

**SAFE YOUTH
WORKERS
TRAINING
HANDBOOK
2026**



Help the Helpers

edited by

Kaire Talviste-Baiocco,
Oliver Baiocco and
Diego Marín



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Help the Helpers. Safe Youth Workers Training Handbook

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I. Introduction

Within the framework of the Erasmus+ project 'Safe Youth Workers', this training handbook has been developed to provide a comprehensive curriculum and training programme aimed at preventing vicarious trauma and other negative professional outcomes among those working with young people exposed to trauma and adverse childhood experiences.

Many helpers from different professional fields play a vital role in supporting young people through their formative years, acting as mentors, guides, and advocates for emotional and personal growth. Today's world presents both challenges and opportunities, as the landscape young people navigate is increasingly complex.

Violence against children and young people remains a distressing reality across European societies. Research consistently indicates a high prevalence of physical, psychological, and sexual violence. Beyond immediate physical harm, such experiences can lead to long-term behavioural and psychological difficulties, including trauma-related disorders, post-traumatic stress disorder (PTSD), and, in severe cases, suicidal or violent behaviour.

Recent studies further highlight significant increases in anxiety, depression, and stress among adolescents. These trends have been intensified by multiple factors, including social media exposure, academic pressures, and global uncertainties such as the COVID-19 pandemic (Orben et al., 2020). As a result, the emotional and psychological needs of young people have grown more complex, placing increased demands on professionals working in youth-related services.

Social workers, youth workers, educators, and other professionals within support systems are regularly exposed to traumatic narratives and experiences through their work. This exposure places them at heightened risk of vicarious trauma, as well as related conditions such as secondary traumatisation, compassion fatigue, and burnout. The Safe Youth Workers project was designed to address these risks and provide targeted support to professionals in these roles.

Project partners from three countries conducted a survey among helping professionals to better understand their needs and the challenges related to their work. The overarching aim of our study was to develop a deeper, contextually grounded understanding of the work-related hazards of professionals working with youth in Estonia, the Czech Republic, and Spain. A more detailed overview of the study outcomes is available in the project publication.¹

Based on the survey findings, a structured curriculum and training programme were developed. Over 550 professionals have participated in our training courses, which have been continuously refined in response to participant feedback and practical experience.

This handbook and accompanying training curriculum and manual represent the outcome of more than two years of collaborative work. Together, they aim to equip professionals with the knowledge, skills, and practical tools needed to identify, manage, and prevent vicarious trauma and other negative consequences associated with working with traumatised youth.

¹ Košatková, M., & Andrašik, T. (Eds.). (in press). *The hidden costs of helping: Secondary traumatic stress, compassion fatigue and vicarious trauma in helping professions*. Masaryk University Press.

The objective of the training extends beyond theoretical understanding. It seeks to foster self-awareness, encourage reflection, and create opportunities for applying knowledge in real-world professional contexts. In doing so, the programme aims to enhance the well-being, resilience, and effectiveness of youth workers and other helping professionals, enabling them to sustain their essential work with young people over the long term.

How to use this handbook?

This handbook is designed as a practical guide for youth workers, trainers, and organisations working in helping professions who want to prevent and address vicarious trauma, secondary trauma, and compassion fatigue, while strengthening self-care and professional resilience.

The handbook is divided into three parts. The first part introduces the key concepts and explains why vicarious trauma, secondary trauma, and compassion fatigue are relevant risks in youth work and other helping professions. It provides a shared understanding of how these phenomena develop and why prevention and self-care are essential.

The second part presents a comprehensive training curriculum focused on the prevention of vicarious trauma and other occupational hazards. It offers a structured overview of learning objectives, themes, and competencies that support emotional regulation, healthy boundaries, and sustainable self-care practices.

The third part contains a detailed training manual with step-by-step guidance for delivering the training. Trainers will find practical instructions, timing suggestions, and facilitation tips to help participants reflect on their experiences, strengthen peer support, and integrate self-care strategies into their daily work.

The manual includes detailed descriptions of the activities used in the training. These activities support experiential learning around stress regulation, boundaries, peer reflection, and self-care. They help trainers plan workshops or courses that are responsive to participants' needs while maintaining safety and preventing overload.

Together, these sections support trainers and practitioners in building awareness, skills, and organisational practices that reduce the risk of vicarious and secondary trauma and promote long-term wellbeing in helping professions.

Definitions and key concepts

- **Direct/primary trauma** refers to trauma experienced directly by the individual, such as abuse, assault, accidents, or life-threatening events. This is the “classic” trauma that happens to someone firsthand. Direct exposure to traumatic events can also be the case when working as a paramedic firefighter, police officer, emergency hospital worker, etc. There are two types of primary trauma:
 - Type I trauma: a single, sudden, unexpected traumatic event.
 - Type II trauma (also known as complex trauma): repeated, prolonged, and chronically recurring experiences that can't be avoided.

- **Developmental trauma** refers to sexual, physical, and psychological abuse; neglect, including the withholding of love, affection, and basic necessities; and exposure to violence within the home. These experiences occur during critical developmental periods (infancy, childhood, adolescence) and are typically perpetrated by trusted adults, caregivers, or other older figures in the individual's life.
- **Relational trauma** occurs when the perpetrator of violence or abuse is a person who is emotionally close to the victim, most often a parent or caregiver who should serve as a primary source of safety.
- **Adverse childhood experiences (ACEs)** are stressful, harmful, potentially traumatic events that occur before age 18. ACEs are significant because they can have long-term effects on physical, emotional, and mental health, influencing behaviour, resilience, and vulnerability to stress and trauma in adulthood. The term ACEs was initially coined in 1998, when lead researchers Vincent Felitti and Robert Anda began to explore the correlation between negative experiences during childhood and physical and mental health problems in later life. ACEs include the following:
 - Abuse: physical, emotional, sexual abuse
 - Neglect: physical and emotional neglect
 - Household dysfunction: domestic violence, substance abuse, untreated mental illness, parental separation or divorce, imprisonment of a parent
- **Post-traumatic stress disorder (PTSD)** is a mental health condition that can develop after experiencing or witnessing a traumatic event, characterised by symptoms such as flashbacks, nightmares, avoidance, hyperarousal, and intrusive thoughts.
- **Complex post-traumatic stress disorder (C-PTSD)** is a condition resulting from prolonged, repeated, or cumulative traumatic experiences, often of an interpersonal nature (e.g. abuse, neglect, domestic violence) and occurring in childhood or within relationships of dependency. It disrupts an individual's sense of safety, identity, emotional regulation, and ability to form healthy relationships. Complex trauma can affect emotional regulation, relationships, self-perception, and coping strategies more profoundly than single-event trauma.
- **Posttraumatic embitterment disorder (PTED)** is a mental health condition characterised by intense feelings of embitterment, anger, and helplessness following a negative, unjust, or humiliating life event. These feelings persist over time and significantly impair daily functioning. Distinct from PTSD because the focus is on perceived injustice and embitterment, rather than fear or threat. The German psychiatrist and psychologist Michael Linden described it as a distinct clinical concept in 2003.

Note! Common approaches used by healthcare providers emphasise pathology or illness and inadvertently give the impression that there is something wrong with a person rather than that something wrong was done to the person (Elliot et al., 2005). A trauma-informed approach emphasises that behaviours and emotional responses following trauma are understandable and adaptive reactions to experiences that were extreme or harmful, rather than signs of personal weakness or pathology.

- **Post-traumatic growth (PTG)** refers to positive personal growth and development that can occur after experiencing or working through trauma, such as increased resilience, deeper relationships, or a stronger sense of purpose. PTG emphasises the positive outcomes that emerge from coping with adversity rather than the trauma symptoms.

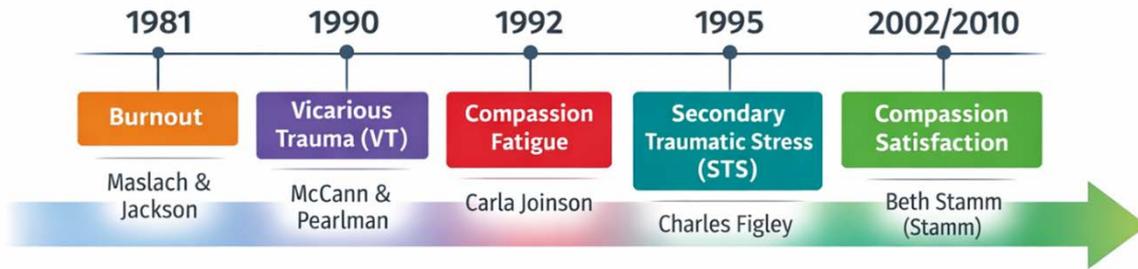
- **Resilience** is the ability to adapt, cope, and recover from stress, adversity, or trauma, maintaining or regaining emotional, mental, and functional well-being.
- **Secondary trauma** is experienced indirectly, usually by being exposed to another person's traumatic experiences. This commonly occurs in helping professions when professionals are repeatedly exposed to clients' trauma stories, including traumatic audio, images, and video, leading to an emotional and psychological impact even though the trauma did not happen to them directly.

Three concepts are often used interchangeably to describe the effects of secondary traumatic exposure: Vicarious Trauma (VT), Secondary Traumatic Stress (STS), and Compassion Fatigue (CF). Recent thinking supports differences between them, as each concept highlights different aspects of the emotional toll on professionals. The common part is helpers' empathic involvement and exposure to clients' traumatic experiences and suffering.

The concepts, among others, are defined as follows:

- **Vicarious trauma (VT)** focuses on the covert cognitive and emotional shifts in the helper's worldview and sense of self following cumulative exposure to other people's traumatic experiences. The primary symptoms of VT are changes in worldview about key issues such as safety, trust, and control. The main characteristics are feelings of helplessness, injustice, fear, anguish, hopelessness, guilt, and shame. The term was coined by Karen J. McCann and Laurie Anne Pearlman (1990) as they described the cumulative, transformative impact of working empathically with trauma survivors on helpers' inner experience (beliefs, identity, worldview).
- **Secondary traumatic stress (STS)** reflects the acute stress responses that arise from indirect exposure to trauma, whether through hearing stories, witnessing victims' distress, or being exposed to images related to trauma. STS often mirrors the symptoms of PTSD, including intrusive thoughts, insomnia, chronic irritability or angry outbursts, fatigue, difficulty concentrating, and avoidance of clients and client situations. The term was coined by Charles R. Figley (1995).
- **Compassion fatigue (CF)** describes the gradual depletion of emotional resources and reduced capacity for empathy caused by prolonged empathic engagement with others' suffering. The term was first used by Joinson (1992) in nursing literature to describe emotional depletion in caregivers. Charles R. Figley (1995) expanded, theorised, and popularised the concept. Figley framed compassion fatigue as an umbrella term, often encompassing Secondary Traumatic Stress. Although widely used, the concept of compassion fatigue has been criticised for its conceptual ambiguity, its conflation with burnout and secondary traumatic stress, and its implication that compassion itself is pathogenic rather than highlighting systemic and organisational contributors to distress.
- **Burnout** develops over an extended period and is generally associated with workplace stressors rather than direct exposure to clients' trauma. It is characterised by emotional exhaustion, depersonalisation or cynicism, and a reduced sense of personal accomplishment, often resulting from factors such as overwhelming workload, insufficient support, and the inability to effectively cope with job demands (Maslach, 1982; Maytum, Heiman, & Garfinkel, 2004).

Development of Terms Describing the Impact of Helping Work on Helpers:



Note! In short, VT, STS, and CF are trauma-specific occupational phenomena, while burnout represents a generalised response to workplace stress that is not necessarily related to trauma work. Burnout may cause exhaustion and cynicism, but it does not automatically compromise a person's worldview or capacity for compassion.

- **Moral distress** refers to the psychological discomfort or frustration that arises when a person knows the ethically right action to take but is prevented from acting due to external constraints, such as organisational policies, lack of resources, or hierarchical pressures. Generally, it is considered situational and potentially reversible if conditions change. The term was first coined by Andrew Jameton in 1984.
- **Moral injury** occurs when a person participates in, witnesses, or fails to prevent actions that violate their moral or ethical beliefs. It is often linked to trauma and can lead to long-lasting psychological harm, such as guilt, shame, or existential crisis. It is more severe than moral distress and may require intervention. The term was first coined by Jonathan Shay, an American psychiatrist, in the 1990s.

Note! For helpers to recognise and deal with these conditions, a non-stigmatising attitude is important. Just as PTSD is considered a normal reaction to an abnormal event or events, vicarious traumatisation and other conditions are also normal reactions to traumatic content and highly demanding work with victims. We cannot do this work without being affected by it. Expecting individuals to navigate trauma without any impact is unrealistic, like trying to walk through water and remain completely dry.

- **Compassion satisfaction** refers to the positive feelings derived from competent performance as a trauma professional. It is characterised by positive relationships with colleagues and the conviction that your work makes a meaningful contribution to clients and society, i.e. pleasure from being able to do your work well. The term compassion satisfaction was first conceptualised by Figley (1995) and later operationalised by Stamm (2002, 2010) to describe the positive feelings and fulfilment that caregivers derive from helping others, as measured in the Professional Quality of Life scale.
- **A trauma-informed approach** recognises the widespread impact of trauma, understands the potential paths for recovery, and integrates this knowledge into policies, procedures, and practices, with the goal of avoiding re-traumatisation (SAMHSA, 2014). A trauma-informed approach involves the following:
 - Recognition: Understand that trauma affects individuals' behaviours, emotions, and relationships.
 - Response: Provide services or care in ways that acknowledge trauma history.
 - Prevention: Avoid practices that may re-traumatise or stigmatise individuals.
 - Empowerment: Emphasise safety, trust, choice, collaboration, and empowerment.

- **Supervision** is a structured, collaborative process in which a more experienced practitioner (supervisor) provides guidance, support, and oversight to enhance professional competence, ethical practice, and personal well-being. It involves reflection on clinical work, emotional impact, skill development, and strategies to manage stress or vicarious trauma. Supervision can take place individually or in a group format.
- **Intervision** is a structured peer-led process in which professionals of similar experience levels come together to reflect on cases, share knowledge, and provide mutual support, with the aim of improving professional practice, problem-solving, and coping strategies. It has no permanent supervisor because the members of the group take turns adopting the role of supervisor and thus provide supervision to each other. All members are responsible for the supervision process.
- **Co-vision** is a collaborative reflective practice in which a professional team or group jointly observes, discusses, and evaluates work processes, clinical interventions, or organisational practices to enhance learning, accountability, and overall effectiveness.
 - **Self-care** involves deliberate actions and practices to maintain physical, emotional, and mental well-being, and to support resilience, particularly for individuals working with trauma-exposed populations. It prevents stress, STS, VT, CF, and burnout by supporting emotional regulation, boundary-setting, and sustainable professional engagement through physical practices (sleep, nutrition, exercise), emotional practices (mindfulness, supervision, peer support), and awareness of your limits and proactive coping strategies. It is integral to trauma-informed work, ensuring that caregivers can provide effective, compassionate care without compromising their own well-being.

Note! Self-care should not be seen as a superficial remedy for work-related stress but as a fundamental part of addressing your own emotional and psychological needs within the context of professional roles and societal structures. As a training domain, self-care is a spectrum of knowledge, skills, and attitudes, including self-reflection and self-awareness (Sanchez Reilly et al., 2013).

Self-care is the deliberate practice of attending to your own physical, emotional, and psychological needs to maintain well-being, prevent stress-related harm, and support resilience in the face of professional and personal challenges (Norcross & Guy, 2007).

Violence against children and young people

The issue of violence against children and young people has long been a major concern at both national and international levels. The United Nations Study on Violence against Children (Pinheiro, 2006), the first comprehensive global assessment of its kind, revealed that violence against children exists in all countries, societies, and social groups. This finding was reaffirmed by a 2020 WHO report, which estimated that one in every two children worldwide experiences some form of violence each year.

Although the true extent of the problem is difficult to determine, partly because violence often occurs behind closed doors and is vastly underreported, it is estimated that over half of all children globally (approximately 1 billion) experience some form of violence (World Health Organization, 2024). It is estimated that at least 55 million children in Europe have experienced some form of violence during their childhood (World Health Organization, Regional Office for Europe, 2021), resulting in the deaths of at least 850 children under the age of 15 each year (World Health Organization, Regional Office for Europe, 2013).

Across Europe, the WHO has estimated that, before reaching the age of 18:

- 18 million children experience sexual abuse;
- 44 million children experience physical abuse; and
- 55 million children experience psychological or emotional abuse.

Article 19 of the UNCRC (1989) defines violence as 'all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse'. The WHO (2021) identifies six main types of interpersonal violence in a child's life: maltreatment, bullying, youth violence, intimate partner violence, sexual violence, and emotional or psychological violence.

Forms of violence in children's lives:

1. Maltreatment – including physical, emotional, and sexual abuse, neglect, and exploitation by parents and caregivers at home and in other settings.
2. Bullying – repeated aggressive behaviour by peers that causes harm or distress often takes place in school or online.
3. Youth violence – acts of interpersonal violence committed by young people against their peers or others in community settings.
4. Intimate partner violence – involving physical, sexual, emotional, and economic violence by an intimate partner or ex-partner.
5. Sexual violence – non-consensual completed or attempted sexual contact, acts of a sexual nature not involving contact, acts of sexual trafficking, and online exploitation.
6. Emotional or psychological violence – behaviours that harm a child's self-worth or emotional well-being, such as humiliation, threats, rejection, discrimination, and other non-physical forms of hostile treatment.

Violence and maltreatment are seen as a 'serious public health and societal problem in the European Region' with 'far-reaching consequences for children's mental, reproductive and physical health and societal development' (Sethi et al., 2013, p. xi). The UNHCR report points out that 'the short- and

long-term consequences in terms of human, economic and social costs can be serious and extremely harmful' (Dimitrova-Stull, 2014, p. 1).

On the individual level, violence can have a serious and lasting impact on different aspects of a child's development, including their physical health, mental and emotional well-being, social relationships, and cognitive functioning. Dimitrova-Stull (2014) also highlights that '[c]hildren exposed to violence, whether they are the direct victims thereof or merely witnesses, are at risk of disorders affecting their nervous and immune systems, possibly causing cognitive disorders and leading to behaviour dangerous to their health with harmful effects in mental and physical terms' (p. 8).

A WHO study emphasises that '[a]part from the immediate medical and psychological trauma, child maltreatment also has multiple negative lifetime effects' (Meinck et al., 2016, p.2). Violence against children significantly increases the risk of both immediate and long-term health problems as well as poor physical and mental health, including anxiety, depression, eating disorders, obesity, and increased risk of suicide. Post-traumatic stress disorder (PTSD) has been identified in up to 25% of children who have experienced abuse. Sethi et al. (2013, p. 27) note that research further indicates that child maltreatment may account for nearly one-quarter of the overall burden of mental disorders, particularly when it occurs alongside other adverse childhood experiences (ACEs).

Any form of victimisation during childhood, whether due to violence from peers or child maltreatment, is regarded as an ACE. Household dysfunctions, such as caregivers' mental illness, problems with substance abuse, parental separation/divorce, violence or parental imprisonment, act as a risk factor and often co-occur with child maltreatment (Felitti et al., 1998). Children may be exposed to multiple types of ACE over the course of their development.

In addition, engagement in risky behaviours, such as unsafe sex, smoking, and substance abuse, as well as lower academic achievement and unemployment, repeated victimisation, or higher risk of perpetrating violence and engaging in delinquent behaviour, have been reported as consequences of violence against children.

Certain groups of children are particularly vulnerable to abuse, including children with disabilities, children in care, abandoned and unaccompanied children, refugee and migrant children, children in conflict with the law, and children belonging to ethnic or other underrepresented minority groups (Prpic & Eichhorn, 2024).

The WHO states that (2021), as a result of violence against children, the evidence for developing mental ill health, such as depression, anxiety, eating disorders, behaviour problems, suicide attempts, self-harm, and illicit drug use, is strong and indisputable.

It is unlikely that the situation of children has improved in recent years; on the contrary, there are strong indications that it has deteriorated. Ongoing armed conflicts, ecological crises, widening socioeconomic inequalities, and increasing health-related risks all contribute to growing concerns about children's safety and well-being.

Violence: The situation in Estonia

The problem of violence in Estonia is acute and affects many people regardless of age, gender, special needs, or background. The nationwide Child Helpline 116 111 receives thousands of calls each year from children and adults reporting issues such as physical, emotional, and sexual abuse, bullying,

conflicts, and children in danger or in need of assistance, revealing only the tip of the iceberg. Sadly, Estonia stands out in Europe for its high rates of violence, suicide attempts, and suicides, while simultaneously having low levels of crime reporting.

According to the 2019 European Crime Victim Survey (2021), conducted by the European Union Agency for Fundamental Rights [FRA], the highest incidence of physical violence has been reported in Estonia. In the five years and the one year preceding the survey, 18% and 10% of respondents over the age of 16 have experienced physical violence in Estonia, respectively, compared to an average of 9% and 6% in Europe.

Studies show that some target groups are more vulnerable to violence, mostly young people and those with special needs (incl. people with disabilities and minorities), who are more exposed to violence and harassment. In Estonia, the rate of young people (aged 16–29) experiencing physical violence is much higher (36%) than the European average (23%) (European Union Agency for Fundamental Rights [FRA], 2021). Paradoxically, Estonia also stands out for its extremely low level of assault reporting to the police. Only 13% reported their most recent physical assault compared to the European average of 30% (Ministry of Justice, 2021, p. 1).

The number of Estonians who have experienced childhood sexual abuse (CSA) is alarmingly high. Increasing numbers of people are reaching out to Children's Houses, i.e. multidisciplinary centres for suspected sexual abuse cases, with several hundred cases being reported annually, indicating rising engagement with support services (Vahtla, 2023).

A significant proportion of young people experience sexual abuse for the first time before the age of 12, with incidents continuing to accumulate throughout adolescence and young adulthood. The average age of abusers at the time of the first or most distressing incident of sexual abuse was higher than that of the victims (Hillep & Pärnamets, 2020).

A survey found that one in six Estonians has been sexually abused in childhood (up to age 15) by an adult, with 17% reporting some form of sexual abuse, 6% reporting attempted rape, and 3% reporting rape as children. The survey also indicated that only 33% of people who experienced attempted rape in childhood disclosed that information to someone else. Very often, the perpetrator is a family member, relative, or other acquaintance.

CSA is a latent crime and an endemic public health and social problem with high potential to transform the trajectory of a person's life in a multitude of ways. It affects the entire organism—thinking, feeling, and relationships. Individuals who have experienced sexual abuse may exhibit psychological effects related to the sexual nature of the trauma, including heightened shame, self-blame, and self-directed hostility. They may report feelings of being “damaged”, “different”, or “tainted” and may hold maladaptive beliefs that something is fundamentally wrong with them.

Self-destructive behaviours are common survival mechanisms of CSA survivors. Self-harm can develop as a coping strategy to manage intense emotional pain resulting from abuse by primary attachment figures. Self-injurious behaviours, such as cutting, burning, or bruising the body, may provide temporary relief from emotional distress.

Neuropsychiatric comorbidities associated with CSA include major depression, dissociative disorder, oppositional defiant disorder, conduct disorder, dysthymia, obsessive-compulsive disorder, phobic disorder, PTSD, substance abuse, borderline personality disorder, attention deficit and hyperactivity

disorder, developmental disorders, schizophrenia, and nearly all DSM IV diagnoses (Gaskill & Perry, 2012).

Child sexual abuse has commonly been viewed as though it were an isolated traumatic event, but it seldom occurs as such. Rather, sexual abuse coexists among a host of other adverse circumstances in a child's life (Anda et al., 2006, as cited in Gewirtz-Meydan & Godbout, 2023), such as unreliable parenting, neglect, violence, substance abuse, and mental health problems.

Domestic violence accounts for half of all violent crimes in Estonia. By the end of 2024, the Rescue Board reported approximately 13,000 annual notifications of domestic violence or sexual abuse. More than 40% of women have experienced domestic violence, with many children having witnessed it; experts estimate that one-third of children are abused as well. In 2021, the economic cost of domestic violence was estimated at over €1 billion annually, comparable to Tallinn's city budget (Nestor & Vahtla, 2023).

The negative impacts of violence are widely discussed in the literature at multiple levels, including human costs, economic and social consequences, educational disruption, and the perpetuation of inequality and social injustice. However, an important dimension remains largely unaddressed. Violence experienced in childhood affects a person's mental and physical health and can cause many educational, social, and health problems, as described previously. Childhood trauma experience makes children vulnerable to reexperiencing it in adulthood, whether as a victim or a perpetrator of violence.

In Estonia, we have witnessed the worsening of children's and young people's mental health, most visibly reflected in increased reports of depressed mood and suicidal behaviour during the COVID-19 crisis. Statistics on suicide and suicide attempts indicate that this is a major public health problem in Estonia. In 2020, more than 200 suicides were registered, exceeding the number of deaths caused by accidents. Not surprisingly, Estonia ranks among the top thirty countries worldwide for deaths by suicide. In 2021, Slovenia, Estonia, Finland, and Belgium reported the highest numbers of suicides in the European Union (Eurostat, 2021).

While the suicide rate in Estonia has shown a downward trend over recent decades, the number of suicide attempts has unfortunately increased significantly. Younger people and men are particularly vulnerable, notes Merike Sisask, an expert in suicidology and a professor of social health (Ministry of Social Affairs, 2021). Suicide attempts are most common among 15- to 19-year-olds and remain one of the leading causes of death among adolescents and young adults aged 15–29. Between 2010 and 2024, there were 73 suicides among youth aged 10–17, with seven occurring in 2024 (Statistics Estonia, n.d.).

Without adequate support, violence can significantly disrupt the way youth relate to themselves. In their search for safety, boundaries, and connection, they navigate turbulent teenage years driven by a hope to resolve their trauma yet unintentionally repeating it instead. Some of them are constantly revictimised, suffer from various mental health problems, or develop aggressive behaviours.

Traumatic and adverse experiences

Before exploring secondary and vicarious trauma, it is essential to understand what constitutes psychological trauma and its effects. The term *trauma*, derived from the Greek word *τραῦμα* (*traûma*), originally referred to physical wounds or injuries. During the twentieth century, the concept expanded

to encompass emotional and psychological harm, particularly following research on war veterans, survivors of abuse, and individuals affected by natural disasters and other catastrophic events.

The ICD-11 adopts a broader definition of trauma, describing it as exposure to an extremely threatening or horrific event or series of events, whereas the DSM-5 uses a narrower and more restrictive definition limited to exposure to actual or threatened death, serious injury, or sexual violence.

A traumatic experience is a life-threatening event or relationship that, at a given moment or during its duration, exceeds the resources and capabilities of the victim. This experience is something that a person cannot cope with and may include feelings of overwhelm, shock, inability to escape, paralysis, helplessness, shame, guilt, anger, terror, and fear (Taylor, 2014).

In this sense, a traumatic situation is one in which the “normal” differentiated cognitive, emotional, and behavioural response patterns are no longer applicable; they are overridden by the exceptional situation and reduced to minimal “primitive” measures: fight, flight, or, if neither is possible, freeze. The alarm situation that occurs is characterised by powerlessness (being at the mercy of others), fear of death, despair, and panic. The person is in a state of extreme agitation and, at the same time, paralysis (Rothschild, 2023, p. 107ff.). In this same way, Cohen (2003) explained trauma symptoms as two-dimensional polarities: a continuum from extreme arousal and agitation to low arousal and numbness; and a continuum from overinvolvement (re-experience, flashbacks, and rumination) to total avoidance of stimuli related to the trauma experience.

Butollo and Karl (2022) explains further that in the peri-traumatic state, a person’s sense of time, space, and logic is suspended, and the situation is not perceived as a whole but as fragments of external occurrences. During and after the traumatic experience, nothing that was previously learned from interaction experiences is valid anymore. Due to the extreme self-experience in trauma, established self-esteem processes are virtually “overwritten” by the acute stress. ‘The traumatic self is a chaotic, dissolved self that first attempts to reconfigure itself as an “underdog”. At best, a split self remains.’ (Butollo & Karl, 2022, p. 20) ².

Therefore, the early experiences of traumatised individuals are marked by intense basic emotions such as fear, grief, and anger, as well as recurring intrusive memories. Initial attempts to cope often involve emotional numbness, detachment, and avoidance, which function as defensive efforts to regain a sense of control. Over time, individuals may begin to process and integrate the traumatic experiences, allowing them to move forward with their lives (Butollo, 1997).

A traumatic experience disrupts a person’s basic sense of safety and stability. It breaks the feeling that life is continuous and predictable, and it affects how a person experiences themselves in relation to the world around them. Trauma challenges the belief that the world has order, that life can be influenced, and that events make sense.

As a result, previously held certainties about life and relationships are shaken. Trust may be damaged, and the world can begin to feel unsafe and unpredictable. Therefore, many describe their lives as being divided into two parts: *before* and *after* the traumatic event.

² Translated by the authors. „Das traumatische Selbst ist ein chaotisches, aufgelöstes Selbst, das sich erst wieder als „Underdog“ zu konfigurieren versucht. Bestenfalls bleibt ein gespaltenes Selbst.“

Trauma shatters the feeling of belonging and attachment, thereby also destroying the capacity for empathy. Patients experience themselves as if in a vacuum, dissociated, the opposite of associated, connected. But it is not only parts of the self that are dissociated, but also the connections to other people, first and foremost to a person's own cognitive-emotional representation system of contacts, the self. With traumatisation, trust in everything disappears (Butollo & Karl, 2022).

Trauma survivors are at increased risk for a wide range of physical and psychological difficulties, including chronic illness, persistent pain, sleep disturbances, substance abuse, depression, and problems with self-regulation and self-care (van der Kolk, 2015).

Traumatic experiences are often understood as falling into two main types proposed by Lenore C. Terr (1991):

- Type I trauma: a single, sudden, unexpected traumatic event (e.g. accident, natural disaster, rape).
- Type II trauma (also known as complex trauma): repeated, prolonged, chronically recurring experiences that can't be avoided (e.g. ongoing abuse, domestic violence, captivity). These experiences often take place within a relationship, often a very close one, in which case the trauma is not an event but the relationship itself.

Building on Terr's distinction between types of traumas, Judith Lewis Herman further developed the concept in the direction of complex traumatisation and what later became known as complex PTSD, particularly in the context of long-term interpersonal violence (Herman, 1992). Bessel van der Kolk expanded the understanding of type II trauma by integrating it into neurobiological and developmental psychological models, emphasising concepts such as developmental trauma and the role of bodily memory. Similarly, Onno van der Hart, Ellert Nijenhuis, and Kathy Steele (2006) applied the type I/II trauma framework in the development of their theory of structural dissociation, differentiating between simple and complex forms of traumatic stress.

It is important to underscore that the impact of trauma varies based on age, developmental maturity, event severity and duration, available support, and individual resilience. Trauma is inherently subjective, and its consequences do not correlate linearly with the intensity or length of the experience. Initial stress reactions after the event are understood as "normal reactions" or "immediate or acute-phase reactions" to an "abnormal reaction" that the person can deal with appropriately. Not every stressful situation necessarily leads to post-traumatic stress disorder (PTSD).

Based on many years of research, particularly after the attacks of 11 September 2001, Bonanno (2004) points out that the majority of people who have experienced traumatic events do not develop PTSD due to their own coping mechanisms. 'Survivors of disasters tend to be normal, well-functioning people who are temporarily struggling with the disruption brought about by the disaster. Fortunately, a vast majority of individuals have the resilience needed to cope with such traumatic events with little to no disruption in their overall psychosocial functioning' (Bonanno, 2004; Masten, 2001, as cited in Cho, 2015). In this context, he refers to the central concept of resilience, which is understood as a protective factor and the ability of individuals to regain a stable balance after adverse circumstances.

In trauma typology, relational and developmental traumas are frequently highlighted. Relational trauma occurs when the perpetrator of violence or abuse is someone close to the victim, often a parent who should be a source of safety. It can manifest through abuse, violence, and/or neglect (such as unmet needs, food deprivation, or emotional neglect). Relational trauma is much more difficult to

assimilate because it damages the relational fabric necessary for the assimilation of the experiences (Francesetti, 2021; Taylor, 2021).

If the trauma occurs early in life and lasts a long time, the effects are sadly more persistent. Since children are entirely dependent on adults for survival, trauma during childhood can have a profound impact on identity formation and the development of core beliefs about the self and the world. Trauma in early childhood may contribute to the development of disorganised attachment, characterised by ambivalence, in which the child experiences threat and danger from the very person expected to provide safety and care (van der Kolk, 2020).

Van der Kolk continues that traumatised children often become highly attuned to threat, while simultaneously experiencing difficulties with self-regulation, play, and imaginative creativity. As the alarm system is stuck on “high”, traumatised children are chronically activated. Stress hormones become toxic to the brain, interfering with the ability to learn and remember new things. As a result, developmental processes may be significantly disrupted, leading to emotional, relational, and psychological difficulties that can persist across the lifespan, indicating developmental trauma.

According to Judith Herman (1992), survivors of childhood abuse are frequently misdiagnosed and mistreated due to the number and complexity of their symptoms. In his book *The Body Keeps the Score*, Van der Kolk points out (n.d.) that more than 80% of the traumatised children seen in the National Child Traumatic Stress Network do not meet the diagnostic criteria for PTSD. ‘Because they often are shut down, suspicious, or aggressive, they now receive pseudoscientific diagnoses such as “oppositional defiant disorder”, meaning: “This kid hates my guts”, or “disruptive mood dysregulation disorder”, meaning he has temper tantrums. These kids accumulate numerous diagnoses over time. Before they reach their twenties, many patients have been given four, five, six, or more of these impressive but meaningless labels.’ Van der Kolk emphasises that the psychiatric medications used to control children’s behaviour can impair their ability to learn, engage socially, and experience bodily well-being even more.

Those without sufficient social and emotional support are more vulnerable to developing chronic trauma-related disorders, especially those who experience chronic childhood abuse and neglect (Boon et al, 2011). The ACE study found that those who reported more adverse events in childhood were also much more likely to suffer from serious illness (Felitti et al., 1998).

Complex post-traumatic stress disorder (C-PTSD) has been described as the result of prolonged and repeated abuse, leading to ‘characteristic personality changes, including deformations of relatedness and identity’ (Herman, 1992). It has also been described as a condition that develops during a critical window of childhood development, when processes of self-definition and self-regulation are being formed (Courtois & Ford, 2009).

Why does this matter for youth workers and workers with youth?

While the effects of violence are well documented, and the responsibilities of key institutions, such as education systems, healthcare services, local communities, and the security and justice sectors, are clearly articulated, the consequences for those working within the support systems themselves are

rarely explicitly examined. As a result, the psychological and emotional impact on professionals who are exposed to trauma through their work often remains invisible and insufficiently addressed.

Working with people who have experienced trauma is demanding and emotionally complex. On the positive side, it offers opportunities to witness human strength and resilience, support personal growth, and observe meaningful progress and change. On the challenging side, it exposes practitioners to human cruelty, suffering, vulnerability, and the profound impact these experiences have on the individuals we serve.

In any helping profession, maintaining appropriate boundaries and confidentiality is critical. Youth workers, particularly those dealing with trauma survivors, are exposed to emotionally heavy content that may challenge these professional limits.

Many youth workers operate in voluntary roles and often lack extensive theoretical or practical training. As noted by theologian Martti Lindqvist (2008), all helpers bring personal motivations and unresolved experiences into their professional roles. When these underlying motivations and expectations remain unexamined, professionals may become particularly vulnerable when working with individuals in distress.

Working in contexts marked by trauma and violence can have a profound effect on professionals. Prolonged exposure to traumatised clients may lead to vicarious trauma (VT) and secondary traumatic stress (STS) and can contribute to the development of compassion fatigue (CF) and burnout symptoms. These processes have negative consequences not only for professionals' well-being, but also for organisational functioning and, ultimately, for the quality of support provided to clients. The crucial question now is how the social organisation and professional youth workers can be supported.

Professionals who work with children affected by abuse or neglect, including child welfare and protection staff, counsellors, healthcare workers, advocates, law enforcement, and prosecutors, regularly encounter traumatic accounts in the course of their work. Repeated exposure to these traumatic narratives can lead to vicarious traumatisation, also known as secondary traumatic stress, which may produce a range of mental, physical, emotional, spiritual, occupational, and social effects (Molnar et al., 2020).

Within the context of the *Safe Youth Workers* project, the term *youth worker* is understood in a broad and inclusive sense as a *worker with youth*. From our perspective, a *youth worker* is not limited to individuals formally employed in youth-specific workplaces; rather, the term encompasses any professional whose work involves regular engagement with young people. This multidisciplinary approach was chosen in recognition of the complex ecology surrounding traumatised youth. A young person's reality is rarely supported by a single worker or discipline; instead, it is interwoven through networks of health, social care, education, community, and sometimes legal systems.

Trauma affects how people engage with and respond to support, influencing their interactions with those providing care or services. Workers with youth require practice-based wisdom to respond effectively to the wide range of unpredictable real-life situations faced by young people. This raises critical questions regarding who prepares workers with youth for such encounters, where this preparation takes place, and how it addresses the complex realities of working with young people who often face uncertainty, instability, and experiences of violation or trauma.

Data from the *Safe Youth Workers* project survey (Kořátková & Andrašik, in press) indicate that respondents who evaluated trauma training as effective particularly valued its contribution to a deeper understanding of their clients through the acquisition of relevant professional knowledge. Participants also emphasised the importance of gaining practical skills applicable to their work, such as enhanced communication skills, increased awareness of how to work with traumatised clients, and improved capacity to manage and resolve crisis situations.

The highest levels of training among respondents were reported in self-care-related training (41%) and trauma-focused training (40%). In contrast, training in STS was least common, reported by only 14% of respondents. This gap is concerning, as STS is a significant risk factor for burnout and premature exit from the profession.

The fact that the majority of workers (81%) report feeling overburdened occasionally, and close to 40% of respondents reported feeling overburdened often or very often, is alarming. The highest levels of reported overburden were observed in Estonia and Spain, where almost half of the respondents reported feeling overburdened, compared to 25% in the Czech Republic.

A survey by Toros et al. (2024) about social and child protection workers in Estonian local governments revealed that employees face high work-related stress, heavy workloads, and emotional strain from client interactions, increasing the risk of burnout. Workplace safety is also a major concern, with over 90% experiencing client violence and more than 60% experiencing workplace bullying. Overall, employees reported feeling overworked and inadequately supported, highlighting the urgent need for organisational support, professional development, and strategies to safeguard well-being.

Limited access to self-care and support measures, such as counselling, supervision, co-vision, and mentoring, combined with inefficient work organisation, low recognition, and poor societal valuation of the profession, further reduces job satisfaction.

Adequate education and professional training appear to have a protective effect, as better-prepared youth workers reported significantly lower levels of emotional overburden and helplessness. The findings suggest that strengthening access to education and professional training is a critical protective strategy for youth workers. Consequently, promoting and expanding training opportunities for workers with youth is essential, particularly given the relatively low overall level of training reported within the study sample.

Training as a key protective factor in preventing and mitigating vicarious trauma

As described, working with people suffering from trauma-related disorders poses various risks for professionals, including the possible development of secondary traumatisation.

Helpers who are exposed to high levels of occupational stress often report feelings of incompetence and inadequacy, which frequently leads to psychological overload. Against this backdrop, it is necessary to address this issue in training and regular continuing education and training courses. Such training promotes professional exchange, offers a break from work, and enables the further development of clinical skills. In addition, it raises awareness of stress and builds resilience.

It is important to emphasise that a support strategy does not consist of a single measure but operates on multiple levels. Examples include STS-based guidelines on organisational sensitivity, STS-based

organisational assessments, trauma-informed supervision, and training on core STS competencies. These measures can serve as valuable tools to mitigate the risks of secondary traumatisation. In this way, organisations can play a central role in supporting professionals (Cuellar et al., 2021).

It is therefore important that professionals and organisations provide or offer appropriate support services. The most important measures mentioned in the literature are supervision, self-care, and continuing education.

Training courses are part of a strategy for a trauma-informed organisation and regular supervision and are among the organisational measures for improving the mental health of employees. They can ensure physical and psychological safety in the workplace by raising awareness of possible negative effects and reflecting on, practising, and ensuring the functional processing of critical events (Kim et al., 2022).

As early as 1995, Figley pointed out in his standard work that prospective professionals must be prepared for the risks of secondary traumatisation that can occur in practice. In this context, he calls for topics such as stress, burnout, and compassion fatigue to be integrated into curricula and practical supervision, and for educational institutions to provide an appropriately protected environment to support learners (Figley, 1995, p. 17).

Pearlman & Mac Ian (1995) share this assessment:

'[The] important clinical implications of this work are that we need training in trauma therapy for those new to the field, more supervision by experienced trauma therapists for all trauma therapists, and more support for survivor therapists (...). Training and supervision of trauma therapists should include a solid theoretical foundation that includes an understanding of the effect of psychological trauma, a relational perspective, and attention to countertransference and vicarious traumatization.' (Pearlman & Mac Ian, 1995, p. 564; Pearlman & Saakvitne, 1995, p. 380)

Newell and MacNeil (2010) point out that professional self-care, an important strategy for dealing with emotional and psychological stress when working with vulnerable clients, is often neglected in social work training. They emphasise the need to design training and continuing education programmes in such a way that aspects of self-care are systematically taken into account at all levels, from the micro to the macro level of social work and social work education (Newell & MacNeil, 2010, p. 57).

However, Newell and Nelson-Gardell (2014) note that many social work graduates have limited knowledge of how to recognise burnout and compassion fatigue and how to use self-care preventively, despite recommendations from CSWE and NASW (2008, 2009) to integrate self-care more strongly into education and professional development.

In the area of self-care, Miller et al. (2018) note:

'Social workers and individuals employed in social work positions receive very little, if any, explicit education or training associated with self-care (Grise-Owens et al., 2017). This training can help social workers develop tools and skills to better navigate the organizational contexts and professional stressors. This training can also help practitioners impact the organizational cultures in which they work.' (Miller et al., 2018, p. 1259)

Sanchez-Reilly et al. (2013) also point to insufficient teaching of self-care skills in medical education. Despite the emphasis on student well-being in the accreditation standards of medical schools in the US and Canada, self-care remains an area of competence that is not explicitly defined there.

Like any professional skill, self-care requires targeted training and ongoing support. Professionals need specific knowledge, relevant skills, and normative guidance, which can be provided through continuing education and training. Integrating self-care into training programmes teaches both the necessary skills and an awareness of their importance (Lee & Miller, 2018; Miller, 2019a; Miller et al., 2019b).

According to Hensel et al. (2015), special training on secondary traumatisation is not absolutely necessary, as dealing with reactions to client material is already taught in many therapeutic training programs. Nevertheless, managers and supervisors need a basic understanding of the manifestations of STS to recognise stress early on and intervene appropriately.

Lane (2021) points out that inadequate training, if it does not reflect the reality of the workplace and prepare professionals accordingly, can itself be a risk factor for secondary traumatisation among counsellors. Counsellors with general training who work in specialised areas often feel unprepared. It is therefore important to not only offer them targeted further training but also strengthen their self-image with regard to their own competence and the importance of their work.

This means that regular training, awareness-raising measures, and evaluations are essential to continuously adapt internal structures, processes, guidelines, and procedures to the needs of employees and customers. These elements must be integrated as an integral part of the organisation and management and do not constitute a "voluntary" service.

Kim et al. (2022) note that existing interventions for secondary traumatisation (ST) focus primarily on self-care and stress management rather than specifically addressing the specific symptoms of ST, which depend on the service context and the type of trauma experienced:

'Therefore, we call for an increase in efforts to tailor VT interventions to different service settings and participant characteristics, as well as greater attention to developing primary VT interventions at the organizational level.'

These VT intervention programmes must be designed with clear goals and objectives, including whether they should offer preventive interventions or symptom-relief interventions. In addition, programmes should be tailored to specific service contexts and take into account possible causes of trauma, types of trauma, and the individual characteristics and backgrounds of participants to provide targeted and effective interventions (Kim et al., 2022).

Cuellar et al. (2021) argue along the same lines: they emphasise that it is important to talk to the organisations and training leaders before the training to clarify the target group and their roles and adapt the content accordingly, for example, for employees, supervisors, or administrative staff. Trainers should clearly understand the purpose, objectives, and content of the training and ensure the approval of senior management. In addition, it is useful to consider factors that could influence the training process, such as incidents, work climate, and stressors. The implementation of the strategies is likely to depend on the support of senior management, so it may be helpful to clarify their openness and willingness in advance. Overall, it is clear that this training is more focused on organisational strategies than typical STS or self-care courses.

Newell & MacNeil (2010) point out that relevant content on this topic must be included in the respective curricula of educational institutions as a preventive measure. They also call for the following:

‘Information on these topics should also be included as part of agency training for practitioners already working in the field. (...) Particular attention is paid to the inclusion of this material and the practice of self-care in both macro and micro social work education, as well as agency-training curriculum.’ (p. 57)

At the macro level, the relevant organisational risk factors for STS/VT should be addressed so that students are aware of and understand these risk factors and can recognise potential dangers at an early stage. At the micro level, content that teaches individual self-help strategies as a preventive measure is ideal. Practical units on crisis intervention and crisis management can also be offered here.

The National Child Traumatic Stress Network (2011) has formulated the following basic goals for training:

- To learn about the risks associated with working with individuals who are suffering from traumatic stress symptoms.
- To learn strategies to reduce the impact of secondary traumatic stress (STS) and support wellness in staff.
- To understand that addressing STS is an ethical mandate for organisations and individuals working in trauma-exposed environments.

Accordingly, the training shall entail the following aspects:

- Knowledge of the various risk factors that arise when professionals work in trauma-related fields or with clients who have experienced trauma.
- Protective factors that shield against negative influences, in addition to strategies and measures that enable the restoration of mental and physical working capacity.
- The fundamental idea that addressing risk and prevention factors, as well as the possible effects of excessive demands (STS, VT), provides a normative orientation for both professionals and organisations.

This structure provides a rough overview but needs to be refined for a training programme.

The content and structure of the Green Cross guidelines (Green Cross, 2026) appear to offer a good blueprint for the training and supervision concept. They cover the most important aspects of self-care

and take a holistic approach. The weakness of the guidelines lies in their focus on self-care and their lack of differentiation between organisational levels as trauma-informed organisational practice. If we look at the 'Inventory of Self-Care Practice', we find the following areas distinguished: Personal, Physical, Psychological, Social/Interpersonal and Professional. The 'Professional' section lists the factors 'work-life balance', boundary-setting, support, and job satisfaction.

When we look at the actors involved, we must distinguish between the characteristics of the respective customers, the skilled workers, and the working environment, all of which have a corresponding influence on the situation (Meichenbaum, 2026).

As El-Osta et al. (2019) explained in their work on self-care, this area can also be divided into a micro level (individual), a meso level (social), and a macro level (systemic). In a training programme, the respective level would then be covered depending on the objectives and target group. The training programme is mainly carried out at the micro level (1) and meso level (2). However, the meso level (3) and macro level (4) should always be addressed by the trainers so that the interventions are not understood only as an individualised transfer of responsibility.

Finally, it would be necessary to determine which educational categories structure the qualifications of self-care skills. A study by Miller (2020) examined the development of self-care skills among social work students in a specially designed university course. The study investigated whether the course improved students' knowledge, skills, and attitudes towards self-care. The pedagogical concept of the course consisted of reflection, the development of stress management strategies, and practical self-care techniques, i.e. it focused on knowledge, skills, and attitudes related to self-care. The study shows that self-care is not only a personal matter but can also be specifically taught during studies.

The following basic structure for educational programmes can be developed from the elements presented so far:

Category	Dimension (Micro/Macro)	Learning objectives
Knowledge: Recognition, Reflection, Explanation	Personal Physical, Psychological, Social/Interpersonal	
	Professional Work-life balance, boundary- setting, support, job satisfaction, understanding the interconnections between micro, meso, and macro levels.	
Skills: Activities and Interventions	Personal Personal strategies and actions; behaviour change.	
	Professional Systemic embedding and contextualisation; behaviour change.	

Category	Dimension (Micro/Macro)	Learning objectives
Attitudes and Values: Self-care and Personal Development	Personal Development of personal attitudes and values.	
	Professional Development of professional attitudes and values.	

The learning objectives must then be individually adapted to the target group, the field of work, and other conditions.

Rauvola et al. (2019) state that when wellness and resilience training is designed too broadly, it may fail to align with the particular needs of employees. Consequently, a carefully tailored, empirically supported approach is necessary to maximise the impact of practical interventions.

Miller et al. (2018) report the following example in the area of self-sufficiency:

'The development of self-care as part of professional practice should be integrated in social work curricula (Grise-Owens et al., 2017; NASW, 2008). The current study found that younger professionals tended to report lower self-care scores. This finding supports the need for preparation of professionals to ensure that graduates enter the field prepared to practice self-care. Social Work education inculcates core values and ensures core competencies of the profession; the Council on Social Work Education (CSWE, 2015) delineates these competencies for accreditation purposes. Progressively, self-care is being identified as a core competency (...)' (p. 1263)

Two important final aspects shall be addressed. Training in STS and VT cannot be developed through brief, one-off training sessions. Drawing on our experience with short- and medium-term training, including supervision and personal psychological reflection, there is a clear need for a long-term learning strategy and an organisationally embedded approach (Sanchez-Reilly et al. 2013).

Based on our project experience with over 550 qualified professionals in training formats ranging from three hours to four days, we can conclude that short units do not do justice to the complexity of the topic, and the learning experience remains limited. Rotschild (2023) reports on her experiences with a four-day vocational training course; she received consistently positive feedback in a survey conducted several months after the training.

In his study, Profitt (2008) states that academic vocational training should include essential content about the personal biographies and everyday experiences of social workers. Topics such as reflecting on your position as a subject of social realities should be addressed. Academic training should also deal more intensively with the contradictions and challenges that exist between theoretical knowledge and its implementation in practice.

Conclusion

Working with traumatised people carries a significant risk of secondary traumatisation (STS, VT) for professionals. To counteract these risks, targeted measures are required at both individual

and organisational levels. These include regular training, supervision, structured self-care, and the integration of these topics into education, training, and continuing education programmes. Training programmes must take into account both the micro level (personal skills and self-care) and the meso and macro levels (organisational structures, working atmosphere, systemic influences) to avoid shifting responsibility exclusively to the individual.

In view of the broad field of activity described above, continuous training and further education are essential for qualified professional practice and, above all, for maintaining the mental health of professionals. The question here is what specific qualifications professionals need in their respective fields of work. In addition to basic training at universities and technical colleges, there are two overarching goals:

1) Continuous and general adaptation and extension qualifications

Adaptation qualifications are continuing education measures that are closely related to a person's current job and aim to adapt existing professional knowledge and skills to new requirements. Expansion qualifications are continuing education measures that go beyond current professional requirements and expand the scope of activities. This means that new skills are acquired in order to take on additional tasks or advance a career. These measures increase professional flexibility and improve opportunities for promotion, specialisation, or job security.

2) Specific training measures

These measures focus on the psychological safety and mental health of professionals and the organisation. They are necessary when professionals are confronted with problems such as violence, abuse, or trauma in the sense of serious adverse events (SAEs). Appropriate qualifications should cover the topics of trauma, burnout, STS, and self-care.

Effective implementation requires long-term, continuous learning strategies that are practical and tailored to target groups and work contexts and that promote knowledge, skills, and attitudes in equal measure. Short-term or one-off training courses are not sufficient to cover the complex requirements and stresses involved. Overall, it is clear that integrating STS/VT prevention and self-care into training and daily work not only protects the health of professionals but also ensures the quality of care for traumatised clients.

The protective role of supervision and peer reflection

All helpers who are exposed to traumatised clients, regardless of their specific roles, are at risk of experiencing the negative effects of secondary traumatic stress (STS) and vicarious traumatisation (VT). Creating regular opportunities for staff to slow down and reflect on their overall well-being and functioning (including physical health, emotional well-being, sleep quality, and job satisfaction) is an important preventive strategy. These opportunities can take multiple forms, including individual supervision, peer-led intervention, and collaborative co-vision sessions.

Research indicates that effective supervision can mitigate the negative effects of indirect trauma exposure while also reducing burnout, staff turnover, and low morale. High-quality supervision serves as critical organisational support for staff at risk of developing STS and VT, offering both containment and guidance in navigating the emotional demands of the work.

Supervision supports coping, professional competence, work quality, and job satisfaction by enhancing communication, fostering effective collaboration, and providing guidance through reflection and decision-making processes, including in challenging situations or conflicts. It facilitates the clarification and processing of tasks, roles, and responsibilities and contributes to the development of innovative solutions and organisational measures to prevent issues such as mobbing and burnout. According to Rothschild (2023), VT can be mitigated or even prevented when the mechanisms underlying it are identified and brought into conscious awareness.

While there are many types of supervisors, effective supervision requires an understanding of how the work impacts both the helper and the quality of the support offered by the helper. Rothschild (2023) further indicates that supervisors need to be aware of three levels of responsibility—employer, individual, and collective—to provide effective support to the person under supervision.

Importantly, supervision can only be effective in the context of trust, which forms the foundation for meaningful reflection, learning, and professional support. Careful attention to group dynamics and psychological safety within group supervision settings is essential. Across our trainings, participants highlighted that supervisors who lack an understanding of the work being performed are perceived as less beneficial.

According to Lane (2021), helpers experiencing the effects of VT may exhibit a range of changes in professional functioning, including doubts about their work, low motivation, avoidance of trauma-exposed clients, over-involvement in details, inflexibility, critical attitudes towards colleagues, and withdrawal from community or training activities. Feelings of being undervalued or perceiving that their work has little impact may further exacerbate these changes, potentially increasing the risk of errors in judgment. Reluctance to engage collaboratively can lead to professional isolation, reduced peer support, and, in some cases, job changes or diminished work quality.

At a personal level, similar experiences, such as hopelessness, anger, apathy, negative self-perception, and low self-esteem, may result in the rejection of emotional or practical support from friends and family. This detachment often manifests as social isolation, impaired communication, and conflictual relationships, further compromising personal well-being and resilience.

'It becomes the responsibility of counselling supervisors to provide a VT-informed service to counsellors that is knowledgeable, supportive, and VT-preventative' (Lane, 2021). As the effects of VT span five interrelated domains (emotional, behavioural, physiological, cognitive, and spiritual), supervision should be capable of addressing each of these dimensions in a sensitive and non-pathologising manner.

Through the involvement of attuned and STS/VT-informed supervisors, helpers can be empowered to develop professional practices that acknowledge the potential impact of vicarious traumatisation. Such supervision supports the identification of risk factors, the strengthening of protective factors, and the continued monitoring of movement along the stress–trauma continuum, enabling the timely implementation of appropriate protective or corrective strategies when needed.

At the same time, it is essential to recognise that organisational factors play a significant role in shaping these experiences, and that responsibility for addressing vicarious traumatisation does not rest solely with the individual practitioner. Addressing issues at the appropriate level requires understanding what actions the supervisee can take, as well as the boundaries and limitations of their influence. It is important to determine a problem's origin: within the work or workplace, at the collective or team level, or in the supervisee's personal or past experiences.

Self-awareness, cultivated through continuous self-reflection, and the development of personal insight serve as important protective factors against VT.

'Individuals change not by trying to be different, but by becoming aware of themselves in the present moment and expanding awareness of what they are sensing, thinking, doing, feeling and being. One changes as awareness increases. Individuals then can choose behaviors that fit their expanded awareness' (Melnick & Fall, 2008). 'The freedom to choose new behaviors is what the paradoxical theory of change and the construct of awareness are all about. These two form the basis for Gestalt beliefs about how people grow and change.'

When integrated into supervision and reflective practice, these skills enable professionals to monitor their emotional responses, recognise early signs of stress, and implement strategies to maintain resilience and sustain effective, compassionate engagement with clients. Heightened awareness of cognitive processes and meaning-making, combined with a willingness to engage openly with vulnerability, is essential for both helpers and supervisors working in this domain.

Lane (2021) points out that the transformative effects of VT are not solely cognitive in nature but are also expressed somatically. The cultivation of mindful self-awareness, including attention to bodily sensations, emotional states, and thought patterns, constitutes a significant protective factor for professionals working in this field. Helpers should be supported in developing sufficient skill in conducting brief body-based self-checks, enabling them to monitor their internal states intermittently throughout the working day.

While organisational change may not always be feasible, Lane (2021) suggests that supervisors can facilitate reflective discussions with helpers about what concerns or adjustments they may be willing to raise with coordinators or managers, such as reducing client contact hours or balancing one-to-one counselling with psychoeducational group work.

While recurring demand for supervision was reported in our study (Kořátková & Andrašik, in press), overall participation remains low, likely due to limited availability. Participation was highest in the Czech Republic (55% reporting frequent engagement), compared with Spain (27%) and Estonia (23%). Notably, respondents without access to supervision were more likely to report rarely feeling successful in their work with young people, underscoring the critical role of supervision in supporting professional competence, efficacy, and well-being.

A culture characterised by collective support, constructive feedback, respect for differences, and open communication helps staff remain connected and implement strategies to mitigate the effects of vicarious trauma. In addition, professionals benefit greatly from regular intervision and co-vision, which provide ongoing reflection, guidance, and peer support.

Throughout our training and study, it became clear that colleagues serve as the primary source of support—a finding confirmed by 63% of survey respondents. This reliance on peer support is both understandable and beneficial, as it fosters collaboration and cooperation within the profession. However, it is important to recognise that such mutual support can also contribute to a compounded burden on professionals and, consequently, on the organisational system. The additional effort required to support colleagues may exacerbate the already significant demands of a person's own work, potentially increasing stress and the risk of burnout.

Isdal (2021) highlights the potential risk of overwhelming, retraumatising, or “contaminating” colleagues. Accordingly, in intervision and co-vision groups, it is essential to monitor emotional contagion (including negativity, complaining, or excessive venting), as these dynamics can contribute to collective burnout and vicarious trauma, a phenomenon sometimes referred to as “peer poisoning”.

Unexpected or surprising information can provoke heightened amygdala activation, especially when it exceeds the listener’s capacity to process it. Accordingly, it is important to allow colleagues time to adjust, avoid shocking them, and introduce information gradually.

To promote psychological safety and minimise these risks, participants should adopt structured and mindful approaches when sharing experiences:

Prepare the listener: Clarify your intention and needs, check whether the timing is appropriate, and provide a brief overview before sharing distressing details.

Gradual disclosure: Share information in stages, starting with emotional states, then providing context, followed by more details, and only including highly distressing content if necessary.

Establish group agreements: Create shared norms for how experiences are communicated, ensuring respectful and contained discussion.

Create safe zones: Designate spaces and times, such as breaks or lunch periods, where discussions about trauma, violence, or client experiences are avoided to allow emotional recovery and maintain balance.

These practices ensure that peer reflection remains supportive and educational, fostering resilience while reducing the risk of secondary traumatic stress within professional teams.

Objectives and goals of the SAFE Youth Workers training programme

Vicarious trauma (VT), secondary traumatic stress (STS), and compassion fatigue (CF) describe a range of potential occupational hazards associated with work in caring and helping professions. However, observations from participants in our training programmes indicate that these concepts are rarely used by professionals to describe the impact of their work. Instead, burnout is most frequently cited, suggesting that the distinct effects of working with trauma-exposed populations are often insufficiently recognised or differentiated within helping professions.

Experiences that are not identified or named are difficult to address effectively. Increasing awareness is therefore a critical first step towards understanding the nuanced impacts of trauma-related work and developing appropriate self-care and protective strategies. The primary objective of the Safe Youth Workers project training programme is to enhance helpers’ awareness of the potential risks associated with working with traumatised youth and to support them through the development of individualised strategies for self-care and professional protection.

This objective is pursued through a series of targeted goals that inform the design and implementation of the curriculum:

1. Enhancing self-awareness

Participants are guided through a range of experiential exercises and interventions designed to strengthen body awareness and deepen connection to somatic experience. These activities support the recognition of stress signals and autonomic nervous system responses, including hypoarousal and hyperarousal, in situations of perceived threat.

To enhance understanding of individual vulnerabilities and strengths, participants are encouraged to explore personal motivations for entering the helping profession. In longer training formats, biographical work is incorporated to support insight into emotional processes and examine how personal history and life experiences influence professional interactions. This increased self-awareness is essential for recognising early indicators of vicarious trauma and taking proactive measures to reduce its impact.

2. Recognising signs of vicarious trauma and other professional stressors

A core component of the training is the systematic exploration of VT and other potential negative consequences associated with helping professions, including STS, CF, and burnout. The training supports participants in recognising and differentiating the causes, symptoms, and effects of these phenomena on both personal well-being and professional functioning. Participants will gain insight into the neurobiological foundations of psychological trauma, enabling a deeper understanding of their own responses as well as those of the youth with whom they work.

3. Promoting self-care

Participants will explore evidence-informed strategies for strengthening personal and professional resilience, enabling more effective coping with the emotional demands of their work. A central component of this process is the development of an individualised self-care plan that can be adapted to varying professional contexts and challenges.

Participants will learn and practice techniques for stress management, emotional regulation, and the maintenance of psychological balance. Reflective practice is integrated throughout the training to support ongoing self-assessment and the continuous refinement of self-care strategies. In addition, the programme emphasises the role of peer support, InterVision, and supervision as essential resources for professional development, resilience, and sustainable practice.

Methodological and didactic approaches

The training methodology is interactive and practice-oriented, integrating experiential learning, reflective practice, and creative expression. An intentionally integrative approach was adopted, as methods focused solely on knowledge transmission may support cognitive understanding but often fail to equip participants to apply theoretical concepts effectively in real-world professional contexts.

This limitation was also evident in the findings of the present study. Participants reported negative experiences with previous training events that were purely knowledge-based and lacked guidance on how to translate theory into practice. Courses perceived as overly theoretical, too general, or insufficiently focused on practical application were consistently evaluated as less effective. Both the empirical data and current scientific literature suggest that a purely cognitive educational

approach is suboptimal, particularly in fields involving complex human interactions and emotionally demanding work.

A recurring theme in the data was the perceived gap between theory and practice, with respondents noting that some recommendations were difficult or even impossible to implement within their professional settings. In contrast, training was rated as highly effective when it emphasised self-reflection and supported participants in developing a deeper awareness of their personal boundaries, resources, and vulnerabilities. High effectiveness was also associated with practice-oriented professional learning that enhanced understanding of clients' experiences and provided concrete strategies for working under demanding conditions.

In particular, training that supported the development of psychohygiene skills and offered techniques for preventing negative professional impacts was viewed as especially valuable. For these reasons, practical applicability and experiential engagement were consistently placed at the centre of the training design.

Theoretical additions: beyond the cognitive teaching approach

Based on our training experiences, it can be concluded that, for all areas, a purely cognitive educational approach is at least suboptimal. Albarracín et al. (2024) has investigated which factors influence human behaviour and how effective various measures are in bringing about behavioural change. We understand behavioural change as a learning process, especially in adult education.

In practice, this means less traditional teaching and information transfer and more action-oriented formats, i.e. more practical exercises, simulations, roleplays, and application-oriented case work. The aim is to train specific actions to establish new habits.

Finally, the learning process takes place in an active relationship with other people who accompany and support the learning process in a communicative act as learning guides, mentors, peer groups, supervisors, or collegial advisors, thereby consolidating the process recursively. It must be acknowledged that conventional continuing education programmes with separate, highly modularised, and limited relationship-oriented concepts often do not meet these recommendations; therefore, educational success in the sense of behavioural change is not visible in the long term or is visible only initially.

This corresponds exactly to the findings of Albarracín et al. (2024), who concluded in her study that access, i.e. the provision of resources or the removal of barriers, has the greatest influence on the promotion of positive behaviour (social structural determinants and their effectiveness). This means that organisational and systemic framework conditions (companies, healthcare system, healthcare policy, or continuing education policy in our case) are particularly important for the development and provision of continuing education programmes and their appropriate integration into the everyday working lives of professionals, e.g. designing flexible learning formats (blended learning, e-learning, on-the-job formats), ensuring that participants have the resources to apply what they have learned, and removing barriers (time, tools, freedom in everyday working life).

Those findings provide important insights but need to be further investigated, which is crucial for the learning process.

Lebert and Vilarroya (2024) linked two central aspects in their essay 'The Links Between Experiential Learning and 4E Cognition'. Although EL and 4E cognition have different theoretical origins and methods, they share a common view: learning and cognition arise through active interaction with the physical and social environment, although this approach could describe the learning process in more detail.

Lebert refers to John Dewey, who said, 'education [needs] to be grounded in real experience. Learning for him is a purposeful process based on doing things, on interacting with the environment and with peers.' Based on this, 'EL introduced the notion of concrete experience as the source of the learning process. It also emphasized the importance of embodiment and situatedness in the learning process.'

This concept is compatible with Gestalt therapy and its theoretical and practical foundations, e.g. with the approach of direct experiencing. 'We do not aim for change in Gestalt but heightening awareness is itself a catalyst for change. (...) In heightening awareness, we seek to discover with our clients how they restrict the flow of experience between self and environment, for whilst this may serve to regulate uncertainty, it can leave the person living in a shrunken world with limited possibilities' (Mann, 2014).

The "4E cognition" concept assumes that cognition is shaped and structured by dynamic interactions between the brain, the body, and the physical and social environment. This means that cognition is embedded, embodied, enacted, and extended.

In the context of the discussion on 4E cognition, it is increasingly being pointed out that the dimension of "emotion" has been underrepresented in this approach. While classical cognitive science primarily views emotion as a dependent function of cognitive processes, more recent work argues that emotion should be understood as an independent and equal dimension. It has been proposed to understand emotion as a kind of "fifth E" to adequately account for the role of affective states in interaction with embodied, embedded, enactive, and extended processes.

This also highlights the difference between the Albarracín et al. (2024) concept of behavioural change and the question of what role emotions play in educational processes as a whole. Based on their own findings, the authors determined that emotion is important for influencing behaviour, but interventions that address emotion have only a limited effect.

However, Lebert points out that 'a viable theory of motivation for educational psychology must be able to incorporate emotions. Deep and meaningful learning indeed involves the integration of cognitive processes, social interactions, and affective dimensions, fostering active engagement and personal relevance in knowledge acquisition' (Lebert & Vilarroya, 2024, p. 43).

In this sense, learning is always a process that is either promoted or hindered by emotion. This must be considered in the relevant educational programmes.

Finally, reference should be made to Fuchs' "ecological paradigm" (Fuchs, 2023). Just as Lebert examines the connection between "experiential learning and 4E cognition", Fuchs describes in

his ecological approach the need for a paradigm shift in psychiatry, referring to the 5E cognitive paradigm and calling for a shift in psychiatry towards relationship-oriented medicine through the increased use of the embodiment theory and enactivism. What is described in detail here for psychiatry should also be discussed and further developed for psychotherapy, counselling, coaching, and education. The works by Albarracín et al., Lebert, and Fuchs mentioned here were presented as examples for further discussion.

An integrative approach

In our approach, *integrative* refers to working with the whole person. Human beings are affected in a holistic manner, physically, emotionally, cognitively, behaviourally, relationally, and spiritually, with psychological processes such as perception, thinking, emotion, action, and motivation closely interconnected and mutually influential.

Building on George Engel's Biopsychosocial Model of Health, which challenges the traditional separation of body and mind, the training draws on the Gestalt concept of the organism–environment field. From this perspective, the human being is understood as an inseparable unity of body, mind, and emotional life, continuously shaped by dynamic interaction with the surrounding environment.

This understanding is further supported by Fuchs' (2023) phenomenological–ecological approach, which emphasises embodied interaction between the organism and its environment and highlights the relational and ecological nature of human experience. Individuals are affected on multiple, interconnected levels: through their subjective experience of being-in-the-world; through direct engagement with social and natural environments; and through their embeddedness within broader structural, organisational, and technical conditions.

Learning and professional development are most effective when these dimensions are addressed together, within an open, respectful, and reflective learning environment that supports both conceptual understanding and practical application.

Experience-oriented learning

The training is experience-oriented, fostering deep and lasting learning that supports meaningful personal and professional change. Workshops are grounded in participants' own life and work experiences, which serve as the primary starting point for all learning activities.

Experience is understood in a broad sense, encompassing practical skills, professional and social knowledge, as well as emotional and bodily awareness. Adult learners bring substantial expertise from their professional practice, everyday life, and prior education. The training builds on these existing resources and creates structured opportunities for peer learning, shared reflection, and mutual exchange.

The learning process follows a continuous cycle of experience, reflection, and application. Through personal engagement with the subject matter and active participation in group processes, participants' existing patterns, beliefs, and narratives are activated and explored on physical, emotional, and cognitive levels.

Drawing on these insights and available resources, participants are encouraged to experiment with new ways of thinking and acting. This experiential process enables the emergence of more supportive patterns, which can then be consciously integrated into everyday professional practice.

Active participation in a group setting

Participants are regarded as self-directed learners who take an active role in shaping their own learning process. To support this, the creation of a safe, respectful, and supportive learning environment is essential. Openness, clear communication, and inclusive practices foster a sense of belonging, enabling participants to engage with confidence and take ownership of their learning.

Learning unfolds through ongoing interaction with others throughout the training process. Participants are encouraged to actively contribute to group discussions, exercises, and experiential activities. The group setting offers opportunities for self-reflection, mutual support, and constructive challenge, all of which deepen insight and promote personal and professional growth. Through these communicative processes, learning is reinforced and integrated.

By engaging with others and drawing on the collective experience and wisdom of the group, meaningful change processes can be initiated. In this sense, the group becomes more than a collection of individuals; as Koffka (1935) observed, 'The whole is something different and more than the sum of the individual parts.'

Recognising and accepting

The learning environment is grounded in goodwill, mutual support, and positive encouragement. Trainers collaborate with participants to create a safe and accepting space where reflection, exploration, and learning can take place.

Structured feedback is incorporated as a group process to help participants observe and understand their own behaviour and its impact on others. Through guided reflection, participants are supported in examining their self-image, increasing awareness of emotional responses, and exploring relational patterns. Engagement with specific personal topics through individual case work is encouraged to deepen insight, challenge assumptions, and raise awareness. This process strengthens learning and facilitates the integration of new emotional, cognitive, and behavioural patterns.

To maintain safety and respect, feedback agreements are introduced and actively moderated by trainers throughout the process.

Gestalt therapy principles are integrated throughout the training, guiding participants to stay present and fully engage with their emotions.

Gestalt principles in experiential and group-based training

The principles guiding experiential and group-based training contexts are deeply rooted in Gestalt therapy. Gestalt emphasises awareness, contact, responsibility, and field theory, all of which shape how individuals learn, relate, and interact within group and training settings.

Awareness

In Gestalt therapy, awareness refers to being consciously present in your relationship to yourself, others, and the surrounding world. It involves attention to what is occurring in the present moment and serves as a point of reference, situated within a specific context, place, or interaction. Awareness includes attentiveness to internal experiences, responsibility for your choices, self-acceptance, and the capacity for meaningful contact. As attributed to one of the Gestalt therapy founders Fritz Perls, 'Without awareness there is nothing, not even the knowledge of nothingness.' Awareness is thus the foundation for learning, change, and authentic engagement.

Experiential and experimental learning

Gestalt-based learning emphasises experience and experimentation rather than abstract discussion or intellectual analysis alone. Growth occurs through action, direct experience, and reflective

experimentation in the here and now. Training is therefore experience-oriented and grounded in sensory and emotional awareness, inviting participants to explore questions such as ‘What am I sensing, feeling, thinking, and needing in this moment?’ Through experiential exercises, participants gain insight into their patterns, needs, fears, and sources of vitality.

Responsibility

Responsibility in Gestalt begins with awareness of your thoughts, emotions, needs, and actions. Rather than attributing experiences to external causes alone, participants are encouraged to recognise their role in shaping and responding to situations. Responsibility is not associated with blame or guilt; instead, it is a pathway to empowerment. By taking responsibility, individuals increase their capacity for choice, change habitual patterns, and engage more authentically with themselves and others.

Contact

Contact is a central concept in Gestalt therapy and is described by Perls as the primary reality of human experience. It refers to the process of perception, engagement, and conscious response within a social and environmental field—the ongoing exchange between the individual and their environment. Gestalt therapy is often referred to as a contact therapy because of its focus on fostering meaningful engagement, dialogue, and closeness. In group and training settings, contact is developed through interaction, feedback, collaboration, and mutual presence, providing opportunities for support, reflection, and constructive challenge.

Field theory

Gestalt therapy views individuals as inseparable from the *field* in which they exist, the dynamic interplay of relationships, social structures, cultural norms, and environmental conditions. Behaviour and experience are understood as emerging from the whole situation rather than from isolated internal processes. Each element (the *figure*) gains meaning only in relation to the broader context (the *field*), underscoring the reciprocal relationship between the individual and their environment.

Participants of the training

Throughout our training events, we invited participants from a wide range of professional target groups who support emotionally distressed, traumatised, or otherwise vulnerable children and young people, as well as families and students preparing to work in these fields. Rather than limiting participation to youth workers in the traditional sense, we intentionally included a broad cross-section of professionals whose daily roles place them in close contact with trauma. These included social workers, educators, mental health nurses, counsellors, police and probation officers, medical staff, and others.

The following professional groups took part in the training programmes:

- Youth-related and educational professionals: youth workers, social workers, child protection specialists, social pedagogues, and teachers
- Mental health professionals: psychotherapists, psychologists, and psychiatrists
- Professionals from social, legal, and healthcare systems: family doctors, mental health nurses, police and probation officers, mediators, lawyers, military officials, support persons, advisors, and victim service professionals

- Students preparing for professional practice: students of social pedagogy, psychology, social work, and child protection

Participants in our training programmes consistently highlighted the high level of engagement and the absence of boredom. They emphasised the effectiveness of methodological variation and the integration of multiple learning levels, including theoretical input, experiential activities, emotional self-expression, and authentic interpersonal encounters.

Participant reflections indicate that the methodological design of the training strongly supported learning, engagement, and personal development. In particular, the case-based approach and the consistent use of concrete examples were experienced as highly supportive for understanding and applying the content. Participants emphasised the value of the balanced interplay between theory and practice, highlighting the Gestalt-informed sequence of experience first, followed by reflection and meaning-making.

The use of participatory and experiential methods, including body-oriented exercises, was repeatedly described as enriching and activating. Participants appreciated the emphasis on embodied awareness—such as breathing exercises and noticing emotional states at the beginning of sessions—which supported arrival, grounding, and self-regulation. Although this initial slowing down was experienced as challenging for some, especially for participants with a high internal pace, it was later recognised as necessary and beneficial for deeper engagement.

Several participants noted that the group setting and circular seating arrangement created a novel and meaningful learning experience. Trust within the group emerged as a key condition for openness and depth. The opportunity to share personal experiences and to listen to others was described as both reflective and transformative, supporting self-awareness, contact, and insight into personal themes and inner polarities.

The trainer's role was highlighted as central to this process. Participants valued the trainer's warm, supportive presence, ability to pose clarifying and deepening questions, and transparent handling of tense situations. Observing how the trainer embodied Gestalt principles in moments of challenge was experienced as a particularly powerful learning opportunity.

Overall, participants described the training as intensive, meaningful, and emotionally safe. The most valuable aspects were identified as the integration of theory, experiential exercises, group sharing, and the trainer's embodied expertise. These elements together created a learning environment in which cognitive understanding, emotional processing, and embodied experience were closely interwoven, enabling sustainable learning and personal development.

II. Prevention of Vicarious Trauma in Youth Workers: A Comprehensive Curriculum

This curriculum on the prevention of vicarious trauma is designed to provide a comprehensive and practice-oriented framework for professionals working with trauma-exposed youth.

The curriculum addresses key dimensions of vicarious trauma prevention and professional self-care, ranging from foundational theoretical concepts to advanced practices in self-awareness, emotional regulation, and supportive organisational culture.

By integrating evidence-informed theory with experiential and applied learning activities, the curriculum seeks to equip participants with the knowledge, skills, and reflective capacity required to engage sustainably in trauma-related work. Emphasis is placed on strengthening professional resilience, enhancing ethical and effective practice, and supporting emotional and psychological well-being. The following section outlines the modules and sessions included in the curriculum.

This curriculum is rooted in the principles of the Erasmus Programme, ensuring that it is adaptable, inclusive, and responsive to the diverse needs of youth professionals across Europe.

Curriculum approach

This curriculum is grounded in experiential and participatory learning principles and integrates a range of interactive teaching methods. The approach draws on Gestalt therapy principles, emphasising present-moment awareness, embodied experience, and emotional processing.

Reflective practice is used to support self-discovery and the integration of learning into professional contexts. Creative and expressive methods, including art-based activities, play, and movement, are incorporated to facilitate emotional exploration, enhance self-regulation, and build resilience. Learning is further supported through group-based processes, which foster peer support, shared reflection, and collaborative learning.

The curriculum follows a flexible, practice-oriented structure in which experiential learning and experimentation are the main values preceding theoretical input. This inductive approach allows participants to engage with lived experience first, followed by guided analysis and conceptual framing.

The proposed structure serves as a general framework; practitioners may adapt the duration, sequencing, and emphasis of modules to meet the specific needs and contexts of their professional settings.

Overall, this curriculum aims to:

- increase awareness by deepening participants' understanding of vicarious trauma (and related professional impacts), its manifestations, and its impact on helpers;
- develop professional skills by providing practical tools for self-care, stress management, and emotional regulation;
- foster resilience by strengthening coping strategies and promoting sustainable practices that support long-term well-being in demanding professional roles; and

- build supportive professional networks by encouraging peer support, intervision, and supervision, thereby contributing to a culture of care within youth work and helping professions.

Basis for curriculum development

The curriculum is grounded in contemporary research on psychological trauma, vicarious trauma, and the related professional impacts, including secondary traumatic stress, compassion fatigue, burnout, and compassion satisfaction among helpers working with the target group. The development of the curriculum is further informed by empirical literature and evidence-informed practices drawn from psychotherapy, youth work, and related helping professions.

The curriculum development process was supported by the project partners' original research conducted among professionals in helping roles in Estonia, the Czech Republic, and Spain. Data were collected between 2023 and 2024 to examine the impact of work with youth on helping professionals and to identify perceived needs related to maintaining psychological well-being and mental health.

In addition, the curriculum was piloted, evaluated, and continuously adapted through training delivery across all partner countries as well as in Ukraine, Georgia, and Latvia, reaching more than 550 participants. Insights gained from both the research findings and training implementation informed the final structure, content, and pedagogical approach of the curriculum.

How to use the curriculum

This curriculum is designed to be flexible and adaptable. It is structured into four modules and eight sessions. It may be used as a complete training programme or integrated into existing professional development activities. Trainers can adjust the order, length, and focus of sessions to fit their target group, taking into consideration their previous knowledge and time limitations.

The curriculum has been tested primarily in in-person settings, which is the recommended format for delivery. While it can also be implemented in online or blended formats, such approaches may limit group processes and experiential components, particularly those involving embodied interaction and experimental exercises.

An experiential and trauma-sensitive approach is important when delivering the topic. We suggest combining short theoretical inputs with reflective, creative, and practice-based activities. Whenever appropriate, allow participants to engage in exercises or experiences first and introduce the theory afterwards. Pay attention to pacing and emotional safety throughout the training.

Encourage participants to reflect on their own experiences and connect the content to their professional roles. Support them in developing personal self-care strategies and learning from one another through group discussions.

Trainers are encouraged to promote ongoing reflection, peer support, and supervision after the training to support long-term learning and well-being.

Subject groups

The curriculum is designed for professionals who work with emotionally distressed, traumatised, or otherwise vulnerable children, adolescents, and family systems, as well as for students preparing to work in such roles. It is not limited to youth workers in the traditional sense but addresses a broad cross-section of professionals whose daily work places them in close proximity to trauma. This includes social workers, educators, counsellors, mental health nurses, psychologists, police and probation officers, medical staff, and related helping professionals.

Durations of trainings

The curriculum can be adapted for various training formats depending on the specific needs and time constraints of participants:

One-day training (4–8 academic hours): focuses on introducing basic concepts and providing immediate self-care techniques.

Two-day training (16–18 academic hours): expands on the psychodynamics of vicarious trauma and provides more in-depth exploration of self-care strategies and practical applications.

Three-day training (16–24 academic hours): offers coverage of most of the modules, including practical sessions, group work, and more individualised support.

Four-day training (32 academic hours): offers comprehensive coverage of all modules, including extensive practical sessions, group work, and individualised support.

The training can be delivered over consecutive days to ensure an intensive and concentrated working environment. It can be adapted to non-consecutive days, which has the advantage of allowing time in between to reflect on and practice new skills, and gives the possibility for questions to arise. The challenge might be to ensure pedagogical continuity and personal continuity between modules.

Learning objectives

The aim of the training is to develop individual and professional self-care to be able to recognise and deal effectively with possible negative impacts (STS, CF, VT, burnout) originating from working with traumatised clients.

The training aims to foster self-confidence through self-awareness, openness and tolerance towards both self and clients. It promotes adaptability and flexibility in responding to the needs of different client groups, encourages reflective practices, and promotes professional development and the application of multifaceted self-reflection to enhance professional growth and self-care.

Knowledge about:

- Psychological trauma
 - different forms and neurobiology
 - psychological, physical, behavioural, relational consequences
 - specific challenges and rewards of working with young people who have experienced trauma

- Consequences for helpers: VT and related concepts (STS, CF, burnout) & compassion satisfaction
 - causes, symptoms, and impact of vicarious trauma
 - overview of the risk factors and protective factors for helpers
 - knowing the difference between empathy and compassion
 - meaning-making and compassion satisfaction
- Self-care and professional support possibilities
 - historical development and theoretical foundations of self-care
 - various self-care strategies and techniques for preventing and managing vicarious trauma
 - importance of supervision and peer support (InterVision) in promoting well-being and professional development

Skills regarding:

- Self-awareness and reflection:
 - identify personal experiences and biases that may influence work with trauma-exposed youth
 - recognise and reflect on your emotional responses and attitudes related to the profession
 - recognise the potential impact of personal experiences and biases on working with this population
- Trauma-informed practice:
 - apply knowledge of trauma to yourself and your interventions with young people
 - utilise active listening and compassionate communication skills when working with individuals who have experienced trauma
 - implement clear and healthy boundaries in professional settings
- Self-care and stress management:
 - develop an understanding of the negative impacts of work to respond to early signs of vicarious trauma and other related concepts
 - utilise a range of self-care techniques to promote physical, emotional, and social well-being
 - apply stress management strategies to cope with the demands of working with trauma-exposed youth
- Teamwork and support:
 - effectively participate in InterVision and supervision sessions
 - contribute to a healthy and supportive work environment
 - negotiate personal needs and collaborate effectively with colleagues

Attitudes:

- Empathy and compassion:
 - compassion towards yourself and clients who have experienced trauma
 - maintain an open-minded and non-judgmental approach towards clients, colleagues, and yourself

- switching between empathic and compassionate attitudes
- Resilience and self-care:
 - see value in self-awareness and actively engage in reflective practices
 - recognise the importance of self-care in maintaining well-being and professional effectiveness
 - cultivate resilience and adaptability in responding to challenging situations
- Collaboration and support:
 - value teamwork and collaboration in promoting a supportive work environment
 - demonstrate a willingness to seek and offer support to colleagues

Learning outcomes

By the end of the training, the participant can:

- describe the core concepts of psychological trauma and its behavioural manifestations;
- explain and analyse the potential effects of trauma-related work, acknowledging both negative and positive professional consequences;
- differentiate the key concepts relevant to helping professions, including vicarious trauma (VT), compassion fatigue (CF), secondary traumatic stress (STS), burnout, and compassion satisfaction, and apply them to professional contexts;
- critically examine their own personal and professional vulnerabilities in relation to trauma-exposed work;
- identify the risk factors and protective factors related to vicarious trauma in youth work settings; and
- synthesise theoretical knowledge and self-reflection to design and implement an individualised, sustainable self-care plan.

Training content

Module 1: Trauma, stress-related disorders, and the helper's experience

Session 1: Psychological trauma

Session 2: Neurobiology of psychological trauma

Module 2: Consequences for helpers

Session 1: Defining and describing key influences

Session 2: Psychodynamics of vicarious trauma

Module 3: Risk factors and protective factors

Session 1: Risk factors

Session 2: Protective factors

Module 4: Prevention and self-care strategies

Session 1: Self-care

Session 2: Professional support

Teaching methods

The methodology is interactive and practical, incorporating experiential learning, reflective practice, and creative expression. Gestalt therapy principles are integrated throughout the modules, guiding participants to stay present and fully engage with their emotions.

Levels of experience and learning:

- Socio-emotional level
- Social-cognitive level
- Level of action and experience

The training is a combination of theoretical learning and practical exercises to integrate learning as much as possible. Contact learning is preferred to implement experiments and benefit from group power.

Didactic approaches:

- Interactive lectures
- Group discussions
- Case-based learning
- Reflective exercises
- Facilitated self-directed work (journaling, analysing, implementing self-evaluation tools, development of an individualised self-care plan)
- Experiential and experimental learning activities (grounding exercises, play and playfulness to foster creativity, emotional expression, and problem-solving skills)
- Working from and with the body
- Utilising art and expressive therapies

Evaluation strategy

Participants' learning will be evaluated through a combination of self-directed and trainer-supported assessment methods.

Self-direction, as a key component of andragogy theory, plays a central role in this training. In this process, participants take responsibility and initiative in setting their own learning needs and goals, implementing the learning process and reflecting on and evaluating their experiences.

Self-assessment is a vital component of the evaluation strategy, as it encourages participants to reflect on their personal experiences, emotional states, and professional practices. This process fosters self-awareness and reinforces the importance of personal responsibility in maintaining well-being.

Self-evaluation will be conducted throughout the training, via pre- and post-training reflections, self-assessment of trauma-related knowledge, and critical analysis of personal and professional vulnerabilities.

These self-directed components are complemented by trainers' review of knowledge-based tasks, as well as regular opportunities for feedback and the sharing of self-reflections. This approach enables participants to discuss challenges and successes, fostering a supportive environment and ensuring that learners feel guided and validated throughout the training process.

Participants will also complete an applied assignment involving the development of an individualised self-care plan, demonstrating the integration of theoretical knowledge into professional practice. Participant engagement and feedback will further inform the evaluation of learning and overall training effectiveness.

These methods assess both reflective learning and the effective integration of theoretical concepts into professional practice:

- Pre- and post-training self-assessment

Participants will complete structured self-assessment questionnaires to evaluate changes in knowledge, attitudes, and perceived competence (skills) related to psychological trauma and helper wellbeing.

- Self-assessment through the training

Participants will try reflective journaling, documenting thoughts, emotions, and experiences in reflective journals throughout the training. Guided prompts—'How have I responded to challenges this week?' or 'What strategies have been most effective for me?'—help participants connect with their progress and identify growth areas.

- Structured reflections

Trainers will facilitate group reflection activities, encouraging participants to share insights and learn from one another. These sessions will focus on topics such as recognising the early signs of vicarious trauma and evaluating the impact of specific self-care practices.

- Self-evaluation questionnaires

Participants will use standardised tools to monitor emotional well-being. By incorporating these tools, participants gain a practical understanding of how to track their mental health and seek support when necessary.

- Knowledge-based assessment

Learning will be evaluated through case-based questions assessing understanding of key concepts, terminology (e.g. VT, CF, STS, burnout), and theoretical frameworks related to trauma and helping professions.

- Reflective analysis

Participants will engage in analysing their personal and professional vulnerabilities in relation to trauma-related work, demonstrating critical self-awareness and integration of course content.

- Applied assignment (self-care plan)

Participants will develop an individualised self-care plan that applies theoretical knowledge to practical strategies. Evaluation will focus on relevance, feasibility, and evidence of informed application.

- Participation and engagement

Active participation in discussions, group work, or experiential exercises will be used as a formative indicator of engagement and reflective learning. From the perspective of learning psychology, active participation helps learners consolidate what they have learned and understand it more deeply.

- Training evaluation feedback

Participants will complete an anonymous course evaluation to assess the perceived relevance, clarity, and applicability of the training, supporting continuous quality improvement.

Each component is designed to measure participants' progress, encourage self-awareness, and adapt the training to their needs. The strategy also emphasises practical application, empowering youth workers to incorporate learned techniques into their daily roles while fostering a culture of self-care and resilience.

Participants will be encouraged to join regular supervision sessions or peer groups to discuss ongoing challenges and successes. These sessions serve as a space for collaborative problem-solving and reinforce the application of trauma prevention techniques.

Educational or professional experience of the trainer

The trainer is a qualified psychotherapist with an accredited postgraduate degree in psychotherapy and formal training in psychological trauma and trauma-informed approaches. They have extensive clinical experience working with individuals affected by trauma and complex stress, as well as professional experience addressing the impact of trauma work on therapists, including vicarious trauma and burnout.

In addition, the trainer has demonstrated experience in delivering professional education, training, and supervision to adult learners within clinical or therapeutic settings. Their combined clinical expertise, academic training, and teaching experience qualify them to provide advanced, evidence-informed training on trauma and therapist wellbeing.

Theoretical additions: Towards experiences, emotion, and relation

In their work, professionals are sometimes confronted with situations that are existential for their clients and in turn have a strong emotional and physical impact on the professionals themselves. It is therefore important to address these aspects in training not only theoretically but also in an experience-oriented manner. As mentioned above, theoretical explanations can have positive effects in the context of psychoeducation, but emotional and bodily aspects must also be included to better anchor learning content through body processes (embodiment) (Storch et al., 2022).

This should then take place as an additional relationship process between participants and facilitators (embedded) so that concrete cases can ultimately be worked on in an experience-oriented manner (actualisation and experimental learning).

This also includes incorporating biographical aspects into the educational process, which may reveal previous traumas experienced by the specialist staff and thus better explain their current reactions. In a process of self-awareness and self-reflection, repressed and split-off parts of the self can resurface.

The educator should be prepared for this. Appropriate reactions should be recognised, acknowledged, addressed respectfully, and taken seriously. The person responsible then has the task of responding to the emotional feedback from participants in accordance with their own qualifications, the general circumstances, and the specific state of mind of the participants and the group, classifying it in a psychoeducational manner and providing emotional support.

Acute emotional reactions tend to occur more frequently in cases of trauma and secondary trauma. Individuals, but also the group as a whole, can be affected by these topics and examples due to their unusual nature and the associated danger. This can be explained by the basic human capacity for sympathy, empathy, and compassion¹ (synchronisation processes, interpersonal coordination). It is therefore important for managers to pay particular attention to possible synchronisation processes, especially if these activate their own biographical experiences (Taylor, 2021; Mihalache & Zăgrean, 2021).

It should be emphasised, once again, that the leader must be suitably qualified for this process. To examine the relevant processes in detail, we can refer to the ‘four levels of therapeutic deepening’ (Petzold, 1993).

The first level is the level of reflection as an attempt at understanding, i.e. cognitive exploration. It is a mental process that aims to differentiate and integrate experiences or avoid them. At the second level of affects and imagination, emotional–imaginative emotions are felt and inner images or scenes are activated. This results in a vivid, scenic imagination, with the body remaining relatively uninvolved. The participant feels more like a spectator with deep emotional involvement.

At the third level of emotional involvement, the focus is on deeper emotional processing: the client is not only touched, but emotionally involved as a whole; feelings are experienced more intensely and vividly, leading to deeper feelings and experiences. The connection to reality is loosened, cognitive control is somewhat restricted (regression), and the whole body is affected.

The fourth and final level—the level of autonomous bodily reactions—is a consolidation of the previous three levels: control and cognitive reflection are more severely restricted or even switched off; the body begins to react “autonomously” (trembling, breathing, gagging, screaming); and the rapport with the therapist remains to some extent, but regressive processes, inner images, and original atmospheres take effect.

In therapeutic processes, deepening is always a temporary and intentional regression that is consciously and deliberately used by therapists when necessary.

¹ ‘Empathy involves feeling some distress in the face of the suffering other. Compassion, on the other hand, has more of a self-focus, in which the self is experienced as different from the one who is suffering.’ (Taylor 2021)

In educational processes, these intensive (regressive) processes are not consciously initiated by the facilitator. However, certain emotional and physical processes can also be influenced in training courses on the topics of trauma, burnout, STS, and self-care (dissociation). For this reason, it is essential that trainers take this into consideration during the design phase and are prepared for it.

Although the focus of the training is not on therapy, emotional involvement is an essential component of effective reflection and learning processes. The four levels of deepening can serve as a guide for trainers. For non-therapeutic work, it is recommended to extend the spectrum beyond the knowledge and skill aspects to the first two levels. In situations where participants are unexpectedly affected by stronger emotional involvement, trainers should have the appropriate crisis intervention methods at their disposal, such as calming and stabilisation.

III. Manual

Methodological framework

Learning is understood not as the passive acquisition of knowledge, but as a process of meaning-making that emerges through direct experience and interaction with the group members. Participants are invited to actively involve themselves in experimentation and later reflection.

The learning and development process is grounded in Gestalt principles and unfolds across interconnected levels. These levels are not linear or hierarchical; rather, they form a dynamic and mutually reinforcing whole.

Levels of experience and learning:

Socio-emotional level

Social-cognitive level

Level of action and experience

Across all levels, learning is understood as holistic, experiential, and relational. Teaching methods are carefully selected to support active learning and foster awareness, contact, and responsibility, while creating a safe and supportive learning environment. The group itself functions as a living field in which individual and collective learning processes unfold.

Learning is characterised by creativity and originality, the discovery of new possibilities, and the development of independent and critical thinking. It emphasises authentic contact and dialogue with fellow learners and trainers, cooperative engagement within the group, and situationally responsive action.

Practical experiments, rather than predefined outcomes, invite learners to take responsibility for their learning process. This approach supports the expansion of perspective by bringing implicit assumptions, habitual patterns, and beliefs into awareness. Reflecting on your own work and the work of others supports integration, self-regulation, and continued development within the social field.

Methods are adapted to the needs of the participants and the dynamics of the group. Practical exercises, case work, and experiments enable participants to explore personal and professional topics in the here and now, while reflection and dialogue support the integration of experience into insight and action.

Levels of experience and learning

A balanced combination of theoretical input, experiential exercises, individual reflection, and group discussion (sharing, feedback) is used to address cognitive, emotional, and embodied dimensions of learning. Academic concepts are not treated as abstract knowledge but are integrated through lived, embodied experience, thereby strengthening the connection between theory and practice.

Socio-emotional level

The socio-emotional level focuses on creating a safe, supportive, and trustworthy space for learning and encounter. Psychological safety is considered a fundamental prerequisite for meaningful learning, reflection, and transformation.

From a Gestalt perspective, trainers attend not only to content but also to the field conditions in which learning takes place. Wherever possible, information about the participant group and potential safety concerns is gathered in advance to support a responsive and attuned facilitation process.

Particular attention is given to the arrival process at the beginning of the training. Participants typically observe the social constellation and group dynamics to assess their sense of safety. This orientation process is openly facilitated by the trainer(s). Participants are invited to share their expectations, fantasies, needs, fears, and questions. Awareness of space, time, and social atmosphere is intentionally supported and linked to participants' subjective perceptions and bodily states.

“Psychological safety refers to a shared belief within a team or group that it is safe to take interpersonal risks, such as expressing ideas, concerns, or mistakes, without fear of negative consequences to your self-image, status, or career.”

www.psychsafety.com

The trainer ensures that this process is characterised by goodwill, acceptance, lightness, and appropriate humour. At this stage, the aim is not early cognitive or emotional deepening, but the creation of a shared and secure foundation on which individuals and the group can stand.

At the beginning of the training, clear agreements are co-created with participants—particularly regarding confidentiality, privacy, and individual boundaries. These agreements support orientation, foster trust, and contribute to a shared sense of safety in the group. In this way, the ground is prepared for authentic contact without pressure or exposure.

Key elements:

- Providing participants with clear information in advance about the content, structure, and aims of the course.
- Actively welcoming participants so they feel seen, acknowledged, and included.
- Conscious spatial organisation of the learning environment.
- Transparent communication of the programme and learning objectives.
- Establishing clear rules and agreements for cooperation and interaction.

The socio-emotional level remains relevant throughout the learning process. This secure ground enables emotional processes, irritations, differences, and conflicts to later emerge more clearly as figure and be explored constructively. Only on this basis can deeper reflection, learning, and personal development take place.

Social-cognitive level

The social-cognitive level addresses the structured transmission and collective processing of knowledge. Teaching content is delivered through lectures and presentations and is subsequently deepened through dialogue and discussion within the group. Practical examples from both the trainers and participants serve to contextualise and enliven theoretical concepts.

Learning content is consistently linked to participants' lived, physical, and embodied experiences. Knowledge is not treated as abstract or detached but is communicated, reflected upon, and negotiated within the social space of the group. Through this process, learning becomes tangible, meaningful, and directly connected to participants' realities.

This level supports orientation, shared understanding, and the development of a common language, while remaining closely connected to experiential and emotional dimensions of learning. Active engagement supports the consolidation of learning in long-term memory and promotes a deeper, more integrated understanding of the material.

Active learning enables knowledge acquisition through two complementary memory systems: declarative memory and procedural memory. Declarative memory involves the conscious understanding of concepts, facts, and theoretical frameworks (*knowing what*). Procedural memory, by contrast, develops through action, practice, and embodied experience (*knowing how*). In Gestalt-oriented learning, these two forms of knowing are not separated but are understood as dynamically interconnected.

Learners do not merely acquire information; they enact understanding through experimentation, dialogue, and reflection. This integration of declarative and procedural knowledge fosters sustainable learning, personal relevance, and the ability to transfer insights into practice.

Level of action and experience

Cognition arises in the circular relationship between brain, body, and environment. Within this framework, active learning becomes a process of sense-making through embodied action.

The level of action and experience is central to the learning process. Here, conflicts, differences, emotional experiences, and concrete actions become integral components of learning through personal involvement. The activation of habitual patterns, subjective schemas, and modes of action brings underlying personal themes, experiences, and convictions into awareness.

Emotional and cognitive processes are inseparably linked to the bodily level through embodiment and to the level of action and realisation through enactivism. Human experience is fundamentally action-oriented and emerges through bodily engagement with the environment. Meaning is constructed through interaction in a continuous process with the social and material world. Reality is not passively perceived but actively enacted through embodied action within a social field.

In the training, personal experiences are actualised in the here and now and thus become tangible. Experiences are not merely thought about or narrated; they acquire a distinct quality through lived enactment. New experiences are intentionally initiated through tasks and experiments in the mode of “trying things out”, which may be activated cognitively, emotionally, physically, or socially.

The focus is on *being* rather than *having*: *I am the feeling, the conviction, rather than I have a feeling or a conviction.*

Body-oriented work played a central role throughout the training. Through movement and embodied exercises, awareness was deepened and learning was anchored physically. Bodywork included dancing, experiments with stability and instability, finding balance and grounding, Tai Chi exercises, playful movement games, standing meditation, and somatic mirroring. These practices supported integration across cognitive, emotional, bodily, and relational dimensions.

Methodology

The methodology is interactive and practical, incorporating experiential learning, reflective practice, and creative expression. It involves a combination of theoretical learning and practical exercises to integrate learning as much as possible. Contact learning is preferred to implement experiments and benefit from group power.

Theoretical and practical activities:

- **Interactive lectures** (cognitive level – C) introduce and contextualise the core theoretical concepts related to psychological trauma, helper well-being, and the relevant frameworks (e.g. VT, CF, STS, burnout). Participants are invited to exchange ideas, answer questions, share cases, and reflect on their experiences.
- **Group discussions** (GD) facilitate critical reflection, shared professional perspectives, and integration of theory with participants' practice contexts. Discussions start in small groups, followed by a general group. Engaging in discussion supports the achievement of several objectives: understanding and memorising the material; developing the ability to analyse, synthesise, and make connections; becoming aware of attitudes; understanding the complexity of a problem; and developing the ability to evaluate competing viewpoints.
- **Case-based learning** (CASE) uses real scenarios to support analysis, application of key concepts, and professional decision-making.
- **Reflective exercises** (RE) are designed to enhance your self-awareness of personal and professional vulnerabilities, boundaries, and resources.
- **Facilitated self-directed work** (S-DIRECT) involves journaling, analysing, and implementing self-evaluation tools for supporting the development of an individualised self-care plan and ongoing professional reflection.
- **Experiential and experimental learning activities** (EX) involve awareness and grounding exercises to model evidence-informed self-care strategies, play and playfulness to foster creativity, emotional expression, and problem-solving skills. Play creates a safe environment for exploration and learning.
- **Working from and with the body** (BW) incorporates bodily processes as the foundation for awareness, recognising that trauma is stored in the body. This includes body-based practices and interventions to support healing and self-awareness.
- **Utilising art and expressive therapies** (CREA) facilitates emotional expression and self-discovery. These therapies employ creative processes to help individuals explore their feelings and improve their mental health.

Preparation

Knowing the target group and tailoring the programme

Prior to the training, it is advisable to gather key information about the organisation, the target group, and the client's objectives, and tailor the programme accordingly. The trainer shall be familiar with the field of work and use examples that resonate with participants' experiences.

Attention should be paid to contextual and organisational specificities. Differences in participants' interests, priorities, abilities, and readiness for engagement require facilitators to apply flexible and differentiated leadership strategies.

It is advisable to take into consideration the following dimensions:

- Homogeneity or heterogeneity of the group: people in education vs experienced professionals/representatives of the same profession or different supporting professions/professionals from the same department or from different regions
- Participants' personal backgrounds, including both professional experience and biographical history
- Varying levels of experience, expertise, and personal interests
- Differences in readiness and capacity for self-reflection and emotional sharing
- The impact of emotionally demanding content on individual coping strategies and group dynamics
- The need to navigate diverse target groups, perspectives, learning styles, and potential conflicts
- Situations involving limited openness or reluctance to engage with emotional topics and personal experiences

Value of group heterogeneity

The heterogeneity of the group is not viewed as an obstacle but is intentionally welcomed as a resource. Working within a diverse professional group fosters acceptance and mutual understanding among practitioners from different fields who are engaged in supporting youth.

Engaging together with personal experiences, vulnerabilities, and professional challenges reduces projections and implicit assumptions, such as attributing responsibility or blame to other systems (e.g. legal or police services perceived as "not doing enough").

This collaborative and reflective way of working supports a more nuanced understanding of the interconnected functioning of helper networks, allowing participants to view complex support systems from multiple professional perspectives.

Participants consistently reported that group diversity was enriching. Students, in particular, valued the presence of colleagues with extensive field experience, which helped them develop a more realistic understanding of professional practice following graduation. Educators emphasised the value of listening to psychologists and social workers share their first-hand experiences with vicarious trauma, which inspired them to incorporate more trauma-sensitive approaches into educational settings. Similarly, medical staff and police officers highlighted the exchange with youth workers as especially

beneficial, noting that youth workers' holistic and community-based perspectives broadened their often procedural or crisis-oriented approaches.

Leadership preparations

The training should be facilitated by professionals with a solid background in trauma-informed practice and vicarious trauma (VT), including an understanding of other work-related impacts on helpers, as well as experience in group facilitation. Given the nature of the content, training sessions may evoke strong emotional responses among participants, which can be challenging for less experienced trainers to contain and process effectively.

Due to the potential intensity of the material, the presence of two trainers is recommended whenever possible. This co-facilitation model allows one trainer to focus on the flow of content and learning objectives, while the other remains attentive to group dynamics, emotional processes, and individual participant needs, providing timely support and containment as required.

It is beneficial to consider diversity in experiences, identities, and leadership styles when selecting co-trainers. Such diversity can enrich the learning environment and strengthen the relational field of training (Cuellar et al., 2021).

When co-leading, trainers should invest sufficient time in joint preparation and planning. This includes clarifying roles, aligning facilitation approaches, and establishing shared agreements for responding to group dynamics and emotional processes.

Creating a safe space

Trainers are expected to adopt a supportive, responsive, and relational leadership style, remaining attentive to both group dynamics and individual processes throughout the training. This attunement enables facilitators to adjust pacing, methods, depth of engagement, and relational distance as needed, thereby supporting psychological safety and effective learning. The consistent use of clear, accessible, and inclusive language, attuned to participants' professional and cultural contexts, is an essential component of this approach.

The use of examples and case illustrations is carefully attuned to participants' lived and professional experiences, supporting relevance and practical transfer. When appropriate, facilitators may share selected examples from their own experiences and their use of self-regulation and coping strategies. Such self-disclosure, when used intentionally and ethically, normalises VT reactions, reduces stigma, and creates a climate that encourages participants to reflect on and share their own experiences.

Sensitivity and clear boundaries

Throughout the longer training sessions of the Safe Youth Workers project, additional issues frequently emerged that influenced the overall group field. Even when such issues cannot be addressed explicitly due to limitations of time or scope, it is essential for facilitators to remain aware of their presence and be prepared to engage with them at a relational level. This requires a high degree of sensitivity to both content and process to sustain a stable and continuous working atmosphere.

Facilitators need to be able to engage in supportive confrontation when group processes start to shift in a direction that can divert the focus of the training (e.g. activation of unresolved personal trauma

histories or a pronounced need for individual attention). In these situations, clear and containing facilitation is necessary to protect the training frame while simultaneously acknowledging what is emerging within the group field.

Within a trauma-informed framework, it is important to emphasise that participants retain the right to define and communicate their own boundaries. Resistance to deepening self-awareness and engaging with personal vulnerability can become figural among some participants. Common distancing strategies include humour or laughter, increased silence—often indicative of avoidance or denial—or explicit minimisation of the impact of the work (e.g. statements such as “this does not affect me”).

Such forms of resistance and avoidance should primarily be understood as protective strategies and expressions of individual limits within a given context. Rather than attempting to overcome or challenge these responses prematurely, the facilitator’s role is to guide the group towards recognising and respecting them as legitimate forms of self-regulation and personal processing.

Additional practical challenges can arise when participants arrive late or depart early, disrupting continuity and affecting group cohesion. Facilitators therefore need to remain flexible and responsive to these changes, which further increase the complexity of the group process.

Attunement to emotional responses

Trainers must be prepared to encounter and work with participants’ emotional responses throughout the course. Engaging with trauma-related topics in connection with professional client work can activate intense emotional experiences, sometimes unexpectedly. It might reactivate participants’ own traumatic experiences, potentially leading to emotional intrusions or strong affective responses.

Trainers are required to remain attentive to participants’ verbal and non-verbal expressions, including body language and signs of unarticulated distress. When such signals are observed, trainers should gently support participants in bringing these experiences into the learning space in a contained and respectful manner. This process not only supports individual participants but also enriches the group’s learning by deepening awareness of how professional work impacts helpers on an emotional and embodied level.

A wide range of emotional themes may emerge, including but not limited to:

- Anger, shame, and guilt
- Doubts about professional competence or “being good enough”
- Loneliness and experiences of exclusion or bullying
- Feelings of paralysis, dissociation, mistrust, or emotional numbing
- Experiences of tension, inferiority, unfairness, or disappointment

Trainers must be able to hold these processes with sensitivity, ensuring that emotional exploration remains supportive and integrated within the learning context.

Through the Safe Youth Workers project training, participants frequently disclosed personal traumatic experiences from childhood and adulthood. Therefore, there is a high likelihood that trauma-related material may become central during the training process.

Facilitators must therefore be qualified to recognise and respond to trauma-related processes, including signs of dissociation, hyperarousal, and decompensation. They should be able to provide immediate support and containment when such reactions arise, while ensuring that disclosures are held safely and are not therapeutically deepened beyond the scope of the training setting.

Trainers must be competent in initiating grounding, calming, and stabilisation interventions at both the individual and group level when intense emotional reactions arise during the workshop. This capacity is central to maintaining psychological safety and supporting participants' continued engagement in the learning process.

Balancing challenges and resources

Trainers must be prepared to hold a balanced perspective that acknowledges both the negative impacts of trauma-related work and the positive, sustaining aspects of helping professions. While the training primarily addresses the risks of long-term harm associated with professional exposure to trauma, it is equally important to recognise and emphasise the benefits of this work, such as compassion satisfaction, personal growth, and the experience of meaning.

Trainers should intentionally support this balance by focusing on professional experience, personal resources, and individual resilience factors alongside stressors and vulnerabilities. This includes:

- integrating multiple perspectives, such as those of the client, the professional, the workplace, and the broader living environment;
- combining theoretical knowledge, personal experience, creative and experiential activities, interpersonal exchange, and self-awareness; and
- emphasising that psychological trauma is a highly subjective experience and that not all individuals exposed to trauma will develop PTSD or related disorders due to varying resilience factors and contextual conditions.

Maintaining this balanced approach supports realistic understanding, prevents over-pathologisation, and strengthens participants' capacity for sustainable and meaningful professional engagement.

All Safe Youth Workers project training sessions were delivered face-to-face (contact learning) and took place over consecutive days to ensure an intensive and concentrated working environment. This reduced potential disruptions caused by everyday (working) life and enabled people from further afield to participate. Participants were able to focus on the subject matter, individual experiences, and group processes, which led to deeper learning.

The consecutive days were not conceived as isolated workshops but as a progressive journey with a coherent flow. Each block was scaffolded to build upon the previous one, deepening participants' awareness, strengthening their professional skills, and reinforcing their capacity for self-care. This spiral-like model of deepening and integration mirrored the Gestalt therapeutic principle of "working in the here and now", allowing participants to stay connected to what was most alive for them session by session.

Training content

Training is structured into four modules and eight sessions, but trainers can adjust the order, length, and focus of sessions to fit their target group, taking into consideration their previous knowledge and time limitations.

Theoretical structure and reflective integration

1. Each session is structured around two interconnected theoretical parts, with the second part consistently building on, supporting, and deepening the first. This sequential approach allows participants to revisit and expand their understanding of key concepts, fostering integration rather than accumulation of knowledge.
2. Self-reflection is facilitated through a two-dimensional reflective approach:
 - a) Linking theory to professional practice: Participants connect theoretical concepts to concrete work situations and client cases, supporting applied understanding and professional relevance.
 - b) Linking theory to personal experience: Participants relate theoretical input to their own lived experiences, emotional responses, patterns, and perspectives, enhancing awareness and personal integration.
3. To support this reflective process, experimental exercises and experiential activities are suggested and implemented. These activities invite participants to explore theory through action, embodiment, and interaction, enabling learning to emerge through direct experience rather than abstract discussion.

The two-part theoretical structure, combined with dual reflective pathways and experiential experimentation, ensures a holistic and integrative learning process.

Integration Across Levels		
Learning Level	Methodological Strategies	Examples
Socio-Emotional	Grounding, trust-building, group agreements, small-group reflection	Breathing exercises, arrival discussion, reflective dyads
Social-Cognitive	Lectures, case studies, linking theory to practice, two-dimensional self-reflection	Client scenarios, journaling, theory-practice mapping
Action/Experience	Experiential exercises, bodywork, skill rehearsal, embodied reflection	Dance, Tai chi, somatic mirroring, roleplay, experiments, sharing insights

Feedback and sharing rounds shall be integrated after each activity to support participants' individual self-understanding and meaning-making through the resources of the group.

At the beginning of training, we suggest conducting the reflective practice firsthand in dyads or smaller groups to support psychological safety and create a contained space for exchange. Working

in smaller constellations allows participants to regulate proximity and depth of sharing, fostering trust and interest in the other participants.

Sharing in pairs needs sufficient time (at least 15 minutes), and a feedback and reflection round in a big group can take from 45 minutes to one hour. This pacing allows participants to process experiences cognitively, emotionally, and relationally, and supports the integration of learning across all levels.

Depending on the nature of the training and the level of psychological safety within the group, trainers may consciously refrain from inviting participants to share personal experiences in full- or small-group settings.

Instead, emphasis can be placed on self-awareness, embodied reflection, and individual meaning-making, allowing participants to remain responsible for how much they disclose. This approach honours personal boundaries while still enabling individuals to have contact with their own experience in the here and now.

Trainers shall actively remind participants to use their reflective journals throughout the training. After each session, time is intentionally provided for individual reflections. This pause supports meaning-making and planning new steps for better self-care in the future.

Questionnaires and worksheets can be implemented for self-assessment, supporting the identification of personal needs, resources, and next steps in the form of individualised action plans.

Module 1: Trauma, stress-related disorders, and the helper's experience

This module lays the groundwork for understanding ACEs (adverse childhood experiences) and psychological trauma, including how our organism is influenced on different levels. Research shows that the majority of helping professionals have a trauma history of their own, which may be why they chose this field of work. Helpers' unprocessed trauma is found to be one of the key risk factors in the later development of vicarious trauma.

In our Safe Youth Workers training, participants frequently referred to significant adverse and traumatic experiences in their childhood and family systems. These backgrounds formed an important contextual field influencing their learning processes, emotional responses, and engagement within the training.

Commonly mentioned experiences included complex and developmental trauma, such as growing up in environments marked by violence, substance abuse, severe emotional instability of caregivers, or exposure to suicidal behaviour. Participants also described experiences of physical and sexual boundary violations, chronic fear, and marginalisation within their family systems.

In addition, many participants reported adverse childhood experiences related to social exclusion and neglect, including persistent bullying during school years, experiences of forced migration or refugeehood, emotionally distant or neglectful parenting, early caregiving responsibilities for siblings, and profound loneliness during childhood.

These lived experiences highlight the importance of a trauma-informed, relational, and psychologically safe training environment, as personal histories may be activated during experiential and reflective learning processes.

Session 1: Psychological trauma

I. Theoretical input

Part 1. Traumatic and adverse experiences

Social-cognitive level

This first theoretical block introduces foundational concepts related to psychological trauma and adversity, establishing a shared conceptual framework:

- Adverse childhood experiences (ACEs)
- Type I trauma and type II trauma (complex trauma)
- Developmental trauma ("traumatic development") and relational trauma
- Resilience and post-traumatic growth

Working as a helper may involve:

- primary exposure to traumatic events; and/or
- secondary exposure to traumatic events.

This input provides participants with the conceptual language to understand trauma across their lifespan and to differentiate between direct trauma exposure and secondary exposure, creating a basis for professional and personal reflection.

Part 2. Deepening and differentiation

Social-cognitive level

Building on the first theory block, the second theoretical part deepens understanding by introducing diagnostic distinctions according to the ICD-11, with a focus on disorders specifically related to stress:

- Post-traumatic stress disorder (PTSD)
- Complex post-traumatic stress disorder (C-PTSD)
- Prolonged grief disorder
- Adjustment disorder
- Other specified or unspecified disorders associated with stress

This second theory block supports participants in differentiating symptom patterns, increasing diagnostic clarity and reducing undifferentiated self-attributions, such as burnout, when trauma-related processes may be present.

II. Reflective integration

Part 1. Connecting theory with work situations and client cases

Social-cognitive and socio-emotional level

Participants are invited to reflect on their professional practice through guided questions:

- Do you experience primary or secondary exposure to traumatic events in your work?
- What impacts do you notice from working with clients affected by ACEs and trauma?
- When thinking about a case that still affects you, in what ways does it continue to influence you (emotionally, cognitively, bodily)?

This reflection supports professional awareness, normalises reactions to trauma-related work, and strengthens the link between theory and daily practice.

Part 2. Connecting theory with your own personal experience

Socio-emotional and action/experience level

Participants are guided into a deeper self-reflective process focusing on personal biography and meaning-making:

- Personal experiences in relation to trauma and/or ACEs
- Raising awareness of:
 - the subjectivity of trauma experiences;
 - individual resilience factors;
 - potential for post-traumatic growth

- Exploring how the choice of occupation may relate to personal history

This reflective layer emphasises Gestalt awareness, highlighting how personal history, professional identity, and current functioning are interwoven within the broader field. It supports meaning-making around the choices of occupation and the possible underlying reasons, as well as potential “unfinished business” from the past.

III. Experiential and experimental components

Level of action and experience

Embodiment & enactivism

To integrate cognitive and emotional insights, experiential exercises are implemented:

- A body scan to enhance embodied awareness of stress, activation, and regulation
- Supervision and individual work, allowing personal themes to become figural within a supportive relational context
- Biography work (e.g. “*River of Life*”) to explore the influence of personal trauma experiences on professional roles and current work patterns

These activities enable participants to experience and enact learning, rather than merely reflect on it cognitively. Learning emerges through embodied action, interaction, and meaning-making in the here and now, consistent with Gestalt principles.

Session 2: Neurobiology of psychological trauma

I. Theoretical input

Part 1. Stress and trauma in the body

Social-cognitive level and embodied focus

This first theoretical block introduces the physiological foundations of stress and trauma, emphasising the body as a central site of experience and regulation:

- Stress responses: fight, flight, freeze, fawn
- The Window of Tolerance (Siegel): understanding optimal arousal, hyperarousal, and hypoarousal
- Post-traumatic developments:
 - normal adaptive responses
 - maladaptive and pathological developments

This input supports participants in distinguishing between protective stress reactions and trauma-related dysregulation, reducing the pathologisation of trauma responses.

Part 2. Neurobiological processes involved in trauma

Social-cognitive level and deepening and differentiation

Building on the first theory block, the second part deepens participants’ understanding of trauma-related neurobiology:

- Autonomic nervous system (ANS) functioning and shifts:
 - sympathetic dominance: hyperarousal
 - parasympathetic dominance: hypoarousal
- Disruptions in neurobiological integration:
 - changes in cognitive functioning and memory processes
 - emotional dysregulation
 - impact on social engagement, attachment, and relationships

This theoretical input highlights trauma as a whole-organism phenomenon, affecting cognition, emotion, embodiment, and relational capacity.

II. Reflective integration

Part 1. Connecting theory with work situations and client cases

Social-cognitive and socio-emotional level

Participants are invited to apply neurobiological concepts to their professional practice:

- Making sense of trauma-related symptoms and behaviours observed in clients
- Developing awareness of their own internal responses (emotional, cognitive, bodily) and external behaviours in professional interactions

This reflection strengthens clinical attunement and supports trauma-informed responses in client work.

Part 2. Connecting theory with your own experience

Socio-emotional and action/experience level

Participants are guided to explore neurobiological processes through personal awareness:

- Recognising shifts in ANS activation within their own bodies
- Relating theoretical knowledge to past experiences in their private life and/or professional contexts

This reflective process supports Gestalt awareness of the here and now, linking bodily sensations, emotional states, and meaning-making.

III. Experiential and experimental components

Level of action and experience

Embodiment & enactivism

To consolidate learning, experiential exercises are implemented, including:

- Monitoring your own arousal states, with attention to bodily signals and emotional cues
- Practical exercises for calming and regulating the ANS, supporting self-regulation and co-regulation

These practices enable participants to experience regulation strategies directly, reinforcing learning through embodied action rather than cognitive understanding alone.

Something to be aware of!

Lectures on psychological trauma had a noticeable impact on participants, as reflected in a visible decline in group energy levels. This shift may be attributed to multiple factors and is likely influenced by the specific composition of each group. Possible explanations include cognitive overload, the use of protective mechanisms to manage emotional intensity, and, in some cases, limited engagement or the challenge of integrating a high volume of new information.

Module 2: Consequences for helpers

This module provides a non-pathologising and non-stigmatising overview of the different ways in which working as a helper can impact personal and professional well-being. It aims to normalise helpers' reactions, enhance differentiation between related concepts, and support early recognition and self-regulation.

Throughout the Safe Youth Workers project, participants described frequent exposure to acute and chronic stressors in their professional roles, including experiences of direct threat, violence, and intense emotional confrontation. These included working with clients experiencing severe mental health conditions (e.g. psychosis, PTSD, depression, anxiety, substance abuse, and self-harming behaviours), exposure to death and suicide, and confrontations with distressed or aggressive family members.

Participants reported enhanced awareness of how their professional interactions impact their own emotional and psychological states. Many noted that the training encouraged more conscious engagement with client stories, helping them regulate the extent to which they disclose or internalise emotional content. Reflective exercises, such as observing changes in yourself before and after client meetings, were highlighted as useful tools for recognising the immediate effects of professional encounters and identifying strategies to restore emotional equilibrium.

Participants also gained new insights into the types of clients who may contribute to the development of secondary traumatic stress (STS), with several expressing surprise that certain client groups, such as suicidal adolescents, can pose particular challenges. This awareness appeared to shift participants' previous attribution patterns, moving from a sense of personal responsibility for STS development towards recognition of the external factors inherent in client interactions.

Participants described a wide range of work-related and personal stressors, many of which reflect sustained exposure to high emotional demands and potentially traumatic material. It is not possible to work as a helper without being affected by this work.

Overall, the reflections indicate an emerging capacity for self-monitoring, informed engagement with clients, and proactive strategies to support personal well-being in the context of emotionally demanding work.

Session 1: Defining and describing key influences

I. Theoretical input

Part 1. Definitions and distinctions of key concepts

Social-cognitive level

This lecture introduces and differentiates the core concepts related to the impact of trauma-related work, focusing on causes, symptoms, and consequences:

- Vicarious trauma (VT)
- Secondary traumatic stress (STS)
- Compassion fatigue (CF)
- Burnout

The focus lies on increasing conceptual clarity and reducing the tendency to subsume diverse experiences under a single, undifferentiated label.

Part 2. Additional concepts and related impacts

Social-cognitive level and deepening and broadening

To broaden understanding of work-related distress, the following concepts are introduced:

- Moral distress, moral injury
- Post-traumatic embitterment disorder
- Compassion satisfaction (CS)

This input emphasises that helpers' responses are embedded in ethical, relational, organisational, and societal contexts, not solely in individual vulnerability.

II. Reflective integration

Part 1. Exploring work-related impacts

Social-cognitive and socio-emotional level

Participants reflect on the specific effects of their work through guided discussion:

- Sharing and discussing personal challenges originating from professional roles
- Identifying contributing factors on three interconnected levels:
 - the nature of the work (organisation)
 - the nature of the client population
 - the nature and biography of the helper

Case studies and real-life examples are used to illustrate how these factors interact within the professional field.

Part 2. Connecting theory with your own experience

Socio-emotional and action/experience level

Participants engage in structured self-reflection focused on identification and assessment:

- Locating perceived difficulties:
 - in current work conditions
 - in private life
 - in past experiences or biographical background
- Using self-assessment and measurement tools to map well-being and work-related influences
- Evaluating the impact of work on different levels:
 - physical
 - behavioural
 - psychological

This process supports awareness of the early signs of strain and strengthens self-responsibility without self-blame.

III. Experiential and experimental components

Level of action and experience

Embodiment & enactivism

To support embodied awareness and practical integration, the following exercises and tools are implemented:

- Tools and techniques for recognising manifestations of vicarious traumatisation (VT), secondary traumatic stress (STS), and compassion fatigue (CF)
- Exercises fostering boundary awareness and the development of effective boundary-setting strategies
- Structured exploration of work-related values and professional identity
- Self-assessment methods focused on identifying the early warning signs of overload and stress-related dysregulation
- Early Warning Systems

A central focus of the experiential component is the development of individualised early warning systems. Participants are guided in creating personal monitoring frameworks, such as a “traffic light” model or a numerical scale (e.g. 1–10), to identify emerging signs of overload at an early stage.

This process includes reflective enquiry into existing coping strategies, guided by questions such as:

- How do I respond to early signs of stress or overload?
- What responses or strategies would I like to modify or strengthen?

Particular attention is given to bodily indicators of overwhelm, including somatic responses associated with emotions such as anger and sadness. By attending to these embodied signals, participants enhance their capacity for self-monitoring and timely, preventative self-care.

As an optional resource, participants are introduced to the Professional Quality of Life Scale (ProQOL) developed by Beth Stamm and Charles Figley. This instrument can be used independently to assess levels of secondary traumatic stress, burnout, and compassion satisfaction.

Please note!

A significant number of Safe Youth Workers project participants reported experiences of burnout, often describing lasting effects such as reduced energy, heightened vigilance, and difficulty slowing down even after recovery. Many indicated increased caution in their professional lives following burnout episodes.

Notably, while burnout was frequently named, STS, VT, or CF were rarely mentioned explicitly. This suggests that the specific impacts of prolonged work with traumatised populations may not be widely recognised or differentiated among helpers. Clarifying these distinctions may support a more precise understanding of the sources of distress and inform more targeted prevention and support strategies.

Session 2: Psychodynamics of vicarious trauma

This session explores the unconscious psychological processes through which trauma-related work affects helpers. Building on earlier conceptual and neurobiological foundations, the focus shifts towards psychodynamic mechanisms that shape helpers' internal experiences, relational patterns, and professional identity over time. The session supports participants in developing reflective capacity, differentiation, and emotional containment when working with complex client material.

This session supports the development of psychodynamic literacy, enabling helpers to recognise unconscious influences without becoming overwhelmed by them. By integrating theory, reflection, and experience, participants strengthen their capacity to remain present, relational, and ethically grounded in trauma-exposed work.

I. Theoretical input

Part 1. Unconscious processes in helping relationships

Social-cognitive level

This lecture introduces core psychodynamic concepts relevant to trauma-exposed work contexts, with an emphasis on their manifestations in everyday professional practice:

- Transference and countertransference
- Projective identification
- Parallel process
- Common defence mechanisms in helpers (e.g. intellectualisation, avoidance, dissociation, over-functioning)

The content is presented in accessible language and illustrated with practice-oriented examples to support recognition without pathologisation.

Part 2. Unconscious shifts in helpers over time

Social-cognitive level and deepening and broadening

This lecture examines how sustained exposure to trauma narratives can lead to gradual, often unrecognised changes in helpers' inner world and relational functioning.

Impact on self and identity:

- Shifts in self-esteem
- Changes in sense of efficacy, purpose, and professional meaning
- Altered perceptions of vulnerability and personal safety

Impact on relational patterns:

- Increased irritability or emotional withdrawal
- Overprotectiveness or excessive responsibility-taking
- Cynicism, mistrust, or emotional numbing

- Feelings of disconnection from partners, family members, or colleagues

The lecture emphasises that these shifts are understandable adaptive responses, not individual failures.

II. Reflective integration

Part 1. Exploring work-related impacts

Social-cognitive and socio-emotional level

Participants explore how psychodynamic processes appear in their professional roles through guided reflection and discussion:

- How is this work shaping my worldview and sense of self?
- When do I feel pulled to rescue, over-function, or shut down?
- Where does my body carry tension after sessions? Do I feel drained, heavy, or emotionally flooded?
- Do I experience a sense of responsibility for saving, fixing, or rescuing clients?
- Do certain clients evoke emotional reactions (anger, sadness, protectiveness, frustration) that feel disproportionate?

This reflection supports awareness of relational enactments and emotional carryover from client work.

Part 2. Connecting theory with your own experience

Socio-emotional and action/experience level

This component deepens self-awareness by focusing on internal processes and biographical resonances:

- What are my feelings regarding client cases, and do my feelings connect to my own past experiences?
- What emotional material might I be carrying that does not belong to me?
- What does my body register before my cognitive understanding emerges?
- What unconscious beliefs or assumptions are shaping my reactions?
- Which defence mechanisms do I recognise in myself (e.g. intellectualising, shutting down, avoiding, over-functioning)?

Note! Personal Life Stressors

In addition to occupational demands, participants shared experiences of significant personal adversity, including bereavement, traumatic loss, relationship breakdowns, loneliness, depression, anxiety, and other major life stressors occurring alongside professional responsibilities. These parallel strains further shape vulnerability, resilience, and the overall impact of work-related stress.

III. Experiential and experimental components

Level of action and experience

Embodiment & enactivism

Experiential activities are used to translate insight into embodied awareness and practical skill. Their purposes include:

- increasing sensitivity to countertransference and somatic signals;
- supporting differentiation between self and client material;
- strengthening emotional regulation and reflective distance; and
- enhancing containment and boundary awareness.

Examples may include:

- brief grounding or centring practices before and after case reflection;
- body-based awareness exercises to identify tension and emotional residue; and
- structured supervision-style reflection in pairs or small groups.

All exercises are conducted with clear framing, voluntary participation, and options for stepping out if emotional intensity increases.

Module 3: Risk factors and protective factors

Researchers have identified a range of factors that increase the likelihood of helpers developing more severe forms of vicarious trauma (VT). At the same time, it is essential to highlight protective, buffering, and resilience-enhancing factors as an intentional counterbalance. This module supports participants in recognising vulnerability without pathologisation and strengthening professional and personal resources.

Many participants of the Safe Youth Workers project reported working in high-pressure, unpredictable environments characterised by excessive workload, rapid response demands, and organisational instability. Feelings of professional insecurity were common, including persistent worry about making mistakes, not being “good enough”, and carrying a high sense of responsibility for clients’ well-being.

Participants shared difficulties in receiving support, alongside repeated emphasis on the critical role of management and organisational structures in enabling self-care. Ongoing professional development and self-reflection were often described as attempts to restore balance and maintain professional functioning under demanding conditions.

Difficulties with boundary regulation were frequently mentioned, both internally (e.g. rumination about work outside working hours) and relationally (e.g. emotional overinvolvement with clients, challenges with colleagues).

From a trauma-informed perspective, boundaries are seen as adaptive regulatory mechanisms through which individuals maintain psychological and emotional safety by modulating proximity, exposure, and vulnerability in response to perceived internal and external demands.

Participants reported heightened awareness of the processes of empathy and compassion within professional interactions. Many noted recognitions of automatic emotional resonance, such as body mimicry, and its influence on their perception of clients’ feelings and narratives. The distinction between empathy and compassion emerged as a key learning point, prompting participants to reflect on instances where they might suppress or avoid emotional experiences rather than process them fully.

Several participants highlighted the value of strategies for maintaining professional boundaries and protecting their own emotional well-being, including consciously limiting over-identification with clients’ emotions and monitoring subtle bodily cues, such as leaning towards a client. Overall, the reflections indicate that the training fostered greater self-awareness, reflective monitoring, and deliberate regulation of empathic engagement, enabling participants to respond compassionately while sustaining their own emotional safety.

Session 1: Risk factors

This session focuses on identifying and understanding the multidimensional risk factors that shape helpers’ susceptibility to VT. The emphasis is on increasing awareness, differentiation, and choice, rather than promoting avoidance or emotional withdrawal.

I. Theoretical input

Part 1. Domains of risk in trauma-exposed work

Social-cognitive level

This lecture provides a structured overview of empirically and clinically recognised risk factors, emphasising their cumulative and interactive nature:

- Work-related risk factors (e.g. caseload, intensity, chronic exposure, lack of recovery time)
- Personal risk factors (e.g. own trauma history, life stressors, limited support)
- Emotional and psychological risk factors (e.g. perfectionism, excessive responsibility, difficulty tolerating helplessness)
- Relational and social risk factors (e.g. isolation, lack of peer reflection, conflictual team dynamics)
- Organisational and systemic risk factors (e.g. unclear roles, moral distress, lack of supervision or recognition)
- Cultural and contextual risk factors (e.g. stigma around vulnerability, professional cultures emphasising toughness or self-sacrifice)

The lecture frames risk factors as contextual and relational, rather than individual weaknesses.

Part 2. Empathy as a risk factor: Differentiation and regulation

Social-cognitive level

This lecture examines empathy as both a core professional capacity and a potential risk factor when unregulated or unconscious.

Empathy and compassion:

- Definitions and conceptual distinctions
- Differentiating empathy, compassion, sympathy, and over-identification

Unconscious somatic empathy:

- Facial mirroring
- Postural mirroring
- Empathic imagery and internal simulation

Un-mirroring and self-regulation:

- Controlled empathy versus automatic empathy
- Recognising automatic empathic resonance
- Developing the capacity to “step back” without disconnecting

The focus is on maintaining connection without fusion.

II. Reflective integration

Part 1. Connecting theory with work situations and client cases

Social-cognitive and socio-emotional level

Participants explore how risk factors manifest in their daily work:

- Tracking the volume and intensity of trauma-related input
- Identifying moments of overload or cumulative strain
- Reflecting on how boundaries are challenged in specific cases
- Recognising early warning signs in professional practice

This reflection supports realistic workload awareness and prevention-oriented thinking.

Part 2. Connecting theory with your own personal experience

Socio-emotional and action/experience level

This component deepens insight into personal vulnerability and self-regulation:

- Identifying individual vulnerability patterns
- Becoming aware of tendencies towards over-empathising, over-resonating, or over-identifying
- Practising a non-anxious, grounded professional presence
- Exploring personal boundaries and responsibility limits
- Reflecting on time management, scheduling, and recovery rhythms
- Differentiating automatic empathy from consciously regulated empathy
- The aim is to strengthen choice, agency, and self-containment.

III. Experiential and experimental components

Embodiment & enactivism

Somatic awareness and empathy regulation

Experiential methods are used to translate cognitive insight into embodied competence.

Focus areas:

- Somatic empathy awareness
- Boundary sensing through the body
- Grounding and centring practices
- Self-assessment and body awareness

Participants are guided to notice the following:

- Balance versus imbalance
- Sense of ground and stability
- Bodily signals of suffering, strain, or “hanging on”
- Bodily signals of joy, playfulness, and vitality

These exercises support early detection of overload and reconnection with regulating resources.

Session 2: Protective factors

I. Theoretical input

Part 1: Protective factors in professional contexts

Social-cognitive level

This section provides a structured overview of protective factors that reduce vulnerability to vicarious trauma and support long-term professional well-being.

Content:

- Work-related protective factors
- Personal protective factors
- Psychological and cognitive protective factors
- Relational and social protective factors
- Organisational and systemic protective factors

The focus is on understanding how protective factors operate across multiple levels and how they interact with the risk factors identified in the previous session.

Part 2. Deepening and differentiation of core protective concepts

This section deepens the theoretical understanding of the key protective mechanisms that buffer stress and foster sustainability in helping professions.

Content:

- Healthy boundaries
- Resilience and self-compassion
- Meaning-making and compassion satisfaction

Emphasis is placed on differentiating healthy empathy from over-identification, and resilience from mere endurance or self-sacrifice.

II. Reflective integration

Part 1: Connecting theory with work situations and client cases

Social-cognitive and socio-emotional level

Participants reflect on how protective factors (or their absence) manifest in everyday professional practice.

Focus areas:

- Identifying work values and professional identity
- Recognising and practising healthy boundaries
- Knowing limits and saying “no”

- Stability of professional identity under pressure
- Developing and maintaining work–life boundary rituals

Case examples and peer exchange support shared meaning-making and normalisation of challenges.

Part 2: Connecting theory with your own personal experience

Socio-emotional and action/experience level

This phase supports personal insight into individual patterns, vulnerabilities, and strengths.

Focus areas:

- Ability to separate work from personal life
- Awareness of personal emotional triggers
- Sense of control and agency
- Experience of compassion satisfaction
- Perfectionism or strong rescuing impulses
- Personal meaning-making in professional life

Reflection is voluntary, paced, and contained to support psychological safety.

III. Experiential and experimental components

Level of action and experience

Embodiment & enactivism

Experiential learning anchors insight in bodily awareness and concrete action.

Activities:

- Grounding skills, mindfulness, and relaxation practices
- Boundary work (somatic and relational)
- Creating transition rituals between work and home

These practices emphasise embodiment, self-regulation, and the enactment of protective factors in daily life.

Module 4: Prevention and self-care strategies

This module focuses on equipping helpers with practical, sustainable strategies to prevent and mitigate vicarious trauma. Compassion fatigue and vicarious trauma can be alleviated, and in some cases prevented, when the mechanisms contributing to them are identified and made conscious (Rothschild, 2023, p. 242).

Self-care has gained increasing recognition as a core element of sustainable professional practice. Empirical findings suggest that self-care behaviours are associated with reduced levels of professional burnout, enhanced self-efficacy, and strengthened professionalism, with positive implications for service quality.

When practitioners' well-being is actively maintained, positive outcomes may include greater job engagement, characterised by effectiveness, vitality, and involvement in work, as well as increased compassion satisfaction, understood as the sense of fulfilment derived from helping others effectively. In addition, resilience, defined as the capacity to respond constructively to challenging experiences, may be strengthened.

Particular emphasis is placed on self-awareness, professional responsibility, and systemic support, recognising that self-care is not solely an individual task but a shared professional and organisational responsibility.

Analysis of participant feedback from the Safe Youth Workers project indicates a qualitative shift in how self-care was conceptualised and enacted. Participants moved from a predominantly behaviour-focused understanding of self-care, often limited to physical activity, towards a more integrative perspective that included psychological reflection, emotional processing, and engagement with personal therapeutic work.

Increased awareness of the need for an individual to address their own unresolved themes emerged as a central learning outcome, alongside recognition of the importance of establishing clearer boundaries and creating distance from work-related demands. Participants also demonstrated enhanced reflexivity regarding their self-care practices, reporting greater differentiation, intentionality, and openness to seeking support when encountering difficulties. Overall, the findings suggest that the training facilitated a reorientation from implicit or minimal self-care practices towards a more deliberate, relational, and sustainable approach to professional self-care.

Central to our approach is the recognition that self-care cannot be conceptualised as a uniform or prescriptive practice. As Griffith et al. (2019) emphasise, 'a one-size-fits-all approach may not be the best strategy,' as self-care extends well beyond mindfulness-based practices and varies significantly across individuals (p. 9). Within this framework, mental health literacy (MHL) plays a critical role, encompassing the capacity to recognise when symptoms may indicate emerging mental health concerns, as well as having knowledge of effective coping strategies, treatment options, and available support resources. Strengthening MHL therefore supports individualised, context-sensitive self-care by enabling professionals to make informed and timely decisions about their own mental health needs.

Session 1: Self-care

I. Theoretical input

Part 1. Conceptual foundations of self-care

Social-cognitive level

This section introduces self-care as a holistic, multi-level construct embedded in professional practice.

Content:

- Historical developments and the current context of self-care
- Self-care as a holistic approach:
 - knowledge, skills, and attitudes
 - self-perception, self-reflection, self-awareness
 - appropriate professional boundaries
 - ethical, therapeutic, and political dimensions
- Self-care matrix (SCM) – micro, meso, macro levels
- Individual and contextual factors (Lane, 2021):
 - personality and coping style
 - current life circumstances
 - personal history
 - social support
 - work style
 - spiritual connection and resources

The focus is on reframing self-care as an ethical and professional necessity, rather than an optional personal activity.

Part 2. Differentiation of self-care domains

Social-cognitive level

This section examines key self-care modalities and their functions, with a focus on maintaining a balance between personal and professional lives.

Content:

- Dimensions of personal self-care:
 - social-interpersonal, psychological, physical, spiritual
- Dimensions of professional self-care:
 - individual, collegial, organisational levels
 - organisational support / organisational stress

- four structural characteristics: work organisation, professional role awareness, social support, and professional development
- factors that make professional support seeking easier or more difficult

Participants are encouraged to recognise imbalances and over-reliance on certain strategies while neglecting others.

II. Reflective integration

Part 1. Connecting theory with work situations

Social-cognitive and socio-emotional level

Participants reflect on how self-care (or its absence) manifests in their professional roles.

Focus areas:

- Self-care practices within the workplace
- Collegial and supervisory support
- Organisational culture and expectations
- Management responsibility and systemic constraints
- Sustainability of current work patterns

Peer exchange supports normalisation and shared understanding.

Part 2. Connecting theory with your own personal experience

Socio-emotional and action/experience level

This section focuses on the intrapersonal dynamics that shape a person's self-care capacity. It addresses key intrapersonal and reflective dimensions of self-care, with particular attention to emotional regulation, boundary management, and realistic self-expectation.

Content:

- Differentiating between a critical inner voice and a compassionate inner voice
- Developing awareness of, and respect for, personal boundaries (e.g. limiting work-related activities during evenings or weekends)
- Cultivating realistic expectations of yourself when working in emotionally demanding professional contexts
- Allowing space for the full experience of emotional responses as they arise
- Identifying and engaging in practices that provide nurturance and self-support

To support reflective integration, participants are invited to consider the following questions:

- Is there a balance between nourishing and depleting activities in your daily life?
- Do you have access to regular physical activity, non-work-related interests, and opportunities for personal or professional debriefing?

- Do you remain emotionally available after work, or do you experience emotional withdrawal or shutdown?
- Do you use substances or engage in compulsive behaviours as a strategy to regulate stress?

III. Experiential and experimental components

Level of action and experience

Embodiment & enactivism

This phase supports individualised reflection on self-care patterns and vulnerabilities.

Focus areas:

- Personal self-care habits and blind spots
- Emotional regulation strategies
- Personal limits and early warning signs
- Compassion fatigue vs. compassion satisfaction
- Personal responsibility without self-blame

Reflection remains voluntary, paced, and contained to maintain psychological safety.

Experiential components anchor insight in bodily awareness and concrete action.

Activities:

- Working papers:
 - self-care assessment
 - self-care maintenance planning
 - emergency self-care strategies
- Guided self-assessment methods
- Practice and exploration of selected self-care techniques

The focus is on translating insight into embodied, realistic, and sustainable practices.

Session 2: Professional support

This session emphasises professional support structures as essential protective factors against vicarious trauma. It highlights that sustainable self-care cannot rely solely on individual strategies but requires competence development, relational support, and healthy organisational cultures.

I. Theoretical input

Part 1. Professional support structures

Social-cognitive level

This section introduces core forms of professional support and their preventive function.

Content:

- Trauma-informed organisational practice
- Organisational support through four social structural characteristics:
 - sociopolitical support
 - access to information
 - access to resources
 - organisational culture
- Training and competence development
- Supervision and intervision (peer consultation):
 - importance and benefits
- Personal therapy as a professional resource

The focus is on understanding professional support as an ethical requirement and a resilience factor.

Part 2. Organisational culture and team dynamics

This section deepens participants' understanding of how workplace culture shapes helpers' wellbeing.

Content:

- Workplace culture
 - respect, autonomy, recognition
 - toxic dynamics and "colleague poisoning"
 - the culture of positive feedback
 - accepting and respecting differences
- How teams can unconsciously transmit or amplify trauma
 - colleague poisoning
 - low-impact debriefing (four-step model)
- Typical coping patterns within teams and organisations
- workplace isolation; risks and consequences
- building professional networks

Emphasis is placed on recognising both protective and harmful organisational patterns.

II. Reflective integration

Part 1. Connecting theory with workplace practice

Social-cognitive and socio-emotional level

Participants explore how professional support functions (or fails) within their own work contexts.

Focus areas:

- Localisation of the problem: at work, in my private life, in my past?
- Existing supervision and intervision structures and attitudes
- Accessibility and quality of professional support
- Team communication and trust
- Possibilities for strategic alliances within teams
- Indicators for involving external professional support following critical incidents

Shared reflection supports collective responsibility and normalisation of challenges.

Part 2. Connecting theory with your own experience

Socio-emotional and action/experience level

This phase supports insight into individual positioning within professional systems.

Focus areas;

- Personal use of supervision, intervision, and therapy
- Experience of isolation or support at work
- Personal thresholds for seeking help (or not)
- Awareness of personal contribution to team dynamics
- Reflection on self-care habits within professional contexts

Reflection is paced and contained to maintain psychological safety.

III. Experiential and experimental components

Level of action and experience

Embodiment & enactivism

Experiential components translate insight into concrete, actionable strategies.

Activities:

- Development of a personal self-care plan
- Exploration of practical support strategies:
 - mindfulness and meditation
 - physical exercise
 - nutrition and sleep hygiene
- Team-based idea generation:
 - regular meetings or communication boards
 - physical activity during work breaks
 - monthly check-ins or follow-up formats

The focus is on implementation, continuity, and sustainability.

Note!

The sharing of self-assessment results in training settings requires particular care as it may evoke distress depending on the content of the reflection and the individual results. Participants should be reminded of their right to share what is comfortable for them in regard to respecting individual boundaries.

Experiential and experimental activities

Below is a list of activities that can be used in the experiential and experimental parts of the training. Trainers are encouraged to adapt the activities to the target group, time limitations, and specific learning objectives.

Activity 1: Breathing exercises for calming the ANS

Breathing is often one of the first things to change when people become anxious or upset or feel uneasy. It may become faster, shallower, or less smooth. This happens because our bodies release chemicals preparing us to respond to a perceived threat. Often, the changes go unnoticed; therefore, it is important to draw participants' attention to them.

Recognising that there is no immediate danger, and consciously slowing and deepening our breath, we can signal to our brain and body that we are safe. This helps the whole system calm down.

Grounding and breathwork practices:

Invite participants to orient themselves within the space by feeling their feet on the ground and breathing naturally for one minute.

Diaphragmatic/belly breathing

1. Sit comfortably. Place one hand on your chest and the other on your belly.
2. Inhale deeply through your nose, expanding the diaphragm (the belly should rise more than the chest).
3. Exhale slowly through pursed lips.
4. Repeat 3 times initially. Gradually work up to 6–10 deep, slow breaths per minute for 2–3 minutes.

This type of deep, slow breathing involves using a muscle between the lungs and abdomen (the diaphragm) to expand and contract the lungs. This movement sends calming signals to the brain and reduces stress.

Paced breathing for parasympathetic activation

Inhale for 2–4 seconds and exhale for 4–6 seconds (exhale slightly longer than inhale). Adjust to what feels comfortable.

Focus on a specific object, image, or sound, or your breath, to minimise distractions.

Begin with a normal breath, then take a slow, deep inhale through your nose, letting your chest and lower belly expand.

Exhale slowly through pursed lips, making a soft swoosh sound.

If your mind wanders, gently redirect attention back to counting and breathing.

Optional: Use a breathing app to guide you until it becomes natural.

4-4-8 breathing

This technique is ideal when stressed or tense. It calms the nervous system and clears your mind.

1. Inhale through your nose for a count of 4, filling your stomach.
2. Hold your breath for a count of 4.
3. Exhale through your mouth with a soft whooshing sound for a count of 8.
4. Without pause, repeat the cycle 3–4 times.
5. Focus on counting throughout the exercise.
6. Paced breathing reduces stress by harmonising your heart and respiratory systems.

4-7-8 breathing

Inhale for 4 seconds, hold for 7 seconds, exhale slowly for 8 seconds. Repeat 3–4 cycles, emphasising extended exhalation.

Box breathing

Inhale–hold–exhale–hold, each for 4 seconds. Model the technique and then guide the group through several cycles. Emphasise flexibility: participants may shorten or skip holds according to their comfort and level of activation.

Triangle breathing

Imagine a triangle as you breathe. The inhale moves you up one side of the triangle, the exhale moves you down the other side. The brief pause between breaths is the bottom of the triangle.

Imagine as you inhale that you are breathing in cool white light. As you exhale, you are breathing out hot dark heaviness.

Regular practice, even for a few minutes a day, can make these breathing techniques second nature, helping you stay calm and focused throughout your day.

Activity 2: Grounding for self-care

Grounding is a set of practical strategies used to manage overwhelm and distress. It reconnects the mind and body to the present moment, supporting a sense of safety and reducing emotional intensity. Distress may arise from traumatic memories, including secondary traumatisation, or from strong, challenging emotions. Grounding supports self-regulation by calming the body, restoring a sense of control, and increasing tolerance for uncomfortable feelings.

5-4-3-2-1 grounding

Pay attention to where you are and use your senses to list things you notice.

Take a moment to notice:

- 5 things you can see
- 4 things you hear

- 3 things you can touch
- 2 things you smell
- 1 thing you can taste

Five senses grounding

Silently notice:

- things you can see

Slowly look around the room and notice your surroundings. Pay attention to colours, shapes, and objects. Choose one object that draws your attention and focus on it for a moment. Silently name it and observe its colour, brightness, and texture. Imagine you are a painter trying to remember every detail. Then move on to another object and repeat this process with up to five objects in the room.

- things you can hear

Now shift your attention to the sounds around you. Imagine you are a musician listening closely in order to recreate these sounds later. Notice whether the sounds are familiar or unfamiliar, sudden or continuous, in the background or in the foreground. Pay attention to where the sounds come from, their tone, volume, and how they begin and end. Notice the rhythm between sounds and the moments of silence in between. Spend about three minutes simply listening to and exploring whatever sounds arise.

- things you can touch

Now bring your attention to bodily sensations. Notice how your clothes feel against your skin, whether the fabric is soft or rough. If you are seated, feel the support and texture of the chair beneath you. Sense your skin from your feet up through your legs, hips, torso, chest, arms, neck, and head, noticing points of contact and support.

Notice the temperature in the room and within your body—whether you feel warm or cool, and whether different areas feel different. You may choose to hold an object, such as a blanket, a cup, or a soft item. Explore its texture, shape, temperature, and weight. Spend at least three minutes gently exploring these sensations and textures, staying present with what you notice.

- things you can smell and taste

Now bring your attention to smell and taste. Notice any scents in the room, subtle or distinct. You may notice whether the air feels humid or dry through your sense of smell. See if you can detect your own scent and the taste currently in your mouth. Take a moment to explore, even if nothing is immediately noticeable.

If available, choose a small item such as a piece of candy or chewing gum. First, bring it to your nose and notice its smell, describing it silently to yourself. Then place it in your mouth without chewing. Explore it with your tongue, its texture and flavour, and how the taste spreads. If you chew or let it dissolve, notice how the sensation and taste change over time. Move slowly and stay curious, allowing yourself to fully experience the process.

Finally, take a slow, deep breath in and gently release the air. Notice how your body and mind feel after this exercise. Slowly move your arms and shoulders to let go of any remaining tension, and gently

open and close your mouth to release tension in the jaw. Take a moment to settle, noticing any sense of ease, grounding, or change within you.

Body grounding

Guide your attention slowly from your feet to your head, noticing sensations, tensions, and areas of ease.

Guiding:

- Take a comfortable position, either sitting or lying down. Close your eyes if that feels safe. Begin by noticing your breath.
- Bring your attention to your feet. Feel any sensations, warmth, coolness, or pressure against the floor. Notice areas of tension or ease. With each exhale, invite your feet to soften, releasing what no longer serves you.
- Move your attention up to your ankles and calves. Notice their weight, any tightness, or lightness. Breathe gently into them, letting them soften with every outbreath.
- Shift focus to your knees and thighs. Feel the contact with the surface beneath you. Notice any stiffness or discomfort. With each breath, allow these areas to ease and relax.
- Bring attention to your hips and pelvis. These areas often carry tension. Notice how they feel. Imagine the breath flowing into them, inviting openness and gentle release.
- Focus on your lower back and belly. Notice sensations of pressure, stretch, or relaxation. With each exhale, allow these areas to soften, letting go of tightness.
- Move to your chest and upper back. Feel the rise and fall of your breath. Notice any tension, stiffness, or spaciousness. Breathe into this area, allowing it to gently expand and release.
- Bring awareness to your shoulders, arms, and hands. Notice heaviness, tingling, or relaxation. With each outbreath, let the shoulders drop and the arms soften.
- Shift focus to your neck and throat. Notice stiffness, ease, or openness. Breathe gently into this area, inviting length and softening with every exhale.
- Finally, bring attention to your face and head. Notice your jaw, eyes, forehead, and scalp. Let any tightness melt away. Feel a sense of gentle openness and ease spreading across your whole body.
- Take a few final breaths, noticing the calm, grounded presence in your body. When you're ready, gently open your eyes, carrying this sense of ease with you.

Debrief and questions (10 minutes)

After completing the grounding exercise, take a few minutes to reflect:

- How did you feel while doing this exercise?
- Did you notice a greater sense of support from the ground, the earth, or the chair beneath you?
- Were there any changes in your body?
- Did you notice any shifts in your thoughts, focus, or inner dialogue?

Psychoeducation by the trainer:

- Provide brief psychoeducation on the autonomic nervous system:
 - sympathetic nervous system (activation, alertness, mobilisation)
 - parasympathetic nervous system (rest, digestion, recovery)
- Introduce the polyvagal perspective, emphasising safety and regulation as prerequisites for connection, learning, and engagement.
- Highlight that calming practices support access to the ventral vagal social engagement system.

Integration and personal planning:

- Invite participants to identify two techniques that felt most supportive.
- Reflect individually or in writing on:
 - how these techniques could be integrated into daily routines;
 - how they might be adapted for different levels of activation or stress
- Encourage participants to create a brief personal calming plan.

Notes for the trainer:

- Maintain a trauma-informed stance throughout, emphasising choice, agency, and pacing.
- Observe participants for signs of activation or dissociation and offer grounding support as needed.
- Avoid positioning techniques as prescriptive; emphasise experimentation and individual fit.
- Reinforce the fact that self-regulation skills develop through practice and are context-dependent.
- Clearly distinguish regulation practices from therapeutic intervention, while encouraging further support when appropriate.

Activity 3: Standing meditation

Adopting an effective standing meditation posture, with grounded feet, bent knees, spine alignment, open shoulders and chest, the aim is to raise awareness about yourself in a given moment.

Learning objectives:

- Engage body awareness and breath, centring your attention on physical sensations and breathing rhythms
- Cultivate mental clarity and emotional regulation to calm the mind and balance your feelings
- Apply standing meditation in real-life youth work to reduce stress, boost confidence, and enhance presence

Step-by-step description

The trainer guides the adjustments for grounding and demonstrates all movements:

- Stand with feet hip- or shoulder-width apart
- Knees slightly bent, pelvis aligned, spine tall

- Shoulders relaxed, head upright
- Eyes can be closed or softly looking at the floor

Movement:

- Gently swing from ankles: forwards/backwards or side-to-side
- Make rounds with the hips (bigger and smaller)
- Notice your breath and how your body feels as you move
- Feel your feet connecting to the ground, your breath rhythm, and any subtle posture shifts

Visualisation (optional):

- Imagine roots growing from your feet into the earth
- Swing like a tree in the wind
- Picture a silver thread from your head connecting to the sky

Guidance:

- All the sensations, movements, and images you experience are meaningful
- Move gently and mindfully; there's no "right" or "wrong" way to move

Group sharing:

- The trainer elicits group sharing: posture awareness, calming, tension release, empowerment, and emotional influence.
- Summarise the key insights: posture enhances balance, standing meditation fosters steady alertness, and grounding.
- The trainer elicits a group discussion about how to apply this experience to everyday practice: quick practice before meetings, transitions with youth groups, recentre under stress.

Notes for the trainer:

- This grounding exercise can be challenging and even triggering for those who are on the edge of burnout, highly anxious, or hyper aroused for some reason. They might feel very uncomfortable slowing down and feeling what is going on inside themselves.
- Encourage them to speak out loud about their experience, even when it contradicts the majority.

The aims are manyfold:

- To support participants' self-revelation and self-acceptance, even when something is not as they wish it to be.
- Through this, to offer support in changing their experience in the here and now.
- Help them to see and understand how youth might feel when they are in the same situation and what kind of response is helpful.

Note!

If this exercise makes participants feel more anxious, guide the participants to engage muscles, increase tension, and build strength to achieve a sense of calm. Maintaining slow, steady breathing and a controlled heart rate during this process supports relaxation. For this technique to be effective, the strengthening should be done in a non-aerobic state, focusing on controlled, mindful muscle engagement rather than vigorous activity.

Activity 4: “River of Life”

The aim of this visualisation and drawing activity is to initiate reflection about your life journey and trajectory. Through this, self-reflection is supported to help participants make meaning of how their experiences and upbringing have shaped who they are today, the choices they make, and the way they work.

Learning objectives:

- Develop a personal metaphor of life as a river, reflecting life stages, transitions, challenges, and growth
- Use sensory-rich imagery (e.g. sights, sounds, and textures) to deepen self-awareness and emotional insight
- Reflect on intentions, including the experience of letting go and integrating through visualisation
- Explore the metaphorical meaning of your life narrative and apply insights to personal and professional contexts

Duration: 70–90 minutes

Materials:

- Quiet, comfortable space
- Yoga mats
- Paper (A3) + crayons for drawing the river

Step-by-step description

Session preparation:

- Prepare a visualisation script based on sources such as the “River of Life”.
- Place the papers and crayons in the middle of the room so everyone can take them freely later.
- Arrange seating for both meditation and later sharing.
- Guide the participants to take yoga mats if they prefer to lie down.

Introduction by the trainer:

- Explain that the visualisation will be done in silence.
- Introduce the river metaphor as a symbol to represent the course of their life.

- Share the session flow: guided imagery, contextualising, drawing, sharing in pairs and in a big group.

Guided river imagery:

- For the guided imagery, ask the participants to sit comfortably or lie down, relax their muscles, and breathe deeply in and out.
- Ask them to close their eyes or look at the floor in front of them, relax their bodies, and let all visuals come to their inner eye.
- Guide them to journey back in time and imagine their River of Life.
- Here are some questions to support the participants in noticing important aspects of their lives and how these have shaped the participants' character and choices:
 - If your life were represented as a river, what form would it take?
 - Where are the bends or turning points—moments when your circumstances or perspective shifted? Were these transitions gradual or abrupt?
 - What obstacles, disruptions, or life-altering events (e.g. rocks, narrowing passages) appear along the river?
 - Where does the river flow forcefully, and where does it slow or widen?
 - What emotions arise as you reflect on the course of your life?
 - Can you identify the moment when you decided to pursue your current line of work?
 - What experiences or influences led you to choose a helping profession?
 - Who are the significant people who have accompanied you along this journey?
 - Which relationships have had the greatest impact on your development?
 - Have there been meaningful losses of relationships along the way?
 - Are there periods of significant pain or suffering—your own or others'—that have shaped the river's flow?
 - Are there unfinished life events or experiences that remain insufficiently processed?
 - Do any unresolved losses, conflicts, or traumatic experiences continue to influence your life?
 - What broader social, cultural, or historical contexts (locally, regionally, or globally) have shaped the course of your river?

Creative contextualising:

- Provide paper/crayons for drawing the River of Life.
- Ask participants not to speak while drawing, guide them to be in contact with themselves and their own feelings on an imaginary journey.
- Encourage them to find the right colours, words and/or symbols to express everything that stands out for them and is important.
- Let the participants know that this is not an art competition; they can be sure that everything they put on paper has a meaning and is right for them.

Partner reflection & Sharing (10 min):

Pairing up to discuss sensations, emotional shifts, challenges, and awareness about yourself.

Discuss the questions:

- How does the past affect me today?
- Share your awareness of your own difficult life experiences and their impact on your work and yourself as a helper.
- Why am I doing this job, and how is it related to the River of Life?

Group sharing (20–50 min):

- In groups, invite participants to volunteer key insights—what emerged, what surprised them?
- What values, commitments, causes, or principles were most important?
- Review the whole picture. How does it portray the way you think and feel about the whole of your life?
- Are there some important elements left out? Make adjustments, if needed. Remember that no diagram or picture can possibly capture all that shapes your journey.
- With participants' consent, invite group members to give supportive feedback about what they heard and saw.

Debrief:

- Summarise the key experiences shared by the participants.
- Make connections between past experiences (possible traumas) and unfinished business from the choices participants have made regarding their work, and how they might still be influenced by doing their work.
- Support the meaning-making of the values and how they shape the way helpers invest their energy and attention in supporting youth in need.
- Point out the importance of noticing the healthy boundaries between self-experiences and the experiences of youth.
- Support participants if they need to reach out for psychotherapy or supervision to take care of their own traumas and boundaries, if they have not been dealt with before.

Notes for the trainer:

- Maintain a trauma-informed stance throughout the exercise; participation and sharing should always remain voluntary.
- Monitor group dynamics closely to ensure emotional safety and prevent overexposure or emotional contagion.
- Normalise a wide range of emotional responses and remind participants that strong reactions may emerge during biographical reflection.
- Be prepared to ground participants if distress arises (e.g. through breath, sensory awareness, or orientation to the room).

- Clearly distinguish this reflective exercise from therapy, while gently encouraging appropriate follow-up support when needed.
- Model respectful boundaries, containment, and pacing in both facilitation and discussion.

Activity 5: “The Emotional Body Map”

The objective of this activity is to help youth workers identify and express the physical manifestations of emotional stress and vicarious trauma through body awareness techniques.

Duration: 60 minutes

Materials needed:

- Large sheets of paper (A2 size)
- Markers or crayons
- Relaxing background music

Introduction (5 minutes):

The trainer introduces the concept of the body as a container for emotional experiences. In this session, participants will explore how emotions, especially those linked to stress and trauma, manifest in their physical body.

Body scan (10 minutes):

Participants are guided through a body scan exercise, where they are encouraged to focus on different parts of their body, noting any tension, pain, or discomfort. This exercise helps participants connect with their physical sensations and recognise where they might be holding emotional stress.

Drawing the emotional body map (20 minutes):

Participants are given large sheets of paper and asked to draw a basic outline of a human body. Using different colours, they then map out where in their body they feel emotional stress, pain, or tension. Each colour can represent a different emotion (e.g. red for anger, blue for sadness, green for calm).

This creative expression helps participants visually process the connection between their emotional and physical states.

Group sharing (15 minutes):

After completing their body maps, participants are invited to share their drawings with the group. They explain what areas of their body they focused on, what emotions they associate with those areas, and how these physical sensations affect their well-being.

The trainer encourages a non-judgmental and supportive environment, where participants feel comfortable sharing their personal experiences.

Discussion of body awareness and resilience (10 minutes):

The trainer leads a discussion on the importance of body awareness in maintaining emotional resilience. Participants reflect on how being mindful of their physical sensations can help them manage stress and prevent burnout.

The group also brainstorms ways to release tension in the body, such as stretching, yoga, or deep breathing exercises, and the trainer provides additional resources or techniques for body care.

Trainers' notes:

- Create a calm, relaxed atmosphere for the body scan and drawing exercises to encourage introspection.
- Ensure that participants feel comfortable and supported, as this activity may bring up strong emotions.

Assessment:

- Participants will reflect on the connection between their physical sensations and emotional stress, and how this awareness can help them in their professional work.
- Optional follow-up activity: Encourage participants to revisit their body maps in future sessions, adding to them as they continue to build body awareness.

Activity 6: Somatic mirroring

Somatic mirroring is an unconscious imitation of another person's body language, posture, facial expressions, breathing, emotions, or mannerisms. It's a natural way we communicate and connect. Professionals who support people in difficult situations often have a strong capacity for empathy. People with higher empathy tend to mirror more strongly, which can help them understand others, but it can also be overwhelming if they get "stuck" in someone else's emotions. Therefore, unconscious somatic empathy can increase the risk of secondary traumatization, compassion fatigue, and burnout.

Learning objectives:

- Raise participants' awareness of automatic mirroring
- Experience postural and movement mirroring exercises
- Notice the internal physiological and emotional shifts associated with being mirrored and mirroring others
- Integrate basic somatic mirroring practices into clinical, supervisory, or relational contexts in a regulated and intentional manner

Duration 90 minutes

Step-by-step description

Guided mirroring in pairs (20 minutes):

- Individual preparation: Participants sit or stand comfortably, noticing their natural posture, breathing patterns, and areas of tension.

- Coupling up and deciding who is A and who is B.
- Phase 1: Movement mirroring (10 minutes):
 - Partner A is invited to start walking in the room in the way they wish.
 - Partner B follows the movement and mirrors it in subtle aspects of posture (e.g. weight distribution, head tilt, torso orientation) with calm and grounded attention.
 - The trainer invites both to observe the inner reflection of this experiment.
 - Partners switch roles and repeat the experiment.
- Phase 2: Postural mirroring (10 minutes)
 - Partner A is invited to think about a situation in their lives that has elicited an emotional response in them. It is important not to choose a very traumatic incident but something lighter. When A has connected with the memory, they shall express this situation with a posture and facial expression.
 - Partner B shall mirror the posture and face at the same time noticing the reflections inside—what feelings arise, what thoughts come?
 - Partners are asked to come out of the posture and shape their bodies to finish this situation.
 - Partners are asked to switch roles again, and partner B has their turn now.

Notes for the trainer:

- Monitor participants closely for signs of discomfort, dissociation, or overstimulation.
- Reinforce the fact that mirroring is optional and should always be adapted to the client's capacity and consent.

Reflection and group debrief (20 minutes)

Invite participants to reflect and share:

- What bodily sensations or emotional shifts emerged?
- Did the experience feel grounding, reassuring, activating, or uncomfortable?
- How did mirroring influence the sense of safety?
- What differences were noticed between mirroring and being mirrored?
- What images and fantasies came?
- Partners can then share their situations, and both can see how precisely they were able to detect the situation.

Introduction by the trainer:

- Explain the theoretical foundations of somatic mirroring, including the mirror neuron system.
- Explain that gentle, regulated mirroring of posture or movement can foster a sense of safety, connection, and mutual regulation.
- While conscious reflection helps to understand a client's experience, automatic mirroring can lead to internalising the client's emotions.

- Emphasise the self-regulation of the practitioner as a prerequisite for effective mirroring.

Guide the participants in un-mirroring if they notice themselves unconsciously mirroring a client's distress:

- Highlight that mirroring is often automatic and unnoticed. Observe how this unconscious mirroring affects your interactions.
- Monitoring and regulating your own arousal during a client meeting is one key protective factor.
- Grounding: place your feet firmly on the floor and feel the connection.
- Adjust your posture: if you're leaning forwards automatically, lean back.
- Change body signals: modify your breathing rhythm, facial expression, or overall posture to create separation.
- Encourage ongoing supervision when integrating embodied practices into trauma-sensitive work.

Integration and application planning (10 minutes):

- Invite participants to reflect on how somatic mirroring has been used and can be used in their professional contexts.
- Encourage brief journaling or note-taking to clarify intentions, ethical considerations, and personal boundaries.
- Check for any lingering activation and normalise a range of responses.

Activity 7: Balance–imbalance

The aim of this activity is to help participants become aware of how traumatic experiences can affect both their physical and psychological balance, and to show how developing embodied awareness can support restoration and well-being.

Learning objectives:

- Understand the body–mind connection and reciprocal influence; improving physical balance will have a positive influence on emotional and mental stability
- Understand how traumatic stress can result in rigidity, collapse, or dissociation, which can manifest as disturbances in physical balance, posture, and embodied presence
- Experience guided interoceptive (felt sense) and proprioceptive exercises to enhance awareness of bodily alignment and equilibrium
- Identify ways to integrate somatic balancing practices into personal self-care or clinical routines

Step-by-step description

Materials:

- Yoga mats or non-slip surfaces

Session preparation:

- Ensure sufficient space for participants to experiment with balance–imbalance movements.

Guided balance awareness exercise

- Invite participants to stand with their feet hip-width apart, eyes open or gently closed.
- Guide their attention to:
 - weight distribution across the feet (left/right, front/back)
 - contact with the ground
 - breath and tone in the torso and pelvis
 - natural sway or micro-movements
- Encourage gentle adjustments to find a sense of stability, supporting interoceptive awareness and grounding.
- Lead slow, intentional weight shifts from one foot to the other, similar to mindful walking in place.
- Invite pauses between movements to notice changes in muscle tone, centre of gravity, and internal sensations.

Random arm reaches

- Stand with both feet on the floor, close together.
- Reach your arms in different directions and patterns.
- Rotate your hips and look in different directions as you reach with your arms in random patterns.

Single-leg balance

- Balance on one leg for 10–20 seconds.
- Progress by swinging the other leg to the front, side, and back.
- Lift one leg and kick it in different directions.

Narrow-stance walking

- Walk slowly forwards, then backwards, keeping a very narrow stance.
- Gradually reduce the distance between your feet until you are walking along a straight line.
- Close your eyes during any of the exercises to further challenge balance.

Paired balance support (eyes closed)

- Pair participants side by side.
- Participant A closes their eyes and slowly shifts their weight; Participant B offers gentle, non-intrusive support (e.g. open palms near the back or shoulders).
- Emphasise consent, minimal contact, and attuned presence.
- Switch roles after several minutes.

Partner reflection & sharing (10 min):

- Share your awareness about yourself from the balance–imbalance experiments.
- Briefly reflect in pairs on how support and nonverbal presence felt.

Group sharing:

- Invite sharing: What insights emerged? How did embodied awareness differ from cognitive understanding?
- Reinforce trauma-informed principles: voluntary participation, pacing, and returning to safety when needed.

Introduction by the trainer:

- Explain the connection between balance and nervous system regulation: somatic imbalance often reflects autonomic dysregulation.
- Emphasise that restoring balance supports movement within the window of tolerance and enhances embodied safety.
- Present the learning objectives and reinforce the principles of choice, pacing, and self-observation.

Notes for the trainer:

- Monitor participants for signs of dizziness, dissociation, or discomfort; offer grounding or seated alternatives as needed.
- Normalise variability in balance and coordination.
- Reinforce that somatic balance practices are adaptive tools, not corrective exercises.
- Encourage gradual integration into professional practice, supported by supervision when appropriate.

Activity 8: Navigating challenges

Conflict resolution, emotional regulation, and boundary setting.

Learning objectives:

- Explore personal reactions to conflict in the context of youth work
- Develop healthier strategies for managing work-related challenges
- Understand the importance of setting boundaries and balancing competing needs

Duration: 30 minutes

Materials:

- Cushions or chairs (one per participant)
- Calm background music
- Optional: blindfolds

Step-by-step description

Preparation:

1. Arrange cushions or chairs in two rows facing each other, creating a pathway between them.
2. Explain the concept of vicarious trauma and its potential impact on youth workers.
3. Introduce the activity as a way to explore challenges and conflicts they may encounter in their work.

Guided visualisation:

- Have participants close their eyes and imagine walking through a familiar place, focusing on the sensory details.
- Guide them to visualise encountering a challenging situation related to their work (e.g. a difficult conversation with a client or a conflict with a colleague).
- Ask them to notice their physical and emotional reactions to this situation.

Crossing the “bridge”:

- Have participants open their eyes and explain that the pathway between the chairs represents a bridge over a challenging situation.
- Play calm music and invite them to slowly walk across the “bridge”, focusing on their breath and body sensations.
- Encourage them to notice any thoughts or emotions that arise as they navigate the “bridge”.

Setting boundaries:

- Pair participants up and have them stand at opposite ends of the “bridge”.
- Explain that they will now attempt to cross the bridge again, but this time, they must prevent their partner from reaching the other side.
- Emphasise the importance of using assertive communication and respecting personal boundaries.
- Observe the interactions and encourage reflection on different approaches to setting boundaries and managing competing needs.

Debriefing:

- Gather the group in a circle and facilitate a discussion about the experience.
- Use questions such as:
 - How did it feel to navigate the “bridge” the first time? The second time?
 - What emotions arose during the exercise?
 - What strategies did you use to prevent your partner from crossing?
 - How did it feel to set boundaries and have your boundaries tested?
 - What did you learn about yourself and your reactions to conflict?
 - How can you apply these insights to your work with young people?

- In what ways do you experience similar challenges in your work when supporting young people dealing with trauma?
- How can the skills of navigating challenges, setting boundaries, and emotional regulation help you in managing vicarious trauma?

Notes for trainers:

- Create a safe and supportive environment for participants to explore challenging emotions.
- Encourage reflection on the connection between the activity and real-life experiences in youth work, particularly in relation to vicarious trauma.
- Debrief the activity, focusing on the importance of self-awareness, emotional regulation, and healthy boundary setting in preventing and managing vicarious trauma.

Activity 9: Responding to the unexpected

Themes: Spontaneity, conflict resolution, empathy, assertive communication

Learning objectives:

- Practice responding to unexpected and challenging situations in youth work
- Develop skills for navigating difficult conversations and de-escalating conflicts
- Enhance empathy and assertive communication in challenging interactions

Duration: 45–60 minutes

Materials:

- List of scenarios related to youth work challenges (e.g. a client disclosing a traumatic experience, a conflict between two young people, a parent expressing anger)
- Optional: timer

Step-by-step description

Preparation:

1. Explain the concept of vicarious trauma and its potential impact on youth workers, emphasising the importance of developing skills for managing challenging situations.
2. Introduce the activity as a way to practice responding to unexpected and emotionally charged scenarios they may encounter in their work.
3. Prepare a list of scenarios that reflect the types of challenges youth workers may face.

Implementation:

1. Scenario presentation:

- Divide participants into pairs or small groups.
- Present each group with a scenario from the prepared list.
- Allow a few minutes for the group to discuss the scenario and brainstorm possible responses.

2. Improvisation:

- Select one group to start the improvisation.
- Ask them to act out the scenario, focusing on responding to the situation in the moment, without pre-planning their dialogue or actions.
- Encourage them to use empathy, active listening, and assertive communication to navigate the conflict or challenge.
- If using a timer, set it for 5–7 minutes per improvisation.
- Observe the interactions and provide gentle guidance if needed.

3. Debriefing:

- After each improvisation, gather the group in a circle and facilitate a discussion.
- Use questions such as:
 - How did it feel to respond to the situation in the moment?
 - What emotions arose during the improvisation?
 - What communication strategies did you find effective?
 - What challenges did you encounter in navigating the conflict or challenge?
 - How might you apply these skills and insights to similar situations in your work?
 - How can assertive communication help you manage the emotional impact of vicarious trauma?

Notes for trainers:

- Create a safe and supportive environment for participants to explore challenging emotions and practice new skills.
- Encourage reflection on the connection between the activity and real-life experiences in youth work.
- Debrief the activity, focusing on the importance of spontaneity, empathy, assertive communication, and self-awareness in managing vicarious trauma.

Activity 10: Navigating workplace dynamics

Themes: Flexibility, communication, conflict management, self-awareness

Learning objectives:

- Practice navigating conflicts with colleagues or supervisors
- Develop self-awareness and make more conscious choices in professional interactions
- Enhance communication and conflict-resolution skills in the workplace
- Understand the values behind decision-making in challenging situations

Duration: 40–50 minutes

Materials: None

Step-by-step description

Preparation:

1. Explain the concept of vicarious trauma and how it can impact workplace dynamics and relationships.
2. Introduce the activity as a way to practise navigating conflicts and communication challenges that can arise in a youth work setting.
3. Divide the group into pairs and arrange them in a large circle.

Implementation:

1. Scenario creation:

- Each pair creates a conflict scenario relevant to youth work, focusing on interactions with colleagues or supervisors (e.g. a disagreement over a client's care plan, differing approaches to a challenging situation, a miscommunication about responsibilities).
- Scenarios should include:
 - the relationship between the two people involved;
 - the specific conflict or challenge;
 - the urgency or need for resolution.

2. Role assignment:

- Each pair presents their scenario to the pair on their right.
- The presenting pair assigns the roles within their scenario to the other pair.

3. Improvisation:

- Pairs improvise the scenes, focusing on flexibility, communication, and finding a resolution.
- The facilitator may intervene to:
 - help participants connect with their emotions and strategies within the conflict;
 - encourage trying different approaches, even those they wouldn't typically use;
 - prompt reflection on how their choices reflect their values.

4. Debriefing:

- After each scene, facilitate a group discussion using questions such as:
 - How did you feel during the improvisation?
 - What strategies did you use to navigate the conflict?
 - What values or beliefs influenced your decisions?
 - Did you notice any patterns in your communication or conflict-resolution style?
 - How might these insights help you manage similar situations in your work?

- How can self-awareness and effective communication help you mitigate the impact of vicarious trauma in the workplace?

Notes for trainers:

- Create a safe and supportive environment for participants to explore challenging workplace dynamics.
- Encourage reflection on personal values, communication styles, and conflict-resolution strategies.
- Highlight the importance of flexibility, empathy, and assertive communication in navigating workplace conflicts and managing vicarious trauma.

Activity 11: Sculpting the self

Themes: Self-image, identity, behaviour patterns, change

Learning objectives:

- Increase self-awareness of behaviour patterns in the context of youth work
- Reflect on how these patterns might be influenced by vicarious trauma
- Explore possibilities for change and growth
- Develop self-compassion and acceptance

Duration: 60 minutes

Materials:

- Instrumental background music (neutral)
- A camera or a mobile phone with a camera

Step-by-step description

Preparation:

1. Explain the concept of vicarious trauma and how it can shape our self-perception and behaviours.
2. Introduce the activity as a way to explore the “character” we present to the world, both consciously and unconsciously.
3. Divide participants into pairs.

Implementation:

1. Sharing and sculpting:

- In each pair, one person (A) describes to their partner (B) the character they feel they present to the world in their youth work role.
- B then “sculpts” A into a physical representation of this character, moulding their posture, facial expressions, etc.
- A remains passive, observing the process and their own reactions.
- Take a photo of the sculpture.

- Switch roles and repeat.

2. Exaggeration and exploration:

- Participants find their own space and recreate their “sculpted” character.
- Encourage them to exaggerate the character’s movements, voice, and mannerisms.
- Allow for interaction and improvisation between the exaggerated characters.

3. Introducing the antagonist:

- Participants return to their original sculpture and reflect on its opposite or “antagonist” character.
- They then physically embody this antagonist character.

4. Bringing the antagonist to life:

- Repeat step 2, this time exaggerating and exploring the antagonist character.

5. Debriefing:

- Gather the group and facilitate a discussion.
- Use questions like:
 - How did it feel to be sculpted and to sculpt your partner?
 - What did you notice about your “character” and its “antagonist”?
 - Did any emotions arise during the process?
 - How might vicarious trauma influence the character you present at work?
 - What aspects of the “antagonist” might be helpful to integrate or explore further?
 - How can self-awareness and acceptance of different aspects of ourselves contribute to resilience in dealing with vicarious trauma?

Notes for trainers:

- Create a safe and non-judgmental space for exploration.
- Emphasise that there are no right or wrong answers, and the focus is on self-discovery and reflection.
- Encourage participants to connect the activity to their experiences with vicarious trauma and explore how self-awareness can support their well-being.

Activity 12: Embracing the shadow

Themes: Gestalt polarities, identity, self-awareness, conflict resolution

Learning objectives:

- Explore different perspectives and conflict resolution strategies
- Understand and empathise with the challenging behaviours encountered in youth work
- Gain insights into the motivations and emotions behind challenging behaviours
- Develop more compassionate and effective responses to conflict

Duration: 60 minutes

Materials:

- Quick improvisation phrases (short, provocative sentences that spark conflict)

Step-by-step description

Preparation:

1. Ensure participants have completed the ‘Sculpting the self’ activity and have a clear understanding of their “character” and its “antagonist”.
2. Prepare a set of quick improvisation phrases relevant to youth work challenges.
3. Divide the group into pairs.

Implementation:

1. Role assignment and briefing:

- Assign each person in the pair as either number 1 or 2.
- Privately inform all number 1s of their quick improvisation phrase, which they will use to initiate a conflict scene.
- Instruct number 2s to remain neutral, awaiting the conflict proposal from their partner.

2. Improvisation – character:

- At the facilitator’s signal, number 1s initiate the scene using their assigned phrase.
- Allow the pairs to improvise, embodying their “character” from the previous activity.
- The facilitator may intervene to deepen emotional connection and explore conflict strategies.

3. Shift to antagonist:

- Pause the scene and instruct participants to shift into their “antagonist” character.
- Encourage them to recall the physicality and attitude of their antagonist from the previous activity.
- Resume the scene, allowing the conflict to unfold from this new perspective

4. Reflection and amplification:

- Pause the scene again and facilitate a brief reflection within each pair.
- Ask questions:
 - What changed when you shifted into your antagonist?
 - How did your feelings and strategies change?
- Instruct participants to continue the scene, taking their antagonist character to the extreme, exaggerating their behaviours and reactions.
- Allow the scene to reach a natural conclusion.

5. Debriefing:

- Gather the group and facilitate a discussion about the experience.
- Use questions such as:

- How did it feel to embody your antagonist?
- What did you learn about the motivations and emotions behind challenging behaviours?
- How can understanding different perspectives help you respond more compassionately to conflict in your work?
- What insights did you gain about yourself and your reactions to challenging situations?
- How can this activity help you manage the emotional impact of vicarious trauma?

Notes for trainers:

- Create a safe and supportive environment for participants to explore challenging emotions and behaviours.
- Encourage reflection on the connection between the activity and real-life experiences in youth work.
- Highlight the importance of empathy, perspective-taking, and self-awareness in managing vicarious trauma.

Activity 13: Vicarious trauma and self-care assessment

Themes: Self-care, vicarious trauma, reflection, action planning

Learning objectives:

- Facilitate self-reflection on current self-care practices
- Identify areas of vulnerability to vicarious trauma
- Gain a clearer understanding of emotional, physical, and professional well-being
- Develop an action plan for improving self-care routines

Duration: 90–120 minutes

Step-by-step description of the activity

Preparation:

- Prepare copies of the questionnaire (<https://proqol.org>)
- Arrange a comfortable and quiet space for individual reflection and group discussion.

Implementation:

1. Introduction and instructions (10 minutes):

- Explain the concept of vicarious trauma and its potential impact.
- Introduce the questionnaire as a tool for self-reflection and identification of areas for growth in self-care.
- Emphasise the importance of honest and open self-assessment.

2. Self-assessment (20–30 minutes):

- Distribute the questionnaires and provide ample time for participants to complete them individually.

- Encourage them to reflect deeply on each question and their current self-care practices.

3. Group discussion and sharing (optional) (30 minutes):

- If time and group dynamics allow, facilitate a group discussion where participants can share their reflections and insights from the questionnaire.
- Guide the discussion towards common themes, challenges, and potential solutions for improving self-care.
- Create a safe and supportive space for open communication and vulnerability.

4. Development of personal action plans (20 minutes):

- Guide participants in creating personalised action plans based on their questionnaire responses and reflections.
- Encourage them to identify the specific, achievable steps they can take to enhance their self-care routines.
- Suggest strategies for accountability and tracking progress.

5. Debriefing and closure:

- Summarise the key takeaways from the activity and reiterate the importance of ongoing self-care for youth workers.
- Remind participants that self-care is not selfish but essential for their well-being and their ability to effectively support young people.
- Encourage them to revisit their action plans regularly and seek support when needed.
- Offer additional resources or information on self-care strategies and vicarious trauma prevention.

Notes for trainers:

- Create a safe and non-judgmental environment for self-reflection and sharing.
- Emphasise confidentiality and respect for individual experiences.
- Be prepared to offer support and resources for participants who may be struggling with vicarious trauma or self-care challenges.
- Adapt the activity as needed to fit the specific needs and dynamics of the group.

Activity 14: Identifying and differentiating STS, VT, and CF

Objective: To help helpers identify signs of stress reactions and connect them with occupational hazards, STS, VT, and CF.

Duration: 90 minutes

Materials:

- Papers (A6)
- Markers
- Projector and screen (optional)

Step-by-step process

1. Imaginary reflection (10 minutes):

The trainer asks participants to sit comfortably and close their eyes or look down to connect themselves. Next, the trainer asks them to think about a client case that has had an impact on them. Participants should be advised not to choose the most difficult case, but one that is meaningful. Participants are encouraged to recall the events of the case, their thoughts and feelings at the time, and any ongoing influence the case may have on them.

After imaginary reflection, participants are asked to make notes in their notebooks and write on small papers the keywords surrounding the case, including emotional responses, cognitive patterns, and bodily reactions.

2. Discussion in pairs (10 minutes):

Participants pair up to share reflections on the chosen case. The focus is on exploring the thoughts, feelings, and bodily reactions associated with the case, as well as its continuing impact. Partners are encouraged to listen actively and provide supportive, non-judgmental feedback. The goal is to enhance self-awareness, promote reflective processing, and normalise the emotional responses that arise from working with challenging cases.

3. Group sharing (30 minutes)

Participants are invited to lay out on the floor all the papers containing words or markers from their chosen cases. Group members are encouraged to identify common themes, organise the impact-related words, and collaboratively construct meaning from their reflections. Insights from the paired discussions and the papers are then brought into a larger group discussion. The trainer facilitates this process, highlighting common themes, emotional responses, and coping strategies, while ensuring that all participants feel safe, supported, and free from pressure or exposure.

4. Introduction to the concepts (30 minutes):

The previous process serves as the basis for the lecture about the concepts of VT, STS, and CF. The trainer differentiates the causes, symptoms, and consequences and leads a debrief to consolidate learning, answer questions, and provide guidance for ongoing reflection. Participants are asked to reflect individually on which symptoms they have noticed in themselves. Participants are reminded to engage in self-care and seek supervision or peer support if difficult emotions arise from the exercise.

5. Closing circle (10 minutes):

The session ends with a reflective group discussion, where participants share one key takeaway or insight they gained from the activity. The facilitator emphasises the importance of implementing the self-care plans and supporting each other in building resilience against vicarious trauma.

Trainer's notes:

- Ensure the environment feels safe and supportive for participants to share their experiences.
- Pay attention to emotional responses and offer support if needed.
- Encourage open, non-judgmental communication and active listening during group discussions.
- Provide participants with additional resources on VT, STS, CF, and self-care strategies.

Assessment:

- Participants complete a brief feedback form at the end of the session, reflecting on their understanding of vicarious trauma and their confidence in implementing their self-care plans.
- Optional follow-up session to check in on the implementation of self-care plans and offer additional support if needed.

Activity 15: Resilience through creative expression

Objective: To help helpers explore and strengthen their resilience through creative and artistic expression, particularly focusing on how to process and manage the emotional impacts of vicarious trauma.

Duration: 120 minutes

Materials needed:

- Large sheets of paper (A3 or A2 size)
- Crayons, markers, coloured pencils
- Music (optional, for setting a relaxed atmosphere)
- Journals or notebooks
- Flipchart and markers

Step-by-step process:**1. Introduction (10 minutes):**

The trainer introduces the idea of resilience as the ability to recover from challenges and emotional distress. This session focuses on using creative expression as a way to understand and strengthen resilience, helping youth workers process difficult emotions they may encounter in their work.

2. Relaxation and grounding exercise (10 minutes):

To begin, participants engage in a short grounding exercise to help them connect with their present emotions. The facilitator can guide the group through a simple body scan or breathing exercise, helping participants become more aware of their internal state before starting the creative process.

3. Artistic expression “The River of Resilience” (30 minutes):

Participants are asked to reflect on their own resilience and how they navigate challenges in their work and personal lives. Using the large sheets of paper and colouring materials, they draw a “river” that represents their journey of resilience. The river can include obstacles (rocks, currents, etc.) that symbolise the challenges they have faced, as well as areas of calm or growth that reflect their resilience.

During this time, participants work individually and are encouraged to express their emotions and experiences through colours, shapes, and symbols. This is a personal and introspective exercise, allowing participants to creatively explore their inner strengths and vulnerabilities.

4. Group sharing (20 minutes):

After completing their drawings, participants are invited to share their “rivers” with a small group (3–4 people). In these groups, they discuss:

- what the obstacles in their rivers represent;
- how they have overcome or managed these obstacles;
- what resilience means to them personally.

This sharing helps participants connect with others’ experiences and build a sense of community and support.

5. Discussion on resilience-building practices (20 minutes):

The trainer leads a group discussion on practical ways to build resilience in daily life. Participants brainstorm strategies they use or would like to adopt, such as mindfulness practices, regular peer support, setting boundaries, or engaging in creative activities like the one they just experienced.

The group captures these resilience-building ideas on a flipchart for everyone to see, creating a collective “Resilience Toolbox” that participants can refer to later.

6. Reflective journaling: “My resilience plan” (20 minutes):

Participants are then asked to write in their journals or notebooks. They reflect on:

- what resilience means to them;
- what practices they can incorporate into their lives to enhance their resilience;
- how they will use creative expression as a tool for managing emotions and stress.

This personal reflection helps participants solidify their learning and make a concrete plan for integrating resilience-building practices into their lives.

7. Closing circle and sharing (10 minutes):

The group comes together for a final reflective circle. Each participant shares one insight they gained from the activity or one practice they plan to implement to strengthen their resilience. The facilitator concludes by emphasising the importance of creativity and self-expression in fostering emotional well-being.

Trainer’s notes:

- Ensure that the creative process is non-judgmental and open, allowing participants to express themselves freely without focusing on artistic skill.
- Encourage participants to explore their emotions honestly and supportively, while also respecting their personal boundaries if they choose not to share certain aspects of their work.
- Use calming music if appropriate to create a relaxed and safe atmosphere during the artistic expression phase.

Assessment:

- Participants will complete a brief reflection on how the creative process helped them understand their resilience and how they plan to use the “Resilience Toolbox” ideas in their personal and professional lives.
- Optional follow-up activity: Invite participants to revisit their “River of Resilience” drawing in a future session, adding to it as they continue to build resilience.

Activity 16: Strengthening resilience through peer support

Objective: To foster resilience among youth workers by creating a space for peer support, where participants can share experiences, offer emotional support, and reflect on the importance of teamwork in managing the challenges of vicarious trauma.

Duration: 90 minutes

Materials needed:

- Chairs arranged in a circle
- Flipchart and markers
- Notebooks for participants

Step-by-step process:**1. Introduction (10 minutes):**

The trainer introduces the concept of peer support as a crucial tool for resilience-building in professions that involve working with trauma. Participants are reminded that they are not alone in facing the emotional demands of their work, and this session will focus on strengthening their support networks.

2. Group sharing “Challenges in my work” (20 minutes):

In this activity, participants are invited to share one challenge they currently face in their work related to vicarious trauma or emotional exhaustion. The facilitator encourages participants to be open and honest but also to share only what they feel comfortable with.

As participants share, the group listens attentively, offering silent support. This activity sets the stage for recognising the importance of peer empathy and shared experiences.

3. Peer feedback and support (20 minutes):

After the group sharing, participants are invited to offer supportive feedback to each other. This could include:

- offering ideas on how to cope with similar challenges;
- sharing strategies that have worked for them in the past;
- simply providing words of encouragement and acknowledgement.

The facilitator ensures that the atmosphere remains positive and focused on mutual support, avoiding any judgment or criticism.

4. Group discussion “Building a resilient support network” (20 minutes):

Participants are asked to reflect on the role of peer support in their professional lives. The facilitator guides the discussion by asking questions:

- How does sharing your challenges with peers impact your resilience?
- What role does peer support play in preventing burnout and emotional exhaustion?
- What can you do to foster a stronger peer support system in your work environment?

This discussion is recorded on the flipchart, with the trainer highlighting key points that emerge from the conversation.

5. Creating a peer support action plan (15 minutes):

Each participant is asked to develop a simple action plan for improving their peer support network. They can consider:

- setting up regular check-ins with colleagues;
- participating in or organising peer supervision sessions;
- building informal support systems in their work environment.

The action plan should include one concrete step that the participant will take in the next month to enhance their peer support network.

6. Closing circle and reflection (5 minutes):

The session ends with a closing circle, where each participant shares one word that reflects how they feel after the activity. This final moment reinforces the importance of solidarity and peer support in building resilience.

Trainer’s notes:

- Ensure that the group dynamic remains positive and supportive, as this activity involves sharing personal challenges.
- Emphasise the importance of confidentiality and respect, particularly when discussing sensitive topics related to work and emotions.
- Encourage participants to follow through on their action plans and consider setting up a follow-up session to review progress.

Assessment:

- Participants will reflect on the impact of peer support on their emotional well-being and resilience by completing a brief self-assessment at the end of the session.
- Optional follow-up: Facilitators can encourage participants to organise peer support groups outside of the training context to ensure ongoing mutual support.

Activity 17: Voices of trauma: Creating a collective poem

Themes: Trauma, personal experience, emotions, group connection

Learning objectives:

- Explore the various personal associations and resonances with the concept of “trauma”
- Create a symbolic and collective representation of trauma through poetry
- Encourage active listening, empathy, and group connection

Duration: 45–60 minutes

Step-by-step description

Materials and resources:

- Papers and pens
- Whiteboard or flipchart
- Markers

Preparation:

- The trainer arranges chairs in a circle to foster a sense of equality and openness.
- If chosen, soft instrumental music is prepared to play during the final reading phase.
- Ensure that a whiteboard or flipchart is available and ready to collect participants' phrases.

Implementation:

Step 1: Introduction (5 minutes)

The trainer introduces the concept of “trauma”, briefly reviewing its theoretical definition and the different types (e.g. acute, chronic, complex). The goal of the activity is shared: to explore personal resonances with the word “trauma” through the collective act of poetic creation.

Step 2: Individual creation (15–20 minutes)

Participants are invited to write a personal poem inspired by the word “trauma.” There are no formal constraints; participants are encouraged to write freely, drawing on emotions, images, bodily sensations, or memories.

- Guiding questions may include:
- What images come to mind when you hear the word “trauma”?
- What emotions does it evoke?
- What bodily sensations do you associate with it?
- What words or phrases resonate most strongly?

Step 3: Reading and selecting phrases (20–25 minutes)

Participants sit in a circle. One person begins by reading their poem aloud. The person to their right listens attentively and, once the reading ends, repeats aloud the phrase or verse that resonated most with them. The trainer writes this selected phrase on the whiteboard or flipchart. The process continues around the circle until all poems have been shared and all participants have selected a phrase. The trainer reads the group poem, composed of the selected phrases, aloud to the group.

Step 4: Final reflection (5–10 minutes)

Participants are invited to reflect on the process:

- How did they feel writing their poem?
- What was it like to listen and be listened to?
- What did they notice in the collective poem?
- This is a voluntary sharing space, and participants are free to pass.

Notes for trainer:

- Foster a safe, respectful, and inclusive environment from the beginning.
- Remind participants that sharing is voluntary and that all emotional responses are valid.
- Normalise vulnerability and avoid pressuring anyone to disclose more than they feel comfortable with.
- Pay attention to non-verbal cues and be prepared to offer support or a break if anyone becomes overwhelmed.
- Flexibly adjust the timing of each step based on group needs and energy levels.

Activity 18: Embodied boundaries

Discovering physical and emotional limits through somatic engagement

Learning objectives:

- Describe how traumatic experiences can disrupt boundary perception, leading to either overly porous or excessively rigid relational boundaries
- Experience somatic boundary exercises that support awareness of personal space, muscle tone, and assertive physical “pushback” as embodied expressions of self-boundaries
- Practice regulated verbal boundary-setting using clear “I” statements and role-play boundary communication in relational contexts
- Develop a personalised approach to strengthening boundary awareness and expression across professional and personal domains

Duration 70–90 minutes

Step-by-step description

Materials

- An open space suitable for standing and gentle movement
- Ropes for creating visible boundaries

Session preparation

Review somatic boundary frameworks, including muscle-tone boundaries, body wrapping, boundary circles, and assertive pushback exercises.

Body scan and boundary sensing:

- Invite participants to sit or stand comfortably.
- Guide attention inwards to sense where the body begins and ends, focusing on edges, such as arms, ribcage, pelvis, and the space immediately surrounding the body.
- Encourage awareness of posture shifts, muscle tone, and subtle sensations that signal boundary presence.
- Emphasise curiosity rather than evaluation.

Physical boundary enactment (“pushback”)

In pairs, demonstrate a gentle physical boundary exercise:

- One partner offers a light, steady push.
- The other responds with a grounded, controlled pushback using legs and core rather than force or aggression.
- Emphasise breath support, grounding, and assertive yet non-confrontational engagement.
- Switch roles to allow both participants to experience giving and receiving boundary pressure.
- Reinforce consent and the option to modify or opt out.

Boundary with a client:

- Think about one client’s situation.
- Notice your feelings, thoughts and needs regarding closeness or distance.
- Place a rope around yourself in a way that creates safety.

Experimenting with crossing boundaries:

- The trainer invites participants to leave their boundaries, walk around the room, and get familiar with others’ boundaries.
- Notice the questions, feelings, and thoughts.
- Next, the trainer encourages the participant to cross others’ boundaries or replace them at the same time as noticing their inner experiences.

Group sharing

Invite participants to share insights:

- What felt empowering, surprising, or challenging?
- Where did discomfort arise, and how was it managed?
- Normalise ambivalence and emphasise that boundaries are dynamic and context dependent.

Introduction by the trainer

- Explain how trauma, particularly early or repeated boundary violations, can affect the internal sense of self and external relational limits, resulting in either blurred boundaries or hyper-protective rigidity.
- Highlight the importance of embodied boundaries for autonomy, safety, trust, and sustainable helping relationships.
- Reinforce the trauma-informed principles of choice, consent, and pacing.

Integration and personal planning:

- Encourage reflection or journaling on how these boundaries can be practised over the coming week in daily or professional contexts.
- Reinforce that boundary capacity develops through repetition and self-respect.

Notes for the trainer

- Monitor participants for signs of activation, shutdown, or overwhelm; offer grounding and modification as needed.
- Reinforce that boundary work is personal and non-linear.
- Avoid framing boundaries as rigid rules; emphasise flexibility grounded in self-awareness.
- Encourage supervision or therapeutic support for participants who encounter unresolved trauma during boundary exploration.

Activity 19: Dialogue with my vulnerability

Topics:

- Vicarious trauma
- Self-knowledge
- Personal history
- Vulnerability
- Inner strengths

Learning objectives:

- Promote self-awareness regarding vulnerability to vicarious trauma
- Identify personal risk factors and understand how they relate to individual history

- Begin exploring personal coping mechanisms and self-care strategies

Duration: 45 minutes

Materials and resources:

- One empty chair per participant
- A quiet and spacious room for individual reflection
- Optional: notebooks for personal journaling after the exercise

Step-by-step description

Preparation:

- Arrange the space so that each participant has access to an individual chair facing another empty chair, ensuring privacy and room for comfortable movement.
- Create a calm, safe atmosphere, consider soft lighting or calming background music (optional).

Implementation:

Step 1: Introduction (5 minutes)

The trainer introduces the concept of vicarious trauma and explains the goal of the activity: to connect with your internal sense of vulnerability in a reflective and compassionate way. This exercise is intended to build self-awareness and emotional insight, serving as a starting point for self-care.

Step 2: Instructions (10 minutes)

Participants are invited to sit facing an empty chair. They are guided to imagine that a part of themselves, the part that feels most vulnerable to vicarious trauma, is sitting in that chair. Through gentle verbal guidance, participants are prompted to engage in an internal dialogue, considering questions such as:

- What situations make you feel most vulnerable?
- What emotions arise when working with people who have experienced trauma?
- How does your personal history influence your sensitivity or stress levels?
- What would help you feel safer and more supported in your work?

Participants are encouraged to physically change chairs or subtly shift posture to embody the “voices” of themselves in this inner conversation.

Step 3: Dialogue development (20 minutes)

In silence, participants conduct this internal dialogue. They may switch between the two chairs physically or simply in their imagination. They are encouraged to stay present, respectful, and curious about what arises, without judgment.

Step 4: Reflection and closure

Participants are invited to reflect on the experience. This can take the form of quiet journaling or a voluntary group discussion. The trainer can guide with reflective questions:

- What did you discover about your vulnerability to vicarious trauma?

- What strengths or needs became clear to you during the exercise?
- What can you do to better support yourself going forwards?

Notes for trainer:

- Create an atmosphere of psychological safety and confidentiality.
- Emphasise that participants are in control of their level of participation; there is no pressure to share or disclose personal details.
- Normalise a range of emotional responses and allow time for grounding if needed.
- Encourage participants to take a moment for self-care after the activity, such as stretching, breathing, or journaling.

Activity 20: My professional self: An image in space

Topics:

- Vicarious trauma
- Self-knowledge
- Emotions
- Window of tolerance

Learning objectives:

- Symbolically express the internal experience of working with trauma
- Identify emotions and bodily sensations associated with vicarious trauma
- Promote self-awareness about personal responses to trauma exposure and your own window of tolerance

Duration: 40 minutes

Materials and resources:

- A large, open space that allows free movement
- Optional: art supplies (e.g. fabric, paper, markers, clay) for creating symbolic elements in sculpture

Step-by-step description of the activity

Preparation:

- Ensure that the room is spacious enough for movement and for each participant (or group) to create a personal or collective body sculpture without physical constraints.
- Prepare optional creative materials for participants who prefer to use symbolic objects rather than their bodies.

Implementation:

Step 1: Introduction (5 minutes)

The trainer introduces the purpose of the activity: to create a symbolic or physical representation of your professional self in relation to trauma work. The concept of vicarious trauma and the “window of tolerance” is briefly explained, including how trauma exposure can impact our emotional and physical state.

Step 2: Sculpture creation (25 minutes)

Participants are invited to create a sculpture that represents how they feel in their professional role when facing trauma. This can be done:

- individually, using their own body (static posture or gesture);
- in pairs or small groups, where one person sculpts another into a pose;
- using art materials to construct a symbolic form.

Participants are encouraged to tune into their emotions, bodily sensations, and mental images while creating the sculpture. The trainer may offer reflective prompts, such as:

- What posture or gesture expresses how you carry trauma in your role?
- Where do you feel tension, openness, strength, or fragility?
- How close to or far from your professional self is the trauma?

Step 3: Observation and reflection (10 minutes)

After sculptures are formed, participants are invited to silently walk around and observe each other's work (with consent). Then they return to their own sculpture or creation and reflect, either silently or through a group discussion, guided by questions such as:

- What did your image reveal about your current state?
- What emotions surfaced during the process?
- How does this relate to your personal window of tolerance?

Notes for trainer:

- Emphasise that this is a creative and expressive activity; there is no “right” way to do it.
- Normalise a variety of responses, from artistic engagement to emotional detachment.
- Provide grounding or debriefing options afterwards, especially if strong emotions arise.
- Allow participants to opt out of being observed or to use materials instead of their own bodies if more comfortable.

Activity 21: The dance of emotions: A Journey through a case

Topics:

- Vicarious trauma
- Emotional awareness
- Emotional regulation
- Body expression

Learning objectives:

- Express and explore the emotions associated with a specific trauma-related case or experience through body movement
- Deepen emotional awareness and the ability to identify and name emotions
- Experiment with emotional regulation using movement and body-based expression
- Develop a greater capacity for organic self-regulation and emotional resilience

Duration: 60 minutes

Materials and resources:

- A wide, open, and safe space suitable for movement
- A sound system or speakers
- A pre-selected playlist of music with varied rhythms, intensities, and emotional tones

Step-by-step description of the activity

Preparation:

- Ensure that the room is free from obstacles and safe for uninhibited movement.
- Curate a playlist in advance, including music that supports the exploration of different emotional states (e.g. sadness, joy, anger, calm, tension, release).

Implementation:

Step 1: Introduction (5 minutes)

The trainer explains the activity's purpose: to explore and regulate emotional responses connected to trauma work through body movement. The importance of emotional awareness and embodied expression in managing vicarious trauma is briefly discussed.

Step 2: Warm-up (10 minutes)

Participants are guided through a gentle body warm-up:

- Light stretching
- Joint mobility exercises
- Breathing techniques

- The goal is to increase body awareness and readiness for expressive movement

Step 3: Case connection (5 minutes)

Participants are invited to recall a specific case (from their work or personal life) that triggered an intense emotional response. They are instructed not to focus on the narrative details but rather on the emotional experience it elicited. This emotional connection will serve as the foundation for the next phase.

Step 4: Dance of emotions (25 minutes)

Music begins. Participants move freely around the space, using their bodies to express the emotions connected to the chosen case.

The trainer may offer guiding prompts, such as:

- Where in your body do you feel this emotion?
- Let the emotion move through your limbs. What shape does it take?
- Explore your relationship with the space and others.
- If this emotion were a colour, how would you move?

Encourage authenticity not performance.

Step 5: Integration (5 minutes)

As the music gradually fades, participants are invited to slow down and come to a complete stop. They are guided to place their attention on their breath and any lingering sensations in their bodies. Grounding instructions are provided to support closure.

Step 6: Reflection and sharing (10 minutes)

Participants are invited to sit and reflect. A group sharing circle is opened with optional participation. Reflection prompts may include:

- What emotions came up for you?
- How did your body express them?
- What did you notice about your patterns of regulation?
- What insights emerged about your emotional responses to trauma exposure?

Notes for trainer:

- Emphasise that movement is a tool for exploration, not performance; there is no “right” way to move.
- Normalise any emotional response and offer grounding techniques if needed.
- Remind participants that they are free to adapt the exercise to their comfort level and may stop or rest at any time.
- If appropriate, provide options for post-activity journaling or quiet reflection for those who prefer not to share aloud.

Activity 22: The support network: Weaving connections for well-being

Topics:

- Social support
- Vicarious trauma prevention
- Self-care
- Connection
- Resources

Learning objectives:

- Visualise and reflect on each participant's current social support network
- Identify strengths and gaps within personal support systems
- Understand the role of social support as a protective factor against vicarious trauma
- Explore practical strategies to strengthen support systems and seek help when needed

Duration: 45 minutes

Materials and resources:

- Large sheets of paper (one per participant)
- Coloured markers or pens
- Comfortable, quiet space conducive to reflection

Step-by-step description of the activity

Implementation:

Step 1: Introduction (5 minutes)

The facilitator introduces the activity, highlighting the importance of social support in trauma-informed work. Emphasis is placed on how strong interpersonal networks can buffer the impact of vicarious trauma and promote overall well-being.

Step 2: Creating a support network (25 minutes)

Participants are guided to create a visual map of their support network. Instructions:

- Draw a circle in the centre of the paper labelled “Me”.
- Around it, draw other circles representing people in your support system (family, friends, colleagues, mentors, etc.).
- The distance between the circles may reflect emotional closeness or frequency of contact.
- Inside each circle, write the name of the person or their role (e.g. “mother”, “peer”, “therapist”).
- Use lines to connect the circles, symbolising the nature of the relationship—different colours or line types can denote emotional support, practical help, professional guidance, etc.

Step 3: Individual reflection (5 minutes)

Participants reflect silently on their network diagram. Prompts include:

- What stands out to you about your support network?
- What strengths or patterns do you see?
- Are there gaps or areas you'd like to strengthen?
- How does seeing this visual make you feel?

Step 4: Sharing and group reflection

A voluntary sharing circle is opened for participants to discuss their reflections. The facilitator may ask questions, such as:

- What have you learned about your support network?
- How might you better use or expand your support system to cope with vicarious trauma?
- What steps could you take to strengthen reciprocity and connection in your relationships?

Notes for facilitators:

- Emphasise that support networks are personal and diverse; there is no ideal or perfect structure.
- Respect participants' privacy; sharing is optional and should be done at everyone's comfort level.
- Acknowledge that feelings of isolation, grief, or longing may surface, and offer emotional grounding if needed.
- Encourage participants to include not only those who support them, but also those they support, highlighting mutual connection and interdependence.

Activity 23: Creating a personal self-care plan

Learning objectives:

- Develop a deep awareness of personal needs and boundaries related to self-care
- Equip participants with practical tools for maintaining their well-being in both personal and professional contexts
- Foster the creation of a structured, personalised self-care plan that participants can implement in their daily lives

Duration: 90 minutes

Materials:

- Self-care plan templates
- Writing utensils (pens, pencils)
- Reflection worksheets

Methodology:

- Introduction: Begin with a brief discussion on the importance of self-care in preventing burnout and maintaining emotional resilience. Introduce the concept of a self-care plan as a proactive tool.
- Reflection exercise: Guide participants through a reflective exercise where they identify their personal stressors, current self-care practices, and areas where they feel they need more support.
- Planning: Using the self-care plan template, participants will outline the specific activities they can incorporate into their daily, weekly, and monthly routines. Encourage them to include physical, emotional, social, and mental health practices.
- Group discussion: Facilitate a group discussion where participants can share parts of their plans, discuss the potential challenges in maintaining these practices, and provide support to one another.
- Conclusion: Wrap up the session by emphasising the importance of regularly revisiting and adjusting the self-care plan as needed. Provide additional resources or suggestions for maintaining long-term self-care practices.

Instructions for trainers:

- Ensure a supportive and non-judgmental environment where participants feel comfortable sharing personal insights.
- Provide examples of self-care activities in different categories (e.g. exercise, creative expression, social interaction) to help participants brainstorm ideas.
- Be prepared to offer guidance on realistic goal-setting, encouraging participants to start with small, manageable changes to their routines.

Evaluation criteria:

- Participants will complete a reflection sheet at the end of the activity, noting their key takeaways and the immediate actions they plan to implement.
- Facilitators will observe the engagement and participation levels during group discussions and provide feedback as necessary.

Expected outcomes:

- Participants will leave with a tangible, personalised self-care plan that addresses their unique needs and challenges.
- Increased awareness of the importance of self-care in maintaining professional effectiveness and personal well-being.
- Strengthened sense of community and peer support among participants.

Activity 24: The Ideal organisation: Designing healthy work environments

Topics:

- Organisations and systems
- Vicarious trauma prevention
- Organisational culture
- Leadership
- Teamwork

Learning objectives:

- Explore and creatively represent the elements of an organisation that support employee well-being and prevent vicarious trauma
- Identify the values, policies, and practices that define a trauma-informed organisation
- Reflect on the role of leadership and collective responsibility in creating healthy work environments.
- Encourage collaboration and exchange of ideas among participants

Duration: 60 minutes

Materials and resources:

- Large cardboard sheets (one per group)
- Coloured markers and pens
- Old magazines for collage, stickers, or any other creative materials
- Scissors and glue

Step-by-step description of the activity

Preparation:

- Set up a materials station with all supplies accessible to participants.
- Divide the space into work areas where each group can collaborate without interruptions.
- Encourage a playful, imaginative atmosphere to foster creativity.

Implementation:

Step 1: Introduction (5 minutes)

The trainer explains the aim of the activity: to envision and create a representation of an ideal organisation that fosters employee well-being and effectively prevents vicarious trauma. The importance of organisational culture and leadership in shaping a supportive environment is emphasised.

Step 2: Group formation and brainstorming (10 minutes)

Participants are divided into small groups (3–5 people). Each group is invited to imagine what an ideal trauma-informed organisation would look like. Guiding questions might include:

- What values guide the organisation?
- What policies and practices support well-being?
- What kind of leadership is practised?
- How is the physical space designed to promote care and collaboration?

Step 3: Creating the representation (30 minutes)

Groups use the available materials to visually and/or symbolically represent their ideal organisation. Options include:

- a diagram or architectural plan;
- a collage of images and words;
- a written manifesto or brochure;
- a 3D model;
- a short dramatisation or symbolic performance.

Encourage all group members to contribute ideas and participate actively in the creative process.

Step 4: Presentation and explanation (10 minutes)

Each group presents their creation to the whole group. They explain the core elements of their imagined organisation and how these contribute to preventing vicarious trauma and supporting staff well-being.

Step 5: Group reflection (5 minutes)

A closing discussion is held to reflect on the shared visions. The facilitator may guide this with prompts, such as:

- What common themes appeared across groups?
- What elements could realistically be implemented in your current work environments?
- How can we take collective responsibility for shaping healthier organisations?

Notes for trainer:

- Foster inclusion by encouraging participation from all group members.
- Emphasise that creativity and imagination are welcome; there are no wrong answers.
- Highlight the value of collaboration and shared visions in building healthy teams.
- During the final reflection, help participants bridge the gap between ideal visions and practical changes in their real work contexts.

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