

## Review Article

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# The Project Trauma-Informed Practice for Workers in Public Service Settings: New Strategies for the Same Old Objective

<https://doi.org/10.1515/edu-2024-0048>

received June 07, 2024; accepted November 02, 2024

**Abstract:** Many professionals are confronted in their practice with clients who show post-traumatic symptoms (PTS). “Trauma-informed practice” helps professionals recognize, understand, and appropriately respond to the effects of trauma. This work presents the “Trauma-Informed Practice for Workers in Public Service Settings” – TIPS (Erasmus+). The project sought to: (1) increase awareness among professionals about the occurrence of PTS; (2) equip them with skills to identify PTS and reduce barriers related to discrimination; (3) improve the care and support provided; and (4) reflect on innovative pedagogical strategies. This was a distance learning experience aimed at professionals from various sectors, namely education. The project is based on training through new digital spaces and learning tools, combined with strategies of storytelling and teaching practices based on narrativization. The project includes the following final outputs (1) guidelines; (2) a catalog; (3) a resource pack; (4) an interactive e-platform; and (5) a mobile application. The diverse learning opportunities and formats aims to promote new and improved learning strategies, respecting personal preferences and diversity of learning styles, thus ensuring new paths to the “old” objective of effective learning.

**Keywords:** trauma-informed practice, post-traumatic symptoms, TIPS Erasmus+ project, trauma-informed education, digital learning strategies

## 1 Introduction

Mental health is a state of physical, mental, emotional, and social well-being, determined by the interaction of the individual with society (World Health Organization [WHO], 2022). In that interaction, individuals may be exposed to traumatic events, which unfortunately seem inevitable and frequently occur in the contemporary world (Darves-Bornoz et al., 2008). Psychological trauma is a response to an event that a person perceives as a threat to their life or bodily integrity, or that of a caregiver or family member, while the individual’s ability to integrate their emotional experience is overwhelmed. A traumatized person can feel a wide range of post-traumatic symptoms (PTS) both immediately after the event (short-term consequences) and in the long term (long-term consequences), which should be addressed holistically, applying multisectoral approaches that also involve non-health sectors (Mental Health, Human Rights and Legislation Guidance and Practice, n.d.). In most people, an immediate stress reaction is a normal reaction to an abnormal situation and should not be perceived as a weakness. In other words, having PTS does not necessarily mean that a person has a psychiatric disorder such as post-traumatic stress disorder (PTSD) or needs specific treatment provided by mental health professionals. Most of those suffering from these symptoms have short-term experiences that go away. This is known as “natural recovery” or “resilience.” Some people never experience any major problems. This is known as “resistance.” Other people experience problems that do not resolve on their own (Bisson et al., 2010), and PTSD is one potential outcome when this happens. Post-traumatic symptoms in these individuals are not only present but also lead to impairment in functioning across all important areas of life, including family, work, social relationships,

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leisure activities, and more. Therefore, appropriate mental health treatment should be provided.

Post-traumatic symptoms could be present at the level of emotions, thoughts, body, and behavior. Mixed emotions are often more prevalent than singular emotional responses. Common emotional reactions to trauma include fear, anxiety, intense nervousness, irritability, anger, sadness, guilt, and emotional numbness, where individuals may feel disconnected or shut down (Foa, Hembree, & Rothbaum, 2007). Emotional reactions to trauma can vary greatly and are significantly influenced by the individual's memory and experience and are also closely linked to values and core life assumptions (cognitive reactions, thoughts). Trauma can lead to self-defeating ideas, beliefs of personal incompetence, feelings of damage or being different, viewing others and the world as unsafe and unpredictable, and the future as hopeless or foreshortened (Foa & Rothbaum, 1998). While experiencing an emotion, an individual may have bodily reactions. Usual immediate bodily reactions include a racing heartbeat, rapid breathing, a lump in the throat, the need to go to the toilet, sweating palms, and uncontrollable shaking (Rothschild, 2000). Typical post-traumatic reactions at the level of behavior include restlessness, crying, withdrawal, not speaking to others, outbursts of anger or aggressiveness, staring into space, being constantly on guard, avoidance, and increased use of alcohol or drugs (Foa *et al.*, 2007).

As previously mentioned, not all individuals develop PTSD after trauma. A significant number of people exhibit a remarkable capacity for psychological resilience and recover after exposure to traumatic events (Bonanno, 2004). Nevertheless, individuals differ in their ability to use flexible adaptation and effective coping strategies when dealing with stress and trauma (Lecic-Tosevski, Vukovic, Pejuskovic, & Maric, 2018). Approximately 3–7% of the adult population develops PTSD at some point in their lifetime (Kessler *et al.*, 2017). The lifetime prevalence of this disorder ranges between 1.9% (Alonso, Angermeyer, & Lépine, 2004) and 8.8% (Ferry *et al.*, 2015). However, these rates are generally higher in post-conflict regions (Letica-Crepulja *et al.*, 2015). The incidence of PTSD after a traumatic experience is highly variable, with rates ranging from 0 to 100% (O'Donnell, Creamer, Bryant, Schnyder, & Shalev, 2003). The number of individuals in Europe suffering from post-traumatic stress is likely to increase in the coming years due to exposure to new and frequent traumatic events (Schäfer *et al.*, 2018). The COVID-19 crisis has created a complex system of stressors affecting society on multiple levels, including individuals' mental health (Javakhishvili *et al.*, 2020). Notably, high prevalence rates of PTSD symptoms have been reported in healthcare workers (26.9%), individuals with COVID-19 (23.8%), and the general population (19.3%) (Wathelet, D'Hondt, Bui, Vaiva, &

Fovet, 2021). Conflict-related refugee flows and other migratory trajectories are among the most pressing issues discussed at both national and European levels. The prevalence of common mental disorders, such as depression, anxiety, and PTSD, tends to be higher among migrants exposed to adversity and refugees than among host populations (Henkelmann *et al.*, 2020). Natural and human-made disasters (e.g., floods, transportation accidents) are traumatic events experienced by many people and may result in a wide range of mental and physical health consequences. The prevalence of PTSD related to natural disasters is usually lower than that related to human-made events. This prevalence correlates with factors such as education level, serious injury or death of someone close, forced displacement from home, and pre-existing vulnerabilities (Bromet *et al.*, 2016). Factors associated with increased vulnerability are related to personal characteristics, including age, sex, sexual orientation, gender identity or expression, disability, caste, ethnic origin, socioeconomic status, migration or refugee status, and other identity markers (WHO, 2022).

The consequences of these trends are that many professionals from various fields, such as social work, education, law enforcement, and healthcare, encounter clients who experience PTS. While these professionals possess specific expertise in their respective areas, they often lack adequate medical or psychological training to effectively address the needs of individuals suffering from PTS. Trauma-uninformed practices can significantly hinder effective treatment, compromise safety, and exacerbate distress for both clients and professionals (SAMHSA, 2014a). For instance, a teacher who is unaware of the signs of trauma may misinterpret a student's withdrawal or aggression as behavioral issues rather than a response to past trauma. This can lead to punitive measures rather than supportive interventions, further isolating the student and worsening their mental health. In healthcare settings, a medical professional who does not recognize the effects of trauma may inadvertently trigger a psychological response by using invasive procedures without considering the individual's past experiences, resulting in heightened anxiety and distrust of medical care. Similarly, law enforcement officers responding to a crisis may misinterpret a trauma survivor's fear or flight response as non-compliance or hostility, which can escalate an already volatile situation. These examples illustrate how trauma-uninformed approaches can lead to negative outcomes, such as re-traumatization, ineffective treatment, and strained relationships between professionals and clients. For service professionals, it is crucial to receive training in trauma-informed practices, which include understanding the prevalence and impact of trauma, recognizing its signs and symptoms, and implementing strategies that promote safety and empowerment

(Knight, 2015). In summary, integrating trauma-informed care into public settings is essential for improving client and professional outcomes, and creating a more supportive and effective environment for healing and recovery.

## 2 Trauma-Informed Practice

### 2.1 Characterization

The trauma-informed framework originated in the medical field as a patient-centered approach recognizing the impact of trauma on diagnosis and treatment, particularly during the 1970s when the needs of Vietnam War veterans became apparent. In the early '80s, models such as the Sanctuary Model emerged, which guide clinical and organizational transformation by promoting safety and recovery through the creation of trauma-informed communities (Esaki et al., 2013). In 2001, Harris and Fallot articulated TIC as a strengths-based framework for human services, emphasizing that many individuals likely have a history of trauma (Harris & Fallot, 2001). They advocated for a paradigm shift from merely addressing immediate issues to considering individuals' historical trauma and violence. Their vision encourages service settings, such as hospitals and schools, to create welcoming environments tailored to the needs of trauma survivors (Stilerman et al., 2022).

A “trauma-informed approach” recognizes the presence of PTS and the role that trauma has played in an individual's life. Therefore, implementing trauma-informed practices helps service professionals recognize, understand, and appropriately respond to the effects of trauma (Trauma Informed Practice – Guidelines, 2024, <https://training.trauma-informed-practice.eu/guidelines/>).

Trauma-informed practices should be delivered within a multilevel, organizational framework. The Trauma Practice Framework Model serves as a comprehensive guide to understanding how different levels of trauma-informed approaches interact within communities and organizations. This model emphasizes the importance of collective responsibility in addressing trauma, highlighting that everyone, regardless of their professional role, can contribute to a supportive environment. The framework is structured around four key approaches: trauma-aware, trauma-skilled, trauma-enhanced, and specialist interventions. These levels describe the different roles that people may have within a variety of contexts. For example, a community organization may host workshops to educate the public about the effects of trauma; a local health clinic trains all staff, from receptionists to nurses, on recognizing signs of trauma in patients; a social worker provides

intensive support to clients who have disclosed their trauma histories using specialized techniques; and a school implements a program where trauma-informed therapists collaborate with teachers to develop individualized support plans for students who have experienced significant trauma. These examples illustrate how various levels of trauma-informed approaches can be applied in real-life situations to foster understanding, support, and healing within communities and organizations, ensuring a holistic and integrated approach to trauma care. Many people will need support from different levels at the same time, and a person-centered, integrated, and flexible system is vital to maximize its effectiveness (ACE Hub Wales, 2022). Table 1 provides an overview of the multilevel framework for trauma-informed practice.

Table 2 outlines the foundational principles for implementing trauma-informed practice within organizations. These principles are essential for creating an environment that acknowledges the widespread impact of trauma and fosters healing for both clients and staff (SAMHSA, 2014b). They serve as guidelines for creating settings where professionals, families, and individuals who have experienced trauma can work together to develop individualized support plans. This includes employing peer support from those who have experienced trauma themselves, offering empathy and understanding, and redesigning environments to be more calming to ensure individuals feel emotionally safe.

**Table 1:** Trauma Practice Framework Model: Integrating universal and specialist approaches within a trauma-informed system

Trauma Practice Framework Model
1. Trauma-aware is a universal approach that emphasizes the role that we all have as members of society, both personally and professionally, and seeks to raise awareness and understanding. It challenges perceptions that maintain oppression and inequality and highlights that people in all communities have a role to play in preventing adversity and traumatic events, providing community-led responses to the impact of trauma, and supporting resilience through connection, inclusion, and compassion
2. A trauma-skilled approach is embedded within the practice of everyone who provides care or support to people who may have experienced trauma, whether or not the trauma is known about. This applies to most organizations and services, and many working in and with the community
3. A trauma-enhanced approach is used by frontline workers who provide direct or intensive support to people known to have experienced traumatic events within their role and encompasses ways of working to help people cope with the impact of their trauma
4. Specialist interventions may be formal, personalized, and co-produced interventions that are offered within a range of settings, or specialist input to support organizations and systems to be trauma-informed

Note. Adapted from ACE Hub Wales (2022).

**Table 2:** Broad principles of implementation of trauma-informed care

Trauma Practice Framework Model
Safety: A conscious organizational effort to promote physical and emotional safety for all members and clients of the organization
Trustworthiness and Transparency: The organization makes decisions with transparency and fosters the trust of staff and clients
Peer support: Individuals with histories of trauma who are involved with the organization are engaged to be critical resources for support
Collaboration and mutuality: All members of the organization can equally contribute to the healing of individuals impacted by trauma

Note. Adapted from The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014b).

It is crucial to adopt trauma-informed practices across various sectors, as these practices significantly enhance the overall effectiveness of services. By integrating these practices, we can create environments that promote safety, trust, and empowerment for individuals who have experienced trauma. This shift not only helps reduce the likelihood of re-traumatization, but also fosters resilience and recovery. Moreover, trauma-informed approaches enhance collaboration among service providers, leading to more comprehensive and effective support systems. Embracing these practices now can lead to transformative outcomes, making a significant difference in the lives of those we serve (Bloom & Farragher, 2013).

Professionals without healthcare training must learn how to respond when dealing with clients who have psychological trauma by acknowledging and validating their feelings and experiences as normal responses to trauma, helping them understand the emotional impact of their past, empowering survivors to navigate and improve their current lives, and assisting them in recognizing how past victimization influences their present challenges (Knight, 2015). This is particularly relevant to those working in service-based professions, such as public services, namely refugee services, employment services, education, health, the justice system, and social services. However, to reach new and diverse audiences, innovative pedagogical tools and strategies are required. This will be discussed in the following section.

### 3 Education: New Formats and Learning Strategies

#### 3.1 The Need for New Practices

In the ever-changing educational environment, the importance of developing and implementing new pedagogical

strategies cannot be overstated. Innovative approaches are essential to meet the evolving needs of learners, address emerging challenges, and maximize learning outcomes in the twenty-first century.

One of the primary reasons driving the need for new pedagogical strategies is the rapid pace of technological advancement (Papert, 1993). In today’s digital age, students are growing up in a world characterized by constant connectivity, information overload, and rapid technological change. Furthermore, the COVID-19 pandemic has created a range of learning challenges that have highlighted the need for innovative approaches, paving the way for the introduction of digital learning (Amanda, Sumitro, Lestari, & Ibrohim, 2024; Pokhrel & Chhetri, 2021; United Nations, 2020). As such, traditional teaching methods that rely solely on lectures and textbooks may no longer effectively engage and prepare students for the demands of the future workforce (UNESCO, 2017). For instance, in our needs assessment, as will be referred to later, teachers report that students frequently disengage during lengthy lectures, leading to lower learning of the material presented, and that students express difficulty in applying theoretical concepts from textbooks to real-world situations, indicating a need for more interactive and experiential learning opportunities (Beard & Wilson, 2021). Furthermore, the increasing diversity of student populations calls for more inclusive and personalized approaches to teaching and learning (Beard & Wilson, 2021, Gay, 2010). With classrooms becoming more ethnically, culturally, and linguistically diverse, educators must adopt pedagogical strategies that recognize and celebrate this diversity while also providing equitable opportunities for all students to succeed (Banks & Banks, 2019).

Additionally, the shift towards a more globalized and interconnected world underscores the importance of fostering critical thinking, problem-solving, and collaboration skills (Polydorou, Karanikola, & Panagiotopoulos, 2021). In order to thrive in today’s complex and interconnected society, students must develop the ability to think critically, communicate effectively, and work collaboratively with others from diverse backgrounds and perspectives (Amanda et al., 2024).

Moreover, research in cognitive science and educational psychology has highlighted the importance of active, experiential, and inquiry-based learning approaches (Bransford, Brown, & Cocking, 2000). These pedagogical strategies promote deeper understanding, long-term retention, and transfer of knowledge, as students are actively engaged in constructing their understanding of concepts through active learning, hands-on experiences, and exploration (Borrego et al., 2018; Nguyen et al., 2021; Prince, 2004).

As the demand for innovative pedagogical strategies grows in response to these evolving educational needs, the



integration of information and communication technologies (ICT) has emerged as a pivotal factor in transforming traditional teaching methods and enhancing the learning experience, a topic that will be explored in the following section.

### 3.2 Information and Communication Technologies and Digital Technologies

In the current fast-paced digital environment, traditional education methods are being challenged by the emergence of new formats and ICT. Among these innovations, training through new digital spaces and learning tools stands out as a transformative approach that has the potential to revolutionize the educational experience.

At its core, this approach leverages digital spaces and innovative learning tools to enhance the teaching and learning process (Garrison & Vaughan, 2008). These digital spaces can take various forms, including virtual classrooms, online forums, social media platforms, and interactive simulations (Johnson, Adams Becker, Estrada, & Freeman, 2014). By providing students with access to these immersive environments, this approach creates opportunities for collaborative learning, real-world application, and personalized instruction (Laurillard, 2012).

One of the key advantages of training through new digital spaces and learning tools is its ability to transcend the limitations of time and space (Bonk & Khoo, 2014). Unlike traditional classrooms, which are bound by physical constraints, digital spaces offer flexibility and accessibility, allowing students to engage in learning activities anytime, anywhere. This accommodates diverse learning styles and preferences and also enables lifelong learning opportunities for individuals across different stages of life and career (Chaturvedi, 2023). Another advantage is the ability to capitalize on the power of multimedia and interactive technologies to enhance learning outcomes (Mayer, 2009). Through the use of multimedia resources such as videos, animations, and simulations, complex concepts can be presented in a visually engaging and interactive manner, catering to the diverse needs and preferences of learners. Additionally, interactive learning tools such as gamified quizzes, virtual labs, and collaborative projects promote active engagement and knowledge retention among students (Clark & Mayer, 2016).

Moreover, training through new digital spaces and learning tools fosters the development of essential 21st-century skills, such as soft and digital skills (Amanda et al., 2024; Polydorou et al., 2021). By navigating digital spaces and utilizing learning tools, learners not only acquire subject-specific knowledge but also gain valuable experience in

navigating online resources, evaluating information, and collaborating with peers in virtual environments. These skills are increasingly relevant in today's digital society and are essential for success in the workforce and beyond.

### 3.3 Storytelling and Teaching Practices based on Narrativization

In education, teaching practices based on narrativization have emerged as a powerful and effective approach to engage learners, enhance learning outcomes, and foster a deeper understanding of the subject matter. At its core, narrativization involves the use of storytelling techniques to convey information, contextualize concepts, and create meaningful connections with learners (Bruner, 1991).

Storytelling has long been recognized as a powerful tool in education, captivating audiences and conveying complex ideas compellingly and memorably (Bruner, 1996). Its significance as a pedagogical strategy stems from its ability to engage learners on multiple levels, making learning not only more enjoyable but also more effective. First and foremost, storytelling taps into the innate human fascination with narrative (McDrury & Alterio, 2003; Tandon, 2011). From ancient myths and legends to modern novels and films, stories have always been central to human culture, serving as vehicles for transmitting knowledge, values, and experiences from one generation to the next. In an educational context, this inherent appeal of storytelling can be leveraged to capture students' attention and create a meaningful connection with the subject matter. By embedding key concepts within narratives, educators can make learning more meaningful and memorable, enabling students to retain information more effectively.

Moreover, storytelling fosters empathy and emotional engagement (Nussbaum & Schraw, 2007), allowing learners to connect personally with the characters and events depicted in the narrative. By immersing themselves in the story, learners can develop a deeper understanding of complex concepts and perspectives, as well as cultivate empathy and critical thinking skills. Regardless of the style of the stories (e.g., historical anecdotes, literary classics, personal anecdotes) shared by educators, storytelling provides a rich tapestry of experiences for students to explore and learn from.

Furthermore, storytelling encourages active participation and collaboration in the learning process (Kolb, 2014). Rather than passively receiving information, students are invited to actively engage with the narrative, asking questions, making predictions, and reflecting on their own experiences

related to the story. This participatory approach not only enhances retention and comprehension but also promotes a sense of ownership and autonomy in learning.

In addition, storytelling transcends disciplinary boundaries, making it a versatile tool that can be applied across a wide range of subjects and educational settings. Educators can harness the power of storytelling to bring abstract concepts to life and make learning more accessible and relevant to students' lives.

Incorporating storytelling techniques into the classroom can significantly enhance students' engagement and understanding of various subjects. For instance, personal narratives allow students to share relevant stories, fostering emotional connections to historical events. Story mapping techniques help students visualize the elements of a story, while role-playing encourages empathy by allowing them to act out different perspectives. Digital storytelling enables students to create multimedia projects, such as documentaries on environmental issues, combining research with personal narratives. Additionally, storytelling circles facilitate collaborative learning, and story prompts inspire creativity in writing. Peer story exchanges promote listening and comprehension skills, and interactive storytelling engages students in decision-making that affects the narrative outcome. By employing these techniques, educators can illustrate the practical applications of narrativization, enriching the learning experience across various disciplines (Beard & Wilson, 2021; Ohler, 2013; Robin, 2016).

In the project presented below, narrativization and storytelling are promoted through case studies based on real situations that have occurred in various contexts, including health-care, education, justice, police services, migration services, municipal services, and leisure environments. Many of these case studies have also been converted into videos, allowing for creative use and adaptation to different contexts. This approach not only enhances engagement but also facilitates a deeper understanding of the diverse applications of trauma-informed practices across multiple settings.

## 4 Trauma-Informed Practice for Workers in Public Service Settings (TIPS)

### 4.1 Description

In the current global context of an increased number of individuals experiencing PTS, it is essential that professionals, especially those in community-facing roles, become aware

of this critical health issue and are equipped to respond effectively. The TIPS project, funded by the Erasmus+ program, was conceived to provide distance learning materials supporting professionals in acquiring competencies (i.e., knowledge, skills, and attitudes) to identify and deal with people with PTS, as well as to promote self-care. This project was developed by a multidisciplinary team from seven European countries (Austria, Belgium, Croatia, Greece, Portugal, Slovakia, and Slovenia) with expertise in different areas, including mental health, medicine, social work, law and justice, media, adult education, and advanced knowledge and information technology.

The aims of the project were to (i) raise awareness among professionals working in the public sector about the occurrence of PTS; (ii) empower these professionals to identify people with PTS; (iii) promote their inclusion and reduce the barriers associated with discrimination; and (iv) improve the attendance and work provided by professionals in the public sector.

The initial phase of the TIPS project involved conducting a needs assessment of public service professionals in the participating countries, with each country assigned responsibility for specific professional groups. The main objective of this task was to assess the current situation in each partner country regarding the knowledge held by public sector professionals, particularly about (i) PTS and PTSD; (ii) clients' rights and cultural backgrounds; (iii) the stress associated with serving the public and its effects on long-term health; (iv) the positive impact of communication techniques on dealing with the public; and (v) techniques/methods applied to self-care. To this end, methodologies such as online questionnaires, focus groups, and guided narratives were used.

Findings from this task indicated that (i) many professionals are confronted in their work with clients who have PTS; (ii) these professionals have specific professional experience but lack specialized mental health knowledge on how to deal with a person who has PTS; and (iii) these professionals perceive the need to acquire a trauma-informed approach to recognize PTS, as well as the role that trauma can play in an individual's life. Additionally, this study showed that these professionals would like to acquire interpersonal skills and communication strategies to apply in their daily work, including techniques for self-care and boundary-setting.

### 4.2 Project Deliverables

To meet the needs of public sector professionals, training materials have been developed by the TIPS team, namely

guidelines, catalog, and a resource pack (Table 3), which are available on an interactive e-platform and a mobile application (<https://play.google.com/store/apps/details?id=gr.gunet.tips&pli=1>), both created by the TIPS team for this purpose.

The Guidelines aim to provide information and recommendations to enable the application of trauma-informed practices in the public sector. Their goal is to raise professionals’ awareness of PTS, equip them with the skills to identify it in clients, and foster client inclusion. Furthermore, the guidelines stress the importance of self-care and effective communication, empowering professionals to safeguard their well-being while enhancing overall working conditions (Trauma Informed Practice – Guidelines, <https://training.trauma-informed-practice.eu/guidelines/>).

To this end, a range of specialized topics is covered in the guidelines that can help professionals acquire the skills to deal with their clients, especially those suffering from PTS, as well as to help them establish boundaries and practice self-care (Table 3).

The Catalog comprises a set of case studies illustrating the most common work situations that demonstrate how to act or deal with clients suffering from PTS (Trauma Informed Practice – Catalog, <https://training.trauma-informed-practice.eu/catalogue/>) (Table 3). These case studies are based on real cases that occurred in different contexts, such as healthcare (e.g., hospitals), education (e.g., schools, universities), justice (e.g., police, migration services), municipal services, leisure

situations (i.e., libraries, museums, and theaters), and other places such as shops and banks.

The Resource Pack contains e-learning training activities and quizzes related to the specialized chapters of the guidelines and case studies in the catalog (Trauma Informed Practice – Training Materials, <https://training.trauma-informed-practice.eu/training/>) (Table 3). The resource pack functions as a self-learning course or structured training adapted for specific requirements, where 12 topics relevant to achieving the project’s objectives are explored (Table 4).

The interactive e-platform and mobile application are available in the languages of the various partner countries, in addition to English and French. Each partner had the freedom to implement cultural adaptations as necessary, ensuring that the content resonates with local contexts and needs. Furthermore, we are committed to making these tools as user-friendly as possible and have received positive feedback from the target audience. Therefore, in terms of accessibility, we have considered different types of users, including support for multiple languages. We have been continually working to enhance this aspect to ensure that all users can effectively engage with the provided tools.

Additionally, podcasts (<https://training.trauma-informed-practice.eu/podcasts/>) were developed to reflect the themes explored in the guidelines, and videos (<https://training.trauma-informed-practice.eu/videos/>) were created to illustrate some of the case studies available in the catalog (<https://training.trauma-informed-practice.eu/index.php?localize=en>). Furthermore, an interactive platform user guide was created to assist users in navigating the e-platform.

The Trauma-Informed Practice platform for public service workers was introduced to various target groups during multiplier events organized by the seven partner countries. These events aimed to disseminate the project’s products and raise awareness among the target audience

**Table 3:** Comprehensive digital training materials accessible via the Trauma-Informed Practice e-platform

Materials developed within the TIPS project
Guidelines: 8 chapters, addressing topics such as: PTS and PTSD The basics of PTSD, signs and symptoms Implementing trauma-informed practices in public services Importance of communication Acquisition of soft skills and conflict management Principles of reducing stress in service settings Enhancing self-awareness and self-perception Catalog: 36 case studies that can be searched on the e-platform by: Emotional reactions (immediate and delayed) Body reactions (immediate and delayed physical reactions) Thoughts (Immediate and delayed cognitive reactions) Behaviors (immediate and delayed behavioral reactions) Resource Pack: 12 modules Each module has the following structure: objectives, training, quizzes, activities, and references for further reading. The topic of each module is related to the contents presented in the Guidelines and Catalog.

Note. Based on Trauma Informed Practice e-Platform, <https://trauma-informed-practice.eu/online-material/>.

**Table 4:** Overview of topics covered in resource pack modules: A product of the TIPS project

Topics of resource pack		
Communication	Emotional intelligence	Advocacy
Empathy	Resilience	Self-care
Critical thinking	Problem-solving	Personal management skills
Situational awareness	Professional ethics	Cultural competences

Note. Each module offers training, e-learning activities, and quizzes corresponding to the specific chapters outlined in the Guidelines and Catalog.

about improving the quality of services provided to the public, as well as enhancing the quality of life for workers in public service settings. To achieve this, the events focused on sharing information and explored specific chapters of the guidelines, supplemented by case studies (catalog), activities, and quizzes from the resource pack. Feedback from these multiplier events has been very positive, with several institutions expressing interest in applying the project's products to raise awareness among their public service professionals and better prepare them for improved practices.

## 5 Conclusions

Addressing mental health issues, especially those related to trauma, is increasingly recognized as crucial in today's society. The prevalence of PTSD and other trauma-related conditions underscores the need for effective intervention and support mechanisms. The TIPS project represents a significant step toward addressing this need by providing professionals with the necessary resources to recognize and respond to individuals experiencing PTS.

The project's emphasis on trauma-informed practices acknowledges the complex interplay between trauma and individual well-being, highlighting the importance of creating safe, supportive, and empowering environments for trauma survivors. Through the development of guidelines, case studies, and training materials, the TIPS project aims to equip professionals across various sectors with the tools they need to effectively support individuals with PTS.

Furthermore, the project's focus on innovative pedagogical technologies and strategies, such as digital learning tools and storytelling, reflects a commitment to meeting the diverse needs of learners and promotes active engagement in the learning process. By leveraging these approaches, the TIPS project seeks to foster a culture of continuous learning and professional development among public service professionals, ultimately enhancing the quality of care and support provided to trauma survivors.

Moving forward, it is essential to continue advocating for trauma-informed practices and to take concrete steps toward further development. Future research should explore the long-term impact of trauma-informed training on public service outcomes, identifying areas for enhancement and ensuring the sustainability of these practices. Additionally, policymakers should consider integrating trauma-informed approaches into public service regulations and guidelines, ensuring they become a standard part of professional training and operations across sectors. By prioritizing the prevention and treatment of trauma and investing in the training and support of professionals, we can

create more inclusive and supportive communities. To fully realize this potential, further expansion of the TIPS project is encouraged, including the adaptation of training materials for broader audiences, continuous updates based on emerging research, and stronger partnerships with other sectors to promote cross-disciplinary approaches to trauma care.

**Acknowledgments:** We thank all members of the TIPS team and stakeholders for their contributions to the project.

**Funding information:** The project - Project Trauma-Informed Practice for Workers in Public Service Settings - TIPS was Co-funded by the Erasmus + Programme of the European Union (2021-1-BE02-KA220-VET-000034849). Artemisa Does is a researcher of School of Health, Polytechnic Institute of Porto, Porto, Portugal, supported by FCT – Fundação para a Ciência e a Tecnologia [Portuguese Foundation for Science and Technology] through R&D Units funding (UIDB/05210/2020).

**Author contributions:** Artemisa R. Does: Conceptualization (lead); methodology (lead); writing – original draft preparation (lead), writing – review and editing (lead), supervision. Marina Letica-Crepulja: Validation (equal), visualization (equal); writing – original draft preparation (supporting); writing – review and editing (equal). Regina A. Silva: Validation (equal), visualization (equal); writing – original draft preparation (supporting); writing – review and editing (equal).

**Conflict of interest:** Authors state no conflict of interest.

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