

Trauma-Informed Care – How can I support people who have been through a lot?

A training manual for staff and volunteers in
refugee-led organisations



This manual was developed within the framework of the Erasmus+ project *Caring to Include* (2024–2027), co-funded by the European Union

General Information

Purpose

The aim of this training is to equip volunteers and staff with the basic knowledge and skills to work in a trauma-informed way. Participants will learn what trauma is, how it manifests, and how to create a safe and supportive environment. They will be trained to recognise warning signs and to refer individuals to specialised help where necessary, without assuming the role of therapist themselves. In addition, they will develop practical communication skills and self-care strategies to ensure their own well-being. Through case studies and personal reflection, participants will have the opportunity to put theoretical knowledge into practice. The training also examines the impact on participants themselves, explores secondary trauma, and discusses how to be trauma-sensitive.

Target group

All paid employees, volunteers, and interns.

Common thread and content

- We begin by defining trauma, then examine common triggers and explore stress regulation techniques.
- We discuss the various types of trauma and highlight how trauma signals manifest in clients through their behaviour, emotions, and body language.
- Several energisers have been incorporated into the training to allow participants to experience the impact of rest or stress on breathing, mind, and body.
- The session also covers the brain: what happens when traumatised, and how does this influence the body and behaviour? Participants will also personally experience the sensation of stress and the benefits of regulation.
- We will analyse signals, and participants will practise trauma-sensitive approaches in various practical scenarios using case studies.
- Finally, we address self-care: what practices do we employ? How do we ensure we can sustain this work without experiencing burnout or overexertion?

Homework assignment

None.

Supplies

In the room

- Flip chart
- Laptop and projector

Participant materials

- Nameplates (one per participant)

To be taken by trainer

- Pencils and other drawing materials

Programme overview

10:00 – 10:30	<i>Programme overview and introductions</i>
10:30 – 10:45	<i>The importance of trauma-informed care</i>
10:45 – 11:15	<i>Defining trauma and types of trauma</i>
11:15 – 11:30	<i>Break</i>
11:30 – 12:30	<i>The effect of trauma on the brain</i>
12:30 – 13:15	<i>Lunch</i>
13:15 – 13:45	<i>Triggers and warning signs</i>
13:45 – 14:30	<i>Creating a safe environment</i>
14:30 – 14:45	<i>Break</i>
14:45 – 15:30	<i>Trauma-sensitive practice</i>
15:30 – 16:15	<i>What affects me? – Recognising secondary traumatisation</i>
16:15 – 16:30	<i>Evaluation and close</i>

Detailed Programme

10:00 – 10:30

Programme overview and introductions

Purpose

- Participants understand the programme and any 'house rules'.
- Participants are acquainted with each other and the trainer.
- Participants are aware of the experiences within the group.
- Participants know each other's expectations.

Teaching Method

Plenary explanation

Material(s)

Flip chart with the training programme.

Execution

Explain the programme and training times. Address any questions regarding the explanation before proceeding to the introduction.

Ask each participant to briefly share the following points:

- Name, working group, and position.
- What would you like to be able to do in situations where someone appears to feel unsafe?
- What are your expectations of the training; what do you hope to contribute?

10:30 – 10:45

Importance of Trauma-Informed Care

Purpose

- Participants will understand the importance of trauma-informed care.

Teaching Method

Plenary explanation

Material(s)

PPT

Execution

Using the PPT, explain why trauma-informed care is important for the organisation:

- Refugees often experience multiple traumas that affect their general functioning.

- Trauma informed care (TIC) improves engagement and trust not only with organization's staff but also between staff/ volunteers and refugees.
- It strengthens organisational systems.
- It supports resilience and recovery.
- It protects staff from burnout and secondary trauma.

10:45 – 11:15 What is Trauma?

Purpose

- Participants will understand what trauma is.
- Participants will know the different types of trauma.

Teaching Method

Introduction by the trainer; see individual sections for further details.

Material(s)

PPT on flip-chart

Execution

First, ask the group what they believe constitutes a traumatic experience and record their responses on a flip-chart.

Trauma is not solely defined by an event, but critically by how the body and brain react to it. Two individuals can experience the same event, yet for one, it leads to trauma, while for the other, it does not. Trauma occurs when a situation is overwhelming and an individual feels powerless. Something happens *to* you.

Example: A child being scolded at school might find it temporarily annoying, but if this occurs structurally and there is no safe adult present, it can lead to a trauma reaction.

Important points:

- Trauma is a response to overwhelming stress, not perse (may be better?) a shocking event.
- Chronic stress and unsafe environments can also be traumatic.
- Even among refugees, not everyone is traumatised.

Then, use the PPT to cover the different types of trauma:

- Mono-trauma: A single, isolated event experienced as traumatic.
- Multi-trauma: Various traumatic experiences that are unconnected.
- Chronic trauma: Regular traumatic situations (repetitive and persistent) that are related to each other. Typically begins after the age of 10.

- Complex trauma: Repetitive and persistent trauma that begins before the age of 10 (early chronic childhood trauma). This can affect the development of the brain, body, and personality. Examples include bullying or losing a parent.

The further down this list, the greater the potential impact. A single reaction can either increase or decrease stress. This afternoon, we will discuss potential triggers that can activate trauma and the signals that may indicate its presence.

11:15 – 11:30 Break

11:30 – 12:30 The Effect of Trauma on the Brain

Purpose

- Participants will learn how the brain functions.
- Participants will understand how trauma affects the brain, body, and behaviour.
- Participants will experience first-hand what stress feels like and the impact of regulation.

Teaching Method

Interactive discussion

Material(s)

PPT

YouTube: Trauma Company [When the \(alarm\) bell rings](#)

Execution

In the PPT, show a simple brain (three parts):

- Amygdala (Alarm Bell): Detects danger
- Prefrontal Cortex: Inhibits and regulates reactions
- Hippocampus (Memory): Processes and organises memories

Our brain is designed to recognise danger and protect us. The amygdala acts as an alarm bell. In the event of a threat, it sends our nervous system into fight, flight, or freeze mode, without knowing whether there is an actual danger. Normally, the prefrontal cortex helps us to remain rational, but in trauma, it partially 'switches off'. This means that someone cannot think logically, struggles to find words, and panics easily.

For example: A counsellor asks a client who is panicking, "Why are you acting like this? What's going on?" But the client cannot think or answer at that moment, because their alarm bell is in full operation and, as a result, other parts of the brain are not working or not working properly.

Hyperarousal and Hypo-arousal

Draw the 'Window of Tolerance' on the flipchart:

- Top: Hyperarousal (excessive activation – panic, anger, hyper-alertness)
- Middle: Window of Tolerance (where you can learn, connect, and self-regulate)
- Bottom: Hypo-arousal (shutdown, dissociation, numbness)

People with trauma often have a narrower window of tolerance, meaning they become dysregulated more quickly. Someone experiencing hyperarousal may quickly become angry or panic. Someone in hypo-arousal may shut down, react unemotionally, or feel numb. For example, a child who is silent in class and unresponsive might not be 'uninterested', but rather in a state of hypo-arousal.

Practical Application

Have you ever witnessed someone becoming extremely angry or completely withdrawn? How did you react in that moment?

- Important insight: If someone is in hyper- or hypoarousal, they do not require logical questions, but rather safety and regulation.
- Looking ahead: Participants will address this in the next exercise.

The brain explained using metaphors:

- Alarm bell: Monitors all sensory input. It is intelligent, evaluates situations, and rings to warn us, but ideally, it is not constantly active. It begins functioning after five months of pregnancy!
- Phone: The speech centre. It communicates what you think or feel.
- Folder: Represents the information stored in our brains. If something interests you, it is easily filed in your folder (hippocampus).
- Code: Rules. What are we permitted to do? We have our own book (norms and values). Who am I? It regulates impulses and emotions and organises our executive functions such as concentration – everything required to perform a task (frontal cortex – behind the forehead). It is fully developed around the age of 30.

What happens in the event of trauma? The bell rings: a fight, flight, or freeze response occurs, and the other three systems become less effective. This conserves energy, as all energy is directed to the alarm.

12:30 – 13:15 **Lunch**

Purpose

- Participants will recognise potential trauma signals.
- Participants will identify what activates trauma triggers.
- To make participants aware of trauma signals in clients and how these can manifest in behaviour, emotions, and body language.

Teaching Method

Teaching-learning conversation and sub-group work.

Material(s)

- PPT
- Trauma Company video about Triggers: [Triggers | English version](#)

Execution

How does trauma manifest itself? Trauma is often invisible. Individuals do not always discuss their experiences, but their bodies and behaviour can provide numerous signals.

Trauma can manifest itself on three levels:

- Physical: (tension, trembling, exhaustion, limited eye contact)
- Emotional: (anger, fear, numbness, mood swings)
- Behavioural: (avoidance of situations, aggression, impulsivity, dissociation)

It is important to acknowledge that trauma can manifest differently in everyone. Trauma is, by definition, subjective. Therefore, avoid judgement and comparison. Some individuals may appear 'strong' but feel anxious or withdrawn internally.

Sub-group Assignment: Linking Trauma Signals

Form sub-groups and ask participants to reflect on their clients: what signals do you observe in your clients?

Conclude by asking which signals the participants will observe more consciously in their work.

13:45 – 14:30

Creating A Trauma Informed Care Environment

Purpose

- Participants will understand why a safe environment is crucial for clients.
- Participants will recognise the psychological, social, and legal dimensions of safety.
- Participants will be able to link this to their own role.

Teaching Method

Group discussion and brainstorming session in subgroups.

Material(s)

PPT and flipchart.

Execution

Many clients have experienced loss, violence, and uncertainty. In this section, we will explore what safety means to them and how we, as individuals (not just social workers), can contribute to it.

Ask the participants the following question: "Think of a time when you felt unsafe, diminished, or powerless. What helped then, or what did you need to feel safe again?"

Allow them some time to write and then ask if anyone would like to share.

Then, highlight that what they have just mentioned – the need for calm, recognition, freedom of choice, and support – is precisely what our clients also require. For them, freedom is not a given. It is not merely about having a roof over their heads; it is also about:

- Emotional peace
- Daring to build trust
- Regaining control of their narrative and life
- Being treated humanely
- Space to recover, learn, and integrate.

Also, mention that this legal and moral right is enshrined in (international) treaties.

Then ask the group: "What can you do to contribute to such a safe and supportive environment?" Write the answers on a flipchart. Key points that should be mentioned include: non-judgment, taking time, offering a quiet environment, allowing choices, and listening without directing.

Conclusion

Safety is not a luxury. It is the foundation upon which trust, recovery, and humanity can flourish. And we can make a difference in that.

14:30 – 14:45

Break

Purpose

- Participants will understand what trauma-informed care entails.
- Participants will learn the core principles of trauma-informed care.
- Participants will know how to respond effectively in various practical situations.

Teaching Method

Introduction by the trainer; refer to individual sections for further details.

Material(s)

PowerPoint presentation, case study printed on A4.

Execution – What is Trauma-Sensitive Work?

Working in a trauma-sensitive way means being aware of trauma's impact on behaviour and emotions. It involves creating a safe environment where individuals feel heard and respected, requiring an attitude of understanding, patience, and attentiveness to a client's needs for safety. Trauma-focused work aims to calm the "alarm bell," thereby facilitating better personal development.

Core Principles of Trauma-Sensitive Work:

- Safety: Create a predictable and calm environment.
- Choice and Control: Allow the individual to maintain as much control as possible.
- Trust and Transparency: Build a trustworthy relationship.
- Collaboration
- Empowerment: Emphasise strength and resilience.
- Cultural Sensitivity: Respect background and experiences.

For example, consider a client who misses appointments. Instead of viewing this as 'disinterest', ask yourself what might be underlying it: Fear? Overwhelm?

Case Assignment: How Do You Respond Trauma-Sensitively?

Participants will be divided into three subgroups. Each group will receive a case presenting a practical situation and discuss:

- What trauma signals do we observe?
- What might be a standard response?
- How can we respond in a trauma-sensitive way?

After 15 minutes, each group will present their insights. The trainer will supplement these with additional trauma-sensitive strategies.

Case 1: Overwhelm in a Conversation

Sima, a refugee from Syria, sits opposite you. She looks down and barely responds to your questions. When you ask her how she feels, she shakes her head and remains silent.

Possible Trauma-Sensitive Reactions (for the trainer to demonstrate):

- Safety: "Please know that you don't have to share anything here if you're not ready."
- Choice & Control: "Would you like to take a break, or would you prefer to write instead of talk?"
- Empowerment: "It's okay to take your time. We can proceed at a gentle pace."

Case 2: Aggression and Frustration

Jamal, a young person from a vulnerable neighbourhood, starts screaming when something doesn't work out. He curses and walks away angrily.

Possible Trauma-Sensitive Responses (for the trainer to demonstrate):

- Trust: Do not confront directly; instead, allow space.
- Regulation: "I see that you are angry. Perhaps it would help to take a deep breath together?"
- Choice: "Do you want to calm yourself, or shall I help you?"

Case 3: Avoiding Contact

Maria, a single mother who has experienced domestic violence, has missed several appointments. When you finally speak to her, she says she was 'just busy' and avoids further questions.

Possible Trauma-Sensitive Responses (for the trainer to demonstrate):

- Safety: "It's completely understandable if this is difficult for you. You don't have to share anything you don't want to."
- Trust: "I'm here to support you at your own pace."
- Collaboration: "Is there anything you would like me to do?"
- Choice & Control: "Would you like to schedule a time that feels right for you?"

Translation into Practice

Discussion in pairs:

- Which situations in your work require a trauma-sensitive approach?
- What is one concrete change you can apply tomorrow?
- How can you contribute to more trauma-sensitive work within your team?

Discuss findings with the larger group:

Working in a trauma-sensitive way is not about acting perfectly, but consciously considering what a person needs to feel safe and respected. Small adjustments in our attitude and language can make a significant difference. Also, understand that there is no single 'correct' method. It remains a tailored approach, and what works for one person may not work for another.

Working in a trauma-sensitive way is also about being human with attention, not providing therapy. It's about bringing peace where there is restlessness, and that starts with you.

Consider referring to various authorities. There are limits to the guidance available, even with waiting lists. Are there other organisations that can help? Think about key figures, fellow sufferers, churches, mosques, etc.

15:30 – 16:15 *What Touches Me? – Recognising Secondary Traumatisation*

Purpose

- Participants will understand secondary traumatisation, vicarious trauma, and compassion fatigue.
- Participants will recognise their own reactions and boundaries.
- Participants will share and develop personal self-care strategies.

Teaching Method

Group discussion and individual assignments.

Materials

PPT, flipchart, and possibly quiet music.

Execution

Individuals who work with trauma survivors are at risk of secondary traumatisation. You may become emotionally affected, exhausted, or even overwhelmed by the stories you hear or the feelings you encounter. This is not a sign of weakness; it is a normal risk inherent in involved work.

Ask the participants:

- How does it affect you when someone shares their painful story?
- What do you notice about yourself when something deeply touches you?

Link these reactions to possible symptoms of secondary traumatisation:

- Fatigue
- Irritability
- Poor sleep / worrying

- Cynicism, indifference
- Exaggeration
- Gloom or powerlessness

Provide a brief explanation of the following concepts using the PPT:

- Secondary traumatization: developing stress or trauma symptoms yourself after frequently listening to trauma stories.
- Vicarious trauma: a shift in your worldview or trust due to being deeply affected by the suffering of others.
- Compassion fatigue: the feeling of being 'depleted' after extensive giving without sufficient recovery.

Working in a trauma-sensitive way begins with self-care. Without awareness of your own limits, you cannot provide sustainable support.

Reflection Assignment: "What Touches Me?"

Ask participants to think back to a story or encounter that deeply affected them:

- What happened to you then – physically, emotionally, mentally?
- How did you deal with that?

Have them write this down briefly for themselves and then discuss it in pairs:

- What helps you to remain resilient when you are affected?
- What is an alarm signal for you that indicates you are carrying too much?

Then give participants 5-10 minutes to write down their own 'care plan' including:

- My signals: How do I notice that it is too much for me?
- What helps me? Concrete actions I can take (e.g., walking, talking to a colleague, taking a break, setting boundaries)
- Who can I approach if I am at risk of becoming overwhelmed?

Conclude with:

- What do you want to give yourself or each other to remain healthily involved in this work?

16:15 – 16:30 *Evaluation and Closure*

- What are the participants' key takeaways from this training?
- What will they implement?
- What insights have they gained?
- Are there any unresolved issues?
- How will they practise self-care this evening?

Possible conclusion

Form two lines with participants facing each other. Allow two minutes for them to share what they have learned and will take away. Then, one line moves, and the question is repeated. This can be done again if time permits.

Extra exercises

Energiser: Drawing (10 minutes)

Purpose

Participants experience how drawing affects their breathing, mind, and body.

Teaching Method

Drawing

Material(s)

Blank A4 sheet, pencils, and markers

Execution

Give participants a blank A4 sheet or the back of their nameplate and ask them to draw a series of horizontal and vertical lines to create blocks, which they then colour in. Ask the participants how this makes them feel. Research has shown that mindless drawing has a meditative effect. It promotes bilateral stimulation in the brain, allowing the two hemispheres to communicate. Engaging in 'art' in this way can make it easier to converse and concentrate.

Stress Regulation (10 minutes)

Purpose

- Participants learn how to regulate stress.
- Participants experience how stress affects their body and mind.

Teaching Method

Exercise

Materials

None

Execution

First, we will induce stress. Ask participants to jump up and down at a rapid pace or make their hands tremble. This simulates physical stress activation. After 20 seconds, stop and reflect briefly: What do you feel in your body? (e.g., faster heart rate, tension, heat, alertness).

Next, we will regulate the stress. Perform a joint 4-2-6 breath (4 seconds in, 2 seconds hold, and 6 seconds out) or a short shaking relaxation exercise. Reflection: What changes in your body?

This exercise immediately demonstrates how the nervous system works and the benefits of regulation.

PEM: Physical – Emotional – Mental (10 minutes)

Purpose

- Participants understand what PEM entails.
- Participants can apply PEM.

Teaching Method

Explanation and exercise

Material(s)

PPT and journal (optional)

Execution

Use the PPT to explain what PEM entails. PEM stands for Physical – Emotional – Mental and is often used as a holistic reflection framework. It helps you check in with your body, your feelings, and your thoughts, instead of remaining solely "in your head."

- *Physical*: This refers to your body and energy level.
 - Fatigue, tension, pain
 - Breathing, heart rate
 - Movement, nutrition, sleep
 - *Signal function*: Your body rarely lies. It often reveals how you're truly doing before your mind catches up.
- *Emotional*: This is about your feelings and emotional state.
 - Joy, frustration, stress, gratitude
 - Suppressed vs. felt emotions
 - How events affected you emotionally
 - *Signal function*: Emotions highlight what truly matters to you.
- *Mental*: This refers to your thoughts and mental focus.

- Thought patterns (ruminating, clear, creative)
- Beliefs and assumptions
- Concentration and mental calm
- *Signal function:* Your mental state influences how you interpret situations.

Using PEM to close your day

A PEM day-closing practice takes 5–10 minutes and helps you:

- Let go of what doesn't need to carry into tomorrow.
- Improve sleep quality.
- Live more consciously without over-analysing.

1. Step 1: Physical (1–2 minutes)

- How does my body feel right now?
- Where do I feel tension or ease?
- What does my body need before sleep?
- *Small actions:* Take 3 deep breaths; Consciously drop your shoulders; Do a short stretch or place a hand on your belly.

2. Step 2: Emotional (2–3 minutes)

- Which emotion was most present today?
- Is there something I haven't fully felt or acknowledged yet?
- What am I grateful for?
- *Key point:* Don't fix, just acknowledge. Example: "I felt tension today, and that's allowed to be there."

3. Step 3: Mental (2–3 minutes)

- What thoughts are still occupying my mind?
- Is there something I can park for tomorrow?
- What was one insight or lesson from today?
- *Helpful tools:* Write down a "to-do for tomorrow" to get it out of your head.
- End with one closing sentence, such as: "For today, this is enough."