how trauma shapes learning").
- Agenda & structure (time blocks, breaks, activities).
- Your role and theirs ("I'll guide, but your input shapes our journey").

TIP

Use a "parking lot" board for off-topic questions. Promise—and deliver—a review at the end. This shows you're listening, without derailing the plan

O3

FOSTERING INCLUSIVITY

Every participant brings a unique story shaped by culture, history, and personal experience. Your job is to honor these differences by:

- Checking materials for cultural relevance and accessibility (font size, language level, examples).
- Offering multiple ways to engage (speaking, writing, drawing, small groups).
- Welcoming adjustments ("Would you prefer headphones for the audio exercise? A separate space for reflection?").

TIP

Use a "parking lot" board for off-topic questions. Promise—and deliver—a review at the end. This shows you're listening, without derailing the plan

O4

MODELING TRAUMA-INFORMED PRACTICES

You don't just teach TIC—you live it. Demonstrate:

- Empathy: Respond to disclosures with genuine interest and care.
- Active listening: Mirror back feelings—"It sounds like you felt overwhelmed."
- Non-judgment: Hold space for all reactions, even when they challenge you.

Tip: When you catch yourself distracted, simply say, "I realize I drifted just now—thank you for staying patient," then refocus fully on the speaker. This small act of honesty builds enormous trust.

TIP

When you catch yourself distracted, simply say, "I realize I drifted just now—thank you for staying patient," then refocus fully on the speaker. This small act of honesty builds enormous trust.

O4

ENCOURAGING REFLECTION & GROWTH

Healing and learning deepen when participants pause, ponder, and practice. Build in moments to:

- Self-reflect ("What did you notice in your body during that exercise?").
- Share insights in pairs or triads.
- Try out new skills with guided role-plays or real-life scenarios.

TIP

Close each major activity with a quick "Glow & Grow" round—one bright spot (glow) and one area to stretch (grow). This keeps feedback balanced and forward-looking.

REMEMBER



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BY WEAVING TOGETHER THESE PRACTICES—
SAFETY, TRANSPARENCY, INCLUSIVITY,
MODELED COMPASSION, AND STRUCTURED
REFLECTION—YOU’LL GUIDE PARTICIPANTS
NOT JUST THROUGH THE COPE WORKBOOK,
BUT TOWARD RENEWED CONFIDENCE AND
CONNECTION IN THEIR OWN TRAUMA-
INFORMED JOURNEYS.

FACILITATION GUIDELINES BY SECTION

O1

SAFETY AND RESPONSIBILITY

OBJECTIVE

Build environments where participants feel secure and understand the importance of responsibility.



1.5 HOURS

ACTIVITIES

- Icebreaker Exercise (15 minutes): Use a trust-building activity like "Two Truths and a Lie" to help participants open up in a light-hearted way.
- Discussion on Safety (45 minutes): Facilitate a group discussion on what safety means in a learning environment. Use prompts such as "What makes you feel safe?" and "How can we create this together?"
- Boundary-Setting Role Play (30 minutes): Participants practice setting boundaries in pairs using real-life scenarios.

TIPS

- Use grounding techniques such as breathing exercises to help participants feel present.
- Validate all contributions to ensure participants feel heard and respected.

O2

TRUST AND TRANSPARENCY

OBJECTIVE

Cultivate trust through clear and consistent communication.



1.5 HOURS

ACTIVITIES

- Transparency in Action (45 minutes): Role-play scenarios where participants practice clear and empathetic communication. For example, they can practice delivering difficult feedback while maintaining transparency.
- Collaborative Agreements (45 minutes): Guide the group in creating shared agreements for how they will work together throughout the training program.

TIPS

- Emphasize the importance of honesty and follow-through to build trust.
- Use reflective listening to model transparency and active engagement.

Type Your Notes Here

O3

SUPPORT

OBJECTIVE

Equip participants with peer support and self-help strategies.



2 HOURS

ACTIVITIES

- Peer Support Circle (1 hour): Facilitate a group discussion where participants share strategies they've found helpful in managing stress. Use prompts like "What do you do when you feel overwhelmed?"
- Stress-Management Toolkit (1 hour): Guide participants in creating a personalized self-help toolkit. Include exercises such as identifying triggers and brainstorming calming techniques.

TIPS

- Normalize the challenges of seeking and offering support.
- Provide examples of effective peer support practices.

Type Your Notes Here

O4

COOPERATION AND RECIPROCITY

OBJECTIVE

Strengthen relationships through collaboration and shared decision-making.



2 HOURS

ACTIVITIES

- **Community Problem-Solving (45 minutes):** Participants work in small groups to brainstorm solutions to a shared community issue, emphasizing mutual respect and reciprocity.
- **Collaborative Reflection (45 minutes):** Facilitate a debrief where participants share their experiences of working in groups and what they learned about cooperation.

TIPS

- Encourage equal participation by setting ground rules for group work.
- Highlight the value of shared leadership in building trust.

Type Your Notes Here

O5

EMPOWERMENT AND AGENCY

OBJECTIVE

To help participants understand how to support others in feeling more in control, confident, and able to make their own choices — especially after experiencing trauma.

 2 HOURS

ACTIVITIES

- Role-play: Talking to someone in emotional pain
- Draw/write: What does "being there" really mean?
- Share a time you helped or were helped without judgment

TIPS

- Stay present, not pushy — ask, "What matters to you right now?"
- Offer real choices, not forced solutions.
- Use simple grounding if emotions rise (e.g. feet on floor, deep breath).

Type Your Notes Here

O6

CULTURE AND HISTORY

OBJECTIVE

Enhance understanding of cultural, national, and historical contexts in trauma.



2 HOURS

ACTIVITIES

- Cultural Identity Mapping (1 hour): Participants create visual representations of their cultural identities and share insights in small groups.
- Historical Context Case Studies (1 hour): Facilitate discussions on case studies that highlight the impact of historical trauma on individuals and communities..

TIPS

- Avoid making assumptions about participants' experiences or identities.
- Create space for diverse perspectives and respectful dialogue.

Type Your Notes Here

O7

TRAUMA-INFORMED APPROACH

OBJECTIVE

Integrate TIC principles into practice with humility and responsiveness.



2 HOURS

ACTIVITIES

- TIC in Practice (1 hour): Use real-life scenarios where participants brainstorm and role-play trauma-informed responses. For example, responding to a learner's emotional trigger.
- Self-Reflection Exercise (1 hour): Guide participants through a journaling activity to explore their biases and how they can adapt their approaches.

TIPS

- Reinforce the importance of ongoing learning and self-awareness.
- Encourage participants to develop their own TIC action plans to apply in their roles.

Type Your Notes Here

SECTION BREAK

C H A P T E R

04

MAKING EFFECTIVE REFERRALS TO TRAUMA- INFORMED CARE SERVICES

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OVERWIEV:

Non-formal educators often find themselves in the position of recognizing when a participant may benefit from additional support beyond what the COPE program can offer. A trauma-informed referral is not just about giving a phone number or address. It's about recognizing a moment of vulnerability and responding with care, dignity, and empowerment.

This chapter equips facilitators with a step-by-step process for making effective, ethical, and trauma-informed referrals to public health agencies or NGOs (non-governmental organizations) that offer trauma-informed care (TIC). It also includes communication examples, criteria for choosing appropriate services, sample scripts, and a printable referral cheat sheet.

KEEP IN MIND

Keep in mind: even if a participant appears "functional," internal distress may still warrant care. Trust your instincts, especially if the emotional tone in the room shifts.

REMEMBER

Referring is not failure. It is a compassionate boundary that respects your role and their needs. You are honoring their story by guiding them toward support that is equipped to meet them more deeply.

WHEN TO REFER

Referrals should be considered when participants:

- Exhibit signs of severe or prolonged distress (e.g., uncontrollable crying, panic, dissociation)
- Express thoughts of self-harm or suicide
- Disclose past or current trauma and seek deeper support
- Struggle to participate despite classroom accommodations
- Ask for professional help beyond the facilitator's role

These signs might appear subtly or suddenly. A participant may withdraw, avoid eye contact, become uncharacteristically agitated, or express feelings of helplessness or being overwhelmed. Sometimes, participants verbalize the need directly; other times, they hint through metaphors or emotional expressions.

Also consider making a referral when:

- A participant consistently disengages, despite encouragement and adaptation.
- A participant reveals they are not sleeping or eating due to stress.
- The facilitator feels uncertain, concerned, or emotionally affected by a participant's situation—this can signal the need for external expertise.

HOW TO MAKE A TRAUMA-INFORMED REFERRAL

IDENTIFY THE NEED

- Listen for signs and gently reflect them back.
- Example: "I noticed that some of today's conversation felt really difficult for you. Would it help to talk to someone with experience in this area?"

NORMALIZE HELP-SEEKING

- Affirm their experience and the common need for additional support.
- Example: "Many people who go through stressful or traumatic experiences find it helpful to speak with someone trained to support them. You deserve that support."

PROVIDE OPTIONS

- Offer a short, curated list of local, national, or online services that follow TIC principles. Ensure options vary by language, cultural background, and accessibility.

SUPPORT THE FIRST STEP

- With permission, help draft an email or make a call.
- Example: "Would you like us to call together? Or I can help you write the first message if that feels easier."

FOLLOW UP GENTLY

- Respect confidentiality but check in on how they are doing.
- Example: "I just wanted to check how things went with the resource we talked about. No pressure—just here if you need anything."

HOW TO MAKE A TRAUMA-INFORMED REFERRAL

SAMPLE REFERRAL SCRIPTS

- Supportive suggestion: "You've shared something really important. I care about your safety and well-being, and I want to offer you support. Would you like to look at some places together that specialize in this kind of care?"
- Empowering choice: "You get to decide what kind of support feels right. Here are a few trauma-informed organizations that others have found helpful. We can talk about them, or I can give you time to look them over."

NOTES:

Type Your Answer Here

HOW TO MAKE A TRAUMA-INFORMED REFERRAL

SAMPLE REFERRAL SCRIPTS

- Supportive suggestion: "You've shared something really important. I care about your safety and well-being, and I want to offer you support. Would you like to look at some places together that specialize in this kind of care?"
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FOR PARTICIPANTS TO USE WHEN REACHING OUT TO A TIC PROVIDER:

- **Email Template:**

Subject: Seeking Support

Hello,

I was referred to your organization by my community facilitator through the COPE program. I am looking for support related to past difficult experiences and was told you offer trauma-informed services. Could we schedule a time to talk or learn more about how you work?

Thank you,

[Name or Initials]

- **Phone/Message Script:** "Hi, my name is [First Name]. I was referred by someone from the COPE workshop. I'm interested in learning about your trauma-informed support services and seeing what help might be available. Thank you."

CRITERIA FOR RECOGNIZING TRAUMA- INFORMED PROVIDERS

Use these questions to evaluate whether a service or organization aligns with TIC principles:

- O1** Safety: Do they prioritize physical and emotional safety?
- O2** Choice: Do clients have autonomy in their treatment and decisions?
- O3** Collaboration: Is the relationship between provider and client built on mutual respect?
- O4** Empowerment: Do they support clients' strengths and resilience?
- O5** Cultural Humility: Do they demonstrate awareness of cultural, historical, and gender issues?
- O6** Transparency: Are services clearly described with no pressure or shame?

Look for these signs in their materials:

- Language around "healing," "safety," and "empowerment"
- Staff training
- Options for language access, gender sensitivity, and cultural adaptation
- Free or low-cost services for underserved populations

CHECK OUR WEBSITE

This list of recommended resources will be hosted on the COPE website
—make sure to have an up-to-date version printed or available digitally.



TRAUMA-INFORMED REFERRAL CHEAT SHEET

OBSERVE & IDENTIFY

Look for signs of emotional overload, distress, or disengagement.

EMPATHIZE & NORMALIZE

Look for signs of emotional overload, distress, or disengagement.

PRESENT OPTIONS RESPECTFULLY

Offer 2-3 services with clear, simple descriptions
"You can choose what feels right for you."

SUPPORT THE FIRST STEP

Help with writing a message, making a call, or walking through the website.

FOLLOW UP WITHOUT PRESSURE

Ask how they're doing in a private and non-invasive way

PHRASES TO USE:

"Would it feel okay if I shared a few trusted places that might support you?"

"This is just one option—you're in control of what happens next."

"Let's take this one small step at a time."

CORE VALUES

Compassion over urgency

Options, not obligations

Dignity, not diagnosis

Curiosity, not control

DO

- Do speak gently and directly.
- Do emphasize choice and control.
- Do prepare resources in advance.
- Do respect their pace.

DON'T

- Don't push for disclosure.
- Don't assume what's best.
- Don't minimize their experience.
- Don't disappear—follow up supportively.

SECTION BREAK

C H A P T E R

05

EVALUATION FORMS

PRE-COURSE QUESTIONNAIRE

Name:

Date of Birth:

Address:

Profession:

Email:

Occupation:

Age:

Gender:

Organization:

Citizenship:

Thank you for taking the time to fill out this questionnaire. Your responses will help us tailor the course to better suit your needs and expectations. Please answer the questions honestly. Your input is valuable and will remain confidential.

Knowledge and experience

1. How would you rate your current knowledge of the course topic?

- No knowledge
- Basic understanding
- Moderate understanding
- Advanced knowledge

2. Have you participated in similar courses or training before?

- Yes
- No

3. Are you currently applying any principles or practices related to this course topic in your work or personal life?

- Yes
- No

4. If you answered "Yes" to question 3, which of the following best describes your application?

- [] Occasionally apply basic concepts
- [] Frequently apply principles in practical scenarios
- [] Consistently integrate practices into daily routines

Challenges and expectations

1. What is your primary motivation for attending this course? (Select one)

- [] To gain foundational knowledge
- [] To deepen existing knowledge
- [] To develop practical skills
- [] To address specific challenges in my work or personal life
- [] To network with professionals in the field

2. Do you currently face any of the following challenges related to the course topic? (Select all that apply):

- [] Lack of knowledge or understanding
- [] Difficulty applying concepts in practice
- [] Limited access to resources or support
- [] Lack of time to implement new skills
- [] Difficulty staying motivated
- [] Other (please specify): _____

3. What do you hope to achieve by the end of this course? (Select up to two):

- [] Improved understanding of key concepts
- [] Practical strategies to apply in my work or life
- [] Greater confidence in handling related challenges
- [] Enhanced professional skills and qualifications
- [] Clearer direction for future learning or application
- [] Other: _____

Preferred learning style

1. Which of the following methods of learning do you find most effective? (Select all that apply):

- [] Lectures and presentations
- [] Hands-on activities and exercises
- [] Group discussions and collaboration
- [] Role-playing and situational practice
- [] Video-based learning
- [] Visual aids (e.g., diagrams, infographics)
- [] Written materials (e.g., guides, articles)- O6-

2. Do you prefer a more structured or flexible approach to the course content?

- Structured (clear agenda and schedule)
- Flexible (adaptable based on participant needs)

3. How do you prefer to receive feedback during the course?

- Immediate verbal feedback
- Written feedback after activities
- Peer feedback and group discussions
- Combination of the above

Accessibility and support

1. Do you require any specific accommodations to participate in the course? (e.g., accessibility support, language preferences)

- Yes
- No
- If yes, please specify: _____

2. Do you anticipate any challenges in attending or completing the course?

- Yes
- No
- If yes, please describe: _____

3. Do you have access to the necessary tools and technology for this course? (e.g., computer, internet connection)

- Yes
- No

Additional comments

If there is anything else you would like us to know before the course begins, please share it here:

PARTICIPANT EVALUATION FORM

Name:

Date of Birth:

Address:

Proffession:

Email:

Occupation:

Age:

Gender:

Organization:

Citizenship:

Overall satisfaction

On a scale from 1 (Very Unsatisfied) to 5 (Very Satisfied), please rate the following:

	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
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The overall quality of the workshop

<input type="radio"/>				
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Relevance of the content to your needs

<input type="radio"/>				
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Clarity of the materials provided

<input type="radio"/>				
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Engagement and interactivity

<input type="radio"/>				
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Facilitator's knowledge and delivery

<input type="radio"/>				
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PARTICIPANT EVALUATION FORM

What was the most valuable part of the workshop for you?

Were there any topics or sections that were particularly unclear or difficult to follow? If so, please specify:

Did the workshop provide practical tools or strategies you can use in your work?

Did the workshop provide practical tools or strategies you can use in your work?

- [] Yes
- [] No

WORKSHOP STRUCTURE AND MATERIALS

1. HOW WOULD YOU RATE THE FOLLOWING ASPECTS OF THE WORKSHOP MATERIALS?

	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Organization and flow of the workbook	<input type="radio"/>				
Practical examples and exercises	<input type="radio"/>				
Visual aids (infographics, diagrams, etc.)	<input type="radio"/>				

PARTICIPANT EVALUATION FORM

Were the materials easy to understand and use?

- [] Yes
- [] No

Were the activities and exercises engaging and helpful?

- [] Yes
- [] No

APPLICATION AND IMPACT

Do you feel better equipped to apply trauma-informed care principles in your work after this workshop?

- [] Yes
- [] No

Are there specific tools, strategies, or concepts from the workshop that you plan to use? If so, which ones?

Do you feel this workshop helped increase your understanding of trauma and its impact?

- [] Yes
- [] No

PARTICIPANT EVALUATION FORM

SUGGESTIONS FOR IMPROVEMENT

What could be improved about this workshop?

Are there additional topics or skills you would like to see included in future workshops?

Additional Comments

If you have any other feedback, comments, or suggestions, please share them below:

SECTION BREAK

C H A P T E R

05

FAQ

FAQ

1. What is the main goal of the COPE workbook?

The COPE workbook helps facilitators support individuals affected by trauma by:

- Building safe, trauma-informed learning environments.
- Strengthening emotional literacy, trust, empowerment, and resilience.
- Providing practical exercises, simulations, and reflective prompts rooted in Trauma-Informed Care (TIC) principles.

2. Who can be a COPE facilitator?

Facilitators should:

- Have language and cultural competence matching the group.
- Have at least a high school education.
- Show passion for education, support, and trauma-informed practices.
- Model the principles of safety, respect, empathy, and self-awareness.

3. How is the COPE workbook structured?

The workbook is divided into 7 key sections, covering:

- Safety & Responsibility
- Trust & Transparency
- Peer Support
- Cooperation & Reciprocity
- Empowerment & Agency
- Cultural, Historical, and Gender Sensitivity
- Trauma Awareness

Each section includes theory, reflective exercises, skill-building activities, and tools for practical application.

4. Is the workbook suitable for people without formal psychological education?

 Yes.

The COPE workbook is designed specifically for non-formal educators, volunteers, and community leaders. It explains trauma and its effects in clear language and provides accessible, hands-on tools.

FAQ

5. What is the role of simulation-based training?

Simulations allow participants to practice real-life scenarios (like emotional de-escalation, offering support, or responding to distress) in a safe, supportive environment.

Facilitators guide participants through role-play and reflection to build confidence and skills.

6. How should facilitators prepare before using the workbook?

- Read the full workbook carefully.
- Familiarize yourself with trauma-informed principles and reflective practices.
- Adapt content to the group's needs (language, cultural background, emotional safety).
- Prepare grounding techniques and emotional support strategies.

7. What happens if a participant gets triggered during a session?

Facilitators should:

- Normalize emotional responses (e.g., offer breaks, quiet spaces).
- Avoid forcing disclosure or confrontation.
- Use grounding tools (breathing, sensory focus).
- Remind participants they are in control and can step out or pause.

8. What is expected from facilitators after sessions?

After each session, facilitators are encouraged to:

- Self-reflect (What went well? What needs improvement?)
- Collect participant feedback.
- Adjust and refine facilitation approaches for future sessions.
- Take care of their own emotional well-being.

9. Can the workbook be customized for different audiences?

Yes.

Facilitators are encouraged to adapt examples, languages, exercises, and session pacing to meet the needs of diverse learners (including youth, displaced people, or multicultural groups).

FAQ

10. What should facilitators prioritize above all?

- Physical and emotional safety of participants.
- Building trust through transparency and consistency.
- Offering choices and respecting boundaries.
- Modeling compassion, flexibility, and cultural humility.

Trauma-informed facilitation is about presence over perfection.

Your authenticity, openness, and care make the difference.

11. How do I handle silence or lack of engagement in the group?

Silence may indicate discomfort, reflection, or simply the need for more time. Avoid interpreting it as disinterest.

Tips:

- Ask open-ended questions and allow more time for answers.
- Offer non-verbal participation options (e.g., write/draw).
- Use small groups or pairs to reduce pressure.
- Respect participants' right to opt out—participation is choice-based.

12. Can I skip or re-order sections of the workbook?

Yes, the workbook is designed to be modular and flexible. Depending on your group's needs, emotional readiness, and time constraints, you can:

- Reorder topics.
- Spend longer on one section.
- Skip certain exercises (e.g., if they feel too intense or too abstract).

Tip: Always check in with your group to co-decide the pace and focus.

13. What if I'm not sure how to handle a participant's disclosure?

If someone shares a traumatic experience:

- Stay calm and present.
- Thank them for trusting the group.
- Don't ask for more detail than they offer.
- Gently redirect back to the group or break if needed.

Important:

You're not expected to act as a therapist. Offer support, not solutions. Refer participants to trained professionals if needed.

FAQ

14. What if someone questions the need for a trauma-informed approach?

Skepticism is natural. You can:

- Emphasize that TIC is not therapy—it's about creating environments where people feel safe, respected, and able to learn.
- Share real examples of how trauma impacts behavior, learning, and relationships.
- Invite dialogue—but protect the emotional safety of the group.

15. How do I manage my own emotional response?

Facilitators are not immune to emotional triggers. You may feel overwhelmed, anxious, or unexpectedly affected by content or stories.

Before sessions:

- Ground yourself (deep breathing, intention-setting).
- During:
- Pause if needed. Name your reaction gently.
- After:
- Debrief with a colleague or support person. Journal or rest.

You matter, too. Compassionate facilitation starts with self-compassion.

16. What if my session is online or hybrid?

- Establish safety early: camera optional, clear structure, chat check-ins.
- Provide grounding breaks and visuals to reduce screen fatigue.
- Make use of breakout rooms for intimate sharing.
- Send materials ahead of time and include alternatives for low bandwidth.

17. How can I support participants from displaced or refugee communities?

- Use clear, non-clinical language.
- Acknowledge cultural and historical trauma without forcing disclosure.
- Offer concrete examples and avoid abstract, theoretical language.
- Provide choices and control at every step.
- Be trauma-informed, but also hope-oriented—focus on strengths and possibilities.

FAQ

18. How do I evaluate the impact of a session?

Use simple, low-pressure tools:

- “One word check-out” (e.g., how are you feeling now?)
- “Glow & grow” (what worked, what could improve)
- Written or digital forms with short, open questions

Also reflect on:

- Participation and energy levels
- Emotional safety maintained?
- Group feedback on pacing and relevance
- Your own confidence and connection

19. Can COPE be used in cross-cultural or multilingual groups?

Yes—with sensitivity and preparation.

- Translate or paraphrase key terms into plain language.
- Invite participants to share how concepts connect to their own culture.
- Use visual tools and body-based methods where possible.
- Work with a co-facilitator or interpreter if needed.

20. What makes someone a “trauma-informed facilitator” beyond this workbook?

It's not a title—it's a daily practice.

- You lead with empathy.
- You hold space for complexity.
- You prioritize consent, safety, and cultural humility.
- You stay open to learning, feedback, and your own healing.
-

“It's not about having all the answers—it's about creating a space where people can ask real questions and feel safe enough to grow.”

21. What if someone dominates the group or takes up too much space?

It's important to balance participation without shaming or silencing.

You can say:

“Thanks for sharing—let's hear from someone who hasn't spoken yet.”

“Let's take a pause and check in with the group.”

“Would you mind holding that thought while we hear from others?”

Set expectations early: “We'll aim for shared airtime today.”

PARTNERS



Comparative
Research
Network:


Stowarzyszenie
Na Drodze Ekspresji

MORE INFORMATION:





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[www.cope4hope.org](http://www cope4hope org)

Comparative
Research
Network:



University of
Zagreb

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