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CARING 2.0

TRAUMA-INFORMED CARE TRAINING

FACILITATOR'S GUIDE

Acknowledgement

The Trauma-Informed Care Training Package for Multidisciplinary Teams: Participants' Manual and Facilitator's Guide - has been produced within the framework of the CARING 2.0 project, developed and authored by Suzana Lutolli, Trauma-Informed Care Consultant.

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WELCOME NOTE FROM YOUR TRAINER

Dear Participants,

Welcome Trauma-Informed Care Training. I'm truly honoured to share this space with you.

This is more than a professional development course—it is an invitation. An invitation to Pause, to Reflect and to see the children, young people, and communities we serve with deeper compassion and understanding. It's also an invitation to turn inward, and gently explore how our own stories, emotions, and lived experiences shape the way we show up for others.

Over the next few days, we'll journey together through knowledge, practice, and reflection. Some moments may feel heavy. Others may bring insight, connection, or relief.

Please remember there is no pressure to have the "right" answers here. This is a space for curiosity—not perfection.

As a fellow practitioner, I know how demanding—and how beautiful—this work can be. My hope is that this training leaves you feeling more equipped, more connected, and more confident. Not just in your role, but in your capacity to hold space for others with care, presence, and integrity.

Thank you for being here—with your open mind, your full heart, and your willingness to grow.

Warmest wishes,
Suzana Lutolli
Master Trainer & Author

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INTRODUCTION

This Trauma-Informed Care Training of Trainers is delivered as part of the CARING 2.0 "Multi-disciplinary Prevention of and Response to School-related Violence" project, organised by Terre des hommes Kosovo and funded by the European Union. It responds to an urgent and growing concern: the rise in violence, stress, and emotional dysregulation in schools and services across the region.

This training is not simply about delivering content—it's about equipping professionals to create safe, healing-centered spaces for children and youth. Whether you work in education, health, social work, or justice, your role can become a powerful protective factor in the lives of those you support.

In this training, we begin by exploring the foundations—what trauma is, how it impacts development, and why a trauma-informed approach matter. We then turn to practical skills and relational strategies that help foster safety, connection, and regulation.

This manual will guide you through the sessions, concepts, and activities, and offer tips to support inclusive, emotionally attuned facilitation.

Let's begin this work with intention, integrity, and care.

Who Is This Guide for?

This guide is for trainers, facilitators, and learning leads delivering this trauma-informed care curriculum to professionals working in:

- **Education and early years**
- **Social care and family support**
- **Health and mental health services**
- **Justice and law enforcement**
- **NGOs and community-based programs**

You do not need to be a therapist to deliver this training.

What matters most is your ability to:

- **Create emotional safety**
- **Hold space for learning**
- **Stay connected to the human experience**

If you can do that—with presence and care—you are ready.

What Is Trauma?

According to SAMHSA (Substance Abuse and Mental Health Services Administration), Trauma refers to: *" an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening, and that has lasting adverse effects on the individual's functioning and well-being—whether physical, emotional, social, or spiritual"* (SAMHSA, 2014).

What Is Trauma-Informed Care?

Trauma-Informed Care (TIC) is an approach that recognizes the widespread impact of trauma, understands paths to recovery, and actively works to avoid re-traumatization. It involves integrating knowledge about trauma into policies, procedures, and practices, and places emphasis on safety, trust, collaboration, empowerment, and cultural sensitivity in every interaction. (SAMHSA, 2014).

What Does Trauma-Informed Facilitation Mean?

Facilitating trauma-informed learning is not just about ***what*** we teach. It's about ***how*** we teach.

A trauma-informed facilitator embodies the following:

- **Safety** — emotional, physical, psychological, and cultural
- **Agency** — offering voice, choice, and a sense of control
- **Trust** — built through consistency, honesty, and compassion
- **Curiosity over assumption** — especially in moments of challenge
- **Cultural humility** — acknowledging power, privilege, and difference
- **Self-regulation** — tending to your own nervous system and presence

*✨It's not about fixing or diagnosing. It's about **being with** – with care, with courage, and with an open heart".*

KEY FEATURES OF THIS TRAINING APPROACH

This training is built on a foundation of care, connection, and embodiment. It's designed not just to transfer information, but to transform how we relate—to ourselves, to others, and to the systems we work within.

Core Design Principles

- **Relational over transactional**
  We learn best in connection—not through information overload.

- **Reflective over reactive**
  We create space to pause, ground, and notice what's coming up.

- **Practical and applicable**
  Tools like the **ARC Framework**, **Feelings Wheel**, and **Safety Mapping** are designed for real-life use across diverse roles and settings.

- **Modular and flexible**
  You're encouraged to adapt the language and pacing to fit your context—
  but do not dilute the **core trauma-informed principles** that hold this work together.

- **Body-aware**
  This training acknowledges that trauma lives in the body.
  Movement, grounding, rest, and regulation practices are built in by design.

FRAMEWORKS AND CONCEPTS

The Three E's of Trauma

Based on SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014), Trauma is not defined by a single moment or event—rather, it is characterised by the **presence of three interrelated elements**:

The Event + The Individual's Experience of the Event + The Lasting Effects

This framework—often referred to as the **Three E's**—helps us understand trauma in a more human, nuanced way.

E	What It Means
1. Event	A single incident or a series of events that may be physically or emotionally harmful or life-threatening. This could include violence, neglect, loss, abuse, or displacement. But trauma isn't defined by the event itself.
2. Experience	Two people can go through the same event and respond completely differently. What matters is how the event was felt, understood, and processed by the individual. This is why trauma is so personal.
3. Effect	Trauma has lasting effects on a person's emotional, physical, and relational wellbeing. These effects may show up immediately—or years later—and can impact development, behaviour, learning, health, and trust in others.

✨ ***Trauma is not in the event—it's in the experience and the impact.***

As facilitators, this invites us to shift from simply asking **"What happened?"** to gently wondering: **"How did it affect them—and how can we respond with care?"**

The Four "R"s: Key Assumptions in Trauma Informed Care

SAMHSA outlines four key assumptions that every trauma-informed organization and practitioner should embrace:

Realize

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

Recognize

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

Respond

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

Resist

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

✨ A trauma-informed approach sees safety not just as a condition, but as a feeling.

The Six Core Principles of a Trauma-Informed Approach

SAMHSA outlines Six Core principles of Trauma Informed Care These principles guide how we engage with others, design systems, and deliver services with awareness, compassion, and a focus on safety. They provide a shared foundation for trauma-informed environments, whether in schools, hospitals, NGOs, or community services.

Safety

Ensuring physical, emotional, and psychological safety is essential.
It means creating environments that are predictable, stable, and calm where people feel genuinely safe, not just physically protected.

Trustworthiness & Transparency

Trust is built through clarity, honesty, and consistency. Trauma-informed organizations communicate clearly, set realistic expectations, and follow through. Transparency reduces power imbalances and fosters dignity.

Peer Support

Lived experience is a powerful resource for healing. Peer support normalizes struggle, reduces shame, and creates authentic connection. It reminds us: you are not alone.

Collaboration & Mutuality

Trauma-informed work is not hierarchical—it's relational. Power is shared. Diverse perspectives are welcomed, and everyone is a contributor to safety and change.

Empowerment, Voice & Choice

Trauma often strips away control. Recovery involves restoring agency.
We support people in expressing their needs, making choices, and participating in decisions that affect them.

Cultural, Historical & Gender Responsiveness

Trauma doesn't happen in a vacuum. It is shaped by culture, history, systems of oppression, and identity. Trauma-informed care must actively reflect on bias, acknowledge inequality, and tailor support accordingly.

Why It Matters: Bringing the Principles to Life

When applied with care and consistency, the Six Principles of Trauma-Informed Care are not just concepts—they become guiding anchors for how we show up, how we train, and how we build systems of care.

These principles—Safety, Trustworthiness, Peer Support, Collaboration, Empowerment, and Cultural Responsiveness—are woven throughout this training, from the tone we set in the room to the activities we facilitate and the way we invite reflection.

In practice, they look like:

When working with people:
Creating spaces where emotional and physical safety is prioritised, where every voice matters, and where individuals are met with empathy—not judgment.

In trauma-informed training:
Building in moments for regulation, giving participants choice and voice, avoiding overwhelming content, and creating a learning environment that models the very principles we teach.

Within systems and services:
Designing policies, procedures, and environments that reduce re-traumatisation, value lived experience, promote staff well-being, and seek equity and inclusion in every interaction.

Why This Matters So Deeply

- ✔ Greater engagement and trust from clients
- ✔ Improved outcomes and long-term healing
- ✔ Healthier staff morale and reduced burnout
- ✔ Stronger, safer, more responsive systems

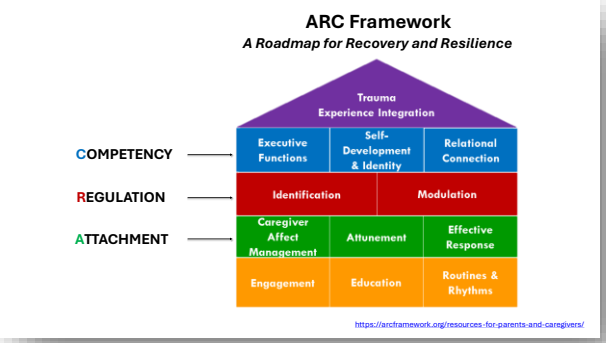
"Trauma-informed care is not what we do to people—it's how we are with people." *— SAMHSA (2014)*

Use this as your compass:

Every action, policy, and word can help someone feel seen, safe, and supported.

The ARC Framework: A Roadmap for Support

The ARC Framework—developed by Blaustein and Kinniburgh (2010)—offers a practical, trauma-informed roadmap for supporting children and youth who have experienced complex trauma.
It focuses on three foundational domains disrupted by trauma:



1. Attachment

Why it matters: *Trauma disrupts safe relationships. Healing begins with rebuilding trust, predictability, and connection.*

What it looks like: *Co-regulation, attunement, consistent caregiving, and emotionally available adults.*

How to support it: *Prioritize relational safety before addressing behaviour.*

2. Regulation

Why it matters: *Trauma overwhelms the nervous system. People may live in a constant state of fight, flight, or freeze.*

What it looks like: *Overreactions, emotional shutdown, difficulty calming down.*

How to support it: *Teach grounding strategies, build a routine, and offer co-regulation before expecting self-regulation.*

3. Competency

Why it matters: *Trauma undermines self-worth and a sense of control.*

What it looks like: *Learned helplessness, poor self-concept, avoidance of challenge.*

How to support it: *Reinforce strengths, offer mastery experiences, celebrate small wins.*

ARC as a Map: Facilitators can use the ARC triangle visually and verbally to help participants "locate" challenges and guide support planning.

The Brain–Body Connection

To understand trauma, we must understand the **biology of survival**. Trauma doesn't just live in memory—it lives in the **nervous system**, in **breath**, in **muscle tension**, and in how the brain processes safety and threat. This training introduces basic neurobiology to help facilitators and participants grasp why trauma-informed care must include the body.

Amygdala Hijack

The amygdala is the brain's alarm system.
When it senses danger—real or perceived—it activates the **fight, flight, or freeze** response. In trauma, this response often overrides the prefrontal cortex (the part of the brain responsible for logic and reasoning), making it harder to think clearly, assess risk, or respond calmly. This is why someone in distress may appear "irrational"—they're not defiant; their survival brain is in charge.

Vagus Nerve and Polyvagal Theory

Developed by Dr. Stephen Porges, Dr. Deb Dana this theory explains how the **autonomic nervous system** responds to safety and threat in a predictable hierarchy:

- **Social Engagement**: Calm, connected, regulated
- **Fight or Flight**: Hypervigilant, anxious, restless, reactive
- **Freeze / Shutdown**: Numb, disconnected, collapsed

Trauma can **trap people in survival states**, even when the danger is no longer present. Recognizing these states helps us respond with empathy rather than judgment.

Somatic Memory

Trauma is not just stored in the mind—it's held in the body. Muscle tightness, shallow breath, changes in posture, and chronic health conditions may all reflect unresolved trauma. Dr. Bessel van der Kolk 's book *"The body keeps the score",* offer great insights on why trauma-informed care must include **grounding, movement, and nervous system regulation**—not just talking or thinking.

Mentalizing: Understanding Behavior from the Inside Out

(Adapted from Fonagy et al., 2002; Allen et al., 2008)

Mentalizing is the ability to understand behavior—our own or others'—by interpreting the underlying thoughts, feelings, needs, or intentions that drive it.

It allows us to shift from reacting to someone's behavior at face value to wondering what might be happening internally. This is especially important in trauma-informed practice, where behaviors often mask distress, fear, or unmet needs.

It's the opposite of jumping to conclusions or taking things personally.

When we lose the ability to mentalize, we may become judgmental, rigid, or reactive and respond to the behavior rather than the human beneath it.

In Trauma-Informed Practice, We Learn to:

⏸ **Pause before reacting**

❓ **Ask**: *What might this person be feeling, needing, or protecting?*

🧠 **Stay curious**, even when we feel frustrated or triggered

Mentalizing helps us reduce blame, increase empathy, and restore connection.

Mentalizing helps shifts the focus from *"What's wrong with you?"* to *"What might be happening inside you?"*

Facilitator Reflection:

Think of a time when you misread someone's behavior.

What shifted when you considered what they might have been feeling or needing?

The Social GRACES Framework

(Developed by Dr. John Burnham, 1993; 2012)

Social GRACES is a reflective tool that highlights how aspects of our **social identity** shape the way we experience the world—including how we experience trauma and healing.

The acronym stands for:

- **G**ender
- **R**ace
- **A**ge
- **C**lass
- **E**thnicity
- **S**exuality
- **S**pirituality / Religion
- **A**bility
- **C**ulture
- **E**ducation
- **S**ocioeconomic Status

These dimensions influence how we are seen, heard, valued or excluded—in different systems and relationships.

As trauma-informed facilitators, we must:

- Reflect on our **own identities** and **privileges**
- Consider what's **visible** and **invisible** about participants lived experiences
- **Center inclusion** by actively questioning bias, assumption, and blind spots

Facilitator note:

This is not about getting it perfect—it's about staying aware, curious, and committed to safety and dignity for all.

Core beliefs behind this training

This training is grounded in a set of **core beliefs** that guide us in how we show up—not just as trainers, but as human beings working in service of others.
These beliefs are **woven through every activity, reflection, and interaction** in this curriculum. They are not slogans—they are mindsets to return to, especially when things feel hard.

The Beliefs:

Connection before correction

Before we can change behavior, we must first create safety.

Regulation before education

A dysregulated brain cannot learn. Calm is a prerequisite for growth.

Curiosity over compliance

Instead of demanding control, we seek understanding.

We don't need to be therapists to be therapeutic

Warmth, presence, and attunement are powerful tools for healing.

Healing happens in relationship

Safety, trust, and growth are co-created. We do not heal alone.

✨ ***These beliefs invite us to lead with presence, not perfection.***

TRAINING-AT-A-GLANCE

This section offers a big-picture view of the training journey. Think of it as your compass—something you can return to as you move through each day, each module, and each moment of facilitation.

The Intent Behind This Training

This training is not just about delivering information— it's about creating a **shared experience** that feels safe, meaningful, and transformative.

It weaves together:

- **Theory** with practical, real-life tools
- **Group reflection** with personal insight
- **Neuroscience** with relational wisdom
- **Inner awareness** with outer action

At its heart, this training brings the **core principles of trauma-informed practice** to life—through how we teach, how we connect, and how we hold space for one another.

The 3-Day Agenda

Day	Theme	Focus	Learning Objectives
Day 1	**Safety & Knowing**	Creating emotional safety, building shared understanding of trauma, and exploring how it affects the brain, body, and behavior.	- Define trauma and toxic stress using the 3E's model - Understand brain-body responses to threat and survival states - Explore emotional safety, regulation, and co-regulation - Reflect on how trauma shapes perception, behavior, and relationships
Day 2	**Empathy &Skills**	Deepening understanding of developmental trauma and building practical, relational skills for trauma-informed practice.	- Identify signs of trauma across different settings and sectors - Explore developmental trauma, ACEs, and their long-term impacts - Practice mentalizing and trauma-responsive communication - Recognize vicarious trauma and cultivate personal resilience
Day 3	**Facilitation & Integration**	Building confidence to adapt and deliver TIC training with integrity and embed trauma-informed principles into systems and cultures.	- Practice trauma-informed facilitation skills and group management - Explore identity-informed care using the Social GRACES - Reflect on your role as a trauma-informed trainer - Plan for adaptation, delivery, and systemic integration in your context

Training Flow: How the Concepts Build

This training is designed as a progression—from understanding trauma, to responding with empathy, to taking ownership of the learning. Each day builds on the last with care, depth, and intention.

Day 1 — Safety & Knowing

We begin by creating a safe and supportive learning environment. Together, we explore the foundations of trauma: how it lives in the body, affects the brain, and shapes emotions and behavior. Using metaphor, movement, and reflection, we shift from judgment to understanding—and begin to see trauma through a more compassionate lens.

Day 2 — Empathy & Skills

We go deeper. This day focuses on how trauma shows up in real-world settings—classrooms, clinics, courtrooms, and community spaces. You'll gain practical tools for responding with sensitivity and skill, while also reflecting on the emotional cost of care. Your own well-being and resilience take center stage as part of sustainable practice.

Day 3 — Integration & Ownership

Now it becomes yours. Through practice, coaching, and collaborative planning, you'll begin adapting this content to your own setting. The focus is on facilitation with integrity, embedding trauma-informed care in your organization, and taking confident steps forward—with tools, a plan, and a network to walk alongside you.

✨ This is more than a training—it's a culture shift, a lens, and a practice that lives in relationships.

Module Overview: 6 Modules in Brief

Module 1: Understanding Trauma and Its Impact

Introduces the foundations of trauma—how it affects the brain, body, emotions, and behavior.

Key tools: Feelings Wheel, Inside Out clip, grounding exercises. Focus is on building emotional literacy and understanding survival responses.

Module 2: Attachment, Safety & Relational Healing

Explores how early relationships shape regulation and trust.

Participants are introduced to the ARC Framework (Attachment, Regulation, Competency) and reflect on what it means to be a "safe adult."

Focus is on co-regulation and the healing power of relationships.

Module 3: Recognizing and Responding to Trauma

Builds skills to recognize trauma beneath behavior and respond with empathy.

Participants explore the Iceberg Metaphor, Window of Tolerance, and Mentalizing to support trauma-informed understanding and communication.

Module 4: Vicarious Trauma & Professional Resilience

Focuses on the emotional toll of caring and how to sustain well-being.

Using tools like the Empty/Full Cup and Stress–Resilience Continuum, participants identify signs of vicarious trauma and explore strategies for resilience.

Module 5: Trauma-Informed Facilitation

Equips participants to lead safe, inclusive learning spaces.

Covers presence, regulation, group dynamics, and managing emotional content.

Highlights pacing, choice, and trauma-sensitive communication.

Module 6: Adaptation & Integration

Supports participants to adapt and deliver the training in their own context.

Focus is on local relevance, cultural sensitivity, and sustainability.

Participants plan next steps for embedding trauma-informed practice in their systems.

This is more than a training—it's an invitation to shift culture, relationships, and systems through empathy, safety, and shared knowledge. Every page of this manual is written with that intention in mind.

PREPARATION GUIDANCE

The space you hold matters as much as the words you speak.

Facilitating trauma-informed learning requires thoughtful preparation—practically, emotionally, and relationally. This section helps you create the right conditions for safety, engagement, and connection.

Trainer Checklist

Before each session, make sure you have:

- **Printed materials** (manuals, reflection sheets, handouts)
- **Slides and tech** (laptop, projector, speakers, extension cords)
- **Interactive tools** (markers, flip charts, post-its, balls or props)
- **Evaluation forms** and /or feedback tools

Emotional Preparation

You are not just delivering content—you are holding space. Ground yourself before the session with a few deep breaths, a walk, or brief journaling. Set the intention to listen with presence and model calm regulation, even when the content feels heavy.

Setting the space

Room layout: Circles or small tables foster connection. Avoid rows if possible.
Lighting: Use natural light or soft lighting where you can.
Quiet zone: If possible, offer a separate space where participants can step out and regulate if overwhelmed.

Co-creating Group Agreements

Use the opening session to invite participants to co-create agreements. These should reflect shared responsibility for emotional safety, confidentiality, mutual respect, and the right to pass or opt out. Revisit these throughout the training if needed.

Safeguarding & Disclosures

Remind participants that this is not therapy, but emotions may surface.
Agree on what to do if someone becomes distressed (e.g., pause, take a break, support options).
Be prepared with local safeguarding contacts and procedures in case a participant discloses serious harm or risk.

Prepare the space not only with materials, but with intention. A trauma-informed facilitator is present, attuned, and prepared for both learning and emotion.

DAY-BY-DAY SESSION FLOW

This section provides detailed guidance for each session over the three days of training. Each session is broken down into clear components to help trainers deliver content in a safe, engaging, and consistent way.

Trainer Belief:

Trauma is not healed through information alone—it is healed through presence, relationship, and felt safety. As trainers, we don't just teach trauma from the head, ***we teach it from the heart****. Healing begins when we hold space that is safe enough for people to feel, be seen, and reconnect with themselves.*

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DAY 1 – SAFETY & KNOWING

DAY 1 - FOUNDATIONS OF TRAUMA UNDERSTANDING

Day One Training Overview

Day 1 lays the emotional and conceptual groundwork for the entire training journey. It is designed to be both understood and felt—an immersive experience rooted in safety, curiosity, and human connection.

Throughout the day, participants explore how trauma shapes the brain, body, emotions, and behavior—both in those they serve and within themselves. This session emphasizes slowing down, tuning in, and creating the conditions for trust, reflection, and growth.

The learning space itself models trauma-informed principles: emotional safety, co-regulation, and the freedom to engage at one's own pace. Participants begin to build a shared language of trauma while connecting the science to the lived experience.

Learning Objectives:

- Understand how trauma affects the **brain, body, behavior, and development**
- Recognize signs of **dysregulation** and survival responses (fight, flight, freeze, fawn)
- Explore key trauma-informed frameworks (SAMHSA's 6 Principles, the Four R's, ARC)
- Reflect on the **importance of emotional safety** in professional settings
- Begin noticing how their **own presence** supports or challenges safety in others

Materials & Resources

- Projector and slides
- Printed manuals and handouts (e.g. Feelings Wheel, reflection sheets)
- Flipcharts, markers, sticky notes
- Speakers and video clip (*Inside Out*)
- Props for activities (cups, softballs, etc.)
- Feedback and evaluation forms

Frameworks & Concepts introduced

- SAMHSA's Six Principles
- The Four R's (SAMHSA, 2014)
- ARC Framework
- Neurobiology of Trauma
- Mentalizing

Facilitator Note:

*Today is about safety, language, and connection. Let participants know they are not expected to "master" trauma theory. Instead, invite **presence, pause**, and **openness** as they begin the journey.*

Facilitator notes and script- slide by slide

Session 1: Welcome, Introductions & Group Agreements (Slides 1,2&3)

Slide 1. Front Cover opening slide

Time Suggested: 10 minutes

Purpose

To open the space with warmth, clarity, and a felt sense of emotional safety. This first moment sets the tone for trust, presence, and permission to be fully human.

What to say: (Example – Adaptable to Your Voice)

"Good morning and welcome. I'm truly glad you're here.
Today we begin a journey—not just to learn about trauma, but to reflect on how we connect, how we care, and how we hold space—for others and for ourselves."
"This is not a therapy space, but it is a human one. Emotions may come up. You're not expected to share personal stories—only to show up as you are, and to take care of yourself in whatever way feels right."
"There's no perfect way to participate. Curiosity is welcome. Silence is welcome. This is a space of presence, not performance."

Facilitator Tips

- **Arrive grounded.** Take a breath before you begin—your calm helps set the tone.
- **Use open body language.** Make soft eye contact and keep your posture relaxed and warm.
- **Emphasize emotional safety.** Let participants know their dignity and agency are priorities.
- **Normalize the full range of emotional states.** Welcome nervousness, distraction, or joy—nothing needs to be "fixed."

Slide 2. Introduction& Best Worst Activity

***Time Suggested**: 10-15 minutes*

***Materials Needed:** Optional: a small object to pass (ball, talking stick)*

Purpose

Introductions and to gently connect the group and create emotional presence by inviting participants to share how they're arriving—without pressure or expectation.

Activity instructions: Best & Worst of the Week

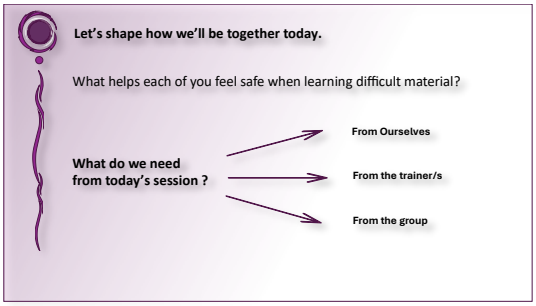
Participants sit in a **circle**. Each person is invited to briefly share:
The **best** part of their week
The **most challenging** part
Emphasize that **lightness is welcome**. This is about arrival, not deep sharing.

What to Say

"This is just a gentle way to connect and honour that each of us brings something into the room today—energy, stress, joy, or hesitation. All of it belongs."

💡 Facilitator Tips

- **Go first**. Use a simple, light example (e.g., "My name is …..The best part of my week was a quiet coffee. The worst was heavy traffic.")
- If someone chooses not to speak, affirm that choice with kindness and without pressure.
- Be attuned. If energy is heavy, name it gently and offer grounding.



Slide 3: Group Agreements – "What Do We Need to Feel Safe Together?"

Time Suggested: 10–15 minutes

Materials Needed:

- 3 flipcharts or large sheets of paper
- Markers (multiple colors)
- Sticky notes for optional use

Purpose

To co-create a sense of **shared responsibility for emotional safety** by inviting participants to name what they need—from themselves, the group, and the trainers.

Instructions

Label 3 flipcharts:

1. **What I need from myself** (example: permission to take breaks, honesty, presence)
2. **What I need from the group** (example: confidentiality, no interrupting, respect)
3. **What I need from the trainers** (example: clarity, encouragement, kindness)

💡 Facilitator Tips

- Frame this as **shared ownership of safety**
- Paraphrase contributions with warmth to show active listening
- Invite participants to **star or nod** at things that resonate—this builds group coherence
- Revisit the agreements if safety wavers or norms need reinforcement later

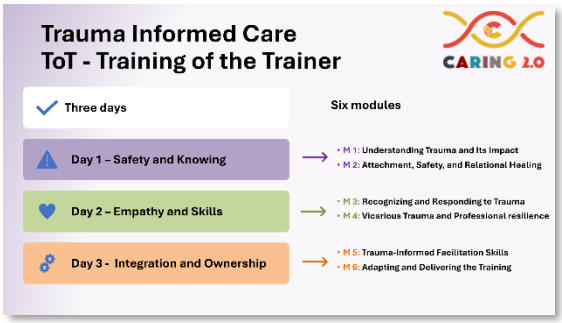
Invite participants to **move around the room** and:

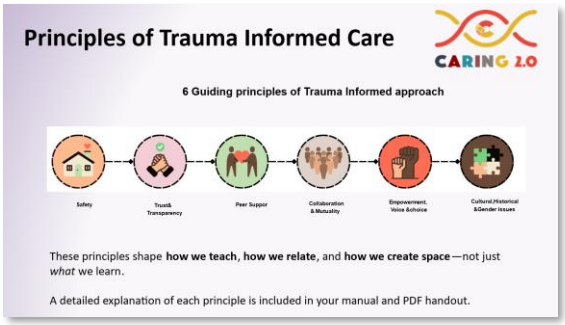
- Write directly on the flipcharts
- Or place a sticky note with their contribution

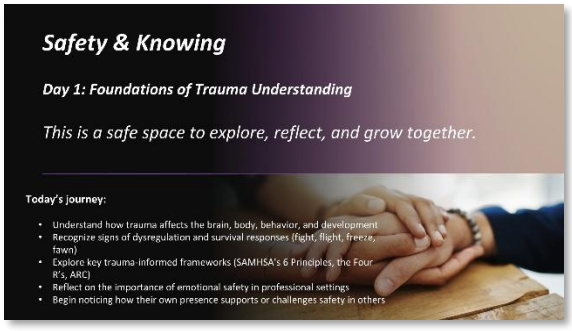
Debrief

- Read aloud a few contributions from each flipchart
- Acknowledge overlaps and common values
- Keep the flipcharts visible during the training and refer back when needed

Overview of the Training and Learning Objectives for day 1 (Slides: 4 , 5, 6)







Slides 4,5&6: Learning Objectives – Day 1 Overview

Time Suggested: 5–10 minutes
Slide Type: Content Slide – Framing the Day

Purpose

To orient participants to the **learning journey for Day 1**, helping them understand what to expect, how content will flow, and how the day connects to their real-world work.

Key Message to Convey

"We're not rushing into content—we're moving with care. This day is about building the foundations: safety, awareness, and shared understanding."

What to say (Example)

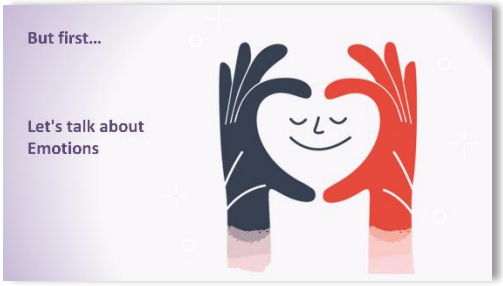
"Let's take a moment to look at where we're headed today.
Today is about laying the groundwork. We'll explore what trauma is, how it affects the brain and body, and why understanding trauma is essential to the work we do across services and systems."
*"Our focus today is also on **emotional safety**.*

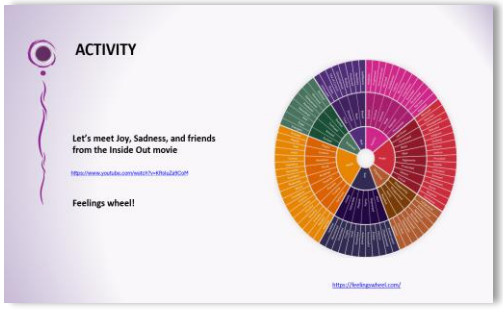
Facilitator Tips

- **Keep it brief** – this slide is about orientation, not deep detail
- **Emphasize process over performance**… growth will happen over time
- **Offer reassurance** – "There's a lot of content ahead, but we'll move through it together, with time to reflect."
- **Anchor with a pause** – Invite one breath before continuing to the next slide

Module 1: Understanding Trauma and Its Impact

Session 2: Emotions and Safety (Slides: 8&9)





Slides 8 & 9: ACTIVITY- "Inside Out"

Materials Needed

- Inside Out Clip – YouTube
- Printed Feelings Wheel handouts
- Pair-Share Reflection Sheet (or blank paper for notes)

Suggested Time Breakdown

Clip + quiet reflection- 10 mins; Pair-share conversation-15 mins, Group debrief + safety link-20 mins

Purpose

To support emotional literacy and body awareness—core elements of trauma-informed care—through a creative and reflective activity.

What to say:

Introduce the Clip: "Let's meet Joy, Sadness, and friends from Inside Out—a playful way to connect with emotions."
Quiet Reflection: After the clip, invite participants to explore the Feelings Wheel:
"What emotions stood out?
Where do you feel them in your body?"
Pair Share (Walking Optional)
Hand out the Pair Share sheet:
"Take 10–15 minutes in pairs to explore the questions. Feel free to walk and talk."

Debrief

Invite brief sharing, then say: "Emotions are signals, not problems. Awareness builds emotional safety—for ourselves and **others.**"

💡 Facilitator Tips

- Normalize all emotional responses—laughter, discomfort, tears.
- Use the Feelings Wheel yourself during the debrief to model emotional language.

Slide 10 – Emotions & Emotional Safety

Suggested Time: 15 minutes

Materials Needed: None (slides only)

Purpose - Closing *the session*

To help participants understand why emotional awareness is central to trauma-informed care, and to introduce emotional safety as the foundation for healing, regulation, and connection.

What to say:

"Let's begin with one of the most powerful truths in trauma-informed practice:
To understand trauma, we must first understand emotions."

"Why? Because trauma doesn't begin with a thought—it starts as a feeling, a body sensation, a perceived threat. Our nervous system responds long before the thinking brain catches up."
"Emotions are not the enemy. They are messengers. But when we ignore or suppress them, we miss what they're trying to tell us."
"To feel fully, we need to feel safe. ***Emotional safety*** *is not just about avoiding harm—it's about cultivating spaces where people can show up as they are, without fear of judgment or rejection."*
"For those with trauma histories, that kind of safety may feel unfamiliar—but it can be deeply healing. When we bring presence, empathy, and calm, we help others regulate. That's when connection happens. That's when healing begins."

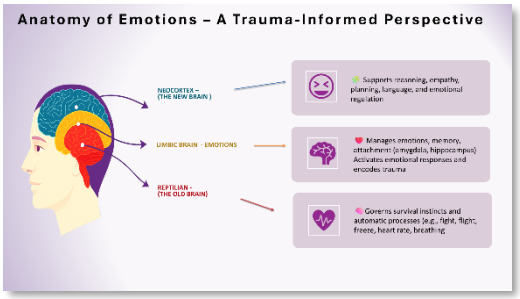
💡 Facilitator Tips

- Model emotional safety with your tone, body language, and presence
- Pause briefly after this section for quiet reflection—no pressure to share
- Normalize a full range of emotional responses, including discomfort or resistance

Session 3: Anatomy of emotions, brain and body (slides 11-14)

Purpose

To introduce participants to the basic structure of the brain and how emotional responses are shaped by neurobiology. This builds understanding of why trauma responses are instinctive, not intentional.



Slide 11– Anatomy of Emotions: A Trauma-Informed Perspective

Suggested Time: 10 minutes

Materials Needed: None

What to say

"Let's take a moment to explore how the brain processes emotions—especially under stress. Understanding this helps us make sense of trauma responses in ourselves and others."

"This slide shows three key parts:

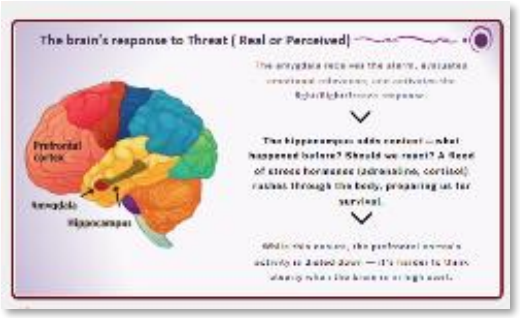
- The **reptilian brain** (our survival system—fight, flight, freeze)
- The **limbic brain** (our emotional center—fear, joy, anger)
- The **neocortex** (the 'thinking' brain—logic, language, planning)"

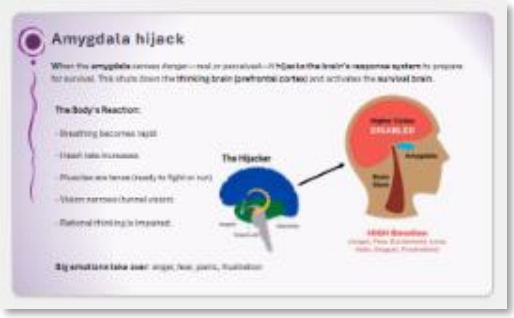
"When the brain senses threat, the emotional and survival systems take over. That's not a failure—it's protection. Trauma interrupts the connection to our thinking brain."

"This is why we say: Emotions come first. Logic comes later. And safety is what reconnects the two."

💡 Facilitator Tips

- Use simple analogies like 'alarm system' (amygdala) and 'thinking cap' (prefrontal cortex)
- Keep the tone light—this is not a science lecture but a tool for empathy
- Emphasize that trauma responses are automatic, not chosen





Slides 12 and 13 – The Brain's Response to Threat & Amygdala Hijack

Suggested Time: 15–20 minutes

Materials Needed: None

Facilitator Script (Suggested Language)

"Now let's go a little deeper into the brain's survival response. When the brain perceives threat—whether real or not—it activates the ***amygdala****, our built-in alarm system."*

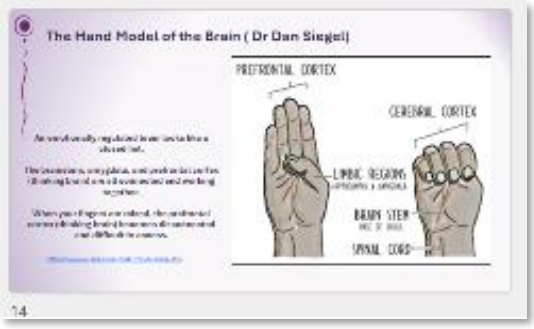
"The amygdala doesn't pause to reason—it scans for danger and activates our fight, flight, or freeze response before we're even aware."

"The ***hippocampus*** *adds context—what happened before? Have we been here before?"*

"If the body believes we're unsafe, it floods with stress hormones like adrenaline and cortisol to prepare us to react quickly."

"In this moment, the ***prefrontal cortex****—our 'thinking brain'—goes offline. That's why it can be hard to think clearly, make decisions, or learn under stress."*

"This is sometimes called an ***amygdala hijack****. It's not weakness—it's biology. And it shows up in children and adults alike."*



Slide 14- the hand model of the Brain (is optional and a further demonstration.
Suggested Time: 5 minutes

Materials Needed: Hand gesture. Video:

https://www.youtube.com/watch?v=ZcDLzppD4Jc

Facilitator Tips

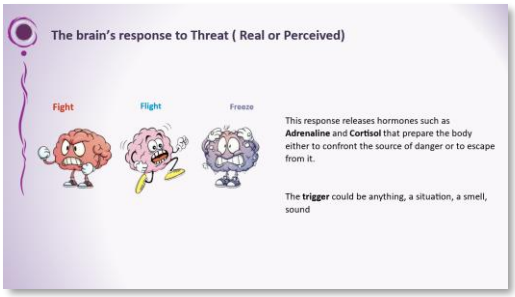
- Use relatable language: “alarm system,” “thinking cap,” “body’s emergency brake”
- Invite curiosity, not judgment—especially if participants recognize themselves or others in this response
- Normalize the experience: “This happens to all of us. The key is learning how to return to safety.”

Session 4: The brain's response to Threat & dysregulation (Slides 15- 21)

Suggested Total Time: 15–20 minutes / Materials **Needed:** None

Purpose

To deepen understanding of how the brain responds to both real and perceived threat, and to introduce the concept of trauma triggers. This section helps participants recognize trauma responses as instinctive, protective, and often misinterpreted.



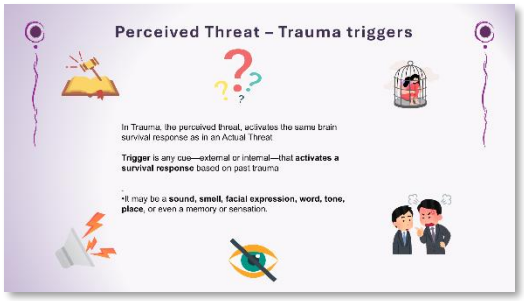
Slide 15– The Brain's Response to Threat (Fight / Flight / Freeze)

What to say: *"When we feel unsafe—like when someone shouts or we hear a sudden loud noise—our body reacts instantly. Heart races, muscles tense, breathing changes. That's the fight, flight, or freeze response kicking in. It's automatic—and it's our body's way of trying to protect us."*

Slide 16– Real Threat

What to say:

"This makes perfect sense when the danger is real—like fire or physical harm. In these moments, survival mode helps us act fast and stay safe."



Slide 17 – Perceived Threat / Trauma Triggers

What to say:

"But the brain doesn't always know if a threat is real or just a reminder of something painful. A smell, a sound, a look—these can all trigger a survival response.

That's what trauma does: it wires the body to respond to the past, as if it's still happening now.

Being trauma-informed means recognizing these signs and creating safety—physically and emotionally"

Slide 18: Four Types of Trauma Responses to Threat

Suggested Time: 10–15 minutes

Materials Needed: None

Purpose

To introduce participants to the four common survival responses—Fight, Flight, Freeze, and Fawn—and how they show up in behavior. This helps reduce stigma and increase compassion for automatic trauma responses.

What to say (Suggested Language)

*"When we feel unsafe, our nervous system kicks in to protect us. Most people are familiar with **fight**, **flight**, or **freeze**—but there's a fourth response called **fawn** that's just as important."*

"Let's break them down briefly:

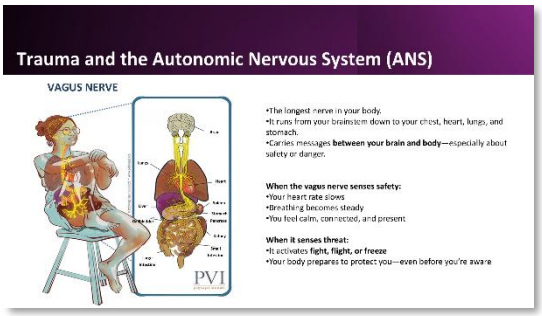
- ***Fight**: looks like anger, control, or defensiveness. It's trying to overpower the threat.*
- ***Flight**: feels like anxiety, panic, or restlessness. It's trying to escape.*
- ***Freeze**: is shutting down, going numb, or dissociating. It's about being stuck.*
- ***Fawn**: is people-pleasing, losing your boundaries, or trying to stay safe by keeping others happy."*

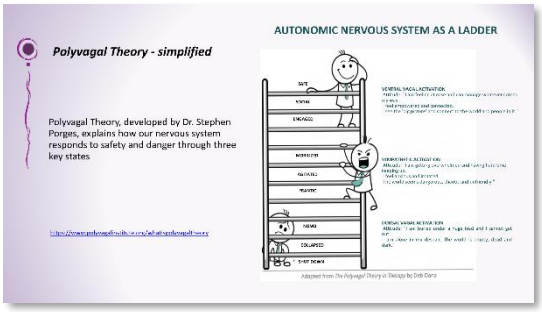
*"These are not choices—they're **survival strategies**. And they're shaped by what's worked in the past, especially in childhood or trauma."*

"Trauma-informed care means recognizing these behaviors not as problems, but as signals—and responding with curiosity and compassion."

💡 Facilitator Tips

- Normalize all four responses as common and human
- Avoid labeling responses as "bad"—each served a purpose
- Invite optional reflection: "Which of these do you recognize in yourself or those you support?"
- If time allows, connect this with earlier content on the nervous system (e.g., Polyvagal Theory)





Slides 19 & 20 – Vagus Nerve & Polyvagal Theory

Suggested Time: 15–20 minutes

Materials Needed: None (optional: body diagram printouts or hand tracing activity)

Purpose

To introduce how the nervous system interprets safety and threat through the vagus nerve and Polyvagal Theory. This helps participants understand trauma responses not as choices, but as nervous system reactions—and introduces ways to support regulation and healing.

What to say (Suggested Language)

*"Let's talk about how the body senses whether we're safe—or in danger. It happens before we're even aware of it, thanks to something called the **vagus nerve**."*

"The vagus nerve is the longest nerve in our body. It connects the brain to the heart, lungs, stomach—carrying messages both ways."

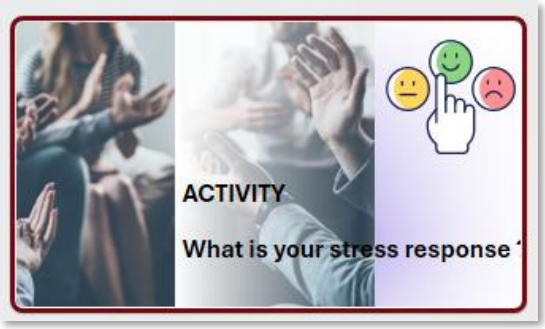
*"When the vagus nerve senses safety, we feel calm, grounded, connected. But when it senses threat—even a small one—it prepares us to survive. That means activating **fight, flight, or freeze** responses."*

(Move to the next slide)

*"This leads us into **Polyvagal Theory**, created by Dr. Stephen Porges. It shows how the nervous system moves between 3 states—think of it like a ladder:*

- *At the top, **Ventral Vagal**: we feel safe, engaged, connected.*
- *The middle, **Sympathetic**: we're in fight or flight—anxious, angry, or overwhelmed.*
- *At the bottom, **Dorsal Vagal**: we shut down or collapse when we feel helpless or hopeless."*

"We all move up and down this ladder. Trauma can keep people stuck in the lower states. But with the right tools—breathing, co-regulation, movement—we can help the body return to safety."



Slide 21 – Activity: What Is Your Stress Response?

Time: 10–12 minutes

Materials: 4 flipcharts (Fight, Flight, Freeze, Fawn) + marker

Purpose

To build self-awareness around how we respond to stress and normalize survival responses.

What to Say:

"When we're stressed or overwhelmed, our body takes over to protect us. That response looks different for each of us—and that's okay."

"There's no right or wrong here. These are survival patterns shaped by experience."

Instructions

Step 1 – Quiet Reflection (3–5 min)

Ask participants to reflect or journal:

When I feel overwhelmed, do I…

Fight – get angry, controlling, or push back?

Flight – escape, stay busy, or avoid?

Freeze – shut down, go blank, or dissociate?

Fawn – people-please or lose my boundaries?

Step 2 – Flipchart Walk & Share (5–7 min)

Invite participants to stand by the flipchart that fits their usual stress response.

In small groups, ask:

"Which response do you relate to most?"

"How does it show up for you—in your body or actions?"

💡 Facilitator Tips

- Normalize mixed patterns (e.g., "I freeze at home, but fight at work.")
- Emphasize this is **not diagnostic**—just an opportunity to notice

  Say:
- "These are your body's protectors. Understanding them helps us respond, not react. Greater awareness leads to greater choice and compassion."
- Keep it optional: Invite, don't pressure. Silence is okay.

Session 5: Emotional Regulation (Slides 22- 26)

Slides: 22,23 & 24 – Emotional Regulation & Why It Matters

Suggested Time: 10–15 minutes

Materials Needed: None

Purpose

To help participants understand what emotional regulation is, why it can be difficult during trauma responses, and why it's essential in trauma-informed practice.

What to say:

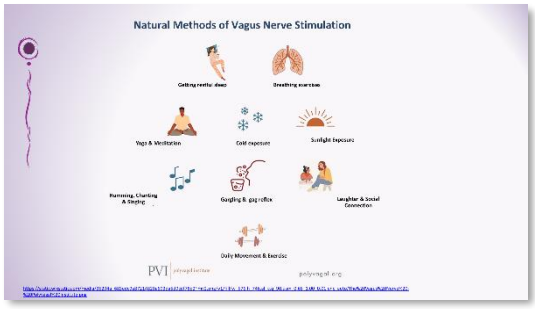
Slide 22 – Emotional Regulation

*"Emotional regulation means being able to stay steady during big feelings. It's not about suppressing emotion—it's about recognizing and working with it so we can **respond**, not just react."*

*"In trauma, the nervous system is always on high alert. The moment a threat is sensed—real or not—the **amygdala activates**, and the **thinking brain goes offline.** This is what we call an amygdala hijack."*

"That's why it's hard to regulate in the middle of a stress response. The body floods with emotion and survival energy, and logic or empathy becomes unavailable."

"This is especially common in people with trauma histories—their systems are doing their best to stay safe, even when the danger isn't present anymore."



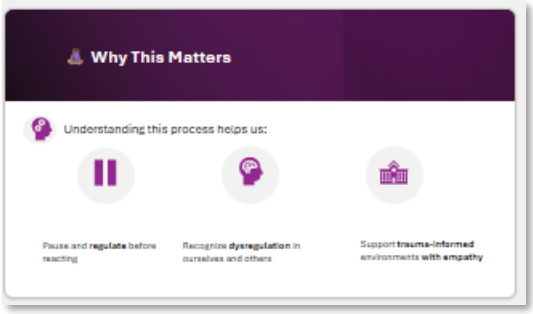
Slide 23: Natural methods of Vagus nerve stimulation

"The vagus nerve is like the body's internal safety switch—it tells our nervous system whether we're safe or in danger."

"These simple, everyday practices can help stimulate the vagus nerve and support nervous system regulation."

"Some methods—like deep breathing, singing, or gentle movement—can be done anytime, even in the middle of a stressful day. Others, like quality sleep or sunlight, are part of long-term resilience."

"Notice which ones you already use—and which ones you might want to try more often.



Slide 24 – Why This Matters

"Why is this important? Because understanding regulation helps us pause, notice, and shift. It helps us see what's really going on beneath someone's reaction."

"When we understand how stress hijacks the brain, we stop judging people for their behavior. We start supporting them—with empathy, not control."

"Regulation is foundational to trauma-informed care—both for the people we support and for ourselves as practitioners."

Slide 25– Emotional Regulation in Action

Suggested Time: 5-10 minutes

Materials Needed: none

Optional soft instrumental background music

Chairs (ensure participants are seated comfortably)

What to say

"Regulation is the foundation of healing. Before we can think, talk, or even listen—our nervous system needs to feel safe enough."

"This slide shows everyday ways people return to balance: - Naming their emotions, - Taking a breath or short break, - Going for a walk or reaching out to someone, - Practicing mindfulness or grounding"

"These are small, simple strategies—but they can shift our nervous system from survival mode to safety. And when we model them, others learn through us."

"There's no one-size-fits-all. What helps me may not help you. But the important thing is: regulation is not just possible—it's learnable."

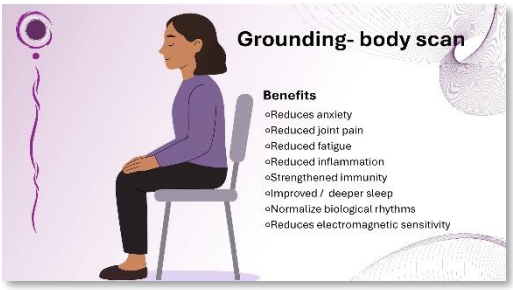
💡 Facilitator Tips

- Reinforce that **emotional dysregulation is not a choice**—it's a nervous system response
- Share personal or relatable examples (e.g., "I notice I hold my breath when I get overwhelmed")

  Ask: "What helps you feel steady again when you're upset or activated?"

Transition to activity >

"Let's try one together: a short **body scan grounding** exercise. This helps us come into the present and listen to what our body is telling us."



Slide 26 – Grounding: Body Scan Activity

Suggested Time: 5-7 minutes

Materials Needed:

Quiet environment

Optional soft instrumental background music

Chairs (ensure participants are seated comfortably)

Facilitator Note: Introduce it gently. Let participants know this is optional and they are in full control. Encourage comfort—eyes open or closed, seated or standing.

Scripted Instructions: Body Scan (5–7 minutes)

- *"Let's begin by finding a comfortable position. You can sit back in your chair, feet flat on the floor, hands resting gently. You may close your eyes if you wish, or keep them open with a soft gaze."*
- *"Start by noticing your breath. No need to change it—just observe. Inhale… and exhale…"*
- *"Bring your awareness to the top of your head. Notice any sensations… tension… or stillness. Just observe without judgment."*
- *"Now gently move your attention to your face… your jaw… your shoulders. Are you holding anything there? If so, see if you can let it soften—even just a little."*
- *"Scan down your arms… hands… and fingers. What do you notice?"*
- *"Move your focus to your chest… your belly… your back. Feel the support of the chair beneath you."*
- *"Bring attention to your hips… legs… knees… all the way down to your feet on the ground."*
- *"Take a moment here. Feel your whole body. You're here. You're safe. You're allowed to slow down."*
- *"Take one more deep breath in… and slowly exhale. Gently wiggle your fingers or toes as you begin to come back. When you're ready, open your eyes."*

Session 6: Defining trauma and how it affects us (Slides 27 – 33)

Slide 27: Defining Trauma

Timing: 10–15 minutes

Materials Needed: none

What to say:

"Let's start by grounding ourselves in a core definition of trauma. According to SAMHSA, trauma refers not just to what happens to someone, but how that event affects their body, mind, and daily functioning. Trauma isn't just about danger—it's about how overwhelmed the person feels during or after the event."

Slide 26: What Happens Inside You

What to say:

"Dr. Gabor Maté reminds us: 'Trauma is not what happens to you, but what happens inside you.' This quote shifts our focus inward. Trauma affects our physical body, our emotional world, and even how we think and learn. These effects can be long-lasting, even when the traumatic event is over."

Facilitator Tips:

Walk through the physical, emotional, and cognitive effects briefly.

Slide 29: The Nature of trauma

What to Say (Optional):

"Trauma is sadly widespread. Most people will experience at least one traumatic event in their lifetime. It doesn't discriminate. It can be personal, generational, or collective—and it affects how we show up in life and relationships."

Facilitator Tips

Let this slide speak for itself as a moment of reflection. You can simply say, "Let's take a moment to absorb this—trauma is common, but so is the possibility of healing."

Slide 30: What Makes Something Traumatic? - The three E's of Trauma

Timing:

5–7 minutes

Purpose: To help participants understand that trauma is not defined by the event alone, but by how the individual experiences it and the long-term impact it leaves behind.

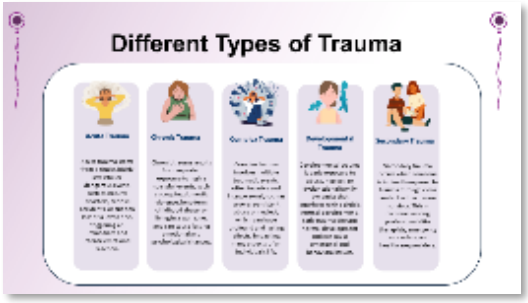
What to Say:

"Let's break this down—trauma is not only about the event itself. It's also about how that event was experienced and the effect it had. Two people can go through the same event but have very different outcomes based on what support they had, how safe they felt, and what they brought into the moment."

Facilitator Tips:

Briefly explain each column:

- The Event: An external incident or threat (e.g. accident, loss, abuse).
- The Experience: The person's felt sense—were they overwhelmed, trapped, or unsupported?
- The Long-Term Effect: Changes in emotions, thoughts, behaviors, or physical health that persist.
- Reassure: Not all difficult events lead to trauma—context matters.



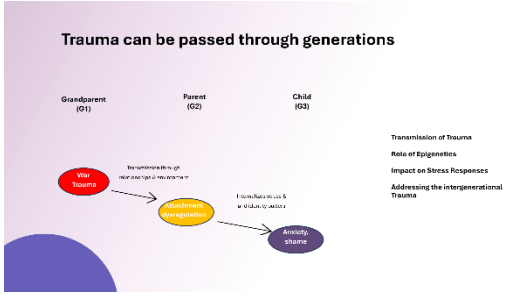
Slide 31: Different types of trauma
Time Suggested: 10 minutes

What to say:

"Trauma comes in many forms. It's not always a single big event—it can be prolonged, cumulative, or even inherited. Let's explore five key categories of trauma to deepen our understanding of how varied and complex trauma can be."

Facilitator Tips:

- Briefly introduce each category (Acute, Chronic, Complex, Relational, and Intergenerational), using relatable examples.
- Emphasize that some people experience overlapping types.
- Normalize that trauma responses may vary by type and context.



Slide 32 – Intergenerational Trauma
Time Suggested: 5 minutes
What to say:

"Trauma doesn't just live in the moment—it can echo through generations. This slide illustrates how unhealed trauma can impact parenting, relationships, and even stress biology over time.

Facilitator Tips:

- Keep it visual and brief; this is a transitional slide.
- Use lived experience or cultural context examples if relevant.

You can mention epigenetics or relational transmission depending on the group's background

Slide 33 – Activity: Identifying Trauma Types through Scenarios

Time Suggested: 15–20 minutes

Materials:

Case Study Handout (Activity 2: Trauma Case Studies)

- Flipchart or whiteboard
- Markers

Instructions:

1. Divide the group into 4 small teams.
2. Give each team a different case scenario.
3. Ask them to read the case and identify:
    - Which type(s) of trauma might be present
    - How they know
    - What might be needed to support the individual
4. Ask them to jot down 2–3 key takeaways or observations.
5. Allow 2 minutes per group to share back in plenary.

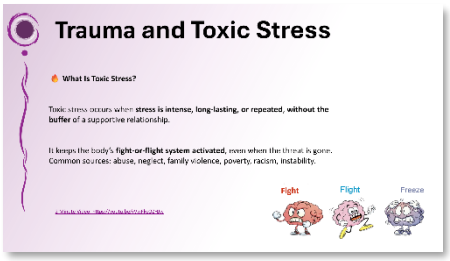
Facilitator Debrief & Key Messages:

- **Help** connect behaviors to trauma types gently and non-pathologizing.
- **Remind:** "Trauma often shows up through behavior, not words."
- **Emphasize** that understanding types of trauma improves empathy and response.

Optional Prompt:

"What surprised you about how trauma might show up differently across people?"

Session 7: Trauma, Toxic Stress & Body Mapping (Slides 35-40)



Slide 35: Trauma and Toxic Stress

Suggested Time: 6–8 minutes

Materials: video link https://youtu.be/rVwFkcOZHJw?si=FYJ-s2hxiB7hJLgk

Purpose:
To introduce the concept of toxic stress and explain how it activates the nervous system when relational buffering is absent.

What to say:

"Toxic stress happens when stress is strong or ongoing—and we don't have someone to help us feel safe or supported. Without that buffer, our nervous system stays in fight, flight, or freeze—even after the threat is gone. Let's watch a short video that illustrates this." Play 2-minute video: https://youtu.be/rVwFkcOZHJw

Slide 36 – Why Toxic Stress Matters in Trauma Informed care

Suggested Time: 5–7 minutes

What to Say:

"Toxic stress affects the brain—especially in children whose systems are still developing. It disrupts learning, emotional regulation, relationships, and health. Without the right support, it can lead to anxiety, behavioral challenges, and health issues that last into adulthood. That's why trauma-informed care is so critical—it helps us see beneath the behavior."

Facilitator Tip:

- Highlight that it's not the stress alone, but the lack of buffering relationships that makes it harmful.

Slide 37: Not All Stress is Bad

Suggested Time: 5–7 minutes

What to say:

"Our nervous system can recover from stress when we feel connected and supported. Safe relationships are the antidote to toxic stress."

Facilitator Tip:

- Invite participants to reflect on a time they overcame a challenge with someone's support.
- Use this slide to prepare them for the personal nature of the next activity.

Slide 38 – Prolonged Stress Becomes Toxic

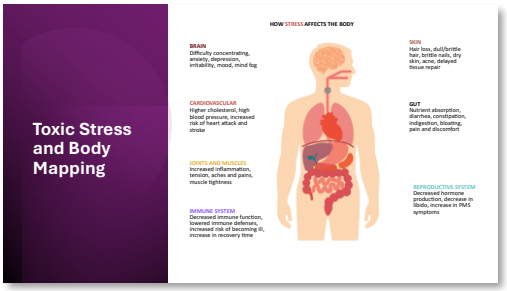
Suggested Time: 5–7 minutes

What to say:

"When stress doesn't stop, our body stays in survival mode. Over time, this creates wear and tear on our systems—what's known as allostatic load."

Facilitator Tip:

- Avoid over-pathologizing. Clarify that healing is possible.



Slide 39: How Stress Affects the Body

What to Say:

*"Stress doesn't just live in the mind—**it's held in the body**. Let's explore where we might carry tension, illness, or exhaustion that's connected to long-term stress."*

Prepare participants for the activity on the next slide (Slide 41). Keep the tone gentle—some may feel vulnerable.

Slide 40: Activity: Body Mapping

Materials: body outline worksheet
Suggested Time: 15–20 minutes
Purpose: Help participants make the mind–body connection by exploring where they carry stress or emotion in their body.

Instructions:

1. **Set the Scene (2 min):** *"We're going to slow down and reflect on how our bodies respond to stress. You'll receive a blank body outline. This is a personal reflection—there's no pressure to share."*
2. **Body Mapping (10–12 min):** Ask participants to draw or write where they notice stress shows up in their body (e.g., tight jaw, tense shoulders, headaches).
   They can use color to show different sensations (e.g., red for heat or tension, blue for numbness). Optional: play soft instrumental music in the background.
3. **(Optional) Pair Share (5 min):** Invite those who wish to pair up and share 1–2 insights or surprises.
4. **Debrief (5 min):** *"What did you notice?" "Was it easy or hard to tune into your body?"* Normalize a range of responses—including emotional or numb reactions.

Facilitator Tips:

- Remind: this is not about accuracy, it's about personal awareness.
- Validate emotions that may arise—offer breaks or grounding if needed.
- **Provide a short energizer activity afterwards to regulate the energy.**

Module 2: Attachment, Safety and Healing

Session 8: Trauma and relationships, the role of attachment (Slides 41- 46)

"In the next session, we'll explore the powerful role of relationships and attachment in healing from trauma."

Key Concepts:

- **Trauma occurs in relationships—and so does healing**
- **Importance of emotional presence and attuned care**
- **Co-regulation as a pathway to nervous system safety**

Slide 41 – entry slide

Slide 42: Trauma and Relationships

Suggested Time: 3–4 minutes
Materials: None required
Purpose: To highlight the central role of relationships in both trauma and healing.

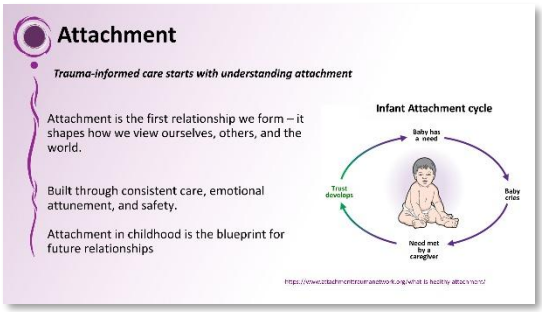
What to say:

"Trauma often begins in the context of broken or unsafe relationships—and so, healing must also happen in relationships."

"This quote reflects what we now know from relational neuroscience: safe, attuned relationships are powerful agents of change."

"As Dr. Bruce Perry says: it's not the technique, but the connection, that heals."

(Optional reflection: "Who has helped you feel safe, seen, or supported?")



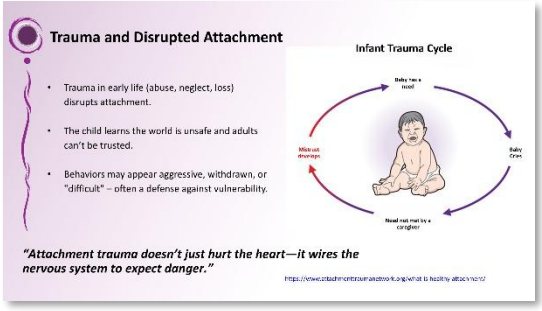
Slide 43: Attachment

Suggested Time: 5–6 minutes
Materials: Flipchart (optional for group brainstorming)

Purpose: To introduce attachment as the foundation of emotional and relational development.

What to say:

"John Bowlby, the father of attachment theory, taught us that humans are biologically wired for connection. From birth, our survival depends on the presence of a responsive caregiver."
"Attachment isn't just a childhood concept—it's a lifelong blueprint. When our early relationships are consistent, warm, and attuned, we learn that the world is safe and that we are worthy of love."
"Recent neuroscience and trauma research confirms that secure attachment supports emotional regulation, resilience, and the ability to build healthy relationships across the lifespan." ***[Point to the Infant Attachment Cycle:]***
"This simple cycle—cry, comfort, calm—is how the brain learns trust. When repeated, it wires the nervous system for connection. When missing or inconsistent, the brain adapts for protection."



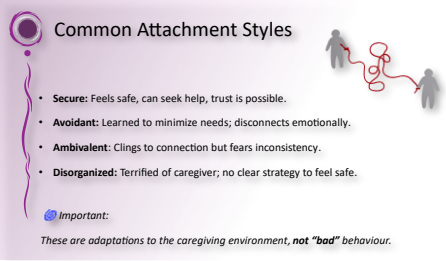
Slide 44: Trauma and Disrupted Attachment

Suggested Time: 5–7 minutes
Materials: Journals (optional for personal reflection)

Purpose: To explain how trauma in early life disrupts the attachment cycle and shapes behavior.

What to say:

"When care is inconsistent or unsafe, the attachment cycle is interrupted. The child learns: 'I can't trust. I need to protect myself.'"
"This leads to survival behaviors that may look aggressive, withdrawn, or 'difficult'—but they're actually defenses against vulnerability."
Attachment trauma doesn't just hurt the heart—it wires the nervous system to expect danger.
(Pause here for quiet reflection or group input.)



Slide 45: Common Attachment Styles

Suggested Time: 8 – 10 minutes

Materials: Markers and flipchart (optional for group sorting activity)

Purpose: To explore the four main attachment styles and reframe them as adaptations—not flaws.

What to Say:

"These are four common attachment styles—patterns we develop to feel safe, based on our early caregiving environments."
"None of these are good or bad. They're simply adaptations to what was available."
"When care is consistent and emotionally attuned, secure attachment can form. When it's inconsistent, unsafe, or absent, children learn to adapt in ways that help them survive: they may disconnect (avoidant), cling (ambivalent), or become confused and fearful (disorganized)."

*"This lens helps us shift from **judgment to compassion**—especially when working with people whose behaviors may feel confusing or 'challenging.'"*

Facilitator Tips:

Normalize variation:
"Reassure participants that most people don't fit neatly into one category, and that attachment patterns can change over time with safe relationships and healing."

Be mindful of self-reflection:
"Some participants may start identifying their own style or reflecting on early relationships. Remind them to engage only to a level that feels safe, and that this is not about labeling or diagnosing anyone."

Optional group activity idea:
"Invite small groups to discuss or sort example behaviors (e.g., 'avoids asking for help,' 'worries about being left out') into each style, then reflect on how those behaviors might serve a protective purpose."

Slide 46: Activity – What Is My Attachment Style?

Suggested Time:
15–20 minutes (10 minutes reflection + 5–10 minutes optional sharing)
Materials:
Attachment Style Reflection Handout (one per participant) +Pens or journals

Purpose:
To support deeper self-awareness and understanding of how early attachment patterns may shape present-day behaviors, especially in caregiving or professional roles.

What to Say:
"Each of us develops ways of connecting to others based on early relationships. These patterns—called attachment styles—aren't about right or wrong, but about how we learned to stay safe, get our needs met, or protect ourselves.
This reflection is not about labelling yourself. It's about noticing patterns with curiosity and compassion."

Instructions:
Hand out the worksheet.
Invite participants to quietly reflect on the descriptions and prompts.
Encourage journaling or note-taking for private insight.
Reassure them: *You do not need to share this unless you choose to.*
Optional group sharing prompt:
"Did anything surprise or resonate with you?"
"What would it look like to bring more secure attachment into your relationships—with others or with yourself?"

💡 Facilitator Tips:

- Normalize all responses—every style is an adaptive survival strategy.
- Model curiosity and compassion.
- Offer an option to return to this reflection later—it may evoke deeper thoughts over time.

Session 9: The ARC Framework – Relational safety (Slides 47-53)

Slides 47&48: Relational Safety and importance of co-regulation

Suggested Time: 8–10 minutes total
Slide 46 (Relational Safety): 4 minutes, Slide 47 (Co-Regulation Dynamics): 4–6 minutes

Purpose:

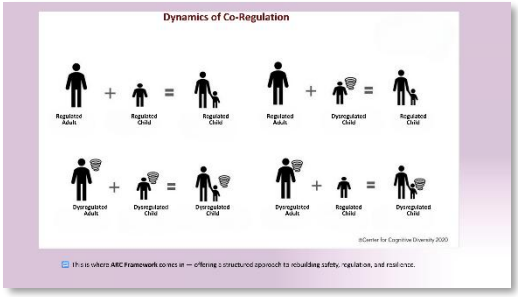
To emphasize that healing from trauma starts in relationships, and that *co-regulation* is the foundation of safety and trust. These slides set the stage for the introduction of the ARC Framework, which offers a practical roadmap for supporting healing through **Attachment, Regulation**, and **Competency**.

Slide 47 Relational Safety

"Trauma often happens in unsafe or unpredictable relationships. Healing, therefore, must happen in safe, attuned ones."

"Whether you're a caregiver, teacher, or frontline worker, how you show up matters just as much as what you do."

"Co-regulation means offering calm when someone else can't access it. Curiosity—rather than judgment—builds safety. Over time, this is what rebuilds trust."



Slide 48: Dynamics of Co-Regulation

"This visual shows what happens in relationships when nervous systems meet."

"A regulated adult can help a child co-regulate. But when both are dysregulated, stress escalates. This is true across all human relationships."

*"In trauma-informed care, our job is **not to 'fix' but to hold steady**—to be the calm anchor that others can borrow from." - This is where the ARC Framework comes in—it gives us tools to build relational safety, support regulation, and foster resilience."*

Facilitator Tips:

Normalize the effort:

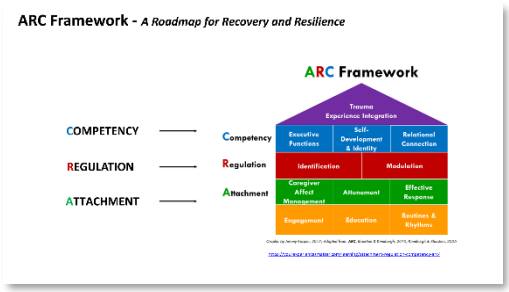
- Remind participants that being the 'regulated one' is hard—especially when under pressure. It's a practice, not a perfection.
- Learning regulation takes time—trust is earned, especially for those with trauma histories.

Make it relational:

- Co-regulation is not just about children—it applies in teams, with colleagues, and in leadership.
- Link back to earlier concepts: stress regulation, nervous system responses, and safety as a biological need.
- Invite participants to reflect on moments when they were able to stay calm for someone in distress—or when someone else helped them settle.

Link clearly to ARC:

- These dynamics are exactly what the ARC Framework helps us work with. Let's now look at what that framework offers.



Slide 49: ARC Framework – A Roadmap for Recovery and Resilience

Time: 4–5 minutes

Materials: None

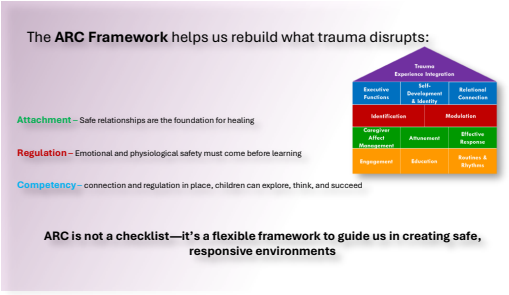
Purpose: Introduce the ARC Framework as a visual model for understanding and supporting trauma recovery.

What to say:

"This is the ARC Framework—a trauma-informed roadmap built on three essential pillars: Attachment, Regulation, and Competency."

"Each layer builds on the one below. We can't expect learning or behavior change if safety and connection aren't in place first."

"The goal at the top—Trauma Integration—is only possible when we meet needs at the foundation."



Slide 50: What ARC Helps Us Rebuild

Time: 3–4 minutes

Materials: None required

Purpose:

Summarize the core meaning of each ARC domain and emphasize that ARC is adaptable, not a rigid checklist.

What to say:

"ARC reminds us: relationships come first."

"Without regulation, learning and connection stall."

"With connection and safety in place, real growth is possible."

"It's a flexible guide, not a formula—meant to help us respond, not control."

💡 Facilitator Tips:

Anchor the ARC house visually: "Refer back to the house metaphor throughout the training—it helps participants connect the pieces."

Reassure and simplify: "They don't need to memorize it—just understand the flow: connect first, regulate second, support growth third."

Bridge to next section: "Let's take a closer look at each domain, starting with Attachment—our foundation."

Slide 51: Attachment – "Who keeps me safe?"

Time: 4–5 minutes

Purpose: Introduce Attachment as the foundation of healing and co-regulation.

What to say:

"Attachment is built through consistent, safe, and attuned relationships.
When kids feel secure, they begin to trust and connect. This is where healing begins."
"It's not about perfect parenting—it's about being predictably present."
Optional Activity: Safe Adult Mapping

> **Facilitator Tip:**
>
> If participants seem activated or withdrawn, normalize that not everyone had safe adults growing up. Emphasize the idea of becoming that safe person for others now.

Slide 52: Regulation – "How do I feel? How do I stay steady?"

Time: 5–6 minutes

Purpose: Highlight the importance of emotional and physiological regulation.

What to say:

"When trauma hits, the nervous system stays on high alert. Kids may look angry, shut down, or scattered—but it's survival, not misbehavior."
"Our job is to co-regulate before we educate. If a child is stuck in fight, flight, or freeze, they can't access the parts of the brain needed to think, learn, or connect.We support not by forcing calm, offering calm, steady presence even when a child is upset."
Optional Activity: "Regulation Toolbox" – Invite participants to list or share strategies they use (or have seen work) to calm big feelings. Examples: breathing, movement, breaks, sensory tools.

> **Facilitator Tip:**
>
> Use body-based language: "What does calm feel like?" Normalize that regulation looks different for everyone.

Slide 53: Competency – "What am I good at?"

Time: 4–5 minutes

Purpose: Explain how trauma erodes self-worth and how we restore confidence through voice, agency, and mastery.

What to Say:

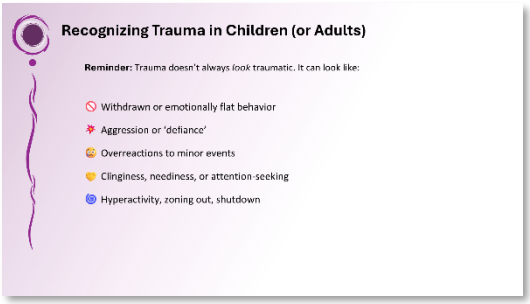
"Trauma can rob children of confidence and a sense of control. When they feel powerless, they may stop trying—or act out. Competency rebuilds the belief: 'I can.'
This final ARC domain focuses on restoring that sense of agency. By celebrating strengths, offering safe challenges, and building skills, we help children (and adults!) reconnect with what makes them capable and resilient."

Optional Activity: "Strength Shoutout" – In small groups, invite participants to name one strength they see in themselves—or in a child or colleague. They can write it, draw it, or say it out loud.

Facilitator Tip:

Encourage peer recognition. "Sometimes, it's easier to spot strength in others before seeing it in ourselves."

Session 10: Recognising Trauma in children – what helps – what doesn't (Slides 44-56)



Slide 54: Recognizing Trauma in Children (or Adults)

Suggested Time: 4–5 minutes

Materials: None

Purpose: To challenge assumptions about trauma by highlighting how it can appear in everyday behaviors.

What to Say

"Trauma doesn't always look dramatic. It often hides in plain sight—shutdown, clinginess, defiance. These are not problems to fix, but signals to decode."

> **💡 Facilitator Tip:**
>
> Invite participants to reflect silently: "Which of these have you seen in others? In yourself?" Normalize that these are protective, not pathological.

Slide 55: What Helps?

Duration: 5-10 minutes

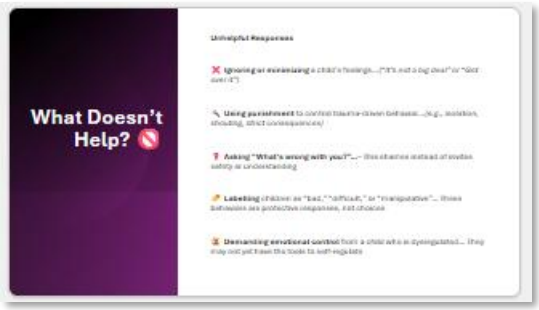
Purpose:

To help participants identify practical language shifts that support safety, connection, and trauma-informed responses.

What to Say:

"We've explored what trauma can look like—now let's focus on what helps. In a trauma-informed approach, the words we use can either build trust or shut someone down. This slide shows how small shifts in language can make a big difference."

> **💡 Facilitator Tip:**
>
> Invite the group to choose one swap they'd like to practice this week. Consider role play in longer sessions.



Slide 56: What Doesn't Help? – Recognizing Harmful Responses

Duration: 5–10 minutes

Purpose:

To help participants recognize common but unhelpful responses to trauma-related behavior—and why they can cause harm or deepen disconnection.

What to Say:

"We've talked about what helps. Now let's take a moment to look honestly at what doesn't. These may be things we've heard—or even said ourselves. This isn't about blame—it's about awareness and growth."

💡 Facilitator Tip:

Emphasize tone and intent—it's not just what we say, but how we say it.

Normalize that we all fall into unhelpful responses at times; awareness helps us grow.

Encourage participants to practice reframing their responses using curiosity.

Group Reflection Prompts:

"Have you ever seen someone shut down after being labeled or dismissed?"
"What's one phrase you could start using to show more curiosity or support?"

Closing Message

When we understand what doesn't help, we create space for more intentional, connected responses. Awareness is the first step to change.

Slide 57- Safety Mapping – Personal Reflection & Integration

Duration: 10–15 minutes

Purpose:

To support participants in reflecting on what makes them feel safe—who, where, and what helps them stay grounded. This connects personal experience to the core theme of relational and emotional safety.

What to Say

"As we close this module, let's bring the focus back to ourselves. Trauma-informed care isn't just about others—it begins with us. Feeling safe is foundational. So let's pause and reflect: Who or what helps you feel safe?"

"This activity is called Safety Mapping. It's an invitation to name the people, places, and inner resources that support your sense of safety and regulation."

Instructions

Hand out the printed **Safety Mapping Worksheet** (or have participants use journals/post-its). Ask them to reflect and jot down:

1. **Who are your safe people?** *(Who helps you feel seen, accepted, or calm—even in small ways?)*
2. **What are your safe spaces?** *(Places that offer peace, predictability, warmth—physical or symbolic.)*
3. **Where do you go (physically or emotionally) to reconnect?** *(This could be nature, prayer, music, breath, movement…)*

Allow 5–8 minutes of quiet reflection. Gentle music can support this if appropriate.

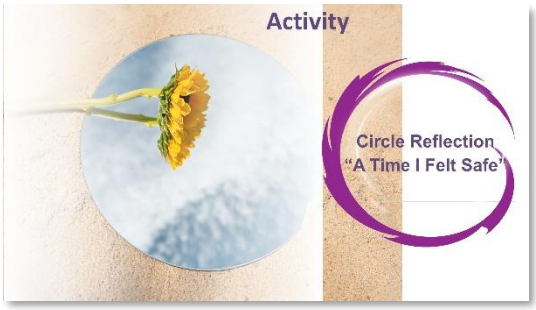
Optional Sharing Prompt

"If anyone feels comfortable, would you like to share one thing that helps you reconnect or feel safe?" (Sharing can be done in pairs, small groups, or the whole group depending on size and atmosphere.)

Closing Message

*Knowing our sources of **safety**—our anchors—helps us **stay regulated, compassionate, and present**. When we know how to return to safety ourselves, we're more able to offer it to others.*

Session 11 - Closing Circle – Reflection of Safety (Slides 58&59)



Slide 58: Circe Activity

Duration: 10–15 minutes

Purpose:

To end the day with a grounding and connecting reflection, giving participants space to share, listen, and integrate the theme of *relational safety* in a supportive way.

What to say:

"We've explored a lot today—about trauma, stress, emotions, and relationships. Before we close, let's come together in a circle for a moment of connection."

"This is a space to slow down, breathe, and reflect. I'll invite you—if you feel comfortable—to share a time you felt safe. This could be recent or long ago, something big or something small. The point isn't the story itself, but the feeling of safety."

Circle Instructions

1. Invite everyone to sit or stand in a circle.
2. Introduce a *talking piece* (a soft object or stone) to pass around. Only the person holding it speaks.
3. Remind participants:
    - Sharing is **voluntary**—you can pass if you prefer.
    - Listening is **just as valuable** as speaking.
    - This is not about giving advice or responding—just presence.

"When did you last feel safe—truly seen, calm, protected, or connected? Where were you? Who was with you?"

Optional Prompts (if needed)

- "What helped you feel safe in that moment?"
- "What did it feel like in your body?"
- "What do you need to feel more of that in your life?"

Closing Message

"Thank you for sharing yourselves today. Safety doesn't come from information alone—it comes from connection. And that's what we're building together—spaces where we can feel seen, understood, and safe enough to grow."

"Take a deep breath. Take a moment to notice how you feel right now."

Slide 59: Closing Day 1

Time: 10 minutes

Purpose:

To close the day with warmth and connection, giving participants a chance to reflect, share gratitude, and take a moment to notice what they're leaving with. It helps everyone end the session feeling grounded and supported.

Facilitator Script:

"As we come to the end of Day 1, let's take a moment to reflect on what this day meant for each of us."
"This work is deep and personal—and your presence here matters. You've listened, reflected, and shown up with courage."

Instructions for Participants:

Ask:
"What is one thing you are taking with you today?"
It might be a feeling, a new idea, a moment of connection, or a reminder.
Invite each participant to write one word or draw a symbol on a sticky note or virtual whiteboard.

Optional Ritual:

Create a "wall of words" with sticky notes.
Offer a mindful moment: deep breath, short grounding, or shared gesture of closure (e.g., hands to heart, brief silence).

Key Takeaway:

Ending with intention reinforces emotional safety, connection, and a sense of shared learning.

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DAY 2 – EMPATHY AND SKILLS

DAY 2: DEEPENING TRAUMA UNDERSTANDING & PRACTICE

Day Two Training Overview

Day 2 focuses on applying trauma-informed principles in practice, with an emphasis on empathy, co-regulation, and relational healing. While Day 1 was about "understanding," Day 2 is about "feeling and responding." Participants learn to notice what safety, dysregulation, and connection feel like—in themselves and in others—and how to respond with presence rather than control.

We explore how to build emotionally attuned relationships, develop nervous system awareness, and bring regulation into everyday moments. The training also deepens participants' ability to reflect on their own triggers, stress responses, and communication patterns—all essential for building trust and resilience in trauma-impacted environments.

Learning Objectives

- Deepen understanding of developmental trauma and the impact of Adverse Childhood Experiences (ACEs)
- Explore how trauma affects the nervous system and emotional regulation
- Recognize and respond to trauma with curiosity, empathy, and attuned presence
- Understand how trauma intersects with social identity, power, and lived experience
- Identify stress responses in themselves and others, and develop strategies for professional resilience

Materials & Resources

- Projector and slides
- Printed handouts: Window of Tolerance graphic, Empathy vs Fixing sheet, Mentalizing cues
- Flipcharts, markers, sticky notes
- Scenario cards for role-play / pair discussions
- Soft music or chime (for reflection moments)

Frameworks & Concepts introduced

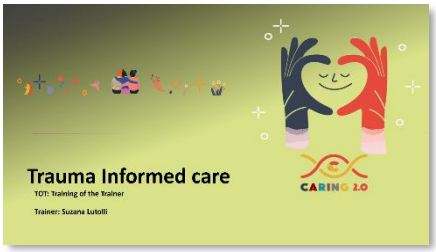
- Window of Tolerance
- Co-regulation vs Self-regulation
- Polyvagal Theory
- Mentalizing
- Social GRACES

Facilitator Note

Today is a shift from "What is trauma?" to "How do I show up with care when trauma is present?" It's about embodying the work. Stay tuned to the room—watch for signs of activation or shutdown. Build in plenty of grounding and check-ins. Model regulation through your own tone, pace, and presence.

Facilitator notes and script- slide by slide

Session 1: Welcome, Trauma-Informed Care (Day 2)



Slide 1: Welcome – Trauma-Informed Care
Suggested Time: 5 minutes
Materials: None
Purpose: To welcome participants back into a safe, connected space and re-orient the group toward the goals of Day 2.

What to Say:
"Welcome back. It's good to be with you again. Yesterday we laid the foundations—building a shared understanding of trauma, safety, and connection. Today we go deeper—into development, the nervous system, and what it means to hold space for others and ourselves with empathy and resilience."

Facilitator Tips

- Reaffirm group safety and pacing—remind participants that they can engage at their own rhythm.
- Briefly revisit group agreements or norms if needed.
- Use inclusive language that centers warmth, trust, and presence.

Slide 2: Grounding Practice & Check-In

Suggested Time: 10–12 minutes

Materials: Calm music (optional), soft chime or bell (optional)

Purpose: To re-ground the group in their bodies and in relational presence. To gently check in on how participants are arriving emotionally and mentally.

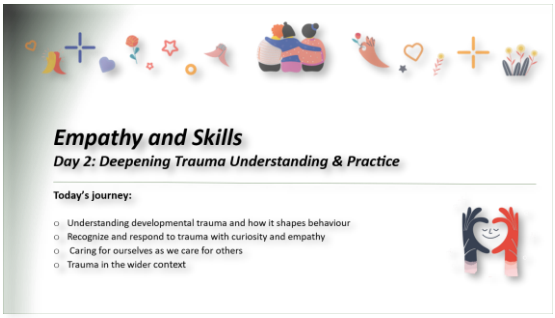
What to Say:

"Let's begin by grounding together. Let your attention come to your feet on the floor… your breath… your body. Notice whatever is present, without needing to change it." [Pause for 60–90 seconds of guided silence or gentle prompts.]

"Now, take a moment to check in. What stayed with you from yesterday? What are you carrying into today? You can reflect silently or share a few words in pairs or in the circle."

Facilitator Tips

- Offer sharing in pairs or triads to ease group vulnerability.
- Normalize a wide range of emotional experiences—there is no "right" way to arrive.
- Keep it brief but spacious. This grounding sets the tone for the rest of the day.



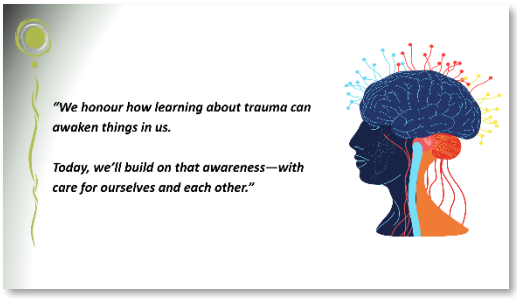
Slide 3: Introducing day 2

Suggested Time: 8-10 minutes
Materials: none

Purpose: To reconnect with key insights from Day 1 and create continuity in tone, expectations, and shared learning space.

What to Say:

"Today we're building on the foundation from day 1 —looking more closely at developmental trauma, emotional regulation, and how we support both others and ourselves with more empathy, presence, and care."



Slide 4: Honouring the Impact of Trauma Learning

Suggested Time: 2–3 minutes

Purpose: To acknowledge the emotional depth of trauma learning and set a compassionate tone.

What to Say:

Pause briefly here. Let the words land before moving into content. You're modeling emotional attunement.

"As we continue, let's honour that learning about trauma can awaken strong feelings. Today we'll move forward with care—for ourselves and each other."

Session 2: Understanding Development Trauma (Slides: 6-12)

Slide 6: Developmental Trauma Definition

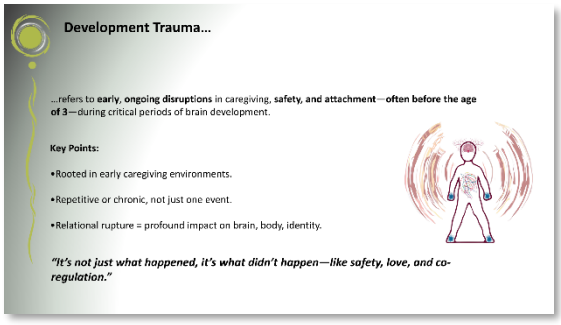
Suggested Time: 3–4 minutes
Materials: None
Purpose: To introduce the concept of developmental trauma using a clear, accessible definition.

What to Say:

"Let's begin with a definition to ground our understanding. Developmental trauma refers to early, repeated experiences of threat or loss in the context of relationships—usually starting in childhood."
"This kind of trauma affects how a child experiences themselves, others, and the world."

Slide 7: Developmental Trauma – Key Concepts

Suggested Time: 5–6 minutes



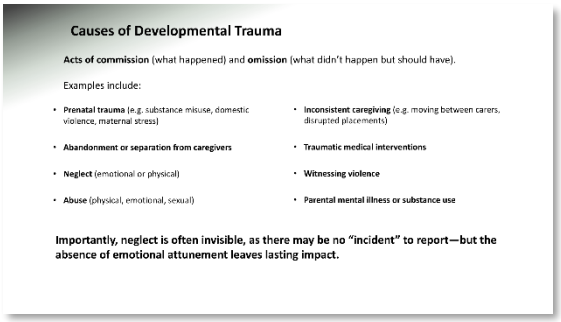
Materials: Flipchart (optional)
Purpose: To expand on the core elements and patterns of developmental trauma.

What to Say:

"Developmental trauma often involves ongoing disruptions to caregiving, safety, and attachment—especially in the earliest years of life."
"It's not just about what happened, but what didn't happen—like love, safety, or comfort during stress."
"These unmet needs shape identity, behaviour, and regulation.

Facilitator Tips

- Offer a moment for participants to reflect silently or jot a note: "What comes up for you as you hear this?"
- Use a calm tone to invite curiosity, not overwhelm.
- Reinforce: this is not about blaming parents—it's about recognizing patterns and building understanding.



Slide 8: Causes of Developmental Trauma

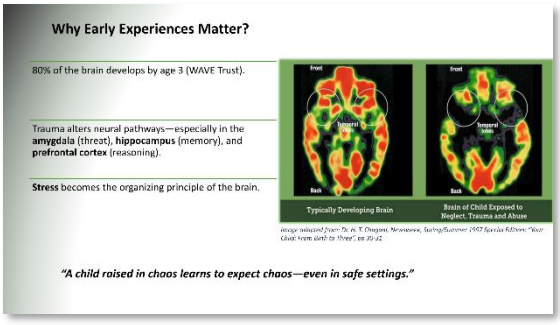
Suggested Time: 6–8 minutes
Materials: Flipchart or printed copies (optional)
Purpose: To differentiate between acts of commission and omission, and raise awareness of invisible trauma.

What to Say:

"Developmental trauma can result from both what happened (like abuse) and what didn't happen (like emotional connection)."
"Omission can be harder to notice—but equally impactful."
"Neglect, especially emotional neglect, is often invisible and misunderstood."

Facilitator Tips

- Invite questions or reactions—many participants may not have considered omission before.
- Offer examples relevant to participants' contexts (e.g. schools).



Slide 9: Why Early Experiences Matter

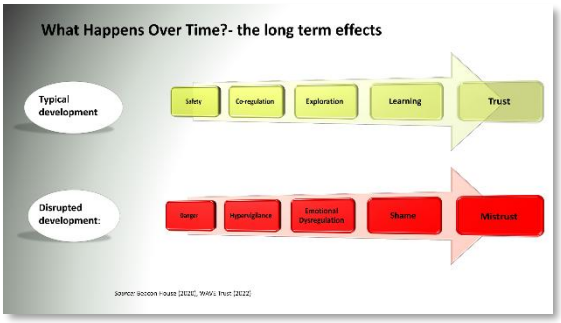
Suggested Time: 6–7 minutes
Materials: None
Purpose: To explain the connection between early brain development and trauma.

What to Say:

"By age three, 80% of the brain is already developed. Early experiences—especially stress—shape how the brain wires itself."
"Trauma affects the brain's threat (amygdala), memory (hippocampus), and reasoning (prefrontal cortex) systems."
"Stress becomes the 'organising principle'—the lens through which the world is viewed."

Facilitator Tips

- Use simple language—participants don't need a neuroscience background.
- Pause to let them absorb the images and information.



Slide 10: What Happens Over Time

Suggested Time: 5–6 minutes
Materials: None

Purpose: To illustrate how typical and disrupted development diverge over time.

What to Say:

"When safety and co-regulation are present, children move toward learning and trust."
"But in trauma, development is disrupted. Danger, hypervigilance, and shame take root."
"These patterns shape how young people relate, behave, and learn."

Slide 11: Impact of Developmental Trauma (Puzzle Graphic)

Suggested Time: 4–6 minutes
Materials: Flipchart or handout (optional)

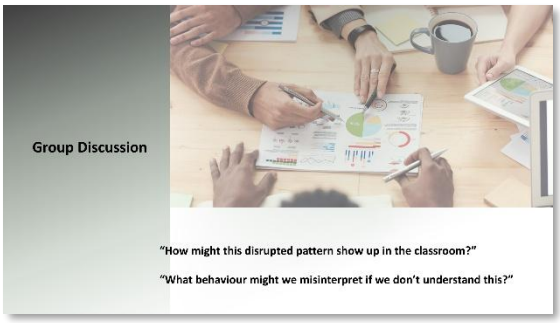
Purpose: To introduce the seven interconnected domains of developmental trauma.

What to Say:

"Developmental trauma impacts many areas—not just behaviour."
"This puzzle shows the broad and interconnected effects: from sensory processing to identity."
"It's not about fixing kids—it's about recognising adaptations and offering safety, connection, and repair."

💡 Facilitator Tips

- Use examples from real life (without naming specifics) to help bring this to life.
- You might ask: "What might this look like in a child's behaviour?"
- Invite participants to choose one puzzle piece they encounter often in their work. Ask: "How might you respond differently with this lens?"



Slide 12: Group Discussion – Application to Practice
Suggested Time: 10–12 minutes
Materials: Flipchart or whiteboard

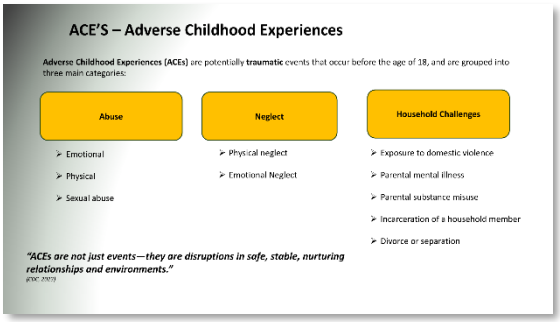
Purpose: To bridge theory with participants' day-to-day experiences.

What to Say:
"Let's take a moment to reflect together."
"How might the patterns of disrupted development show up in your context—like a classroom or team?"
"What behaviours might be misinterpreted if we don't understand this?"

Facilitator Tips

- Let participants lead the dialogue—your role is to hold space and affirm their insights.
- Capture key phrases on flipchart to return to later in the training.

Session 3: ACEs – Adverse Childhood Experiences (Slides 13-21)



Slide 13: ACEs – Adverse Childhood Experiences

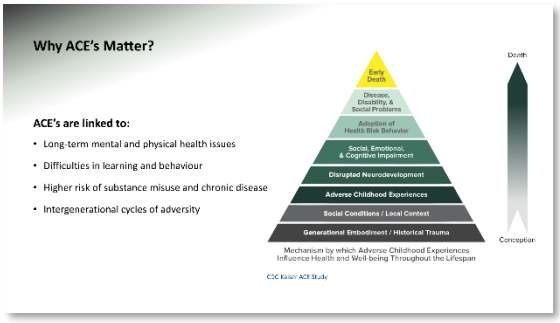
Suggested Time: 6–8 minutes
Materials: None
Purpose: To introduce the concept of ACEs and explore the three main categories that define them.

What to Say:

"Let's now look at ACEs—Adverse Childhood Experiences. These are potentially traumatic events that occur before the age of 18.
They're grouped into three key categories: Abuse, Neglect, and Household Challenges. These experiences don't just mark a moment in time; they disrupt safety, stability, and caregiving relationships during critical stages of development."
[Pause and read through examples briefly, checking for participant understanding.]

Facilitator Tips

- Encourage brief reflections—"Which of these categories stands out to you in your work?"
- Reinforce that ACEs are about disrupted relational safety, not just clinical trauma.

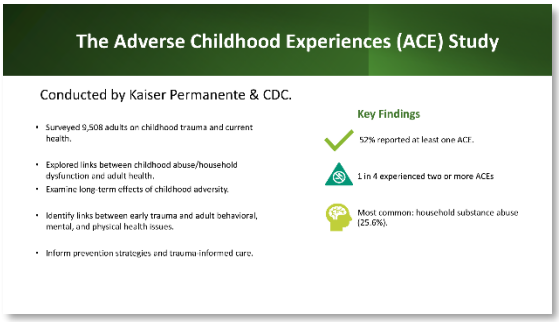


Slide 14: Why ACEs Matter

Suggested Time: 7–9 minutes
Materials: Slide with pyramid visual
Purpose: To help participants understand how ACEs impact lifelong health and development.

What to Say:

"Research shows that ACEs can have serious effects across the lifespan. This pyramid illustrates how early adversity—when left unbuffered—can lead to disrupted development, risk behaviours, and chronic health issues.
ACEs are strongly linked with mental and physical health challenges, learning difficulties, and intergenerational trauma. The earlier and more frequent the exposure, the greater the risk."



Slide 15: The ACE Study

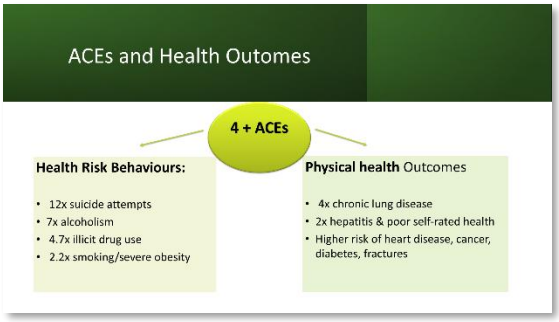
Suggested Time: 5–7 minutes
Materials: None
Purpose: To provide grounding in the evidence base and origins of the ACE framework.

What to Say:

"This research comes from a major study conducted by Kaiser Permanente and the CDC in the US. They surveyed over 9,500 adults on their childhood experiences and current health. The findings were striking—over half had experienced at least one ACE. The more ACEs, the greater the risk for health and behavioural problems later in life."
[Briefly point out key stats on the right side of the slide.]

Facilitator Tips

- Clarify that the ACE study isn't diagnostic but helps shift how we think about adversity and health.
  You can ask: "Does anything surprise you about these numbers?"



Slide 16: ACEs and Health Outcomes

Suggested Time: 6–8 minutes
Materials: None
Purpose: To explore the link between cumulative ACEs and long-term health and behavioural risks.

What to Say:

"The original ACE study found a strong dose–response relationship: the more ACEs someone experiences, the higher their risk of serious health outcomes.
For example, people with four or more ACEs were significantly more likely to engage in high-risk behaviours like substance use, and to develop chronic diseases such as diabetes and heart disease.
This data reminds us that what happens in childhood can shape physical and mental health outcomes across a lifetime."

Slide 17: Key Conclusions

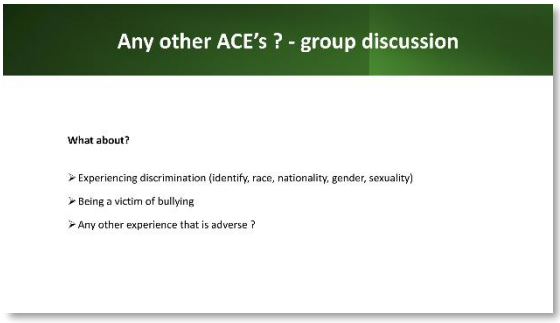
Suggested Time: 4–5 minutes
Materials: None
Purpose: To summarise the significance of the ACEs framework in a clear, accessible way.

What to Say:

"Let's pause and take in the big picture. ACEs matter—not just because of the individual events, but because of the widespread and long-term impact they have on individuals, families, and communities.
This is a public health issue. It calls for prevention, early intervention, and trauma-informed care in every setting that supports children and adults.
Understanding ACEs helps us move from judgement to compassion, and from reaction to reflection."

Facilitator Tips

- Emphasise that ACEs are risk factors, not destiny—outcomes can be changed with the right support.
- Invite reflection: "What might this mean for prevention or support strategies in your work?"



Slide 18 -Other ACE's – group discussion

What to Say:

"The original ACEs study focused on ten experiences—but we know that other forms of adversity also shape development. Let's reflect together: what about experiences like discrimination, racism, bullying, or community violence?
What have you seen in your work that may not be listed in the classic ACEs, but still impacts children deeply?"

Slide 19: Protective Factors – Resilience is Possible

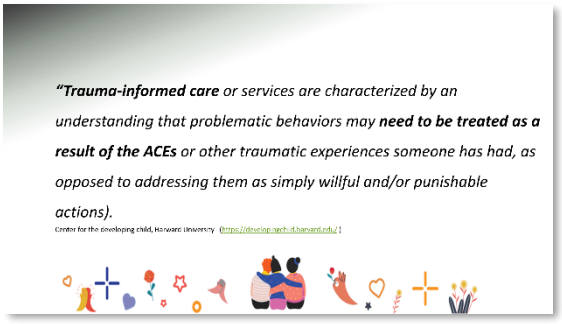
Suggested Time: 6–8 minutes
Materials: None
Purpose: To explore the role of protective factors in shaping outcomes and promoting resilience, even when ACEs are present.

What to Say:

"While ACEs can increase the risk for challenges later in life, they do not determine a person's destiny. Many children and adults go on to thrive despite adversity—often thanks to protective and buffering factors that support healing and development."
[Point to each icon or bullet as you speak:]
"These include nurturing relationships, safe environments, opportunities for learning and connection, and a strong sense of cultural identity and belonging."

Facilitator Tips

- Invite brief reflections: "Which of these have supported you or someone you know?"
- Emphasize that one caring adult can make a profound difference in a child's life.
- Link back to earlier slides on co-regulation and trust development.



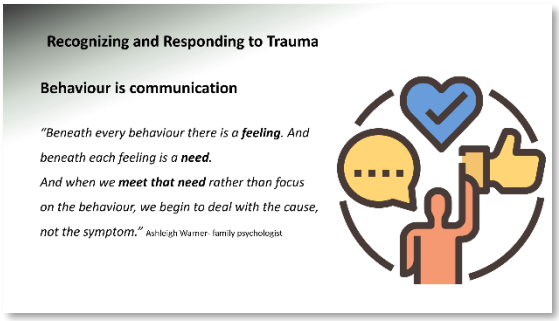
Slide 20: Trauma-Informed Care – A Shift in Perspective

Suggested Time: 3–5 minutes
Materials: None
Purpose: To reinforce a key mindset shift: from judgment to understanding. To highlight how trauma-informed care reframes behavior and supports healing.

What to Say:

"This quote really sums up the core of trauma-informed practice. When we understand that behaviours may be adaptations to unmet needs or traumatic experiences, we can respond differently—with empathy, boundaries, and support, not just punishment."
"Trauma-informed care means holding the question: 'What happened to you?' instead of 'What's wrong with you?'"

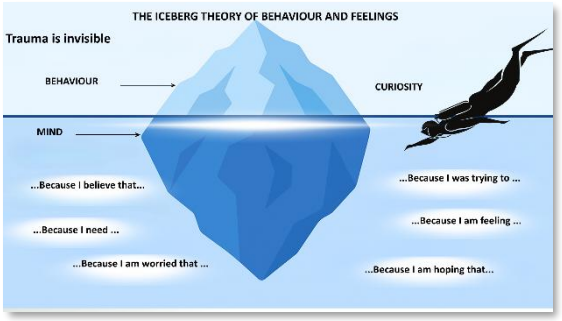
Session 4: Recognising and Responding to Trauma (Slides 21- 31)



Slide 21: Recognising and Responding to Trauma

Suggested Time: 5–7 minutes
Materials: None
Purpose: To introduce the idea that behaviour is communication, and trauma-informed practice starts with understanding, not reacting.

What to Say:
"*When we shift our lens to see behaviour as communication, we stop asking 'What's wrong with you?' and begin to ask 'What happened to you?'"*
"Underneath every behaviour is a feeling, and underneath every feeling is a need. When we meet that need, we begin to address the root—not just the symptom."



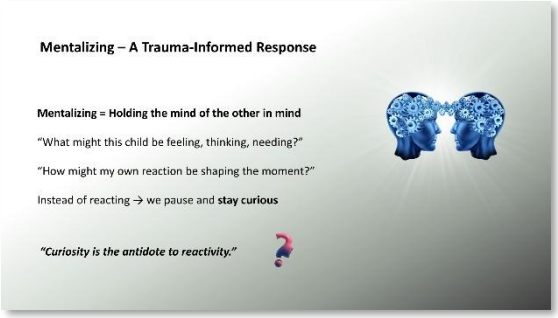
Slide 22: The Iceberg of Behaviour

Suggested Time: 6–8 minutes
Materials: Flipchart or whiteboard (optional for drawing iceberg together)
Purpose: To visualise the hidden beliefs, feelings, and needs that drive observable behaviour.

What to Say:
"This image reminds us that trauma is often invisible. What we see on the surface is just the tip of the iceberg."
"Below the surface are fears, unmet needs, hopes, and stories we can't see—but that shape how people act."
"When we get curious about what's underneath, we stop reacting and start connecting."

Facilitator Tips

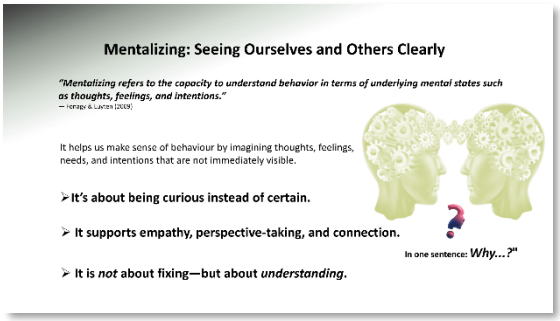
- Invite a moment of personal reflection: "Think of a time when your behaviour masked a deeper need."
- Use a warm tone to model non-judgment.



Slide 23: Mentalizing – A Trauma-Informed Response

Suggested Time: 7–9 minutes
Materials: None
Purpose: To introduce mentalizing as a core trauma-informed skill for understanding behaviour in context.

What to Say:
"Mentalizing means holding the mind of the other in mind. It's asking, 'What might this person be feeling, thinking, needing right now?'"
"We also mentalize ourselves: 'What's coming up for me in this moment? What story am I telling myself?'"
"This pause allows us to respond, not react—with curiosity and compassion."



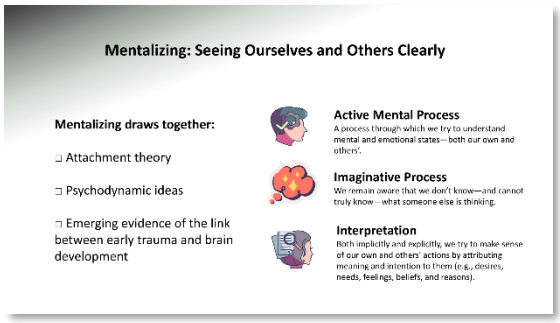
Slide 24: Mentalizing – Seeing Ourselves and Others Clearly

Suggested Time: 5–7 minutes
Materials: None
Purpose: To deepen understanding of mentalizing as a practice that supports empathy and reflective functioning.

What to Say:
"Mentalizing helps us make sense of behaviour that feels confusing or challenging."
"It's not about fixing—it's about seeing the full human behind the behaviour."
"When we approach others with curiosity instead of certainty, we build trust and connection."

Facilitator Tips

- Highlight the difference between curiosity and judgment.
- Consider inviting participants to practice this mindset with a colleague or client who challenges them.



Slide 25: Mentalizing – Seeing Ourselves and Others Clearly

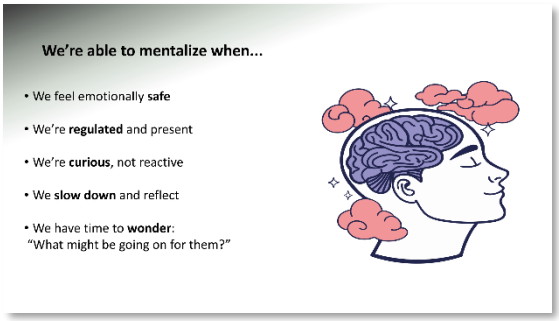
Suggested Time: 6–8 minutes
Materials: None required
Purpose: To help participants understand the multi-layered nature of mentalizing and how it draws from various psychological frameworks.

What to Say:

"This slide shows how mentalizing is both a skill and a process. It combines theory and imagination—attachment theory, psychodynamic ideas, and neuroscience—to help us understand what's going on inside ourselves and others."
"It's an active process. We're not just reacting—we're imagining what might be happening beneath the surface."
"We stay aware that we don't know for sure. That awareness makes space for empathy, instead of judgment."

Facilitator Tips

- Invite participants to reflect on a time they made a wrong assumption and how that shifted when they slowed down and got curious.
- Emphasize that mentalizing doesn't mean overanalyzing—it means staying open to possibilities.
- Normalize the idea that mentalizing takes effort, especially when we're under stress.



Slide 26: We're able to mentalize when...

Suggested Time: 5–7 minutes

Materials: None

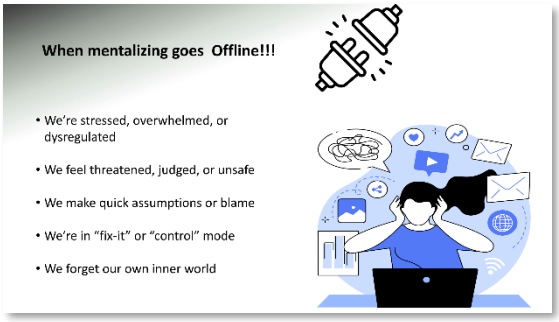
Purpose: To help participants recognize the internal conditions that support their ability to mentalize—understanding their own and others' minds.

What to Say:

"Let's reflect on what makes it possible for us to mentalize. Mentalizing happens when we feel safe, calm, and emotionally present. We're better able to pause and wonder—What might be going on for them?"

[Brief pause.]

"These are the key conditions that support mentalizing. When we feel regulated and safe, we can slow down and become curious rather than reactive."



Slide 27: When mentalizing goes offline!!!

Suggested Time: 5–7 minutes

Materials: None

Purpose: To highlight what causes us to lose the capacity to mentalize and react from a place of stress or fear instead.

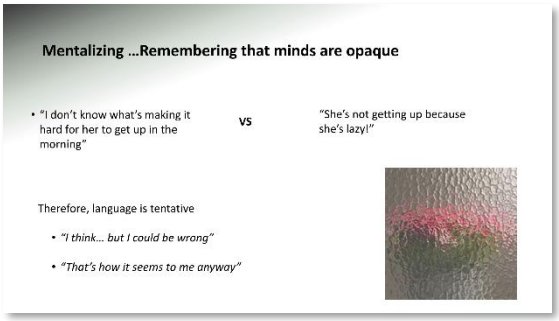
What to Say:

"Mentalizing goes offline when we're dysregulated, overwhelmed, or feel unsafe. In these moments, we can no longer hold the mind of the other in mind—we default to control, blame, or assumptions."[Pause briefly.]

"This is human. The goal isn't to avoid these moments entirely, but to notice when they happen—and return to regulation, safety, and curiosity."

💡 Facilitator Tips

- Normalize these experiences—this slide is not about blame.
- Invite participants to reflect on what helps them come back online when they've gone offline.



Slide 28: Mentalizing… Remembering that minds are opaque

Suggested Time: 5–6 minutes

Materials: None

Purpose: To reinforce that we can never fully know another person's mind—and the importance of using tentative, open-minded language.

What to Say:

"One of the most important principles of mentalizing is remembering that we can't actually see inside someone's mind. Minds are opaque. So instead of being certain, we stay curious."

[Pause, gesture toward the quote comparison.]

"Notice the difference between 'I don't know what's making it hard' and 'She's just lazy.' One invites connection, the other shuts it down."

"Using language like 'I think, but I could be wrong' or 'That's how it seems to me' helps keep us open—and keeps mentalizing online."

Facilitator Tips

- Model this tentative language yourself during the session.
- You can invite participants to share how it feels to hear tentative vs. certain statements.

Slide 29: Activity – Let's Dive In

Suggested Time: 20–25 minutes
Materials: Printed Mentalizing Worksheets paper, pens
Purpose: To help participants apply the iceberg model by looking beyond surface behaviour and practicing a trauma-informed lens using real-world examples.

What to Say:
"We've been exploring how behaviour is a form of communication. Now, we'll take time to reflect on what might be underneath certain behaviours we often see in schools or youth services.

In pairs or small groups, use the worksheet to explore each example. For each situation:

1. *What do we see or hear?*
2. *How might staff label or interpret it?*
3. *What might the student be feeling?*
4. *What might they need?"*

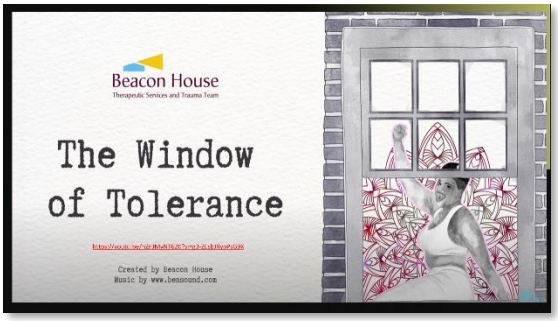
[After 15–20 minutes of discussion]
"Let's come back and share some insights. Were there any shifts in how you thought about the behaviours? What was it like to explore the 'underneath'?"

Facilitator Tips

- Invite groups to focus on curiosity over certainty.
- If time is short, assign 2–3 behaviours per group instead of the full list.
- Remind participants: there is no single 'correct' answer—this is a practice in perspective-taking.
- You can write key phrases on a flipchart to draw out themes (e.g. "disconnection," "fear," "need for safety").
- **After the Activity provide printed sheets with answers to scenarios**

Session 5 The Cost of Caring (Slides: 32 – 36)

Slide 32: The Window of Tolerance (Video)



Suggested Time: 12 minutes
Materials: Projector/audio, Beacon House video link
Purpose: To introduce the concept of the "Window of Tolerance" and link it to the experience of helping others.

What to Say:

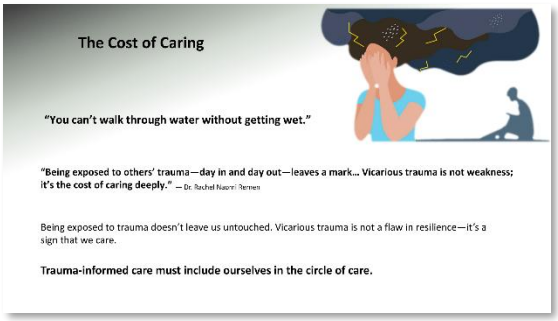
"Let's start this session by watching a short animation created by Beacon House. It explains a concept called The Window of Tolerance, which refers to the optimal emotional zone in which we can think clearly, respond flexibly, and engage empathically with others.

This is important not only for the people we support, but also for ourselves. The video reminds us that we can care deeply and be effective—without getting overwhelmed—when we're inside our own window of tolerance." **[Play the video.]**

Facilitator Tips

After the video, take a deep breath together and invite 2–3 quick reflections or feelings in the room.

- "What stood out to you?"
- "Any thoughts or personal connections before we move on?"
- **Provide Window of tolerance embodiment worksheet and give 10 minutes for self-reflection. Sharing is optional**

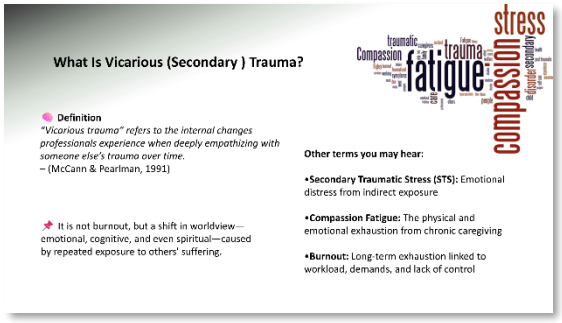


Slide 33: The Cost of Caring

Suggested Time: 5–7 minutes
Materials: None
Purpose: To normalize the emotional impact of working with trauma and introduce the idea of vicarious trauma as a natural, human response—not a flaw.

What to Say:

"Caring for others comes with a cost. As one quote puts it: ***'You can't walk through water without getting wet.'***
When we sit with people's pain, day in and day out, it leaves a mark—not because we're weak, but because we're human.
Dr. Rachel Naomi Remen puts it beautifully: 'Being exposed to others' trauma—day in and day out—leaves a mark. Vicarious trauma is not weakness; it's the cost of caring deeply.'
This slide is a reminder that trauma-informed care must include ourselves in the circle of care. If we are to keep doing this work, we must tend to our own well-being."



Slide 34: What Is Vicarious (Secondary) Trauma?

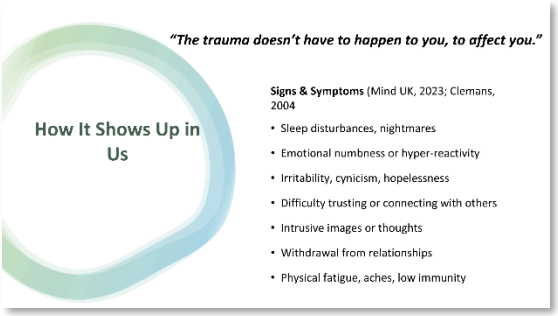
Suggested Time: 6–8 minutes
Materials: None
Purpose: To provide a clear definition of vicarious trauma and distinguish it from burnout and compassion fatigue.

What to Say:

"Vicarious trauma refers to the internal changes that happen in us—cognitive, emotional, even spiritual—when we're deeply empathizing with someone else's trauma over time.
You may also hear terms like Secondary Traumatic Stress, Compassion Fatigue, or *Burnout. They all refer to different expressions of the same truth: this work affects us*. Importantly, vicarious trauma is not about being weak or not resilient. It's about the human cost of truly being present with suffering." *Importantly, vicarious trauma is not about being weak or not resilient. It's about the human cost of truly being present with suffering."*

Facilitator Tips

Ask participants:
"Which of these terms feels most familiar in your context?
Have you seen it in yourself or others?"



Slide 35: How It Shows Up in Us

Suggested Time: 5–6 minutes

Materials: Slide deck

Purpose: To increase awareness of the emotional, physical, and relational effects of vicarious trauma.

What to Say:

"Vicarious trauma can impact us deeply, even when we haven't experienced the trauma firsthand. As this quote says: 'The trauma doesn't have to happen to you, to affect you.'

These signs—like sleep disturbances, emotional numbing, or withdrawing—are common responses to being exposed to others' pain over time. They're not signs of weakness but signs that we care." "Pause here and take a quiet moment to reflect:
Have you experienced any of these? Have you noticed them in others?"
(Optional: allow 1–2 minutes for journaling or quiet reflection.)

Slide 36: What Makes Us Vulnerable

Suggested Time: 4–5 minutes

Materials: Slide deck

Purpose:

To highlight factors that increase susceptibility to vicarious trauma.

What to Say:

"Some of us may be more vulnerable to vicarious trauma due to factors like our own trauma history, high empathy, or lack of support."

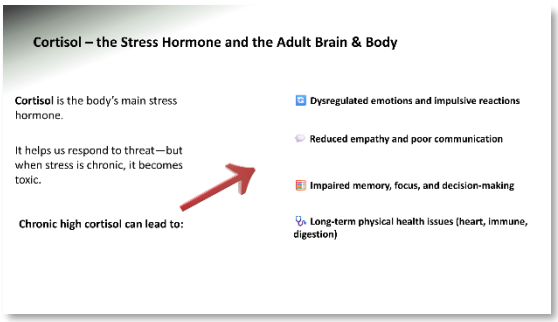
"Working in environments where there's little supervision or where trauma is not openly acknowledged can also increase risk. Awareness helps us take steps to protect ourselves."

Facilitator Tips

Invite quiet reflection or ask:

"Do any of these feel true in your current or past roles?"

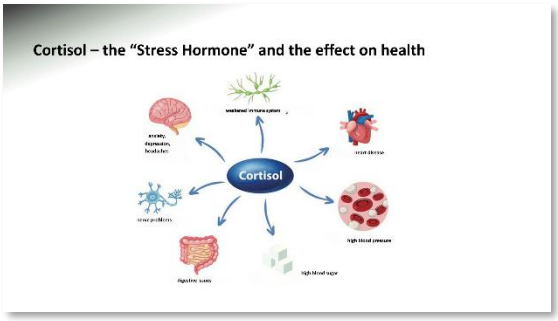
Session 6 Stress and Regulation (Slides 37- 43)



Slide 37: Cortisol – the Stress Hormone and the Adult Brain & Body

Suggested Time: 3 minutes
Materials: None
Purpose: To explain the impact of chronic stress on the brain and behavior.

What to Say:
"Cortisol is our body's main stress hormone. It's there to help us in short bursts—but when stress becomes chronic, cortisol builds up and starts doing harm.
It affects how we think, feel, and interact with others.
We might become more emotionally reactive, less empathetic, struggle to focus, or even experience long-term health problems. Let's take a quick look at the key effects."

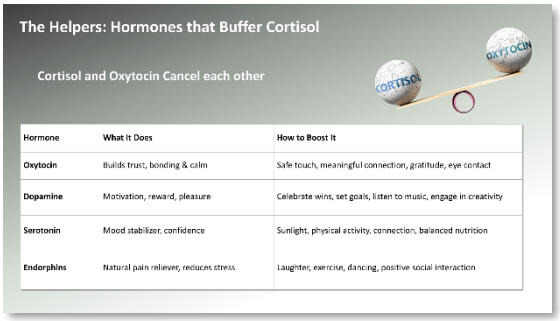


Slide 38: Cortisol – the "Stress Hormone" and the Effect on Health

Suggested Time: 2 minutes
Materials: None
Purpose: To link chronic stress to physical health issues.

What to Say:
"This slide shows how high cortisol levels don't just affect our emotions—they impact our body too. Over time, chronic stress can contribute to heart disease, immune issues, digestive problems, and even nerve-related conditions.
This is why managing our stress and staying in our window of tolerance isn't just about well-being—it's about long-term health."

Facilitator Tips
Offer a relatable example (e.g. 'When we've had a stressful day and snap at someone we care about—this isn't weakness, it's cortisol at work').
Normalize this for the group: "If you've been feeling fatigued, tense, or frequently

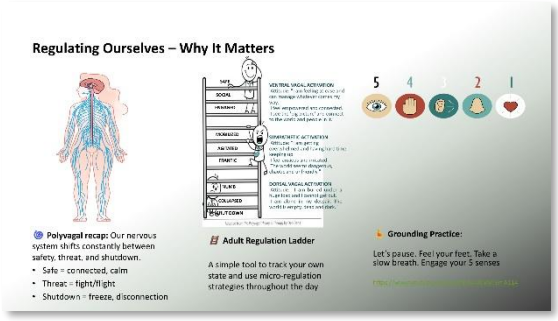


Slide 39: The Helpers – Hormones that Buffer Cortisol

Suggested Time: 4 minutes
Materials: None
Purpose: To introduce positive hormones that counterbalance stress and how to activate them.

What to Say:

"Our body also produces hormones that help buffer the effects of stress.
Oxytocin, dopamine, serotonin, and endorphins all play different roles in helping us feel safe, motivated, and connected.
We can actively boost these hormones through small, meaningful actions—like sharing gratitude, moving our body, or spending time in nature.
When these are present, cortisol drops."
Invite participants to name which of these hormones they'd like to boost more regularly and how.



Slide 40: Regulating Ourselves – Why It Matters

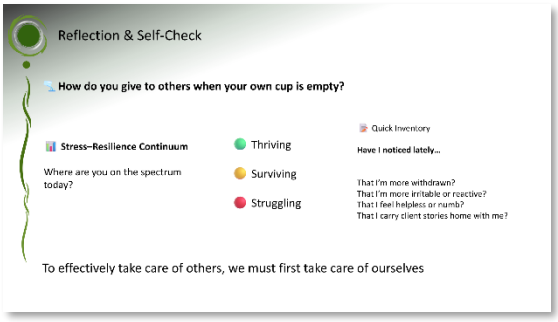
Suggested Time: 5 minutes
Materials: None (optional: play grounding video if time allows)
Purpose: To explain the importance of tracking and regulating our nervous system.

What to Say:

"Our nervous system constantly shifts in response to safety, threat, or overwhelm.
We can use tools like the Regulation Ladder to notice where we are—are we calm, anxious, shut down?
This awareness gives us the chance to pause and do something small to shift our state.
The grounding practice here is one simple tool—just using our five senses to come back to the present."

Facilitator Tips

Invite participants to try the grounding practice together: "Let's pause, feel our feet, take a slow breath, and notice one thing we can see, hear, touch…"unwell—it may be your body responding to chronic stress."



Slide 41: Reflection & Self-Check

Suggested Time: 5–7 minutes
Materials: None (optional: handout or post-it notes)
Purpose: Encourage participants to pause and reflect on their current state and recognize early signs of vicarious trauma.

What to Say:

"Before we continue, let's check in with ourselves. Supporting others can be incredibly rewarding—but it can also take a toll if we don't look after our own needs.
Look at the stress–resilience continuum: are you currently thriving, surviving, or struggling? Be honest with yourself—this is just for you."
"Take a moment to scan the quick inventory. Have you noticed yourself being more withdrawn? Easily irritated? Numb? Do you carry your clients' stories home with you? These may be signs that your cup is running low."
"You cannot give to others when your own cup is empty. To offer trauma-informed care, we must include ourselves in the circle of care."

💡 Facilitator Tips

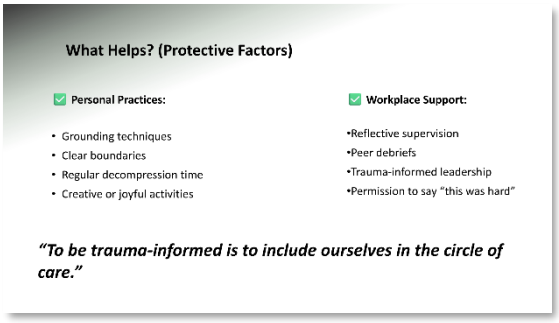
You can invite participants to write down where they are today using three coloured post-its (green = thriving, yellow = surviving, red = struggling) and place them on a board or wall for a visual pulse-check. Keep it anonymous to maintain safety.

Slide 42: Activity – What Fills Your Cup?

Suggested Time: 8–10 minutes
Materials: Printed handouts of the cup diagram
Purpose: Support participants in identifying personal sources of nourishment and renewal.

What to Say:

"Now let's shift focus to what helps us refill our cup. When we're depleted, we need to be intentional about topping up. This image shows different layers that help fill our inner cup—things like connection, self-reflection, unplugging, and rest"
What fills your cup? What do you turn to when you need to recharge?"
"Take a few minutes to reflect and draw your own version of this cup. You can use words, colours, or sketches to show what supports you."
"You can't pour from an empty cup—make sure you're filling yours regularly."



Slide 43: What Helps? (Protective Factors)

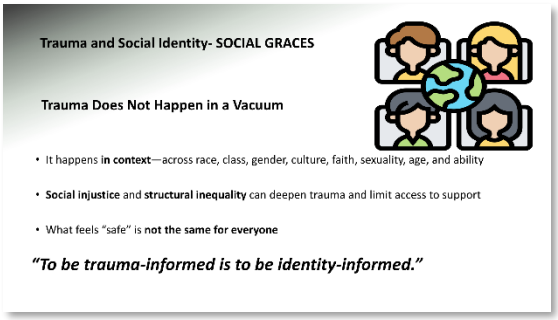
Suggested Time: 5 minutes
Materials: None
Purpose: Reinforce the importance of protective factors in both personal and professional contexts.

What to Say:

"Let's wrap up this section by looking at what protects us. We all need personal strategies and supportive environments to stay well."
"On the left, you'll see personal practices like grounding, boundaries, and joyful activities. On the right, we need things at work too—like reflective supervision, peer debriefs, and leaders who understand the emotional impact of our work."
"Trauma-informed care isn't just about the people we support—it's about all of us. If we want to care for others well, we must create conditions where we're also cared for."

Facilitator Tips
Consider inviting participants to name one protective factor they already have and one they'd like to strengthen.

Session 7 - Trauma and Social Identity- SOCIAL GRACES

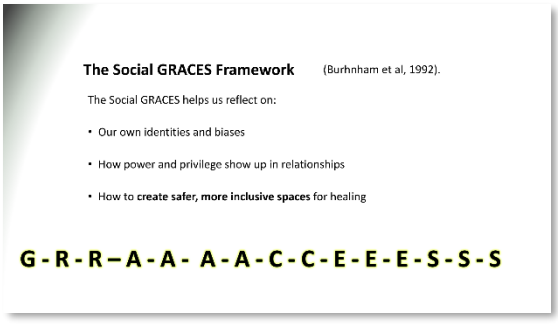


Slide 44: Trauma and Social Identity – SOCIAL GRACES

Suggested Time: 5 minutes
Materials: Slide only
Purpose: To introduce how trauma is shaped by social identity and broader systems of power and inequality.

What to Say:

"Trauma doesn't happen in a vacuum—it's always shaped by the social context we live in. People's experiences of trauma, and their access to safety and healing, are affected by their identities—race, class, gender, sexuality, age, ability, and more.
For example, a person who experiences trauma and is part of a marginalized group may also face discrimination when trying to seek support, or may not feel safe accessing services at all.
Social injustice and inequality often deepen the trauma and limit recovery. And importantly, what feels 'safe' is not the same for everyone—safety must be defined in collaboration with the people we serve."

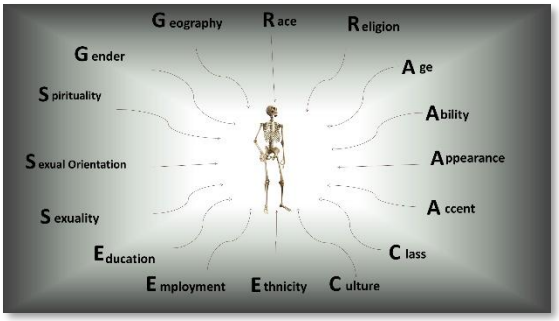


Slide 45: The Social GRACES Framework

Suggested Time: 5–7 minutes
Materials: Slide only
Purpose: To introduce the Social GRACES framework for reflecting on identity, bias, and inclusion in trauma-informed work.

What to Say:

"The Social GRACES is a framework developed by Burnham and colleagues in the 1990s. It stands for: Gender, Geography, Race, Religion, Age, Ability, Appearance, Accent, Class, Culture, Employment, Education, Sexuality, Sexual orientation, and Spirituality.
These identity markers influence how we relate to each other, how power and privilege show up, and who feels safe, heard, or silenced in any given space.
Trauma-informed practice means paying attention to these dynamics—not just in our clients, but in ourselves too. It means asking: How do our own identities affect how we show up in the work? How can we intentionally create safer, more inclusive spaces for healing?"



Slide 46: SOCIAL GRACES Visual (Skeleton Slide)

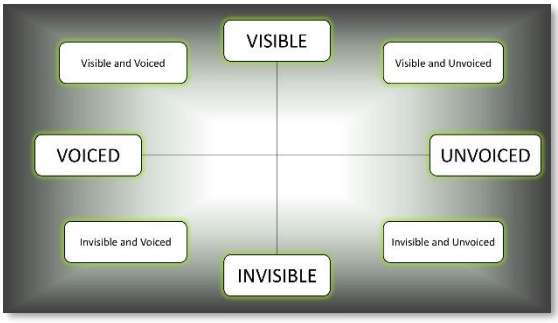
Suggested Time: 2–3 minutes
Materials: Visual slide (no narration needed)
Purpose: To visually reinforce the many layers of identity and power surrounding the person.

What to Say:

"This visual reminds us that we all carry visible and invisible aspects of identity, shaped by our environment and experiences. These identities are with us all the time, even if we don't talk about them.
For some, identity is a source of safety and power—for others, it may bring additional stress or exclusion. This is why trauma-informed care must also be identity-informed care."

Facilitator Tips

- Let the image speak. Pause for 10–15 seconds of silent reflection before continuing.
- Encourage participants to reflect silently or discuss in pairs:
  "What parts of your identity have shaped how you've experienced the world? When have you felt safe—or unsafe—because of them?"



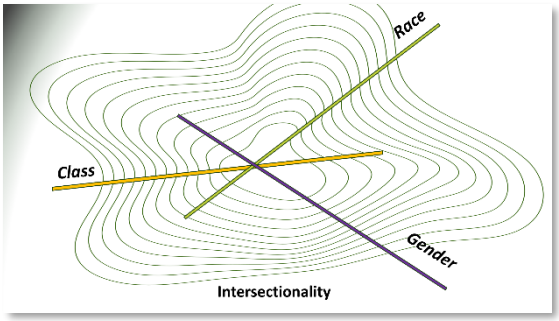
Slide 47: GRACES: Visible, Invisible, Voiced, Unvoiced

Suggested Time: 5–7 minutes
Materials: Flipchart or whiteboard (optional for discussion notes)
Purpose: To explore how identity aspects are expressed or silenced and how that affects power, visibility, and trauma.

What to Say:

"Let's explore how aspects of identity can be visible or invisible, voiced or unvoiced. This framework helps us reflect on which parts of ourselves and others are seen, heard, or hidden—by choice or due to external pressures.

Some identities are visible and voiced—for example, someone who is visibly older and openly shares their age-related experiences. Others may be visible but unvoiced—like someone whose disability is seen but rarely talked about.
Some identities are invisible and unvoiced—like mental health struggles that are kept private. And finally, some may be invisible but voiced—like someone openly talking about their experience of trauma, even if it's not visible.
This helps us think more deeply about which identities we bring into the room, which we keep hidden, and how this affects how we relate, support, and understand others."



Slide 48: Intersectionality

Suggested Time: 4–6 minutes
Materials: None required

Purpose: To highlight how multiple aspects of identity interact to shape experience, particularly in relation to trauma, power, and privilege.

What to Say:

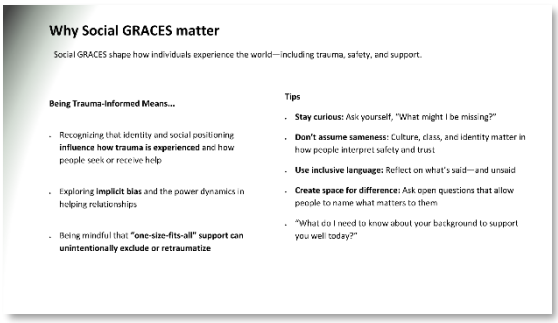
"*This image represents intersectionality, a term coined by Kimberlé Crenshaw. It reminds us that people don't experience life through just one lens—like gender or race—but through multiple, overlapping lenses that shape their experience of safety, support, and oppression.*

For instance, someone may face challenges not only because of their gender but because of how gender intersects with class, ethnicity, or disability.

Understanding this helps us avoid 'one-size-fits-all' responses and instead meet people where they are, considering their unique identities and contexts."

Facilitator Tips

Invite participants to reflect silently or in pairs:
"Which parts of your identity are visible and voiced in your professional setting? Which are not?"
Ask participants to share (if comfortable):"How might intersectionality show up in your work with others?"



Slide 49: Why Social GRACES Matter

Suggested Time: 5–7 minutes
Materials: Projected slide
Purpose: To connect Social GRACES to trauma-informed practice and offer inclusive communication tips.

What to Say:

"This slide brings it all together. Social GRACES shape how individuals experience the world—including how they experience trauma and healing.

Being trauma-informed includes recognizing that identity, bias, and power dynamics influence how people perceive safety, trust, and support.

Let's also look at the tips on the right:

- Stay curious—don't assume sameness.
- Use inclusive language.
- Ask open questions that invite people to share what's important to them.

These are small shifts that can make a big difference in creating inclusive, safe environments for healing."

> **Facilitator Tip**
> Encourage participants to journal or share one way they could apply one of these tips in their own work.

Slide 50: Activity – Gallery Walk: Reflecting on Social Identity

Suggested Time: 20–25 minutes (15 min walk + 10 min debrief)

Materials Needed:

- 4–6 flipchart papers or posters
- Markers, sticky notes (optional)
- Tape to hang posters around the room

Purpose:

To encourage personal reflection and group awareness of how social identities (based on the Social GRACES framework) shape our experiences of safety, visibility, and inclusion. This builds empathy and deepens understanding in trauma-informed care.

What to Say:

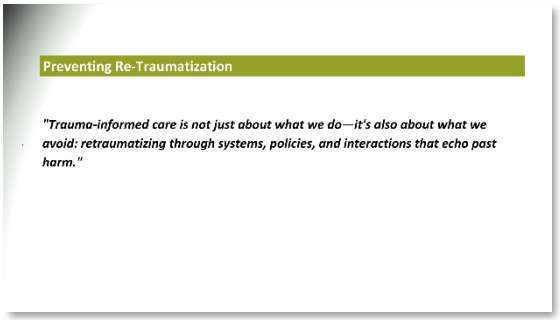
"*Now that we've explored the Social GRACES and how identity impacts safety and trauma, let's take some time to reflect on our own experiences. This Gallery Walk activity invites you to walk around the room and respond to a few key prompts about identity and inclusion."*

"You can write or draw your responses. Feel free to stay anonymous. What's important is your honesty and engagement—this is your space to reflect, share, and learn from each other."

💡 Facilitator Tips

- Before beginning, read each of the 5 prompts aloud and clarify any questions.
- Encourage participants to move quietly and take their time—this is a reflective space.
- Play calming background music if helpful to set a thoughtful tone.
- You can offer sticky notes if people prefer not to write directly on the posters.
- After all groups have rotated, ask participants to return to their seats and give them a few minutes to silently read what's been shared.

Session 8- Preventing Re-Traumatisation (Slides 51-56)

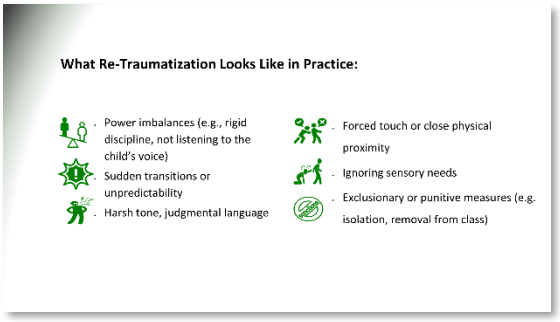


Slide 51: Preventing Re-Traumatization

Suggested Time: 2–3 minutes
Materials: None
Purpose: To introduce the concept of re-traumatization and why avoiding it is central to trauma-informed practice.

What to Say:

"Trauma-informed care isn't only about what we do—it's also about what we avoid-retraumatizing through systems, policies, and interactions that echo past harm.' Often, people are retraumatized not because of a specific event, but through repeated experiences with systems or people that echo earlier harm. This includes things like being ignored, not feeling heard, or being in environments that feel unsafe.
We all need to reflect on what in our own systems or behaviors might unintentionally repeat patterns of harm."



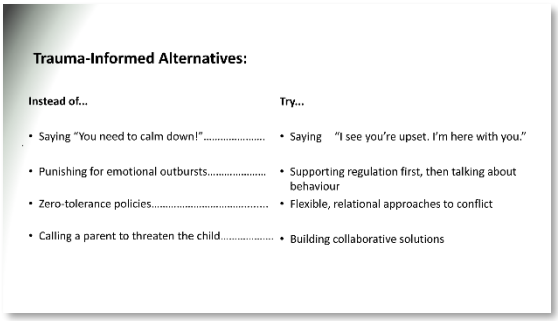
Slide 52: What Re-Traumatization Looks Like in Practice

Suggested Time: 4–5 minutes
Materials: None
Purpose: To make the abstract concept of re-traumatization more concrete and relatable through specific examples.

What to Say:

"Let's look at what re-traumatization can look like in everyday practice.
These aren't extreme events—they're often subtle interactions, policies, or environmental factors that mirror old wounds. Some examples include:
–**Power imbalances**, like ignoring someone's voice or applying rigid rules.
–**Sudden transitions** that trigger a sense of unpredictability.
–**Tone of voice**—even harsh or judgmental language can have a strong impact.
–**Forced physical contact** or ignoring someone's sensory sensitivities.
– **Exclusionary discipline**, like removing someone from a space instead of finding ways to support regulation.

These situations can all echo earlier experiences of trauma—whether someone realizes it or not."



Slide 53: Trauma-Informed Alternatives

Suggested Time: 5–7 minutes
Materials: Flipchart/whiteboard for collecting responses (optional)
Purpose: To offer practical, relationship-centered alternatives to common reactive responses.

What to Say:

"Now let's look at how we can shift our language and actions to avoid re-traumatizing responses.
The key is to focus on regulation and connection—*not just control or discipline*.

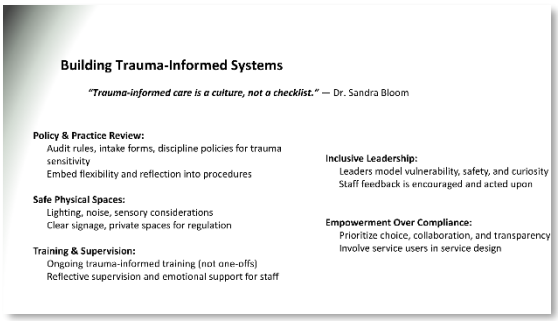
For example:

- Instead of saying *'Calm down!'*, try *'I see you're upset. I'm here with you.'*
- Rather than punishing emotional outbursts, support the person to regulate first—*then* have the conversation.
- Move away from zero-tolerance or punitive approaches, and offer relational, flexible responses.
- Rather than using fear to gain compliance, work together to build solutions.

Small shifts in language and tone can make a huge difference in making someone feel safe and supported."

💡 Facilitator Tips:

- Invite a moment of quiet reflection: "Where might re- traumatization unintentionally show up in my work or team?"
- Invite the group to role-play alternatives or come up with examples from their own context.



Slide 54: Building Trauma-Informed Systems

Suggested Time: 5–7 minutes
Materials: Flipchart or whiteboard (optional for group input)
Purpose: To explore the broader systems-level changes needed to embed trauma-informed care into organizational culture.

What to Say:

*"Trauma-informed care **is not a checklist—it's a cultural shift.** This slide gives an overview of what that shift looks like across different parts of a system."*

"We start with reviewing policies and practices—are our forms, rules, and procedures trauma-sensitive? Do they leave space for flexibility and reflection?"

"Next is the physical space—consider lighting, noise, signage, and whether there are calming spaces available for staff and service users alike."

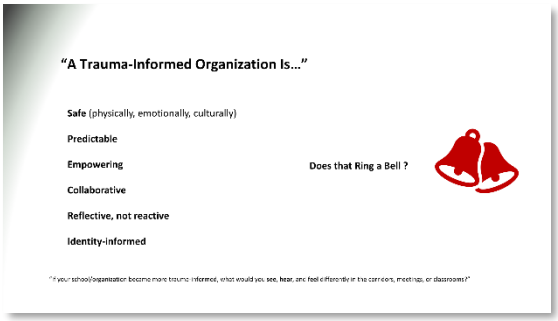
"Training and supervision should be ongoing—not just one-off events. Staff need regular support, space to reflect, and emotionally safe supervision."

"Inclusive leadership matters. Leaders must role-model vulnerability, openness, and curiosity. Feedback loops need to be real and respected."

"And finally, empowerment should be prioritized over compliance. This means involving service users in shaping services and always offering choice and transparency."

💡 Facilitator Tips:

- Encourage participants to share examples of where they've seen these principles in action—or gaps where systems are unintentionally re-traumatizing.



Slide 55: A Trauma-Informed Organization Is...

Suggested Time: 5 minutes (or longer if you choose to use this as a reflection activity)
Materials: None
Purpose: To consolidate understanding of trauma-informed principles and translate them into tangible behaviors and experiences in organizational life.

What to Say:

"Let's anchor this work in real-world practice. What does a trauma-informed organization *feel like*? What do we *see, hear, and experience* in such a place?"

"It feels safe, physically, emotionally, culturally. It's predictable, people know what to expect, and transitions aren't jarring."

"It empowers rather than controls. Collaboration is valued over hierarchy. People are reflective rather than reactive, especially under stress."

"And importantly, it is identity informed. It respects the diverse identities and backgrounds of everyone, staff, clients, students, families."

"This final question invites us to reflect on your setting: What would be different if it became more trauma-informed?"

Facilitator Tips:

- Invite participants to jot down or call out examples of what a trauma-informed space might look like in their own setting. You can follow up with:
- "What's one small change you could make tomorrow to move in this direction?"

Slide 56: Activity – Circle of Influence and Control

Suggested Time: 15–20 minutes
Materials: Circle of Influence handout or blank paper, Markers or pens
Purpose:
To help participants reflect on what aspects of their work and life they can control, influence, or must accept. This activity fosters emotional regulation, resilience, and clarity—particularly in high-stress, trauma-exposed roles.

What to Say:
"Let's take a moment to reflect on how much of our energy can go into things we can't actually control—especially when working in systems impacted by trauma. This activity helps us pause, refocus, and strengthen our sense of agency."

Ask participants to use the worksheet handout provided:

1. **Inner circle** – What you **can control** (e.g., your actions, responses, self-care).
2. **Middle circle** – What you **can influence** (e.g., team culture, relationships, policy suggestions).
3. **Outer circle** – What's **outside your control** (e.g., funding cuts, other people's behavior, government policy).

Invite individual reflection for 5 minutes, followed by small group or plenary sharing:

- What did you notice?
- Where do you tend to focus your energy?
- What might shift if you focused more on your inner circles?

Facilitator Tips:

- Model vulnerability: share a simple personal or work-related example.
- Emphasize this is not about "letting go" passively—but choosing where to focus your efforts with care.
- Link back to trauma-informed principle of empowerment and trust—this activity supports both.

Session 9- Closing Session (Slides 57,58)

Slide 57: Activity – Circle Reflection

Suggested Time: 10–15 minutes
Materials: Talking piece or object (optional), comfortable seating in a circle

Purpose: Encourage collective reflection and emotional integration of learning

What to Say:

"Let's take a moment to sit in a circle and reflect together. We've covered a lot today, emotionally and intellectually. This is a space to honour your thoughts, your voice, or your silence."

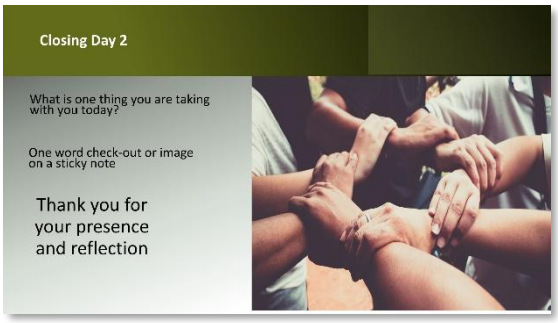
"I invite each of you, if comfortable, to share a reflection. It could be something that stood out, a shift in perspective, a question you're holding, or a personal insight from today."

Facilitator Tips:

- Set the tone gently and encourage voluntary participation.
- Model by going first, sharing honestly yet briefly.
- Use a talking piece (e.g., small object or soft item) to pass around, signaling whose turn it is to speak.

Facilitator Tips:

- Set the tone gently and encourage voluntary participation.
- Model by going first, sharing honestly yet briefly.
- Use a talking piece (e.g., small object or soft item) to pass around, signaling whose turn it is to speak.
- Respect silence—participants can pass if they prefer not to speak.
- Use inclusive language: "There's no right answer here."



Slide 58: Closing Day 2

Suggested Time: 5–10 minutes
Materials: Sticky notes, markers
Purpose: Foster closure, gratitude, and emotional coherence

What to Say:

"To close our time together, I invite you to reflect on this question: *What is one thing you are taking with you today?*"

"You can write a single word or draw a small image on a sticky note and place it on the wall or board. Or if you'd prefer, you can simply speak your word aloud during our final round."

"Thank you for your presence, your energy, and the trust you've brought into this space."

Facilitator Tips:

- Keep tone warm and appreciative.
- Consider collecting the sticky notes for anonymous feedback.
- End on a hopeful or uplifting note, highlighting the strength of shared learning and support.

Recognizing Trauma Responses in A Reflection Tool for Professionals- SCHOOLS

NOTE: This tool is only provided after the activity

What we see/hear?	How staff might perceive/label it?	What might the student be feeling (Trauma Lens)?	What might the student's need be (mentalizing > Supportive Response)?
A student punches another	Violent Dangerous Needs discipline Out of control Aggressive	Terrified Triggered Loss of control In survival mode Threatened	To feel safe To be helped to regulate To understand boundaries kindly To learn alternative ways to express distress To connect with a trusted adult
A student destroys school property	Disrespectful Wasting resources Vandal Rebellious	Angry Helpless Disconnected In pain Trying to get attention in a crisis	To be seen beyond the behavior To express pain safely To experience empathy To co-regulate with a calm adult To be supported without shame
A student swears at a teacher	Disrespectful Defiant Unacceptable Rude	Powerless Shamed Disrespected Unheard Panicked	To be approached with calm and curiosity To feel dignity is protected To be understood (not excused) To learn repair and regulation skills
A student shuts down and won't speak	Avoidant Rude Non-compliant Lazy	Overwhelmed Frozen Emotionally numb Too anxious to speak Disconnected	To feel safe before speaking To have pressure removed To build trust To reconnect at their own pace To be gently invited, not pushed
A student refuses to come to school	Truant Doesn't care about education Attention-seeking Manipulative	Afraid Unsafe at school or at home Experiencing flashbacks or anxiety Hopeless	To feel emotionally safe To be met with curiosity, not judgment To have adults understand what's behind the refusal To be supported in small steps to return

A student is always in fights	Aggressive Instigator Disruptive Needs stronger punishment	Hyper-vigilant Always ready to defend UntrustingIn survival mode Fearful of others	To develop safe attachments To learn conflict resolution through modeling To have their experiences acknowledged To practice emotional regulation with support
A student laughs during a serious situation	Disrespectful Insensitive Trying to provoke Uncaring	Nervous system dysregulation Masking fear or discomfort Embarrassed Trying to distract from pain	To be met with compassion, not ridicule To feel safe expressing vulnerability To understand their reactions To explore appropriate emotional expression
A student discloses something disturbing, then changes the topic	Manipulative Lying Testing boundaries	Unsure if it's safe to tell Fear of consequences Testing trust Terrified of being believed or not believed	To have disclosures handled gently and safely To feel in control of their story To have consistent adult follow-up To feel safe, believed, and supported

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DAY 3

FACILITATION, ADPTATION AND INTEGRATION

DAY 3: Facilitation, Adaptation & Integration

Day Three Overview

"Trauma-informed leadership goes beyond individual practice, it is about empowering teams, institutions, and systems to embed safety, compassion, and healing at every level of care and service delivery."

Why this approach

The first two days of training focus on building understanding and skills in trauma-informed care. However, knowledge alone is not enough. Trauma-informed care becomes truly effective when professionals can apply, adapt, and sustain these principles in their own specific contexts, institutions, and countries.

Every system, whether it is education, justice, health, or social services, has its realities, structures, and challenges. Implementing trauma-informed care requires professionals to:

- **Adapt what they've learned to fit their national policies, institutional cultures, and available resources.**
- **Develop strategies for overcoming local barriers to trauma-sensitive practice.**
- **Build collaboration across sectors to ensure children receive consistent, coordinated support.**

Furthermore, trauma-informed work is not static, but rather dynamic, ongoing, and relational. Professionals need to build confidence not only to apply what they've learned but also to train, coach, and inspire others. This creates a ripple effect, allowing trauma-informed practice to spread across teams, organizations, and entire systems.

Day 3 focuses on empowering professionals to:

- **Own the material** — so they can confidently share and teach trauma-informed principles.
- **Adapt content** — to meet the unique needs of their country and sector.
- **Build sustainability** — by creating local implementation plans and supportive networks.

By focusing on facilitation skills, adaptation planning, and peer coaching, this approach ensures that trauma-informed care moves beyond theory into real, lasting change — improving outcomes for children, families, and professionals.

Purpose of Day 3

- Strengthen trauma-informed facilitation skills to deliver this training in participants' own countries and institutions.
- Build confidence to hold safe, inclusive, and supportive training environments.
- Develop peer coaching capacity through micro-facilitation and structured feedback.
- Explore adaptation of training content to reflect national, cultural, and institutional realities.
- Create concrete implementation plans for national or institutional-level replication.
- Establish supportive peer networks for ongoing learning, supervision, and practice.
- Reinforce commitment to organizational change and long-term sustainability of trauma-informed care.

Module 5: Trauma-Informed Facilitation: Core Skills

For Facilitators Delivering Trauma-Informed Care Training

Introduction

Trauma-informed facilitation is more than just delivering content, it is about how we create, hold, and guide a space that supports emotional safety, curiosity, and connection. It invites us to lead not from authority, but from presence. As trauma-informed facilitators, we understand that learning happens best when people feel safe—not just physically, but psychologically. We are attuned not only to what is being taught, but to how it is received and what may be stirred in the process.

Trauma-informed facilitation honors the **whole person**. We recognize that people carry unseen histories, triggers, and strengths into every room. This means that we lead with compassion, clarity, and responsiveness. Our job is not to avoid difficult material but to make space for it to be explored **safely, without re-traumatization or shame**. We don't assume everyone is in the same place, and we don't push for disclosure or performative vulnerability. Instead, we offer choice, voice, and pacing—inviting people into participation in ways that feel right for them.

At its heart, trauma-informed facilitation is a **relational practice**. It draws on humility, emotional intelligence, and an awareness of power. It's about co-creating learning experiences that are **as healing as they are educational**, and not because we become therapists in the room, but because we center humanity, dignity, and care in everything we do.

> ***"Our presence is the most powerful tool we bring into the room. It speaks before we say a word, and it holds more than our agenda ever could."***

It's not just about what we teach, but how we show up.

In trauma-informed facilitation, *how* we deliver the message—our tone, timing, transparency, and ability to regulate ourselves—is often more impactful than the content itself. The safety we create through presence, empathy, and attunement becomes the foundation for participants to learn, reflect, and grow.

The Role of a Trauma-Informed Facilitator

Being a trauma-informed facilitator is both a privilege and a responsibility. You are not simply a conveyor of knowledge, you are a holder of space, a weaver of connection, and a model of emotional presence. Your role is to invite safety, spark reflection, and gently guide a group through learning that may stir discomfort, memories, or even healing.

A trauma-informed facilitator brings three key ingredients into the room:

🌱 **Presence** – the ability to be grounded, attentive, and self-aware.

🧭 **Curiosity** – a mindset that replaces judgment with wondering.

🤲 **Compassion** – the capacity to hold space without needing to fix or solve.

Facilitation does not mean you need to have all the answers. It's about creating conditions where people feel seen, heard, and empowered to engage. It requires you to balance content delivery with emotional attunement. You might notice a change in someone's energy or voice and choose to slow down. You might sense tension and gently name it. You might offer grounding when a difficult topic arises.

Trauma-informed facilitators also acknowledge the power dynamics in a learning space. Rather than positioning themselves as "the expert," they aim to be guides and collaborators. This doesn't mean giving up structure or direction, it means being flexible and human.

A guiding mantra:

"Trauma-informed training is more than what we teach—it's about how people feel while learning with us."

SAMHSA's Six Principles in facilitation.

Below are the principles translated to a teaching context and how to apply them:

Safety .	**Participants feel physically and emotionally safe in the learning space.** - Set clear group agreements and expectations. - Use warm, inclusive language and tone. - Allow people to step out or take breaks as needed. - Be mindful of lighting, seating, and pace to reduce overwhelm. - Avoid surprises, explain what's coming next in the session.
Trustworthiness & Transparency	**You're clear, consistent, and open in how you facilitate.** - Start and end sessions on time. - Explain why certain activities are being done. - Name moments of uncertainty (e.g., "This might feel vulnerable"). - Be clear about roles, boundaries, and your intention as facilitator.
Peer Support	**Connection and shared experience are recognized as healing.** - Build in pair-shares and small group reflections. - Use "check-in" moments to normalize emotional responses. - Validate lived experience, yours and participants'.
Collaboration & Mutuality	**Power is shared; the facilitator is not the sole expert.** - Invite participants to bring their expertise into the room. - Use open questions and allow multiple forms of participation (verbal, written, movement). - Use language like "Let's explore this together" or "What do you think?"
Empowerment, Voice & Choice	**Participants have agency and their voice matters.** - Give options during activities (e.g., reflect privately or discuss in pairs). - Never force people to share or role-play Acknowledge different learning and comfort levels without judgment
Cultural, Historical & Gender Responsiveness	**Facilitators are aware of identity, power, and context.** - Use the Social GRACES framework to explore bias and inclusion. - Encourage diverse perspectives. - Avoid making assumptions, ask with humility. - Represent diverse voices and materials in your slides or examples.

Busting some common Myths:

❌ **“I must have all the answers.”**

✅ **What you really need is curiosity, not perfection.**

❌ **“I should push people to participate.”**

✅ **Honour autonomy—some engage best through quiet reflection.**

❌ **“Being professional means being emotionally distant.”**

✅ **Boundaried warmth builds safety and trust.**

Reflection Questions for You:

- When have I felt safe to learn in a group? What made that possible?
- How do I respond when a group becomes quiet, emotional, or challenging?

Key Message:

Trauma-informed facilitation isn’t about performing or delivering perfectly—it’s about holding space with care, clarity, and compassion. Facilitators create the emotional container that makes reflection and growth possible. Your tone, language, pace, and presence communicate safety.

Prompt: 'Think of a time a learning space felt unsafe. What went wrong?'

Managing Group Dynamics and Difficult Moments

Working with groups, whether in training, classrooms, or community settings, means working with complexity. Every group brings a mix of energies, personalities, expectations, and emotions. As facilitators, our role is not to control or perfect the group, but to create the conditions for safety, trust, and shared learning. This requires attunement, flexibility, and compassion for others and ourselves.

Group dynamics are always shifting. A conversation might spark vulnerability, resistance, or connection. One person might dominate, another withdraws. Sometimes the group feels open and alive; other times it may feel stuck or distracted. All of this is normal. Trauma-informed facilitation means learning to read and respond to these dynamics in ways that center safety and dignity.

Creating a Safe and Welcoming Atmosphere

Before anything complicated emerges, we can proactively set the tone. How we show up as facilitators—our body language, tone, energy, and presence—can make all the difference.

Here are some trauma-informed practices that help cultivate a safe group space:

Arrive with intention.	Ground yourself before the session. Bring calm, warmth, and clarity into the room.
Open gently.	Use a check-in or grounding activity that allows people to land and feel seen.
Model authenticity	Share a little of yourself, especially when inviting others to do the same. Vulnerability creates trust.
Read the room	Notice energy levels, engagement, body language. If something feels "off," name it gently.
Include and invite.	Acknowledge different ways of participating—some people reflect quietly, others speak readily.
Pace with care.	Move slowly through emotional or complex topics. Take breaks. Allow silence.
Check in and adjust	Ask, "Is this pace okay?" or "Would a short pause be helpful?"

These simple relational practices build the foundation of trust. They let participants know:

"You matter. You're safe. You don't have to be perfect here"

Managing and Responding to Difficult Moments

Despite our best efforts, tough moments will arise—and that's okay. Trauma-informed facilitators expect ruptures and prepare to hold them with steadiness and care.

Common difficult moments include:

- Emotional overwhelm or withdrawal
- A participant dominating the space
- A triggering comment or reaction
- Silence after a vulnerable share
- Tension or disagreement between participants

When this happens, try to:

- **Pause, breathe, and stay grounded.** Your regulation is the anchor.
- **Name the moment.** ("I noticed some silence after that comment. Let's take a breath.")
- **Hold the emotion.** Validate what's present. Avoid trying to "fix" or bypass discomfort.
- **Redirect gently.** ("Let's return to our agreements about listening and respect.")
- **Offer grounding options.** A moment of silence, a stretch, a breath—all help bring people back to centre.

Remember:

- You don't need all the answers.
- Your presence and attunement are enough. Sometimes, simply saying, "This feels tender.
- Let's slow down," can shift the entire room.

Reflection question for facilitators:

- How do I typically respond when a group goes quiet or tense?
- What helps me stay calm and responsive instead of reactive?

Key Reminders for Navigating Challenging Moments

Name what's happening without blame.

"I'm noticing the energy has shifted. Let's take a breath together."

Pause and ground.

Give the group (and yourself) space to regulate before responding.

Use the "Responding with Curiosity" mindset.

Ask: *What might be going on beneath the surface?* rather than *What's wrong?*

Validate emotions without rescuing.

"It's completely okay to feel this way. Let's take a moment."

Tools to Support You

Pause – Reflect – Reframe:
A simple framework to guide you when something unexpected happens:

- ***Pause*** before reacting.
- ***Reflect*** on what might be needed (safety? clarity?).
- ***Reframe*** the moment to keep the group engaged and safe.

Grounding options for the group or individuals:

- **3 deep breaths** together
- **Noticing** feet on the floor
- **Naming** one thing you can see/hear/feel

Group Agreements Check-In:

- Revisit your co-created agreements when dynamics feel strained: "Let's come back to what we said we needed from each other…"

Hold steady.

- Your calm presence is a powerful anchor. You don't need the perfect words—just compassion and clarity.

Situation	Trauma-Informed Response
The participant shuts down or avoids eye contact.	**Respect their space. Offer choice: "Would you like to take a moment or stay in the room?"**
Emotional reaction or tears	**Normalize: "Emotions are welcome here." Offer tissues, water, or a grounding item.**
Challenging or confrontational comment	**Stay neutral: "Thank you for naming that. Let's explore it together." Avoid power struggles.**
Silence after a hard topic	**Embrace it. Silence is processing. Say: "Let's just take a quiet moment here.**

Remember: Difficult moments are not a sign of failure—they are a sign that something real is happening.

You don't need to have all the answers. You just need to show up with care.

Facilitator Reflection Questions

- When a difficult moment arises, what's my first instinct—and how can I pause before responding?
- How do I distinguish between *managing* the group and *controlling* the group?
- What helps me stay grounded when the energy in the room shifts?

Closing

Finally, as facilitators of trauma Informed Care, you are not just there to deliver content, you are there to:

Foster Safety

You create an environment where participants feel secure enough to engage, question, reflect, or step back if needed. This includes emotional, psychological, physical, and cultural safety.

Model Presence and Regulation

Your calm, grounded energy helps co-regulate the group. You are a nervous system anchor. When things get tense or emotional, your ability to stay present sets the tone.

Hold Space, Not Control

You don't need to have all the answers. Your role is to facilitate—not dominate—the process. You invite dialogue, make space for emotion, and support participants' autonomy and voice.

Be Attuned and Responsive

You observe group energy, name dynamics gently, and adjust in real time. If someone seems overwhelmed, you respond with compassion, not shame or pressure.

Apply Trauma-Informed Principles in Practice

You embody the values of safety, trust, choice, collaboration, empowerment, and cultural humility. These aren't just theories—they guide every interaction you have.

Encourage Curiosity Over Judgment

You help shift conversations from "What's wrong with them?" to "What might be going on beneath the surface?"—for clients, for systems, and for ourselves.

Your presence matters as much as your practice.

The tone you set can become the turning point in someone's learning, healing, or self-understanding.

*A trauma-informed facilitator is **not perfect, but they are aware, intentional, and deeply human.***

Module 6: Adaptation and Integration

It's not about changing the heart of the message—it's about helping the message reach the heart.

As we move into the second part of our final day together, we shift focus from facilitation skills to something just as essential: **adaptation and integration**.

You've spent time understanding trauma-informed care in depth. Now the question becomes:

How do we carry this forward into our own communities, professions, and countries—with relevance, respect, and resonance?

Adapting this training to your context is not about rewriting the principles, **it is about translating them with care.** Words, metaphors, stories, and even tone may need to change in order to land with meaning in different cultural, institutional, or geographic settings. But the **integrity** of the core ideas—safety, voice, empathy, co-regulation—remains the same.

Adapting the Curriculum with Integrity

Think about the **language, examples, and case studies** that best reflect your audience's reality

Identify **topics that may be culturally sensitive** or require reframing

Consider how to keep the content emotionally safe and empowering

Reflect on what **systemic or relational supports** you'll need when delivering this work

You don't need to have all the answers today. What matters most is **being intentional**—bringing both your professional insight and lived experience into how you shape this training for others.

Reflection prompt for your journal or group sharing:

What do I want this training to feel like for the people I deliver it to? What must I hold firm, and where can I adapt with flexibility and care?

Let's now begin that exploration—together.

Local Adaptation Planning Sheet

Use this worksheet to reflect on how you will adapt the Trauma-Informed Care training to your national, cultural, and professional context. Consider language, examples, tone, and emotional safety.

1. **What terms or metaphors might need changing?**

   ---

2. **Which local examples or case studies would make the concepts come alive?**

   ---

3. **What visuals or stories would connect better with your audience?**

   ---

4. **What cultural or systemic sensitivities must you account for?**

   ---

5. **How can you make this feel emotionally safe for your audience?**

Bringing the TIC - Training to Your Context

(National & Professional Lens)

Reflect on the following questions to help you prepare for adapting and delivering trauma-informed care training in your own setting:

---

1. **What challenges do you anticipate in delivering this training?**
2. **Which topics may need extra framing or sensitivity?**
3. **What support structures (peers, policies, resources) do you have?**

Use the space below to jot down your thoughts and observations:

What challenges do you anticipate in delivering this training?

Which topics may need extra framing or sensitivity?

What support structures (peers, policies, resources) do you have?

Trauma-Informed Care Integration Map

This Integration Map is designed to help you think through how to apply what you've learned in this training to your professional and cultural context. Use it to reflect, adapt, and plan for action.

Component	Your Reflections / Planning Notes
🧠 **Key Learning to Apply**	What part of the training had the most impact on you? What will you take forward?
📍 **Your Context**	What is your professional setting? What are the cultural, systemic, or organizational factors?
🧩 **Adaptation Needs**	What terminology, stories, examples, or visuals need adjusting to feel more relevant?
🤝 **Allies & Support**	Who can support this work with you (colleagues, leaders, community)?
🚧 **Potential Challenges**	What barriers might you face? What might resistance look like?
🛠 **Practical Steps**	What is one small, specific action you can take in the next month?
🌱 **Self & Team Care**	How will you ensure the emotional sustainability of your work?

Trauma Informed Care Training – Integration Micro Plan

What will I do?	Who needs to be involved?	When?	What support do I need?

Conclusions

As you complete this training, **remember:**

Trauma-informed care is not a destination, but an ongoing journey. Each child's story is unique, and so is your role in supporting their healing. Through awareness, compassion, and knowledge, you hold the power to create spaces of safety, trust, and growth — for children, families, and your colleagues.

Trauma-informed practice asks us to be present, curious, and humble — to see not only the behaviors in front of us but the experiences behind them. Your daily actions can serve as protective factors that strengthen resilience, restore dignity, and offer hope.

As you return to your professional settings, carry forward the principles of trauma-informed care, knowing that even small changes in approach can create meaningful differences in the lives of those you serve.

This manual has provided you with foundational knowledge, practical tools, and adaptive frameworks to apply trauma-informed care across diverse sectors. The responsibility now shifts to each of us — as individuals, teams, and institutions — to embed these principles into daily practice and organizational culture.

Sustainable trauma-informed systems require leadership, reflection, and collaboration. By creating safe, empowering environments for both clients and staff, we strengthen services, prevent re-traumatization, and promote healthier outcomes for children and families.

True trauma-informed care is a shared commitment — one that honors not only those who have experienced trauma, but also those who support them.

- ***Every child deserves to feel safe, valued, and understood. As professionals, you now hold powerful tools to transform the way children experience care, justice, education, and protection.***

- ***You are not only providers of services — you are builders of trust, holders of hope, and agents of healing. The work is not always easy. But every trauma-informed interaction plants a seed for resilience and recovery.***

- ***Together, we are shaping systems that see beyond behavior — systems that see the child, listen to their story, and create pathways toward healing. This is the heart of trauma-informed care.***

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ONLINE RESOURCES:

FEELINGS WHEEL – https://feelingswheel.com/

INSIDE OUT MOVIE CLIP - https://youtu.be/ZAL0nwCo0h8?si=QF_Ja2D1HgngGNc9

HAND MODEL OF THE BRAIN - https://youtu.be/f-m2YcdMdFw?si=LJ1QrqNUaFDZL1lK

BRAIN ANATOMY / AMYGDALA HIJACK - https://www.simplypsychology.org/amygdala-hijack.html#:~:text=Amygdala%20hijack%20is%20a%20term,at%20someone%20you%20care%20about.

POLYGAL THEORY - https://www.polyvagalinstitute.org/whatispolyvagaltheory

TOXIC STREES AND IMPACT ON DEVELOPMENT - https://developingchild.harvard.edu/resources/videos/toxic-stress-derails-healthy-development/

ATTACHMENT TRAUMA - https://centerforattachment.com/

ARC FRAMEROK - https://arcframework.org/what-is-arc/#:~:text=The%20Attachment%2C%20Regulation%20and%20Competency,wide%20range%20of%20symptom%20presentations.

ADVERSE CHILDHOOD EXPERIENCES - https://uktraumacouncil.org/research_practice/aces-research

MENTALIZATION - https://youtu.be/MJ1Y9zw-n7U?si=OPZAfodldLtxcMGi

WINDOW OD TOLERANCE - https://youtu.be/nZnJMyNT620?si=g3-ZEsbJRypPsG9K

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Trauma-Informed Care

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