

**RESCOM
COMMUNITY
RESILIENCY &
CONTINUITY**



RESCOM

MANUAL

Systemic Methodology for Collective Trauma Management



**Co-funded by
the European Union**



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Systemic Methodology for Collective Trauma Management

**ResCom – Community Resiliency and continuity
for Youth Affected by Crises and Disasters**

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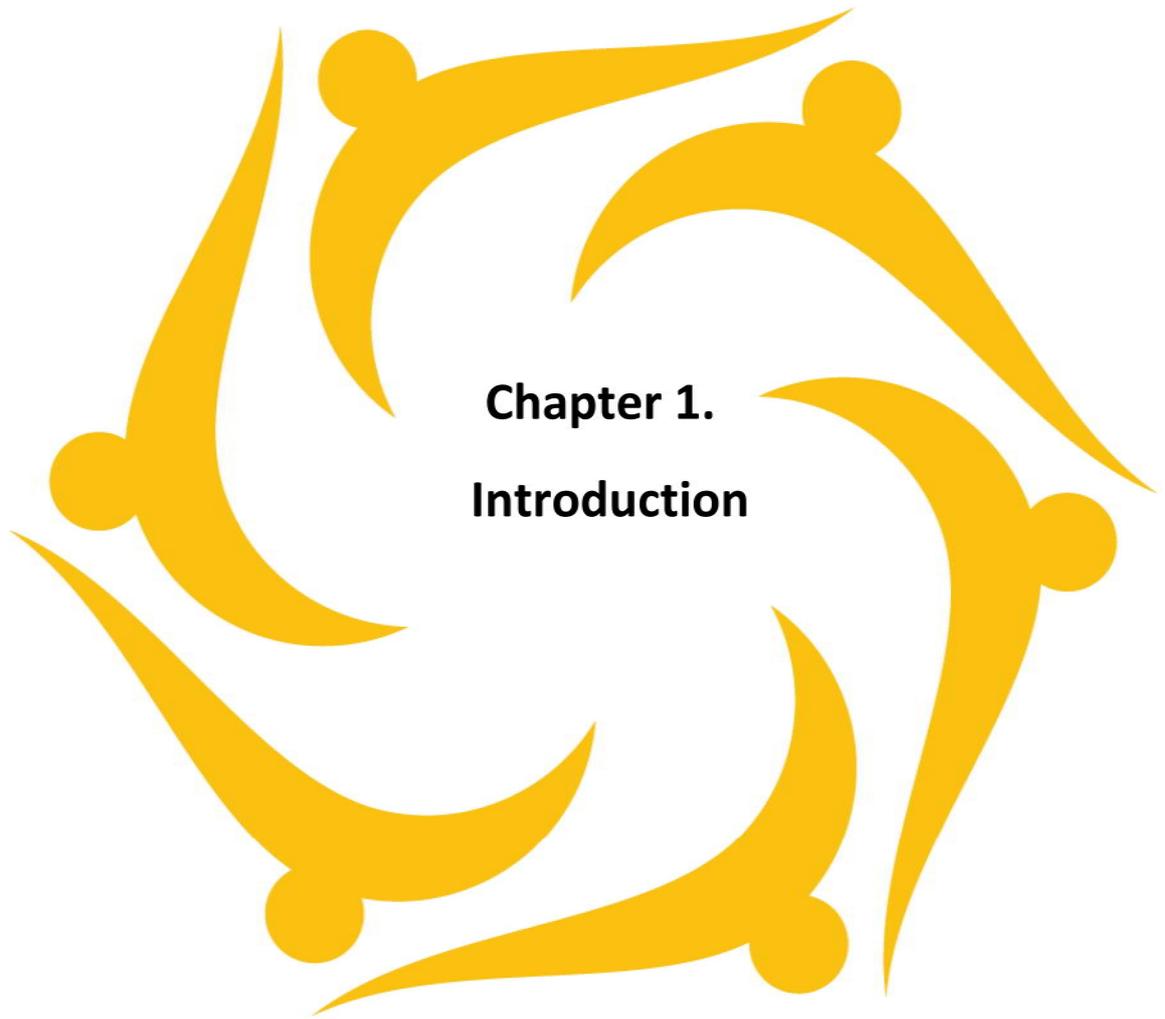
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Chapter 1.
Introduction



1.1 Collective Trauma and Its Transmission to Youth

Theoretical Context



Collective trauma refers to psychosocial wounds experienced by groups of people—communities, cities, or nations—as a result of disasters, crises, wars, or social unrest. It is not confined to individual memories; rather, it concerns a disruption in the relational fabric and the shared meaning that bind members of a social network.

An individual's psyche—particularly that of a young person—is affected not only by the traumatic event itself (e.g., earthquake, wildfire, flood) but also by the breakdown of the fundamental systems of safety: family, school, community, and institutions. The loss of trust in adults, the instability of social roles, and the pervasive sense of futility are core indicators of post-traumatic experience among youth.

From a systemic perspective, trauma does not belong to a single person. It belongs to the network of relationships:

- the child who loses their home,
- the teacher who cannot offer reassurance,
- the community that struggles to reconstruct meaning.

Therapeutic work, therefore, is not limited to the psychological restoration of the young person but extends to the co-construction of a new framework of meaning—one in which the young person can once again see themselves as an active and capable member of their community.

Intergenerational Transmission of Trauma



The intergenerational transmission of trauma refers to the transfer of the effects of a traumatic experience from one generation to the next -not only through narratives or behavior, but also via psychosomatic, neurobiological, and social mechanisms. Experiences of shock, loss, violence, or war lived by parents and grandparents become inscribed in the psyche and the body of their offsprings, creating patterns of

anxiety, guilt, silence, or overprotection that are unconsciously transmitted within the family and social system.

The term was introduced in psychoanalytic and systemic literature through studies on the descendants of Holocaust survivors and was later confirmed in populations that had experienced war, genocide, natural disasters, or mass migration. Today we know that this transmission is not only psychological or narrative, but also biological and epigenetic: chronic parental stress affects cortisol levels, the regulation of the autonomic nervous system, and the functioning of genes related to the fear response. The inheritance of trauma, therefore, is not a memory of an event but a memory of the body and of relationship.

From the perspective of systemic theory, trauma never belongs to a single individual. It belongs to the network of relationships that attempts to contain and manage it. When a family is unable to speak about a loss or a traumatic event, silence becomes a symbolic burden passed on to the descendants, who may “carry” emotions or fears they do not understand—such as anxiety without an apparent cause, a sense of responsibility, or unjustified guilt.

Silencing, overprotection, or overfunctioning are ways in which this unconscious trauma is reproduced.

Forms and Mechanisms of Transmission



Intergenerational transmission manifests through three interconnected levels:

1. **Ψυχολογικό Psychological level** – the narrative gap. When parents suppress or idealize a traumatic past, children perceive the gap in emotional communication and construct their own explanations. The discontinuity of the family narrative leads to identity ambiguity and an “unconscious borrowing” of emotions.
2. **Somatic–neurobiological level** – the body as an archive.  The physiological stress response (fight–flight–freeze) becomes a reaction pattern transmitted through body posture, tone of voice, and breathing rhythm.

A child may learn, without words, that “the world is not safe” simply by observing the constant tension in the parent’s body.

3. Systemic–relational level – the unresolved field. When a family system has not collectively processed its trauma, unresolved emotions act as an “energetic background” that shapes relationships: roles are reversed, some members overfunction, while others take on the “mission” of restoring balance.

Thus, the past continues to act through the dynamics of the present.

Recognition of Intergenerational Patterns



Intergenerational transmission is not limited to families. It also appears in communities that have experienced historical traumas—wars, disasters, poverty, or social exclusion. Collective healing includes rituals of remembrance, public storytelling, theatrical performances, and artistic actions through which trauma is re-narrated with respect and presence. The community becomes a carrier of meaning and hope, transforming the “legacy of pain” into a legacy of care.

Systemic mapping through genograms and ecomaps—techniques that will be described in later sections—is a key tool for recognizing these patterns. The therapist may explore:

- Repetitive events or losses across successive generations.
- Shared emotions (fear, guilt, silence, boundless caregiving).
- Symbolic patterns or phrases that are “passed down” from generation to generation.
- Family myths (“our people never give up,” “you must always be strong”).

Recording these elements is not meant to “identify the one to blame,” but to create a sense of continuity—to show how each member carries something from the whole while also holding the power to transform what has been inherited.

Basic Guidelines for Practitioners



- **Cultivate safety before exploration.** Discussion of family trauma requires a stable foundation of trust; otherwise, it risks triggering defenses or guilt.
- **Use metaphorical language and symbols.** Questions such as “If your family were a tree, who holds the roots and who the branches?” or “Which events have cast a shadow over the roots?” support awareness without provoking direct exposure.
- **Identify resilient patterns.** Beyond the traumatic motifs, seek lines of strength: where the family found support, who maintained care, and which values were positively transmitted.
- **Integrate somatic and symbolic practices.** Exercises such as “I close my eyes and imagine the generations standing behind me” help facilitate conscious detachment from unresolved trauma while honoring its presence.
- **Create rituals of symbolic repair.** This may include writing a letter to an ancestor, lighting a candle, creating a family tree of resilience, or sharing a collective table of remembrance. The purpose is not to “forget” the trauma, but to integrate it as a story that has been told.

Application Example – “The Three Generations of Silence”

In a family group, a grandmother recounts for the first time her experience of displacement in 1922. Her daughter listens in silence; the grandson says, “Now I understand why you’re always afraid when I leave.” This recognition changes the dynamic: the unspoken becomes words, and silence transforms into relationship. The trauma does not disappear, but it ceases to be the determining force.

Reflection for Practitioners

- How does my own family history influence the way I approach the trauma of others?
- Can I listen to the stories of ancestors without carrying their weight myself?
- What does it mean to me to “honor” the past without reproducing its sorrow?
- What ritual of reconciliation could I create within my group or community?



1.2. The Systemic Approach to Understanding and Intervention

Theoretical Context



The systemic approach offers a way of understanding human experience that goes beyond the individual level and embraces the entire network of relationships within which a person lives, learns, grieves, and heals. In times of crisis—natural disasters, social unrest, pandemics—the individual is not wounded only internally. The system of relationships that provides safety, cohesion, and orientation is also disrupted. Trauma, therefore, is not merely a psychological event but a relationship that has been injured.

The systemic perspective invites us to observe:

- how each member responds to the disruption,
- how roles within the family are transformed,
- what new form of balance the system seeks to restore after the crisis.

This viewpoint challenges the classical model of “diagnosing” and “fixing” trauma. Rather than searching for what is “wrong” with an individual, we explore how the system can regain its flow.

Systemic practice thus functions as a therapy of connection:

- connection with oneself,
- connection with others,
- connection with meaning and hope.

Within the framework of collective trauma management, this perspective is crucial. Young people do not only need psychological support; they primarily need environments that rebuild trust, participation, and a sense of role. The systemic approach, therefore, is not merely a therapeutic model—it is a way of organizing community life after a crisis.

Systemic Understanding of Crisis



In times of crisis, the system (family, school, community) temporarily loses its functional homeostasis. Three common patterns of reaction emerge:

1. **Convergence** – members become overprotective and overly involved. Consequently, this suffocating care may restrict the autonomy of young people.
2. **Withdrawal** – emotional or physical distancing among members. In this case, the young person experiences abandonment or guilt.
3. **Reorganization** – the crisis becomes an opportunity for new roles and new forms of cooperation. Here, resilience is born.

The role of the professional is to identify the stage at which the system currently stands and to propose interventions that foster communication, meaning, and connection. Post-crisis therapy is not about “repair,” but about restoring the capacity to create meaning. Words, stories, and small acts of solidarity restore the sense that “continuity exists.”

The therapist functions as a facilitator of dialogue—inviting members of the system to co-narrate their experience, not in order to reach agreement, but to recognize themselves through the diversity of perspectives. Through this process, trauma ceases to be a silent, internal wound and becomes a shared narrative that can be transformed.

Basic Guidelines for Practitioners



- **Map the system:** Who are the people, institutions, and groups involved in the young person’s life? How do they influence and how are they influenced?
- **Work with the community:** Do not focus solely on the individual; bring schools, volunteers, municipal bodies, and educational programs to the table.
- **Strengthen horizontal communication:** Create space for all voices, especially those of young people.
- **Use circular questions:**

- “How do you think it affects your mother when she sees you withdrawing?”
 - “What would your friend say if we asked how they’ve seen you change?”
- Avoid single-person narratives: Trauma is always polyphonic.
- Prioritize connection over understanding: The therapist–client relationship is the first microcosm for restoring trust.



1.3 Interdisciplinary Integration

Theoretical context



The management of collective trauma cannot be the responsibility of a single discipline. The experience of crisis—whether natural, social, or human-made—penetrates every level of human existence: physical, emotional, cognitive, social, and spiritual. No single approach is sufficient to restore the wholeness of this experience.

Interdisciplinary integration is the way in which systemic thinking is expressed in practice. If systemic theory teaches us that every phenomenon is interconnected, then therapy must likewise become an ecosystem of knowledge and action, where different sciences and methods collaborate:

- psychotherapy and counseling,
- education and pedagogy,
- the arts and expressive modalities,
- body-centered practices (breathing, movement, grounding),
- social work and crisis management,
- the community, volunteers, and institutions.

The core principle is that resilience is not built through therapy alone, but through the synthesis of experiences. A child who dances, paints, helps in their neighborhood, or learns to regulate their breathing heals just as much as a child who talks about their trauma in a session. The holistic understanding of human nature unites psychotherapeutic care with bodily experience, learning, and creativity. When this combination is integrated within a collaborative professional framework, it can serve as a protective web against psychological collapse.

The Collaboration Between Psychotherapy and Education



Education is often the first institution to “regain the pulse” of the community after a crisis. The school or learning environment becomes a framework of stability, where young people recover routine, relationships, and a sense of role. Collaboration between psychotherapists and educators is crucial in creating a trauma-informed learning environment:

- where signs of stress, withdrawal, or hyperarousal are recognized,
- where the teacher acts as a regulating presence,
- where knowledge is offered through relationship and acceptance rather than pressure.

In systemic language, the school can be seen as a microsystem of therapeutic coherence—a space where the child “rewrites” their identity not through trauma, but through participation.

Art as a Therapeutic and Communal Act



Art, in all its forms (painting, music, theatre, photography, storytelling), functions as a language before language. In traumatic contexts, where words are often absent, art enables expression without reactivating the trauma. It is a way to give shape to the unspeakable, to transform pain into creation.

The systemic approach to art recognizes that creation does not heal only the individual but also the system to which they belong. A theatrical performance at school, a collective mural, or a shared musical activity can restore bonds, give voice again, and create a shared memory of hope.

Body-Based and Experiential Practices



The body is the first witness of trauma and the last to recover. Young people who have experienced crises often show signs of bodily disconnection (insomnia, tendencies toward hyperactivity or numbness, psychosomatic symptoms).

The body-centered approach—such as breathing techniques, mindfulness, gentle movement, grounding, and yoga—serves as a means of restoring the internal sense of safety.

From a systemic perspective, these practices are considered acts of systemic regulation: when one individual regains rhythm, it influences the regulation of their environment as well. Calm is transmitted—from the psychologist to the young person, from the young person to the family, and from the family to the community.

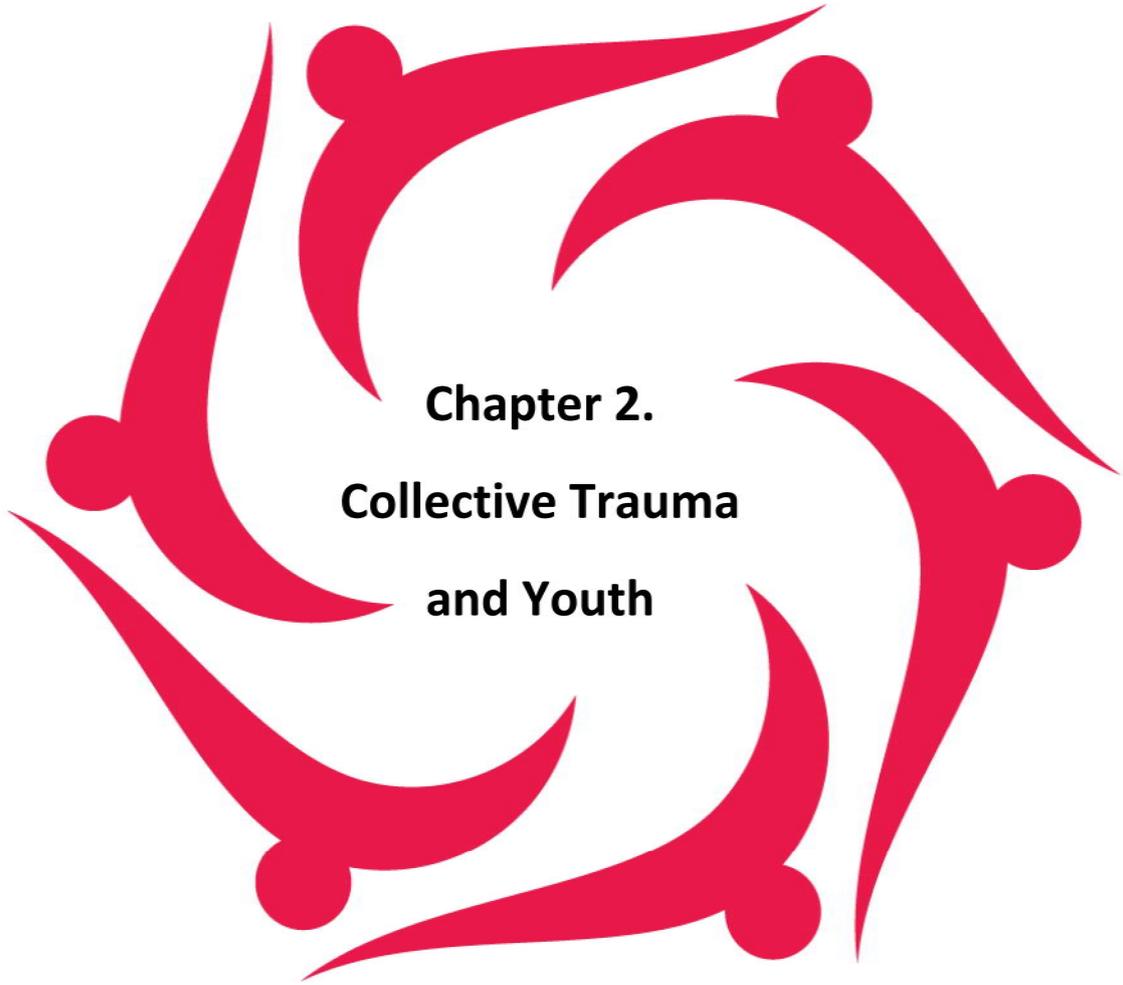
Crisis Management and Social Cohesion



Crisis management is not merely a process of civil protection. From a systemic perspective, it is an act of collective care. Structures of civil protection, volunteers, local organizations, and mental health professionals together form a shared therapeutic field. When the therapist, social worker, teacher, and first responder come together around the same young person, the message received is:

“You are not alone. Society is here—organized and present.”

This message—the presence of the community as a safe environment—has immense healing power. The very organization of care becomes a form of therapy.



Chapter 2.

**Collective Trauma
and Youth**



2.1 Youth 18-30: Trauma as an Experience of Development and Meaning

Theoretical context



Adolescence and youth (ages 18-30) represent a transitional field between childhood dependence and adulthood. The young person experiments with identities, relationships, values, and meanings, while their neurobiological and emotional systems undergo intense reorganization. The experience of trauma at this stage shakes the very core of identity—the certainty that the world is stable, fair, and safe.

Individual and collective trauma in young people is not limited to the memory of an event; it manifests as an interruption in psychological and social development. The inner processes of maturation—self-formation, emotional regulation, relational capacity—freeze at a point where energy is redirected toward survival.

Yet development does not stop; it merely disguises itself. It appears through silence, anger, humor, creativity, or withdrawal. The systemic practitioner must view these phenomena not as resistance but as adaptive mechanisms of an organism searching for safety. After a crisis, young people raise existential questions:

“Why did this happen?”, “What is the point of trying?”, “What kind of person do I want to become?”

These questions are not threats to mental health; they are gateways to meaning-making. When supported within a safe framework, they can become driving forces of self-awareness and maturation. The systemic therapist does not seek to provide answers, but to accompany the young person in renegotiating meaning—through relationships, symbols, values, and creative expression.

The Collective Dimension



When a crisis affects an entire community (e.g., flood, earthquake, wildfire, pandemic), young people experience trauma in reflection with adults. If adults display loss of meaning, confusion, or helplessness, the young internalize the message that the world no longer has stable foundations. What wounds most deeply is not always the event itself, but the system's inability to function as a regulator. The systemic approach, therefore, focuses on reactivating connections—relationships, institutions, groups, and spaces where the young person can once again feel a sense of belonging.

Research on youth who have survived disasters shows that the strongest factor of resilience is not therapy, but active participation in acts of repair (volunteering, artistic groups, caregiving for others). Participation transforms the young person from an “object of help” into a subject of action—from a passive recipient to a co-creator of meaning.

This represents a central axiom of the Systemic Methodology for Collective Trauma Management: Recovery occurs when the young person assumes an active role within the system, and the system recognizes them as capable of contributing.

The Neurobiological and Psychosomatic Dimension



During adolescence, the brain is in an explosive phase of reconnection. The amygdala and the threat-response system are particularly sensitive, while the prefrontal cortex—responsible for emotional regulation and judgment—matures later. As a result, young people experience trauma more intensely on a bodily level, exhibiting heightened arousal, insomnia, rapid heartbeat, fatigue, and vivid dreams. The body remembers before the mind can make sense of it. Somatic work—breathing, rhythm, contact with the environment—serves as the first language of regulation.

Basic Guidelines for Practitioners



- **Focus on regulation and connection before narration.** Young people need physical and emotional stabilization first—sleep, routine, and a predictable daily structure—before they are able to speak about their experiences.
- **Cultivate safe micro-spaces of trust.** Whether it is a classroom, a peer group, or a circle of friends, small stable groups function as “therapeutic islands” within the wider chaos.
- **Encourage creative and symbolic forms of expression.** Painting, music, poetry, humor, and role play allow projection without reactivation of the trauma.
- **Acknowledge the dual experience: loss and resilience.** The question “Despite the loss, what has happened that shows endurance?” opens a space for restoring balance.
 - Use circular and reflective questions: “What changes do you notice in your relationships with friends after the event?”
 - “If your fear had something to tell you, what would it be?”
 - “What part of your life has endured more than you expected?”
- **Reinstate action as a vehicle of control.** Every small action freely chosen by the young person—going to school, helping someone, writing a letter—is a “small victory of control.”

Reflection for Practitioners

- Which behaviors of young people can I reinterpret as messages of need rather than as resistance?
- How can I help the young person see their strength within their vulnerability?
- Which of my own emotions are activated when I witness passivity or anger?
- What does “hope” mean to me, so that I am able to mirror it?





2.2 The Professional Caregiver as an Agent of Systemic Resilience

Theoretical Context



Of Professionals working in crisis settings—psychologists, psychotherapists, social workers, educators, caregivers, and youth counselors—serve as carriers of regulation within wounded systems. Their presence functions as an “antidote to dysregulation”: stability, tone of voice, and predictability of actions become safe anchors for young adults experiencing disorganization.

However, these same professionals are often exposed to conditions of secondary or vicarious trauma. Constant contact with numerous stories of loss, the feeling of “not being able to help everyone,” and prolonged vigilance lead to cumulative fatigue, emotional numbness, and, eventually, loss of meaning.

Professional trauma is not a sign of weakness but an expected consequence of continuous emotional exposure within a crisis context..

Secondary Trauma and Collective Trauma in Caregivers



Caregivers do not merely experience empathic fatigue. Their relationship with those affected makes them participants within the system itself. Through language and empathy, trauma crosses the boundaries between therapist and client, teacher and student, social worker and family. From a systemic standpoint, this means that the professional takes part in the circular flow of pain and resilience. When the professional cares for themselves, they help regulate the system; when they are depleted, the system becomes burdened.

The systemic perspective invites us to view the professional not only as a provider of services, but as a living element of the field—one who equally requires care, awareness, and support. Systemic resilience is not an individual trait but the result of relationships, supervision, and collective co-regulation.

Phases of Fatigue and Restoration



1. Phase of hyperactivation: intense enthusiasm and an urgent desire to help everyone.
2. Phase of disappointment: limited results, fatigue, emotional exhaustion.
3. Phase of disconnection or apathy: numbness, “zero energy,” avoidance of contact.
4. Phase of reflection and re-meaning: acceptance of limits, need for self-care, reconnection with personal values.

Transitioning into the last two phases requires a supportive framework of supervision, reflection, and the creation of “breathing space” for the professional.

Basic Guidelines for Practitioners and Organisations



- **The caregiver as the system’s regulatory instrument**
 - Observe how your own rhythm of breathing, speech, and eye contact influences the environment.
 - When the therapist breathes slowly, the client follows; when the teacher moves predictably, students become calm.
 - Somatic regulation is a tool—not a luxury.
- **Create support circles among professionals**
 - Organize weekly group supervision or co-reflection sessions (systemically, 45 minutes).
 - Format: 5’ check-in – 25’ case discussion – 10’ collective reflection – 5’ closing with a shared phrase, “What do I take with me.”
 - Ground rules: confidentiality, acceptance, non-correction, emotional awareness.

- **Integrate micro-practices of self-regulation**
 - 4–7–8 breathing exercise: inhale for 4 seconds, hold for 7 seconds, exhale for 8 seconds (repeat 2–3 cycles).
 - “Five senses” exercise: identify 5 things you see, 4 you hear, 3 you touch, 2 you smell, 1 you taste — helps bring awareness back to the present moment.
 - Movement: 2 minutes of gentle arm or shoulder movement before or after a session.

- **Reframe the meaning of your professional work**
 - Repeat: “I am not here to save, but to accompany.”
 - Recognize small signs of change: a phrase, a breath, a silence that indicates trust.
 - Seek spaces of mutual support (communities of practice, professional networking).

- **Organize “therapeutic work environments”**
 - Organizations need a therapeutic culture:
 - Breaks between demanding appointments.
 - Flexible hours following crises.
 - Recognition and celebration of small team successes.
 - Promotion of a culture where “asking for help is not shameful.”

Reflection for Practitioners

- When was the last time I felt that the situation was “overwhelming” me?
What do I need in that moment?
- How do I recognize in my body the signs of fatigue or hyperarousal?
- What form of support suits me best (group, supervision, silence, nature, movement)?
- What small ritual can I establish at the end of each day to leave work behind?





2.3 The Community as a Therapeutic System

Theoretical Context



Collective trauma is not healed solely through individual sessions. It is healed—or perpetuated—within communities. When a natural or social crisis strikes a place, not only the material infrastructure collapses, but also the symbolic ecosystem: the rituals, roles, rhythms, and modes of connection. The community, which once served as the “organism” of safety, becomes a system in distress.

The systemic perspective approaches the community as an organism with its own nervous system—it reacts, becomes dysregulated, learns, and recovers. Community leaders, volunteers, and local organizations function as the neural cells of this process: they transmit information, regulate tensions, mobilize energy, and restore meaning. In the collective field, trauma manifests in various ways:

- Social disorganization: breakdown of trust, blame, suspicion.
- Loss of symbolic places: school, town square, church, memorial spaces.
- Suspension of roles: leaders become exhausted, volunteers burn out, citizens withdraw.
- Collective amnesia or fixation on trauma: either silencing or over-attachment to the past.

A community heals when it regains rhythm and narrative—when the past is acknowledged, but the future opens again. This is achieved through acts of reconnection, meaning-making, and participation. The philosophy of collective resiliency does not aim to avoid pain, but to integrate it into a new form of shared life. As Froma Walsh (2016) notes, “resilience is the art of being together despite pain.”

In crisis environments, traditional care systems (health institutions, schools, public services) are often overburdened. The community—its residents, volunteer groups, local organizations—becomes the primary support network. This horizontal care does not replace psychotherapy; it complements and grounds it. From a systemic

viewpoint, three stages of community recovery are proposed: Recognition of trauma and acceptance of loss, ex by public rituals, storytelling, shared memory. Rebuilding relationships and trust, ex through participatory initiatives, small communal projects. Regeneration of meaning, such as by transforming trauma into a collective experience of strength and learning.

As Michael Ungar (2011) states, “resilience is not an individual trait, but the ability of a system to create structures that allow people to thrive, even amid adversity.” In this way, community leaders and organizations can act as systemic coordinators: holding voices in dialogue, encouraging cooperation, and creating spaces for resilient collective storytelling.

Basic Guidelines for Community Leaders and Organisations



- **From passive help to participatory recovery**
 - Key question: “What can we do together?”
 - Include young people, parents, older adults, persons with disabilities, migrants—every voice is a part of the social fabric.
 - Promote community action as a form of care: collective kitchens, tree plantings, public art projects, shared learning activities.

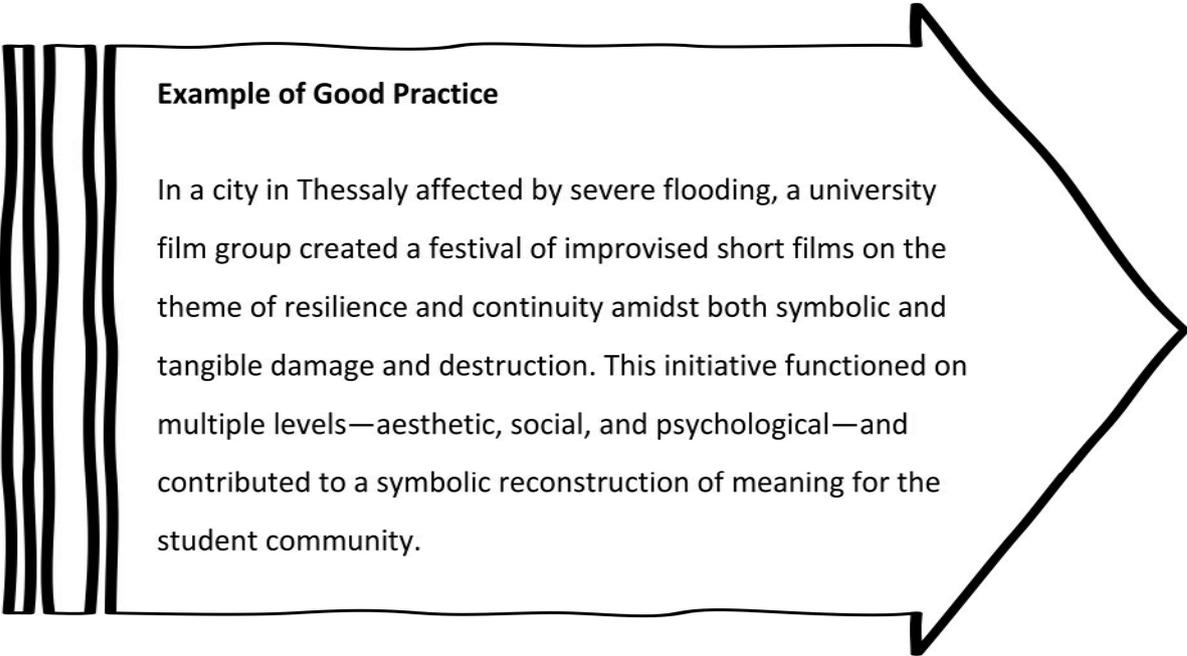
- **Reactivate symbolic spaces**
 - The school, the town square, the theatre, and the sports field are sites of reconnection.
 - Activities in these spaces (e.g., a theatrical performance about life before and after the event) become rituals of social reintegration.

- **Transparency and empathy in leadership**
 - Publicly acknowledge pain and limits. Citizens trust leaders who speak truthfully.
 - Instead of promises, offer frameworks of hope: what is already

working, what small steps can be improved.

- **Networking among professionals and volunteers**
 - Create permanent channels of communication between psychologists, social workers, volunteers, and municipal bodies.
 - Organize systemic reflection workshops (e.g., monthly): joint evaluation of actions, emotional release, planning of next steps.

- **Symbolic communication – rites of passage**
 - Collective ceremonies, celebrations, and acts of remembrance are not luxuries but mechanisms of collective trauma integration.
 - A memorial park, a day of gratitude for first responders, or a celebration of perseverance are acts of healing.



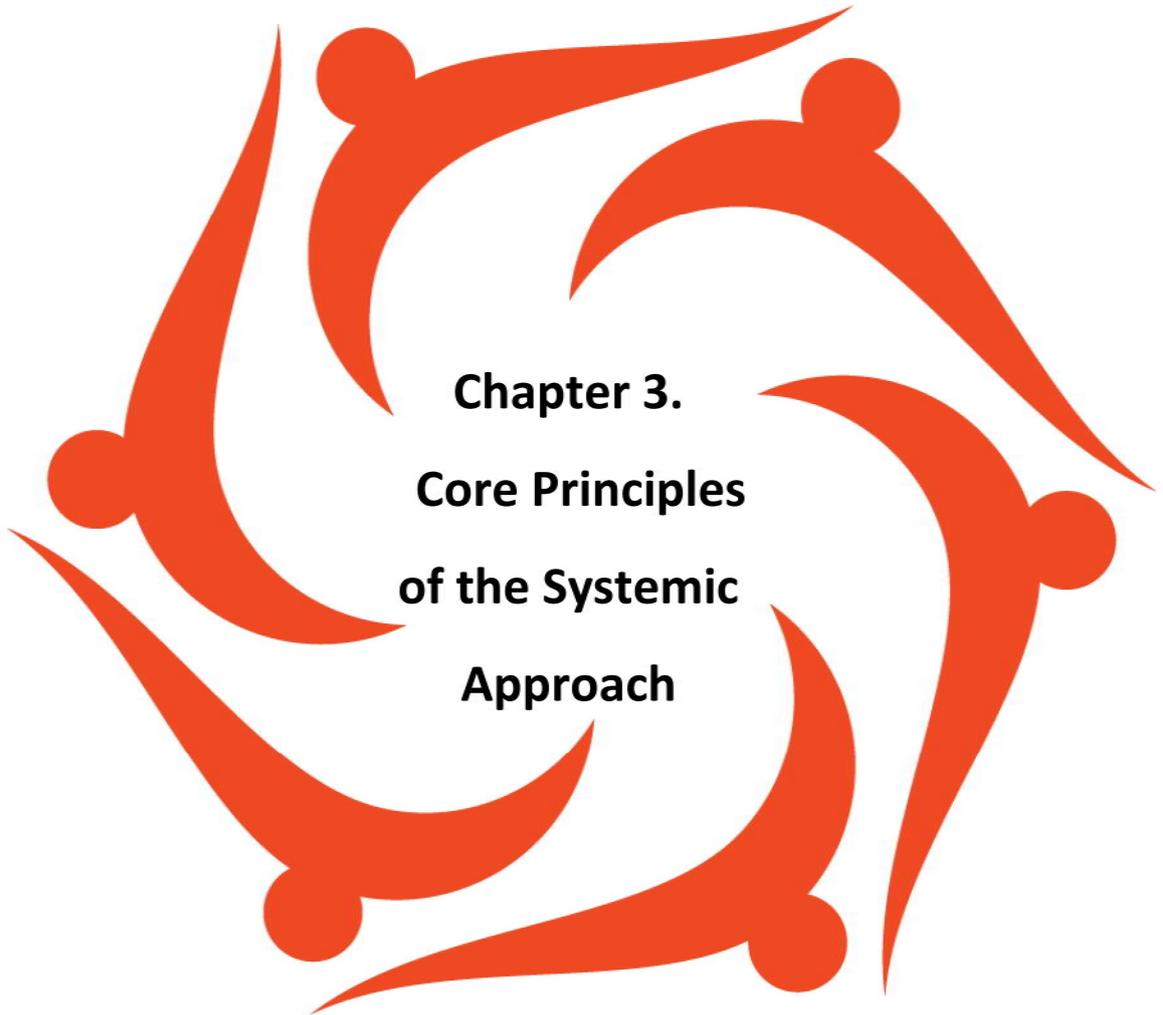
Example of Good Practice

In a city in Thessaly affected by severe flooding, a university film group created a festival of improvised short films on the theme of resilience and continuity amidst both symbolic and tangible damage and destruction. This initiative functioned on multiple levels—*aesthetic, social, and psychological*—and contributed to a symbolic reconstruction of meaning for the student community.

Reflection for Practitioners

- What messages do I convey through my stance: hope, pressure, criticism, realism?
- How much space do I allow for emotion within public activities?
- How do I strengthen the sense of “togetherness” without excluding disagreement?
- How do I care for the people who provide care?





Chapter 3.
Core Principles
of the Systemic
Approach



3.1 Systemic Thinking - The Interdependence of People and Their Contexts

Theoretical Context



Systemic thinking constitutes the cornerstone of the methodology for collective trauma management. At its core lies the belief that nothing exists in isolation—every person, every event, every emotion is part of a larger system of relationships, influences, and meanings. In the tradition of Gregory Bateson, Ludwig von Bertalanffy, and Maturana, human life is understood as an ecosystem of interactions: the biological (body), the psychological (emotion, meaning), the social (relationships, institutions), and the spiritual (values, identity) are inseparable.

In practice, this means that when one part of the system suffers—a child, a family, a community, an institution—the whole is altered. Trauma, therefore, does not “belong” to a single individual; it is a wave-like phenomenon that spreads throughout the entire relational network. Systemic thinking shifts the therapeutic aim:

- from “what is to blame” to “how we are connected,”
- from linear causality to circularity,
- from isolation to ecological awareness—the understanding that every action, every word, every relationship has consequences across multiple levels.

επίπεδα.

The Ecological Metaphor of the Systemic Model



The systemic approach does not merely view families or groups, but ecosystems. Each person is like a “cell” within a living organism. The organism’s health depends on the quality of its connections—just as a tree thrives when its soil, light, and water are in balance. After crises, these connections weaken: fear isolates, guilt blocks the flow, and silence freezes relationships.

Therapeutic intervention aims to restore the circulation of information and emotion, to reestablish flow among members of the system. This flow is not a metaphor; it is a

biological and psychological phenomenon. Neurobiological theories of regulation (Porges, Siegel) show that the human nervous system is deeply interpersonal. We regulate one another through gaze, voice, movement, and presence. Systemic thinking, therefore, is not merely a theory; it is a practical stance toward life and care: the world heals not in isolation, but relationship by relationship, circle by circle.

Basic Principles



- **Think cyclically, not linearly.** Do not search for a single cause; explore how the system operates. Instead of “Why does the child have panic attacks?” → ask “When do they appear? Who is present? How do others respond?”
- **Listen to the context behind the word.** Every narrative carries the voices of those who participate in it: parents, friends, institutions, culture.
- **Identify the stable and the dynamic elements.** Which patterns repeat? Which ones are new? Where is there room for change?
- **See yourself as part of the system.** The professional is not a neutral observer; they are a co-creator. Their presence already transforms the field.
- **Look for small circular shifts.** Systemic change is chain-like: a new question, a pause, a different word can move the entire dynamic.

Reflection for Practitioners



- What is the system I am overlooking while I work? (e.g., institutional, community, family)
- How do I influence the field, and how does it influence me?
- What small shifts did I notice when I changed my own rhythm?
- What does “interdependence” mean to me in practice



3.2 Trauma-Informed Care

Theoretical context



Trauma-informed care is not a treatment model but a stance of presence and relationship. It is grounded in the recognition that trauma is a universal human experience and that a person's behavior—especially that of a young person—is often an adaptive response, not a reaction. In this sense, therapeutic change requires safety, trust, and empowerment before understanding or interpretation.

The philosophy of trauma-informed care emerged from the work of Judith Herman (1992) and Bessel van der Kolk (2014), and was integrated into educational, social, and therapeutic contexts through SAMHSA (Substance Abuse and Mental Health Services Administration), which identifies the following core principles: Safety, Trustworthiness and Transparency, Empowerment and Choice.

Within systemic methodology, these elements take on a dynamic dimension:

- Safety is not merely a condition; it is a relationship.
- Trust is not only a feeling; it is a regulatory interaction.
- Empowerment is not motivation; it is the circulation of strength within the system.

At the level of community, trauma-informed logic becomes a culture of solidarity: institutions, schools, and volunteer organizations operate with transparency, participation, non-blaming practices, and regulatory communication. A school or municipal structure can become a trauma-informed organization if, for example:

- teachers/staff are trained to recognize signs of distress,
- there is a structured pause process after a crisis,
- staff support mechanisms are provided,
- the voices of students/citizens are strengthened in decision-making.

The Multilevel Nature of Safety



Safety in traumatic environments is multidimensional:

- Physical: stable space, familiar routines, avoidance of sudden noises, natural light.
- Emotional: acceptance, non-judgmental attitude, availability without pressure.
- Social: predictable communication, clear boundaries, well-defined roles.
- Existential: recognition of meaning, framing of experience, sense of belonging.

Without safety, the nervous system remains in the red zone (hyperarousal or freeze), and access to reasoning, learning, or meaning-making becomes unavailable. The therapist, teacher, or volunteer functions as a regulatory agent who stabilizes the rhythm of the system.

Trust as a Co-Regulation Process



Without safety, the nervous system remains in the red zone (hyperarousal or freeze), and access to reasoning, learning, or meaning-making becomes unavailable. The therapist, teacher, or volunteer functions as a regulatory agent who stabilizes the rhythm of the system. Trust is not requested; it is built slowly through consistency, rhythm, and truthfulness. The simple presence of the professional—without pressuring for words or progress—is therapeutic. The survivor's body learns again that the world can be predictable.

Some basic principles:

- Trust begins with transparency: we explain what we are doing, why we are doing it, and what will follow.
- Consistency of same place—same time is an unconscious form of care.
- The other person's right to say no is a sign of trust, not resistance.

Empowerment as the Redistribution of Power



At its core, trauma is an experience of losing control. Therapy—and any act of care—is the return of a sense of choice. Empowerment does not mean “do something,” but “choose with awareness.” Small choices (“Would you like to sit here or there?”, “Do you prefer to talk or to draw today?”) give the person back the ability to determine the rhythm of their own experience. In the systemic context, empowerment is a shared act: the therapist, the group, and the community distribute power and responsibility among themselves. In this way, the relationship ceases to be hierarchical and becomes one of mutual respect and collaboration.

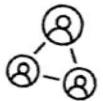
Basic Guidelines for Practitioners



- **Create a safe framework**
 - Stable location and session time, simple lighting, predictability.
 - Clear agreement: what happens in the session, what remains confidential.
 - Reassurance: “If anything becomes uncomfortable, you can say ‘pause’ — we will stop.”
- **Be present both cognitively and physically**
 - Tone of voice, eye contact, and body posture function as “signals of safety.”
 - Avoid sudden movements; maintain steady breathing and a calm speech rhythm.
 - Remember that “the body heals before the words.”
- **Cultivate trust**
 - Do not promise more than you can keep.
 - Acknowledge when you don’t know something — this builds mutuality.
 - If a mistake occurs, recognize it openly: “It seems what I said upset you; thank you for telling me.”

- **Strengthen the sense of choice and agency**
 - Offer alternatives: “Would you like to begin with talking or with a small exercise?”
 - Acknowledge effort: “Even though it was difficult, you came today — that is already an act of strength.”
 - Ask for collaborative feedback: “What helped you today? What would you like to be different next time?”

Examples and Dialogues



A. Individual session with a young person (18 years old)

Therapist: “If you feel uncomfortable at any point, you can say ‘pause.’ Would you like us to have a signal?”

Young person: “Yes, I can raise my hand.”

Therapist: “Perfect. We will stop for as long as you need. Would you like to start by talking, or with a short breathing exercise?”

Young person: “With the exercise first.”

B. Group session in a youth support setting

Facilitator: “Today we can choose between two activities: talking about the most difficult moment of the week, or drawing an image of safety. What do you prefer?”

Student A: “Let’s draw.”

Facilitator: “Great. And whoever wants can share their drawing afterwards, or keep it to themselves.”

Reflection for Practitioners



- When do I myself feel safe in a session? How is this reflected in the other person?
- Do any of my practices—perhaps unintentionally—remove choices from the client?
- What is my own relationship with trust? How do I build it, how do I lose it?
- What does “empowerment without dependence” mean to me?



3.3 Cultural Sensitivity and the Integration of Diversity

Theoretical Context



Cultural sensitivity is not an additional element of systemic or trauma-informed care; it is its very core. It recognizes that trauma, healing, and resilience are expressed through cultural frameworks—language, values, symbols, roles, faith, community. The notion of diversity does not refer only to nationality or religion, but to every form of “otherness”: gender, gender identity, disability, social position, family structure, religious expression, learning style, mental state.

Systemic thinking views culture as a field of relationships and narratives, not as a static identity. A person’s culture is the way they organize their experience through their relationships—with family, gender, community, body, nature, and time.

In every form of trauma, especially when it is collective (e.g., natural disasters, violence, war, displacement, poverty), cultural meanings shape:

- how the crisis is experienced,
- how it is interpreted,
- what is considered healing, and
- who has the right to hurt or to speak.

The Risk of Cultural Blindness



Cultural blindness is the belief that “we are all the same” or that “trauma is universal and healing is the same for everyone.” Although well-intentioned, this erases the subjective and collective experience of difference. For example, in some cultures, the public expression of emotion is considered a sign of strength; in others, a sign of weakness. In addition, for some peoples, trauma is processed through storytelling; for others, through ritual or through silence. Some communities see nature as a spiritual agent in healing, while others see it merely as a backdrop.

A professional who ignores these elements may unintentionally reproduce trauma by asking someone to express, touch, or reflect in ways that—within their cultural framework—signify loss of dignity or identity.

Systemic Perspective on Cultural Sensitivity



Systemic theory views otherness as a source of information, not as a problem to be normalized. Every system needs diversity in order to evolve—just as in nature, biodiversity ensures resilience. A homogeneous system becomes rigid; a diverse system is more creative, more flexible, more alive. In the field of psychotherapy, this means that:

- clients' narratives may be polyphonic;
- therapists need to tolerate the uncertainty that comes with the coexistence of multiple truths;
- institutions must allow for multiple versions of what “normal” looks like.

The notion of respect shifts from tolerance to active inclusion: not merely refraining from discrimination, but integrating diversity into the therapeutic and community framework itself. Cultural sensitivity therefore creates a relationship of learning—not knowledge of customs, but the ability to hear the *meaning* behind actions. It means meeting the other with curiosity, not certainty. The phrase “Tell me how this is for you” is the most culturally sensitive question one can ask.

When a community experiences trauma, its cultural traditions serve as embodied forms of memory that help it stand again. The revival of traditional forms of solidarity, art, spirituality, and collective stories becomes a tool for reconnection and identity. Cultural sensitivity is not only an act of respect; it is an act of resilience—allowing each system to regain strength through its own wisdom.

Basic Guidelines for Practitioners



- **Acknowledge your own position**
 - What is your own cultural background, your values, your biases?
 - How do they influence the way you see the other?
 - How do you react to behaviors or symbols you do not understand?

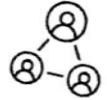
- **Learn to ask, not to assume**
 - Instead of “Does this comfort you?”, ask “What helps you when things are difficult?”
 - Instead of “How do you feel?”, ask “How do you usually show it when something affects you?”
 - Respect means learning the other person’s language, not insisting on your own.

- **Work with translations—both symbolic and verbal**
 - If an interpreter is present, explain the framework; it is not a simple translation of words, but a translation of relationship.
 - If not, use images, gestures, music; communication is always multimodal.

- **Integrate culturally meaningful symbols of care**
 - If a community prays or lights a candle, you may allow this symbolic act within the framework.
 - If people connect through nature, incorporate natural elements into sessions or activities (soil, light, sound).

- **Collective participation**
 - Interventions are designed with communities, not for them.
 - Young people, older adults, women, migrants participate in decision-making; co-ownership is an act of healing.

Examples and Dialogues



A. Session with a young refugee (19 years old)

Therapist: “Many people here talk about grief with words; how do you share it in your culture?”

Client: “We don’t talk. We all cook together and give food to our neighbors.”

Therapist: “That sounds like a way of keeping life present around the memory. If you’d like, we could someday prepare a dish together that reminds you of home.”

B. Group work with young people from different cultural backgrounds

Facilitator: “If we brought an object from our home country that gives us strength, what would you bring?”

Young man from Syria: “A pebble from our sea.”

Young woman from Greece: “The seashell I’ve kept since I was little.”

Facilitator: “How are these two objects similar?”

Young participant: “They’re both from the sea... So we have something in common!”

C. Community activity with a Roma group

Social worker: “We’re thinking of organizing an event for families after the flood. What would you like it to include?”

Community member: “Dance. And music—people who dance together start talking again.”

Social worker: “Then the music will be yours, and dance will be at the heart of the celebration.”

Reflection for Practitioners

- Which of my own cultural beliefs are activated during sessions?
- How do I cultivate genuine curiosity without paternalism?
- What form of cultural dialogue is missing from my environment?





3.4 Empowerment and the Development of Youth Resilience

Theoretical Context



Resilience is not a trait that someone simply “has.” It is a dynamic process of adaptation, meaning-making, and reconnection that emerges from the interaction between the individual and their environment. For young people, resilience is primarily an experience of relationship and participation. A young person learns to endure through their connections with others—family, peers, teachers, community. Each young person’s resilience story is not linear; it is a cycle of falls and recoveries, centered around the question: “How do I continue to live with meaning, even though something hurt me deeply?”

The systemic approach views resilience not as a return to what was before, but as transformation: the individual and the system become more flexible, more aware, more capable of relating. The nature of resilience is multidimensional. We can distinguish the biological dimension, the psychological dimension, the social dimension, and the spiritual dimension:

1. Biological dimension: the body’s ability to return to regulation; breathing, sleep, movement, the balance of the nervous system.
2. Psychological dimension: hope, self-efficacy, the capacity for self-observation and self-compassion.
3. Social dimension: supportive relationships, the sense that “I belong” and “I matter.”
4. Spiritual dimension: faith in something larger—values, nature, collective responsibility, vision.

In a crisis environment, all four of these dimensions are wounded simultaneously. Their restoration is not linear but circular: every small act of care restores flow within the system. Initially, after trauma, the young person functions in a survival state—seeking safety and control. Care at this stage focuses on stabilization (regulation, routine, relational safety). Once safety is established, rebuilding follows:

the young person reconnects with roles, re-engages with friends, expresses themselves creatively. Then comes empowerment: the trauma is integrated as an experience of wisdom and strength. The transition from stage to stage is not always smooth; relapses or waves of re-experiencing are common. Systemic practice helps the young person see each return not as failure but as part of the natural rhythm of recovery.

Because, at the systemic level, resilience is not only an individual experience but a property of the network, every time a member—a young person in the community—“endures,” the system learns a new way of surviving. As Walsh (2016) notes: “Resilience is relationship; it is the art of continuing together.” Collective resilience is strengthened when resilience stories become visible (exhibitions, storytelling, community projects). It is also crucial that young people have a voice in decisions that affect them.

Η ανθεκτικότητα δεν είναι χαρακτηριστικό που έχει κάποιος. Είναι μια δυναμική διαδικασία προσαρμογής, νόησης και επανασύνδεσης, που προκύπτει από την

Basic Guidelines for Practitioners



- **Recognize the resilience that already exists**
 - Instead of asking “how will they develop resilience?”, ask “where do you already see it?”
 - “Which part of you endured that day?”
 - “What small action showed you that you didn’t give up?”
- **Cultivate small domains of control**
 - A young person needs to feel capable of influencing something — even something small.
 - Examples: “I’ll organize my desk,” “I’ll write a letter,” “I’ll help a friend.”
 - Action becomes an antidote to helplessness.

- **Build support networks**
 - Strengthen relationships of trust: school, peer groups, volunteering, arts.
 - Resilience is social immunity — it spreads through relationships.

- **Reframe the loss**
 - Trauma is not forgotten; it acquires new meaning.
 - “What did this teach you about who you are?”
 - “If your experience could speak to someone who is suffering, what would it say?”

- **Use the body as a source of resilience**
 - Breathing, grounding, gentle movement, rhythm, music — the body remembers how to return to balance.
 - Embodied resilience is the foundation for any other form of restoration.

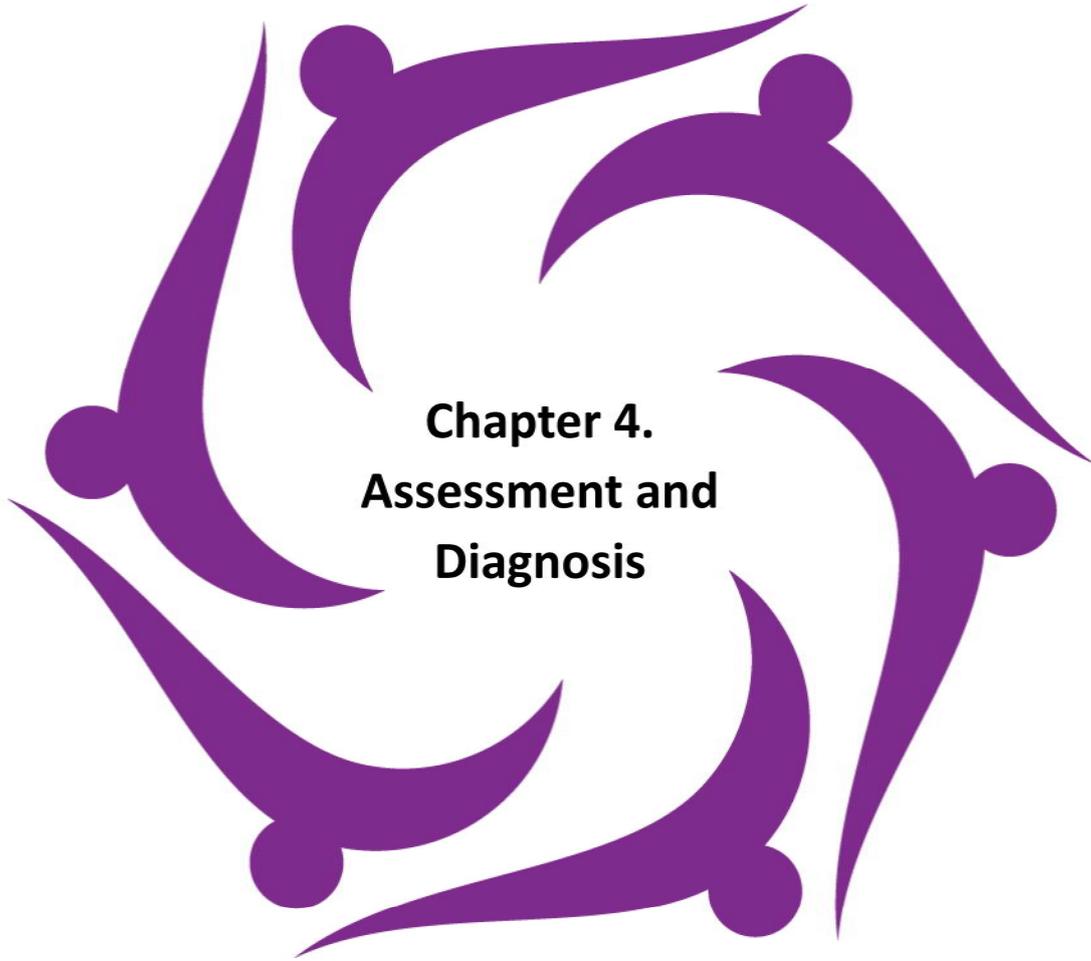
Practical Tools and Experiential Exercises

<u>Instrument</u>	<u>Description</u>	<u>aim</u>
Resilience Scale 1-10	The young person rates where they stand today on the sense of “ <i>I can keep going.</i> ”	Self-observation and goal setting
A Chain of Small Deeds	A 7-day journal in which each day they note one small action that brought them closer to life	Consolidation of continuity
Body - Anchor	Connecting with a body point that offers stability (chest, ground, breath)	Re-training of regulation
A Tale of Power	Creating a personal narrative “ <i>How I endured</i> ” — written, spoken, or artistic	Integration of the experience

Reflection for Practitioners

- How do I define resilience? As success or as relationship?
- When am I at risk of rushing the recovery process by pushing for progress?
- What inspires me in the young people's small victories?
- How can I care for my own nervous system so that I can be a carrier of resilience?





**Chapter 4.
Assessment and
Diagnosis**



4.1 Holistic Assessment Tools

Theoretical context

Assessment in trauma-informed and systemic psychotherapy does not focus on pathology, but on the dynamics of the systems within which psychological pain is expressed. Its goal is not a static diagnosis, but a holistic understanding of how traumatic events have affected the body, emotion, thought, behavior, and the person's relationship with their environment.

Classical psychological assessment provides valuable data (tests, questionnaires, clinical interview), but it often isolates the individual from the systems of meaning to which they belong. In contrast, holistic–systemic assessment reconnects these data with:

- the person's relationship with family, school, and community,
- their bodily experience (nervous system, posture, breathing),
- their cultural and spiritual identity,
- and the self-regulation and resilience capacities that already exist.

Holistic–Systemic Assessment

Holistic–systemic assessment is conducted through five interconnected levels (the “five lenses” of the holistic model). It includes the emotional level, which examines which emotions appear most frequently and how they are expressed; the somatic level, which explores how tension manifests in the body; the behavioral level, in which we look for patterns of reaction (flight, freeze, outburst); the cognitive level, where we identify the core thoughts/beliefs formed after the trauma; and finally the spiritual level, which concerns the meaning the person assigns to the traumatic event.

It is important to emphasize that holistic–systemic assessment is a relationship, not a test, and that it is conducted multimodally: it does not involve only questions, but also observation, storytelling, drawing, body awareness, and symbolism.



Furthermore, it does not occur only at the beginning, but throughout the entire therapeutic process, since each session can generate new information. Its emphasis is on highlighting resources rather than symptoms. In other words, through holistic–systemic assessment we examine what works, not only what is difficult.

Indicative Instruments



A. Combined questionnaires and systemic interviews

- Child and Adolescent Needs and Strengths (CANS) or SDQ (Strengths and Difficulties Questionnaire) for basic assessment of difficulties in younger ages.
- Support System Interview: which people or institutions function as supports.
- Body–Emotion Mapping: the young person colors on a body outline where emotions “live” (fear, anger, safety).

B. Observation of regulation or dysregulation

- During a session, the practitioner notes:
- How the breath changes when discussing difficult topics.
- Whether the young person pauses or overtalks.
- Where they look when they fall silent.
- Whether they return to connection after silence.
- These are indicators of regulation or dysregulation, not “symptoms.”

C. Assessment through creative expression

- “Draw what ‘safety’ means to you.”
- “If your joy were a color, what would it be?”

Example of an Assessment Dialogue

Youth Worker: "If you could draw how you felt then and how you feel now, what would be different?"

Young Person: "Before, everything was red. Now there's a bit of blue."

Youth Worker: "What does the blue mean?"

Young Person: "Quiet. That I can breathe."

Reflection for Practitioners

- Does my assessment trigger the desire to "label" too quickly?
- Can I remain in a state of "not-knowing" and simply listen?
- How do I balance gathering data with protecting the person?





4.2 Systemic Mapping

Theoretical Context



Systemic mapping is the visual representation of the relationships and influences that connect an individual to their environment. In trauma contexts, it helps us see where the trauma “lives” — not only in the individual, but within the relational network that surrounds them. Two primary tools are used in systemic therapy: The Genogram, which depicts the structure and intergenerational patterns of a family or system, and the Ecomap, which illustrates the individual’s or family’s relationship with external systems (school, community, services, friends).

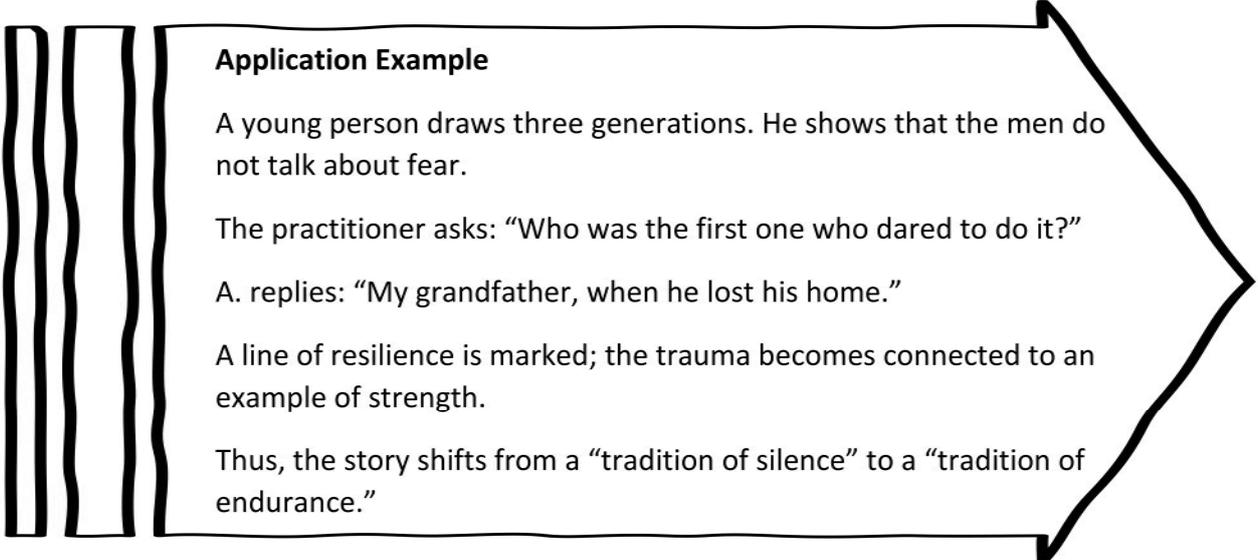
The purpose of the Genogram is to highlight patterns of relationships, losses, crises, and resilience within the family history. The visual representation allows the person to see their personal experience within a broader field of continuity and meaning. The purpose of the Ecomap is to depict the external relationships of support or pressure surrounding the individual or family. This tool helps identify resources, networks, and points of intervention. At the center, the individual or family is drawn. Around them, institutions and groups are placed (school, friends, services, community, religious or cultural spaces). Lines are also drawn to indicate the nature of each relationship: a thick line for a strong connection, a dashed line for a weak/unstable one, and a jagged or lightning-like line for a relationship marked by tension.

Basic guidelines for Practitioners



- **Start from the present.**
 - Ask the young person to place themselves first, along with whoever they consider important — not necessarily biological relatives.
- **Include crisis events.**
 - Losses, divorces, migration, disasters.
 - Ask: “Which events have marked the family?”

- **Identify positive patterns.**
 - “Who in the family showed strength when things were difficult?”
- **Note emotional connections.**
 - Use different kinds of lines: solid for close relationships, dashed for distance, circular for ambiguity.



Application Example

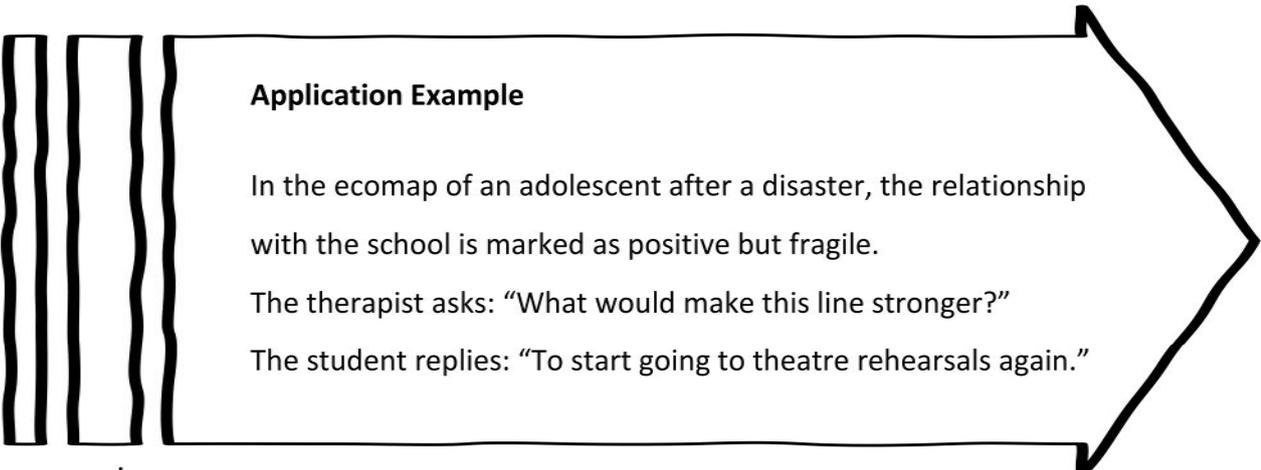
A young person draws three generations. He shows that the men do not talk about fear.

The practitioner asks: “Who was the first one who dared to do it?”

A. replies: “My grandfather, when he lost his home.”

A line of resilience is marked; the trauma becomes connected to an example of strength.

Thus, the story shifts from a “tradition of silence” to a “tradition of endurance.”



Application Example

In the ecomap of an adolescent after a disaster, the relationship with the school is marked as positive but fragile.

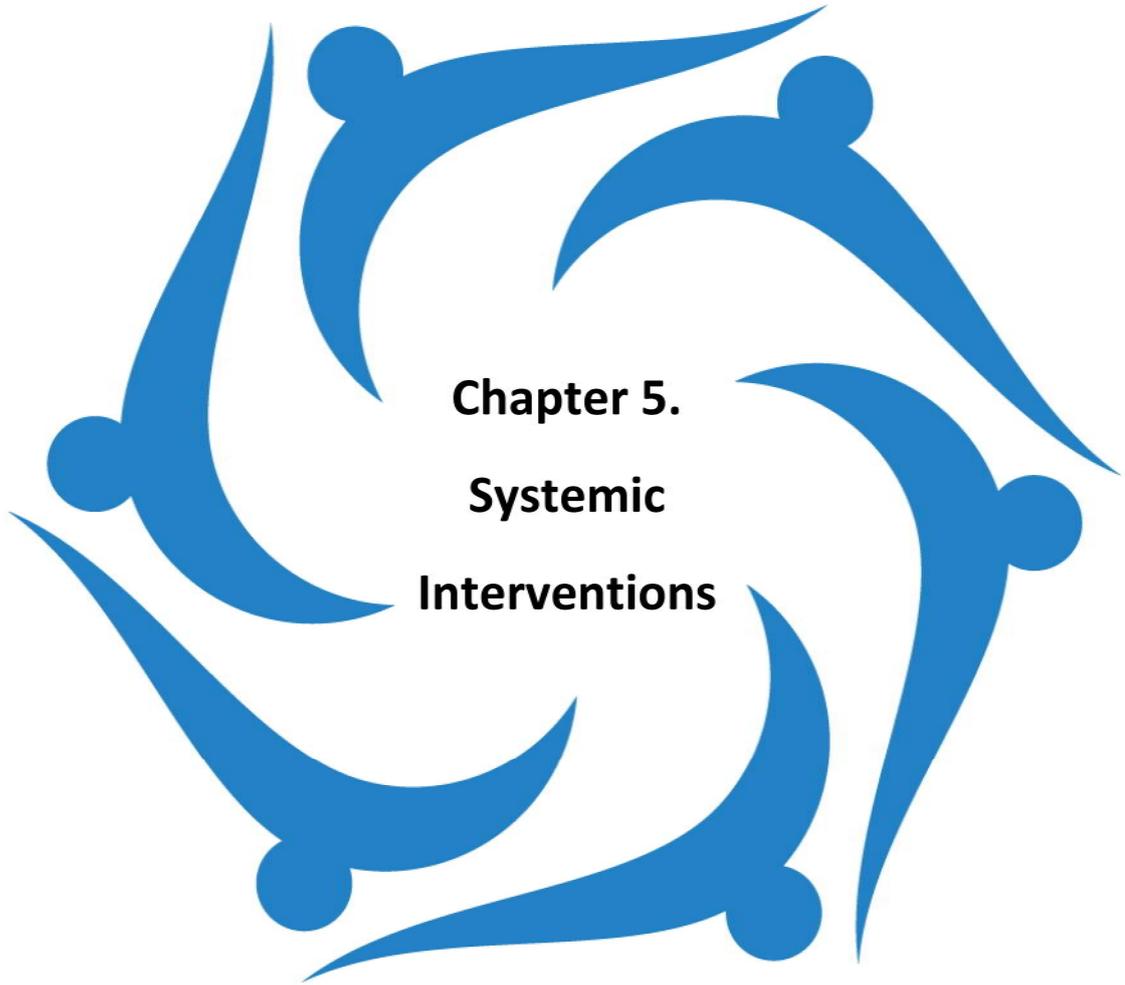
The therapist asks: “What would make this line stronger?”

The student replies: “To start going to theatre rehearsals again.”

Reflection for Practitioners

- How do I perceive the trauma of the system?
- If I were to draw **my own genogram**, where would resilience appear?
- How do I integrate the cultural and spiritual dimension into the mapping?





Chapter 5.
Systemic
Interventions



5.1 Systemic Interventions in Group Support for Youth

Theoretical Context



Systemic thinking is the foundational pillar of the methodology for the collective management of trauma. At its core lies the belief that nothing exists in isolation—every person, every event, every emotion is part of a larger system of relationships, influences, and meanings. In the systemic theories of Gregory Bateson, Ludwig von Bertalanffy, and Maturana, human life is understood as an ecosystem of interactions. The biological (body), the psychological (emotion, meaning), the social (relationships, institutions), and the spiritual (values, identity) are inseparable. The health of the organism depends on the quality of its connections—just as a tree thrives when its soil, light, and water are in balance.

In practice, this means that when one part of the system suffers—a child, a family, a community, an institution—the whole system shifts. Trauma therefore does not “belong” to one person; it is a wave-like phenomenon that spreads through the entire relational network. Thus, the systemic approach does not merely see “families” or “groups,” but ecosystems. Every human being is like a “cell” in a living organism, and every microsystem interacts with others, whether of the same order or broader. After crises, these connections weaken: fear isolates, guilt blocks the flow, silence freezes relationships. Therapeutic intervention aims to restore the circulation of information and emotion, to reestablish the flow between the members of the system.

This “flow” is meant not only metaphorically but literally. It is a biological and psychological phenomenon: neurobiological theories of regulation show that the human nervous system is profoundly interpersonal. We regulate one another through gaze, voice, movement, presence. Systemic thinking, therefore, is not only a theory—it is a practical stance of life and care: the world heals not individually, but relationship by relationship, circle by circle.

Safe Context and Mutual Reflection



Group therapy for young people is not merely a space for expression or emotional release. From a systemic perspective, it is a micro-social organism within which the relational, power, communication, and inclusion patterns that young people experience in their communities are both reproduced and transformed. The group functions as a “reference mirror”—a field in which each participant sees and re-shapes themselves through the eyes of others.

The first phase of group work aims to create a shared framework of safety. The facilitator, acting as a systemic enabler rather than an authority, establishes rules of confidentiality, reciprocity, and respect. At the same time, they explore with the young people which factors make a group feel “safe” and “alive”—thereby shifting knowledge from the expert level to the group level. A key technique is the circular question: each member is asked not only about their own experience, but also how they perceive the experience of others (“How do you think Antonis felt when you talked about that?”). In this way, the group begins to understand the emotional interdependence of its members.

Moreover, the subsystems technique is used: the facilitator asks members to form small dyads or triads based on a shared theme (e.g., “those who find it hard to express anger”). Each subgroup explores how this shared theme appears in their peer relationships, family, or school. Afterwards, each subgroup presents to the whole group not conclusions, but observations about the communication patterns that emerged. Thus, young people learn to “see the system” instead of looking for a “culprit.”

Finally, the reflecting team technique can be adapted for youth groups. One subgroup listens attentively to the discussion of another and then shares what they heard and how they experienced it—without interpreting it. The goal is to strengthen meta-communication, the ability to observe communication from a distance—an essential resilience skill.

From the Narrative of Trauma to the Narrative of Reconnection



The second phase of group therapy for young people focuses on activating internal and interpersonal resources. After the trust-building phase, the group has already created a network of reference in which each member can place their experience without fear of judgment. The facilitator can then introduce systemic interventions that shift the focus from the problem to the context and the connections.

One effective method is mapping the support circle. Each young person draws a circle where they list individuals, groups, or institutions that support them (family, friends, teachers, community). Then, members connect these people with lines—creating a visual genogram of resilience. The facilitator encourages questions such as: “Which of these people are connected to each other?”, “Which relationships need reconnection?”, “What role do you have in this network?” This technique helps decode the collective dynamics and reframe help as a reciprocal relationship.

A second intervention is the reconstruction of the resilience narrative. The facilitator invites members to describe a moment when “things went better” even though it was difficult. Through solution-oriented questions (“What did you do differently then?”, “Who noticed it first?”), the group focuses not on the trauma, but on the exceptions and the strengths that already exist. These stories are recorded and then dramatized by the members themselves, serving as a reflective mirror of hope.

At an advanced stage, the multiple-positions intervention can be applied: each member is asked to speak about a difficult experience from three perspectives—their own, another person involved, and an external observer. The goal is not cognitive understanding but recognizing the complexity of systems and reducing emotional polarization (me–others). This experience expands empathy and strengthens the sense of collective identity.

Overall, systemic interventions in youth group therapy function as tools of reconnection: with oneself, with others, and with the community. Through the lens of relationship and interdependence, the young person stops experiencing the crisis as a personal failure and begins to see it as a social process that can be transformed through collaboration, dialogue, and care.

The reflecting team technique is well suited for youth groups. Two or three members talk about an issue (e.g., loss, change, pressure), while the others observe silently and then share “what touched them” or “what they heard between the words.” Comments or interpretations are not allowed—only reflections of experience. The process cultivates empathy without interference—a crucial step in developing collective understanding.

As the group meetings progress, the exercise “When things went a little better” can be used. Each member describes a moment when something difficult shifted for the better, and the facilitator asks questions oriented toward highlighting resilience: “What small step of yours helped then?” “Who noticed it first?” “If that important moment of strength and courage were a newspaper headline, what would it be?” The group listens and is invited to respond with brief positive reframings: “I heard strength,” “I saw that you were not alone.” In this way, a narrative of mutual empowerment is activated.

Another suitable intervention is the systemic role exercise based on systemic polyphony (Anderson & Goolishian) and the experience of “seeing oneself through the eyes of the system.” The group sits in a circle with three empty chairs: the first represents the “Past Self” (“Me back then,” when I was struggling), the second the “Present Self” (“Me now”), and the third the “Resilient/Learning Self” (“Me who endures/learns”). Each member sits successively in each chair, speaking in the first person. The others do not comment but take notes on how the meaning shifted. At the end, the facilitator explores what changed each time the member viewed themselves from a different position.

Reflection for Practitioners

- What happened today (event)?
- What did I feel as a member of the system?
- What shifted in the group's dynamic?
- How would I like to experiment differently next time?





5.2 Energy-Based Therapy and Meditation

Theoretical Context



Energy-based therapy and meditation are grounded in the understanding that the body, emotion, and energy form a single field of regulation. Every thought or emotion is expressed in the body as a flow or blockage of energy; here, energy is not a mystical concept but the living movement of the nervous and bodily field that supports life. Trauma disrupts this flow. To protect itself, the psyche contracts energy—the body freezes, the breath shortens, and the sense of connection is lost. Meditation and energy practices function as bridges that reconnect the person with the natural flow of vital energy, through breath, attention, imagery, sounds, and symbolic movements.

From a systemic perspective, energy is relationship. It does not belong to the individual but circulates within the relational system: when the therapist or facilitator is calm and regulated, their body transmits safety—becoming a regulator of the field. The goal of energy work is not to discharge or “heal” trauma, but to restore flow within the body and the person’s environment: to help them feel again, breathe again, connect again, move again.

Basic Principles



1. Energy follows attention.
 - Wherever attention is directed, flow and awareness increase.
 - Instructions must be gentle, without demanding concentration.
2. The body knows when it is ready.
 - We do not force the experience; we observe the internal response and stop as soon as fatigue appears.

3. The therapist's voice is a regulation tool.
 - Tone, rhythm, and pauses function like the breaths of the field.
 - Pauses are just as important as words.

4. Grounding comes before elevation.
 - Before turning to visualizations or energetic lifting, we ensure contact with the ground, the breath, and the body.

Applications and Practices

A. Guided Meditation: "Safe Place"

The purpose of this exercise is to restore the sense of inner safety and control. It is ideally used before group work, before a member shares a narrative, or before a trauma-processing session. It can be done either individually or in a group setting.

Instructions (duration 8–10 minutes)

Gently close your eyes, or let your gaze soften.

Take a slow, deep breath.

Recall a place—real or imaginary—where you once felt calm and safe.

It may be a room, a landscape, a spot in your body, or an embrace.

Notice the colors, the sounds, the smells, the temperature.

Feel how this place touches your body.

How is your body's contact with the environment? Mostly comfortable or mostly uncomfortable?

How do you need to move so that your body experiences the most pleasant contact possible with the environment?

Make the movements you need.

If you wish, imagine a gentle light spreading around you and surrounding you.

You can return here whenever you need to.

Breathe... Here and now, you are safe.

B. Exercise “Point of Choice”

This exercise aims to develop awareness of the emotion that overwhelms us before we act. It helps strengthen self-regulation, especially in situations of anxiety or conflict.

The “point of choice” is that brief gap—one second—between the stimulus and the reaction. That is where the power of consciousness lies: the ability to choose how we will respond, instead of being swept away by automatic bodily or emotional reactions. It can be practiced individually or in a group, but with the focus placed on one person at a time.

Instructions (duration 3–5 minutes)

Give yourself a few seconds of awareness of your body before you act.

Pause.

Now I want you to take a deep inhale.

Good—now notice where you feel the fresh air inside your body.

And now exhale.

Which emotion is present?

Where do you feel it most intensely?

Does it have a color?

What is its shape?

What temperature would you say it has?

Now try bringing your body into a state of calm.

Visualize the actions that will help you keep your body steady.

Which behavior will help you remain true and calm?

How can you express what you need without disturbing your body’s sense of ease?

C. Short Group Exercise – “Light and Roots”

Participants stand in a circle.

On the inhale, they imagine themselves rooting into the ground;
on the exhale, they are invited to imagine light spreading outward from
the chest.

After 3 cycles, each person says one word in response to the question:

“What do I feel in my body right now?”

Reflection for Practitioners

- How do I sense the group’s energy when the meditation begins?
- When do I realize that the exercise needs to stop?
- What feelings does the participants’ silence evoke in me?
- How can I maintain my own flow without “pulling” or “pushing”?





5.3 Nutrition and Lifestyle as Therapeutic Support

Theoretical Context



Mental resilience is not exclusively a psychological function; it is a somato-biological and environmental experience. The nervous, endocrine, and immune systems constantly interact with sleep, nutrition, and movement habits, shaping the body's energy level, mood, and regulatory capacity. In trauma-informed and systemic practice, restoring life rhythm is the first step toward stabilization. Sleep regularity, consistent food intake, exposure to natural light, and gentle physical activity retrain the body to experience safety and predictability—essential foundations for trauma processing.

The holistic therapeutic stance views every act of self-care (sleep, food, breathing, walking, music) as an act of repairing one's relationship with oneself. The therapist does not “give instructions” but co-creates with the client a new lifestyle rhythm that supports stability.

Nutrition and lifestyle do not replace psychotherapy, but accompany it—creating a therapeutic environment, like fertile soil that allows the seed to grow.

Basic Guidelines for Practitioners



- **Talk to young people about restoring rhythm and biological stability.**
 - Regulation of the nervous system is based on the stability of the circadian rhythm.
 - The practitioner may encourage participants to keep a brief record for a few days. The purpose is not “correction,” but reconnection with the body as an ally.
- **Highlight the relationship between nutrition and the nervous system.**
 - Research confirms that nutrition directly affects the regulation of the gut–brain axis.

- Foods rich in probiotics, B vitamins, magnesium, and Omega-3 fatty acids support parasympathetic regulation (calmness, sense of safety).

Helpful practices include:

- regular meals every 3–4 hours (fasting or skipping meals increases cortisol),
- proper hydration (6–8 glasses of water daily),
- consumption of natural foods instead of processed ones (fruits, vegetables, proteins),
- limiting caffeine and sugar (which increase hyperarousal),
- cooking with others and eating with others (shared food strengthens emotional connection and the feeling of stability).

Activity Inwards and Outwards



Gentle physical activity is one of the safest ways to discharge tension and re-regulate the body. Walking, dancing, stretching, or rhythm exercises (such as walking in a circle) help the body release accumulated energy and activate the parasympathetic system—the part of the autonomic nervous system that functions as the body’s “brake.”

A youth group facilitator or youth worker can propose small, realistic changes:

“Walk for 5 minutes every day after eating,”

“Listen to music and roll your shoulders for one minute,”

“Instead of scrolling on a screen, step onto the balcony for 3 breaths.”

Every small act reinforces the message: “My body moves—therefore I am alive.”

Another idea is the preparation and practice of a “mindful meal.” Participants are asked to eat a meal slowly and with awareness: to notice the texture, taste, smell, and temperature. Afterwards, they discuss whether and how their sense of fullness or satisfaction changed.

In the same spirit, there is the suggestion of a “day of kindness toward the body,” in which young people note 3 small acts of care they performed during the day (e.g., “I drank water,” “I went to bed earlier,” “I walked in nature”) over the course of one week.

At the end of the week, they read aloud: “My body thanks me for...” followed by all the supportive actions they recorded.

Reflection for Practitioners

- How do I personally maintain a stable life rhythm under demanding conditions?
- Do I perhaps neglect my own bodily care while caring for others?
- How can I integrate small rhythm-based actions into sessions?
- What would it mean for me to view bodily care as a form of therapeutic presence?





5.4 Creative Expression Therapies

Art Therapy



Art therapy is a non-verbal, experiential method that uses artistic media (painting, clay, collage, color, line, texture) as a language of communication between the conscious and the unconscious. The image functions as a safe channel of expression—allowing feelings, memories, and bodily sensations to be conveyed without the pressure of speech or analysis. As Edith Kramer noted, “the artwork is not a product but a process — a way of caring for what hurts.” The image also acts as a transitional object, a space where the inner and outer meet, offering room for symbolism, imagination, and meaning.

In the systemic approach, the artwork is not analyzed in isolation but as part of a relational field: what it expresses about the creator’s relationship with themselves, their family, the group, or the community. The artwork is not interpreted but listened to, as we would listen to a story.

The goals of art therapy in a trauma context include: discharge and safety — art provides a non-threatening space for expression-, representation — the formless acquires form-, resilience — the act of creation symbolizes life after trauma-, collective connection — when art is shared, trauma ceases to be solely individual.

Drama Therapy



Drama therapy is an experiential and body–mind approach that uses role-play, action, and symbolism as a means of distancing, understanding, and reconstructing meaning. The concept of “therapeutic distancing” (Brecht, Moreno) means that when a person embodies a role, they are no longer trapped inside the event: they observe their experience from a distance and gain the possibility to reshape it.

Thus, the stage becomes a space of freedom — a field where one can revisit the trauma, but this time with safety, awareness, and control.

Basic Guidelines for Practitioners



- **Create a safe context.** Explain that the artwork is not evaluated; its value lies in the experience. Arrange the space so that it offers privacy and quiet.
- **Use simple, natural materials.** Large paper, colored pencils, tempera paints, clay, magazines for collage. Avoid materials such as rulers, templates, or expensive tools.
- **Give clear but open instructions.** For example: “Let your hands move however they want.”
- **Respect the silence.** The moment of creation is sacred; do not cover it with questions or comments.
- **Close the process with awareness.** Ask: “What do you see in this artwork that you hadn’t noticed before?” “If the artwork could speak to you, what would it say?”

Good Practice “A Collective Monument of Resilience”

The activity was implemented in primary schools in Magnesia after the crisis caused by storms Daniel and Elias.

After sharing oral narratives, students created individual images on paper, which were then placed onto a collective canvas made from large roll paper. The canvas was displayed in a common area—such as school corridors or the assembly hall—where it could be seen by everyone.



5.5 Interventions for Youth with Disabilities and Neurodiversities

Theoretical Context



Providing individualized support to young people with disabilities and neurodiversity is a cornerstone of trauma-informed and systemic education. Neurodevelopmental, sensory, or emotional difficulties do not define the person; rather, they shape the way they relate to the world. The systemic perspective recognizes that every young person is part of a network of relationships—family, school, therapists, community—and that support cannot be limited to the individual but must activate and coordinate the entire network.

The experience of crises or trauma places particular strain on individuals with developmental or learning difficulties, as their nervous system is often already in a state of hyperarousal or dysregulation. Stability, predictability, and empathy function as essential tools of prevention and recovery. Professionals must become translators of anxiety into words, movement, or images; help the young person recognize and regulate their internal signals; and offer clear, safe, and repeated experiences of connection.

Individualized support is not a mechanism of “correction” or “restoration” but an act of relationship and dignity. It concerns the shared search for modes of communication, expression, and learning that fit each young person. The process is based on the understanding that every individual has strengths, abilities, and self-regulation strategies that can be used therapeutically when they find an environment that recognizes and supports them.

Sensory Integration Techniques



Young people who have experienced trauma or who have neurodevelopmental differences—such as sensory processing disorder, ADHD, or autism spectrum conditions—often present difficulties in regulating their senses and bodily states. Their nervous system functions like an alarm system that stays activated even when no external danger is present: it may overreact to sounds, light, touch, or changes in

the environment, while at other times it shuts down, leading to disconnection or inactivity. This cycle of hyperarousal and withdrawal makes concentration, social interaction, and learning difficult, creating a sense of instability within the body itself. The child cannot trust their sensory signals, and as a result, the world is experienced as unpredictable and threatening.

Sensory integration aims to restore this lost coherence between body, senses, and nervous system. It is not simply a set of calming or stimulating techniques, but a form of neurological re-education that helps the child organize the information it receives from the environment and from its own body. Through rhythmic, safe, and repetitive sensory experiences—pressure, movement, touch, sound, balance—the brain begins to rewrite pathways of connection, enabling the child to feel more stable, oriented, and present.

Sensory integration is therefore not a luxury; it is a precondition for psychological safety and learning, as it teaches the body to become once again a “home” where experience can reside.

Practical Exercises

The calming cocoon: Young people wrap themselves in elastic fabric or a blanket for a few seconds, take deep breaths, and then unwrap themselves. They discuss what they felt before and after.

My body says...: With the help of cards, young people show how their body “speaks”: “When I’m angry, my hands...”, “When I’m scared, my stomach...”. The practitioner supports them in verbalizing the bodily experience.

Practical Techniques

Category	Example	Goal
Tactile stimulation	Warm balls, playdough, sand, natural materials	Contact – presence
Proprioceptive	Slow pressure on shoulders/hands (with consent)	Sense of boundaries
Vestibular	Gentle movements (swinging, rolling on a ball)	Regulation of balance system
Auditory	Soft sounds, rhythmic music, steady voice	Rhythm stability
Visual	Soft lighting, stable environment	Avoiding overstimulation

Reflection for Practitioners

- Which signs of dysregulation do I notice most easily in youth?
- Which aspects of my own stance convey safety—or, conversely, pressure?
- How do I collaborate with other professionals for continuous support?
- How do I care for my own regulation throughout the day?



5.6 MBSR for Youth (Mindfulness-Based Stress Reduction)

Theoretical Context



The MBSR program (Jon Kabat-Zinn, 1990) combines mindfulness, meditation, and bodily awareness to regulate stress. Its application with young people and in trauma contexts is adapted with shorter durations, visual cues, and a participatory pace. Mindfulness is defined as the ability to be present—with open attention and without judgment—in whatever is happening within and around us. In systemic therapy, mindfulness functions as a co-regulation technique: when one person regulates their breath and attention, they influence the entire system around them.

MBSR exercises are based on breath regulation and focused attention. The three breaths exercise and body scan are among the simplest practices.

Core MBSR principles for youth

1. Simplicity – Short, clear instructions (3–10 minutes).
2. Embodied practice – Body and breath as anchoring points.
3. Visualization and play – Metaphors such as the mind as a cloud, the breath as a wave.
4. Choice – No one must participate; every act of participation is a free and personal act of awareness.
5. Reflection – A brief phrase after the exercise: “What did you notice today?”

Practical Exercises

The Three Returning Breaths (duration 3–4')

Take one breath and simply notice that you are breathing.

Notice where you feel the breath in your body (chest, belly, nose).

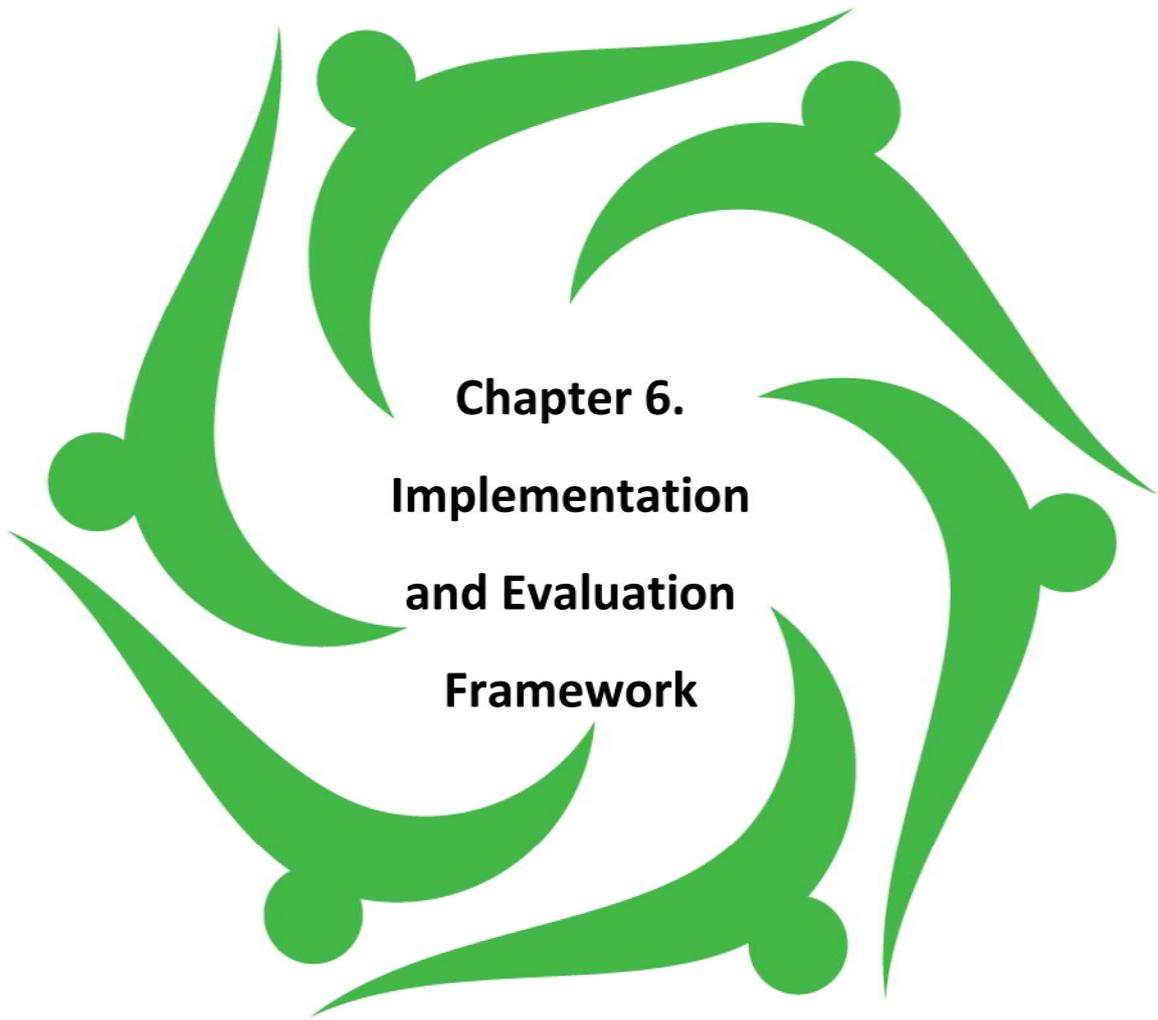
Return to the present with a phrase: Here and now.

Suitable for a classroom or therapeutic group, before an activity.

B. Body Scan (duration 5–10')

Instruction:

“Close your eyes and imagine a light moving slowly from your feet up to your head, noticing each point without trying to change anything.”



Chapter 6.
Implementation
and Evaluation
Framework



6.1 Training and Implementation

Theoretical Context



Supporting individuals and communities that have experienced crises requires professionals with the capacity for regulation, collaboration, and reflection. Training is not limited to the transmission of knowledge; it is an experiential learning process through relationship. The therapist, educator, or community facilitator must “train their own nervous system” so that they can withstand exposure to traumatic narratives, fear, or intensity without collapsing or withdrawing.

Professional training in this context is based on three pillars:

1. Training in trauma-informed presence skills (safety, non-directiveness, co-regulation, use of body and voice).
2. Development of self-awareness and emotional resilience through experiential exercises.
3. Systemic collaboration with other professionals — recognition that no one supports a traumatized system alone.

Training workshops and educational programs form the core of experiential learning. They are designed to strengthen skills such as mindful listening and non-verbal communication, basic principles of systemic observation, self-regulation practices for therapists, and group facilitation in crisis contexts.

Beyond formal and informal education, both professionals and young people can develop new skills through participation in peer mentoring programs and youth support networks. Empowerment applies not only to professionals but also to young people, who can act as peer mentors. Creating such networks reduces stigma and enhances the community’s collective capacity for self-regulation. This approach promotes horizontal learning — knowledge transmitted from experience to experience, not from “expert” to “recipient.”

Additionally, ongoing supervision can significantly contribute to the professional

development of youth-support practitioners, as supervision provides a regulatory space for the professional themselves. It supports self-care and helps prevent vicarious trauma and professional burnout.

Programs Design and Implementation



Program design for young people, families, and communities that have experienced trauma must be grounded in systemic thinking and cultural sensitivity. Effectiveness depends not only on what is delivered, but on how it is designed, who participates, and through what process. The development of psychoeducational and experiential activities must respond to the developmental stage and abilities of participants. Each age group requires a different balance of structure and freedom; the designer acts as an architect of rhythm, not a lecturer.

Group	Focus	Indicative Practices
Children 6–12 years	Sense of safety, routine, bodily play	Sensory games, storytelling, drawing
Adolescents 13–18 years	Autonomy, identity, peer groups	Theatre workshops, resilience narratives
Young adults 18–30 years	Meaning, life design, community action	Volunteering groups, coaching, social reintegration activities

Equally important as age-appropriate design is cultural adaptation and local sensitivity. An intervention has meaning only when it speaks the language of the community. This means:

- Using local metaphors and symbols (e.g., nature images, folk stories, cultural motifs).
- Collaborating with local leaders, educators, and artists.
- Recognising cultural diversity as a source of strength, not as an obstacle.

When programs honour the cultural fabric and systemic context of a community, they become more accessible, empowering, and truly restorative.

Finally, every broader program or individual intervention requires an evaluation cycle that combines: quantitative data (attendance, wellbeing questionnaires), qualitative narratives (testimonies, drawings, stories), and feedback from participants and the community.

Reflection for Practitioners

- Do I design programs based on the needs of the people or the organisations?
- How do I ensure the participants' voice in the process?
- Which cultural sensitivities must I take into account?
- How can I make learning and care sustainable over time?





6.2 Systemic Evaluation Tools

Theoretical Context



Evaluation of outcomes in systemic and trauma-informed work does not rely solely on psychometric data. It concerns the transformation of the entire system: the individual, the family, the group, and the community. The central question is not simply “Has anxiety or mood improved?” but rather “How have relationships, communication patterns, the sense of safety, the capacity for co-regulation, and the ability for collective action changed?” Systemic evaluation integrates quantitative and qualitative approaches: it measures psychological and behavioural indicators, while simultaneously listening to meanings, emotions, narratives, and lived experience.

Outcome Measurement Tools



A. Psychological Indicators

Field	Tools	Indicative clues
Emotional regulation	Anxiety/depression indicators (e.g., SDQ, DASS-21)	Reduction of hyperarousal, increase of positive emotions
Self-perception	Self-esteem questionnaires (e.g., Rosenberg, Strengths Survey)	Increased sense of competence and identity
Sense of safety	Brief 3-question interview: “Where do I feel safe?”, “With whom?”, “How do I know?”	Increased awareness and inner stability

B. Behavioral Indicators

Domain	Data	Observation
School adjustment	Attendance, participation, concentration	Reintegration, sociability
Family functioning	Reduction of conflicts, increased shared activities	Re-activation of roles
Social engagement	Volunteering, participation in groups	Community rebuilding

F. Systemic Indicators

Domain	Indicators	Tools
Group / Family	Increase in co-regulation, emotional expression	Group observation, interviews
Community	Collaboration between stakeholders, reduction of isolation	Social network mapping, participation in activities
Cultural level	Restoration of symbols of care and hope	Documentation of rituals and collective actions

Long-Term Recovery Evaluation



Recovery from collective trauma is a multi-year process. Long-term follow-up (6–24 months) shows not only what improved, but also how the change became stabilized.

Proposed Monitoring Model

Phase	Duration	Focus
1. Stabilization	0–3 months	Safety, restoration of routine, basic regulation
2. Recontruction	3–9 months	Reintegration, relationships, school and social participation
3. Empowrment	9–18 months	Role development, resilience, participation in activities
4. Transformation	18+ months	New meanings, identity, community leadership

Evaluation is conducted at every phase using tools of qualitative feedback, brief interviews, participatory observation, and joint group meetings.

Systemic Feedback Methods



A. Reflection circle

The participants sit in a circle and share one phrase: “What did I learn about myself through this programme?” “What changed in my relationship with others?” The facilitator records key words and maps them on a group chart, creating a visible collective evaluation that belongs to the group—not to the organisation.

B. Emotion Cards

At the end of each cycle of sessions, members choose a card (image, colour, symbol) that represents their current state. The images are photographed and observed over time. This process visualises emotional shifts in a non-verbal way.

C. Community Feedback

A public event or exhibition presents results, artworks, testimonies. Citizens write on a board: “What did this programme offer us? What is still needed?”. This form of

feedback strengthens accountability and collective learning, a core principle of systemic methodology.

Case studies and Good Practices Dissemination



Case studies are a key tool for documenting and disseminating systemic methodology, as they allow experiences to be turned into knowledge. Through narratives of young people, professionals and community actors, the processes of change behind the numbers become visible: the emergence of trust, the restoration of relationships after crisis, the recognition of collective strength. These case studies function as living examples of learning, allowing understanding of how theory translates into practice and how a community shifts from isolation to collaboration.

In the project's case studies, significant successes emerged, such as active youth participation in co-designing activities, collaboration among multiple actors (schools, municipalities, psychologists, NGOs), and the integration of somatic and creative practices which visibly reduced anxiety and strengthened group cohesion. These practices show that the methodology is not only therapeutic but also empowering; it promotes active participation and collective ownership of solutions. These narratives can function as positive models that inspire other communities and organisations to adopt similar approaches.

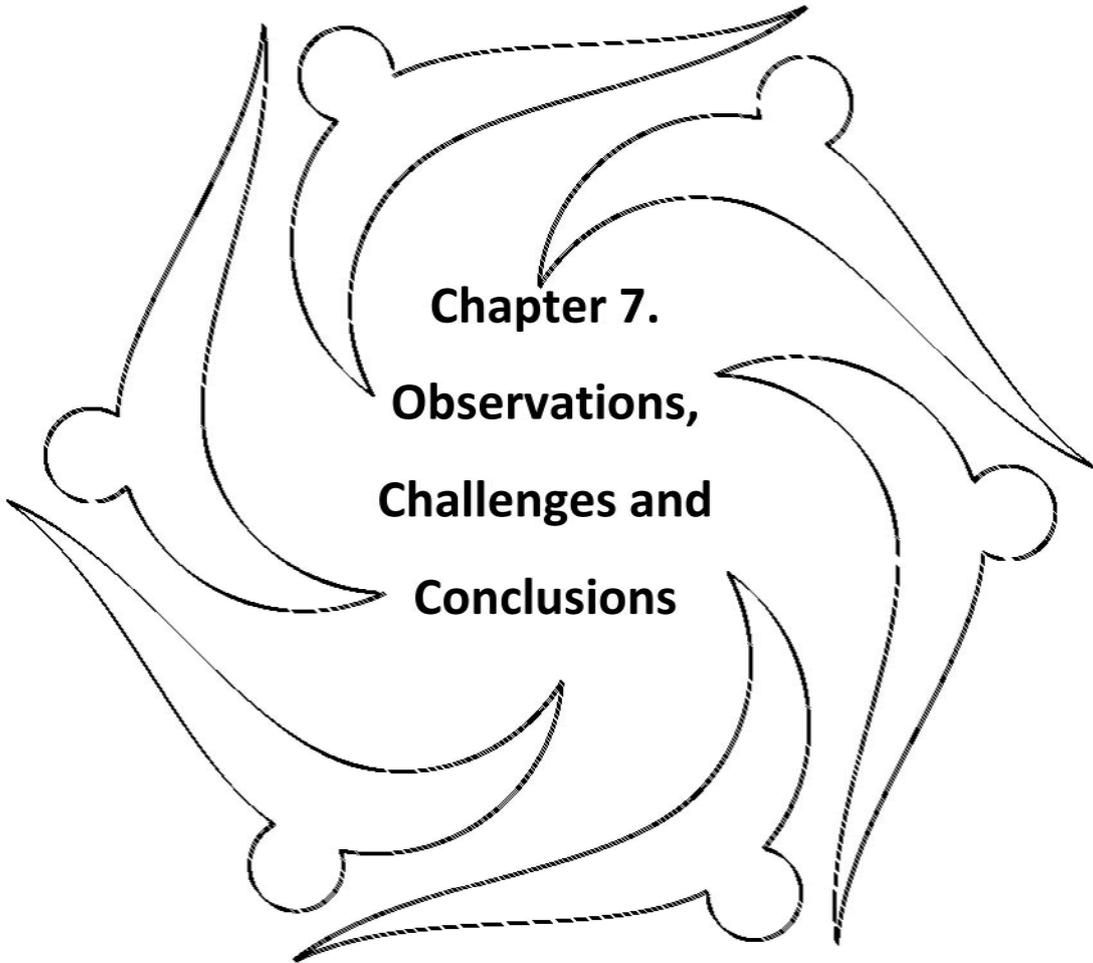
However, the case studies also highlighted challenges. Limited intervention time often hinders sustainability of results, while professional fatigue among facilitators requires consistent supervision and self-care. At the same time, collecting long-term data remains complex due to shifting social conditions. These obstacles, however, serve as opportunities to refine the model, allowing the integration of practices of continuity, supervision and long-term evaluation. Recognising difficulties as sources of learning strengthens the methodological framework, making it more realistic and adaptable.

Overall, case studies and the dissemination of good practices form a driving mechanism for the evolution of systemic methodology. Through workshops,

publications, training seminars and European exchange networks, findings can be transformed into practical guides, policy proposals and training tools. Systematic documentation of experiences not only supports evaluation, but also promotes a culture of learning, collaboration and community resilience — foundational elements for the next phase of the project and for expanding the model at European level.

Reflection for Practitioners

- What form of change do I consider most important: the measurable or the lived?
- How do I document impact without “appropriating” the participants’ stories?
- How do I define success within a system that is still learning how to heal?



Chapter 7.
Observations,
Challenges and
Conclusions



7.1 Historical and Contemporary Examples

Wars and Displacement



The history of the 20th and 21st centuries is filled with events that have left deep collective wounds on younger generations. Young people who grew up during periods of war — from Bosnia and Syria to Ukraine and Gaza — carry experiences of loss, fear, and alienation. Childhood in a war zone means constant exposure to sounds, images, and emotional hyperarousal.

Even after the conflict ends, the body remains on “alert,” while trust in institutions and adults often collapses. In post-war societies, the silence of adults creates a “trauma without narrative”: a new generation that knows something terrible happened but no one dares to speak it.

Natural Disasters and Environmental Crises



Natural disasters are among the most visible forms of collective trauma, as they dissolve the sense of control and safety that grounds human life. When a settlement is destroyed, homes, schools, streets, and neighborhoods — the reference points of belonging — turn into ruins. For young people, who are in a phase of building identity and dreams, this experience causes existential dysregulation: the loss of the environment is equivalent to the loss of a stable “place in the world.” Nature, once a field of play and protection, becomes a source of threat, while the community must reorganize itself within a landscape that now carries the memory of destruction.

The recent Daniel (2023) and Elias (2023) floods in Thessaly, in central Greece, are a characteristic example of such an experience. Thousands of young people faced the loss of their homes, schools, and daily routines; many witnessed scenes of shock — people trapped, animals lost, waters engulfing entire villages.

The sense of insecurity continued for months through slow reconstruction, feelings of abandonment, and fear for the future. In such cases, trauma is not limited to the event itself; it solidifies as a collective feeling of helplessness: the sense that “no one

protected us,” and that the environment, the state, even the sky are unpredictable.

A similar experience was lived by communities affected by the major wildfires in Cyprus (2021 and 2023), where entire regions in the mountainous areas of Limassol and Larnaca were destroyed within hours. For adolescents growing up in these landscapes, the images of fire became a shared psychological space: the memory of the red sky, the escape, the loss of animals and trees shaped their sense of relationship with nature and community. The experience of fire often translates into ambivalence toward the natural environment itself: nature is felt both as a source of awe and of fear.

Young people grow up with the sense that their home may be threatened again, while the collective effort of reforestation becomes, psychologically, an act of repair and symbolic hope. Beyond immediate losses, environmental crises — floods, wildfires, extreme weather — become a continuous reminder of vulnerability in the minds of younger generations.

The sense that nothing is stable creates a deep existential fear, while simultaneously highlighting the need for a new relationship with nature and collective responsibility. In communities such as Thessaly or Cyprus, the experience of natural disaster has led young people to become carriers of environmental awareness: taking part in reforestation, recycling, or community education, transforming pain into a driving force for social awakening.

Resilience itself is born from the need to rebuild the land and restore trust in the earth.

Manmade Catastrophes and Collective Narratives

Human-made disasters — industrial accidents, ecological crises, violence, corruption, or systemic injustice — differ from natural ones because they carry the imprint of human responsibility. Trauma here is not caused by nature but by society itself, and this makes it deeper, because it is accompanied by anger, betrayal, and loss of trust in institutions. Young people who grow up in societies where the state or adults fail



to protect them internalize a divided narrative: on one hand, they want to belong to the community; on the other, they experience it as a source of danger. This creates a generation that is cautious and often struggles to believe in change.

In human-made crises, collective trauma is accompanied by broken meaning-narratives. Society loses the coherence of its story. Examples include major economic crises, large-scale accidents such as the Tempi railway disaster in central Greece, or political conflicts where the prevailing feeling is that “no one is held accountable.” Young people living under such conditions tend to develop either cynicism (“nothing ever changes”) or radicalization (“only if we destroy everything can something new be born”). Both responses are forms of reaction to the loss of trust; the psyche seeks narrative, and if it cannot find one, it creates one through resistance.

At the same time, these very crises can give rise to new collective narratives. Through social movements, art, activism, and participation, young people often transform trauma into a cultural act of testimony and renewal. From environmental protests in Thessaly and cultural actions after the wildfires in Cyprus, to youth campaigns for social justice and mental health, young people create a counter-narrative of hope.

They take on the role of storytellers of their era, restoring the community’s lost voice through speech, music, and creation. The transition from anger to action is how collective trauma is transformed into collective strength.



7.2 Future Directions of Systemic Methodology in Collective Trauma Management

Extension of Methodology to Other Populations (Older Adults, Communities)



The Systemic Methodology for Collective Trauma Management, as developed within the RESCOM project, was originally designed for young people and youth workers. However, its core foundations — the concept of interdependence, circular communication, collective resilience and community continuity — make the methodology highly flexible and adaptable to different age and social groups. Extending it to adults and older people does not simply involve a new target group; it also creates the possibility for intergenerational communities of resilience, where the experience of older adults meets the creativity of younger generations. This approach is linked to the theory of “social memory circuits,” according to which communities that keep alive their narratives of crises, losses and recoveries develop stronger collective cohesion and greater capacity for repair after traumatic events.

Adults often experience crises related to economic insecurity, professional burnout, migration experiences or loss of role identity. The adaptation of the systemic methodology for this group is proposed to be based on three pillars:

1. **Community resilience workshops:** Small groups of citizens or professionals (e.g. teachers, social workers, caregivers) meet in structured dialogue circles. Through systemic questions and experiential techniques (such as the “circle of hope narratives” or the “mapping of support networks”), members process their shared challenges. The group becomes a social mirror in which individual experiences are reinterpreted as collective phenomena.
2. **Group reframing of professional crises:** In organisations that have experienced pressure (such as schools, care facilities, public services), the methodology can function as a framework for reconstructing experiences with a systemic orientation. Professionals rebuild their narratives of crises, focusing not on failure but on the resilience of the system, and co-create new strategies for collaboration.
3. **Strengthening community cohesion after crises:** In regions affected by natural

or human-caused disasters (such as the floods in Thessaly or the fires in Cyprus), the systemic methodology can be applied as a tool for reconnecting residents. Shared narratives, recognition of interdependent relationships and co-organised recovery actions enhance psychosocial recovery and reduce collective anxiety.

Adaptation to Elderly Populations



Older adulthood is a crucial field for applying the methodology, as the concept of collective memory carries particular significance. Older adults are not only carriers of trauma but also custodians of resilience. Interventions can be organised around the following principles:

Narratives of continuity: Older adults are invited to share stories of crises that were overcome — wars, natural disasters, social transformations — with younger generations. The process is therapeutic for both sides, as it highlights the transmission of experience and meaning.

Systemic memory cafés: Small groups of older adults, with or without cognitive difficulties, participate in dialogues on themes such as loss, care and identity. The facilitator uses techniques like “role switching” and “circular questioning” to illuminate the interconnections between generations and families.

Empowerment of caregivers of older adults: The methodology can be integrated into training programmes for caregivers (professional or family), offering systemic ways of understanding deterioration, loss and endurance. Care ceases to be an exclusively individual responsibility and is reinterpreted as a collective act.

Transgenerational Dimension and Social Coherence



The greatest challenge for the future development of this methodology is the connection of different generations in common programs. The “circles of memory and future” could function as frameworks in which youth, older adults and the elderly may co-create narratives about what a resilient community is all about. The

systemic intervention with its emphasis on collective learning, allows to construct a social web of meaning that does not exclude age pupylations, instead brigs them together in a mutual dialogue.

Thus the methodology turns into a social tool of restitution and inclusion, empowering the European vision for communities of solidarity and sutainability.



7.3 Integration of New Research and Practices into the Methodology

Neurobiological Integration and Integration of Complexity

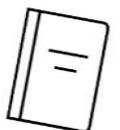


The dynamic nature of the contemporary world — with rapid technological developments, digital interaction, and constant exposure to collective crises — requires every methodological framework to remain open to learning and research. The RESCOM systemic methodology can be continually renewed through the integration of findings from neuroscience, complexity theory, trauma psychology, and digital humanities.

Recent research on trauma and the nervous system (Porges, 2022; van der Kolk, 2021) shows that resilience is not only a psychological process, but also a neurophysiological capacity. The systemic methodology can incorporate co-regulation practices that help the group restore safety and trust. Although it does not include direct somatic techniques (such as meditation or breathing exercises), the methodology can make use of focused observations of emotional activation, brief pauses, and “cyclical breathing in dialogue” (e.g., a silent round before responding). These create micro-moments of regulation that enhance system cohesion.

Future methodological evolution needs to go beyond the linear “cause–effect” perspective. Social systems function as complex adaptive networks, where small shifts in one part of the system can create significant changes elsewhere. Training for professionals (youth workers, facilitators, therapists) can be enriched with tools for system mapping, influence diagrams, and reflective action cycles. Such tools help groups identify patterns, avoid oversimplification, and cultivate systemic awareness in real time.

Participatory Research and Digital & Interactive Tools



The methodology can evolve through participatory action research, where the participants themselves become co-researchers. Young people, adults, or older adults can collect data (e.g., testimonies, experience maps, narratives of change)

and process them collectively, producing local knowledge. In this way, the methodology becomes a living learning system that does not introduce ready-made solutions but evolves continuously through the participation of the communities.

Digital technology can enhance, without altering, the systemic philosophy. The development of interactive storytelling tools allows participants to create multimedia stories of crisis and resilience, which are shared within online communities. Virtual dialogue circles can also be used for transnational groups, allowing the methodology to be transferred at a European level. The challenge is to maintain presence and emotional attunement within the digital environment — an issue that requires new research tools and ethical guidelines.



7.4 Conclusion

Collective trauma in youth is not an individual problem, it is a social mirror that shows where the bonds of trust and secure have been broken. Understanding this demands a multidisciplinary view -psychological, sociological, cultural. Each era leaves a different print on its offsprings: sometimes fear, sometimes hope. The challenge for today's society is to recognize early the signs of collective trauma in young people—not in order to rush to “fix” them, but to create conditions of reintegration, meaning, and coexistence.

Only through collective recognition and the sharing of pain can a generation move from “we were wounded” to “we continue.”

The future development of the Systemic Methodology for Collective Trauma Management marks the transition from a project to a sustained culture of resilience. The expansion to adults, older adults, and communities creates a comprehensive European model of intergenerational resilience, while the integration of new research, digital tools, and participatory knowledge makes the methodology sustainable, evolving, and transferable.

Beyond the psychosocial dimension, this methodology responds to a broader social goal: the creation of communities that learn from trauma, transforming loss into meaning, memory into strength, and relationship into a tool for healing and development.

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Appendix

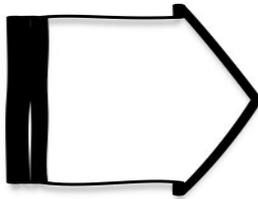
Explanation of Symbols in Order of Appearance



It means that the text on the left includes certain theoretical points or introductory remarks.



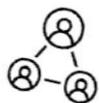
It means that the text on the left includes guidelines addressed to professionals or organisations active in the field of youth support.



It means that the text on the left refers to practical applications and experiential exercises that can be implemented, or good practices that have been applied for the development of resilience in youth-support settings involving young people who have experienced collective trauma.



It means that the box on the left contains reflection prompts addressed to professionals working in the field of youth support.



It means that the text on the left refers to examples of dialogues and cases of supporting young people who have experienced collective trauma, or their communities, for the development of resilience and continuity.



It means that the text on the left presents assessment tools for use by professionals working in the field of youth support.



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