

GUIDE

on the Educational Course of Trauma Informed Youth Work



MINISTRY OF
YOUTH AND SPORTS
OF UKRAINE

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE

GUIDE ON THE EDUCATIONAL COURSE OF TRAUMA INFORMED YOUTH WORK, DRAFT (2022)

**The Guide has been drafted within the
Council of Europe Projects
“Youth for Democracy in Ukraine: Phase II”
and “Internal Displacement in Ukraine:
Building Solutions. Phase II”
within the Council of Europe Action Plan
for Ukraine 2018 – 2022.**

Council of Europe

Guide on the Educational Course of Trauma Informed Youth Work, Draft (2022)

The opinions expressed in this publication are the responsibility of the authors and do not necessarily reflect the official policy of the Council of Europe.

All requests concerning the reproduction or translation of all or part of this document should be addressed to the Directorate of Communication (F-67075 Strasbourg Cedex) or to publishing@coe.int.

All other correspondence concerning this document should be addressed to the Youth Department of the Council of Europe.

The Guide has been drafted within the Council of Europe Projects

“Youth for Democracy in Ukraine: Phase II” and “Internal Displacement in Ukraine: Building Solutions. Phase II”, which are implemented within the Council of Europe Action Plan for Ukraine 2018 – 2022.

The translation is sole responsibility of the translators.

Authors:

Nazarii Boiarskyi,
Yuliia Yelfimova,
Nataliia Makiienko,
Olena Chernykh

Review by:

Oleksii Murashkevych

Cover and layout by:

Olena Padolko
(in the Ukrainian language)
Denys Konovalov
(in the English language)

Editing by:

Valentyna Liesnova
(in the Ukrainian language)
Yuliia Yelfimova
(in the English language)

Photos by:

Council of Europe Project
Youth for Democracy in Ukraine
Olena Kravchuk
Olesia Musiienko
Maryna Stashyna-Neimyt

© Council of Europe
August 2022
March 2023 (English version)

Printed in Ukraine

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE

Table of Contents

INTRODUCTION	7
EDUCATIONAL PROGRAMME “TRAUMA INFORMED YOUTH WORK”	9
COMPETENCIES TO BE DEVELOPED BY THE EDUCATIONAL PROGRAMME	10
ABOUT THE COUNCIL OF EUROPE AND YOUTH WORK	17
INFORMATION MATERIALS ON TRAUMA INFORMED YOUTH WORK	24
Stress, Traumatic Event, Traumatic Stress	24
Salutogenic Approach to Interaction with a Person Affected by Traumatic Events	26
Recovery, Resilience and Reconnection	29
Stress Responses of a Human	33
Displays of Traumatic Experience in the Person’s Behaviour	35
Principles of Legitimation and Normalisation in Interaction with the People Affected by Traumatic Events	39
Self-Care and Self-Recovery in a Crisis	40
Psychological First Aid	41
Burnout and Compassion Fatigue	45
Secondary Traumatic Stress	48
Coping Strategies and Resource Channels in a Crisis	50
"Do No Harm Principle" in Work with Young People Affected by Traumatic Events	51
DESCRIPTION OF EDUCATIONAL ACTIVITIES	54
Opening of the Event. Getting-to-know each other. Programme Presentation. Expectations	54
Team Building. Rules of Work	57
Stress, Traumatic Event and Traumatic Stress in and beyond Youth Work	61
Approaches in the Context of Working with People Affected by Traumatic Events in the Youth Worker’s Activity	67
Psychophysiology of Impact of Stress and Trauma upon Human Brain	73
Knowledge of Trauma and How to Live with the Past. Legitimation and Normalisation	78
Four Elements Protocol	90

Psychological First Aid (Theory)	97
Psychological First Aid (Practice)	104
Burnout. Compassion Fatigue	108
Secondary Traumatic Stress and Its Prevention	115
BASIC Ph (Part 1)	120
BASIC Ph (Part 2)	127
"Do No Harm Principle" in the Youth Worker's Activity	131
Foreign Youth Work Practices	138
Psychological Aid Network in the Community	148
Forms and Methods of Work with Young People	154
Planning Follow-up (Beginning)	160
Planning Follow-up (Continuation)	164
Closure. Completion of Feedback Forms.	167

Introduction

The idea of this Guide as a methodological basis for training on trauma-informed youth work arose in April 2022 during a series of meetings of youth workers of Ukraine. The meetings were dedicated to discussing current challenges and priorities of youth work during armed aggression of the Russian Federation against Ukraine after 24 February 2022.

In its turn, the series of meetings was held in response to the findings of the survey at the end of March 2022 regarding the essential matters and needs of youth workers in Ukraine. The series of meetings was organised by the Ministry of Youth and Sports of Ukraine, the Council of Europe Project “Youth for Democracy in Ukraine: Phase II”, the UNDP in Ukraine and the State Institution “State Institute of Family and Youth Policy”.

In response to the needs expressed by youth workers, on 11 and 12 May 2022, the Council of Europe Projects “Internal Displacement in Ukraine: Building Solutions. Phase II” and “Youth for Democracy in Ukraine: Phase II” organised the training on the fundamentals of prevention of the burnout and compassion fatigue and development of psychological support skills in the context of the stressful events “How to help yourself and young people?”. The training was conducted by the Israel Trauma Coalition.

“As for me, I can say that before the training I had only general knowledge of the matters considered. However, I had never heard of the specific conditions, such as application of the emergency psychological aid protocol, but I have often found myself in such situations for the last two months,” said one of the participants the youth worker aged 28.

This and other feedback from the participants emphasised the existing priority and need to develop the separate educational programme for the youth workers, which could be incorporated into the state programme “Youth Worker”.

This Guide contains the description of the educational programme and relevant sessions for the five-day training for the youth workers. Moreover, the educational programme may be used as an educational kit and adapted to the needs of the target group, the format and available time. Each session constitutes a complete educational module and contains explanations on the preconditions and possible follow-up.

We would like to express our gratitude to the teams of the youth centres partnering with the Project for their cooperation, to the youth workers from different regions of Ukraine for supporting the idea of development of the educational programme and this Guide, their feedback and proposals on the content.

We believe that this Guide will be of use for the youth workers in the youth centres and spaces, youth councils, humanitarian organisations as well as a wide range of professional communities that work with young people. We have done our best to include all the links to the authors into the text and to appreciate these people’s work. We would like to apologise for any defects we might have omitted and will be happy to remedy them in the next issue.

Educational and Practical Programme “Trauma Informed Youth Work”

The Programme has been implemented for four months by the Council of Europe Project “Youth for Democracy in Ukraine: Phase II” in cooperation with the Council of Europe Project “Internal Displacement in Ukraine: Building Solutions. Phase II” and the Ministry of Youth and Sports of Ukraine.

The programme includes the training for the trainers and implementation of educational programmes in the communities in accordance with the content of the Guide.

The Programme “Trauma Informed Youth Work” involves youth workers from twelve regional and local youth centres of different ownership forms:

- Non-Governmental Organisation “Youth Centre of Kirovohrad Region”
- Municipal Institution “Vinnytsia Regional Youth Centre “KVADRAT” (“Square” in English)
- Municipal Institution “Nizhyn City Youth Centre” of the Nizhyn City Council, Chernihiv Region
- Municipal Institution “Chernihiv Regional Youth Centre” of the Chernihiv City Council
- Municipal Out-of-School Educational Establishment “Donetsk Regional Children and Youth Centre”
- Non-Governmental Organisation “Okhtyrka Youth Centre”
- Youth Centre “Space of Ideas” (Non-Governmental Organisation Kremenchuk Information and Education Centre “European Club”)
- Non-Governmental Organisation “Centre of Innovation, Social, Physical and Intellectual Development “People.ua”
- Municipal Institution of the Kyiv City Council “Plast Training Centre”
- Everything Will Be Fine, Khmelnytskyi (Non-Governmental Organisation “Zahody” (“Events” in English), Mariupol)
- Non-Governmental Organisation “Volunteers of the State Higher Educational Establishment “Uzhhorod National University”
- Municipal Enterprise “Dnipro Youth Centre” of the Dnipro City Council

Educational Programme “Trauma Informed Youth Work”

	1 Day	2 Day	3 Day	4 Day	5 Day
I Session	Opening of the Event. Getting-To-KnoW Each Other. Programme Presentation. Expectations	Psychophysiology of Impact of Stress and Trauma upon Human Brain	Psychological First Aid <i>(Practice)</i> Psychophysiology of Impact of Stress and Trauma upon Human Brain	BASIC Ph <i>(Part 2)</i>	Forms and Methods of Work with Young People
II Session	Team Building. Rules of Work	Knowledge of Trauma and How to Live with the Past. Legitimation and Normalisation	Burnout. Compassion Fatigue	"Do No Harm" Principle in the Youth Worker's Activity	Planning Follow-up <i>(Beginning)</i>
III Session	Stress, Traumatic Event and Traumatic Stress in and beyond Youth Work	Four Elements Protocol	Secondary Traumatic Stress and Prevention Thereof	Foreign Youth Work Practices	Planning Follow-up <i>(Continuation)</i>
IV Session	Approaches in the Context of Working with People Affected by Traumatic Events in the Youth Worker's Activity	Psychological First Aid <i>(Theory)</i>	BASIC Ph <i>(Part 1)</i>	Psychological Aid Network in the Community	Closure. Completion of Feedback Forms.

Competencies to Be Developed by the Educational Programme

Scope of competency Personal, social and educational				
Knowledge knowledge of the methods for determining educational goals, self-reflection				
Understanding	Application	Analysis	Evaluation	Synthesis
understanding own internal conditions and their impact upon interaction with the others	ability to efficiently manage the time and information, to cooperate with the others in a constructive manner, to remain resilient, and to manage own education and career	analysing own educational progress	evaluating own contribution into the joint process and achievement of the goals set	implementation of the gained knowledge and skills into personal life and professional activity

Scope of competency Trauma informed youth work				
Knowledge knowledge of trauma informed youth work				
Understanding	Application	Analysis	Evaluation	Synthesis
understanding the role of youth work in conditions of events, that cause stress	applying the knowledge of trauma in youth work	analysing youth work with account of knowledge of trauma	evaluating and revising the forms and methods youth work with account of knowledge of trauma	combining the forms and methods of youth work with account of knowledge of trauma

Competencies to Be Developed by the Educational Programme

Scope of competency Stress, traumatic event, traumatic stress				
Knowledge knowledge of what stress, traumatic event, traumatic stress are				
Understanding	Application	Analysis	Evaluation	Synthesis
understanding the difference between stress, traumatic event, traumatic stress	ability to apply the concepts of stress, traumatic event, traumatic stress in the proper meaning	analysing situations and phenomena based on the stress, traumatic event, traumatic stress criteria	evaluating the situation or phenomenon as stress, traumatic event, traumatic stress	integrating the knowledge of situations or phenomena as stress, traumatic event, traumatic stress into own professional activity

Scope of competency Salutogenic approach to interaction with a person affected by traumatic events				
Knowledge knowledge of salutogenic approach to interaction with a person affected by traumatic events				
Understanding	Application	Analysis	Evaluation	Synthesis
understanding the methodology of the salutogenic approach to interaction with a person affected by traumatic events	ability to apply the salutogenic approach to interaction with a person affected by traumatic events	analysing own work with the person affected by traumatic events to establish consistency of this work with the salutogenic approach	evaluating own work with the person affected by traumatic events to establish consistency of this work with the salutogenic approach	structuring own work with the person affected by traumatic events in accordance with the salutogenic approach

Competencies to Be Developed by the Educational Programme

Scope of competency Stress responses of a human				
Knowledge knowledge of stress responses of a human and origin thereof				
Understanding	Application	Analysis	Evaluation	Synthesis
understanding the origin and displays of stress responses of a human	ability to identify stress responses of a human in his or her conduct	analysing stress responses of a human during stressful events	evaluating stress responses of a human during stressful events and origin thereof	structuring own work based on the displays of stress responses of a human during stressful events

Scope of competency Displays of traumatic experience in the person's conduct				
Knowledge knowledge of displays of traumatic experience in the person's conduct over time				
Understanding	Application	Analysis	Evaluation	Synthesis
understanding different displays of traumatic experience in the person's conduct in different periods after the traumatic event	ability to identify different displays of traumatic experience in the person's conduct in different periods after the traumatic event	analysing displays of traumatic experience in the person's conduct in different periods after the traumatic event	evaluating displays of traumatic experience in the person's conduct in different periods after the traumatic event	structuring own activity based on displays of traumatic experience in the person's conduct in different periods after the traumatic event

<p>Scope of competency Principles of legitimisation and normalisation in interaction with the people affected by traumatic events</p>				
<p>Knowledge knowledge of the principles of legitimisation and normalisation in interaction with the people affected by traumatic events</p>				
Understanding	Application	Analysis	Evaluation	Synthesis
understanding the principles of legitimisation and normalisation in interaction with the persons affected by traumatic events	using the principles of legitimisation and normalisation in interaction with the people affected by traumatic events	analysing consistency of own work with the principles of legitimisation and normalisation in interaction with the people affected by traumatic events	evaluating consistency of own work with the principles of legitimisation and normalisation in interaction with the people affected by traumatic events	adapting own work in accordance with the principles of legitimisation and normalisation in interaction with the people affected by traumatic events

<p>Scope of competency Self-care and self-recovery during stressful events</p>				
<p>Knowledge knowledge of self-care and self-recovery techniques during stressful events, and impact of stressful events</p>				
Understanding	Application	Analysis	Evaluation	Synthesis
understanding efficiency of the self-care and self-recovery techniques during stressful events, and impact of stressful events	ability to use the self-care and self-recovery techniques during stressful events, and impact of stressful events	analysing certain self-care and self-recovery techniques during stressful events, and impact of stressful events	evaluating efficiency of certain self-care and self-recovery techniques during stressful events, and impact of stressful events	combining certain self-care and self-recovery techniques during stressful events, and impact of stressful events

Competencies to Be Developed by the Educational Programme

Scope of competency Psychological first aid				
Knowledge knowledge of psychological first aid and criteria for its provision				
Understanding	Application	Analysis	Evaluation	Synthesis
understanding the criteria of provision of the psychological first aid	ability to provide the psychological first aid by means of the psychological first aid protocol (MAACE)	analysing the situation and responses of a person in order to establish whether the psychological first aid needs to be provided	evaluating own readiness to provide psychological first aid	developing the action plan for the psychological first aid

Scope of competency Burnout and compassion fatigue				
Knowledge knowledge of the burnout and compassion fatigue and ways of its prevention				
Understanding	Application	Analysis	Evaluation	Synthesis
Understanding the symptoms of the burnout and compassion fatigue and necessity of prevention thereof	ability to identify symptoms of the burnout and compassion fatigue and ways to combat them	analysing own professional activity to prevent and combat the burnout and compassion fatigue	evaluating own professional activity to prevent and combat the burnout and compassion fatigue	adapting/ changing own professional activity to prevent and combat the burnout and compassion fatigue

Competencies to Be Developed by the Educational Programme

Scope of competency Secondary Traumatic Stress				
Knowledge knowledge of empathy and effect of “imagining” as secondary traumatic stress factors				
Understanding	Application	Analysis	Evaluation	Synthesis
understanding empathy and effect of “imagining” as secondary traumatic stress factors	ability to recognise markets of own burnout, compassion fatigue and secondary traumatic stress	analysing empathy and effect of “imagining” as secondary traumatic stress factors	evaluating how to prevent secondary traumatic stress in the professional activity	adapting/ changing own activity to prevent secondary traumatic stress

Scope of competency Ways to overcome stressful and traumatic events (coping strategies) and resource channels in the stressful events				
Knowledge knowledge of coping strategies and resource channels, application thereof in a crisis				
Understanding	Application	Analysis	Evaluation	Synthesis
understanding own coping strategies and resource channels and applicability thereof in a crisis	ability to determine own coping strategies and resource channels and apply them in a crisis	analysing the impact of application of coping strategies and resource channels in a crisis	evaluating efficiency of application of coping strategies and resource channels in a crisis	combining coping strategies and resource channels in a crisis

<p>Scope of competency "Do No Harm" Principle in Work with Young People Affected by Traumatic Events</p>				
<p>Knowledge knowledge of do no harm" principle in work with young people affected by traumatic events</p>				
Understanding	Application	Analysis	Evaluation	Synthesis
<p>understanding the need to adhere to "do no harm" principle in work with young people affected by traumatic events</p>	<p>adhering to "do no harm" principle in working with the people with the traumatic experience, namely management of risks of coverage/ dissemination of the theme of traumatic events in the youth worker's activity</p>	<p>analysing own activity as regards adherence to "do no harm" principle while working with a person with traumatic experience</p>	<p>assessing own activity as regards consistency with "do no harm" principle while working with a person with traumatic experience</p>	<p>adapting/ changing own activity as regards consistency "do no harm" principle while working with a person with traumatic experience</p>

<p>Scope of competency Youth work and psychological aid</p>				
<p>Knowledge knowledge of different labour functions of a youth worker and a psychologist</p>				
Understanding	Application	Analysis	Evaluation	Synthesis
<p>understanding the difference in professional responsibilities of a youth worker and a psychologist</p>	<p>ability to refer a person for professional psychological aid</p>	<p>analysing the network of professional psychological aid in the community</p>	<p>evaluating the limits of psychological aid in the youth worker's activity</p>	<p>changing work approaches in own activity as regards referral of a person for professional psychological aid</p>

About the Council of Europe and Youth Work

Council of Europe and Youth Policy

The Council of Europe is a leading human rights organisation on the continent. It supports the freedom of expression and mass media, freedom of association, equality and protection of minorities. It has conducted the campaigns on such matters as: protection of children, hate speech on the Internet, rights of the Roma. All the Member States of the Council of Europe have joined the European Convention on Human Rights aimed at protecting human rights, democracy and rule of law. The European Court of Human Rights supervises implementation of the Convention. Ukraine became a member of the Council of Europe in November 1995.

The Council of Europe defends human rights by means of such international conventions as the Convention on Preventing and Combating Violence against Women and Domestic Violence and the Convention on Cybercrime. It monitors the progress achieved by the Member States in these areas and gives recommendations by means of independent expert monitoring bodies.

[The Youth Department](#) is a part of the Directorate of Democratic Participation of the Directorate General of Democracy of the Council of Europe and is responsible for implementing the youth policy in the Council of Europe.

The Department develops the guidelines, programmes and legal documents to develop the consistent and efficient youth policy at the local, national and European levels. Its purpose is to consolidate and disseminate the knowledge and experience related to life situations, aspirations and expression of opinions of the European youth. The stability of the democratic society is based on creativity, dynamics, social responsibility and competence of young people. At the same time, demographic changes, technological development and increasing social inequality are exposing the young Europeans to difficulties. Some of them face challenges in full-scale exercise of human rights, personal development, meaningful civil participation and integration into the society as well as unhindered transition to independent life; the vulnerable and marginalised youth groups are especially at risk. Civil participation of the youth places the leading role in any youth policy. It is represented in two important standards of the Council of Europe — [Revised European Charter on the Participation of Young People in Local and Regional Life and the Recommendation of the Committee of Ministers on young people's access to rights](#). Participation of young people in the community life is a human right and concurrently a condition for their successful integration and independence as active, autonomous and responsible citizens now and in the future. In January 2020, the Committee of Ministers adopted the [Youth sector strategy 2030](#), which without limitation contains answers to new questions and challenges faced by the young people all over Europe. Website of the Youth Department of the Council of Europe: coe.int/en/web/youth

The Council of Europe Project “Youth for Democracy in Ukraine: Phase II”

The Council of Europe and Ukraine have been interacting in the field of the youth policy for several years based on the bilateral cooperation programme. Its main activities include international overview of Ukraine's youth policy, publication of [Compass Guide](#) in Ukrainian and a number of activities in the field of civic participation of the youth and the youth policy.

Additional information on this cooperation can be found at the website of the Council of Europe youth portal dedicated to Ukraine.

The Council of Europe Action Plan for Ukraine 2018 – 2022 is a strategic planning tool aimed at supplementing the country's efforts via cooperation to keep bringing the legislation, institutions and practices in line with the European standards for human rights, rule of law and democracy and to support the country in fulfilment of its commitments as a Member State of the Council of Europe. The Council of Europe Action Plan for Ukraine also includes the youth matters, which have resulted in development of the youth policy of Ukraine, the quality and support of the youth work as well as the strong emphasis on civic participation of the youth and education on human rights.

The project "[Youth for Democracy in Ukraine: Phase II](#)" is a component of this Action Plan and is based on the experience of the first phase of the project in 2020-2021. The purpose of the revised work plan of the Council of Europe Project "Youth for Democracy in Ukraine: Phase II" until December 2023 is to facilitate implementation of the youth policy based on participation of the youth, in order to consider special needs of the youth during the war.

In August to November 2022, the Council of Europe Project "Youth for Democracy in Ukraine: Phase II" and "Internal Displacement in Ukraine: Building Solutions. Phase II" in cooperation with the Ministry of Youth and Sports of Ukraine are implementing the educational and Practical Programme "Trauma Informed Youth Work". The purpose of the programme is to enhance the competencies of the male and female youth workers of the youth centres in Ukraine in connection with the educational and awareness raising activities in the context of trauma informed youth work. The Programme has been developed and is implemented within the revised work plan of the Council of Europe Projects with the area of organisation of activities to develop the potential of the youth workers in order to support and assist internally displaced persons, repatriates and vulnerable groups of the population during the war.

Page of the Council of Europe Project "Youth for Democracy in Ukraine: <https://www.coe.int/uk/web/kyiv/youth-for-democracy-in-ukraine>

Council of Europe Project "Internal Displacement in Ukraine: Building Solutions. Phase II"

The Project is implemented within the Council of Europe Action Plan for Ukraine 2018-2022 and revised priorities dated 25 May 2022.

The project develops the services for the protection of rights of internally displaced persons by:

- Improving the legal regulatory framework.
- Strengthening the capacities of the local authorities to respond to the needs of the internally displaced persons and war-affected population.
- Facilitating the integration of internally displaced persons by introducing digital solutions.

The project is based on the previous phases commenced in 2016. Within the activity to strengthen the capacities of the local authorities to respond to the needs of the internally displaced persons and war-affected population in 2016-2020, the Project provided

expert and technical support to the governmental institutions and non-governmental organisations by training social, psychological and psychiatric services on diagnostics and treatment of post-traumatic disorders of internally displaced persons in Ukraine.

The Project organised the visits to Israel in order to study the practices of providing psychosocial services to war-affected population and increasing resilience of the communities. The visits helped find systemic approaches to support of internally displaced persons in Ukraine. The project created the platforms to share experience and enhance interaction: expert discussions of the needs of governmental institutions and non-governmental organisations at the local level, development of tools to improve the quality of psychosocial assistance to IDPs, establishment of efficient mechanisms for referral between social and psychiatric services etc. Project page: <https://www.coe.int/uk/web/kyiv/idps2-ukr>

The Project organised long-term training on strengthening resilience of communities and overcoming the post-traumatic stress disorder in October 2021 to July 2022. The participants of the long-term training were multi-disciplinary teams of the professionals from Berdiansk, Kramatorsk, Kryvyi Rih, Storozhynets, Tairove who tried to develop the unified approach to working with traumatic events and psychological traumas. Within the framework of the long-term training, the Project prepared the Toolkit “Traumatic Events: Psychological Support and Self-Care” for related professionals in the social sphere who work with internally displaced persons and war-affected population.

The approaches of the Toolkit “Traumatic Events: Psychological Support and Self-Care” were tested during the long-term training. The content and format of the Toolkit were based on the results of analysis of the needs of the professionals working in educational establishments, social services, free legal aid centres, non-governmental organisations that help internally displaced persons and war-affected population.

The Toolkit “Traumatic Events: Psychological Support and Self-Care” can be downloaded here: <https://rm.coe.int/traumatic-events-ukr-/1680a765d4>

Youth Work

The Council of Europe pays special attention to youth work, which plays an important role in development of the youth, their education and integration into the society. For more than fifty years, the Council of Europe has been supporting the quality of youth work in Europe by means of the educational programmes for youth workers, various recommendations and guiding principles of the youth policy, educational resources, campaigns, support of projects of youth organisations and partnership with the other entities, namely the European Commission. The tools of the Council of Europe in the youth field supplement each other in order to ensure sustainable impact upon young people. Development of youth work in Europe is one of the key priorities of the Council of Europe.¹

¹ Guide to Recommendation CM/Rec(2017)4 of the Committee of Ministers to member States on youth work (youth work in the spotlight). Access: <https://rm.coe.int/ukr-youth-work-in-the-spotlight/1680a4bd04>

Youth work is a broad term covering a wide variety of activities of a social, cultural, educational, environmental and/or political nature by, with and for young people, in groups or individually.

Youth work is delivered by paid and volunteer youth workers and is based on non-formal and informal learning processes focused on young people and on voluntary participation.

Youth work is quintessentially a social practice, working with young people and the societies in which they live, facilitating young people's active participation and inclusion in their communities and in decision making.

Recommendation CM/Rec(2017)4 on youth work².

In 2020, the Third European Youth Work Convention was held: it was attended by more than a thousand of participants from the practical youth work community from fifty European countries. The Third Convention started so called Bonn process. The final declaration of the Convention is aimed at enhancing political dedication at all levels to ensure support, development and innovation in youth work all over Europe.

The youth work all over Europe reflects variety in many aspects: its historical roots, philosophy, practice, resource support and professional skills. At the same time, the variety of youth work in Europe already has the considerably common basis — the aspiration to support and protect spaces for voices of young people and their autonomy and to build bridges for young people so that they would make following steps in their life in a competent and confident manner.

Non-Formal Education³

The youth work as well as non-formal education and informal education supplement formal education. Young people acquire many different knowledge, skills and attitudes that can significantly influence their behaviour and personal development. It can be done both within the scheduled and organised events and under non-formal circumstances in a youth organisation or youth centre.

Non-formal education is an integral part of the concept of lifelong education that enables young people and adults to acquire and maintain their skills, abilities and views on life necessary to adapt to the dynamic environment.

The non-formal education shall:

- be voluntary;
- be accessible to everyone (ideally);
- be an organised process with educational objectives;
- be participatory;
- be learner-centred;

2 Recommendation CM/Rec(2017)4 on youth work. Access: https://mms.gov.ua/storage/aDD/sites/16/Mizhnarodna_dijalnist/Rada_EU/recommendation-youth-work-translation-ukr.pdf

3 Curriculum for the Experts of the Council of Europe Project "Youth for Democracy in Ukraine". Access: <https://rm.coe.int/curriculum-draft-youth-for-democracy-in-ukraine/1680a40ea6>

- be about learning life skills and preparing for active citizenship;
- be based on application of individual and group learning on the basis of the collective approach;
- be holistic and process-centred;
- be based on experience and action;
- be organised with account of the participants' needs.

When it comes to non-formal education, **cooperation** is more important than competition. The approaches to non-formal education combine education at the individual and group levels. It uses the group dynamics owing to which the participants help and inspire each other in their processes. The process of one member's education is an important contribution into the processes of other group members' education.

Non-formal education is more open to the participants of the learning process, and it gives importance to the participants' own research in the search for commonly accepted definitions.

The educational activity shall also be developed with account of numerous educational styles and different experience and engage both the cognitive sphere and the affective sphere (impulses, emotions, feelings and will).

Non-Formal Education Methodology and Principles

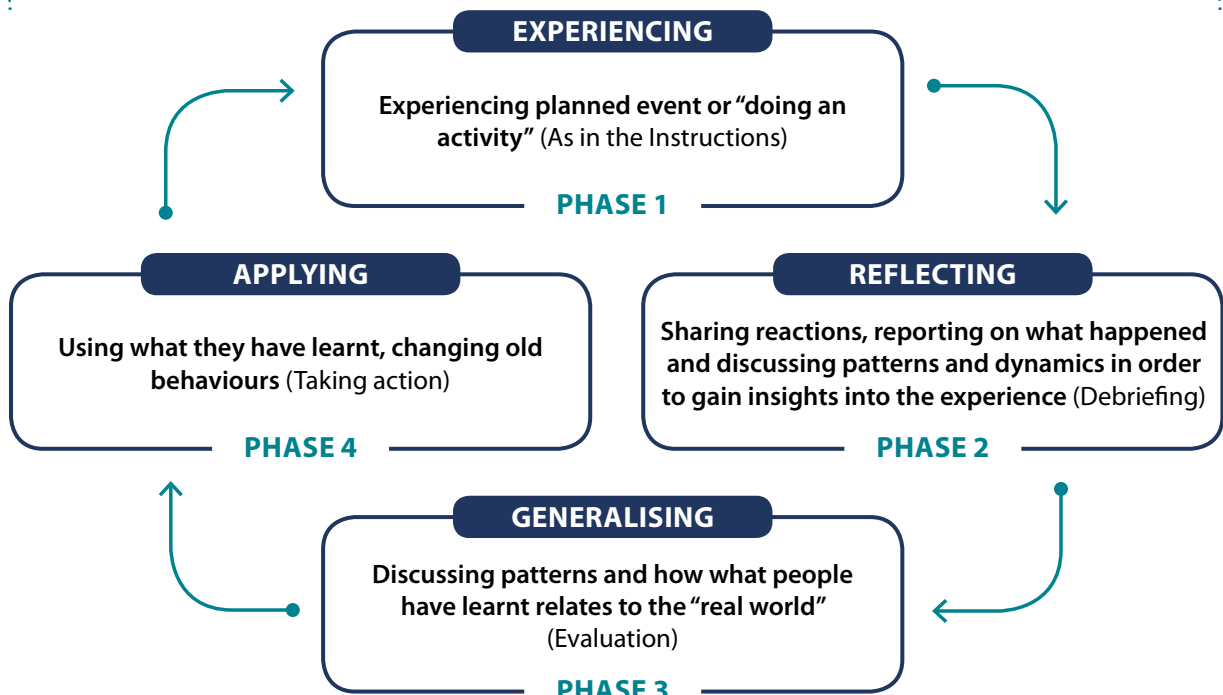
The non-formal education is based on active participation (taking a decision on what is going to be found out by participants and the method thereof as well as full participation in the activity) and cooperation (co-work and discussion).

An important element of the educational process is self-reflection.

Exercises in the non-formal education are often of experimental nature (for instance, simulations and role plays) whereas the contribution is always interactive (product of the facilitator and participants; they all contribute their experience and knowledge). David Kolb developed one of the principal theories of experiential learning⁴, and he was truly inspired by Kurt Lewin's theories.

4 More detailed information on David Kolb's cycle of experiential learning in the Approaches to human rights education in Compass or here: <https://www.coe.int/uk/web/compass/ap-proaches-to-human-rights-education-in-compass>

CYCLE OF EXPERIMENTAL LEARNING

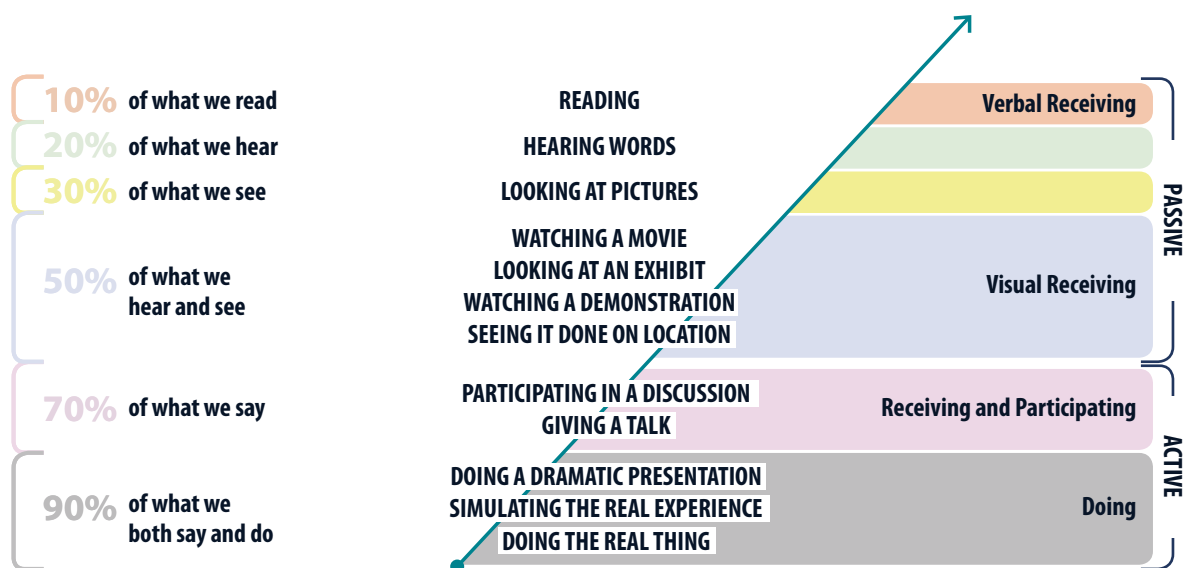


David Kolb's cycle of experiential learning

All four stages of the cycle can be treated as “entrance doors” to learning. We have different doors we can use to enter learning. Different people might have different doors. The same person can use different “entrance doors” every time in experimental learning.

CONE OF LEARNING

developed and modified by Bruce Highland based on Edgar Dale’s materials



Edgar Dale, Audio-Visual Methods in Teaching (3rd Edition). Holt, Rinehart, and Winston (1969)

There are **three levels of learning: cognitive, emotional and behavioural.**

Cognitive learning is gaining knowledge or beliefs knowing that three plus three is six, that the Earth is round, and that there are 46 Member States of the Council of Europe. **It is about Knowledge.**

Emotional and social learning is improving the ability to recognise and understand your own emotions and other people's feelings. This concept established in the research into emotional intelligence in psychology is important since awareness of their feelings and the ability to identify them can help them manage their own thinking and behaviour. For instance, in the context of non-formal education, after something is done, a young person can look back and remember who he or she learnt to express feelings, and how they changed in a course of time.

Emotional learning is studying emotions and feelings via them, and it is closely related to formation of views and internalisation.

Learning Behaviour is the most noticeable part of the learning or, say, the practical part of the learning: the ability to batter down a nail into a piece of wood, to write with a pen, to paint attractive posters, to eat with sticks, to develop a new campaign or project, or to welcome someone "properly". You "see it" and have certain "evidence" of the successful learning process.

Successful learning processes have all three levels: cognitive, emotional and behavioural. Let's consider a simple example: if one intends to efficiently engage the youth into youth work, he or she must know how to work with the youth at the same level, and how to jointly design the activity, but it will have no lasting effect if the person does not appreciate co-work with the youth.

Additional Information

- More information on the forms and methods of non-formal education, namely human rights education, can be found in the section "Basic methods that underpin the Compass activities": <https://www.coe.int/uk/web/compass/using-compass-for-human-rights-education#Basic%20methods%20that>
- Updated edition of the training kit "T-Kit 6: Training Essentials» (in English, 2021) - <https://pjp-eu.coe.int/documents/42128013/128207003/T-KIT-6-023322-GBR.pdf/5f9a09c0-e69c-93b2-0fd5-fe9fa6f421f3>

Information Materials on Trauma Informed Youth Work

Stress, Traumatic Event, Traumatic Stress

Youth work covers a wide variety of activities of a social, cultural, educational, environmental and/or political nature **by, with** and **for** young people.

Trauma informed youth work is a new concept in youth work in Ukraine, which still is a necessary practice consistent with the young people's needs. The research⁵ confirms that a person is able to overcome effects of traumatic experience with adequate support and interference. The trauma informed approach is applied in the social and medical areas, education and HR management. It is important to distinguish the concepts of stress, traumatic event and traumatic stress to work with young people in different situations and render relevant professional support.

Stress (tension, pressure) means the non-specific **bodily response** to the external action (irritant) that exceeds the norm as well as respective response by the nervous system. It is a protective bodily response to external irritants. It is displayed mentally, physically and emotionally and enables adapting to changes.

Everyone feels stressed. Stress can be caused by anything: cold or hot weather, conflicts at work or home, extreme situations, abrupt changes in plans, deceit, offence, physical exertion etc.

A traumatic event is an emergency and sudden unexpected event where a person is **a participant or a witness** of the event. During this event, the person believes that there is an actual **threat for own life** or health or for the life and health of a close person (even if it is established later that there was no actual threat).

In most cases, a traumatic event is criminal offences (sexual violence, plunder, robbery etc.), hostilities (shelling, explosions), natural disasters (earthquakes, flooding, volcanic eruption), man-made emergencies (road accidents, building destruction and collapse, accidents) etc.

A traumatic event is perceived by the person as the one threatening life or health, having the clear beginning and end, destroying the ordinary way of living and provisionally dividing the person's life into "before" and "after" the event.

The event is perceived as a traumatic one **in a subjective manner**. The youth workers must realise that some participants of the same event might not perceive it as a traumatic one; for instance, the passengers of the car that got into the road accident might have different attitudes to the event. One person will not feel threatened subjectively, so response to the

5 National Child Traumatic Stress Network Systems Integration Working Group (2005). Helping children in the child welfare system heal from trauma: A systems integration approach.

Dozier, M., Cue, K.L., and Barnett, L. (1994). Clinicians as caregivers: Role of attachment organization in treatment. *Journal of Consulting and Clinical Psychology*, 62(4), 793-800.

Najavits, L.M. (2002). *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. New York: Guilford Press.

Covington, S. (2008) "Women and Addiction: A Trauma-Informed Approach." *Journal of Psychoactive Drugs*, SARC Supplement 5, November 2008, 377-385.

event will be **stress** (non-specific **bodily response** to the external action that exceeds the norm). The other person will believe that they might die, so it will be a traumatic event (the person believes that there is an actual **threat for their life** (even if it is established later that there was no actual threat). This person has **traumatic stress**, which can be displayed as an incredibly powerful feeling of terror, helplessness, inability to do anything, loss of control, loss of the sense of safety.

Traumatic stress is a complex system of responses to the event that is subjectively perceived by the person as traumatic. Traumatic stress is usually displayed as an incredibly powerful feeling of terror, helplessness, inability to do anything, loss of control, loss of the sense of safety. Traumatic responses occur when ordinary actions turn out to be ineffective, when no resistance is possible. The person's self-defence system is out of order, and ordinary life adaptation strategies do not work. The traumatic stress can trigger the responses of fight, flight or freeze.

Factors capable of increasing traumatic stress:

- perceiving the event as an extremely unfair, impossible one and the one beyond the human experience;
- inability and/or impossibility of resisting the situation in any manner; behavioural passivity;
- negative past experience in overcoming traumatic situations;
- physical fatigue, grave diseases;
- no support by family members, friends and colleagues.

Factors capable of reducing traumatic stress:

- perceiving the event as a possible one;
- assuming partial responsibility for the situation;
- positive experience in self-resolution of life difficulties; behavioural activity;
- favorable physical condition;
- support by family members, friends and youth workers.

Questions for Reflection

- To your mind, is a young person capable of realising that he or she has experienced stress or a traumatic event?
- What role can youth work play in the life of the young person who has experienced stress or a traumatic event?
- What competencies do youth workers need to help a young person recover and develop stress resistance?

Additional source:

- ✦ http://e-pidruchniki.com/content/869_11_Stres_travmatichnii_stres_posttravmatichnii_stresovii_rozlad.html

- ✦ The Guide “Traumatic Events: Psychological Support and Self-Care”:
<https://rm.coe.int/traumatic-events-ukr-/1680a765d4>
- ✦ Information materials “Basic Work with Trauma”, 2020:
<https://rm.coe.int/ptsd-ukr/1680a0a10b>

Salutogenic Approach to Interaction with a Person Affected by Traumatic Events

75% to 80% of the people who have experienced traumatic event with an immediate threat for their health and life do not develop post-traumatic disorders; instead, they demonstrate flexible adaptation and overcome effects of the traumatic events.

In 1979, Aaron Antonovsky, the Israeli-American sociologist, was the first to develop the theory of salutogenesis when he had conducted an experiment with the women who had survived the Nazi concentration camps during the Second World War in Israel. He first presented the theory of salutogenesis in his book *Health, Stress and Coping*; the idea was to focus on factors that support human health and well-being, rather than on pathogenesis of the disease.

One of the principles of interaction with the people affected by traumatic events is a salutogenic approach. The word "salutogenesis" comes from the Latin *salus* (meaning health) and the Greek *genesis* (meaning origin). So, the salutogenic approach focuses on factors that support human health and well-being, rather than on factors that cause disease (pathogenesis).

The salutogenic approach in working with people affected by traumatic events is the principle of interaction based on their mental health and the focus on the ways of recovery after the traumatic event, maintenance of well-being and application of the person's resources.

Resources are personal attributes and abilities that are valuable for a person and help adapt to stressful situations and overcome them.

In fact, youth work is a social practice, work with young people and societies where the youth live. Such work facilitates active participation and involvement of the youth into communities and decision making. If a youth worker interacts with the person affected by the traumatic event in his or her work, according to the salutogenic approach, the most efficient way of interaction will be the activity owing to which the young person recovers, develops resistance and feels better. Despite various traditions and definitions, there is overall understanding that the principal function of youth work is to encourage and support young people in finding and sticking to constructive life paths, thus ensuring their personal and social development as well as general development.

Pathogenic Approach

You might have heard of the pathogenic approach in health care, where it is important to understand progress of a disease. The word comes from the Greek *πάθος*, which means pain, disease, and the Greek *γένεσις*, which means occurrence.

The pathogenic approach in the social area is the principle of interaction with people which is only directed at detecting mental health disorders of a person or his/her social environment. Work with a person is centred on detecting disorders of personality and vital functions.

In the pathogenic approach, interaction with the person affected by the traumatic event is directed at finding any disorders and answers to the question: "What is wrong with the person?" Therefore, the pathogenic approach is opposite to the salutogenic one, where the interaction is centred on answering the question "What is right with the person?"

When the pathogenic approach is applied in youth work, certain risks should be considered. Negative effects of the pathogenic approach could be:

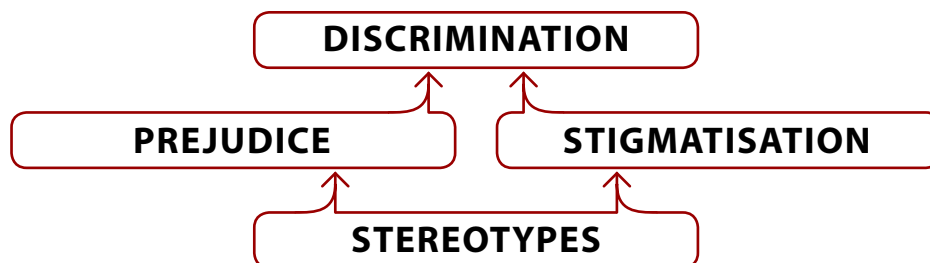
- general victimisation and victim blaming;
- stigmatisation and discrimination.

Victimisation and Victim Blaming

General victimisation is the effect of excessive generalisation when specific cases or events become a basis for a universal conclusion, for instance: all the people affected by traumatic events are victims.

Victim blaming is the phenomenon in which the victim is accused of provoking violence and of what has happened. The affected person is partly or fully blamed for the crime, the accident, the violence or the extreme event that has happened to him or her. Also, the person affected by victim blaming develops the feelings of guilt, shame and inferiority in the course of time, which generally considerably deteriorates the quality of the person's life.

Discrimination



Stereotypes are the most common beliefs and opinions on certain groups, which can be both positive and negative (or neutral). Although they can be of use, stereotypes get dangerous if they "stick" to people and cause special attitude and conduct. Here are some examples of common stereotypes: "men are smarter than women", "football players run faster than anyone else".

Prejudice is the special type of stereotypes that contains judgement. Many stereotypes that seem neutral at first sight are actually judgemental. For instance, the statement "men have difficulty adapting to the new environment" can be perceived as a statement of fact, but it actually is a subjective opinion on the male adaptation skills.

Stigmatisation is discriminatory, oppressive or cruel attitude to a person/a group of people in connection with the belief that these people have certain characteristics or experience worse than the others.

When negative attitudes to the specific group result in the group's partial (or total) inability to exercise human rights, it is discrimination. **Discrimination** itself is violation of human rights that can result in negative effects both for those being discriminated and the society in general.

Sources

- ✦ Bookmarks — A manual for combating hate speech online through human rights education / Ellie Keen, Mara Georgescu, Satu Valtere, Olena Chernykh.
Access: <https://rm.coe.int/16806f9aec>
- ✦ Recommendation CM/Rec(2017)4 of the Committee of Ministers to member States on youth work.
- ✦ Salutogenesis: A bona fide guide towards health preservation.
Sudip Bhattacharya, Keerti Bhusan Pradhan, Md Abu Bashir, Shailesh Tripathi, Arulmani Thiyagarajan, Abhay Srivastava, and Amarjeet Singh. J Family Med Prim Care. 2020 Jan; 9(1): 16 - 19. Published online 2020 Jan 28.
Access: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7014834>
- ✦ A salutogenic interpretation of the Ottawa Charter Monica Eriksson, Bengt Lindstrom. Health Promotion International, Volume 23, Issue 2, June 2008. P. 190 - 199.
Access: <https://academic.oup.com/heapro/article/23/2/190/714741>
- ✦ Dictionary of terminology used by the Council of Europe in the youth policy field, for human rights and non-formal education.
Access: <https://rm.coe.int/dictionary-eng-ukr/1680a47e3f>

Recovery, Resilience and Reconnection

The vast majority (75-80%) of those affected by the traumatic event are capable of self-recovery.

Recovery means the process of gradually restoring the person's ability to function smoothly and of enhancing adaptation capabilities of the person affected by traumatic stress.

Each person has an individual recovery process of a non-linear nature and different duration. In most cases, recovery after the traumatic event can last several days to four to six weeks and even several months in specific cases.

The guiding principles of recovery after the trauma is recovery of safety and expansion of capabilities.

The factors that help a person recover are resilience and reconnection.

Resilience (psychological elasticity, stress resistance, resistance etc.) is the person's ability to cope with the life difficulties and recover after the difficulties or stress.

Resilience is something that gives strength to oppose the challenges and hardships, the ability to preserve personal value.

The term "**resilience**" comes from physics, where it means the ability of a material to spring back to its original shape after the initial deformation as a result of pressure (resistance of materials).

Resilience is the ability of a person or social system to withstand adversity and bounce back from difficult life events (definition by F. Lösel).

The concept of resilience provides for:

- the positive result achieved despite the high risk (for instance, when a person has to overcome numerous factors causing stress and tension),
- preservation of the main personal attributes when in danger,
- full recovery after the trauma and success in the course of time.

Components of resilience:

1. Ability to perceive the situation from a different angle (*philosophical approach to what has happened, life wisdom, focus on positive moments*)
2. Conduct (*active actions*)
3. Vocation (*sense of your life, being in contact with your values*)
4. Self-care (*sleep, food, physical exercise, resources*)
5. Relations (*support by the people around*)

Factors that help develop resilience:

- friendly attitude to yourself and your abilities;
- ability to make and implement realistic plans;
- development of communication skills, namely assertiveness (the ability to stand your ground in a polite and friendly manner, to express your feelings and opinions without offending and encroaching upon decency of other people);
- development of the problem-solving ability.

Youth Work and Resilience

How can youth work help a young person develop resilience? For instance, in the Youth Work Skills Framework of Scotland (United Kingdom of Great Britain and Northern Ireland), resilience is one of eleven skills that can be developed by a young person owing to youth work.

Resilience is the ability young people have to cope with, and recover from challenges and difficulties. It means dealing with stressful or difficult situations in positive and constructive ways.

According to this Framework, resilience provides for:

- Openness to new challenges
- Determination to achieve goals
- Optimistic attitude to difficulties
- Learning from your mistakes
- Being flexible and adaptive
- Motivation to complete tasks
- Courage to act

According to the Youth Work Skills Framework of Scotland, young people become more resilient through engagement in youth work. Supportive relationships with youth workers are important in developing this skill. The safe and welcoming space that youth work provides enables young people to step out of their comfort zone, try new opportunities, make mistakes and learn from them without fear of judgement. Through youth work, young people are encouraged to develop plans and goals that help them to manage or overcome the challenges they face.

Reconnection

As it has already been noted, the traumatic event provisionally divides the person's life into "before" and "after" the event, which causes the sense of interrupted life. The stronger sense of reconnection is maintained by resumption of the ordinary lifestyle.

Reconnection⁶ is the process of recovery/resumption of the ordinary lifestyle after the traumatic event, i.e. recovery of the activities the person had been doing before the traumatic event. There are the following types of reconnection: cognitive, functional, social, emotional and psychophysiological.

Cognitive reconnection is recovery of ideas of the surrounding world, its rules and standards, recovery of the ability to think logically and to establish cause and effect relations, recovery of the sense of control over the situation by means of information. Cognitive reconnection requires information or encouragement to find it on your own, for instance, examination of maps of the new area for internally displaced persons, location of stores, schools, pharmacies etc.

Functional reconnection is recovery of the person's social roles and duties. The social ones include the roles of a parent, a spouse, a child etc. The duty can be daily care of a pet, care of floors or even making your own bed.

Social reconnection is recovery of affiliation with certain groups: family, friends, colleagues, other social groups or staff. Being someone's classmate at school is an example of social reconnection.

Emotional reconnection is recovery of the ordinary ways in which the person expresses his or her emotions, for instance, agitation, unsociability, oppression, calm, fun etc.

Psychophysiological reconnection is recovery of ideas of own body and health. An example of recovery of psychoemotional reconnection can be resumption of care of your own body: taking a shower, brushing hair and teeth etc.

? Questions for Reflection

- How can youth work help young people to develop stress resistance?
- What can youth work do to help young people reconnect?
- What competencies do youth workers need to help a young person recover and develop stress resistance?

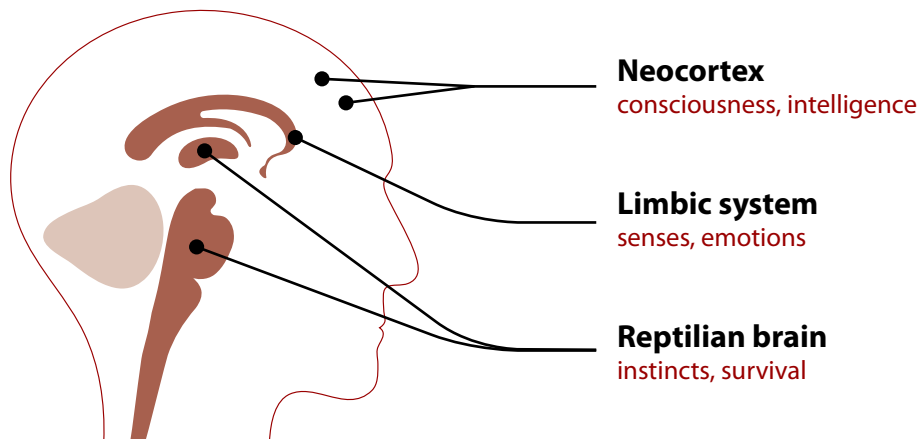
6 According to the educational materials by the Israel Trauma Coalition.

[1] <https://trauma-recovery.ca/recovery/phases-of-trauma-recovery/>

Sources:

- ✦ O. Romanchuk. How to Develop Resilience. Access: <https://www.facebook.com/watch/?v=7728161033925291>
- ✦ Examples of Defining Resilience. Access: https://lib.iitta.gov.ua/716873/1/Lazos_APP_V3N14_2018.pdf
- ✦ H. P. Lazos Resilience: Conceptualisation of Definitions, Overview of Modern Research / H. P. Lazos // Applicable Issues of Psychology. Volume 3: Counselling Psychology and Mental Therapy. - Issue 14. - G.S. Kostiuk Institute of Psychology of the National Academy of Pedagogical Sciences of Ukraine; - Vinnytsia, IE I. O. Rohalska, 2018. - Issue 14. - P. 26 - 64.
- ✦ Youth Work Skills Framework. Access: <https://www.youthlinkscotland.org/programmes/youth-work-and-the-attainment-challenge/skills-framework/resilience/>
- ✦ The Mark Scott Leadership for Life Award. Helping young people to cope with the challenges of the Covid-19 pandemic. Access: <https://www.youthlinkscotland.org/programmes/youth-work-and-the-attainment-challenge/skills-framework/resilience/case-studies/>

Stress Responses of a Human



The reptilian brain is evolution of the brainstem. Its structure is equivalent to the brain of reptiles. This part of the brain is responsible for sensor and motor responses, survival and reproduction.

The limbic system or “emotional brain” is an aggregate of certain structures of the brain that is responsible for senses, emotions, memory; it manages biorhythms, the feeling of hunger, controls blood pressure, sleep, metabolism, heart rate and condition of the immune system.

The neocortex is the “rational brain”. This brain structure perceives, analyses and sorts messages from the organs of perception. The neocortex determines the human consciousness and “can” contemplate, make conclusions, analyse, plan, dream and help us be creative. The human “self” is formed in this part of the brain.

The amygdala is a component of the limbic structure located in the temporal part of the brain. When the events are perceived as life-threatening ones, the amygdala is agitated and actually “manages” human responses. The principal function of the amygdala is to activate protection, to preserve and help the organism survive via the fight or flight programmes. The freeze response is considered to be no response and is highly likely to turn into the fight or flight reaction soon.

In fact, it is sort of “automatic” response of our nervous system and reflexes that exists to save our life.

The body is prepared for the fight or flight responses owing to a large number of hormones (cortisol, adrenaline, noradrenaline etc.) produced when you are stressed.

Cortisol or so called “hormone of stress” is produced by the adrenal cortex and helps the body mobile energy in an emergency, makes glucose more accessible for the brain and metabolism. Cortisol increases the level of adrenaline, thus helping to focus on the source of danger and taking “quick” decisions.

Adrenaline is the hormone that prepares the body for physical response to danger. When stressed, the human body undergoes strong changes under the influence of adrenaline: faster heart beat, faster breathing, changes in heat exchange and work of kidneys, higher threshold of pain. The adrenaline switches our body from the calm condition into the “red alert”.

Noradrenaline or so called “hormone of fury” increases blood pressure and heart rate, blood pressure in the brain arteries, venous blood pressure; accelerates breathing, changes the size of pupils; increases the risk of uncontrolled defecation or urination; increases the muscle strength.

Body

The hormones influence the body as a strong stimulator by increasing the muscle strength, speed of response, sensitivity of receptors and stamina as well as the threshold of pain for a short time. The rush of these hormones considerably increases the heart rate, blood pressure and sweating and accelerates breathing.

Cognitive Functions

The consciousness is narrowed and focuses on the source of danger, which allows partly or fully ignoring the signals that do not pertain to it: external sounds, peripheral movements etc.

When a person feels threatened, the main functions of the brain cortex (neocortex) responsible for the short-term memory, attention, control of emotions, critical thinking, planning and decision-making are actually inaccessible.

❓ Questions for Reflection

- How has this information helped you understand your own bodily response to stress?
- How can this information on the brain work be used in youth work?
- Should this information be disseminated among young people? Why?

Displays of Traumatic Experience in the Person’s Behaviour

Consolidated table of responses to* and symptoms of* the traumatic event, their duration and intensity and main types of aid that can be rendered by youth workers⁷

- *Response means a one-time swift-flowing phenomenon.
- *Symptom means a lasting display of a repeating nature.

Duration of responses and symptoms	
Acute stress response	Minutes to three days after the traumatic event
Acute stress disorder	Hours to four to six weeks after the traumatic event
Acute post-traumatic stress disorder	One to three months after the traumatic event
Chronic post-traumatic stress disorder	More than a year after the traumatic event

Intensity of display of responses and symptoms	
Acute stress response	Highest intensity of display of responses. Most persons affected by the traumatic event have their responses and their strengths naturally weaken or disappear at all. If their intensity does not go down, there is a shift to the next stage — the acute stress disorder.
Acute stress disorder	Intensity of display of the symptoms mostly naturally weaken or disappear at all. If their intensity does not go down or goes up, there is a shift to the next stage — the acute post-traumatic stress disorder.
Acute post-traumatic stress disorder	Intensity of responses and symptoms is high and lasts more than four to six weeks after the traumatic event. If there is no natural decrease in intensity of symptoms on its own, the person needs qualified aid.
Chronic post-traumatic stress disorder	Intensity of responses and symptoms is high and lasts more than a year after the traumatic event. If there is no natural decrease in intensity of symptoms on its own, the person needs qualified aid.

7 This table has been made by the authors of the guide for the trainers of the programme “Trauma Informed Youth Work”. The table was amended as regards the possible role of youth work during the training on 29-21 August, 7, 12-14 September 2022 together with the participants of the programme from twelve youth centres of Ukraine.

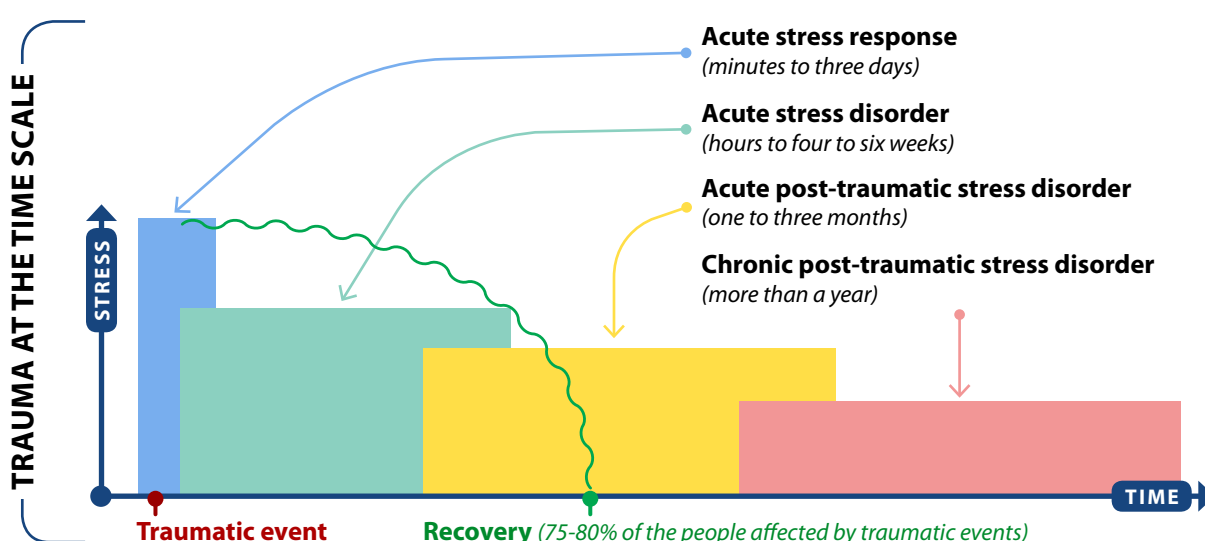
Duration of responses and symptoms

<p>Acute stress response</p>	<p>Cardiovascular system Instant stress causes an increase in frequency of heart contractions and stronger contractions of the heart muscle. The blood vessels that carry blood to large muscles and the heart are engorged, thus increasing the volume of blood pumped into these parts of the body, and the blood pressure increases.</p> <p>The nervous system sends a signal of production of hormones to the adrenal glands. These hormones make the heart beat faster, the breath accelerate, the blood vessels in the arms and legs engorge, the digestion process change and the glucose level (sugar energy) in blood raise in order to cope with the emergency. Where there is a life threat, the nervous system automatically launches the fight or flight reaction. The body directs its energy resources to fight the life threat or “flee the enemy”.</p> <p>Breathing system Stress causes hyperventilation — accelerated breathing, possibly shortness of breath since the airways between the nose and lungs are narrowed.</p> <p>Locomotor apparatus Muscles strain, which is a reflective response to stress, the body’s way to protect itself from injuries and pain. The body is getting ready for the fight or flight response.</p> <p>Endocrine system When the situation is perceived as threatening or uncontrolled, the brain initiates production of a number of hormones, namely cortisol. Cortisol increases the level of energy fuel available to maintain the energy necessary to fight long-term or extreme difficulties</p> <p>Gastro-intestinal system When stressed, people can eat much more/less than usual or not eat at all. Stress can also make it more difficult to swallow or increase the volume of the air swallowed, which causes gassiness, abdominal distension and pain. Excessive stress can cause vomiting.</p> <p>Reproductive system <i>Male reproductive system.</i> Excessive cortisol can influence normal biochemical operation of the male reproductive system. Men can develop erection under the influence of excessive traumatic stress. Stress also affects the reproduction ability, thus causing difficulties for the couples where the woman is trying to get pregnant. <i>Female reproductive system.</i> In the first place, women can develop period disorders under the influence of stress.</p>
-------------------------------------	---

<p>Acute stress response</p>	<p>Stress and fatigue can reduce sexual drive, affect the woman’s ability to conceive, progress of pregnancy and her adaptation after the delivery.</p> <p>Stress also influences the immune system. The longer the stress is, the weaker the immune protection of the body gets, and vulnerability to infections goes up.</p>
<p>Acute stress disorder</p>	<p>Excessive body responses when a traumatic event is remembered (faster heart rate, higher blood pressure, sweating, tremor).</p> <ul style="list-style-type: none"> • Tears, sadness, low spirits, grief, anxiety, fear. <i>Emotional freezing, a shorter range of senses, emotional coldness.</i> • Obsessional memories of the event with the feeling that it is happening right now and right here (flashbacks). • Hyper-alertness or startle reaction.. • Sleep disorders: difficulty falling asleep, superficial sleep, insomnia, nightmares, waking up early (3 a.m. to 5 a.m.). • Irritability, anger. • Feelings of guilt, shame (for instance, for surviving or being unable to help or rescue the others). • Dissociation — feeling of unreality or abstraction from the outer world, feeling like having a dream. • Reservedness, losing interest in activities and hobbies. <i>Physical symptoms (for instance, headaches, fatigue, loss of appetite, pain in different parts of the body).</i> • Inability to take care of yourself and your children (for instance, a person refuses to eat and drink and is unable to take simple decisions). • Avoidance of places, things, people and thoughts that remind of traumatic events. • Memory disorders, lower concentration, weaker cognitive functions (inability to study, read). • Inability to forecast the future.
<p>Acute post-traumatic stress disorder</p>	<p>One to three months after the traumatic event. The youth worker is not authorised to establish whether there are any symptoms during this period.</p> <p>The acute post-traumatic stress disorder is the medial diagnosis that is only established by a doctor with the respective specialisation.</p>
<p>Chronic post-traumatic stress disorder</p>	<p>The youth worker is not authorised to establish whether there are any symptoms during this period.</p> <p>The post-traumatic stress disorder is the medial diagnosis that is only established by a doctor with the respective specialisation.</p>

Types of help that can be provided by youth workers	
Acute stress response	Psychological first aid, Four Elements Protocol.
Acute stress disorder	Application of BASIC Ph model, awareness raising (careful explanation of what is happening to the person).
Acute post-traumatic stress disorder	Creation of the safe space for young people. Consideration of BASIC Ph model in planning activities with and for young people. Referral for specialised comprehensive aid.
Chronic post-traumatic stress disorder	Creation of the safe space for young people. Consideration of BASIC Ph model in planning activities with and for young people. Referral for specialised comprehensive aid

Approaches in youth work	
Acute stress response	Trauma informed youth work, namely application of the principles of normalisation, legitimation and the salutogenic approach, "do no harm" principle, development of resilience and reconnection.
"do no harm" principle disorder	
Acute post-traumatic stress disorder	Trauma informed youth work, namely application of the salutogenic approach and the principle of "do no harm". The normalisation and legitimation principles are inappropriate for this period and are not applied by youth workers because the person with highly intensive symptoms might erroneously think that he or she is fine and requires no qualified specialised assistance.
Chronic post-traumatic stress disorder	



? Questions for Reflection

- How has this information helped you understand your own bodily response to stress?
- How can this information on the bodily response be used in youth work?
- Should this information be disseminated among young people? Why?

Principles of legitimisation and normalisation in interaction with the people affected by traumatic events

Legitimation is the principle of interaction with the person affected by the traumatic event, which provides for recognition, confirmation, permission to express the feelings experienced by the person.

You cannot forbid the person to have certain feelings. For instance, you cannot say, “men must not cry”; “a good mother must not feel irritated or angry”; “you cannot enjoy minor things when there is a crisis around”. The people surrounding the person, the family, specialists interacting with the person have to recognise different emotions and allow showing them. It will be expedient to say, “It is OK to cry/laugh/feel angry around me.”

Normalisation is the principle of interaction with the person affected by traumatic events that provides for treating different responses of the person as normal responses to abnormal events.

After being affected by the traumatic stress, the person often fails to understand own psychoemotional feelings and somatic senses (bodily senses), and their intensity can be scary. So the person must understand that it is a normal response to the abnormal life event, and most people affected by the psychotraumatic events feel this way. Such understanding will give the person strength to recover and continue normal life. The principle of normalisation must be understood by the family members, friends, colleagues and all the specialists working with such persons.

One of the most important tasks of the specialist during this period is to explain to the person that these responses result from the traumatic experience; the person needs to know the causes of the symptoms and their dynamics and can manage the recovery process. It will be expedient to say, “These are normal responses to abnormal events.”

? Questions for Reflection

- Which of these principles have you observed in work with young people affected by traumatic events?
- Remember the situation in which you applied the principle of legitimisation or normalisation in work with your people from your practical youth work.
- How can the application of the principles of legitimisation and normalisation in youth work help a young person?

Self-Care and Self-Recovery in a Crisis

Four Elements Self-Care Protocol.

Four Elements are the groups of techniques directed at managing certain processes in a person; their main task is to improve the well-being, to regain control over your own body, to reduce impact of the stressful event and, as a result, to recover the ability to act and take decisions.

The protocol has been developed by Elan Shapiro, a mental cognitive and behavioural therapist, an EMDR therapist (EMDR means Eye Movement Desensitization and Reprocessing).

Air Element — controlling your breathing.

Since the breathing is accelerated when a person is stressed, and the length of an inhale considerably exceeds the length of an exhale, a hyperventilation may occur and result in panic. Therefore, the main purpose of the Air techniques is recovery of the normal breathing rate.

First of all, a deep maximum INHALE needs to be made. An extended exhale (with a delay) calms you down via the parasympathetic nervous system (the part of the nervous system that brings the organism back into the calm condition, ensures recovery of energy reserves in the human body), thus reducing the nervous tension. It should be noted that when you count in your head while breathing, the maximum result can be achieved. One of the most efficient techniques of controlled breathing is Box Breathing (the detailed description of the exercise can be found on [page 74](#))

Water Element — controlling the water balance.

Stress can cause dehydration, which can result in stress. There is a vicious circle. More water must be consumed to get out of the circle.

On one hand, when a person is stressed, vessels, heart and kidneys have an excessive load, there is intense production of moisture, which means that many people who feel stressed and anxious start sweating actively and have a dry mouth. If you drink slowly in this situation and focus on the process, the heart rate will be normalised, and the stress level will be reduced.

On the other hand, there is a psychological aspect: the person gets distracted from negative emotions and focuses on breathing. You must sip a drink little by little.

In some situations, there can be little or no water at all. Where there is little water, lips should be moistened with water. It will help avoid lip cracks. When there is water at all, imitation of swallowing with cheeks and swallowing movements will be of help (the detailed description of the exercise can be found on [page 94](#))

Earth Element — controlling your body.

When you are affected by stressful events, the sense of your own body practically disappears, and the person might even ignore physical needs. Another typical sense is “wobbly” feet, or you can sometimes hear “I do not feel ground under my feet” etc.

During traumatic events, the body gets very tense, “shrinks”, so the main purpose of the Earth techniques is to relax and regain control over your own body.

One of the most efficient relaxation techniques is muscle relaxation. When there are lots of stress hormones in blood, the vegetative system (the part of the nervous system that regulates internal organs) is involved and starts to process them. The muscles also take active part in this process, so there can be back aches, stiff neck or discomfort at times (the detailed description of the exercise can be found on [page 95](#))

Fire Element — controlling your attention and thinking.

Intense traumatic stress affects a large number of brain structures, namely the amygdala. It is responsible for our emotions and helps us critically assess outer threats. Stress makes the amygdala practically shrink, and some of the cells stop performing their functions.

The front parts of the brain also suffer from excessive cortisol, the hormone of stress, in blood. They are responsible for the short-term memory, attention, planning, control over emotions and adequate and responsible decisions. If a person is stressed, the attention will be distracted and of “tunnel” nature. Responsible decisions cannot be taken when there is stress.

That is why it is important to use the techniques that will reduce such effects and normalise the person’s condition (the detail description of the exercise can be found on [page 96](#))

🔍 Questions for Reflection

- In which situations would it be of use to apply the Four Elements Self-Care Protocol?
- How can youth work help a young person find out about the Four Elements Self-Care Protocol?
- What do youth workers need to disseminate information on this protocol among young people?

Psychological First Aid

Psychological First Aid is an aggregate of actions of general human support and practical support for close people who are suffering and need support. The psychological first aid can be rendered not only by the professional psychologist, but also another specialist or person aware of the rules of the psychological first aid. It is not professional psychological counselling since it does not provide for detailed discussion, analysis and determination of the essence of the events that have caused the stress.

The first psychological aid is designated for the people who feel stressed as a result of the recent emergency event. The person’s condition must be caused by the event that has happened immediately before that. The psychological first aid is rendered during the first contact with the people who are feeling severely stressed. As a rule, the person affected by the traumatic event can be overwhelmed, at a loss, disoriented, and might not respond at once or at all when asked something. This condition is called an acute stress response to stress, which can last several minutes to three days in some cases. During this period as well as the event itself, the psychological first aid is the most expedient and necessary type of aid. The psychological first aid can be rendered at any safe place.

The psychological first aid is not:

- professional aid, which can only be rendered by specialists;
- professional psychological counselling;
- detailed discussion of the event that has resulted in certain responses;
- asking the people to analyse what has happened or to say what happened and when it happened in the chronological order.

The psychological first aid can be rendered to both adults and children. However, not every person who has experienced the crisis needs or wishes to get the psychological first aid. You should not impose the aid upon those who do not wish to get it, but you must be available to those who might need the support.

In some situations, the psychological first aid is an unacceptable type of aid, for instance, when the person has visible physical injuries (traces of blood, wounds, broken bones). In this case, the first pre-medical aid must be rendered. The psychological first aid is not rendered to the person in the condition caused by consumption of psychoactive substances.

The person who takes part in the psychological first aid has to adhere to the following rules:

- Avoid the situations when people can be additionally injured by your actions.
- Guarantee safety and protection from physical and psychological damage for the adults and children getting the aid.
- Treat the people with respect and in accordance with their cultural and social customs.
- Render aid to the people in a fair manner, without any discrimination.
- Help the people defend their rights and access to support available.
- Be only guided by interests of the survivors while rendering aid.

Psychological first aid protocol MAACE (MAACE is the Hebrew abbreviation which literally means "Action"; it has been created by Doctor Moshe Farhi).

This psychological first aid protocol provides for the specific algorithm and contains four clear principal stages.

1. Contact (duty) — establish the contact with the person, approach the survivor, introduce yourself, describe your role, and say, "I am with you, I am by your side."

If the person does not respond, say, "I am going to take your hand(s) and shake it (them)", shake the hand(s) and then say, "Shake my hands back." If there is no response, keep doing it until the person shakes your hand back or takes his or her hand away. If the person is sitting, help stand up. If the person is standing, encourage some activity (any efficient actions).

If the person rushes around in hysterics, disorganised conduct or aggression, try focusing the attention on yourself and demand to help you with something important in a commanding voice. If it doesn't work, instruct the person to return after becoming to feel better.

2. Efficient activity — if a person responds, ask at once to do something of use in this situation, for instance, to bring water for the others, to find a blanket, to show the way to ambulances etc.

3. Questions to be considered – ask the questions than make the person think or remember, but do not require very long answers: “How old are you?”, “How long have you been here?”, “How many people were there in the car when an accident occurred?”, “Who called the rescue service?”, “Who arrived first?” Ask the questions where the person has to choose: “Who do you want to call/inform?”, “What would you like to do?” etc.

4. Establishment of the chronological order – tell the person what exactly happened, and in what order: “You and your friends were leaving the city by car, and your driver lost control at the fifth kilometre. Your car hit the truck at the high speed and hit the road ditch. The passer-by rendered you the first medical aid. Then the police and the ambulance arrived.”

Then go on to the present condition: “You and the other boy are conscious. Two passengers are unconscious, but the doctors are helping them now. The third one has already been taken to hospital.” When asked “Are they alive?”, tell the truth. It must be emphasised that the threatening event is over, and there is no more danger.

Then inform the person: “Now the police officers will ask you some questions. Then we will decide how you will return home.”

What should be done while rendering the psychological first aid:

- Be honest and reliable.
- Respect the person’s right to take own decisions.
- Be aware of your own bias and stereotypes and avoid them.
- Urge the persons affected by the traumatic event to perform conscious activity.
- Appeal to the person’s mental functions.
- Explain to the persons clearly that even if they refuse from aid now, they can get it in the future.
- Respect privacy and ensure proper confidentiality of the persons’ stories.
- Behave properly, with account of the person’s culture, age and sex.
- Be by the person’s side or keep the distance acceptable for the age, sex and cultural traditions of this person.
- Demonstrative active hearing, for instance, by nodding.
- Be patient and calm.
- Provide reliable information, if any.
- Praise the person’s strengths and the ability to take care of himself or herself.
- Let people keep silence.

What should not be done while rendering the psychological first aid:

- Ask the person about feelings.
- Use the phrases like “Calm down”, “Stop crying”, “Pull yourself together”, “What is wrong with you?”.
- Argue, persuade the person that you are right even if your opinion, views and beliefs are the opposite.

- Abuse the assistant's position.
- Ask money or services from people in exchange for aid.
- Give empty promises and provide false information.
- Exaggerate own abilities.
- Render aid on your own, be intrusive and too persistent.
- Make the people tell their stories.
- Tell the person's story to others.
- Condemn the person for actions or feelings: "You should not think so" or "Be happy that you are alive."
- Interrupt or hurry the person up (for instance, by looking at the watch).
- Touch the person unless you are sure that it is acceptable.
- Make up the things you do not know.
- Use complicated terms.
- Tell about your own problems
- Think that you have to resolve other people's issues instead of them.
- Deprive a person of a sense of their own strength and understanding that they can take care of themselves.
- Talk about people in a negative manner (for instance, by calling them "crazy" or "insane").

? Questions for Reflection

- In which situation should the psychological first aid protocol be used?
- Remember the situation in which you observed application of the psychological first aid protocol in your practice.
- What do youth workers need to learn how to render the psychological first aid?

Burnout and Compassion Fatigue

Burnout⁸ is the condition of growing emotional, motivational and physical exhaustion that is accompanied by the feeling of emptiness and helplessness, cynical attitude to work and other people.

According to the World Health Organisation, burnout a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.

Burnout is attributable to any professional but the persons working with other people, i.e. those ones whose job is connected with regular communication, are most likely to develop this syndrome. They must always be in touch, hear the others and talk, watch important news, give instructions to subordinates or, on the contrary, follow the manager's orders, try to meet someone's expectations, excel their competitors and demonstrate high performance

8 <https://healthcenter.od.ua/psychichne-zdorovya/emocijne-vygorannya/>

— it all results in emotional burnout. Burnout is considered to be the lightest functioning disorder; it is developed by accumulation and can be followed by more severe disorders: compassion fatigue and secondary traumatic stress.

Dimensions of Burnout

The World Health Organisation determines three main dimensions of burnout:

- Feelings of energy depletion or exhaustion: they result in sleep disorders, weaker immunity and concentration issues.
- Increased mental and emotional distance from one's job: feelings of negativism or cynicism related to one's job, detachment from colleagues, no motivation, negative perception of reality.
- Reduced professional efficacy: it results in the sense of incapacity, there is doubt in own abilities and competence.

The concept of burnout applies to the phenomena in the professional context, and it should not be applied to describe experience in other areas of life⁹.

BURNOUT SYMPTOMS

Psychophysical symptoms	Social and psychological symptoms
<ul style="list-style-type: none">• feeling of permanent exhaustion both in the evening and in the morning;• feeling of emotional and physical exhaustion;• frequent headaches without any reason, regular gastro-intestinal disorders;• losing or gaining weight abruptly;• complete or partial insomnia;• permanently dazed, atonic condition and wish to sleep all day long;• shortness of breath or breathing disorders during the physical or emotional load;• obvious reduction of external and internal sensory sensitivity: vision, hearing, smelling and touching disorders, loss of internal bodily senses;	<ul style="list-style-type: none">• indifference, boredom, passivity and depression;• elevated irritability due to insignificant events;• frequent nervous breakdowns (outbursts of unreasonable fury or refusal to communicate, reservedness);• permanent negative emotions without a reason;• unconscious solicitude and elevated anxiety;• feeling of hyperresponsibility and permanent fear;• overall negative attitudes to life and job prospects;• feeling that the work is getting harder and harder to perform;• evident changes in the employee's work schedule (longer or shorter working hours);

9 <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>

	<ul style="list-style-type: none">• taking some work to be done at home on a regular basis and with no need, and not doing it at home;• manager's difficulty taking decisions; feeling of no use, lack of belief that the situation will get better, lower enthusiasm at work, indifference to the outcome;• failure to perform important, priority tasks and focus on minor details;• detachment from colleagues and clients, high and inadequate criticality;• abuse of alcohol, abrupt increase in the number of cigarettes smoked a day, consumption of drugs.
--	--

Compassion fatigue¹⁰ is the outcome of immediate work with the people affected by the natural disaster, war, trauma or disease. The people working in other related areas are also at risk of developing compassion fatigue.

Compassion fatigue is a condition characterized by emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others, often described as the negative cost of caring.

The term "**compassion fatigue**" was first introduced by Carla Johnson, in 1992, to describe nurses who were worn down by daily contact with their patients¹¹.

Compassion fatigue is one of the forms of stress or tension that develops out of frequent contacts with the traumatised people and makes people excessively worried by the other people's suffering or pain.

Impact of compassion fatigue upon health care professionals is real and recorded. If it is not treated, it results in the lower quality of medical aid, more clinical errors and high staff turnover.

Mass media are also capable of causing mass compassion fatigue in the society when their overfull their news bulletins with decontextualised images and stories of tragedies and suffering¹². It can result in reduced sensitivity of people or less assistance to suffering people.

In her 1999 book *Compassion Fatigue: How the Media Sell Disease, Famine, War and Death*, the journalist and scholar Susan Moeller explored this idea at length. "It seems as if the media careen from one trauma to another, in a breathless tour of poverty, disease and death," she wrote. "The troubles blur. Crises become one crisis." The volume of bad news drives the public to "collapse into a compassion fatigue stupor".

10 https://en.wikipedia.org/wiki/Compassion_fatigue

11 Figley, Charles, ed. (2002). *Treating compassion fatigue*. New York: Brunner-Routledge.

12 <https://www.theguardian.com/news/2018/aug/02/is-compassion-fatigue-inevitable-in-an-age-of-24-hour-news>

Symptoms and behavioural displays:

- Reduced ability to take care of others or interest therein.
- Excessive anxiety about the people you are helping.
- Physical and/or mental exhaustion.
- Anger and irritability.
- Anxiety.
- Depression.
- Obsessive thoughts.
- Sleep disorders.
- Feeling of helplessness at work.
- Excessive alertness.
- Avoidance of certain actions, situations and people you are helping.
- Feeling of your worthlessness and incompetency.
- Emotional freezing.

? Questions for Reflection

- How can burnout and compassion fatigue of youth workers affect young people?
- How can burnout and compassion fatigue be prevented in the field of youth work?
- What helps you personally deal with stress and prevent burnout?

Secondary Traumatic Stress

Secondary traumatic stress is a phenomenon of occurrence of symptoms of the acute stress response or the acute stress disorder of the person who has not personally experienced the traumatic event. In this case, the symptoms result from the person's ideas of the event rather than the real event itself.

Since the person has not experienced the traumatic event, the information on the event is mostly incomplete and fragmentary, and the person's mind "imagines" information and missing logic pieces as imaginable illusions that are perceived as real ones by the consciousness. Then the mind responds to the "imagined" event as the real traumatic one.

The "imagining process" occurs as follows: when we communicate with each other and hear words, our mind automatically creates visual images of the words we hear.

In addition to imagining, another precondition for secondary traumatic stress is empathy.

Empathy (the Greek *pathos* — compassion) means understanding the other person's relations, feelings and mental conditions in the form of compassion.

There are three types of empathy:

- **Emotional empathy**, which is the ability to have the same feelings and emotions as the other person. It occurs in the childhood: when a child cries, the other one starts crying as well.

- **Cognitive empathy**, which is the ability to place yourself in the other person's shoes and understand how this person thinks. It is an intellectual process far from an uncontrolled response.
- **Empathic care**, which is the ability that urges to take care of and help other people.

When a person hears the story of a traumatic experience (experience of being in the life-threatening situation) of another person, the mind starts creating the picture that will be perceived as a threat by the mind. Then the empathy mechanisms, i.e. the ability to identify the other person's feelings and to place yourself in their shoes, are activated. We understand what the person felt at the specific moment: for instance, we do the same when we watch movies or theatre performances or read books — we get into the characters' shoes. We get the additional information on the other person's feelings this way, which can cause secondary traumatic stress in its turn.

It should be noted: whereas the real event always has the beginning and the end, firstly, the internal "imagining" of the event can be much brighter and scarier than the real event, and secondly, the real event ends, but the imagined one can last as long as possible and be supplemented with new details that destroy the mind.

Types of secondary traumatic stress:

- **trauma of a witness** when the person witnesses the event, but is not the participant, remains physically intact, has clear, but mosaic memories of details, and the mind just adds fragments of the event lacking for integral perception. The person who witnesses the event develops acute stress responses and the feeling of helplessness and can later develop the feeling of guilt because of the inability to help the victims or prevent the event;
- **trauma of a listener** when a person is not related to the event but is close to its participants and can hear their details and see their emotional responses. In this case, the person's mind "imagines" details in addition to the actual information on the event, and adds own emotions into the event interpretation when it is told or mentioned. This effect is demonstrated well by the child game "Pass the message" when the first players pass the message with minor distortions, but the following ones change it so much that it is unrecognisable. The person prone to this type of secondary trauma takes active emotional part in the dialogue, can directly respond to the story, and the cognitive sphere only helps supplement the logic and integrity of perception of the event in this case.
- **trauma of a viewer** (media trauma) when a person only has the verified piece of the event with the ready interpretations, and the mind supplements the episode "presented" by the mass media with the volume of the information that substantially changes the event itself in the person's mind. The name itself refers to the main source of the secondary trauma: mass media. However, this trauma can result from targeted impact upon the person's mind not only by the mass media, but also online technologies, advertising agencies etc

The symptoms of the secondary traumatic stress can be¹³:

- exhaustion or disease;
- cynical attitude;
- irritability;
- lower performance;
- feelings of hopelessness, fury, desperation and grief;
- feeling of reliving the event;
- nightmares;
- anxiety;
- avoidance of people or activities or permanent fury and grief.

? Questions for Reflection

- How to prevent secondary traumatic stress in work with young persons?
- What helps you personally avoid secondary traumatic stress?
- How to prevent secondary traumatic stress of young people?

Coping Strategies and Resource Channels in a Crisis

Mooli Lahad, an Israeli psychologist and trauma therapist, has long studied how people behave in stressful situations. He has found out that everyone has their own unique combination of resources to fight adverse circumstances. The **BASIC Ph** model is based on such conclusions. This model is based on recognising the person's ability to oppose the crises, to maintain own mental health in emergencies. The model has six principal parameters (resource channels) that constitute a basis for the individual behavioural style in emergencies (each letter in BASIC PH model means a specific resource).

1. **Belief:** philosophy of life, faith, moral values, mission.

This resource channel of overcoming the crisis is based on faith (believing in God, people, miracle or yourself, your mission, superstitions, signs; mascots, horoscopes etc.). It is a system of beliefs, values and senses, a need for self-fulfilment and self-expression. Beliefs can be religious, political etc. The fact of faith itself is important.

13 Conrad, D., Secondary Trauma and Child Welfare Staff: Understanding its impact and Taking Steps to Protect Them.
Siegfried, C. B. (March 2008). Child Welfare Work and Secondary Traumatic Stress. Child Welfare Trauma Training Toolkit: Secondary Traumatic Stress. The National Child Traumatic Stress Network. Module 6, Activity 6 c.

2. Affect (to influence, to agitate): senses, emotions.

The affective strategy is reflected via emotions: crying, laughing, fury, fear, talking to someone about your feelings. In the first place, this resource channel of overcoming the crisis demands expression of different feelings and their identification. Feelings can be expressed verbally, in writing (in a story or letter); without words — by dancing, painting, playing music or performing. Your feelings can be written down in a diary or expressed in pictures.

3. Social support: affiliation, family, friends, social support.

This resource channel of overcoming the crisis is characterised by the desire to communicate, to be by the person's side. It is mostly about support by family members, friends or single-minded people. Psychological or volunteering support also pertains to this resource channel. In other words, social inclusion is important: the desire to be surrounded by people, to feel like a part of the system, organisation and so on. It is important to hear from other people that you are alive, useful and capable of influencing something.

4. Imagination: creativity, flight of imagination, intuition.

This resource channel of overcoming the crisis is based on creative abilities. Imagination enables the person to dream, improvise, imagine the future, develop intuition, change, be comforted in the world of play and imagination, practice handiwork, pottery etc. Imagination helps get distracted from the cruel reality, express the sense of humour, and find a creative solution for current issues.

5. Cognition: knowledge, logics, reality, opinions, planning.

The resource channel of overcoming the crisis by upgrading mental abilities, the ability of logic and critical thinking, the ability to assess the situation and perceive new ideas, to plan, study and collect information, to analyse problems and reasonably resolve them, and to set their priority. The cognitive strategy provides for analytical work, making lists or plans.

6. Physiology: physical, sensitive modality and activity, bodily work.

It is the resource channel of overcoming the crisis that provides for using physical activity of our body. This resource is associated with such abilities of our physical body as the ability to feel themselves with the senses of hearing, seeing, smelling, touching, taste, warm and cold, pain and pleasure, orientation in the area, internal tension or relaxation. It also provides for various physical load (exercises or sets of exercises, walking, going for walk in the countryside, camping etc.), bodily practices (relaxation techniques, breathing exercises etc.), consuming and cooking food.

? Questions for Reflection

- In which situations would it be of use to apply the resource channels of Basic Ph model?
- How can youth work help a young person find out about these resource channels?
- What do youth workers need to disseminate information on these resource channels among young people?

Principle of Do No Harm in Work with Young People Affected by Traumatic Events

The name of "do no harm" principle comes from the Latin expression "Primum non nocere" (which is translated as "first, do no harm"). In the first place, this expression was about medical ethics and is a determinant principle of emergency medical care. At the same time, the principle of "do no harm" applies to the other areas: for instance, in the humanitarian work, it helps determine unintentional negative or positive effects of humanitarian activities and interference with development in the situations where there is a conflict or risk of a conflict¹⁴.

The IASC Guidelines on Working with and for Young People in Humanitarian and Protracted Crises¹⁵ explain the principle of "do no harm" as follows:

Young people need a physically, socially and emotionally safe and supportive environment. Duty-bearers should be sensitive to divisions and inequities among and between young people and their communities, to avoid making them worse. Participation should not put young people, especially girls, at risk of backlash from the family or community, or from other young people.

Many may have suffered trauma; facilitators must be equipped to refer them to specialized services, and must pay particular attention to the potential for harm among those living in vulnerable situations.

What does **the principle of "do no harm" provide for in youth work**, especially with young people affected by traumatic events?

14 Do no harm. Доступ : <https://inee.org/eie-glossary/do-no-harm>

15 IASC Guidelines on Working with and for Young People in Humanitarian and Protracted Crises

The principle means not putting young people at additional risks, acting in the best interests of young people and avoid doing physical, psychological or emotional harm or injuries. **The activity must be centred around young people**, their well-being and development of quality relations with them based on¹⁶:

- respect,
- non-discrimination,
- trust,
- confidentiality and privacy,
- well-being of young people.

In order to prevent negative effects, it is important to create the safe space for young people's participation¹⁷.

The principle of "do no harm" in youth work provides for:

1. Understanding the context in which we work, including the political dynamics, institutions, attitudes, values, social standards respected by the communities, and available services in the community.
2. Determining young people's needs.
3. Understanding the dividing and consolidating factors in the context in which we operate. Dividing factors are the ones that cause tension in the society. Consolidating factors are the ones that unite people and/or reduce tension. Both include structures, institutions, attitudes and actions, values and interests, symbols etc.
4. Reducing the impact of the factors dividing the society and enhancing the consolidating factors.
5. Considering the fact that actions and conduct have effects that influence our activity and our behaviour when we implement our activity, and that the values and ethical principles we use have effects (making the situation better or worse).
6. Understanding details of the activity: what, why, who, by whom, when, where and how.

16 Ethical standards in youth work and how they support education and career pathways of youth workers Working paper. Доступ : https://pjp-eu.coe.int/documents/42128013/47262613/06_SCRIB.pdf/41cea176-d7fa-3167-a716-11af717b1559

17 <http://www.principletopractice.org/from-principle-to-practice/the-project/>
https://www.alnap.org/system/files/content/resource/files/main/donoharm_pe07_synthesis.pdf
<https://www.donoharm.info/desktop/content/conflict/concept.php>

7. Understanding options to change the activity in order to eliminate negative effects or enhance positive changes.
8. Building relations with young people based on respect, non-discrimination, trust, confidentiality and privacy, and well-being of young people.
9. Creating the safe space for young people.

? Questions for Reflection

- Why can the principle of "do no harm" be important in youth work?
- Can you give examples of the "do no harm" principle in youth work?
- How can the principle of "do no harm" help a young person recover after the traumatic event?

Opening of the Event. Getting-To-Know Each Other. Programme Presentation. Expectations



Competencies

- ◆ knowledge of the methods for setting educational goals, self-reflection;
- ◆ understanding own internal conditions and their impact upon interaction with the others;
- ◆ ability to efficiently manage the time and information, to cooperate with the others in a constructive manner, to remain resilient, and to manage own education and career.



Prerequisites

- ◆ no requirements



Period of implementation

- ◆ 90 minutes



Materials

- ◆ flipchart, paper for the flipchart, colour markers, adhesive tape, optionally — projector and screen.



Instructions



Opening of the Event



15 minutes

Invite the organisers of the event to make a welcome speech or welcome the participants yourself. Ask the official guests and partners to make a speech.

Describe the purpose and tasks of the event for the participants. Visualise them on the flipchart paper and place it in the public area (for instance, on the wall) so that they will be seen during the event.

Offer the common photo to all the participants.



Getting-To-Know Each Other in a Circle



20 minutes

Ask the participants to sit in a circle so that everyone could see each other.

Ask everyone in a circle to take it in turns and say:

- how the person should be addressed (social name);
- field of activity (job, position etc.);
- hobbies and favourite ways to spend time.

Start with yourself and then give the floor to the person to the right or ask if there are any volunteers, and then continue clockwise.

Interactive Introduction

 **15 minutes**

Do the exercise “I’m good at...”¹⁸

1. Ask everyone to stand in a very wide circle.
2. Invite someone (anyone) to take a step into the circle and to say something the person is good at.
3. Now tell the rest of the group to take a step forward and repeat the name and what the person is good at.
4. Now invite someone else to take a turn and to take another step forward.

Programme Presentation

 **10 minutes**

Present the programme of the event to the participants. The following must be specified:

- days of the event;
- beginning and end of work;
- breaks;
- main theme modules;
- programme flow.

If the programme has mandatory sessions, name them separately.

The programme of the event must be visualised and then placed in the visually accessible place at the premises where the event is held (for instance, on the wall). Metaphoric images, for instance, the programme of the event shown as a trip, a road etc., can also be used to visualise the programme.

During the event, refer to the programme all the time and show where the group is now.

Expectations

 **10 minutes**

Ask the participants to get into the groups of four. Ask each member of the group to tell their group about:

- their expectations from participation in the event;
- their concerns about participation in the event.

Give ten minutes to perform this task. Ask the first group to say one expectation, then the second group to say one expectation (without repeating what the first group said) and so on. Make as many rounds as the groups need to list their unique expectations. Then work with the concerns about participation in the same manner. Put down the expectations and concerns on separate sheets of paper for the flipchart. Where necessary, you can comment on the results. Also explain that the group work rules that will be established will help mitigate certain concerns.

18 Compass: Manual for Human Rights Education with Young People. <https://www.coe.int/uk/web/compass/-i-m-good-at...->



Advice to the Facilitator

- ✦ After the official guests make their speech, enable the participants to ask questions. If a common photo is taken, the participants must give their consent to photo records.



Follow-up Proposals

- ✦ After the session, it is recommended to start team building and set the group work rules or to add development of the group work rules to this session or to go on to any other programme session.



Additional Information

1. Compass: Manual for Human Rights Education with Young People. Access: <https://www.coe.int/uk/web/compass/-i-m-good-at...->
2. Handbook for people working with youth groups. Non-formal education practice in Lithuania. Access : <https://youth-worker.org.ua/library/dosvid-neformalnoyi-osvity-v-lytvi/>



Handouts

- ✦ N/A



Team Building. Rules of Work



Competencies

- ✦ understanding own internal conditions and their impact upon interaction with the others;
- ✦ ability to efficiently manage the time and information, to cooperate with the others in a constructive manner, to remain resilient, and to manage own education and career;
- ✦ evaluating own contribution into the joint process and achievement of the goals set.



Prerequisites

- ✦ this session is conducted after the participants have gotten acquainted and understood the purpose, objectives and programme of the training.



Period of implementation

- ✦ 90 minutes



Materials

- ✦ chair with the back for every person, flipchart, paper for the flipchart, colour markers



Instructions



Introduction to the Session



5 minutes

Explain to the participants that the purpose of this session is team building and development of the joint rules of work to be used during the training.



Team Building Exercise “Human Knot”



20 minutes

Ask the participants to make groups of at least six people and stand in a circle, shoulder to shoulder, facing each other.

1. Ask everyone to raise their left hand and put it out to take someone’s hand in a circle, and then to raise their right hand and take the other person’s hand. Make sure that the following conditions are considered:
 - a) a person cannot hold both hands of the same person;
 - b) you cannot take a hand of the person who is right next to you.

Description of Educational Activities

2. The participants can talk to find out how to untie the knot (make a circle of people) without releasing hold of any hands; if any member of the group releases hold of a hand, the group must start over.

Questions for discussion:

1. Emotions:

- *Name your emotion after the exercise.*

2. Process:

- *How did you organise the process of the task implementation?*
- *Was everyone involved? If yes, what shows it? If no, why?*

3. Connection between the exercise and the reality:

How can experience of interaction in this exercise help us work and learn together during the entire programme? (the answers given by the participants should be recorded on the flipchart).

Team Building Exercise for the Group “Chairs with Two Legs”

 **35 minutes**

Ask the participants to put chairs in a circle with a distance of 30 to 40 centimetres in between to do this exercise.

1. Ask the participants to stand outside the circle (behind the backs of the chairs).
2. Ask each participant to hold the chair with one hand and touch the back so that it will stand on two legs (by leaning the chair forward).
3. Explain the task to the group:

All the participants should move around, no chair must fall (the chairs must touch the floor only with two legs). The participants are forbidden to touch two chairs at the same time or touch the chair with any other part of their body (except for the hand, either left or right).

The group members must find a way to do the exercise. If any of the chairs falls during the exercise, the whole group starts over.

4. Give the participants five minutes to discuss the exercise strategy.

Questions for discussion:

1. Emotions:

- *How do you feel at the end of the exercise?*

2. Process:

- *What was it like working in the group?*
- *What strategy did you choose for the exercise?*
- *How did you take a decision on the strategy?*
- *Were all the opinions considered? How do you know?*
- *How satisfied are you with the result?*

Description of Educational Activities

- *What helped you do the joint exercise, and what were the obstacles?*
3. Connection between the exercise and the reality:
 - *How can experience of interaction in this exercise help us work and study together during the entire programme? (the answers given by the participants should be recorded by the facilitator on the flipchart).*

Developing Common Rules of Work

 **30 minutes**

Explain to the participants that, with account of their experience of interaction, they will develop the common rules of work that will be acceptable for everyone during the training. Ten minutes will be given to discuss and set the rules: it must be the list of no more than ten rules. Draw the participants' attention to the conclusions they made after the team building exercise.

They have to organised the discussion and decision making process on their own and present the completed list to the facilitators in ten minutes. The rules should meet the following criteria:

- *specific — everyone knows what the rule means;*
- *everyone agrees with each rule;*
- *everyone's opinions is considered;*
- *the rules contain the following aspects: safety, comfort, focus on achieving the common purpose.*

The criteria should be written on the flipchart so that they will be visible to the participants during the discussion.

In ten minutes, ask the participants to present their common rules.

Questions for discussion:

1. Emotions:
 - *How do you feel after the discussion?*
2. Process:
 - *How did the process of discussing and setting the rules go?*
 - *Are you satisfied with the outcome?*
 - *Does the list of rules meet the criteria?*
3. Connection between the exercise and the reality:
 - *After this experience of developing the common rules, would you like to add any other rules that will help you work together during the programme? (if there are any proposals, add them, but make sure that everyone agrees)*



Advice to the Facilitator

- ✦ The exercise “Human Knot” is efficient for the group of at least ten people. If the group has more than twelve members, the exercise is done in parallel in two circles. Since this game provides for body contact, you must pay special attention to cultural differences between the participants.

When the exercise “Human Knot” is done, you can cover some participants’ eyes, play the game in silence or set the deadline in order to increase the complexity level. When the level of difficulty is increased, its time can be extended.

When the chair exercise is done, the time limit can be set.

If you feel you do not have enough time to do a separate rule-setting exercise, you can ask the question after the last exercise: “What principles of co-work do we have to respect as a group so that everyone will feel safe and comfortable and we can achieve our common purpose during the training?” (record the rules on the flipchart).

This way you will drive the group to development of the co-work rules. It is important to ask during the discussion what exactly the people mean by a certain rule in terms of actions or conduct during the training. Everyone must also give their consent to the proposed rule.



Follow-up Proposals

- ✦ After the team building and development of the common rules of work, you can go on to development of common understanding of the key themes of the training.



Additional Information

1. HANDBOOK FOR PEOPLE WORKING WITH YOUTH GROUPS. Non-formal education practice in Lithuania. Access: <https://youth-worker.org.ua/library/dosvid-neformalnoyi-osvity-v-lytvi/> (p. 77 – 80, p. 106 – 122).
2. MANUAL FOR FACILITATORS. A guide for organising and facilitating the educational process of study sessions held at the European Youth Centres, Council of Europe, 2021. Access: <https://rm.coe.int/manual-for-facilitators-2022/1680a5ebc2> (p. 99).
3. Seed for Change. Short Guide. Group agreements A short guide to creating group agreements for workshops and meetings. Access: <https://www.seedsforchange.org.uk/groupagree.pdf>
4. T-Kit 6: Training Essentials. Access: <https://pjp-eu.coe.int/en/web/youth-partnership/t-kit-6-training-essentials> (p. 39 – 44, p. 105 – 113, p. 121 – 129).

Stress, Traumatic Event and Traumatic Stress in and beyond Youth Work



Competencies

- ✦ knowledge of trauma informed youth work;
- ✦ understanding the role of youth work in a crisis;
- ✦ applying the knowledge of trauma in youth work;
- ✦ analysing youth work with account of knowledge of trauma;
- ✦ evaluating and revising the forms and methods of youth work with account of knowledge of trauma;
- ✦ knowledge of what stress, traumatic event, traumatic stress are;
- ✦ understanding the difference between stress, traumatic event and traumatic stress;
- ✦ ability to apply the concepts of stress, traumatic event, traumatic stress in the proper meaning;
- ✦ analysing situations and phenomena based on the stress, traumatic event, or traumatic stress criteria;
- ✦ evaluating the situation or phenomenon as stress, traumatic event, or traumatic stress.



Prerequisites

- ✦ no requirements



Period of implementation

- ✦ 90 minutes



Materials

- ✦ flipchart, paper for the flipchart, colour markers, adhesive tape, printed handouts



Instructions



Studying the concepts of stress, traumatic event, traumatic stress



45 minutes

1. Get the participants into three groups.

Explain that each group is going to get the text with definitions of three concepts: stress, traumatic event, traumatic stress.

The groups will have 20 minutes to:

- a. study and discuss the text and make sure that every group member understands the definitions the same way;
- b. think of one example for each definition and be ready to explain them (no separate records are necessary);
- c. imagine that these three concepts need to be explained to different target groups:
 - group I — fourteen-year-old students;
 - group II — second-year university students;
 - group III — staff of the organisation you work for.
- d. put down the explanations of the concepts for each of the groups on separate sheets.

2. Hand out the following to each group:

- definitions of the concepts (handouts);
- markers;
- nine sheets;
- text with the instructions.

3. Ask the participants to place the definition of each term for each of the target groups nearby (for instance, on the floor).

Give them five minutes to study all the definitions by all the groups.

4. Discuss the following with the group (15 minutes):

- What was it like working in the group?
- What difficulties did you have while performing the task?
- What did you consider to adapt definitions to specific target group?
- How are stress, a traumatic event and traumatic stress connected to each other?
- In your opinion, are young people capable of realising that they have experienced stress, a traumatic event or traumatic stress?
- Can young people tell the difference between stress, a traumatic event and traumatic stress? Why can this skill be of use?
- What traumatic events can young people face? (the answers can be recorded on the flipchart)

 Definition of the concepts of Recovery, Resilience and Reconnection

 20 minutes

1. Give the handouts “Recovery, Resilience, Reconnection” to the work groups that have worked at the previous stage.
2. Ask the groups to read the text and think of a post for the Facebook page of the youth centre to explain these three terms. Ask the groups to put down the text of the post at one of the online co-working platforms.

3. Show the group's work on the screen or suggest looking at it from the participants' digital devices.



Moderated Discussion



25 minutes

"Role of Youth Work in Life of Young People Affected by Traumatic Events"

Moderate the group discussion. Possible questions:

1. Is your organisation (youth centre, library, non-governmental organisation etc.) the place where a young person can recover from stress or a traumatic event?
2. Do the youth workers have relevant competencies to help the young person?
3. What do you consider to be most important in competence 1.5 "Demonstrate openness in discussing young people's personal and emotional issues when raised in the youth work context", which is described in the Council of Europe Youth Work Portfolio?
4. What can your organisation do to support the young people experiencing stress?
5. What can your organisation do to help young people develop resilience?

After the discussion, ask the participants to continue the phrase, "During this discussion, I realised..."



Advice to the Facilitator

- ✦ While moderating the discussion and talking about the participants' examples, avoid "diagnosis" (for instance, "Yes, for sure, it is a severe stress for you" etc.) and generalisation (for instance, "It is a common knowledge", "All the therapists say" etc.).

The ideas of the participants regarding the role of the youth centre and what it can do can be recorded separately to be used in the future.

Be ready to give your own examples for the concepts of stress, traumatic event, traumatic stress and to help the participants tell the difference.



Follow-up Proposals

- ✦ you can go on to any other programme session after this session.



Additional Information

1. Stressful Situations in Life of the Ukrainians, 2021. Kyiv International Institute of Sociology. Access: <https://www.kiis.com.ua/?lang=ukr&cat=reports&id=1096&page=1&t=7>
2. Fourteenth National Survey: Psychological Markers of the War (18-19 June 2022). Rating Sociological Group. Access: https://ratinggroup.ua/research/ukraine/chetyrnadcatyy_obschenacionalnyy_opros_psihologicheskie_markery_voyny_18-19_iznyunya_2022.html
3. Basic Work with Trauma. Access: <https://rm.coe.int/ptsd-ukr/1680a0a10b>
4. The Guide "Traumatic Events: Psychological Support and Self-Care". Access: <https://rm.coe.int/traumatic-events-ukr-/1680a765d4>



Handouts

Definitions

- ◆ **STRESS** (tension, pressure) means the non-specific **bodily response** to the external action (irritant) that exceeds the norm as well as respective response by the nervous system. It is a protective bodily response to external irritants. It is displayed mentally, physically and emotionally and enables adapting to changes.

Everyone feels stressed. Stress can be caused by anything: cold or hot weather, conflicts at work or home, extreme situations, abrupt changes in plans, deceit, offence, physical exertion etc.

- ◆ **A TRAUMATIC EVENT** is an emergency and sudden unexpected event where a person is **a participant or a witness** of the event. During this event, the person believes that there is an actual **threat for own life** or health or for the life and health of a close person (even if it is established later that there was no actual threat).

In most cases, a traumatic event is criminal offences (sexual violence, plunder, robbery etc.), hostilities (shelling, explosions), natural disasters (earthquakes, flooding, volcanic eruption), man-made emergencies (road accidents, building destruction and collapse, accidents) etc.

A traumatic event is perceived by the person as the one threatening the life or health, having the clear beginning and end, destroying the ordinary way of living and provisionally dividing the person's life into "before" and "after" the event.

The event is perceived as a traumatic one **in a subjective manner**. The youth workers must realise that some participants of the same event might not perceive it as a traumatic one; for instance, the passengers of the car that got into the road accident might have different attitudes to the event. One person will not feel threatened subjectively, so the response to the event will be **stress** (non-specific **bodily response** to the external action that exceeds the norm). The other person will believe that they might die, so it will be a **traumatic event** (the person believes that there is an actual **threat for life** (even if it is established later that there was no actual threat). This person has **traumatic stress**, which can be displayed as an incredibly powerful feeling of terror, helplessness, inability to do anything, loss of control, loss of the sense of safety.

- ◆ **TRAUMATIC STRESS** is a complex system of responses to the event that is subjectively perceived by the person as traumatic. Traumatic stress is usually displayed as an incredibly powerful feeling of terror, helplessness, inability to do anything, loss of control, loss of the sense of safety. Traumatic responses occur when ordinary actions turn out to be ineffective, when no resistance is possible. The person's self-defence system is out of order, and ordinary life adaptation strategies do not work. The traumatic stress can trigger the responses of fight, flight or freeze.

Tasks for the group:

1. Please study and discuss the text and make sure that every group member understands the definitions the same way.
2. Think of one example for each definition and be ready to explain them (no separate records are necessary).
3. Imagine that these three concepts need to be explained to different audiences:
 - group I — fourteen-year-old students;
 - group II — second-year university students;
 - group III — staff of the organisation you work for.
4. Put down the explanations of the concepts for your audience on separate sheets.



Handouts

The vast majority (75-80%) of those affected by the traumatic event are capable of self-recovery.

- ✦ **RECOVERY** means the process of gradually restoring the person's ability to function smoothly and of enhancing adaptation capabilities of the person affected by traumatic stress.

The factors that help a person recover are resilience and reconnection.

- ✦ **RESILIENCE** (psychological elasticity, stress resistance, resistance etc.) is the person's ability to cope with the life difficulties and recover after the difficulties or stress. It is something that gives strength to oppose the challenges and hardships.
- ✦ **RECONNECTION** is the process of recovery/resumption of the ordinary lifestyle after the traumatic event. There are the following types of reconnection:
 - **cognitive reconnection**, which means recovery of the ability to think logically and to establish cause and effect relations.
 - **functional reconnection**, which is recovery of the person's social roles and duties;
 - **social reconnection**, which is recovery of affiliation with certain groups: family, friends, colleagues, other social groups or staff;
 - **emotional reconnection**, which is recovery of the ordinary ways in which the person expresses his or her emotions;
 - **psychophysiological reconnection**, which is recovery of ideas of own body and health.

Approaches in the Context of Working with People Affected by Traumatic Events in the Youth Worker's Activity



Competencies

- ✦ knowledge of salutogenic approach to interaction with a person affected by traumatic events;
- ✦ understanding the methodology of the salutogenic approach to interaction with a person affected by traumatic events;
- ✦ ability to apply the salutogenic approach to interaction with a person affected by traumatic events;
- ✦ analysing own work with the person affected by traumatic events to establish consistency of this work with the salutogenic approach;
- ✦ evaluating own work with the person affected by traumatic events to establish consistency of this work with the salutogenic approach.



Prerequisites

- ✦ no requirements



Period of implementation

- ✦ 90 minutes



Materials

- ✦ flipchart, paper for the flipchart, colour markers, adhesive tape, definitions of approaches for each group.



Instructions



Discussion in small groups



30 minutes

1. Explain to the participants that they are going to study definitions of the approaches to work with the people affected by the traumatic events: the salutogenic approach, the pathogenic approach and victimisation. They will also consider these approaches in the context of youth work and analyse their impact upon young people and the community in general.
2. Get the participants into the groups of five. Give each group the definitions of three approaches. Ask them to study the definitions and give examples: situations from their personal or professional life when these approaches were implemented in practice. - 15 minutes.

After the group work time is over, invite all the participants to sit in the circle and discuss the results.

3. Discussion (15 minutes):

- What new did you learn from the informational materials about approaches?
- How easy or difficult was it to give examples of practical implementation of these approaches?
- Which of the examples were the easiest to remember?
- Which of the approaches is used most often, based on what you have remembered? Why does it happen this way?

 **World Café**

 **60 minutes**

1. Prepare three tables and seven or eight chairs around each table in advance. Put the flipchart paper with questions for the table and markers onto each table.
2. Explain to the participants that the next stage will be analysis of using approaches to work with the people affected by traumatic events, from the point of view of impact upon the young person and the community in general. Analysis will be performed by means of the World Café method.

World Café is the format to discuss questions that allows everyone to express their own opinions. This form of work involves the availability of tables with discussion topics and the selection of table hosts from among the participants who will moderate the discussions at the table and keep notes on paper.

3. Present the method to the participants.
 - Explain that there will be three tables with the themes to discuss:

Table 1. What is the impact of the use of each of these approaches by youth workers on a young person: salutogenic approach, pathogenic approach, victimisation?

Table 2. How does each of these approaches used in work with young people influence the community: the salutogenic approach, the pathogenic approach and victimisation?

Table 3. What advice would you give to yourself and other people regarding use of the following approaches in the context of work with the people affected by traumatic events: the salutogenic approach, the pathogenic approach and victimisation?

- At each table, invite the group to choose the host of the table, who will moderate the discussion and keep records. The following requirements are generally set for the host: the ability to hear and word, integrate other people's opinions, not impose own stance, be ready to assume responsibility for the outcome of the discussion.
- Each round of the discussion at one table takes ten minutes. Then the group changes the table whereas the host stays and tells the new group about the accumulated ideas and proposals, which will be supplemented with more ideas by the new participants of the discussion during the round.
- After the last round, the hosts present the results of the discussion in the general circle.

4. Ask the participants to make three groups of seven or eight people and select the table from which they will start the discussion.
5. Suggest that they elect the host at each table and start the discussion.
6. After the discussion time within one round is over, ask the group to change the table.
7. After the last round, ask the host of each table to present the results of the discussion in the general circle. Each host has three minutes to present the results.

Discussion (15 minutes):

- How do you feel after the discussion?
- Which question was most difficult to discuss?
- Which of the approaches is the least efficient in work with young people affected by traumatic events? Why?
- Which of the approaches is the most efficient in work with young people affected by traumatic events? Why?
- Invite the participants to finish the phrase, "After the discussion, I realised..."
- How can you adapt your work with account of these approaches?



Advice to the Facilitator

- ✦ During the World Café, you can suggest that the participants should make their own groups or do a group making exercise, for instance, by preparing papers of three different colours based on the number of the participants and asking them to draw a paper. Then the participants can be divided into groups by their colour.



Follow-up Proposals

- ✦ you can go on to any other programme session after this session.



Additional Information

1. S. P. Derevianko. Emotional Peculiarities of Role Victimisation of the Youth. Problems of Psychological Safety of the Modern Youth: monograph / scientific editor: O. Yu. Drozdova. Chernihiv: Desna Polygraph, 2019. P. 48 - 60.
2. Theoretical and Methodological Aspects of Psychosocial Support for Certain Groups of the Population Based on the Salutogenic Approach. <http://habitus.od.ua/journals/2021/27-2021/36.pdf>



Handouts

75% to 80% of the people who have experienced traumatic event with an immediate threat for their health and life do not develop post-traumatic disorders; instead, they demonstrate flexible adaptation and overcome effects of the traumatic events.

In 1979, Aaron Antonovsky, the Israeli-American sociologist, was the first to develop the theory of salutogenesis when he had conducted an experiment with the women who had survived the Nazi concentration camps during the Second World War in Israel. He first presented the theory of salutogenesis in his book *Health, Stress and Coping*; the idea was to focus on factors that support human health and well-being, rather than on pathogenesis of the disease.

One of the principles of interaction with the people affected by traumatic events is a salutogenic approach. The word "salutogenesis" comes from the Latin *salus* (meaning health) and the Greek *genesis* (meaning origin). So, the salutogenic approach focuses on factors that support human health and well-being, rather than on factors that cause disease (pathogenesis).

The salutogenic approach in working with people affected by traumatic events is the principle of interaction based on their mental health and the focus on the ways of recovery after the traumatic event, maintenance of well-being and application of the person's resources.

Resources are personal attributes and abilities that are valuable for a person and help adapt to stressful situations and overcome them.

In fact, youth work is a social practice, work with young people and societies where the youth live. Such work facilitates active participation and involvement of the youth into communities and decision making. If a youth worker interacts with the person affected by the traumatic event in work, according to the salutogenic approach, the most efficient way of interaction will be the activity owing to which the young person recovers, develops resistance and feels better. Despite various traditions and definitions, there is overall understanding that the principal function of youth work is to encourage and support young people in finding and sticking to constructive life paths, thus ensuring their personal and social development as well as general development.

Pathogenic Approach

You might have heard of the pathogenic approach in health care, where it is important to understand progress of a disease. The word comes from the Greek *πάθος*, which means pain, disease, and the Greek *γένεσις*, which means occurrence.

The pathogenic approach in the social area is the principle of interaction with people which is only directed at detecting mental health disorders of a person or person's social environment. Work with a person is centred on detecting disorders of personality and vital functions.

In the pathogenic approach, interaction with the person affected by the traumatic event is directed at finding any disorders and answers to the question: "What is wrong with the person?" Therefore, the pathogenic approach is opposite to the salutogenic one, where the

interaction is centred on answering the question "What is right with the person?"

When the pathogenic approach is applied in youth work, certain risks should be considered. Negative effects of the pathogenic approach could be:

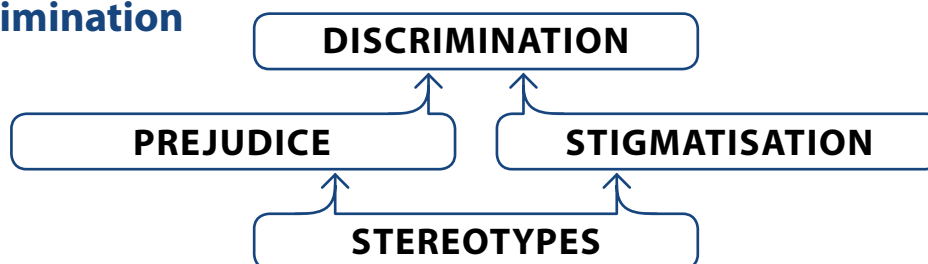
- general victimisation and victim blaming;
- stigmatisation and discrimination.

Victimisation and Victim Blaming

General victimisation is the effect of excessive generalisation when specific cases or events become a basis for a universal conclusion, for instance: all the people affected by traumatic events are victims.

Victim blaming is the phenomenon in which the victim is accused of provoking violence and of what has happened. The affected person is partly or fully blamed for the crime, the accident, the violence or the extreme event that has happened to him or her. Also, the person affected by victim blaming develops the feelings of guilt, shame and inferiority in the course of time, which generally considerably deteriorates the quality of the person's life.

Discrimination



- ✦ **Stereotypes** are the most common beliefs and opinions on certain groups, which can be both positive and negative (or neutral). Although they can be of use, stereotypes get dangerous if they "stick" to people and cause special attitude and conduct. Here are some examples of common stereotypes: "men are stronger than women", "football players run faster than anyone else".
- ✦ **Prejudice** is the special type of stereotypes that contains judgement. Many stereotypes that seem neutral at first sight are actually judgemental. For instance, the statement "men have difficulty adapting to the new environment" can be perceived as a statement of fact, but it actually is a subjective opinion on the male adaptation skills.
- ✦ **+ Stigmatisation** is discriminatory, oppressive or cruel attitude to a person/a group of people in connection with the belief that these people have certain characteristics or experience worse than the others.

When negative attitudes to the specific group result in the group's partial (or total) inability to exercise human rights, it is discrimination. Discrimination itself is violation of human rights that can result in negative effects both for those being discriminated and the society in general.

Sources

1. Bookmarks — A manual for combating hate speech online through human rights education / Ellie Keen, Mara Georgescu, Satu Valtere, Olena Chernykh.
Access: <https://rm.coe.int/16806f9aec>
2. Recommendation CM/Rec(2017)4 of the Committee of Ministers to member States on youth work.
3. Salutogenesis: A bona fide guide towards health preservation.
Sudip Bhattacharya, Keerti Bhusan Pradhan, Md Abu Bashar, Shailesh Tripathi, Arulmani Thiyagarajan, Abhay Srivastava, and Amarjeet Singh. J Family Med Prim Care. 2020 Jan; 9(1): 16 – 19. Published online 2020 Jan 28.
Access: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7014834>
4. A salutogenic interpretation of the Ottawa Charter Monica Eriksson, Bengt Lindström. Health Promotion International, Volume 23, Issue 2, June 2008. P. 190 – 199.
Access: <https://academic.oup.com/heapro/article/23/2/190/714741>
5. Dictionary of terminology used by the Council of Europe in the youth policy field, for human rights and non-formal education.
Access: <https://rm.coe.int/dictionary-eng-ukr/1680a47e3f>

Psychophysiology of Impact of Stress and Trauma upon Human Brain



Competencies

- ✦ knowledge of stress responses of a human and its origin;
- ✦ understanding the origin and displays of stress responses of a human.



Prerequisites

- ✦ N/A



Period of implementation

- ✦ 90 minutes



Materials

- ✦ ball (small or paper one), flipchart, paper for the flipchart, colour markers, adhesive tape, printed handouts.



Instructions



Revisiting the concepts of stress, traumatic event, traumatic stress



20 minutes

Welcome the participants and ask them to recollect the training sessions dedicated to the concepts of stress, traumatic event, traumatic stress in and beyond youth work, namely the approaches in the context of work with people affected by traumatic events. For this purpose, invite the participants to stand in a circle and take it in turns to throw a ball to the other participants and say three things they remember from the previous sessions. For instance, Mykola recollects three things (definition of victimisation, legitimation and the fact that stress and trauma are different things) and throws the ball to Oksana who recollects three things and throws the ball to the next person. The ball should be thrown to the person who has not caught it yet. Moreover, the participants can be asked not to repeat the things that have already been mentioned.

Remind the participants of the concept of a traumatic event and explain that they will try to explore the response of a human brain to the traumatic event at this session.

A traumatic event (trauma) is an extreme crisis situation in which the person believes that there is an actual threat for life, physical or mental health or for the life and health of a close person (even if it is established later that there was no actual threat). The event is of a sudden and unexpected nature and ruins the ordinary lifestyle. It is accompanied by the feelings of terror, helplessness and inability to do something.



Impact of a Traumatic Event upon the Human Brain



60 minutes

Get the participants into four groups and ask them to read the awareness raising materials for seven to ten minutes.

Prepare four post-its with the presentation formats and suggest that the groups select the post-it. Give the groups twenty minutes to prepare the interactive presentation of the informational materials in the following format:

- **group 1** – chart / figure / infographics;
- **group 2** – essay;
- **group 3** – performance;
- **group 4** – quiz.

Ask the groups to present the content of their information materials in turns and emphasise the interactive format of the presentations, which provides for engagement of the participants from the other groups and the training team during the presentation. The total duration of the presentation is five minutes for each team.

After the presentations, start the discussion in the circle:

- What did you find out from the informational materials?
- What was it like working in the group to create the presentation?
- What was new in the other groups' presentations?
- Why do youth workers need this information on impact of traumatic events upon the brain?
- How can this information be used in your life?
- How can this information be used in your work with young people?



Advice to the Facilitator

- ✦ Pay attention to the time and moderate the group presentations so that there will be time left for the circle discussion.



Follow-up Proposals

- ✦ After the session, it is recommended to go on to the session "Knowledge of Trauma and How to Live with the Past. Legitimation and Normalisation". It will help deepen the knowledge of the impact of a traumatic event upon a person and manifestations of such impact.



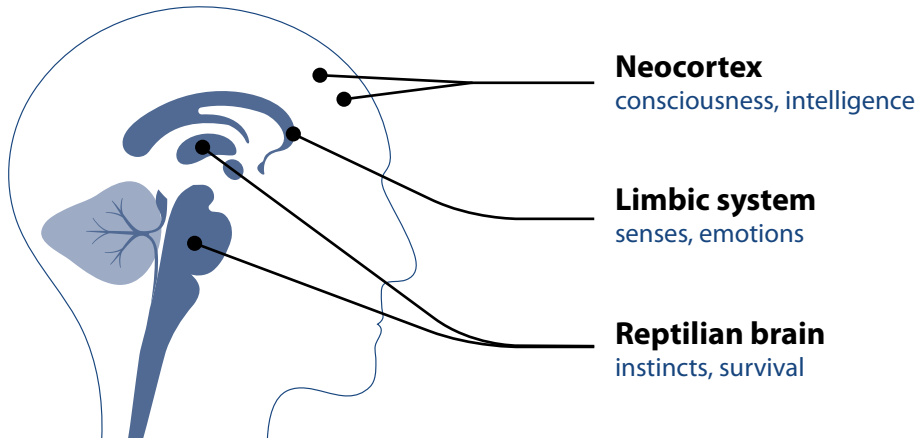
Additional Information

1. <https://eureka.org.il>
2. Nature of Trauma and Pathways to Healing RUS. pdf.
3. Neuromanagement: Basic Knowledge of Partnership with Your Own Brain. Access: <https://executives.com.ua/neiromenedzhment-bazovi-znannia-pro-partnerstvo-z-vlasnym-mozkom/>
4. Trauma and the Brain (video in English). Access: <https://youtu.be/4-tcKYx24aA?t=59>
5. Trauma and the Brain (video in English). Access: https://www.youtube.com/watch?v=ZLF_SEy6sdc



Handouts

✦ HUMAN BRAIN



The reptilian brain is evolution of the brainstem. Its structure is equivalent to the brain of reptiles. This part of the brain is responsible for sensor and motor responses, survival and reproduction.

The limbic system or “emotional brain” is an aggregate of certain structures of the brain that is responsible for senses, emotions, memory; it manages biorhythms, the feeling of hunger, controls blood pressure, sleep, metabolism, heart rate and condition of the immune system.

The neocortex is the “rational brain”. This brain structure perceives, analyses and sorts messages from the organs of perception. The neocortex determines the human consciousness and “can” contemplate, make conclusions, analyse, plan, dream and help us be creative. The human “self” is formed in this part of the brain.

The amygdala is a component of the limbic structure located in the temporal part of the brain. When the events are perceived as life-threatening ones, the amygdala is agitated and actually “manages” human responses. The principal function of the amygdala is to activate protection, to preserve and help the organism survive via the fight or flight programmes. The freeze response is considered to be no response and is highly likely to turn into the fight or flight reaction soon.

In fact, it is sort of “automatic” response of our nervous system and reflexes that exists to save our life.

The body is prepared for the fight or flight responses owing to a large number of hormones (cortisol, adrenaline, noradrenaline etc.) produced when you are stressed.

Cortisol or so called “hormone of stress” is produced by the adrenal cortex and helps the body mobile energy in an emergency, makes glucose more accessible for the brain and metabolism. Cortisol increases the level of adrenaline, thus helping to focus on the source of danger and taking “quick” decisions.

Adrenaline is the hormone that prepares the body for physical response to danger. When stressed, the human body undergoes strong changes under the influence of adrenaline: faster heart beat, faster breathing, changes in heat exchange and work of kidneys, higher threshold of pain. The adrenaline switches our body from the calm condition into the “red alert”.

Noradrenaline or so called “hormone of fury” increases blood pressure and heart rate, blood pressure in the brain arteries, venous blood pressure; accelerates breathing, changes the size of pupils; increases the risk of uncontrolled defecation or urination; increases the muscle strength.

✦ **BODY**

The hormones influence the body as a strong stimulator by increasing the muscle strength, speed of response, sensitivity of receptors and stamina as well as the threshold of pain for a short time. The rush of these hormones considerably increases the heart rate, blood pressure and sweating and accelerates breathing.

✦ **COGNITIVE FUNCTIONS**

Cognitive functions are the ability to understand, study, realise, perceive, remember and process external information.

When a person feels strong fear and life threat, the work of the cognitive functions of the brain cortex (neocortex) is considerably perplexed or totally inaccessible.

Knowledge of Trauma and How to Live with the Past. Legitimation and Normalisation



Competencies

- ✦ knowledge of the principles of legitimation and normalisation in interaction with the people affected by traumatic events;
- ✦ understanding the principles of legitimation and normalisation in interaction with the people affected by traumatic events;
- ✦ using the principles of legitimation and normalisation in interaction with the people affected by traumatic events;
- ✦ analysing consistency of own work with the principles of legitimation and normalisation in interaction with the people affected by traumatic events;
- ✦ evaluating consistency of own work with the principles of legitimation and normalisation in interaction with the people affected by traumatic events.



Prerequisites

- ✦ before this session, the participants must understand what a trauma is, and what physiological impact stress and trauma have upon the human brain.



Period of implementation

- ✦ 90 minutes



Materials

- ✦ ball, flipchart, paper for the flipchart, printed examples of traumatic events, printed or written definitions of normalisation and legitimation, post-its, three flipcharts with the questions: “How can I help myself or others with normalisation?”, “How can I help another person with legitimation of feelings?”, “What should not be done if I want to help the person affected by the traumatic event?”



Instructions



Group Work —Analysing the Impact of a Traumatic Event upon a Person



45 minutes

1. Explain that we will study at this session how a person experiences a traumatic event and what can be done to support the person.
2. Get the participants into the groups of five. Ask them to count up to the desirable number of groups. One participant says “one”, the next one says “two”, the following one says “three” and so on until the required number of groups. Then ask all the participants who have said “one” to get into one group, all those who have said “two” — another group etc.

Legitimation and Normalisation

3. Present a trauma at the time scale to the participants. Explain that human responses are different during different periods after the traumatic event. The acute stress response occurs during the traumatic event and can last up to three days, with the symptoms fading away or disappearing then. Acute stress disorder — first days and up to four to six weeks. Acute PTSD — one to three months. Chronic PTSD — years.
4. Lay the examples of the traumatic events that can be experienced by people on the floor and ask the participants to select two examples.
5. Explain that their groups will have fifteen minutes to discuss the examples and decide what responses the person experiencing the event might develop:
 - at the level of feelings (emotions);
 - at the level of the body;
 - at the level of behaviour (personal and social interaction);
 - at the cognitive level (thinking, memory, attention).

Ask the participants to put down their thoughts on the flipchart.

Give an example: if a child is separate from parents, a child can feel fear at the emotional level, be at a loss, feel the strong heartbeat at the body level, ask for help at the behaviour level, and try to remember the way home at the cognitive level.

6. Before they continue the work in small groups, remind the participants that it is normal to have emotions while discussing grave events, no matter whether we have experienced something like that or not. Emphasise that training is the safe place, and you are here to render support if it is necessary. Come to the groups as a facilitator and offer help if they need it.
7. After the work time is out, invite the participants back to the circle and ask them to present their results. Each group has two minutes for the presentation.
8. During the presentation, record the responses on the flipchart in four columns:
 - emotions/feelings;
 - body responses;
 - behaviour/actions;
 - cognitive sphere.
9. After each group presents its results, hand out the information on human responses during different periods after the traumatic event. - 5 minutes

Ask the participants to return to the circle. Discuss the experience they have gained (15 minutes). Possible questions:

- What valuable things did you find out during this exercise?
- How different are the responses during different periods?
- Why do we need to know this difference, and how can we consider it in our work?



Exercise “Show Me What You Look Like When You Feel”¹⁹



20
minutes

1. Ask everyone to stand in a circle and explain that they are going to do the exercise to express different feelings.

Give someone a ball (or another item that can be thrown and caught without any damage). Ask the participant to throw a ball to another person in the circle and say, “Show me what you look like when you feel sad” (or happy, angry, confused — any feeling). Some of the examples include: lonely, disgusted, captivated, strong, courageous, naughty, nervous, relaxed, motivated, exhausted, focused, irritated, decisive, grateful, loved and cared for.

The person who catches the ball has to show this feeling with his or her body. Then the ball is thrown to someone else with the same words, “Show me what you look like (behave like) when you feel...”

Explain that the person showing the feelings has to throw the ball to the person who has not had the ball before. The good idea is to mention the same feeling several times since it helps demonstrate that different people experience and show the same feelings in different ways.

It is important to end the exercise with positive feelings. When all the participants show their feelings, take the ball and ask everyone to show what they look like when they are happy, glad or relaxed.

Time for the exercise — 10 minutes.

Discussion (10 minutes):

- How do you feel after the exercise?
- How difficult was it to show your feelings?
- How did the people show their feelings? What responses do different people have to the same feeling?
- What is this exercise about?

Explain that this exercise could show that there are many different ways to express your feelings. There are no right or wrong ways to express your feelings.



19 [IFRC Reference Centre for Psychosocial Support and Save the Children Denmark \(2012\), The Children’s Resilience Programme.](#)

 **Definitions of Normalisation and Legitimation.
Discussion Possible Actions to Ensure
Normalisation and Legitimation**

 **25**
minutes

1. Explain that normalisation and legitimation of feelings of the people affected by traumatic events is an important aspect of resuming normal life. Present the definitions of normalisation and legitimation. - 5 minutes.
2. Place three flipcharts with one question on each of them in the room (on the wall or on the tables):
 - How can I help myself or others with normalisation?
 - How can I help another person with legitimation of the feelings?
 - What should not be done if I want to help the person affected by the traumatic event?Ask the participants to write down their individual ideas on the stickers and place them onto the respective flipchart. - 10 minutes.
3. Ask three volunteers from the general group to present the ideas on the flipchart. - 5 minutes.



Advice to the Facilitator

- ◆ During the exercise that involves demonstration of feelings, the participants might have difficulty calling their feelings. You can change the sentence, "Show me what you do when you feel sadness/happiness/anger/..." Some participants might have difficulty reproducing their feeling. If a person does not know what to do, ask whether there are any volunteers to show this feeling. Moreover, you can help by saying, "Think of the last time you felt [add the feeling]. Can you remember what it was like? Try to recollect the situation, and now try to show what you felt with your body."

When the groups are being formed, after the people have calculated and seen their group members, ask them not to hurry and stay in their seats until you explain the exercise. It will help them hear actively and focus on the instructions. When the conversation is over, let the participants join their smaller groups and start the work.

When examples of traumatic events are discussed, it is important to remember that some of the participants are likely to have had such or similar experience or know the people of the same age with such experience. Make sure that you, as the facilitator, moderate the work carefully and well. Watch the participants carefully to see if anyone has a difficult reaction to this discussion. If he or she does, talk to and reassure the participant. Use your communication skills, namely legitimation and normalisation. Explain it a certain response to grave events is a normal response to abnormal events.



Follow-up Proposals

- ✦ After this session, you can go on to self-care and self-recovery tools in distress.



Additional Information

1. Impact of Stress upon the Organism
2. I Support My Friends. Training Manual. A training for children and adolescents on how to support a friend in distress. United Nations Children's Fund (UNICEF), June 2021.
3. IFRC Reference Centre for Psychosocial Support and Save the Children Denmark (2012), The Children's Resilience Programme.
4. Basic Work with Trauma. Access: <https://rm.coe.int/ptsd-ukr/1680a0a10b>
5. The Guide "Traumatic Events: Psychological Support and Self-Care". Access: <https://rm.coe.int/traumatic-events-ukr-/1680a765d4>



Handouts

✦ EXAMPLES OF TRAUMATIC EVENTS



Witnessing a murder



Surviving in a road accident



Seeing a close person get suddenly injured, taken to hospital



Surviving sexual violence



Witnessing domestic violence



Being in the area of active hostilities



Witnessing an act of violence for entertainment



Experiencing evacuation



Experiencing intimidation and stalking on the Internet



Experiencing sexual harassment



Witnessing the flooding



Witnessing the shooting



Witnessing an explosion



Being on the plane that performs emergency landing



Testing positive for COVID-19



Legitimation and Normalisation

✦ **Consolidated table of responses to* and symptoms of* the traumatic event, their duration and intensity and main types of aid that can be rendered by youth workers²⁰**

- *Response means a one-time swift-flowing phenomenon.
- *Symptom means a lasting display of a repeating nature.

Duration of responses and symptoms

Acute stress response	Minutes to three days after the traumatic event
Acute stress disorder	Hours to four to six weeks after the traumatic event
Acute post-traumatic stress disorder	One to three months after the traumatic event
Chronic post-traumatic stress disorder	More than a year after the traumatic event

Intensity of display of responses and symptoms

Acute stress response	Highest intensity of display of responses. Most persons affected by the traumatic event have their responses and their strengths naturally weaken or disappear at all. If their intensity does not go down, there is a shift to the next stage — the acute stress disorder.
Acute stress disorder	Intensity of display of the symptoms mostly naturally weaken or disappear at all. If their intensity does not go down or goes up, there is a shift to the next stage — the acute post-traumatic stress disorder.

²⁰ This table has been made by the authors of the guide for the trainers of the programme “Trauma Informed Youth Work”. The table was amended as regards the possible role of youth work during the training on 29-21 August, 7, 12-14 September 2022 together with the participants of the programme from twelve youth centres of Ukraine.

Intensity of display of responses and symptoms

<p>Acute post-traumatic stress disorder</p>	<p>Intensity of responses and symptoms is high and lasts more than four to six weeks after the traumatic event. If there is no natural decrease in intensity of symptoms on its own, the person needs qualified aid.</p>
<p>Chronic post-traumatic stress disorder</p>	<p>Intensity of responses and symptoms is high and lasts more than a year after the traumatic event. If there is no natural decrease in intensity of symptoms on its own, the person needs qualified aid.</p>

Duration of responses and symptoms

<p>Acute stress response</p>	<p>Cardiovascular system Instant stress causes an increase in frequency of heart contractions and stronger contractions of the heart muscle. The blood vessels that carry blood to large muscles and the heart are engorged, thus increasing the volume of blood pumped into these parts of the body, and the blood pressure increases.</p> <p>The nervous system sends a signal of production of hormones to the adrenal glands. These hormones make the heart beat faster, the breath accelerate, the blood vessels in the arms and legs engorge, the digestion process change and the glucose level (sugar energy) in blood raise in order to cope with the emergency. Where there is a life threat, the nervous system automatically launches the fight or flight reaction. The body directs its energy resources to fight the life threat or “flee the enemy”.</p> <p>Breathing system Stress causes hyperventilation — accelerated breathing, possibly shortness of breath since the airways between the nose and lungs are narrowed.</p> <p>Locomotor apparatus Muscles strain, which is a reflective response to stress, the body’s way to protect itself from injuries and pain. The body is getting ready for the fight or flight response.</p> <p>Endocrine system When the situation is perceived as threatening or uncontrolled, the brain initiates production of a number of hormones, namely cortisol. Cortisol increases the level of energy fuel available to maintain the energy necessary to fight long-term or extreme difficulties.</p>
-------------------------------------	--

Legitimation and Normalisation

<p>Acute stress response</p>	<p>Gastro-intestinal system When stressed, people can eat much more/less than usual or not eat at all. Stress can also make it more difficult to swallow or increase the volume of the air swallowed, which causes gassiness, abdominal distension and pain. Excessive stress can cause vomiting.</p> <p>Reproductive system Male reproductive system Excessive cortisol can influence normal biochemical operation of the male reproductive system. Men can develop erection under the influence of excessive traumatic stress. Stress also affects the reproduction ability, thus causing difficulties for the couples where the woman is trying to get pregnant. Female reproductive system In the first place, women can develop period disorders under the influence of stress. Stress and fatigue can reduce sexual drive, affect the woman’s ability to conceive, progress of pregnancy and her adaptation after the delivery.</p> <p>Stress also influences the immune system. The longer the stress is, the weaker the immune protection of the body gets, and vulnerability to infections goes up.</p>
<p>Acute stress disorder</p>	<p>Excessive body responses when a traumatic event is remembered (<i>faster heart rate, higher blood pressure, sweating, tremor</i>).</p> <ul style="list-style-type: none"> • Tears, sadness, low spirits, grief, anxiety, fear. <i>Emotional freezing, a shorter range of senses, emotional coldness.</i> • Obsessional memories of the event with the feeling that it is happening right now and right here (flashbacks). • Hyper-alertness or startle reaction. • Sleep disorders: difficulty falling asleep, superficial sleep, insomnia, nightmares, waking up early (3 a.m. to 5 a.m.). • Irritability, anger. • Feelings of guilt, shame (for instance, for surviving or being unable to help or rescue the others). • Dissociation — feeling of unreality or abstraction from the outer world, feeling like having a dream. • Reservedness, losing interest in activities and hobbies. <i>Physical symptoms (for instance, headaches, fatigue, loss of appetite, pain in different parts of the body).</i> • Inability to take care of yourself and your children (for instance, a person refuses to eat and drink and is unable to take simple decisions). • Avoidance of places, things, people and thoughts that remind of traumatic events. • Memory disorders, lower concentration, weaker cognitive functions (inability to study, read). • Inability to forecast the future.

Legitimation and Normalisation

Acute post-traumatic stress disorder	<p>The youth worker is not authorised to establish whether there are any symptoms during this period.</p> <p>The acute post-traumatic stress disorder is the medial diagnosis that is only established by a doctor with the respective specialisation.</p>
Chronic post-traumatic stress disorder	<p>The youth worker is not authorised to establish whether there are any symptoms during this period.</p> <p>The post-traumatic stress disorder is the medial diagnosis that is only established by a doctor with the respective specialisation.</p>

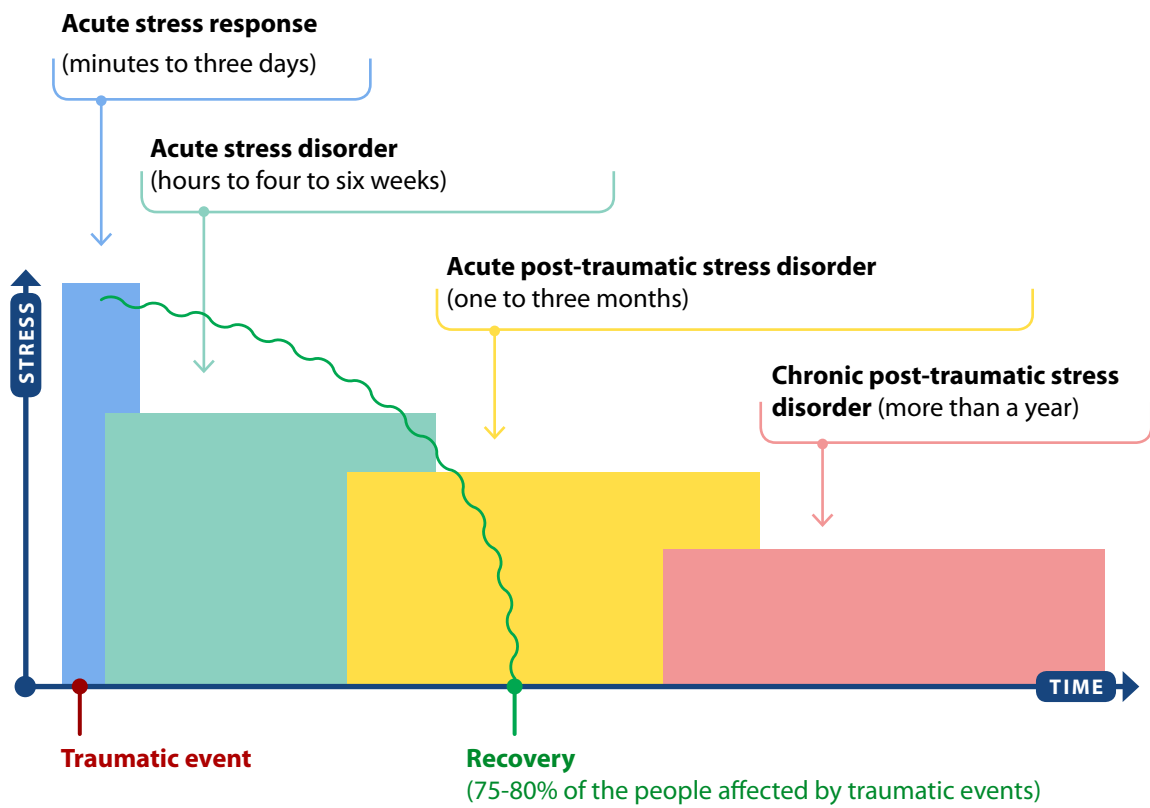
Duration of responses and symptoms

Acute stress response	Psychological first aid, Four Elements Protocol.
Acute stress disorder	Application of BASIC Ph model, awareness raising (careful explanation of what is happening to the person).
Acute post-traumatic stress disorder	<p>Creation of the safe space for young people.</p> <p>Consideration of BASIC Ph model in planning activities with and for young people.</p> <p>Referral for specialised comprehensive aid.</p>
Chronic post-traumatic stress disorder	<p>Creation of the safe space for young people.</p> <p>Consideration of BASIC Ph model in planning activities with and for young people.</p> <p>Referral for specialised comprehensive aid</p>

Approaches in youth work

Acute stress response	<p>Trauma informed youth work, namely application of the principles of normalisation, legitimation and the salutogenic approach, the principle of "do no harm", development of resilience and reconnection.</p>
The principle of "do no harm"	
Acute post-traumatic stress disorder	<p>Trauma informed youth work, namely application of the salutogenic approach and the principle of "do no harm".</p> <p>The normalisation and legitimation principles are inappropriate for this period and are not applied by youth workers because the person with highly intensive symptoms might erroneously think that he or she is fine and requires no qualified specialised assistance.</p>
Chronic post-traumatic stress disorder	

✦ **TRAUMA AT THE TIME SCALE**



✦ **DEFINITIONS OF LEGITIMATION AND NORMALISATION**

Legitimation is the principle of interaction with the person affected by the traumatic event, which provides for recognition, confirmation, permission to express the feelings experienced by the person.

You cannot forbid the person to have certain feelings, for instance, “men must not cry”, “a good mother must not feel irritated or angry”, “you cannot enjoy minor things when there is a crisis around”. The people surrounding the person, the family, specialists have to recognise different emotions and allow showing them. It will be expedient to say, “It is OK to cry/laugh/feel angry around me.”

Normalisation is the principle of interaction with the person affected by traumatic events that provides for treating different responses of the person as normal responses to abnormal events.

After the person has been affected by the traumatic stress, the person often fails to understand own psychoemotional feelings and somatic senses, and their intensity can be scary. So the person must understand that it is a normal response to the abnormal life event, and most people affected by the psychotraumatic events feel this way. Such understanding will give the person strength to recover and continue normal life. The principle of normalisation must be understood by the family members, friends, colleagues and all the specialists working with such persons.

One of the most important tasks during this period is to explain to the person that the responses result from the traumatic experience; the person needs to know the causes of the symptoms and their dynamics and can manage the recovery process. It will be expedient to say, “These are normal responses to abnormal events.”

Four Elements Protocol



Competencies

- ✦ understanding efficiency of the self-care and self-recovery techniques in the context of crisis and impact of stressful events;
- ✦ ability to use the self-care and self-recovery techniques in the context of crisis and impact of stressful events;
- ✦ analysing the self-care and self-recovery techniques in the context of crisis and impact of stressful events;
- ✦ evaluating efficiency of the self-care and self-recovery techniques in the context of crisis and impact of stressful events.



Prerequisites

- ✦ understanding the phenomena of stress, crisis, trauma and their impact upon the body.



Period of implementation

- ✦ 90 minutes



Materials

- ✦ handouts: symbols — one copy for each, description of the elements — depending on the number of the participants.



Instructions



Exercises from Four Elements Protocol



65 minutes

Prepare the room for the exercise in advance:

- 1) remove all the unnecessary items from the room;
- 2) organise four work zones in the room;
- 3) place the image of one of four elements in each work zone: Air, Water (there must be drinking water in this work zone), Earth, Fire. Near the images, place the respective printed materials (description of the element) with its text facing downwards (so that the participants will not be able to see it).

Invite the participants into the room. Ask them to select one of four images in the room and stand by it. Four groups will be made this way (they will probably have different numbers of members).

Explain, that the participants will have an hour to read about the self-recover protocol “Four Elements” and to test it. Four Elements are the groups of techniques directed at managing certain processes in a person; their main task is to improve the well-being, to regain control over your own body, to reduce impact of the stressful event and, as a result, to recover the

ability to act and take decisions. The protocol has been developed by Elan Shapiro, a mental cognitive and behavioural therapist, an EMDR therapist (EMDR means Eye Movement Desensitization and Reprocessing).

Each participant now stands near one of the elements. Ask the participants to turn over the handout and read the text (it is important to prepare the sufficient quantity of printed copies describing the elements). The participants do the exercise at their own pace. In fifteen minutes, ask the groups to move clockwise and do so every fifteen minutes until each group studies all four elements.

Everyone will be able to practice all four elements in an hour.



 **Discussion**
 **25 minutes**

Ask the participants to sit in a circle.

Questions for discussion:

- How do you feel now?
- Has your condition changed since the beginning of the session? How?
- Which element did you choose first? Was it easy to make a choice?
- Which element technique did you like most of all? Why?
- In what situations can these techniques be applied?
- What are these techniques most efficient for use?
- How can these techniques be used in work with young people?



Advice to the Facilitator

- ✦ Create the most relaxed atmosphere possible where nothing will distract the participants from practising the techniques. Explain that this or that exercise/technique may take different amount of time from everyone. Everything must be done at a convenient pace. Where necessary, give individual advice on a technique.



Follow-up Proposals

- ✦ You can go on to any other programme session after this session.



Additional Information

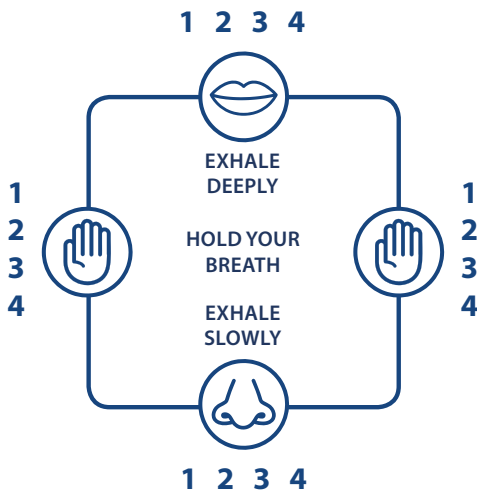
- ✦ Basic Work with Trauma. Access: <https://rm.coe.int/ptsd-ukr/1680a0a10b>



Handouts

Air Element — controlling your breathing.

Since the breathing is accelerated when a person is stressed, and the length of an inhale considerably exceeds the length of an exhale, a hyperventilation may occur and result in panic. Therefore, the main purpose of the Air techniques is recovery of the normal breathing rate.



First of all, it is necessary to make a deep maximum EXHALE. Prolonged exhale (with a delay) calms you down due to the work of the parasympathetic nervous system, as a result of which nervous tension decreases. It is useful to count in your head during breathing, it will help to achieve the maximum result. One of the most effective controlled breathing techniques is "Square breathing".

Try it now:

1. Breathe out all the air with your mouth while counting to four: one, two, three, four.
2. Hold your exhale while counting to four: one, two, three, four.
3. Breathe in through your nose while counting to four: one, two, three, four.
4. Hold your breath while counting to four: one, two, three, four.



When impact of the stressful event is excessive, the pause between an inhale and an exhale can be reduced down to two seconds.

This technique can be supplemented with visual supports:

- any rectangular items around (the door, the door frame, the book, the notebook, the mobile telephone). You inhale/exhale, at the vertical sides of the rectangle and make a pause at smaller, horizontal ones. Exhale — pause — inhale — pause.

This technique must be repeated three or four cycles.

Water Element — controlling the water balance.

Stress can cause dehydration, which can result in stress. There is a vicious circle. More water must be consumed to get out of the circle.

On one hand, when a person is stressed, his or her vessels, heart and kidneys have an excessive load, there is intense production of moisture, which means that many people who feel stressed and anxious start sweating actively and have a dry mouth. If you drink slowly in this situation and focus on the process, the heart rate will be normalised, and the stress level will be reduced.

On the other hand, there is a psychological aspect: the person gets distracted from negative emotions and focuses on breathing. You must sip a drink little by little.

In some situations, there can be little or no water at all. Where there is little water, lips should be moistened with water. It will help avoid lip cracks. When there is water at all, imitation of swallowing with cheeks and swallowing movements will be of help.

Try doing it now:

Move your cheeks and lips to the left and to the right as if you were eating, i.e. imitate eating. It relaxes and calms you down, and saliva starts to be produced.



Earth Element — controlling your body.

When you are affected by stressful events, the sense of your own body practically disappears, and the person might even ignore physical needs. Another typical sense is “wobbly” feet, or you can sometimes hear “I do not feel ground under my feet” etc.

During traumatic events, the body gets very tense, “shrinks”, so the main purpose of the Earth techniques is to relax and regain control over your own body.

One of the most efficient relaxation techniques is muscle relaxation. When there are lots of stress hormones in blood, the vegetative system is involved and starts to process them. The muscles also take active part in this process, so there can be back aches, stiff neck or discomfort at times.

Try it now:

You must tense your muscles (it is more comfortable to do it while lying or seating) and keep them tense for some time (for up to one minute), realise the tension and relax the body abruptly. The muscles will relax more by inertia.



Try it now:

The efficient technique is the exercise called “Butterfly Hug”. It is a modified version of hugging that helps regain internal control. A person needs hugging to feel happy and healthy.

In order to perform this technique, you have to cross your arms on your chest so that the right hand will be on the left shoulder, and the left hand on the right shoulder. Then you must slowly tap yourself on your shoulders in turn: your right shoulder with your left hand, your left shoulder with your right hand. The exercise distracts you and helps focus on it.

The hugging technique can be used during panic attacks, to overcome stress, anxiety and fear.

This technique is based on bilateral stimulation of the brain cortex. Bilateral stimulation is alternate activation of the left and right hemispheres by eye movement or impact with sound, tapping your knees, hands or shoulders.

During bilateral stimulation, sensitivity is reduced down to the level at which the brain launches the natural mechanism for processing stress, traumatic information. Then the information associated with the trauma starts moving faster along neurophysiological paths with each series of eye movements (tapping your shoulders, knees etc.) until it is painfully realised and “dissolved” — integrated into the existing positive information. As a result, memories of the event remain, but the mental health disorder is neutralised.

Another exercise being a type of bilateral agitation of the brain cortex that helps reduce of the feeling of wobbly feet is slow alternate (left leg, right leg) bending and unbending your toes.



Fire Element — controlling your attention and thinking.

Intense traumatic stress affects a large number of brain structures, namely the amygdala. It is responsible for our emotions and helps us critically assess outer threats. Stress makes the amygdala practically shrink, and some of the cells stop performing their functions.

The front parts also suffer from excessive cortisol, the hormone of stress. They are responsible for the short-term memory, attention, planning, control over emotions and adequate and responsible decisions. If a person is stressed, the attention will be distracted and of “tunnel” nature. Responsible decisions cannot be taken when there is stress.

That is why it is important to use the techniques that will reduce such effects and normalise the person’s condition.

Try it now:

You must look up, down, left and right. While doing it, take notice of any large items you see and assign one characteristic to them (colour, shape, intended use, material, etc.), for instance: “Round lamp, white radiator, kitchen cupboard, wooden floor”.

When you focus on large items by saying their name (aloud or to yourself), you get rid of “tunnel vision” and engage the thinking processes: elementary analysis. In its turn, it helps regain control over the situation and the ability to take decisions.



Psychological First Aid (Theory)



Competencies

- ✦ knowledge of the psychological first aid and criteria of its provision;
- ✦ understanding the criteria of providing the psychological first aid;
- ✦ ability to provide psychological first aid by means of the psychological first aid protocol (MAACE);
- ✦ analysing the situation and responses of a person in order to establish whether the psychological first aid needs to be provided;
- ✦ evaluating own readiness to provide the psychological first aid.



Prerequisites

- ✦ understanding the phenomena of stress, crisis, trauma and their impact upon the body.



Period of implementation

- ✦ 90 minutes



Materials

- ✦ flipchart, paper for the flipchart, colour markers, adhesive tape, printed handouts for each participant.



Instructions



Energiser



10 minutes

Ask the participants to imagine that they are atoms. They will be moving around the room and looking for other atoms to make a molecule. They can only make a molecule by your instruction. When you give instruction, you will say three criteria, i.e. three numbers, the first of which will be the quantity of atoms (people) making the molecule, the second one — the quantity of legs for the molecule (created of group of people), and the third one — the quantity of the arms raised by the molecule (created of group of people). For instance, 4-6-3 — four people standing together on six legs and raising three hands make the molecule. Have four or five rounds calculating the tasks based on the number of the participants. In the last round, propose such condition which help to create four groups. Ask the participants to remain in these four groups.

i Theory of the Psychological First Aid Provision

🕒 60 minutes

Explain that now you are going to explore information on providing the psychological first aid means of AAA BBB CCC method²¹. Tell the participants that the next exercise will be made of three stages of work in small groups:

Stage I (10 minutes) - studying theoretical information on provision of psychological first aid in small groups (“home groups”).

Stage II (25 minutes) - presentation and discussion of this information in new small groups (“expert groups”).

Stage III (20 minutes) - presentation and discussion of new information in “home groups”.

The work in small groups during the exercise can be presented as follows in a simplified form:

Stage I 11111 22222 33333 44444

Stage II 1234 1234 1234 1234

Stage III 11111 22222 33333 44444

Stage I.

Get the participants into four small groups and give them copies of the materials based on the number of the participants in the small group.

Each group gets unique information on provision of psychological first aid that is unavailable to the other groups. The group has ten minutes:

- to study the information;
- to discuss the content of the information;
- to identify the principal information for further its presentation to the other participants.

Emphasise that all the participants of the group must present the content of their piece of information at the next stage of the exercise to the participants from the other groups.

Stage II.

Get the participants into new groups so that each of the new groups will have the participants from each previous group. You can label the printed information in advance for all the group participants, or assign the participants of each group numbers 1 to 4 and make the new first group with those having number 1, the second one — those with number 2, and so on the same basis. During the second stage, all the participants of the new groups present the content of the information they studied in their “home groups”.

Stage III.

Ask the participants to return to their “home groups” and share their knowledge.

21 Detailed information on AAA BBB CCC method can be found here: Compass: Manual for Human Rights Education with Young People (<https://www.coe.int/uk/web/compass/using-compass-for-human-rights-education>), p. 65.

 **Discussion**

 **20 minutes**

Ask the participants to sit in a circle.

Questions for discussion:

1. How do you feel?
2. Was it easy to do the exercise?
3. Which was the most difficult part: to study the information on your own, to explain to the others, or to remember the others' explanations? Why?
4. Which information did you remember best of all? Why?
5. Do you have any questions left regarding the information on providing the psychological first aid?
6. Give examples of the situations in which the youth worker might need to provide the psychological first aid. (the situations should be recorded on the flipchart)

 **Advice to the Facilitator**

- ◆ Visualise AAA BBB CCC method for better understanding of the process of the exercise by the participants. Before Stage II, focus the participants' attention on the need to listen to the others carefully (and make notes, where necessary) so that the information will be presented to their "home group".

Record the situations described during the discussion in which the youth worker might need to provide the psychological first aid. You can use them as a case study in the session "Psychological First Aid (Practice)".

 **Follow-up Proposals**

- ◆ After the session, you should go on to practice of provision of the psychological first aid.

 **Additional Information**

1. Guidelines on Administering the First Psychological Aid. Access: https://moz.gov.ua/uploads/7/36128-dod_405_03032022.pdf
2. Psychological First Aid: Guide for the Workers Onsite. Kyiv: PULSARY Univ. Publishing, 2017.p.64.Access:<http://apps.who.int/iris/bitstream/handle/10665/44615/9786176150787-ukr.pdf;jsessionid=6ADDA015EA1C0B25EAFE8AB3997A88B5?sequence=72>
3. Recommendations on psychological aid. Access: <https://moz.gov.ua/article/news/rekomendacii-z-psihologichnoi-dopomogi>



Handouts

✦ GROUP 1

The psychological first aid is an aggregate of actions of general human support and practical support for close people who are suffering and need support. The psychological first aid can be rendered not only by the professional psychologist, but also another specialist or person aware of the rules of the psychological first aid. It is not professional psychological counselling since it does not provide for detailed discussion, analysis and determination of the essence of the events that have caused the stress.

The first psychological aid is designated for the people who feel stressed as a result of the recent emergency event. The person's condition must be caused by the event that has happened immediately before that. The psychological first aid is rendered during the first contact with the people who are feeling severely stressed. As a rule, the person affected by the traumatic event can be overwhelmed, at a loss, disoriented, and might not respond at once or at all when asked something. This condition is called an acute stress response to stress, which can last several minutes to three days in some cases. During this period as well as the event itself, the psychological first aid is the most expedient and necessary type of aid. The psychological first aid can be rendered at any safe place.

The psychological first aid is not:

- professional aid, which can only be rendered by specialists;
- professional psychological counselling;
- detailed discussion of the event that has resulted in certain responses;
- asking the people to analyse what has happened or to say what happened and when it happened in the chronological order.

The first psychological aid can be rendered to both adults and children. However, not every person who has experienced the crisis needs or wishes to get the psychological first aid. You should not impose the aid upon those who do not wish to get it, but you must be available to those who might need the support.

In some situations, the psychological first aid is an unacceptable type of aid, for instance, when the person has visible physical injuries (traces of blood, wounds, broken bones). In this case, the first pre-medical aid must be rendered. The first psychological aid is not rendered to the person in the condition caused by consumption of psychoactive substances.

The person who takes part in the psychological first aid has to adhere to the following rules:

- Avoid the situations when people can be additionally injured by your actions.
- Guarantee safety and protection from physical and psychological damage for the adults and children getting the aid.
- Treat the people with respect and in accordance with their cultural and social customs.
- Render aid to the people in a fair manner, without any discrimination.
- Help the people defend their rights and access to support available.
- Be only guided by interests of the survivors while rendering aid.

✦ **GROUP 2**

The psychological first aid is an aggregate of actions of general human support and practical support for close people who are suffering and need support

The psychological first aid can be rendered not only by the professional psychologist, but also another specialist or person aware of the rules of the psychological first aid.

What should be done while rendering the psychological first aid:

- Be honest and reliable.
- Respect the person's right to take his or her own decisions.
- Be aware of your own bias and stereotypes and avoid them.
- Urge the persons affected by the traumatic event to perform conscious activity.
- Appeal to the persons mental functions.
- Explain to the persons clearly that even if they refuse from aid now, they can get it in the future.
- Respect privacy and ensure proper confidentiality of the persons' stories.
- Behave properly, with account of the person's culture, age and sex.
- Be by the person's side or keep the distance acceptable for the age, sex and cultural traditions of this person.
- Demonstrative active hearing, for instance, by nodding.
- Be patient and calm.
- Provide reliable information, if any.
- Praise the person's strengths and the ability to take care of himself or herself.
- Let people keep silence.

✦ **GROUP 3**

The psychological first aid is an aggregate of actions of general human support and practical support for close people who are suffering and need support.

The psychological first aid can be rendered not only by the professional psychologist, but also another specialist or person aware of the rules of the psychological first aid.

What should NOT be done while rendering the psychological first aid:

- Ask the person about his or her feelings.
- Use the phrases like “Calm down”, “Stop crying”, “Pull yourself together”, “What is wrong with you?”.
- Argue, persuade the person that you are right even if your opinion, views and beliefs are the opposite.
- Abuse the assistant’s position.
- Ask money or services from people in exchange for aid.
- Give empty promises and provide false information.
- Exaggerate own abilities.
- Render aid on your own, be intrusive and too persistent.
- Make the people tell their stories.
- Tell the person’s story to others.
- Condemn the person for actions or feelings: “You should not think so” or “Be happy that you are alive.”
- Interrupt or hurry the person up (for instance, by looking at the watch).
- Touch the person unless you are sure that it is acceptable.
- Make up the things you do not know.
- Use complicated terms.
- Tell about your own problems.
- Think that you have to resolve other people’s issues instead of them.
- Deprive the person of the sense of own strength and understanding that he or she can take care of himself or herself.
- Talk about people in a negative manner (for instance, by calling them “crazy” or “insane”).

✦ **GROUP 4**

The psychological first aid is an aggregate of actions of general human support and practical support for close people who are suffering and need support.

The psychological first aid can be rendered not only by the professional psychologist, but also another specialist or person aware of the rules of the psychological first aid.

Psychological first aid protocol MAACE (MAACE is the Hebrew abbreviation which literally means "Action"; it has been created by Doctor Moshe Farhi).

This psychological first aid protocol provides for the specific algorithm and contains four clear principal stages.

1. Contact (duty) – establish the contact with the person, approach the survivor, introduce yourself, describe your role, and say, "I am with you, I am by your side."

If the person does not respond, say, "I am going to take your hand(s) and shake it (them)"; shake the hand(s) and then say, "Shake my hands back." If there is no response, keep doing it until the person shakes your hand back or takes his or her hand away. If the person is sitting, help him or her up. If he or she is standing, encourage some activity (any efficient actions).

If the person rushes around in hysterics, disorganised conduct or aggression, try focusing his or her attention on yourself and demand to help you with something important in a categorical voice. If he or she fails, instruct the person to return when he or she feels better.

2. Efficient activity – if a person responds, ask him or her at once to do something of use in this situation, for instance, to bring water for the others, to find a blanket, to show the way to ambulances etc.

3. Questions to be considered – ask the questions than make the person think or remember, but do not require very long answers: "How old are you?", "How long have you been here?", "How many people were there in the car when an accident occurred?", "Who called the rescue service?", "Who arrived first?" Ask the questions where the person has to choose: "Who do you want to call/inform?", "What would you like to do?" etc.

4. Establishment of the chronological order – tell the person what exactly happened, and in what order: "You and your friends were leaving the city by car, and your driver lost control at the fifth kilometre. Your car hit the truck at the high speed and hit the road ditch. The passer-by rendered you the first medical aid. Then the police and the ambulance arrived."

Then go on to the present condition: "You and the other boy are conscious. Two passengers are unconscious, but the doctors are helping them now. The third one has already been taken to hospital. " When asked "Are they alive?", tell the truth. It must be emphasised that the threatening event is over, and there is no more danger.

Then inform the person: "Now the police officers will ask you some questions. Then we will decide how you will return home."

Psychological First Aid (Practice)



Competencies

- ✦ knowledge of the psychological first aid and criteria of its provision;
- ✦ understanding the criteria of the psychological first aid provision;
- ✦ ability to provide the psychological first aid. by means of the psychological first aid protocol (MAACE);
- ✦ analysing the situation and responses of a person in order to establish whether the first psychological aid needs to be provided;
- ✦ evaluating own readiness to provide the psychological first aid.



Prerequisites

- ✦ understanding the phenomena of stress, crisis, trauma and their impact upon the body; theoretical knowledge of fundamentals of the psychological first aid provision.



Period of implementation

- ✦ 90 minutes



Materials

- ✦ flipchart, paper for the flipchart, colour markers, adhesive tape, printed handouts



Instructions



Updating Theoretical Knowledge



15 minutes

Help the group recollect the information they have received. Ask: "What did you personally remember best of all about provision of the psychological first aid?" Ask the participants to speak in a free order. Record what they say on the flipchart. Where necessary, help the group recollect the main aspects.



Case Study of the Psychological First Aid Provision



60 minutes

1. Get the participants into the mini-groups of three or four.
2. Each mini-group gets the description of the situation in the field of youth work where the psychological first aid can be provided. Each group will have fifteen minutes to discuss the situation and the attempt to provide the psychological first aid. Explain that

each group must choose the representative who will present the selected strategy to the others when the time is out.

3. Each group's representative will be invited in turns to imitate the situation described in the task. The trainer pretends to be the young person from the situations described for the groups. Approximately five minutes are given to provide the psychological first aid.
4. After each group's presentation, the training team gives the other teams to provide feedback and makes own comments. If they wish, the participants from the other groups can try considering the other group's case.

Reflection

 15 minutes

1. Emotions:
 - How do you feel after the the psychological first aid has been provided?
2. Process:
 - Did the group have different opinions on how to act in the situation?
 - Are you satisfied with the outcome?
3. Connection between the exercise and the reality:
 - How realistic is the situation you considered with the group?
 - What other situations in which the psychological first aid is necessary can occur in the activity of your organisation?
 - What else do you need to improve the psychological first aid skill?



Advice to the Facilitator

- ◆ You can also use the situations that have already been mentioned by the participants during the training for work.

The participants must be encouraged to share their ideas, but if the proposed options are inconsistent with the principles of the psychological first aid, it must be emphasised.



Follow-up Proposals

- ✦ You can go on to any other programme session after this session.



Additional Information

1. Guidelines on Providing the Psychological First Aid to the Families with Children, the Children in/from the Area of the Armed Conflict²². Prepared within the Project “Support to the Social Sector Reform in Ukraine” implemented by the UNDP in Ukraine. Under the general editorship of O. L. Ivanova, compiled by: Doctor of Medicine I. Ya. Pinchuk, Doctor of Medicine, Professor O. O. Khaustova, Cand. Sc. (Psychology) N. M. Stepanova, A. V. Chaika, A. O. Pinchuk
2. Psychological First Aid: Guide for the Workers Onsite. Kyiv: PULSARY Univ. Publishing, 2017. p.²³

22 <https://dszn-zoda.gov.ua/node/495>

23 <https://apps.who.int/iris/bitstream/handle/10665/44615/9786176150787-ukr.pdf?sequence=72>



Handouts

✦ CASE STUDY FOR THE GROUPS:



A young man calls the youth centre and says that his house has just been struck by the missile. He does not understand himself why he has called you.



You are on a work visit to the compact settlement for the internally displaced persons. During the visit, you see the girl get the text message saying that her relative has been taken to hospital. The girl goes into hysterics.



You are a youth worker at the refugee centre. A helicopter flies over the centre and you see a twelve-year-old boy who gets terrified, falls down to the ground and starts crying. You decide to talk to him.



You are in the humanitarian centre that helps with evacuation, and there are lots of people around. You see a child of around ten all alone, and he is shaking and sobbing. It turns out that the child has been lost, so you decide to talk to the child.



You see a road accident on your way to work. The car has hit the street lamp, and you are alone there. When you approach the car, you see a young girl at the driver's seat. She does not look injured, but she is in shock.



You are running a tent camp for young people. The downpour with thunder and flashes of lighting starts during the workshop. You suggest that the young people pick up their things and move to the tent. They start to move to the tent. Then you notice one of the participants kneel down, take his head into his hands and stop responding to what is happening around.



Burnout. Compassion Fatigue



Competencies

- ✦ knowledge of the burnout and compassion fatigue;
- ✦ understanding the symptoms of the burnout and compassion fatigue and necessity of its prevention;
- ✦ ability to identify symptoms of the burnout and compassion fatigue and ways to combat them;
- ✦ analysing own professional activity to prevent and combat the burnout and compassion fatigue;
- ✦ evaluating own professional activity to prevent and combat the burnout and compassion fatigue.



Prerequisites

- ✦ N/A



Period of implementation

- ✦ 90 minutes



Materials

- ✦ handouts for each participant with the information on the burnout and compassion fatigue, flipchart paper, markers, screen, A4 sheets for each participant.



Instructions



Myths about Burnout and Compassion Fatigue



30 minutes

1. Explain to the participants that you will explore together during this session what burnout and compassion fatigue are, what effects these phenomena have for the participants and their activity.
2. Say that you are going to try to find out together what is the truth and what is a myth about burnout and compassion fatigue. Place the signs “yes” and “no” in different parts of the room. Explain that you will read out the statements about burnout and compassion fatigue, and the participants have to choose “yes” if they agree with the statement and “no” if they disagree.
3. Discuss the opinions and experience of the participants. In the end, the facilitator shares facts about these statements. The statements and facts about each of them can be shown on the screen.

Discussion:

- What are your impressions from this exercise?
- What new/unexpected things did you find out about the burnout and compassion fatigue?

Definitions of Burnout and Compassion Fatigue

 **35 minutes**

1. Get the participants into the groups of five. Give each group the handouts on burnout and compassion fatigue. Ask the participants to study the information and discuss the following questions in the group (20 minutes):
 - What are the effects of burnout and compassion fatigue for a person and the organisation?
 - What new things did you find out about the burnout and compassion fatigue?
 - Has your attitude to the burnout and compassion fatigue processes changed?
2. Group presentation. Ask each group to say the effects in turns, without repeating what has already been said. The facilitator makes notes on the flipchart. - 5 minutes.

Questions for discussion (10 minutes):

- How do you feel after this discussion?
- What new things about yourself did you find out?
- What valuable and useful things did you hear from the other participants of the group?

Personal Strategies to Prevent Burnout and Compassion Fatigue

 **25 minutes**

1. Ask the participants to individually recollect one stressful situation from their personal or professional life and what helped them cope with it. They can draw, write or do it in any convenient manner. - 5 minutes.
2. Get the participants into the groups of three. Ask them to share their situations and strategies that helped them cope, and to make the common group list with their strategies for preventing burnout and compassion fatigue. - 10 minutes.
3. Ask each group of three to share their strategies. Record them on the flipchart. - 10 minutes.
 - How do you feel after the exercise?
 - What did you find out about yourself and your personal strategies for overcoming burnout and compassion fatigue?
 - What new strategies heard from the others can be useful for you?



Advice to the Facilitator

- ◆ You can prepare slides with myths about burnout and compassion fatigue in advance (the first slide with the statement, and the second slide with the explanation of this statement). It will help the participants who are better at perceiving information visually.



Follow-up Proposals

- ◆ After this session, you can go on to self-recovery techniques.



Additional Information

1. Doing what matters in times of stress: an illustrated guide. Access: <https://apps.who.int/iris/bitstream/handle/10665/339150/WHO-EURO-2021-361-40096-56774-ukr.pdf?sequence=1&isAllowed=y>
2. The Guide "Traumatic Events: Psychological Support and Self-Care". Access: <https://rm.coe.int/traumatic-events-ukr-/1680a765d4>



Handouts

✦ MYTHS ABOUT BURNOUT AND COMPASSION FATIGUE²⁴ (facilitator's materials for exercise 1)

Myth 1. There are so many more important issues than burnout.

Explanation: There are many important issues that we deal with every day. At the same time, the attitude that burnout prevention and dealing with burnout is not so important results in neglecting the well-being of people working in the organisation and makes them more vulnerable to burnout. Taking care of the well-being and issues that can contribute to burnout, like working conditions or relations in the team, is important for the general functioning of the organisation and its work.

Myth 1. Burnout is a sign of weakness.

Explanation: Burnout is a consequence of work-related issues such as work overload, bad working conditions, unresolved conflicts in the team and others. The myth that it is a sign of weakness strengthens the wrong attitude that burnout is an individual problem that should be solved individually and neglects organisational responsibility for burnout.

Myth 1. Now we have to deal with more important things, when it's over we can take care of ourselves.

Explanation: There are always some issues that can seem more important but this attitude usually leads to endless postponing of the interventions that can protect the well-being of the team.

Myth 1. Taking care of yourself when other people's lives are at stake is selfish.

Explanation: Taking care of yourself is responsible and necessary in order to help others.

24 https://burnout-aid.eu/uploads/cz_burnoutaid_workshop_individuals_english-6148cd193446e.pdf

✦ **INFORMATION MATERIALS ON BURNOUT AND COMPASSION FATIGUE**
(for exercise 2)

Burnout²⁵ is the condition of growing emotional, motivational and physical exhaustion that is accompanied by the feeling of emptiness and helplessness, cynical attitude to work and other people.

According to the World Health Organisation, burnout is syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.

Burnout is attributable to any professional but the persons working with other people, i.e. those ones whose job is connected with regular communication, are most likely to develop this syndrome. They must always be in touch, hear the others and talk, watch important news, give instructions to subordinates or, on the contrary, follow the manager's orders, try to meet someone's expectations, excel their competitors and demonstrate high performance — it all results in emotional burnout. Burnout is considered to be the lightest functioning disorder; it is developed by accumulation and can be followed by more severe disorders: compassion fatigue and secondary traumatic stress.

Dimensions of Burnout

The World Health Organisation determines three main dimensions of burnout:

- Feelings of energy tiredness or exhaustion: they result in sleep disorders, weaker immunity and concentration issues.
- Increased mental and emotional distance from one's job: feelings of negativism or cynicism related to one's job, detachment from colleagues, no motivation, negative perception of reality.
- Reduced professional efficacy: it results in the sense of incapacity, there is doubt in own abilities and competence.

The concept of burnout applies to the phenomena in the professional context, and it should not be applied to describe experience in other areas of life²⁶.

25 <https://healthcenter.od.ua/psychichne-zdorovya/emocijne-vygorannya/>

26 <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>

BURNOUT SYMPTOMS

Psychophysical symptoms

- feeling of permanent exhaustion both in the evening and in the morning;
- feeling of emotional and physical exhaustion;
- frequent headaches without any reason, regular gastro-intestinal disorders;
- losing or gaining weight abruptly;
- complete or partial insomnia;
- permanently dazed, atonic condition and wish to sleep all day long;
- shortness of breath or breathing disorders during the physical or emotional load;
- obvious reduction of external and internal sensory sensitivity: vision, hearing, smelling and touching disorders, loss of internal bodily senses;

Social and psychological symptoms

- indifference, boredom, passivity and depression;
- elevated irritability due to insignificant events;
- frequent nervous breakdowns (outbursts of unreasonable fury or refusal to communicate, reservedness);
- permanent negative emotions without a reason;
- unconscious solicitude and elevated anxiety;
- feeling of hyperresponsibility and permanent fear;
- overall negative attitudes to life and job prospects;
- feeling that the work is getting harder and harder to perform;
- evident changes in the employee's work schedule (longer or shorter working hours);
- taking some work to be done at home on a regular basis and with no need, and not doing it at home;
- manager's difficulty taking decisions; feeling of no use, lack of belief that the situation will get better, lower enthusiasm at work, indifference to the outcome;
- failure to perform important, priority tasks and focus on minor details;
- detachment from colleagues and clients, high and inadequate criticality;
- abuse of alcohol, abrupt increase in the number of cigarettes smoked a day, consumption of drugs.

Compassion fatigue²⁷ is the outcome of immediate work with the people affected by the natural disaster, war, trauma or disease. The people working in other related areas are also at risk of developing compassion fatigue.

Compassion fatigue is a condition characterized by emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others, often described as the negative cost of caring.

The term “**compassion fatigue**” was first introduced by Carla Johnson, in 1992, to describe nurses who were worn down by daily contact with their patients²⁸.

Compassion fatigue is one of the forms of stress or tension that develops out of frequent contacts with the traumatised people and makes people excessively worried by the other people’s suffering or pain. Impact of compassion fatigue upon health care professionals is real and recorded. If it is not treated, it results in the lower quality of medical aid, more clinical errors and high staff turnover.

Mass media are also capable of causing mass compassion fatigue in the society when their overfull their news bulletins with decontextualised images and stories of tragedies and suffering²⁹. It can result in reduced sensitivity of people or less assistance to suffering people.

In her 1999 book *Compassion Fatigue: How the Media Sell Disease, Famine, War and Death*, the journalist and scholar Susan Moeller explored this idea at length. “It seems as if the media careen from one trauma to another, in a breathless tour of poverty, disease and death,” she wrote. “The troubles blur. Crises become one crisis.” The volume of bad news drives the public to “collapse into a compassion fatigue stupor”.

Symptoms and behavioural displays:

- Reduced ability to take care of others or interest therein.
- Excessive anxiety about the people you are helping.
- Physical and/or mental exhaustion.
- Anger and irritability.
- Anxiety.
- Depression.
- Obsessive thoughts.
- Sleep disorders.
- Feeling of helplessness at work.
- Excessive alertness.
- Avoidance of certain actions, situations and people you are helping.
- Feeling of your worthlessness and incompetency.
- Emotional freezing.

27 https://en.wikipedia.org/wiki/Compassion_fatigue

28 Figley, Charles, ed. (2002). *Treating compassion fatigue*. New York: Brunner-Routledge.

29 <https://www.theguardian.com/news/2018/aug/02/is-compassion-fatigue-inevitable-in-an-age-of-24-hour-news>

Secondary Traumatic Stress and its Prevention



Competencies

- ✦ understanding empathy and effect of “empathetic imagining” as secondary traumatic stress factors;
- ✦ ability to recognise markets of secondary traumatic stress;
- ✦ Managing risks of coverage/dissemination of the theme of traumatic events in the youth worker’s activity.



Prerequisites

- ✦ the participants must know what a trauma is.



Period of implementation

- ✦ 90 minutes



Materials

- ✦ A4 sheets for each person, markers/pencils/mark pens, flipchart paper, handouts on secondary traumatic stress for each person.



Instructions



Empathy



15 minutes

1. Ask the participants to work in pairs. Explain that one person will be a mirror while the other will stand in front of the mirror. The mirror must reflect and repeat all the movements of the partners. The first round takes around three minutes. Then ask the participants to change their roles in pairs.
2. Discussion:
 - How do you feel after the exercise? (you can put cards with the feelings on the floor and ask the participants to choose the card and present it in a circle).
 - What was it like being a mirror?
 - What was it like being a person who showed movements?
 - Did you feel synergy of movements?
 - What helped you feel each other?
 - What is the exercise about?

Sum up that the exercise illustrates empathy.

- Which actions can be used to show empathy? (record them on the flipchart)

Imagining

 **25 minutes**

1. Give out sheets of paper to the participants. Ask them to draw the river. They must sit separately from each other; also, urge them to focus on their picture without consulting each other while drawing. - 5 minutes.
2. Gallery. Ask the participants to put their pictures in the centre of the room and look at the other people's pictures and then return to the circle. - 5 minutes.
3. Discussion (15 minutes):
 - How did you like the exercise?
 - Were the visual images of the proposed word the same among the participants?
 - Why are images different?
 - How often do you imagine something you hear or see in your head?
 - How does this imagining influence your feelings and your condition?
 - How does hearing of experience of the people affected by the traumatic event influence you?

Secondary Traumatic Stress of Youth Workers and its Prevention

 **40 minutes**

1. Explain to the participants that they will work in three groups now. The groups will study the concept of secondary traumatic stress and discuss the following:
 - Where can you face secondary traumatic stress in your work?
 - How can secondary traumatic stress be prevented in your work, for you personally and the young people you work with?
2. Get the participants into three groups. Ask them to say three fruit they like most of all, in turns in a circle. Make the groups of the participants based on the fruit they have said.
3. Give the participants the definitions of secondary traumatic stress, the flipchart with the markers and ask them to discuss. - 15 minutes.
4. After the time is out, ask the participants to present the outcome of their discussion. - 3 minutes per group.

Questions for discussion (15 minutes):

- What valuable things did you find out during the discussion and presentations by the other groups?
- How can you use this information in your work with young people?
- How can media content and communication information you distribute influence young people?
- How to consider possibility of secondary traumatic stress while planning and conducting activities with young people? (record the answers on the flipchart)



Advice to the Facilitator

- ◆ After the empathy exercise, it is important to repeat how empathy influences the person who is listening to the story of traumatic experience of the other person. This information can be found in the handouts.

When you discuss the Imagining exercise, it is important to say how empathetic imagining influences the person's feelings and condition when he or she is listening to the story of the person affected by the traumatic event.

During the group discussions "Secondary Traumatic Stress of Youth Workers and its Prevention", the groups can be asked to consider separately in what part of their activity they face each type of secondary traumatic stress (trauma of a witness, trauma of a listener, trauma of a viewer (media trauma)), and how each type of secondary traumatic stress can be prevented for them personally and for the young people with whom they work.



Follow-up Proposals

- ◆ The session can be followed by development of the action plan for preventing secondary traumatic stress in the work with young people.



Additional Information

1. Secondary Traumatic Stress: Media Trauma Classification. Access: <http://mediaosvita.org.ua/wp-content/uploads/2017/06/Pletka-medyatravma.pdf>
2. Secondary Traumatic Stress Overview. Access: https://edn.ne.gov/cms/sites/default/files/u1/pdf/21TR3%20%20Hayek.Secondary%20Traumatic%20Stress%20Overview.Hayek_.pdf
3. The Guide "Traumatic Events: Psychological Support and Self-Care". Access: <https://rm.coe.int/traumatic-events-ukr-/1680a765d4>



Handouts

✦ **Secondary traumatic stress** is a phenomenon of occurrence of symptoms of the acute stress response or the acute stress disorder of the person who has not personally experienced the traumatic event. In this case, the symptoms result from the person's ideas of the event rather than the real event itself.

Since the person has not experienced the traumatic event, the information on the event is mostly incomplete and fragmentary, and the person's mind "imagines" information and missing logic pieces as imaginable illusions that are perceived as real ones by the consciousness. Then the mind responds to the "imagined" event as the real traumatic one. The "**empathetic imagining process**" occurs as follows: when we communicate with each other and hear words, our mind automatically creates visual images of the words we hear.

In addition to empathetic imagining, another precondition for secondary traumatic stress is empathy.

✦ **Empathy** (the Greek patho — compassion) means understanding the other person's relations, feelings and mental conditions in the form of compassion.

There are three types of empathy:

- **Emotional empathy**, which is the ability to have the same feelings and emotions as the other person. It occurs in the childhood: when a child cries, the other one starts crying as well.
- **Cognitive empathy**, which is the ability to place yourself in the other person's shoes and understand how this person thinks. It is an intellectual process far from an uncontrolled response.
- **Empathic care**, which is the ability that urges to take care of and help other people.

When a person hears the story of a traumatic experience (experience of being in the life-threatening situation) of another person, the mind starts creating the picture that will be perceived as a threat by the mind. Then the empathy mechanisms, i.e. the ability to identify the other person's feelings and to place yourself in another person's shoes, are activated. We understand what the person felt at the specific moment: for instance, we do the same when we watch movies or theatre performances or read books — we get into the characters' shoes. We get the additional information on the other person's feelings this way, which can cause secondary traumatic stress in its turn.

It should be noted:

whereas the real event always has the beginning and the end, firstly, the internal "imagining" of the event can be much brighter and scarier than the real event, and secondly, the real event ends, but the imagined one can last as long as possible and be supplemented with new details that destroy the mind.

Types of secondary traumatic stress:

- **trauma of a witness** when the person witnesses the event, but is not the participant, remains physically intact, has clear, but mosaic memories of details, and the mind just adds fragments of the event lacking for integral perception. The person who witnesses the event develops acute stress responses and the feeling of helplessness and can later develop the feeling of guilt because of inability to help the victims or prevent the event;
- **trauma of a listener** when a person is not related to the event but is close to its participants and can hear their details and see their emotional responses. In this case, the person's mind "imagines" details in addition to the actual information on the event, and adds own emotions into the event interpretation when it is told or mentioned. This effect is demonstrated well by the child game "Pass the message" when the first players pass the message with minor distortions, but the following ones change it so much that it is unrecognisable. The person prone to this type of secondary trauma takes active emotional part in the dialogue, can directly respond to the story, and the cognitive sphere only helps supplement the logic and integrity of perception of the event in this case.
- **trauma of a viewer (media trauma)** when a person only has the verified piece of the event with the ready interpretations, and the mind supplements the episode "presented" by the mass media with the volume of the information that substantially changes the event itself in the person's mind. The name itself refers to the main source of the secondary trauma: mass media. However, this trauma can result from targeted impact upon the person's mind not only by the mass media, but also online technologies, advertising agencies etc.

The symptoms of the secondary traumatic stress can be³⁰:

- exhaustion or disease;
- cynical attitude;
- irritability;
- lower performance;
- feelings of hopelessness, fury, desperation and grief;
- feeling of reliving the event;
- nightmares;
- anxiety;
- avoidance of people or activities or permanent fury and grief.

30 Conrad, D., Secondary Trauma and Child Welfare Staff: Understanding its impact and Taking Steps to Protect Them.

Siegfried, C. B. (March 2008). Child Welfare Work and Secondary Traumatic Stress. Child Welfare Trauma Training Toolkit: Secondary Traumatic Stress. The National Child Traumatic Stress Network. Module 6, Activity 6 c.

BASIC Ph (Part 1)

“...Because it is the third time I have to leave home. First in 2014, and twice in 2022. And I could not understand why it had to be me?! Like, why?! The positive thing is that I travelled abroad for the first time! I found the place called Space of Ideas, very similar to our Free House in Kramatorsk. It gave me an opportunity to communicate with people, travel abroad as a part of youth exchange... It was cool. I met lots of people. I have really wanted to organise the dramatic speech workshop, and I’m working on it. Mostly for teenagers to help them adapt to the environment so that they will have a place to come, to do something and get distracted from the war...”*

Masha, Kramatorsk, Kremenchuk

* Story from the project “Voices of young people in Ukraine”, which is being implemented by the Donetsk Youth Debate Centre with the support of the EYF of the Council of Europe within the European youth campaign called Democracy Here. Democracy Now. The project is being implemented in partnership with the Youth Centre “New Wings” (Novovolynsk), the Non-Governmental Association “Kremenchuk Information and Awareness Raising Centre “European Club” (Kremenchuk), the Nizhyn Youth Centre (Nizhyn), the Okhtyrka Youth Centre (Okhtyrka), the Donetsk Regional Children and Youth Centre (Kramatorsk).



Competencies

- ✦ knowledge of coping strategies and resource channels, its application during stressful events;
- ✦ understanding own coping strategies and resource channels and its applicability during stressful events;
- ✦ ability to determine own coping strategies and resource channels and apply them during stressful events;
- ✦ analysing the impact of application of coping strategies and resource channels during stressful events;
- ✦ evaluating efficiency of application of coping strategies and resource channels during stressful events.



Prerequisites

- ✦ no requirements.



Period of implementation

- ✦ 90 minutes



Materials

- ✦ flipchart, paper for the flipchart, colour markers, adhesive tape, A4 sheets.



Instructions



Determining the Personal Action Pattern for Unfavourable Conditions



15 minutes

Prepare the room for the exercise in advance:

- 1) remove all the unnecessary items from the room;
- 2) organise six provisional work zones in the room;
- 3) in each provision work zone, place one of the metaphorical OMNIS³¹ pictures or other similar cards.

Invite the participants into the room. Ask them to walk around the room, look at the metaphoric cards and select one out of six images in the room which they like best and stand by it. Six groups will be made this way (they will probably be of different size).

Ask the participants how they understand the card they have selected. What does it mean to them? Why have they selected it? Encourage everyone to speak their mind.



Presentation of BASIC Ph Concept



20 minutes

1. Tell the participants that Mooli Lahad, an Israeli psychologist and trauma therapist, has long studied how people behave in stressful situations. He has found out that everyone has their own unique combination of resources to fight adverse circumstances. The BASIC Ph model is based on such conclusions. This model is based on recognising the person's ability to oppose the crises, to maintain own mental health in emergencies. The model has six principal parameters (resource channels) that constitute a basis for the individual behavioural style in emergencies (each letter in BASIC PH model means a specific resource). - 3 minutes.
2. Give each of the groups brief information on the resource they have selected (see the Handouts). Ask them to read the information. - 4 minutes.
3. Ask each group to present the information to the others and give one or two examples of how the resource can be implemented. Where necessary, give additional explanations. - 10 minutes.
4. Explain that everyone can have individual action patterns for unfavourable circumstances (generally two or three of them). Ask the participants to think whether the metaphorical card which they selected first intuitively conforms to their pattern. If the image is inconsistent with the leading channels of the participants, suggest that they change the group. - 3 minutes.

31 Set of association metaphorical cards OMNIS, N. Makiienko. (Ukraine), O. Hershanov (Israel), 2017.

Ways to Implement BASIC Ph Resources

 45 minutes

1. Ask each group to make and put down the list of ideas and practices that can enrich their resources according to BASIC Ph on a sheet of drawing paper. For instance, the following can be used for “physiology”: morning exercise, attending the gym, mountain trips etc. They have ten minutes to do this exercise.
2. Ask each group to present their results. The other groups can supplement the ideas and practices the group has mentioned. Each group has up to five minutes for their presentation. Time for the stage — 30 minutes.
3. Place the following in six work zones next to each other: the metaphoric card, the description of the parameter, and the sheet of drawing paper with the ideas and practices of its implementation.
4. Give each participant a sheet of paper. Ask them to look at each drawing paper again and make notes of the ideas and practices they would like to add to their life.

Reflection

 10 minutes

Ask the participants to share their impressions. Possible questions:

1. How do you feel?
2. Did you manage to determine your leading resource channels?
3. Why is it important to know your own resource channels?
4. Do you manage to restore your resources now?
5. Which ideas and practices would you like to implement?



Advice to the Facilitator

- ◆ In order to do this exercise, you can use either proposed cards or any metaphoric cards that represent the content of Basic Ph resource channels.

During the session, the participants must clearly understand which resource channel they are working with. While reflecting, the participants will probably state that they have several developed resource channels. Explain that it is normal, and they can be combined.

While adapting the session, the important thing is to preserve the stage at which the participants put down the ideas and practices they would like to add into their life.



Follow-up Proposals

- ✦ after the session, you can go on to BASIC Ph (Part 2) session or any other programme module.



Additional Information

Mooli Lahad, an Israeli psychologist and trauma therapist, has long studied how people behave in stressful situations. He has found out that everyone has their own unique combination of resources to fight adverse circumstances. The **BASIC Ph** model is based on such conclusions. This model is based on recognising the person's ability to oppose the disasters, to maintain own mental health in any emergencies.

The model has six principal resource channels that constitute a basis for the individual behavioural style in emergencies (each letter in BASIC PH model means a specific resource).

1. Belief: philosophy of life, faith, moral values, mission.

This resource channel of coping with stress is based on faith (believing in God, people, miracle or yourself, your mission, superstitions, signs; mascots, horoscopes etc.). It is a system of beliefs, values and senses, a need for self-fulfilment and self-expression. Beliefs can be religious, political etc. The fact of faith itself is important.

2. Affect (to influence, to agitate): senses, emotions.

The affective strategy is reflected via emotions: crying, laughing, fury, fear, talking to someone about your feelings. In the first place, this resource channel of coping with stress demands expression of different feelings. Feelings can be expressed verbally, in writing (in a story or letter); without words — by dancing, painting, playing music or performing. Your feelings can be written down in a diary or expressed in pictures.

3. Social support: affiliation, family, friends, social support.

This resource channel of coping with stress is characterised by the desire to communicate, to be by the person's side. It is mostly about support by family members, friends or single-minded people. Psychological or volunteering support also pertains to this resource channel. In other words, social inclusion is important: the desire to be surrounded by people, to feel like a part of the system, organisation and so on. It is important to hear from other people that you are alive, useful and capable of influencing something.

4. Imagination: creativity, flight of imagination, intuition.

This resource channel of coping with stress is based on creative abilities. Imagination enables the person to dream, improvise, imagine the future, develop intuition, change, be comforted in the world of play and imagination, practice handiwork, pottery etc. Imagination helps get distracted from the cruel reality, express the sense of humour, and find a creative solution for current issues.

5. Cognition: knowledge, logics, reality, opinions, planning.

The resource channel of coping with stress by upgrading mental abilities, the ability of logic and critical thinking, the ability to assess the situation and perceive new ideas, to plan, study and collect information, to analyse problems and reasonably resolve them, and to set their priority. The cognitive strategy provides for analytical work, making lists or plans.

6. Physiology: physical, sensitive modality and activity, bodily work.

It is the resource channel of coping with stress that provides for using physical activity of our body. This resource is associated with such abilities of our physical body as the ability to feel themselves with the senses of hearing, seeing, smelling, touching, taste, warm and cold, pain and pleasure, orientation in the area, internal tension or relaxation. It also provides for various physical load (exercises or sets of exercises, walking, going for walk in the countryside, camping etc.), bodily practices (relaxation techniques, breathing exercises etc.), consuming and cooking food.



Handouts

cards for the groups



Belief: philosophy of life, faith, moral values, mission.

This resource channel of coping with stress is based on faith. It is a system of beliefs, values and senses, a need for self-fulfilment and self-expression.



Affect (to influence, to agitate): senses, emotions.

The affective strategy is reflected via emotions. In the first place, this resource channel of coping with stress demands expression of different feelings and their identification.



Social support: affiliation, family, friends, social support.

This resource channel of coping with stress is characterised by the desire to communicate, to be by the person's side.



Imagination: creativity, flight of imagination, intuition.

This resource channel of coping with stress is based on creative abilities. Imagination helps get distracted from the cruel reality, express the sense of humour etc.



Cognition: knowledge, logics, reality, opinions, planning.

The resource channel of coping with stress by upgrading mental abilities. The cognitive strategy provides for analytical work, making lists or plans.



Physiology: physical, sensitive modality and activity, bodily work.

It is the resource channel of coping with stress that provides for using physical activity of our body.





Handouts

cards for the groups



BASIC Ph (Part 2)

“...First I was depressed and could not understand what to do next because everything had been lost. I mean everything I had been doing for years was left in my community. Some time later, I pulled myself together and continued my musical activity.

What do I feel when I play music? I feel inspired, I feel I can help people in these difficult times no matter what. This is what I am doing now, I am creating what I lack — it is the cultural direction, i.e. non-formal musical education so that people can gain knowledge of music. In fact, one youth organisation helped me a lot: they gave me the premises, helped earn for the new instruments and find the people I could teach. So the community is already doing a lot to help...*

Daniil Yashnov, Kramatorsk, Kremenchuk

* Story from the project “Voices of young people in Ukraine”, which is being implemented by the Donetsk Youth Debate Centre with the support of the EYF of the Council of Europe within the European youth campaign called Democracy Here. Democracy Now. The project is being implemented in partnership with the Youth Centre “New Wings” (Novovolynsk), the Non-Governmental Association “Kremenchuk Information and Awareness Raising Centre “European Club” (Kremenchuk), the Nizhyn Youth Centre (Nizhyn), the Okhtyrka Youth Centre (Okhtyrka), the Donetsk Regional Children and Youth Centre (Kramatorsk).



Competencies

- ✦ knowledge of coping strategies and resource channels, its application during stressful events;
- ✦ understanding own coping strategies and resource channels and its applicability during stressful events;
- ✦ ability to determine own coping strategies and resource channels and apply them during stressful events;
- ✦ analysing the impact of application of coping strategies and resource channels during stressful events;
- ✦ evaluating efficiency of application of coping strategies and resource channels during stressful events.



Prerequisites

- ✦ BASIC Ph (Part 1) session.



Period of implementation

- ✦ 90 minutes



Materials

- ✦ ball (small or paper one), flipchart, paper for the flipchart, colour markers, adhesive tape, printed handouts.



Instructions

Self-Analysis

30 minutes

Remind the participants of BASIC Ph model, which is based on recognising the person's ability to maintain own mental health in any emergencies.

Ask the participants to analyse their own professional activity with account of the opportunities they create for young people based on six parameters (resource channels) of BASIC Ph model, by answering the questions:

- At the scale of 1 to 10 where 10 is the top score, how do I personally create the opportunities for a young person to use this channel to overcome effects of traumatic events?
- What do I personally do to enable the young person to use this channel to overcome effects of traumatic events? Give examples.

Propose the self-assessment form in the web format for individual work for fifteen minutes (handouts).

After the individual work, divide the participants into pairs and ask them to share their self-assessment results for fifteen minutes.

Analysing the Work of the Youth Centre or Organisation 30 minutes

After they work in pairs, ask the participants to individually analyse the work of their youth centre or organisation for ten minutes by means of the same self-assessment forms and another colour of the marker or pen.

- At the scale of 1 to 10 where 10 is the top score, how does the youth centre or organisation create the opportunities for a young person to use this channel to overcome effects of traumatic events?
- What does the youth centre or organisation do to enable the young person to use this channel to overcome effects of traumatic events? Give examples.

After the individual work, divide the participants into groups of four and ask them to share their self-assessment results for twenty minutes.

After the presentations, start the discussion in the circle:

- What new things did you find out about your activity?
 - What new things did you find out about the other participants' activities?
 - What was easier to analyse: your own activity or activity of organisations in general?
 - Which channel got the highest score? Why do you think it is like this?
 - Which channel got the lowest score? Why do you think it is like this?
-

 **Follow-up**
 **30 minutes**

Ask the participants to work individually for ten to fifteen minutes to decide on:

- TOP 5 own actions to be taken so that a young person can use as many channels as possible to cope with effects of the traumatic events;
- TOP 5 actions to be taken by the youth centre or organisation so that a young person can use as many channels as possible to cope with effects of the traumatic events.

After the individual work, ask the participants to make groups of three persons with whom they had least communicated. Ask the participants to work in groups and share their action lists for fifteen minutes.



Advice to the Facilitator

- ◆ Pay attention to the fact that the participants need the handouts on the channels from the first part of Basic Ph session to be consulted when necessary.



Follow-up Proposals

- ◆ You can go on to any other programme module after this session.

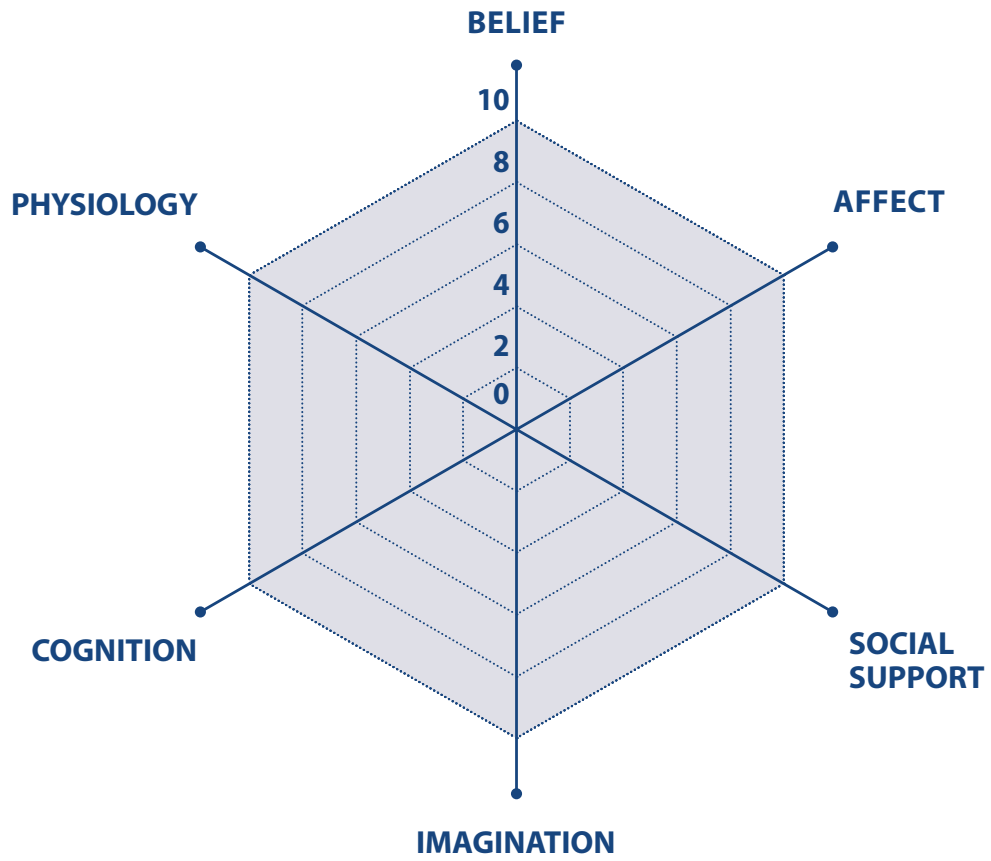


Additional Information

1. Basic Work with Trauma. Access: <https://rm.coe.int/ptsd-ukr/1680a0a10b>
2. The Guide "Traumatic Events: Psychological Support and Self-Care". Access: <https://rm.coe.int/traumatic-events-ukr-/1680a765d4>



Handouts



"Do No Harm" Principle in the Youth Worker's Activity



Competencies

- ✦ knowledge of "the do no harm" principle in work with young people affected by traumatic events;
- ✦ understanding the need to adhere to no harm rule in work with young people affected by traumatic events;
- ✦ adhering to "do no harm" principle in working with the people with the traumatic experience, namely management of risks of coverage/dissemination of the theme of traumatic events in the youth worker's activity;
- ✦ analysing own activity as regards adherence to "do no harm" principle while working with a person with traumatic experience;
- ✦ assessing own activity as regards consistency with "do no harm" principle while working with a person with traumatic experience.



Prerequisites

- ✦ no requirements



Period of implementation

- ✦ 90 minutes



Materials

- ✦ printed set of aspects of "do no harm" principle for each group, flipchart paper, markers, flipchart, sheet of drawing paper with the hierarchy of needs, sheets of drawing paper with names of needs and questions for discussion.



Instructions



Ranking of the Main Aspects of "Do No Harm" Principle



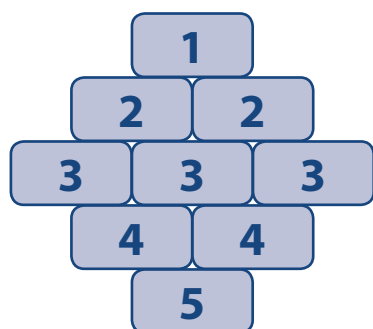
45 minutes

Explain to the participants that you will be discussing "do no harm" principle in work with the young people affected by traumatic events.

Explain that now in small groups they will be introduced to aspects of "the Do No Harm" principle and their task as a group will be to rank these aspects on a diamond pattern according to which aspect is most important to them and their organisations right now.

Put these items into five piles in equal parts. Ask the participants to come up to the pile with their item and say hello to those who will work with them.

Each group gets the printed aspects of "do no harm" principle, one aspect per little sheet. The task for each group is to discuss the aspects and place them as follows: 1 - the most important/relevant aspect for the activity of their organisation, 2 - important, 3 - of medium importance, 4 - auxiliary, 5 - the least important. Time for the group work — 20 minutes.



Aspects of the "do no harm" principle for ranking:

1. Understanding the context in which we work, including the political dynamics, institutions, attitudes, values, social standards respected by the communities, and available services in the community.
2. Identifying young people's needs.
3. Understanding the dividing and consolidating factors in the context in which we operate. Dividing factors are the ones that cause tension in the society. Consolidating factors are the ones that unite people and/or reduce tension. Both include structures, institutions, attitudes and actions, values and interests, symbols etc.
4. Reducing the impact of the factors dividing the society and enhancing the consolidating factors.
5. Considering the fact that actions and conduct have effects that influence our activity and our behaviour when we implement our activity, and that the values and ethical principles we use have effects (making the situation better or worse).
6. Understanding details of the activity: what, why, who, by whom, when, where and how.
7. Understanding options to change the activity in order to eliminate negative effects or enhance positive changes.
8. Building relations with young people based on respect, non-discrimination, trust, confidentiality and privacy, and well-being of young people.
9. Creating the safe space for young people.

Presentation and discussion in a circle — 15 minutes, three minutes for each group.

Invite the participants to present the results, their "diamonds", and to explain their choice.

Questions for discussion:

- What have you learned about the principle of "do no harm" in working with young people who have been affected by traumatic events?
- In what situation could the aspect of the principle of "do no harm" that you chose as the least important become the most important in your work?
- Is it important to consider all aspects in work with young people affected by traumatic events? Why?
- Is "Do No Harm" principle connected only with work with young people affected by traumatic events?

After the discussion, explain to the participants that "Do No Harm" principle means not

putting young people at additional risks with our actions, acting in the best interests of young people and avoid doing physical, psychological or emotional harm or trauma. Our activity must be centred around young people, their well-being and development of quality relations with them based on³²:

- respect,
- non-discrimination,
- trust,
- confidentiality and privacy,
- well-being of young people.

In order to prevent negative effects, we must create **the safe space** for young people's participation.

Ask the participants to think and answer the questions in a circle:

- What do you perceive as the safe space? (record the answers on the flipchart).

Explain that the safe space for young people means:

- the environment where young people can get together, perform the activity associated with their various needs and interests, participate in the decision-making processes and be free to express their mind;
- the environment that ensures human dignity and safety of young people (physical, psychological and emotional ones), facilitates development of their abilities for their overall well-being;
- the environment that satisfies needs of the various youth, especially the ones vulnerable to marginalisation or violence.

Group Work to Determine Actions Necessary to Satisfy Young People's Needs Based on "Do No Harm" Principle

 **45 minutes**

Prepare Maslow's pyramid of needs on a sheet of drawing paper in advance. Present different needs shown there to the participants briefly.

Prepare five tables in advance and place the flipcharts with the needs there:

TABLE 1: Physiological needs (air, water, food, shelter, sleep, clothes, reproduction).

TABLE 2: Safety needs (personal security, health, property, resources, work).

TABLE 3: Social belonging needs (friendship, family, intimacy, belonging).

TABLE 4: Esteem (self-esteem, confidence, achievements).

TABLE 5: Self-actualisation (creativity, morality, solution of problems).

32 https://pjp-eu.coe.int/documents/42128013/47262613/06_SCRIB.pdf/41cea176-d7fa-3167-a716-11af717b1559

Get the participants into five groups and ask them to count from one to five and make groups based on the number they have said.

Tasks for the group work:

Discuss how the activity of your organisation responds or can respond to each need of young people with account of "Do No Harm" Principle.

During the discussion, ask the participants to consider the following aspects:

- venues of the events;
- content of the organisation's activity;
- dissemination of information on the organisation's activity and its results;
- conduct of the staff of the organisation.

Explain to the participants that they will have five minutes to discuss one need, and then they will change the table clockwise.

After all the groups attend all the tables, ask each group to present their general notes and discussion results from the last table they attended.

Questions for discussion (15 minutes):

1. Which of the needs was the most difficult to consider?
2. To your mind, what conditions help feel safe? (record the answers on the flipchart).

Possible answers:

- everyone feels accepted and included;
 - everyone is treated with respect and with no condemnation;
 - everyone can feel of the same value;
 - everyone can be themselves;
 - everyone is protected from physical, sexual and emotional harassment and violence;
 - everyone has the space to express their own needs;
 - everyone can gain new knowledge and skills;
 - everyone is not afraid to make a mistake.
3. What valuable and useful things did you find out for your work with young people so that your work will be consistent with their needs, with account "Do No Harm" Principle?
 4. What can be done to make the practice of considering young people's needs in your activity sustainable?



Advice to the Facilitator

- ✦ The session can be started with defining "Do No Harm" Principle and discussion with the group by asking which of the things already considered during the training are consistent with "Do No Harm" Principle in work with young people.

During the group work to determine actions necessary to satisfy young people's needs with account of "Do No Harm" Principle, suggest that someone should be a table host and record the group's ideas. At the end of the exercise, the discussion results of the table should be summarised.

During the discussion of the group work, it is important to focus on tangible (physical space) and intangible conditions (psychological and social ones), which help create the safe space.

If you see that you do not have enough time for all the groups to attend all the tables, you can save the time for discussion for the first round and reduce time for the next rounds



Follow-up Proposals

- ✦ After this theme, you can go on to discuss different practices of trauma informed youth work or the forms and methods of work with young people affected by trauma informed youth work, and to plan further activities.



Additional Information

1. From Principle to Practice: A User's Guide to Do No Harm. Access: <http://www.principletopractice.org/from-principle-to-practice/the-project/>
2. Incorporating the principle of "Do No Harm": How to take action without causing harm. Reflections on a review of Humanity & Inclusion's practices. Access: https://www.alnap.org/system/files/content/resource/files/main/donoharm_pe07_synthesis.pdf
3. Do No Harm. Conflict-Sensitive Programming. Access: <https://www.donoharm.info/desktop/content/conflict/concept.php>
4. Information on Safe Spaces Pursuant to the Council of Europe Quality Label for Youth Centres. THE COUNCIL OF EUROPE QUALITY LABEL FOR YOUTH CENTRES. Quality Management in Youth Centres. Access: <https://rm.coe.int/youthcentre-ukr-quality-management/1680a0c66b>
5. The Council of Europe Quality Label for Youth Centres. Role, Value and Impact of Youth Centres. Access: rm.coe.int/youthcentre-ukr-role-value-impact/1680a0c66c (c. 10 – 11).
6. 10 Tips For Creating A Safe Space. Access: <https://www.iofc.ch/stories/10-tips-creating-safe-space>
7. Definition of the safe space for young people. International Youth Day 2018. Access: www.un.org/development/desa/youth/international-youth-day-2018.html



Handouts

✦ ASPECTS OF THE "DO NO HARM" PRINCIPLE FOR RANKING:



Understanding the context in which we work, including the political dynamics, institutions, attitudes, values, social standards respected by the communities, and available services in the community.



Identifying young people's needs.



Understanding the dividing and consolidating factors in the context in which we operate. Dividing factors are the ones that cause tension in the society. Consolidating factors are the ones that unite people and/or reduce tension. Both include structures, institutions, attitudes and actions, values and interests, symbols etc.



Reducing the impact of the factors dividing the society and enhancing the consolidating factors.



Considering the fact that actions and conduct have effects that influence our activity and our behaviour when we implement our activity, and that the values and ethical principles we use have effects (making the situation better or worse).



Understanding details of the activity: what, why, who, by whom, when, where and how.



Understanding options to change the activity in order to eliminate negative effects or enhance positive changes.



Building relations with young people based on respect, non-discrimination, trust, confidentiality and privacy, and well-being of young people.



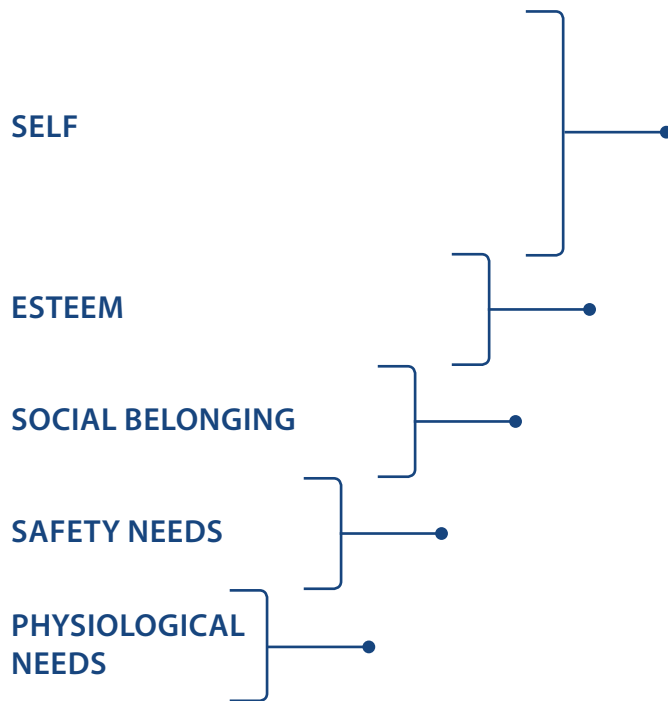
Creating the safe space for young people.





MASLOW'S PYRAMID OF NEEDS

✦ MASLOW'S PYRAMID OF NEEDS



Foreign Youth Work Practices



Competencies

- ✦ knowledge of trauma informed youth work;
- ✦ understanding the role of youth during stressful events;
- ✦ applying the knowledge of trauma in youth work;
- ✦ analysing youth work with account of knowledge of trauma.



Prerequisites

- ✦ no requirements



Period of implementation

- ✦ 90 minutes



Materials

- ✦ description of the practices for each group, stickers of two colours, flipchart paper, pens, markers.



Instructions



Physical Exercises “The sun shines at those who..”



10 minutes

1. Ask the participants to sit in a circle. One of the participants stands in the middle and says one personal characteristic or piece of information. If it is true for the others, they must find themselves a new place (for instance, “I like vanilla ice cream”, and everyone who also likes it looks for a new place) whereas the person who was in the middle takes someone’s empty place. The person without chair continues.

There can be an additional condition — you cannot take your neighbour’s seat.



Studying International Practices of Youth Work



80 minutes

1. Explain to the participants that they will study different practices of international trauma informed youth work at this session.
2. Get the participants into four groups. Give each group: the description of practices (cases) and questions for discussion.
3. Work group with the cases. - 30 minutes

Questions to discuss the cases in groups:

- Which of the methods and approaches mentioned in the description have you used to work with young people?
 - How has this practice facilitated development and well-being of young people?
4. Presentation of practices and discussion results — 30 minutes. Explain to the participants that they will form four new groups with at least one representative from each former group where they studied the other countries' practices. In the new groups, they must present the practice they have learnt and the discussion results. After the practices are presented, the following questions should also be discussed:
- What valuable things did I find out from these practices for my work with young people?
 - How can this experience be used in my work?
 - What do I need for this purpose at the personal level and the level of the organisation?

Ask to write down the answers to the last question on the post-its of different colour:

personal-level needs — green;

organisation-level needs — yellow.

Presentation of the discussions in a circle — 20 minutes. Ask each group to sum up what they have been talking about in the group.



Advice to the Facilitator

- ✦ After the participants determine what they need at the personal level and at the level of the organisation, you can invite them to discuss in groups of three how it can be achieved at the personal level and the level of the organisation.



Follow-up Proposals

- ✦ After this session, you can go on to the session of mapping of psychological aid opportunities in the community or follow-up planning.



Additional Information

1. Ankommen_Weiterkommen: impressions and reflections on working with young asylum seekers in Karlsruhe, Germany. Access: https://pjp-eu.coe.int/documents/42128013/128053477/YKB-24_Chapter_3_UKR.pdf/281c5b08-44f7-d0a9-f883-eb7e8ec2e62c



Handouts

✦ CASE 1.

ANKOMMEN_WEITERKOMMEN: impressions and reflections on working with young asylum seekers in Karlsruhe, Germany³³

Author: Johanna Eicken

THE CONTEXT

In 2014, unprecedented numbers of asylum seekers reached Germany. Many of these asylum seekers were under the age of 18, and some of them had travelled on their own. For many of them, experiences of adversity and hardship have amassed over months and years, making general support, as well as support to cope with physical and psychological wounds inevitable. Such support is of particular urgency in the case of children travelling on their own. In all German federal states, in fact, unaccompanied minors seeking asylum receive distinct types of support through the Youth Support (Jugendhilfe). While the obligatory support ensures the minimum protection of these young persons, there are gaps in terms of supporting them within their highly complex life situations. There are various organisations and associations throughout Germany that monitor and stimulate the improvement of services and the filling of gaps in the support of unaccompanied minor asylum seekers. In this text, I aim to reflect upon and draw examples from my work with young asylum seekers through the project Ankommen_Weiterkommen in Karlsruhe, Germany. I introduce the general context within which the project occurs, the project team, the methods and activities involved. I then touch upon a number of topics and examples, drawing on my own reflections of working with these young people.

The Ankommen_Weiterkommen project

The project Ankommen_Weiterkommen (translated as Arrival_Progress from German) came into being in response to the needs surfacing from the practical work done with unaccompanied minor asylum seekers at Parzival School Centre and Parzival Youth Support (Parzival Jugendhilfe) in Karlsruhe, Baden-Württemberg. Besides several kindergartens and schools, the centre also has a crisis unit which caters for the needs of children suffering from stress as a result of experiencing adversity. With its focus upon recovery and the facilitation of self-healing processes, the Parzival School Centre observed that among the unaccompanied minor asylum seekers, psychological stress was particularly high. There was a general feeling that such levels of stress were having a negative effect on the young learners' school performance, social skills and personal development. Parzival Youth Support (Parzival Jugendhilfe) also observed that between school and leisure time in the youth shelters, there would be substantial gaps in age-specific, professional, social and self-reflexive fields of learning and experience. The Ankommen_Weiterkommen project accordingly started off with the aim to respond to this need, and fill the gaps between the support offered by school staff and social workers.

33 [Between insecurity and hope. Reflections on youth work with young refugees, Council of Europe publishing, Chapter 3.](#)

Team, methods and activities

The Ankommen_Weiterkommen project focuses on age-specific and individual development tasks concerning self-reflexivity, social skills and professional orientation. I formed part of a team made up of four practitioners. We are a multidisciplinary team, with knowledge and skills that include agricultural design, asylum and migration, outdoor educational activities, vocational guidance, performing arts, mediation, visual arts and music, among others. The team works with around 50-80 unaccompanied minor asylum seekers and almost all of them are males between 16 and 20 years of age. The main therapeutic and educational methods that were chosen, which were informed by the insights gained by some of the team members into the life situation of newly arrived children and young refugees, were individual counselling in addition to outdoor, theatre and art activities. In practice this means providing individualised one-to-one support in challenging situations, such as may occur in relation to asylum processes, professional orientation, new or challenging life situations. The use of excursions and outdoor activities is meant to facilitate relaxation, connection and fun. These activities include sports, arts, games as well as reaching out to German young people, and organising short excursions to Karlsruhe and other cities to allow for a variety of social settings to be explored. And finally we also use group sessions within the school, actual school lessons at the premises of Parzival School Centre, along with workshops at the youth shelters too, for example to aid civic orientation, reflections on peace and conflict, and opportunities to explore individual means for artistic self-expression. Performances as a result of music and theatre educational processes add another space for self-exploration and social learning. To give some practical examples: As a summer excursion, one of the activities the young men experienced has been canoeing. Body control and co-ordination, personal skills and teamwork are only some of the competences required to manoeuvre the canoe safely. Such an activity further allows for experiencing self-efficacy, relaxation and fun. Theatre provides another important educational practice. The young men were taught theatre methods and wrote and performed their own play on stage. As part of this activity, they could experience and train their ability to use mime, body language and voice consciously. They could reflect upon their strengths and fears within playful interactions and in performance. They could experience themselves and their peers in unfamiliar situations and roles. And of course, they could experience completing a complex creative process (and product) and receiving recognition for it.

✦ CASE 2.

Mental Health & Wellbeing Programme: Copenhagen Youth Project (UK)³⁴

The context:

Copenhagen Youth Project is the non-governmental youth organisation whose mission is to engage and inform children and young people to provide them with choices supporting their individual learning and personal development.

CYP provides a safe, caring, youth-led space for disadvantaged young people where they can learn, develop and build towards a brighter future.

Most of beneficiaries of Copenhagen Youth Project come from the Caledonian and Barnsbury ward, London. This area contains six pockets of poverty which are amongst the 20% most deprived areas nationally. They are currently working with approximately 170 young people, who are broadly divided into three groups:

- Children and young people who are engaged in criminal activity and anti-social behaviour, most of whom are not in employment, education or training (NEET — not engaged in education, employment or training). This group represents approximately 30% of their members.
- Children and young people who may or may not be in education, employment or training but are ultimately unsure of their future. This group represents approximately 40% of their members and is the largest group that they work with.
- Children and young people who are motivated with high aspirations, enthusiasm and a desire to progress through education, training and employment. This group represents approximately 30% of their members.

Mental Health & Wellbeing Programme

Their Mental Health & Wellbeing Programme aims to support vulnerable children and young people to develop positive mental health and wellbeing, at a time when it is needed most.

Team, methods and activities

In 2020 the organisation launched a Trauma-Informed Practice approach to their work to better improve access young people have to emotional, wellbeing and mental health services. Their Youth Workers have undergone extensive Trauma-Informed Practice (TIP) training facilitated by CAMHS. A wide range of young people who attend CYP were surveyed to see, in practice, how their emotional and wellbeing needs were (or were not) being met by CYP. A Trauma-Informed needs assessment was carried out, with the staff analysing in detail the different ways of implementing a Trauma-Informed approach.

From this, the Therapeutic action plan has been developed with account of the trauma-based approach to improve the young people's awareness and experience of wellbeing and seeking support.

³⁴ <http://www.cyproject.org/mental-health-wellbeing-programme>

Within the programme, the Therapeutic Youth Workers support young people by offering consultations in crises, creating the safe space and teaching them how to manage stress and regulation emotions. Self-expression, identity and hobby and life aspiration search workshops as well as creative classes help develop the sense of their own dignity in children and young people. From conversations with young people and reflective practice sessions with youth workers, it's clear multiple young people seek 1:1 support. Therefore, 1:1 work with young people will make up a significant proportion of the Therapeutic Project work. 1:1 work provides for individual meetings between a young person and the Therapeutic Youth Worker to discuss the matters the young person is concerned about, to develop and discuss the personal development plan.

◆ CASE 3.

Dinami Youth Programme (Greece) — Safe Space for Young People³⁵

The context:

Amna³⁶ began as Refugee Trauma Initiative (RTI). The organisation started its operations in 2016 in a tent at the border of Greece and Northern Macedonia and is now developing all over the world. The organisation provides the services that mitigate the effects of a trauma and toxic stress.

The projects often fail to consider the support necessary for teenagers and young people for their future and ignore the key development stages, which can result in negative effects for physical and mental well-being of the youth as well as their integration into the society. In addition to the adequate accommodation, meals and medical services, just like everybody else, young people need a sense of safety and affiliation, but these basic elements of healthy development have been disrupted among the youth who are living in displacement and conflict. Therefore, support of teenagers and young people at this stage can help prevent effects of the negative experience of the young people throughout their life.

Within the youth programme, the organisation works with young refugees and the local youth.

Project

Dinami (which means “authority, power” in Greek) is focused on expanding opportunities and integrating young people by providing free education and support to young refugees and young people from the host community, aged 14 to 25, who live in Thessaloniki and adjacent refugee camps. Dinami combines the experience of Amna in ensuring well-being and support of mental health with training to obtain creative, technical and life skills adapted to the needs of young IDPs under the guidance of the professionals. The intention is to create the collective healing space where one can recover from trauma and revive the feeling of hope and future. All the projects by Dinami are aimed at combining psychosocial aid (healing at the psychological, physiological and spiritual levels), expanding the community and developing knowledge and skills. The projects are focused on offering opportunities and trainings to the communities to enable them to create their own projects and reach their own goals.

Since the programme of Dinami does not have separate premises for its events, the organisation generally cooperates with other organisations and rents their premises for various events. Moreover, since one of the tasks is to establish connections between the refugees and the city and the local community, most activities are conducted all over Thessaloniki: in museums, in the port, at art exhibitions, in cafés, near historical landmarks etc. The events are also organised in and around the refugee camps.

³⁵ <https://amna.org/dinami/>

³⁶ <https://amna.org/about-us/>

Team, methods and activities

The programme is fully managed by the young people: they select the interests and gain knowledge and skills through project management. The organisational team of Dinami has two young people: from the local community and from the displaced community. At the same time, the organisation's team arranges specialised trainings on the essential life skills and offers psychosocial support focused on increasing confidence and developing support networks.

Within the project, we mostly conduct psychosocial support and project training activities. Psychological support helps strengthen protective factors of a human, including the ability to study hazardous and risky situations. It can facilitate physical, emotional and social development of the youth and help restore relations among young people. In the end, psychological support can help the young people regain the sense of control over their own life and affiliation and help establish relations with their family members, friends and the community.

Dinami projects are based on the project training philosophy. The psychological support team joins their efforts with the creative professional to manage the project together, thus helping the participants gain new experience, skills and opportunities for cooperation and entertain. The guiding principle of project training is that people learn better through experience and by resolving real-world issues. Project training gives the trainees a choice and responsibility. It helps unite the trainees with their personal aspirations, passion, skills and resources. It can help them restore the feelings of affiliation, dedication, confidence, belief in themselves and self-respect. There are projects based on more technical skills (for instance, jewellery making projects, tailoring projects, robotic science projects etc.), projects based on creative skills (musical and dancing projects, photography projects, comedy laboratories etc.), and long-term projects (e.g. Football for All, language tandem projects etc.).

The following initiatives are implemented within the project:

Training youth facilitators of Dinami: the training commenced in January for the refugees aged 21 to 30 who wish to become youth facilitators. This training provides for theoretical and practical learning in order to develop the trainees' facilitation skills so that they can manage safe environments with the psychosocial activity in the city.

Dinami School Club: the project which started as a pilot one in the inter-cultural school in Thessaloniki this year, which includes weekly psychosocial support for pupils in the classes where refugees study, in order to reduce the level of withdrawal from school and to ensure better inclusion of pupils into the class.

Dinami Girls Club: the permanent project (for young women only) within which we meet in different areas of the city (once a week) and conduct psychosocial activities, entertainment as well as discussions of different themes of interest for young women.

Dinami Friends: the permanent project within which we meet in different areas of the city (once a week) and conduct psychosocial activities, entertainment as well as discussions of different themes of interest for the youth.

Football for All: we run the football campaign "Football for All" every month. The purpose of Football for All is to enable the participants from different parts of Thessaloniki to get together for three hours, to get acquainted, to play football, to have fun and to create the community.

In 2020, the organisation thoroughly analysed and assessed Dinami programme to make sure that it met the needs of young people. It was established that the people expected the following from the programme:

- leisure and distraction from ordinary life in a safe location;
- working experience, development of skills and support in employment;
- working with feelings and traumatic experience by means of the art therapy;
- participation in the projects that are easily accessible, for instance, organised in the refugee camps;
- connection with their own culture and identity and other cultures;
- creation of communities and meetings with other people who share their experience.

Since Greece is a transit country, the project participants are not stable, which may cause lack of balance in the group and complicate the group dynamics. Moreover, due to the very high air temperature in summer in Greece, the participants are reluctant to join outdoor activities and get bored. In the end, a large distance between the camp and the city centre is another problem mentioned in the feedback to the team, which needs to be resolved in the future.

✦ **CASE 4.**

Time Out Project — Improving Wellbeing of Children and the Youth (UK)

The context

Healthy Minds is the operating name of Calderdale Wellbeing, the charitable mental health organisation located in Halifax, West Yorkshire. The organisation defines mental health not only as no suffering, but also as the wellbeing condition in which everyone unlocks their potential.

The organisation implements Time Out Project for the children and youth in Calderdale. The project has its own website (<https://www.timeoutcalderdale.co.uk/about-time-out.html>) where information on events and updates is published regularly.

Time Out Project

Time Out gives the young people aged 10 to 19 access to different activities: arts and crafts, sports and active leisure, singing and drama. Young people are a driver of the project aimed at helping them find themselves to feel good.

Team, methods and activities

Time Out holds regular events and workshops for the youth, with the focus on the young people's access to interesting activity during the school holiday. The project also holds educational workshops on mental health in the local primary and secondary schools to help raise awareness and get rid of stigmatisation of the themes associated with emotional wellbeing.

There is a number of volunteering opportunities for the adults who support seminars and events. They are young people who have experienced mental disorders or challenges for their wellbeing and who can sympathise and understand the challenges faced by the young people today. They take part in developing and holding various project activities.

Time Out offers free educational seminars on mental health all over Calderdale, in schools and public places.

The interactive seminars increase the participants' awareness of mental health, stigmatisation and discrimination that can be faced by the people with mental health issues. The contribution by the people with an immediate experience of mental disorders is an important element of the workshops; such participation reduces stigmatisation and encourages a positive dialogue.

The project website is another tool that helps support emotional wellbeing of young people. At the website, the young people can join the online activities:

- Celebrating Uniqueness — a young person can upload the photo that shows his or her uniqueness.
- 'Growing Together' Digital Tree — the online tree to which young people can add their leaf by writing "What do you need to grow?", "How can you help others grow?"
- Ideas to maintain physical health.

Psychological Aid Network in the Community



Competencies

- ✦ knowledge of different labour functions of a youth worker and a psychologist;
- ✦ understanding the difference in professional responsibilities of a youth worker and a psychologist;
- ✦ ability to refer a person for professional psychological aid;
- ✦ analysing the network of professional psychological aid in the community;
- ✦ evaluating the limits of psychological aid in the youth worker's activity.



Prerequisites

- ✦ no requirements



Period of implementation

- ✦ 90 minutes



Materials

- ✦ flipchart, paper for the flipchart, coloured markers, adhesive tape, Internet; the participants might also need devices for Internet access (laptop or mobile telephone).



Instructions



Mapping Psychological Aid in the Community



60 minutes

1. Get the participants into the groups where everyone would represent the same community (if all the participants are from the same community, organise them into several groups randomly).
2. Ask each group to recollect all the mental initiatives they know in their community and to visualise them on paper. Ask the group to specify:
 - title of the initiative;
 - type (governmental, non-governmental etc.);
 - target audience (general public or youth);
 - forms of aid (offline, online, by telephone etc.).

Suggest that the groups should look up information on the Internet, if necessary. Time for the exercise — 30 minutes.

3. After the time is over, ask the groups to present their results. When the initiatives are presented, suggest that the other groups should think/say whether their community has the initiatives equivalent to the ones described by the other groups. Duration of the presentation and discussion — 30 minutes.

Discussion

 25 minutes

Questions for discussion:

1. How do you feel after the exercise and the work group?
2. Was it easy to recollect the initiatives?
3. Were all the group members aware of the initiatives?
4. Do the group results differ? Why?
5. In your opinion, do the existing initiatives in the community and at the Ukrainian level cover the needs of the youth?
6. What role does your organisation (youth centre etc.) play among all the initiatives providing psychological aid?
7. Does your organisation have the “system for referring” young people to other initiatives, organisations and institutions?
8. What could your organisation do to establish interaction with other initiatives that provide psychological aid?
9. What could you do to raise awareness of young people of the psychological aid initiatives in the community?

Presentation of the Psychological Aid Initiatives

 5 minutes

Present the initiatives that provide psychological aid to the youth (for instance, **List of Useful Contacts**). Pay attention to the fact that the participants will get separate handouts with the list of the initiatives offering support during the war. Emphasise that any information on psychological aid must be verified before it is forwarded to young people or other professional communities. For this purpose, they can contact the organisation and ask about its services and working hours.



Advice to the Facilitator

Monitor the dynamics during the group work. If you notice the group is “stuck” and cannot remember the existing initiatives, ask probing questions (e.g. “Is the psychological aid provided by the social services in your community?”, “Does your community have “psychoneurological facilities that offer psychological aid?” etc.).

It is important to say that:

- Providing of psychological aid by workers of the youth centre is not the main purpose of its existence, but support of the youth, including psychological one, when necessary, is an integral part of the youth work. Remind them of Competence 1.5. “Demonstrate openness in discussing young people’s personal and emotional issues when raised in the youth work context”, which is described in the Council of Europe Youth Work Portfolio³⁷.
- The workers should have the understanding of where a young person can be referred where necessary to get professional psychological aid. At the same time, youth centres should without limitation develop partnership with the other initiatives, organisations, institutions etc. that support the youth.



Follow-up Proposals

- ✦ After the session, you can discuss the role of the participants’ organisations (youth centres, youth council etc.) in coping with the stress, crisis and trauma experienced by the young person, or go on to any other training session.



Additional Information

1. Council of Europe Youth Work Portfolio. Access : https://mms.gov.ua/storage/app/sites/16/Mizhnarodna_dijalnist/Rada_EU/pdf-ukr-text-portfolio.pdf
2. Basic Work with Trauma. Access : <https://rm.coe.int/ptsd-ukr/1680a0a10b>
3. The Guide “Traumatic Events: Psychological Support and Self-Care”. Access: <https://rm.coe.int/traumatic-events-ukr/1680a765d4>

37 Council of Europe Youth Work Portfolio <https://decentralization.gov.ua/uploads/library/file/331/pmr.pdf>



Handouts

✦ LIST OF USEFUL CONTACTS (EXAMPLE)

Human Rights Defence Non-Governmental Organisation “La Strada Ukraine”

The organisation works to ensure gender equality, to prevent gender-based violence, including domestic violence, and human trafficking. Moreover, they support children, teenagers and students who have found themselves in challenging life situations. Adults can consult psychologists, lawyers, social workers and educators regarding the situations associated with children and violation of their rights.

Assistance is provided 24/7, on an anonymous and confidential basis.

Support can be granted by the **National Hot Line** at 0 800 500 335 (from the mobile or landline telephone) or 116 123 (from the mobile telephone).

The **National Hot Line for the Children and Youth** works at 0 800 500 225 (from the mobile or landline telephone) or 116 111 (from the mobile telephone).

Assistance is also provided **in electronic format** on the pages in [Instagram](#) та [Telegram](#).

Psychological Support Project “Poruch”

PORUCH Project includes online and offline psychological support groups for teenagers and parents whose ordinary life has been broken by the war. The psychologists work to make sure that everyone's experience will not turn into the irrecoverable lifelong trauma. PORUCH is the joint project of the Ministry of Education and Science, the UN Children's Fund (UNICEF), the Ukrainian Institute of Cognitive and Behavioural Therapy, and NGO “Ukrainian Public Centre “Volunteer”.

More information at: <https://poruch.me>

Emotional Support Hot LINE by the International Organisation for Migration

It is important to take care of yourself now. This is the only way to take reasonable decisions, to act carefully and to help not only yourself, but also your relatives in cases of uncertainty and crisis. Psychologists can help you learn how to accept the new reality and start to recover your life.

Do not ignore your emotions: fear, sadness, hatred or despair. They will not disappear and will affect your mental and physical condition day by day.

Call the Emotional Support Hot Line by the IOM at 0-800-211-444 and get one or a series of consultations from professional psychologists right now.

The hot line is free and anonymous and works 9 to 6 on work days and 10 to 5 on days off (Kyiv time). Consultations are given in English, Ukrainian and Russian.

Lifeline Ukraine

It is the Ukrainian hot line which was established in the first place to render crisis psychological aid to the veterans and their family members and then to all the citizens of Ukraine.

The principal activities include prevention of suicide, psychological support of mental health during the crisis (difficulties in relations, losing a job, depression etc.). The organisation provides information and crisis remote consultations. Moreover, the specialists of Lifeline Ukraine offer emotional support, which is most often needed by persons with disabilities.

Assistance is provided 24/7 at the short telephone number 7333 or via the text chat consulting on [Facebook](#), [Telegram](#) and on the website of [Lifeline Ukraine](#).

Information on Psychological Aid during the War³⁸

1. Vinnytsia Region <https://vinps.vn.ua/?p=2901>
2. Volyn Region <https://www.facebook.com/HELP.VOCSPD/> (Facedook)
3. Dnipropetrovsk Region http://centrpsiholog.blogspot.com/p/blog-page_26.html
4. Donetsk Region <https://dnmcp.com.ua/25-03-2022-uchast-v-onlayn-naradi-dnuimzodlya-dyrektoziv-oblasnykh-navchalno-metodychnykh>
5. Zhytomyr Region https://www.zippo.net.ua/index.php?page_id=564
6. Zakarpattia Region <http://zakinppo.org.ua/kafedri/kafedra-pedagogiki-tapsihologii/publikacii-vikladachiv/6904-psihologija-vijni>
7. Zaporizhzhia Region https://centrpsiholog.blogspot.com/p/blog-page_26.html
8. Ivano-Frankivsk Region <https://www.ippp.in.ua/predmety/ocppsr/index.php?r=site/index>
9. Kyiv Region http://bilatserkva-cppsvr.kiev.sch.in.ua/krizove_reaguvannya/
10. Kirovohrad Region <http://koippp.in.ua/ppsr/>
11. Luhansk Region <http://loippp.edu.ua/psychological-service/news/6528-pershapsykhologichna-dopomoha-liudiam-iaki-perezhyly-kryzovu-sytuatsiiu>
12. Lviv Region <http://loippp.lviv.ua/news/List-vchitel-v--tal-yskoi--stor-i-do-ukrainskihkoleg-publication/>
13. Mykolaiv Region <https://moippp.mk.ua/novyny/plyve-kacha-i-anhely-letiat/#more5862> <https://www.facebook.com/moippp.official/> (Facedook)
14. Odesa Region <https://ppko.odessaedu.net/> <https://www.facebook.com/946471355557467/posts/1811977629006831/> (Facedook)
15. Poltava Region <http://pano.pl.ua/pidrozdily/tsentr-praktychnoi-psykhologii-isotsialnoi-roboty> <https://www.facebook.com/poippp> (Facedook)
16. Rivne Region <http://rosvita.rv.ua/2013-09-10-06-10-48.html>

38 According to Annex 2 to Letter of the Ministry of Education and Science No. 1/3737-22 dated 29.03.2022 "On Ensuring Psychological Support of Participants of the Educational Process during the Martial Law in Ukraine". Access: <https://mon.gov.ua/ua/osvita/pozashkilna-osvita/psihologichna-sluzhba>

17. Sumy Region http://nmcps.sumy.sch.in.ua/informaciya_pro_zaklad/ *Temporary problems with the website*
18. Ternopil Region <http://nmcpsr.blogspot.com/>
19. Kharkiv Region http://edu-post-diploma.kharkov.ua/?page_id=9458 *Temporary problems with the website*
20. Kherson Region *The website is temporarily unavailable*
21. Khmelnytskyi Region <https://hoippo.km.ua/?p=5289>
22. Cherkasy Region <http://oipop.ed-sp.net/?q=node/12687> <https://www.facebook.com/groups/1310246369325912/?ref=share> (Facebook)
23. Chernihiv Region https://choippo.edu.ua/?page_id=90 *The website is temporarily unavailable*
24. Chernivtsi Region <http://ippobuk.cv.ua/?p=8637>
25. Kyiv <https://sites.google.com/site/nmcppippo/golovna> <https://www.facebook.com/groups/124176988169440> (мережа Facebook)
26. State Scientific Institution "Institute of Education Content Modernisation" <https://imzo.gov.ua/psychologichnyj-suprovid-ta-sotsialnopedagogichna-robota/materialy-dlia-vykorystannia-v-roboti-pid-chas-voienykh-diy/>
27. Ukrainian national and Methodological Centre for Practical Psychology and Social Work of the National Academy of Educational Sciences of Ukraine <https://psyua.com.ua/> <https://www.facebook.com/UNMCPSPSR> (Facebook)

The hot line is **free** and **anonymous** and works 9 to 6 on work days and 10 to 5 on days off (Kyiv time). Consultations are given in English, Ukrainian and Russian.

Forms and Methods of Work with Young People



Competencies

- ✦ applying the knowledge of trauma in youth work;
- ✦ evaluating and revising the forms and methods youth work with account of knowledge of trauma.



Prerequisites

- ✦ before the session, the participants must develop an understanding of trauma informed youth work.



Period of implementation

- ✦ 90 minutes



Materials

- ✦ A4 paper, flipchart, flipchart paper, markers



Instructions



Recollecting the Previous Day



10 minutes

Welcome the participants and ask them to share what they remember from the previous training day. Ask everyone to say one thing in a circle, without repeating what has already been said.



Brain Storming the Forms and Methods for Working with Young People



20 minutes

Invite the participants to the joint brain storm for the forms and methods that can be used by them as youth workers in their work with young people to share the knowledge and skills they have gained during the training.

Remind them of the brain storm rules:

1. Each idea has the right to existence.
2. No judgement.
3. The more ideas, the better.

They can be put down on a sheet of drawing paper and placed so that all the participants will see them.

i **Assessing the Forms and Methods for Working with Young People** **🕒 60 minutes**

Explain to the participants that they will now discuss these forms and methods according to their effectiveness in using them for different age groups.

Write down the age groups on A4 sheets:

- 14 – 17
- 18 – 22
- 23 – 29
- 30 – 35

Ask the participants to make the groups based on the age category with which they would like to work. Note that the groups must be of up to seven persons.

Invite the participants to sit down together with their group. Explain that their work will be made of two stages:

Stage 1.

Analyse the forms and methods proposed during the brain storm from the point of view of your age group and effectiveness of coverage of the theme. For this purpose, the groups are suggested to rate each from 0 to 10 and discuss the score with the questions “Why not 0?” and “Why not 10?”. Then ask the groups to determine at least three methods that have received the highest score.

Give the participants fifteen minutes to complete the first stage.

Stage 2.

Ask the participants to invite three selected methods in their groups and answer two questions about using this method/form:

- What for?
- How?

They have twenty minutes for this stage.

After the second stage is over, invite the groups to the presentation in a circle, up to three minutes per group.

After the group presentations, start the discussion. Questions for discussion in a circle (10 minutes):

- What did you like most about the proposed ideas?
- What can you already organised with young people?





Advice to the Facilitator

- ✦ If there is any difficulty generating ideas during the brain storm, ask the participants to recollect which forms and methods are used during this training or use the Handouts.



Follow-up Proposals

- ✦ After this session, you can go on to follow-up planning.



Additional Information

1. On the Methods for Educational Activities in Compass: Manual for Human Rights Education with Young People. P. 61 - 69. Access: <https://rm.coe.int/compass-2020-ukr-yfdua/1680a23873>
2. Youth Work: Questions and Answers: Educational Guidelines for the Specialists Working with the Youth. Kyiv: State Institution "State Institute of the Family and Youth Policy", 2020. P. 50 - 54. Access: <https://dismp.gov.ua/wp-content/plugins/download-attachments/includes/download.php?id=4543>



Handouts

✦ FORMS AND METHODS OF WORK WITH YOUNG PEOPLE (SOME EXAMPLES)

<p>FORM/METHOD Distributing bracelets with Four Elements Protocol among young people</p>	
<p>DESCRIPTION Make bracelets with the names or symbols of Four Elements Protocol</p>	
<p>ADVANTAGES In a crisis, this bracelet can be a good reminder of the actions necessary to improve your well-being, to regain control over your body, to reduce the impact of distress and, therefore to recover the ability to act and make decisions.</p>	<p>DISADVANTAGES Using this bracelet without training on how to use the protocol and practice of skills will be of no help.</p>
<p>FORM/METHOD Conducting workshops and trainings on the first psychological aid, self-recovery practices</p>	
<p>DESCRIPTION This form of group work ensures active participation and creative interaction of the participants with each other and with the trainer.</p>	
<p>ADVANTAGES During the training or workshop, young people gain necessary knowledge and skills. They can practice different techniques.</p>	<p>DISADVANTAGES The number of participants is limited.</p>

FORM/METHOD Infographics, posters, leaflets	
DESCRIPTION Infographics, posters, leaflets are a package of images, charts and minimum volume of text, which makes the overview of the theme easy to understand.	
ADVANTAGES Infographics, posters, leaflets enable visually understandable presentation of information. Infographics can be distributed on different platforms for young people.	DISADVANTAGES Infographics, posters, leaflets are a tool that helps increase awareness and provide information, but it does not provide for developing young people's competencies in the specific sphere or area.
FORM/METHOD Lecture	
DESCRIPTION A lecture is an academic form that enables studying theoretical material or information.	
ADVANTAGES A lecture allows presenting information and gives discussion opportunities.	DISADVANTAGES By its format, a lecture is focused on broadcasting knowledge and is a passive learning form, which does not ensure development of young people's competencies.
FORM/METHOD Videos	
DESCRIPTION Videos present information.	
ADVANTAGES Videos are a good visual tool via which necessary information can be presented in a clear manner. It can be a good tool to share information and raise awareness.	DISADVANTAGES It is a passive learning form. It is important to have an opportunity to discuss a video with young people for better impact.

FORM/METHOD Art therapy workshops	
DESCRIPTION Art therapy is the methodology based on art and creativity.	
ADVANTAGES Different forms of art can be used for art therapy workshops, and participants can be engaged into activities and interaction.	DISADVANTAGES Additional training or involvement of psychologists is necessary for art therapy workshops.
FORM/METHOD Personal meetings with young people	
DESCRIPTION Personal meetings between a youth worker and a young person to discuss the questions that worry the young person, to develop and discuss the personal development plan.	
ADVANTAGES Personal youth work helps determine the young person's needs, develop his or her personal development plan and monitor the development.	DISADVANTAGES Personal meetings with young people do not provide for coverage of the large audience.

Planning Follow-up (Beginning)



Competencies

- ✦ knowledge of trauma informed youth work;
- ✦ understanding the role of youth during stressful events;
- ✦ applying the knowledge of trauma in youth work;
- ✦ analysing youth work with account of knowledge of trauma;
- ✦ evaluating and revising the forms and methods youth work with account of knowledge of trauma.



Prerequisites

- ✦ no requirements.



Period of implementation

- ✦ 90 minutes



Materials

- ✦ flipchart, paper for the flipchart, colour markers, adhesive tape, multicoloured A4 sheets.



Instructions



Identification Problems of the Youth



15 minutes

Get back to the event programme with the group. Ask the participants to recollect what has happened during the event: discussions held and opinions expressed. Give the volunteers an opportunity to say what problems of young people in connection with psychological support under the influence of traumatic events were mentioned during the event (for instance, “young people are unaware of the initiatives providing psychological aid”, “young people do not know any self-care techniques for a crisis” etc.). Record the answers on the flipchart.



Problem Tree



20 minutes

1. Explain to the participants of the event that they are going to generate ideas to resolve young people’s problems in the field of psychological support under the influence of traumatic event in their community. Then they need to select one of the problems to

process. Ask the participants to make groups based on the problems they will consider. Give them up to five minutes to make groups.

2. Ask the groups to reflect upon their problem by answering the questions:
 - How do you know this problem exists?
 - How is it displayed?
 - What are the causes of this problem? (select three to four causes).

You can suggest work with the Problem Tree method to the groups³⁹. Give the groups fifteen minutes to perform this task.

Problem Tree Method

The Problem Tree is a common method that helps understand an issue deeper. The tree trunk is the problem. The causes of the problem are roots, and consequences of the problem are branches. The questions for discussion for the roots and determination of causes sounds like this: "Why does this problem exist?" For the branches — "What happens if this problem is not resolved?"

Looking for Solutions

 20 minutes

1. Ask the groups to think what they can do after the training to resolve the young people's problems in the area of psychological support under the influence of traumatic events. Say that the proposed ideas must meet the following criteria:
 - they are aimed at resolving the young people's problem with their participation at all stages of implementation of the idea;
 - they take the causes of the problem into consideration;
 - they are not too costly;
 - they can be implemented within the activities of the organisation represented by the participants (the youth centre or the youth council etc.).

Suggest the group work with the brain storm method and then discuss the ideas.

They have fifteen minutes for this stage.

2. Suggest that the groups agree upon the follow-up activity: whether every group member continues to work and develop one common idea to be implemented by each member, whether each member is free to select some of the group ideas to develop and implement. In the second case, the participants work individually, but they can turn to other members of their mini-group for advice while working. They have five minutes for this stage.

39 Bookmarks, p. 108 – <https://rm.coe.int/16806f9aec>

Developing Ideas

 **35 minutes**

Ask the groups to start elaborating their idea. For this purpose, each group has to answer the questions:

- What do we want to change? (problem, challenge)
- What will change in the young people's life after our idea is implemented? (the most specific impact)
- How will this change resolve the problem?
- Who is the idea directed at? (target group)
- What will be done? (idea, activities)
- Duration of implementation? (implementation term)
- How will young people participate in implementation of the idea at all stages: preparation, implementation, evaluation?
- How is "Do No Harm" principle taken into consideration?
- What is needed to implement the idea? (resources)

They have thirty-five minutes for this stage.



Advice to the Facilitator

- ✦ During the session, be flexible about time management: see how the groups work and add time for certain stages of the exercise where necessary. Tell the participants that they can always return to their previous stages.
-



Follow-up Proposals

- ✦ After the session, go on to present the results.
-



Additional Information

1. Analyse your project idea by means of the participation project quality criteria. NOTEBOOK ON YOUTH PARTICIPATION FOR YOUTH CENTRES, p. 28 - 31. Access: <https://rm.coe.int/notebook-on-youth-participation-for-youth-centres-yfdua/1680a4e8a8>



Handouts

Idea to resolve the young people's problem in the field of psychological support under the influence of traumatic events:

- What do we want to change? (problem, challenge)
- How do we know this problem exists?
- What will change in the young people's life after our idea is implemented? (the most specific impact)
- How will this change resolve the problem?
- Who is the idea directed at? (target group)
- What will be done? (idea, activities)
- What is the duration of implementation? (implementation term)
- How will young people participate in implementation of the idea at all stages?

Youth participation criteria connected with different project stages	Score (0 to 5)	Justification of the score
Young people are involved into creation of the project		
Young people are involved into preparation of the project		
Young people are involved into dissemination of information on the project		
Young people are involved into implementation of the project		
Young people are involved into evaluation of the project		
Young people are involved into follow-up monitoring of the project		

- How is "Do No Harm" principle taken into consideration?
- What is needed to implement the idea? (resources)

Planning Follow-up (Continuation)



Competencies

- ✦ knowledge of trauma informed youth work;
- ✦ understanding the role of youth during stressful events;
- ✦ applying the knowledge of trauma in youth work;
- ✦ analysing youth work with account of knowledge of trauma;
- ✦ evaluating and revising the forms and methods youth work with account of knowledge of trauma.



Prerequisites

- ✦ determining needs of the youth and generating ideas to satisfy them



Period of implementation

- ✦ 90 minutes



Materials

- ✦ flipchart, paper for the flipchart, colour markers, adhesive tape, multicoloured A4 sheets



Instructions



Identification Problems of the Youth



50 minutes

Ask the groups to present their results. After each presentation, ask the other groups to give their feedback in the following format:

- What did you like?
- What would you change?

Each presentation should last up to five minutes. Calculate the feedback time based on the quantity of presentations.



Feedback Work



15 minutes

Ask the groups to get back to their ideas and discuss the feedback: what they heard, other teams' ideas. If they want, the groups can change their ideas.

General Discussion

 **15 minutes**

Return the groups to the circle. Ask the participants of the event to share their impressions about the work.

Possible questions:

1. How do you feel?
 2. Are you satisfied with the work performed?
 3. Did you have difficulty focusing on the specific problem/need of the youth while developing the idea?
 4. What helped and what hindered the group work?
 5. How do you evaluate feasibility of your idea?
 6. What support do you need to implement the idea?
 7. Would you like to implement any idea generated by another team?
-

Resources of the Council of Europe

 **10 minutes**

Present the available opportunities within the activities of the Council of Europe⁴⁰ and partners that can be used to implement the participants' ideas.



Advice to the Facilitator

- ✦ Calculate the time for presentation of the groups' results and discussion carefully so that everyone will have the same opportunities. Encourage the participants to give their feedback and feel free to share your own experience.
-



Follow-up Proposals

- ✦ After the session, you can go on to summarise the event.
-

⁴⁰ The information from the official page of the Council of Europe Office in Ukraine can be used: <https://www.coe.int/uk/web/kyiv>



Additional Information

1. Official page of the Council of Europe Office in Ukraine. Access: <https://www.coe.int/uk/web/kyiv>
2. European Youth Foundation. Access: <https://www.coe.int/en/web/european-youth-foundation>
3. Support of Pilot Projects by the European Youth Foundation. Access: <https://www.coe.int/en/web/european-youth-foundation/pilot-activity#>



Handouts

✦ N/A

Closure. Completion of Feedback Forms.



Competencies

- ✦ knowledge of the methods for setting educational goals, self-reflection;
- ✦ ability to efficiently manage the time and information, to cooperate with the others in a constructive manner, to remain resilient, and to manage own education and career;
- ✦ analysing own educational progress;
- ✦ evaluating own contribution into the joint process and achievement of the goals set.



Prerequisites

- ✦ no requirements.



Period of implementation

- ✦ 90 minutes



Materials

- ✦ A4 sheets, flipchart paper, association cards, markers, feedback questionnaires, certificates.



Instructions



Recollecting the Training



25 minutes

1. Explain to the participants that you are going to recollect the following during this session:
 - what it was like to work and study during the event;
 - what you learnt;
 - to which extent the training met the participants' expectations.

Explain that you will keep recollecting what happened on each training day, and what the participants remembered best. Say that the participants will work in small groups, and each group will deal with one day from the training programme. They must stage the little performance showing what happened on that day and what they remember best. The performance must be up to two minutes. Prepare A4 sheets with the training day written on each sheet (for instance, day 1, day 2, day 3, day 4, day 5). Place them in the room with some distance in between. Ask the participants to make groups of up to six people next to the day of the programme they would like to recollect now. - 5 minute.

2. Group work — 10 minutes.
3. Group presentation - 2 minutes per group.

Summary. Reflection Stations

 25 minutes

1. Prepare four spaces with different reflection tasks in the room. Invite the participants to attend different spaces that will help them self-reflect the experience gained during the training. Explain what they will be done in each space, and that this space is self-facilitated.

Space 1:

Training impressions — ask the participants to select any association card that reflects training impressions.

Space 2:

What they learnt — ask the participants to write on the common flipchart what they learnt during the training.

Space 3:

Self-reflection and time to themselves — painting the mandala. Put mandalas, pencils and mark pens on the table. The participants can select and paint any of them and then take it home.

Space 4:

Drop the ballast. Ask the participants to put down the things they do not want to take home or they want to destroy on the common flipchart.

Tell the participants that they have twenty-five minutes to attend all the spaces in the free order.


Completing the Evaluation Form

 10 minutes

Explain to the participants that their feedback is of utmost importance for evaluation of the training. Ask them to fill in the feedback questionnaire in ten minutes.

If the electronic questionnaire is used, you can generate the QR code and print or show it on the screen and ask the participants to scan the code and fill in the questionnaire. You can also send links to the questionnaire to the participants' e-mail. If you use a paper version, give out the questionnaires and ask the participants to fill them in.

Appreciation Circle

 15 minutes

1. Explain to the participants that they will now be able to communicate with each participant and express wishes and appreciation for the time spent together learning. Ask them to stand in a circle and says numbers 1 or 2 in turns.

Closure. Completion of Feedback Forms.

Ask the people with number 1 to step into the circle and create the inner circle, and then to face the people in the outer circle. Everyone must have a partner in front of them. Explain that they will have a minute to communicate and express gratitude or wishes.

Then the participants of the outer circle should make a step clockwise and change a partner.

Awarding Certificates and Closing

 **15 minutes**

Ask the participants to take part in awarding certificates.

Give out certificates to the participants so that everyone would have another person's certificate. Suggest that they should find the respective person and award the certificate.

Invite the organisers of the event to make the final speech and close the event.



Advice to the Facilitator

- ✦ If you feel like not having enough time, the appreciation circle and awarding of certificates can be combined by asking the participants to express their wishes and gratitude when they award the certificates.
-



Follow-up Proposals

- ✦ N/A
-



Additional Information

1. Mandala resource. Access: <https://mondaymandala.com/m>
2. Evaluating the Local Workshop or Training. "Curriculum for the Experts of the Council of Europe Project "Youth for Democracy in Ukraine". Project". Access: <https://rm.coe.int/curriculum-draft-youth-for-democracy-in-ukraine/1680a40ea6>
3. Evaluation. T-Kit 6: Training Essentials (p. 96 - 103). Access: <https://pjp-eu.coe.int/documents/42128013/128207003/T-KIT-6-023322-GBR.pdf/5f9a09c0-e69c-93b2-0fd5-fe9fa6f421f3>



Handouts

✦ Post-Training Feedback Questionnaire

Dear participants, the purpose of this questionnaire is to find out your opinion on the preparation, organisation, methodology and practical use of the knowledge gained during the training. We will be grateful for your honesty!

*Mandatory

1. To which extent did the training meet your expectations?* (select 1 to 5 where 1 means “did not satisfy at all”, and 5 means “fully satisfy”)

- 1
- 2
- 3
- 4
- 5

2. To your mind, to which extent was the purpose of the training achieved* (select 1 to 5 where 1 means “was not achieved at all”, and 5 means “was fully achieved”)

- 1
- 2
- 3
- 4
- 5

Please comment on your answer

3. Was the training programme balanced (content and practice)?*

- yes
- no

4. How useful were such techniques for you?*

	not useful at all	rather not useful	neutral	rather useful	very useful
work group					
case studies					
work with information materials					
self-reflection					
work with own resources					

Please comment on your answer

5. Which themes of the training did you find most useful? Please explain why.*

6. Which themes of the training did you find not useful at all? Please explain why.*

7. To which extent did the training programme contribute to your professional development?* (select 1 to 5 where 1 means “did not contribute at all”, and 5 means “fully contributed”)

- 1
- 2
- 3
- 4
- 5

8. Please tick the competencies you managed to develop owing to your participation in the training?* (select 1 to 5 where 1 means “not developed”, and 5 means “developed”)

Competencies	1	2	3	4	5
Trauma informed youth work					
Stress, traumatic event, traumatic stress					
Salutogenic approach to interaction with a person affected by traumatic events					
Stress responses of a human					
Displays of traumatic experience in the person’s conduct					
Principles of legitimation and normalisation in interaction with the people affected by traumatic events					
Self-care and self-recovery during stressful events					

Closure. Completion of Feedback Forms.

Psychological First Aid					
Burnout and compassion fatigue					
Secondary traumatic stress					
Coping strategies and resource channels during stressful events					
"Do No Harm" principle in work with young people affected by traumatic events					
Youth work and psychological aid					

Please comment on your answer

9. To which extent did the members of the group and their contributions helped you during the training?* (select 1 to 5 where 1 means "did not help at all", and 5 means "fully helped")

- 1
- 2
- 3
- 4
- 5

Please comment on your answer.

10. To which extent was the trainers' work consistent with the purpose and tasks of the training and did it contribute to your learning?* (select 1 to 5 where 1 means "did not contribute at all", and 5 means "fully contributed")

- 1
- 2
- 3
- 4
- 5

Please comment on your answer.

11. How would you assess your participation in the training and contribution to the work of the group?* (select 1 to 5 where 1 means “minimum”, and 5 means “maximum”)

- 1
- 2
- 3
- 4
- 5

Please comment on your answer.

12. What do you perceive as your main achievements as a result of participation in the training?*

13. Was the information and organisation support before and during the training sufficient?* If there was not enough support, please explain what you lacked.*

14. Please give your comments and preferences on the organisation and information support of the training.*

15. Any comments you might have.

16. Please specify your age.*

17. Please specify your sex.*

18. If you wish, specify your first and last name.

The idea of this Guide as a methodological basis for training on trauma-informed youth work arose in April 2022 during a series of meetings of youth workers of Ukraine. The meetings were dedicated to discussing current challenges and priorities of youth work during armed aggression of the Russian Federation against Ukraine after 24 February 2022.

This Guide contains the description of the educational programme and relevant sessions for the five-day training for the youth workers. Moreover, the educational programme may be used as an educational kit and adapted to the needs of the audience, the format and available time. Each session constitutes a complete educational module and contains explanations on the preconditions and possible follow-up.

We believe that this Guide will be of use for the youth workers in the youth centres and spaces, youth councils, humanitarian organisations as well as a wide range of professional communities that deal with young people.

ENG

www.coe.int

The Council of Europe is the continent's leading human rights organisation. It comprises 46 member states, including all members of the European Union. All Council of Europe member states have signed up to the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.