



Trauma-Informed Adventure Therapy Manual for Coaches



INTACT: Inclusive Trauma Informed Care, Adventure Therapy Activities for Refugee Children and Youth in Greece



Trauma-Informed Adventure Therapy Manual for Coaches Deliverable D3.1

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Background

Intended Audience

This guide is intended for professional sports educators, coaches, and officials within sports federations who seek to deepen their understanding of the conditions surrounding collaboration with refugee children at risk of trauma exposure, and how such experiences may influence their behaviour and participation. Its objective is to provide a thorough overview of the psychosocial issues frequently affecting refugee children, while offering practical adventure therapy-based guidance to enable coaches to better prepare for and manage these challenges. Additionally, the guide underscores the critical importance of collaboration with other professionals and outlines strategies for facilitating such interdisciplinary cooperation in a seamless manner.

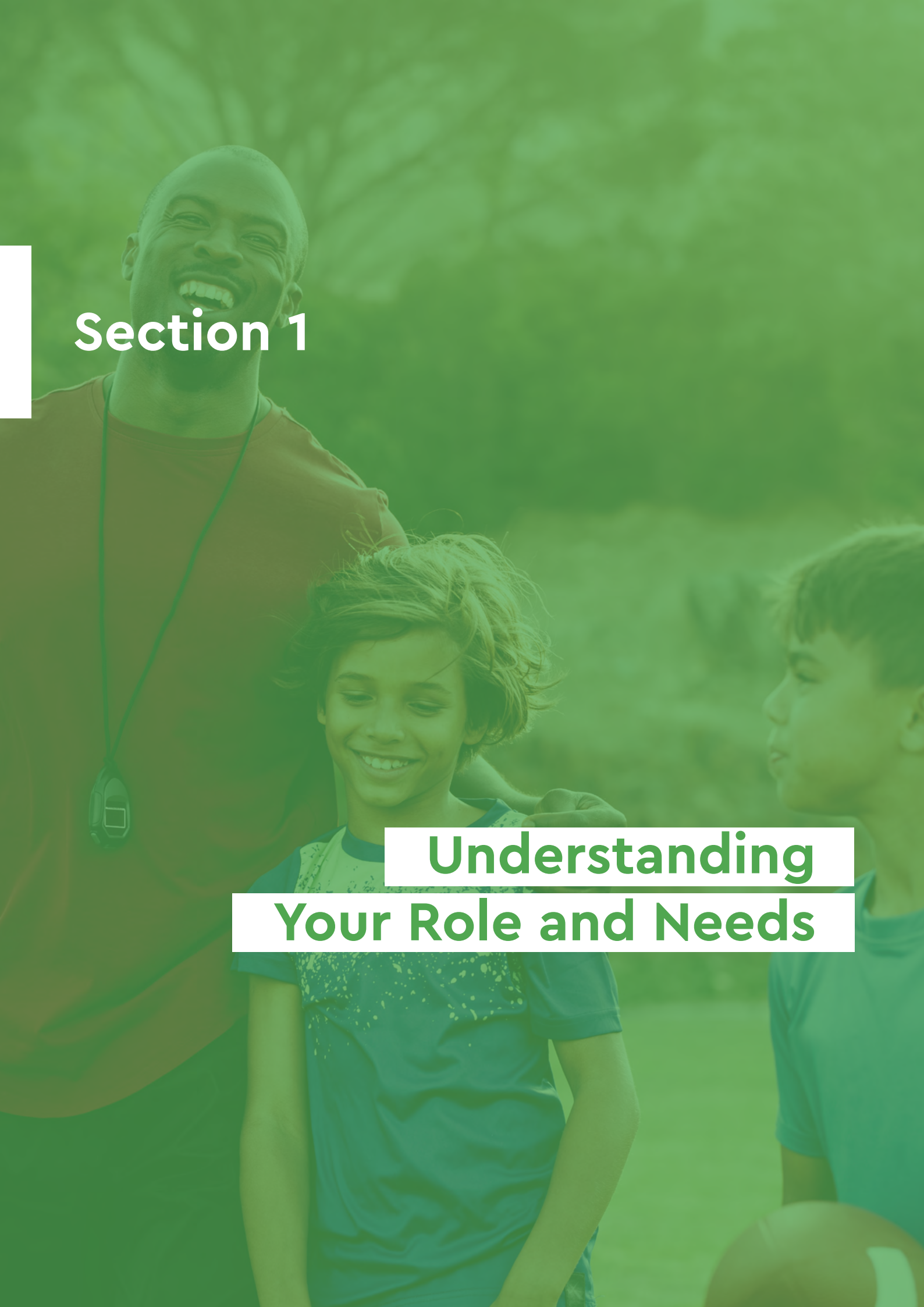
This guide is not designed to serve as complete training in trauma-informed practices within sport, nor should it be considered a substitute for clinical treatment.

While this guide provides extensive information on children exposed to and at risk of trauma, its focus is specifically tailored to refugee children. It is important to emphasise that not all refugee children experience trauma; rather, this guide recognises that refugee children who are vulnerable to trauma face particular challenges shaped by their experiences of displacement, loss, and often prolonged adversity.

Refugee Children at Risk of Trauma

Methodology and Expert Consultation

In addition to desk-based research, this guide was shaped through three collaborative co-design sessions with a panel of field experts. Two of the contributors were sport psychologists with extensive experience working with displaced populations and refugee communities, offering valuable insight into trauma-informed psychological practices within sporting environments. The third expert was a project manager specialising in sports-based interventions for refugee populations, bringing practical expertise in implementation and organisational strategy. These co-design sessions provided vital, field-informed knowledge that underpins many sections of this guide, ensuring that its recommendations are both contextually grounded and aligned with best practice. Throughout the guide, content drawn directly from these sessions is referenced as “(INTACT Co-Design Sessions, 2025)”.

A photograph of a man and two young boys outdoors. The man, on the left, is smiling broadly and has a whistle around his neck. He is wearing a dark t-shirt. The boy in the center is also smiling and looking down. The boy on the right is looking towards the man. The background is a blurred green field. The entire image has a green tint.

Section 1

Understanding Your Role and Needs

1.1 Introduction to the Guide

Purpose and Objectives of the INTACT Project

The INTACT project launched in Greece in 2024 addresses the mental health challenges faced by refugee children and youth affected by war and displacement, including PTSD and depression, which impact their social and educational wellbeing. While traditional integration efforts across the EU often overlook innovative approaches such as adventure and nature-based therapies, INTACT aims to raise awareness among sports organisations and trainers about trauma-informed methods, promoting access to adventure therapy as a supportive intervention. This guide forms part of INTACT's commitment to equipping sports professionals with practical knowledge and tools to better understand and respond to the needs of refugee children in their care.

Guiding Coaches in Supporting Refugee Children

This guide serves as a practical companion for coaches, enabling them to transform routine coaching sessions into meaningful opportunities for healing and personal growth. Recognising that many coaches working with refugee children may encounter behavioural challenges, emotional outbursts, or withdrawal that they feel ill-equipped to manage, this resource offers concrete strategies grounded in the principles of adventure therapy. Coaches will learn how to identify trauma responses during physical activities, incorporate trust-building exercises naturally within the sporting context,

and cultivate emotionally safe environments where children can achieve success and develop resilience. The guide emphasises that coaches are not expected to assume the role of therapists but are encouraged to augment their existing coaching skills with trauma-informed approaches. Such approaches can be pivotal in preventing a child from withdrawing and instead fostering openness to new possibilities for connection and healing.

Exploring the Potential of Adventure Therapy

Adventure therapy represents a powerful intersection where the natural human drive for exploration meets structured therapeutic intervention, creating unique opportunities for breakthrough moments that traditional talk therapy might not achieve. For refugee children who have experienced disruption, loss, and trauma, adventure-based activities offer a language of healing that transcends cultural and linguistic barriers. These activities provide universal experiences of challenge, accomplishment, and shared adventure. Through carefully designed outdoor experiences, trust exercises, and nature-based activities, children can rebuild their sense of agency, develop healthy coping mechanisms, and form new positive associations with their bodies and capabilities. The therapeutic potential lies not just in the activities themselves, but in the metaphorical connections between overcoming physical challenges and building emotional resilience. These connections create lasting internal resources that children can draw upon long after the session ends.

1.2 Coach Needs Assessment

Common Challenges Faced by Coaches Working with Refugee Children

Working with refugee children presents a complex web of challenges that extend far beyond traditional coaching contexts. Children with vulnerabilities carry the weight of forced displacement, cultural disruption, and ongoing uncertainty, all while navigating new environments without the support systems that typically help children to thrive. Understanding these challenges helps coaches to develop more effective approaches, rather than viewing difficulties as failures.

One of the most persistent obstacles is the assumption that standard integration methods will work effectively with refugee populations. As experts have explained¹, many integration programmes fail to recognise each child's specific skills and individual needs. As a result, these one-size-fits-all approaches "don't work — it's an attempt; not only doesn't it work, it actually harms them."¹ This occurs not due to coaching inadequacy, but because effective integration requires coaches to assess their specific group's needs and capabilities, rather than applying the same programme across all teams. This need for adaptability becomes even more critical when considering the language barriers that coaches must navigate creatively. Many coaches and children do not share a common language, requiring communication through sport itself. This presents both obstacles and opportunities. While verbal instructions may be limited or impossible, the universal language of movement, demonstration, and play can bridge linguistic gaps.

Yet beyond communication difficulties, refugee children in institutions confront quite different situations than youngsters returning to secure households¹. For that reason, coaches must adapt their expectations and methods accordingly. Their continued trauma causes ongoing stress that traditional coaching methods may not address. Unlike children processing past events in safe and stable environments, refugee youth often lack privacy, consistency, and basic security, making it difficult for them to trust others and participate in activities. Coaches have an important role in creating stability and fostering positive relationships for these children. Another systemic challenge is the gap in training¹. Many coaches bring strong technical expertise but are not adequately prepared to support children affected by trauma. This is not a reflection of personal shortcomings; rather, it highlights the fact that standard coaching certifications rarely include the specialised knowledge needed to work effectively with these children. Finally, cultural considerations represent a significant area of challenge for coaches¹. These aspects are addressed in detail in subsequent sections of this guide, providing specific strategies for navigating cultural diversity while maintaining programme effectiveness.

¹ INTACT Project Co-Design Sessions, 2025

Breaking Down Barriers: Strategies for Inclusive Coaching

Refugee and marginalised children face profound challenges that extend far beyond the playing field. These young people often experience deep disconnection from local society, living in isolated communities where meaningful relationships with neighbours and peers remain elusive¹. This social isolation creates invisible yet impenetrable barriers that prevent natural integration into community life. The challenge is further compounded by families' unfamiliarity with local systems, cultural norms, and community structures¹. Without the social capital necessary to navigate mainstream activities, these families find themselves excluded from opportunities that other children often take for granted. Economic barriers deepen this exclusion, as club membership fees, equipment costs, and transportation expenses place conventional sports programmes beyond the reach of families already struggling to meet basic needs¹.

What Can Coaches and Facilitators Do?

In co-design sessions, experts highlighted a recurring challenge; while there is strong interest in inclusive, nature-based activities, most athletic clubs and community organisations lack the resources to implement them¹. Coaches and programme leaders often face significant financial and logistical constraints that limit their ability to offer creative, outdoor, and community-integrated experiences. In response to these concerns, the following section outlines practical and cost-effective strategies that coaches can adopt to raise funds or design low-cost programming. These suggestions aim to support inclusive participation while reducing financial strain, helping coaches to create meaningful, nature-based engagement opportunities¹;

- **Design free, open adventure sessions** in accessible public spaces where marginalised children can interact naturally with local peers. Focus on activities that require genuine cooperation, such as group problem-solving challenges, collaborative team-building exercises, and shared adventures that allow authentic relationships to develop through common experiences rather than artificial integration attempts.
- **Partner with local sports clubs** to establish equipment lending programmes that remove financial obstacles to participation. Embrace activities that utilise natural environments and require minimal equipment (*Pandya, 2021*).
- **Actively engage local businesses, service clubs, and community organisations** to create sponsorship opportunities for marginalised children. These partnerships not only help to overcome financial barriers but also foster broader community investment in inclusive programming (*Reece et al., 2020*).
- **Bring programmes directly to isolated communities**, thereby eliminating transportation barriers while respecting children's comfort zones. Begin in familiar locations and gradually expand programming to broader community facilities. This progressive approach helps children build confidence and familiarity with local resources they can eventually access independently, creating long-term pathways to community engagement.

1.3 Creating Safe Sporting Environments

Cultural Sensitivity Considerations

Cultural sensitivity is essential when supporting refugee children, as their experiences, backgrounds, and needs are shaped by trauma, displacement, and the ongoing process of adapting to unfamiliar environments. A culturally sensitive approach recognises and values their unique cultural identities, supports their resilience, and addresses the challenges associated with acculturation and integration.

According to the *Positive Coaching Alliance Guide*² the following insights and recommendations highlight key cultural considerations that coaches should bear in mind when working with refugee children.



Key Cultural Considerations for Coaches

² Tips for coaching in a culturally responsive way - Positive Coaching Alliance. <https://positivecoach.org/resource-zone/tips-for-coaching-in-a-culturally-responsive-way>

Communication Styles and Patterns

Children from different cultural backgrounds³ bring distinct communication norms into the sports environment, which can significantly affect how they receive instructions and respond to feedback. In Nordic cultures, direct and explicit communication is valued; children from these backgrounds often respond well to immediate, honest feedback.

However, many refugee children may come from cultures where indirect communication is the norm. In such contexts, feedback is often implied rather than stated outright, and non-verbal cues carry much of the meaning. As a result, direct coaching language such as “try harder” or “that’s not correct” might feel harsh or disrespectful. For children with vulnerabilities, a more subtle and supportive approach is often more effective. Coaches can model techniques instead of only describing them, use storytelling or metaphors, and frame corrections within positive reinforcement.

³ Some examples from non-western communication characteristics (Lecrom and Dwyer, 2013): Collectivist Cultures: Children from collectivist backgrounds prioritize group harmony over individual expression and may avoid behaviors that could cause embarrassment to themselves or others.

High-Context Communication Cultures: Communication is a convergent process that aligns a group of individuals around a common objective, and the process can decrease with increased cultural diversity. These children rely heavily on situational factors, relationships, and non-verbal cues rather than explicit verbal content.

High Power Distance Cultures: Different communication styles within cultures also have an impact on preferences for leadership styles between cultures. Differences in levels of democratic versus autocratic leadership and communication and different preferences in levels of support and feedback communicated from management have been identified. Children expect clear hierarchical structures and may be uncomfortable questioning authority figures.

Individual vs. Collective Achievement

Western models of adventure therapy often emphasise personal growth, self-reliance, and individual achievement. While these are valuable goals, they may not align with the cultural values of many refugee children who come from collectivist societies, where family honour, group harmony, and shared success are more highly valued than standing out individually.

In such cases, personal recognition can feel awkward or even isolating. Children might reject praise if it is seen as elevating them above their peers or family members. Coaches can:

- support cultural alignment by emphasising team success,
- highlight group contributions, and
- design activities that foster collaboration.

For example, instead of spotlighting a single child’s progress, coaches might celebrate how the team worked together or how one child supported another’s success.



Gender Roles and Mixed-Gender Activities

Gender expectations vary widely across cultures and may include specific beliefs about modesty, appropriate clothing, or mixed-gender interaction. Refugee children may come from communities where girls and boys do not participate in physical activity together, or where physical contact between boys and girls (even handshakes or high-fives) is considered inappropriate¹. For this reason, coaches should accommodate these needs sensitively, without compromising inclusion or safety. Strategies might include organising same-gender activity groups, offering alternative clothing options that respect modesty requirements, and establishing clear boundaries around physical contact¹. Engaging families early to understand cultural guidelines can help build trust and co-create solutions that support full participation.



Some Practical Strategies for Cultural Responsiveness

- Frame group exercises through concepts of community and interdependence, rather than personal achievement.
- Early in the programme, create shared agreements that set the tone for respect and inclusion.
- Create space for children to share aspects of their own culture with the group. This can be done through games, stories, songs, or rituals. It gives every child a moment to feel seen and respected.
- Recognise that a child's engagement often depends on their family's sense of safety and trust in the programme. When families feel respected and informed, they are more likely to encourage their child's full participation.

1.4 The Healing Power of Nature and Adventure

This chapter explores how nature-based and adventure activities can serve as powerful tools for emotional healing, but only when approached with a trauma-informed mindset. The two tables that follow have distinct but complementary purposes;

The first table, “The Contrast Between Trauma Responses and Positive Adventure Experiences,” helps coaches recognise the paradoxical role of physical activity: how the same movement can either empower or retraumatise a child depending on context, history, and delivery. The second table, “*Evidence: How Nature-Based Activities Counter Negative Effects*,” presents the psychological mechanisms behind adventure therapy. Drawing from expert insights, it outlines how carefully structured nature activities can rebalance emotional states, reprogram trauma responses, and build resilience over time¹.

Together, these boards
invite coaches to rethink not just
what they teach, but how and why,
empowering them to transform
training into healing.



The Contrast Between Trauma Responses and Positive Adventure Experiences

Theme	Core Insight	Practical Implications	Real Example (from Expert Interviews)
1. The Fundamental Paradox	Activities that are empowering for some can be retraumatizing for others. Physical actions (e.g., hiking, swimming) might mirror traumatic experiences (e.g., escape, near-drowning).	Always assess emotional meaning, not just physical difficulty. Activities must feel safe, not just be safe. Use informed consent and observe reactions.	“A child who walked through a desert to survive may struggle to experience hiking as recreation.” “In swimming, you can really see how much they can’t enter the sea and they just sit there.”
3. Safe Stress vs. Traumatic Stress	Safe stress (e.g., climbing a rock) builds resilience; traumatic stress (uncontrollable, overwhelming) reinforces fear and shutdown.	Design challenges that are chosen, bounded, and safe. Always include exit strategies. Use positive reinforcement and avoid forced exposure.	“The stressor becomes a learning tool, not trauma.”
4. The Healing Power of Nature	Nature provides a non-judgmental, open space. It offers grounding stimuli and relief from urban/institutional pressure.	Leverage outdoor environments where possible. Let nature be the co-facilitator: calm, vast, and free of stigma.	“Nature doesn’t judge. A child who feels strange in the city can find their peace in the mountains.”
5. Relational Safety Comes First	Children follow people, not places. Emotional safety precedes environmental safety.	Prioritize trust-building with coaches. Children will engage when they feel secure with someone, not just when the activity seems fun.	“They go where they feel safe, and safe isn’t the mountain or the gym, it’s with Maria or Giorgos.”
6. Importance of Observation and Patience	Trauma work happens subtly, over time. Progress may be invisible to outsiders but deeply meaningful for the child.	Celebrate small victories. Don’t rush or compare children. Value presence as much as participation.	“Even just sitting next to the water, not entering, is a success.”

How Nature-Based Activities Counter Negative Effects

Scientific Mechanism	What Happens in the Brain/Body	Evidence from Mental Health Professionals	Concrete Benefits for Refugee Children
Neurochemical Rebalancing	Dopamine release during nature activities actively replaces stress hormones, creating mood improvement (Olafsdottir et. al., 2018)	"Physical euphoria... you feel better, more open afterwards"	Immediate: Natural mood elevation Long-term: Reduced anxiety episodes and increased emotional openness
Stress Response Reprogramming	Controlled exposure to manageable challenges rewires the threat detection system, transforming stress from "danger signal" to "growth opportunity" (Lee et. al., 2025).	"When a child climbs safely, they experience 'healthy stress' that builds confidence instead of activating traumatic memories"	Immediate: Child feels capable instead of helpless Long-term: Develops resilience to handle daily stressors without panic responses
Traumatic Association Reconstruction	Nature experiences create new neural pathways that override trauma-linked memories, literally rewiring how the brain processes natural environments.	"Children who crossed deserts to survive learn through hiking to connect nature with relaxation instead of survival"	Immediate: Nature becomes safe space rather than threat Long-term: Ability to enjoy outdoor spaces without flashbacks or hypervigilance
Graduated Exposure Therapy	Progressive physical challenges in safe settings desensitise the nervous system to stress responses through repeated positive experiences (Nowacka-Chmielewska et. al., 2022).	"Adventure therapy transforms the stress factor (like balancing on rocks) into a learning tool, not trauma"	Immediate: Child learns "I can handle difficult things" Long-term: Reduced PTSD symptoms and increased willingness to try new experiences

Section 2

A photograph of children playing outdoors in a grassy field. A large, multi-colored parachute (yellow, green, blue, and orange) is being held up by several children. In the background, a cluster of colorful balloons (red, blue, yellow, and green) is visible. The scene is set against a backdrop of trees and a clear sky. The entire image is overlaid with a semi-transparent green filter.

Foundations of Adventure Therapy

2.1 What is Adventure Therapy?

Adventure Therapy is a structured, trauma-informed therapeutic approach that uses outdoor, experiential activities to support emotional healing, social connection, and personal growth. It combines elements of psychology, group dynamics, and nature-based experiences to help individuals process trauma, build resilience, and develop life skills in a safe, supportive environment. In practice, adventure therapy might include hiking, biking, rock climbing, or team-based problem-solving challenges, all facilitated with specific therapeutic intentions. These activities are not just for physical exercise, they are designed to help participants face fears, express emotions, develop trust, and discover inner strengths through direct experience (Jeffery, 2020).



Figure 1: Taken by Olympic Behavioral Health: Adventure therapy for Addiction

The natural environment plays a central role in this approach; it performs as a “co-therapist,” helping reduce stress, increase mindfulness, and restore emotional balance.

Distinguishing Adventure Therapy from Recreational Activities

While both adventure therapy (Jeffery, 2020) and recreational activities (Mackenzie, 2020) involve physical movement and enjoyment, they serve very different purposes;

Adventure Therapy	Recreational Activities
Therapeutic purpose: Designed to support healing, emotional regulation, and trauma recovery.	Leisure-based purpose: Aimed at fun, exercise, or social interaction.
Facilitated by trained staff: Involves intentional guidance by facilitators using trauma-informed methods.	Supervised or unsupervised: Often led by general staff or volunteers without therapeutic goals.
Reflective process included: Activities are paired with pre- and post-discussions to promote self-awareness and learning.	No reflection required: Activities may end without structured debrief or emotional processing.
Focus on emotional safety and personal growth: Supports participants through challenges that are meaningful and healing.	Focus on fun and entertainment: May involve competition or high-energy play without deeper emotional support.



2.2 The Four Pillars of Adventure Therapy

Adventure Therapy stands on four fundamental pillars that work together to create a powerful healing environment for refugee children. Understanding these pillars will help coaches design activities and create experiences that address the complex needs of the children they work with.

Pillar 1: Experiential Learning

Traditional classroom learning often falls short for children who have experienced trauma. Their minds may be preoccupied with survival, making it difficult to focus on abstract concepts or verbal instructions. Experiential learning flips this approach by engaging children through direct, hands-on experiences that naturally draw their attention and involvement.

In adventure therapy, children do not just talk about courage, they experience it while crossing a stream on stepping stones. They do not discuss trust in abstract terms, they practice it by relying on a teammate to guide them through a blindfolded obstacle course. This type of learning bypasses the cognitive barriers that trauma often creates and speaks directly to the body and emotions (Trundle, 2020). Coaches can create experiential learning opportunities by designing activities that require active participation rather than passive listening. When a child successfully navigates a challenging hiking trail, they're not just exercising, they are learning that they can overcome obstacles, that their body is capable and strong, and that persistence leads to achievement. These lessons become embodied knowledge that children can carry with them long after the activity ends.

The power of experiential learning lies in its ability to create "aha moments" that feel authentic and personally meaningful. Unlike advice given by adults, insights gained through experience feel like personal discoveries, making them more likely to stick and influence future behavior.

Pillar 2: Challenge and Mastery

The second pillar of adventure therapy focuses on offering children manageable challenges that help them grow. The purpose of these challenges is not be risky or unsafe. On the contrary, the activities are carefully designed that gently push children beyond their usual comfort zones. The goal is to help them experience small, achievable successes, which in turn build their confidence, resilience, and belief in their own abilities. The concept of “optimal challenge” is important here. The activity should be difficult enough to require effort and growth, but not so overwhelming that it triggers trauma responses or leads to failure. Rock climbing with proper safety equipment, for example, allows children to face their fear of heights while knowing they are secure. Successfully reaching the top creates a profound sense of accomplishment (Russell, 2017).

When planning activities, coaches should think about how to scaffold challenges appropriately. Starting with smaller, achievable goals and gradually increasing difficulty as children build confidence works effectively. A child who initially struggles to speak up in group discussions might start by sharing observations about nature, then progress to leading a short segment of a hike, and eventually feel confident enough to help other children work through challenges. Mastery experiences are particularly powerful for children who have experienced helplessness. When a child learns to start a campfire, successfully reads a map, or helps their team solve a problem, they’re rebuilding their sense of personal agency. These moments of mastery create positive memories that can serve as resources during difficult times, reminding children of their strength and capabilities.



Pillar 3: Connection to Nature

Nature serves as a powerful therapeutic partner in adventure therapy. Research consistently shows that spending time in natural environments reduces stress hormones, lowers blood pressure, and improves mood.

The connection with the natural world can help regulate disrupted nervous systems. The sound of flowing water, the rhythm of walking on a forest path, and the vastness of an open sky can all contribute to a sense of calm and perspective. Many refugee children have been confined to urban environments or refugee camps where nature is scarce. Reconnecting with the natural world can awaken a sense of wonder and peace that trauma may have suppressed (Slattery et al., 2022).

Coaches should encourage children to engage all their senses in nature. Having them feel the texture of tree bark, listen to bird songs, smell flowers, and watch clouds move across the sky provides valuable sensory experiences. These sensory engagements can serve as grounding techniques that help children stay present and connected to their bodies rather than lost in traumatic memories.

Pillar 4: Social Bonds and Teamwork

The fourth pillar of adventure therapy focuses on rebuilding social connections through carefully structured group activities. Adventure-based activities naturally create opportunities for cooperation and mutual support. When children work together to build a shelter, navigate a hiking trail, or solve a problem, they experience positive interdependence. They learn that they can rely on others and that others can rely on them. These experiences help rebuild the social trust that trauma may have damaged (Slattery et al., 2022).

The coach's role involves creating a safe container for these interactions. Establishing clear group norms about respect, inclusion, and support is essential. Coaches should be ready to intervene if conflicts arise, but also allow children to work through manageable disagreements themselves. The goal is to help them develop conflict resolution skills and learn that relationships can survive challenges.

The bonds formed through shared adventure experiences are often deeper and more meaningful than traditional friendships. When children support each other through challenges, celebrate each other's successes, and work together toward common goals, they create connections based on mutual respect and shared experience rather than superficial similarities.

Bringing the Pillars Together: Extra Tips for Implementation

These four pillars work synergistically to create a comprehensive healing environment. A single activity might incorporate all four elements: children work together (social bonds) to navigate a challenging hiking trail (challenge and mastery) while learning about their own capabilities (experiential learning) in a beautiful natural setting (connection to nature).

Coaches should remember that healing is not linear, and children will respond to these pillars differently based on their individual needs and experiences. Some children may initially resist challenges, while others might struggle with group activities. The coach's role involves remaining flexible, observant, and supportive, adjusting approaches based on what each child needs while maintaining the integrity of these foundational pillars.

2.3 Adapting Adventure Therapy Principles to Sports Coaching

Adventure therapy offers a compelling framework for supporting individuals through structured, experiential engagement in the natural environment. Rooted in principles of relationship, reflection, and resilience, it lends itself to therapeutic applications well beyond traditional clinical settings. For sports coaches and federations seeking to respond sensitively to athletes who may have experienced trauma, adapting the core tenets of adventure therapy to the sporting context can prove both transformative and restorative. This section examines how such integration may be thoughtfully and effectively realised, drawing on insights gleaned from sessions with mental health professionals in the athletics field.



Integrating Therapeutic Elements into Training Sessions

Embedding therapeutic elements into training sessions does not entail adopting clinical practices, but rather cultivating a relational and reflective environment in which athletes feel seen, heard, and safe. Experts emphasise that the process begins by acknowledging the individuality of each participant, particularly in early-stage engagement¹. Instead of imposing a rigid structure, coaches are encouraged to present a selection of activities and co-develop the training trajectory with beneficiaries, inviting them to express preferences, identify areas of interest, and articulate which challenges they are ready to take on. This element of agency is not merely a gesture of inclusion but a foundation for emotional investment. Many individuals, particularly those from underrepresented or underserved communities, are unfamiliar with being asked what they would like to do (Islam et al., 2021). In societies where emotional expression is culturally subdued or discouraged, even the simple question “what would you enjoy?” may represent a profound shift. By legitimising this kind of choice-making, coaches foster ownership and self-discovery.

The integration of clear boundaries is also paramount¹. Coaches must define the framework of each session – what will be done, where, and within what temporal structure, while allowing a degree of elasticity. As one expert put it, a trauma-informed session must “start with rules, but end with flexibility.” For instance, an agreed departure time may shift slightly if the group is deeply immersed or if a participant needs a moment of recalibration. The key is clarity paired with compassion: athletes should know what to expect and also feel that their rhythms are accommodated. Importantly, this knowledge is often missing from basic coach training. It is not that coaches do not wish to address trauma, but rather that this critical aspect is insufficiently integrated within their education. Before a coach or trainer begins working with traumatised children, it is imperative to embed intercultural competence and trauma-awareness into their professional preparation.



“We begin with rules. Before doing anything, we follow a set plan — this, then that. We’ll need a certain amount of time; we’ll go forward to that point. However, the accompanying instructor isn’t overly strict about enforcing the rule to the letter. For example, if we’ve said we’ll leave at 12, and someone sees that there’s a delay and we leave two, three, even five minutes later, that’s not a problem. [...] But certainly, there is a rule, there is a framework for what we’ll follow, how things will unfold, what we expect from you, and how it can work. The clearer we are, the better. And at the same time, a degree of flexibility follows.”¹

Equally, organisations engaged with these children must recognise that coaches may not initially possess such knowledge. For instance, a child residing in a refugee shelter may have markedly different needs from one arriving from a stable home environment. Therapeutic integration also involves somatic awareness (Payne et al., 2025); coaches may incorporate mindful warm-ups, breathing exercises, or grounding techniques, particularly at the start and close of sessions. These facilitate regulation and help participants transition into and out of the activity with a sense of continuity and calm. While these practices are subtle, they provide beneficiaries with tools for emotional self-regulation, essential both on and off the field.



Modifying Traditional Coaching Approaches

Traditional coaching often privileges discipline, repetition, and performance (Lindsay & Spittle, 2024). Yet trauma-informed adaptation requires a fundamental reorientation towards process rather than outcome, and relationship over authority (Stokes, 2022). Coaches become facilitators of growth, rather than enforcers of direction. From the perspective of applied psychology, one core insight concerns behavioural cues. Athletes who have experienced adversity may exhibit discomfort in idiosyncratic ways, not always through words, but through pace, positioning, or interpersonal dynamics. A participant who consistently lags behind, who seems reluctant to initiate, or who expresses themselves with heightened aggression or withdrawal, may not be “difficult” or “disengaged” but simply communicating unease in the only way they can. For this reason, coaches are encouraged to become skilled observers; not of pathology, but of behaviour. They should resist the urge to over-interpret and instead respond with grounded presence; a check-in, a change of tempo, or an invitation to step out and rejoin later. Behavioural responses should be met not with reprimand, but with curiosity¹.

Similarly, standard feedback mechanisms must be reconsidered. A trauma-informed coach refrains from raised voices, abrupt correction, or excessive focus on failure. Feedback should highlight strength and process; what was tried, what was learnt, and how it felt. Importantly, a gender-sensitive lens is also required. Experts note that while boys may externalise discomfort through irritability or critique, girls often withdraw into silence¹. Coaches must remain alert to such distinctions and strive to create environments where all feel able to contribute, regardless of expressive style. Crucially, all practice must be informed by a respectful and reflective approach to cultural diversity. Approaches successful in one national or social context may fail in another (Goff et al., 2024). As highlighted by practitioners, well-designed programmes often falter when transplanted without regard for cultural dynamics. Adaptation is not only possible but essential. The process of sports-based intervention must be attuned to local values, communicative norms, and social expectations (i.e., gender-specific roles, religious observance); especially when working with migrant or marginalised populations.



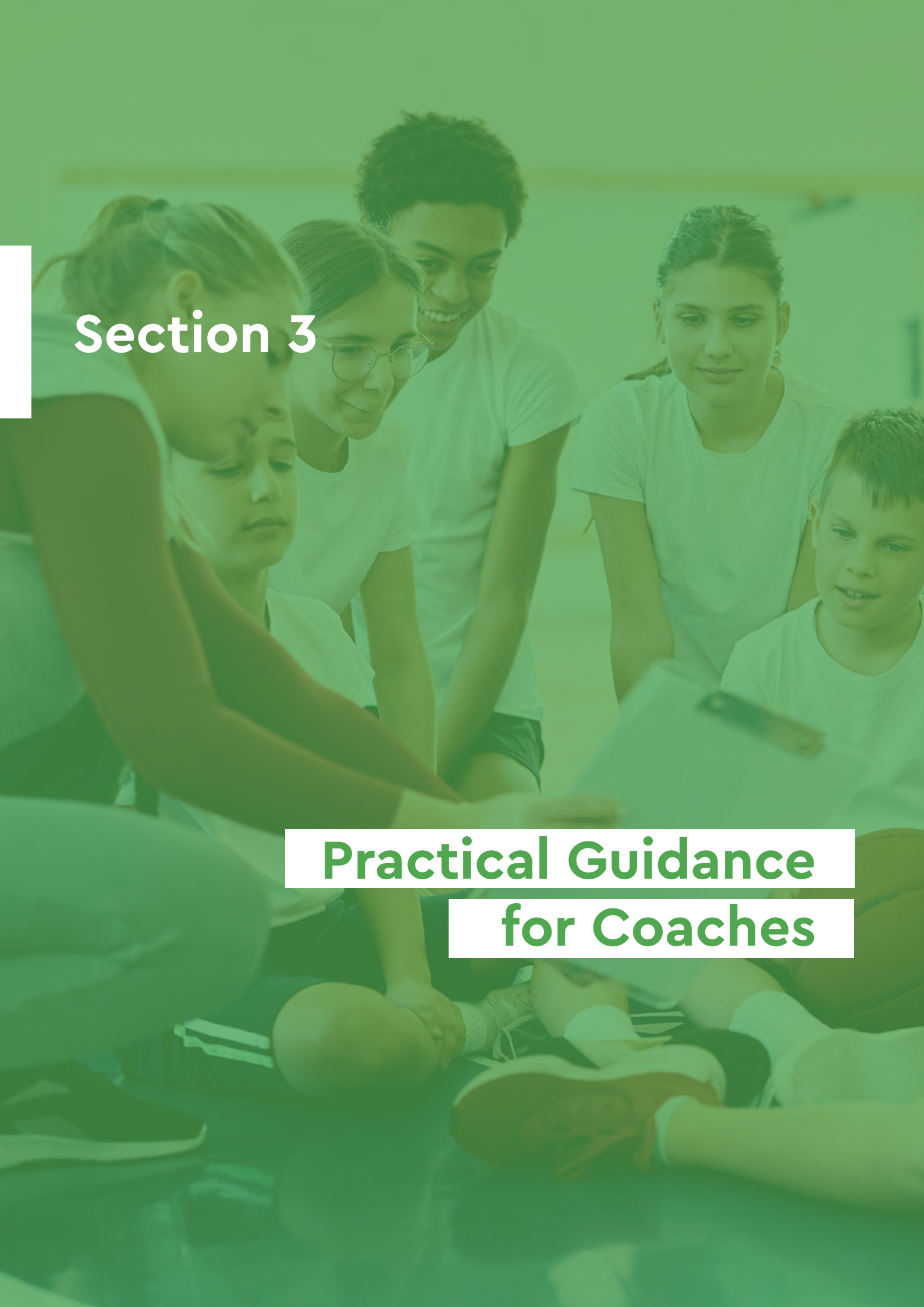
Creating Therapeutic Moments within Sports Activities

Therapeutic moments arise not from special techniques but from relational presence, emotional safety, and attuned timing. In a sports context, these moments may be fleeting; an athlete hesitating before a climb, a teammate extending a hand, a participant laughing for the first time all day. Coaches must learn to recognise these portals of meaning and gently expand them. Adventure therapy reminds us that growth often occurs at the edge of discomfort, not within extremes. For some participants, simply joining a group walk is a step toward healing; for others, it may be the act of voicing an opinion, persisting through a task, or navigating disappointment without collapse. Coaches can support this growth by naming the courage observed, offering reflective space, and facilitating peer acknowledgment. Importantly, these moments are magnified in natural settings. The outdoors offers not only a change of scene, but a change of state. As one expert noted, even individuals experiencing depressive or anxious symptoms often show improvement simply by stepping into a green space¹. Nature offers a kind of psychological hospitality; providing distance from judgement, space for contemplation, and a sense of authenticity. There is no audience, no performance, only the encounter between the self and the setting.

“Our suggestion from the outset is that the very act of leaving the house, going for a walk, even just being in a natural environment, such as Mount Parnitha in Athens, or Mount Hymettus, is already significantly beneficial in initiating a process. [...] The natural environment, the absence of unfamiliar people, I believe helps an individual feel more at ease and conveys a strong sense of freedom. [...] I believe it is profoundly helpful in this direction.”¹

For athletes who have grown up in emotionally restricted environments, nature may be the first place they feel free enough to reflect inwardly. The absence of institutional constraints – the sounds of water, trees, and birds – can facilitate an “outside-in” regulation that allows space for integration. Here, adventure therapy’s principles meet the physicality of sport in a uniquely healing intersection. Finally, therapeutic moments should not be left isolated. One repeated suggestion was to embed activities within a longer trajectory¹. A sense of future orientation, what happens after the session, supports deeper engagement. If participants see that their efforts today may lead to continued involvement, to the next trail, to a leadership role, or simply to a place of belonging, they are more likely to invest meaningfully in the experience.

In summary, adapting adventure therapy to sports coaching requires more than programme design. It calls for attunement, creativity, and ethical commitment. By integrating reflective and relational practices, modifying performance-centred norms, and holding space for authentic therapeutic moments, coaches can enable beneficiaries not only to excel but to heal.



Section 3

Practical Guidance for Coaches

3.1 Recognising and Understanding PTSD in Children

Post-Traumatic Stress Disorder (PTSD) is a psychological condition that may develop following exposure to one or more traumatic events involving actual or threatened death, serious injury, or sexual violence (American Psychiatric Association, 2013). It is characterised by intrusive recollections, avoidance of trauma-related stimuli, alterations in cognition and mood, and heightened physiological arousal (Shepherd & Wild, 2014; Bower & Sivers, 1998).

While historically associated with military veterans (Horwitz, 2018), contemporary understanding recognises that PTSD affects individuals across the lifespan, including children exposed to diverse forms of trauma such as abuse, accidents, disasters, or forced displacement. Trauma impinges upon neurological development and emotional regulation, particularly in children, whose cognitive and expressive capacities are still evolving (De Bellis & Ab, 2014). A trauma-informed perspective emphasises the enduring impact of trauma on a child's ongoing functioning, rather than focussing narrowly on the precipitating event (Shonkoff, 2012; Perry, 2006). This approach calls for heightened vigilance, as PTSD frequently remains undiagnosed in children, its manifestations often misinterpreted as behavioural difficulties or disciplinary issues within educational or sports contexts.



Signs and Symptoms of PTSD in Children

Post-Traumatic Stress Disorder (PTSD) in children is a complex and often misunderstood condition that requires careful and nuanced recognition. Unlike adults, children may not always verbalise their distress in clear terms (Emerson & Bursch, 2020); instead, their trauma can manifest through a diverse range of emotional, cognitive, and behavioural symptoms that demand a sensitive and informed response from coaches and caregivers. Common psychological signs include intrusive and distressing memories, recurrent nightmares, flashbacks, and persistent fears or anxieties related to the traumatic event (American Psychiatric Association, 2013). However, these classic symptoms may be accompanied, or even overshadowed, by subtler indicators. Children may exhibit emotional numbing, a diminished interest in previously enjoyed activities, or difficulties concentrating and learning. These cognitive disruptions often interfere with academic performance and social integration, compounding the child's distress. Behaviourally, trauma in children can be expressed through hypersensitivity to criticism, sudden withdrawal from peers and social activities, or conversely, increased irritability and aggression (McLaughlin & Lambert, 2017). Such behaviours are frequently misinterpreted as deliberate misbehaviour or disciplinary problems, rather than manifestations of underlying emotional turmoil. It is therefore crucial that coaches and trainers are trained to view these behaviours through a trauma-informed lens, recognising them as cries for help rather than defiance.

Refugee children who have experienced war often face a particularly complex array of traumatic stressors. Beyond direct exposure to violence, bombings, and loss of family members, these children endure the prolonged uncertainty and disruption caused by forced displacement (Nickerson et al., 2023). The experience of leaving one's home, often abruptly and under threat, can result in deep-seated feelings of insecurity and fear. For such children, PTSD symptoms might also include pervasive mistrust of adults and authority figures, heightened anxiety about safety, and difficulty forming new attachments (Wright et al., 2023; Hall & Werner, 2022), all of which can profoundly affect their capacity to engage in group activities, including sports.

Moreover, the intersection of trauma with the challenges of cultural adjustment and potential language barriers can further complicate their emotional expression. Refugee children may suppress or mask their distress to avoid stigma or out of fear of being misunderstood. Coaches working with this population must be especially vigilant for less overt signs of trauma, such as withdrawal, somatic complaints (headaches, stomach aches), or a sudden drop in participation and motivation. Sensitivity, patience, and culturally informed approaches are indispensable when supporting refugee children on their journey towards healing and integration. From a psychotherapeutic perspective, effective trauma work with children often centres on graded exposure. This technique involves gently and systematically helping the child confront feared stimuli or trauma-related memories, either in vivo (in real life) or in vitro (through imagination or therapeutic settings), within a controlled and secure environment. This process allows children to face distressing cues without being overwhelmed, thereby facilitating recovery and preventing re-traumatisation. Even in clinical contexts, children are encouraged to articulate and process traumatic experiences without reliving them in a way that causes further harm. Avoidance of trauma-related thoughts, feelings, or situations is a natural but ultimately counterproductive response; it inhibits healing and prolongs distress, whether the trauma is relatively simple, such as a phobia, or complex, such as exposure to war, forced displacement, or familial violence.

Given these complexities, it is imperative that coaches that work with populations at risk of trauma receive dedicated and ongoing training in trauma-informed skills. Such training equips them to identify signs of trauma accurately and respond with empathy and appropriate support, fostering a safe space where children feel understood and valued rather than judged.



How Trauma Manifests in Physical Activities

The imprint of trauma on a child's engagement in physical activities runs far deeper than surface-level behaviours; it extends into the very way their body and mind interact with movement, exertion, and social dynamics within sport. For many children affected by trauma, physical environments, particularly those involving unpredictability or physical contact, can inadvertently become arenas where trauma is silently replayed.

One of the most striking physiological manifestations of trauma in physical activity is heightened autonomic arousal (Kirsch et al., 2015). Children may exist in a persistent state of hypervigilance, where their nervous system is primed to detect and react to potential threats with an intensity disproportionate to the situation. This hyperarousal can present as an exaggerated startle reflex in response to sudden noises, rapid movements, or unexpected physical touch during games or training. Even seemingly innocuous events, such as a whistle blow, the bounce of a ball, or a teammate's sudden approach, can trigger a cascade of stress responses, including rapid heartbeat, shallow breathing, and muscle tension. This heightened state of alertness often leads to behavioural avoidance (Holley et al., 2016). Children may consciously or unconsciously steer clear of activities, drills, or interactions that resemble or evoke elements of their trauma. For instance, a child who has experienced physical violence may recoil from close contact sports or shy away from fast-paced, chaotic environments. Such avoidance is a protective mechanism, shielding them from sensory or emotional overload but at the cost of full participation and social connection.

As behavioural manifestations in the sports setting are diverse and multifaceted, some children may display increased impulsivity or aggression on the field, behaviours which may be mistaken for defiance or poor discipline. In reality, these outbursts often reflect underlying emotional dysregulation (Jankovic et al., 2024); an inability to modulate intense feelings such as fear, frustration, or anger stemming from trauma. Conversely, other children may appear withdrawn, hesitant, or listless, their engagement diminished by pervasive anxiety or a profound sense of vulnerability. They may lack the confidence to assert themselves, to take risks, or to push their physical limits, thus limiting their capacity to enjoy and benefit from physical activity. It is also not uncommon for trauma to manifest somatically during physical exertion. Children may experience unexplained aches, pains, or tension, often without an identifiable physical cause. These somatic symptoms can include stomachaches, headaches, or muscle tightness, which can be exacerbated by the physical demands of sport. The body, carrying the residue of trauma, may react defensively, constraining movement or participation through discomfort or fatigue (Van der Kolk, 2014). In some cases, the relationship between trauma and physical activity is paradoxical. While movement has the potential to promote healing, the child's physiological and psychological associations with trauma may transform physical exertion into a source of distress (Takahashi et al., 2019; Van der Kolk, 2014). The body's memory of trauma can linger, influencing posture, gait, and coordination. Children might exhibit guarded or constrained movements, seemingly "locked" into protective postures that limit fluidity and expression in sport.

Category	Manifestation	Description and Examples
Physiological Responses	Hypervigilance and Heightened Arousal	A sustained state of alertness, often evidenced by an exaggerated startle response to sudden noises, movements, or physical contact within the sporting environment. This heightened physiological reactivity can cause distress and interfere with participation.
	Somatic Symptoms	The presentation of unexplained physical complaints such as muscle tension, headaches, or abdominal pain during or following physical exertion, which are manifestations of underlying trauma rather than purely physical causes.
Behavioural Reactions	Avoidance	Deliberate or unconscious steering clear of certain activities or environments perceived as threatening or overwhelming, such as contact sports or crowded settings, limiting the child's engagement in physical pursuits.
	Impulsivity and Aggression	Displays of irritability, outbursts, or aggressive behaviour on the playing field that may be mistaken for poor discipline but are in fact expressions of emotional dysregulation linked to trauma.
	Withdrawal and Disengagement	Marked hesitation, lack of enthusiasm, or apparent disinterest in participation, reflecting anxiety, fear, or a sense of vulnerability that inhibits full involvement.
Movement and Posture	Guarded or Constrained Movements	The adoption of protective or rigid postures that restrict natural fluidity and coordination, signalling a child's attempt to shield themselves from perceived harm.
	Altered Gait or Body Language	Subtle changes in how a child moves or carries themselves, revealing underlying distress or trauma through physical expression.

In sum, trauma's presence in physical activity is often subtle, hidden beneath behaviours that might easily be misread. Its manifestations can be physical, emotional, and behavioural, interwoven in ways that demand a careful and informed understanding of the child's lived experience. Recognising these manifestations is the first step towards appreciating the profound impact trauma can have on a child's relationship with sport and movement.

Age-Specific Considerations

Post-Traumatic Stress Disorder manifests uniquely across different developmental stages (American Psychiatric Association, 2013), necessitating a nuanced understanding of age-specific factors in both recognition and response. Children, owing to their ongoing cognitive, emotional, and physical development, often display symptoms that diverge markedly from those observed in adults. Appreciating these distinctions is essential for accurate identification and sensitive support.

In early childhood, PTSD symptoms may be expressed primarily through behavioural and emotional dysregulation rather than verbal articulation (Eth & Pynoos, 1985). Young children, typically pre-verbal or with limited expressive language, may exhibit regressive behaviours such as bedwetting, thumb-sucking, or loss of previously acquired skills (Fyfield, 2014). Nightmares and sleep disturbances are common, though often difficult for caregivers to discern clearly. Young children may also reenact aspects of the trauma during play (Gaensbauer, 2014; Schaefer, 1994), providing subtle but important clues to their internal distress. Their limited ability to conceptualise time and causality can result in confusion and heightened fear, especially when trauma reminders are perceived but not fully understood.

As children progress into middle childhood, roughly between ages 6 and 12, their cognitive capacities expand, allowing for greater awareness of the traumatic event and its implications. However, this stage is often characterised by a mixture of somatic complaints (Zhang et al., 2015; Karkhanis & Winsler, 2016), such as stomachaches or headaches, and emotional symptoms, including anxiety, irritability, or depressive moods. Children in this age group may also struggle with concentration and academic performance (Samuelson et al., 2010), as intrusive memories or hypervigilance interfere with learning. Behaviourally, they may exhibit defiance, withdrawal, or heightened clinginess, particularly in environments that evoke reminders of trauma (Ramsdell et al., 2015).

Adolescents face a complex interplay of developmental challenges alongside trauma responses. This stage's hallmark is a striving for autonomy and identity formation, which trauma can profoundly disrupt. Adolescents with PTSD often experience intense feelings of guilt, shame, or self-blame, compounded by a heightened sense of invulnerability that may lead to risk-taking behaviours such as substance use or self-harm (American Psychiatric Association, 2013; Nader, 2007, pp. 29-34). They might demonstrate marked emotional numbness or detachment, alongside difficulties in trusting adults or peers (Foa et al., 2009). Hence social isolation is common, as trauma-related fears and mistrust hinder relationship building at a critical developmental juncture.

In all age groups, it is crucial to recognise that children's expression of trauma is shaped not only by their developmental stage but also by cultural components that influence how trauma is perceived, communicated, and managed within families and communities. Cultural beliefs about mental health, emotional expression, and trauma itself can deeply affect whether and how children articulate distress or seek help. For example, in some cultures, overt expression of negative emotions might be discouraged, leading children to internalise symptoms or manifest distress through somatic complaints rather than verbalising fear or anxiety. Other cultures may interpret trauma symptoms through spiritual or communal lenses, which can affect help-seeking behaviours and the types of support deemed acceptable or effective. Moreover, cultural norms around child-rearing and discipline may shape adults' interpretations of trauma-related behaviours, sometimes misattributing symptoms to disobedience or poor upbringing rather than recognising underlying psychological distress. Language barriers and differing communication styles can also impede the recognition and expression of trauma, particularly for refugee or migrant children navigating new cultural environments. The intersection of culture and trauma thus demands cultural humility and sensitivity, ensuring that trauma-informed approaches are adapted to respect and incorporate the child's cultural background and worldview.

Understanding these age-specific and cultural nuances facilitates early identification and ensures that interventions are developmentally and culturally appropriate. It also underscores the importance of creating supportive environments that acknowledge children's unique ways of processing trauma, allowing them to feel safe and understood as they navigate their healing journeys.



Age Group	PTSD Manifestations	Developmental Considerations
Early Childhood (0–5)	• Behavioural and emotional dysregulation rather than verbal expression • Regressive behaviours (bedwetting, thumb-sucking) • Loss of previously acquired skills • Nightmares and sleep disturbances • Trauma reenacted through play	• Limited language and cognitive skills hinder verbal articulation • Difficulty understanding time and causality • Heightened confusion and fear when exposed to trauma reminders
Middle Childhood (6–12)	• Somatic complaints such as stomach-aches and headaches • Anxiety, irritability, and depressive moods • Concentration and academic difficulties • Defiance, withdrawal, or clinginess, especially in trauma-evoking environments	• Expanding cognitive capacities allow greater awareness of trauma • Intrusive memories and hypervigilance may interfere with learning and social interaction
Adolescence (13–18)	• Intense feelings of guilt, shame, and self-blame • Risk-taking behaviours including substance use and self-harm • Emotional numbness or detachment • Distrust of adults and peers- Social isolation	• Critical period of identity formation and striving for autonomy • Trauma can profoundly disrupt emotional development and social relationships



3.2 Crisis Management and Response

In the context of trauma-exposed children in sports, the role of the trauma-informed coach becomes pivotal. By cultivating a nurturing and predictable environment, coaches can create what may be described as therapeutic moments within physical activities; instances where children feel sufficiently safe to explore movement, face trauma-related cues, and express emotions constructively.

Modifying traditional coaching approaches to include trauma-sensitive practices is essential. For example, coaches might use clear, calm communication, consistent routines, and gradual introductions to new or challenging activities¹. Such adaptations help to reduce avoidance behaviours and enable children to engage in physical activity without fear. Physical activities offer unique opportunities for graded exposure, allowing children to encounter and gradually overcome triggers within a supportive, structured framework. Movement, play, and exercise can promote emotional regulation, resilience, and self-esteem, helping children to re-establish trust in their bodies and the world around them (Wang et al., 2025; Jiang et al., 2025). By integrating trauma-informed principles into sports coaching, practitioners do more than teach physical skills; they foster holistic healing. The process helps children not only to develop physically but also to reclaim a sense of agency and safety, nurturing the psychological and emotional growth essential for long-term recovery.

De-escalation Techniques for Distressed Children

In the realm of trauma-informed sports coaching, one of the most critical skills a practitioner must develop is the ability to recognise and respond appropriately to a child in distress. For trauma-exposed children, including those with refugee backgrounds, the physiological and psychological thresholds for perceived threat may be markedly lower than for their peers. In such instances, what might appear to be a minor frustration or momentary setback can swiftly escalate into a full-blown emotional crisis. Coaches must therefore be equipped not only with physical training techniques but also with tools of emotional literacy and crisis de-escalation.

De-escalation refers to the structured and sensitive process of guiding a distressed child away from a state of heightened arousal or emotional overwhelm towards one of relative calm and safety. It begins with attunement, the coach's ability to notice early signs of dysregulation: a shift in posture, rapid breathing, a sudden withdrawal from activity, or explosive behaviour. Such cues must be met with curiosity, not confrontation. A calm, grounded adult presence is the cornerstone of effective de-escalation. The coach must regulate their own nervous system first, using a low, steady voice, open body language, and minimal but intentional movements. Instructions should be simple, predictable, and non-directive, offering choice wherever possible ("Would you like to sit down here or over there?") to restore a sense of agency. Physical proximity may need to be adjusted sensitively, respecting personal space while signaling safety and availability.

Instead of this...	Try this...	Why
"Calm down now!"	"Let's take a moment together. Would you like to sit here or there?"	Offers choice and reduces perceived threat
Raising your voice to gain control	Lowering your tone and speaking slowly	Regulates the child through co-regulation
Demanding eye contact	Allowing the child to avert gaze	Respects autonomy and avoids triggering hypervigilance
Physical closeness without checking	Asking "Would you like me to stay close or give you space?"	Respects boundaries and helps the child feel safe
Verbal reasoning or questioning during distress	Simple, short phrases like "You're safe now" or "We're okay here"	Bypasses cognitive overload during survival response
"Go to time-out!"	"Would you like some quiet time in our calm corner?"	Frames withdrawal as self-regulation, not punishment
Ignoring distress after it passes	Quiet check-in: "I saw that was really hard, I'm here when you need me."	Promotes connection and repair

Trauma-informed coaches should avoid punitive responses or verbal reasoning during moments of acute distress¹, as the child is likely functioning in a survival state where access to higher-order thinking is impaired. Instead, grounding techniques can be introduced: guiding the child to focus on their breath, notice specific physical sensations, or orient themselves to the environment through the senses (“Can you name five things you can see right now?”). These strategies help bring the child back into their body and into the present moment. It is equally important that the coaching environment itself is designed to minimise the risk of escalation. Predictable routines, clear transitions between activities, visual schedules, and the pre-establishment of safe spaces or ‘time-out corners’ (not as punishment, but as retreats) all contribute to emotional safety. In the case of refugee children, coaches must also be aware of potential cultural triggers and the lived experience of displacement, which may render certain sounds, touch, or authority figures highly charged. Moreover, when de-escalation has taken place and the child has returned to a state of calm, the moment offers a vital opportunity for connection and repair. A brief, non-judgemental conversation, or simply sitting together quietly, communicates to the child that their distress has not endangered the relationship. Over time, such moments of attuned response foster a profound sense of trust, laying the groundwork for emotional resilience and post-traumatic growth.

Technique	Description	Example Phrase/Action
5-4-3-2-1 Senses Check-In	Name 5 things you can see, 4 you can touch, 3 you can hear, etc.	“Can you tell me 5 things you see right now?”
Breath Anchoring	Slow, steady breathing to regulate the nervous system	“Let’s breathe in like we’re smelling flowers... and out like blowing out a candle.”
Touching a Familiar Object	Holding a comforting item (ball, stone, wristband) to stay connected to the present	“Do you want to hold your stone or water bottle for a moment?”
Movement Reset	Simple physical actions to release tension	“Let’s shake out our arms together — ready? One, two, three!”
Ground Press	Pressing feet into the ground or hands on thighs	“Can you feel your feet on the floor? Push down gently and feel the ground holding you.”
Safe Imagery	Visualising a calm place or happy memory	“Can you imagine a place where you feel really safe or happy?”

In the end, de-escalation is not merely about ‘managing behaviour’; it is about bearing witness to dysregulation with compassion and offering a co-regulating presence until the child can return to a sense of internal safety¹. For children who have learned, through trauma, that the world is dangerous and adults are unpredictable, this practice is quietly radical. Within the arena of sport, it has the power not only to avert crisis but to heal it.

When and How to Pause or Modify

In trauma-informed sports coaching, recognising when to pause or modify an activity is essential to safeguarding a child's emotional well-being. Children exposed to trauma may become overwhelmed more easily, and pushing through distress can risk re-traumatisation or withdrawal.

Pause an activity when a child shows clear signs of distress, such as increased agitation, withdrawal, freezing, or refusal to participate. Early warning signs like hesitation or irritability also warrant closer attention. Rather than waiting for a crisis to unfold, it is better to act promptly to prevent escalation.

When to Pause

How to Pause

Pause calmly and without drawing excessive attention to the child. Use clear, gentle communication to explain the pause ("Let's take a short break"), offering the child space to self-regulate. Providing options, such as sitting quietly, engaging in a grounding exercise, or moving to a designated calm area, helps restore a sense of control.

Adjustments might include simplifying tasks, reducing sensory stimuli, shortening activity duration, or offering alternative ways to participate (e.g., observing instead of actively engaging). Modifications should be flexible and responsive to the child's needs, ensuring inclusion while respecting their emotional limits.

Modifying Activities

Situation	Trauma-Informed Response	Example Phrases/ Actions	Rationale
Child freezes or shuts down during activity	Pause activity; allow silent, non-verbal self-regulation	"I'm here when you're ready. Take your time."	Respects the child's need to process without pressure
Child becomes verbally or physically upset	Calmly pause; invite choice to continue or take break	"Would you prefer to sit quietly here or take a walk with me?"	Offers control and safety without confrontation
Child shows hypervigilance or startle response	Modify sensory input; reduce noise or sudden movements	Lower volume, dim lights, or move to quieter space	Minimises triggers and sensory overload
Child resists physical contact or touch	Avoid touch unless invited; offer alternative cues	"Let me know if you'd like a high-five or a wave instead."	Respects boundaries and trauma-related sensitivities
Child struggles with transitions	Slow down transitions; use visual or verbal warnings	"In two minutes, we'll finish and move to something else."	Prepares child, reducing anxiety and surprise
Child has difficulty with competitive tasks	Modify activity to cooperative or individual format	"Let's work together instead of competing today."	Reduces pressure and potential feelings of failure
Child appears overwhelmed by group size	Offer option for smaller group or one-on-one activity	"Would you like to join the smaller group with me for now?"	Provides safety in numbers and reduces social stress
Child shows signs of dissociation	Pause; use grounding techniques before resuming	Guide child through breathing or sensory focus exercises	Helps bring child back to present moment safely

Creating Emotional Safety Nets

Emotional safety nets are vital in trauma-informed sports coaching, serving as the foundation that allows children to feel secure, supported, and understood. These safety nets help buffer the emotional risks inherent in physical activity, especially for trauma-exposed and refugee children who may carry heightened vulnerability.

Creating emotional safety begins with consistent, predictable routines and clear communication. When children know what to expect and feel heard, anxiety diminishes and trust grows (Selman & Dilworth-Bart, 2024). Establishing designated safe spaces, quiet corners or calm zones, within the sports environment offers children a retreat when overwhelmed, signaling that their emotional needs are respected. Building strong, empathetic relationships is equally crucial. Coaches who demonstrate genuine care, patience, and attunement create a relational safety net that children can rely on during moments of distress. Encouraging peer support and fostering a culture of kindness and respect further reinforces this protective network.

3.3 Managing Specific Situations

Supporting Children who Withdraw or Refuse Participation

Withdrawal or refusal to participate is a common behavioural response in children who have experienced trauma, particularly among those with histories of displacement, instability, or exposure to unpredictable environments. These behaviours often reflect internal states of fear, shame, or emotional dysregulation rather than mere disobedience. According to trauma theory, such responses may arise when the child's nervous system perceives the environment as unsafe, even in the absence of overt threat (Van der Kolk, 2014).

In such instances, the coach's role is not to compel participation, but to uphold the child's sense of agency and emotional safety. Allowing the child to observe from the sidelines without pressure sends a clear message: "You are welcome here on your own terms." Gentle, low-demand invitations, such as asking whether they would like to help with equipment or assist in observing a task, can offer alternative routes to inclusion without exposing the child to the intensity of group activity or competition. These strategies subtly reframe participation as a spectrum, rather than an all-or-nothing expectation. It is important that withdrawal is not spotlighted or interpreted through a disciplinary lens. Drawing public attention to a child's silence or non-engagement may unintentionally reinforce feelings of shame or failure, thereby deepening the cycle of avoidance. Instead, the coach should focus on consistency and emotional availability, maintaining a warm and non-intrusive presence. Over time, such relational attunement builds the conditions necessary for re-engagement. Participation, in this context, is not the immediate objective – connection is.

Handling Aggressive or Disruptive Behaviours

Aggressive or disruptive behaviour in children with a history of trauma should be understood through the lens of survival physiology. Such behaviours are often rooted in the body's automatic responses to perceived threat, commonly referred to as 'fight' within the fight-flight-freeze spectrum. In the context of sport, these behaviours may be triggered by competitive pressure, sensory overload, unexpected transitions, or interpersonal conflict. For refugee children in particular, seemingly neutral stimuli, such as shouting, whistles, or physical contact, may activate trauma memories or hypervigilance.

A trauma-informed response begins with self-regulation on the part of the coach. Reactivity must be replaced with composure. A calm, grounded presence, marked by a steady tone, non-threatening posture, and controlled movement, acts as a powerful co-regulator for the distressed child. Attempts to reason or discipline in the moment of heightened arousal are likely to be ineffective, as the child may be operating from a brain state in which language processing and impulse control are significantly diminished (Herringa, 2017). Rather than confronting the behaviour directly, it is often more effective to create physical and relational space. Stepping aside with the child and using simple, validating language – such as “I can see this is really overwhelming for you right now” – can begin the process of de-escalation. Once the child has returned to a state of relative calm, a brief reflective dialogue may be helpful. This might involve naming the emotion, acknowledging the challenge, and reinforcing safety without shame. Importantly, the goal is not punitive control, but to support the child in understanding and managing their emotional world within a secure, structured environment.



Situation/Goal	What Not to Do	Trauma-Informed Approach	Example Language / Actions
Child is yelling, throwing, or refusing instructions	Shout back, confront publicly, demand compliance	Self-regulate first. Lower your tone, step closer slowly, and remove audience if possible	"Would you like to stay here with a friend or take a break with me nearby?"
Coach feels triggered or overwhelmed	React impulsively, punish immediately	Pause, breathe deeply, ground yourself before responding	(Internally: "Their behaviour is not personal — I need to stay calm to help them feel safe.")
De-escalating in the moment	Explain rules, question behaviour, or reprimand	Use minimal, calming language and offer emotional validation	"I can see this is really hard for you right now. You're not in trouble; I'm here to help."
Child needs to feel safe and regain control	Physically restrain (unless safety demands it), crowd them	Offer space and choices, reduce stimulation, avoid sudden movement	"Would you like to sit over here or have some water first?"
Post-crisis reflection	Lecture, blame, or shame the child	Engage in a short, non-judgemental conversation once calm is restored	"You were feeling really overwhelmed earlier; it's okay. Let's figure out what helped you calm."
Long-term goal: teach regulation	Focus solely on punishment or consequences	Model emotional regulation, name emotions, reinforce safety and boundaries	"It's okay to feel angry. What can we do next time to let it out safely?"

Repeated exposure to compassionate, boundaried responses can reshape a child's internal working model of adult relationships. Over time, this approach not only reduces the frequency of behavioural incidents, but also fosters emotional regulation, interpersonal trust, and resilience, all key pillars of trauma recovery.

3.4 Referral Pathways and Professional Collaboration

Informed by interviews conducted with sports psychologists and trauma specialists, this section offers practical guidance for coaches navigating the delicate process of recognising when to refer a child for mental health support, and how to do so in a trauma-informed, respectful manner. The goal is not for the coach to become a therapist, but to function as a sensitive observer and trusted adult who can help bridge the child to appropriate support when needed.

When to Refer to Mental Health Professionals

Referral to a mental health professional may become necessary when a child's emotional or behavioural responses fall outside the scope of what can be safely and ethically held within a sports setting. According to psychologists consulted for this guide, the most reliable indicators are observable behavioural patterns, rather than the coach's interpretations or assumptions about internal emotional states. Coaches are encouraged to document specific incidents of concern: persistent withdrawal, explosive episodes, severe difficulty with transitions, or behaviours that place the child or others at risk.

Importantly, these behaviours should be considered in context. Does the child's distress persist across multiple sessions? Does it seem disproportionate to the trigger? Has the child's ability to engage meaningfully with peers or the activity declined over time? When these signs accumulate, they may point to underlying emotional needs that require professional care. Trauma-informed coaches must also consider whether the sports environment, despite its benefits, is inadvertently reactivating trauma. If, for example, the child regularly dissociates, becomes hypervigilant, or shuts down during physical activities, a referral may support their emotional safety and recovery.

In this process, the role of the parent or guardian is crucial. Coaches should communicate concerns sensitively and collaboratively with parents or guardians, ensuring they are informed and involved in decisions about seeking further support. Their insights into the child's behaviour outside of sports and their consent and cooperation are essential for timely and effective referral to mental health services.



How to Make Appropriate Referrals

The manner in which a referral is made can either strengthen or erode the trust between child and coach. As our expert interviews emphasised, the process must be safe, relational, and collaborative. Coaches should never announce a referral to the child in a directive or clinical tone (“You need therapy”), as this may reinforce shame or resistance¹.

Instead, the coach should collaborate with the child’s support network, such as the residential facility or family structure, to identify a trusted adult who can help deliver the message. Often, the person the child feels closest to is not a psychologist or coach, but a familiar figure in their daily life, such as an educator, carer, or peer mentor. Inviting this person to be part of the referral dialogue helps the child feel secure and respected. When communicating concerns to a professional, coaches should stick to concrete behavioural observations, such as: “I’ve noticed that during transitions, he often freezes or hides,” or “In group settings, she frequently isolates herself and becomes distressed when approached.” This avoids speculation and allows the therapist to work from a clear, ethically appropriate baseline.

Moreover, when possible, referrals should include information about what comes next, a sense of continuity and forward movement. As one psychologist noted, children are less likely to engage if they perceive the intervention as isolated or terminal. Even a simple message like, “There’s someone we trust who can help you feel more at ease, so you can enjoy this more,” can reframe the process as one of empowerment rather than correction.

“For all people, when we engage in things that are perceived as having a limited duration, as one-off events, we neither invest nor make a strong effort, nor do we really try to succeed. But if we provide a framework where after this, each of us can do this, that, and the other, it offers a perspective for the future and helps even more in this situation.”

Finally, mental health professionals should be regarded not as external fixers, but as collaborative allies. Coaches are uniquely positioned to observe how children cope under pressure, relate to peers, and respond to feedback – data that can be invaluable for therapists. A respectful two-way flow of information, grounded in consent and confidentiality, creates a circle of support around the child.



Collaborating with Adventure Therapists and Building Networks with Mental Health Support Services

For coaches supporting trauma-exposed children, connecting with adventure therapists and mental health services is paramount. These partnerships provide specialised knowledge and resources that enhance a coach's ability to address children's emotional and psychological needs within sport.

Adventure therapists offer practical guidance on trauma-sensitive approaches, helping coaches integrate therapeutic elements such as resilience and self-regulation into physical training. Collaborating with these professionals enables safer and more supportive sessions for the children. Similarly, strong links with mental health services establish clear referral pathways, ensuring coaches know where to turn when children exhibit signs of distress or complex trauma. This reduces uncertainty and allows coaches to focus on fostering nurturing environments rather than managing crises alone. Ongoing dialogue between coaches, therapists, and mental health specialists fosters a shared understanding of trauma's effects, enabling tailored strategies and holistic care. For sports federations, such collaborations strengthen support frameworks, promote inclusivity, and demonstrate a commitment to athlete wellbeing beyond mere performance.

Coaches can begin by identifying and reaching out to local mental health organisations and adventure therapy groups with experience in youth trauma. Attending workshops and training sessions led by mental health professionals deepens trauma-informed practice, while establishing regular communication channels provides timely advice and support. Advocating within sports federations for formal partnerships with mental health and adventure therapy services helps ensure sustainable and accessible support networks. Proactive collaboration equips coaches to nurture not only physical skills but also emotional resilience, creating a safe and empowering sporting experience for every child.



Section 4

Developing Your Adventure Therapy Approach

4.1 Personal Skills Development for Coaches

Reflectivity

Reflectivity refers to a coach's capacity to critically reflect on their own social positions, assumptions, and biases (especially those shaped by cultural, gendered, and racialised norms) and how these influence their interactions with others. In the context of working with young refugees who have experienced trauma, reflectivity is important because coaches often come from cultural backgrounds that may unintentionally carry stereotypes or expectations that limit these young people's development and participation. As highlighted in the article by Bartsch and Rulofs (2020), teachers often approach refugee youth through biased lenses that perceive girls as passive victims and boys as aggressive or in need of discipline. These perceptions are influenced by societal and colonial discourses that assign fixed roles to "others," often ignoring the young people's resilience, complexity, and individuality. To succeed in reflexivity, coaches can:

- Regularly question their own assumptions, especially about gender, culture, and trauma.
- Encourage input from colleagues or community members who can offer alternative perspectives and help challenge blind spots.
- Participate in anti-bias and trauma-informed training: Equip themselves with tools to recognise structural inequalities and trauma responses, and respond appropriately.
- Understand how various factors (e.g., gender, refugee status, religion) intersect to shape each child's experience uniquely.
- Allow young refugees to express themselves and shape their own participation in activities rather than imposing predefined roles or expectations.



Emotional Self-Regulation and Politeness

As one of the expert explained during the co-design sessions, many refugee children have lived through extremely stressful experiences, which can continue to affect their mental and physical health long after the events have passed¹. Because of this, they may react strongly or unpredictably to certain situations¹.

In these moments, it is essential for the coach to first pause and manage their own emotions, such as by taking a deep breath before responding. This is known as co-regulation: when a calm adult helps a child manage their emotions by staying present, steady, and supportive (Salamon, 2024). A coach who can remain patient and grounded provides a sense of safety for children, even when they are overwhelmed.

Being emotionally calm is more than just avoiding frustration or anger. It means being aware of your own feelings and using strategies to stay balanced. Research shows that adults can help children learn emotional control by encouraging them to slow down and respond thoughtfully, rather than act on impulse. Giving positive feedback and staying patient are key parts of this process. When coaches show this kind of emotional stability, it creates a safe environment where children feel supported (Jarochoa, 2025).

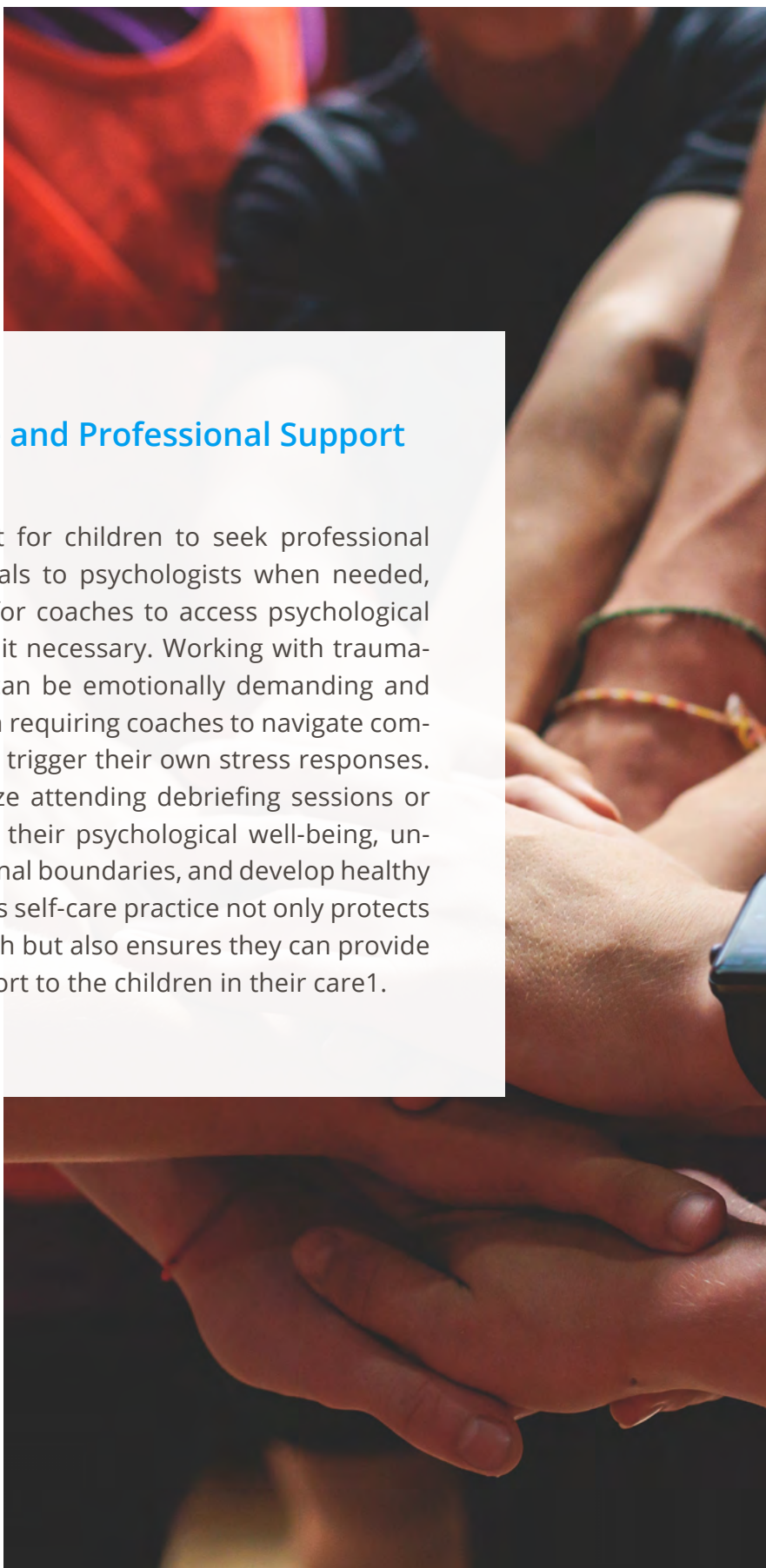
Limits and Boundaries

During one of the co-design sessions one of the experts explained that maintaining clear boundaries between coaches and children is critical because children from difficult experiences often form deep emotional bonds with caring adults, seeking safety and consistency¹. While such connections can support resilience, blurred roles may lead to overdependence, role confusion, and emotional burnout for coaches (Richmond, 2025). Clear limits protect the wellbeing of both parties and model healthy self-regulation: children learn how to set respectful boundaries by seeing trusted adults do so consciously and consistently. Here some practical techniques professionals can use to establish and maintain appropriate boundaries (Richmond, 2025):

- Coaches should maintain clear distinctions between their role as coaches and other support roles – they are there to provide sports/activity guidance, not therapy or case management, though they can be a caring adult presence.
- They must establish physical boundaries appropriate for their coaching context – maintaining professional physical contact (high-fives, shoulder pats) while being mindful of cultural differences around touch.
- Coaches must acknowledge that while they can provide encouragement and a safe space, they are not equipped to handle serious trauma or mental health issues – knowing when to refer to appropriate professionals is crucial.
- They should listen with empathy when children share difficulties, but avoid making promises they cannot keep about living situations or immigration status.

Extra Tip: Self-Care and Professional Support for Coaches

Just as it is important for children to seek professional help and receive referrals to psychologists when needed, it is equally important for coaches to access psychological support when they feel it necessary. Working with traumatised refugee children can be emotionally demanding and challenging. As it is often requiring coaches to navigate complex situations that may trigger their own stress responses. Coaches should prioritize attending debriefing sessions or counselling to maintain their psychological well-being, understand their professional boundaries, and develop healthy coping mechanisms. This self-care practice not only protects the coach's mental health but also ensures they can provide consistent, quality support to the children in their care¹.



4.2 Integrating Adventure Therapy Principles into Coaching Practice

Adapting Your Coaching Philosophy with the Principles of Adventure Therapy

There exist numerous approaches emphasising the therapeutic role of nature. While clinical interventions often take place within the confines of an office, many practitioners harness humanity's innate connection to the natural environment to promote healing and growth.

For children from refugee backgrounds, previous encounters with nature may be overshadowed by trauma or distressing transitions, evoking feelings of fear and insecurity (Lembke et al., 2024; Haswell, 2023). Thus, safely reconnecting with nature becomes a profoundly restorative process. This understanding forms the foundation for the use of adventure-based activities within coaching philosophies. Such activities allow children to encounter intense emotions and stimulate the release of neurotransmitters like dopamine (Pringle et al., 2023; Bowen et al., 2016), not as a reaction to distress, but through a healthy and constructive engagement with challenge. From a psychophysiological perspective, carefully supervised exposure to manageable stress, such as cycling or climbing under guidance, can alter how stress is processed and embodied (Hegberg et al., 2019). It helps children differentiate between stress arising from threat and fear, and stress experienced as a safe, controlled challenge. Stress, in itself, is not inherently harmful. It represents a natural and adaptive physiological response that, when properly

moderated, can support development and resilience (Lu et al., 2021). Therefore, rather than shielding children entirely from difficulty, a coaching philosophy informed by adventure therapy embraces the incorporation of controlled, safe stress exposure.

This approach encourages children to internalise adventure as a positive, empowering experience – one distinct from the traumatic or overwhelming events they may have previously encountered. Adapting your coaching philosophy to incorporate these principles means moving beyond a purely performance-driven mindset. It requires valuing emotional regulation, resilience-building, and psychological safety as much as physical skill acquisition. By embedding therapeutic elements into training, coaches create a holistic environment where children not only develop athletic competencies but also cultivate self-confidence and emotional well-being. This shift fosters a deeper connection between coach and athlete, rooted in trust and mutual understanding, and ultimately contributes to a more inclusive and supportive sporting experience.

Balancing Performance Goals with Healing Objectives

In coaching trauma-exposed children, striking the right balance between pursuing performance goals and supporting healing is a nuanced but vital endeavour. Traditional sports coaching often emphasises measurable outcomes such as skill development, competition results, and physical conditioning. However, when working with children who carry emotional wounds, an exclusive focus on performance risks overlooking their broader psychological and emotional needs.



Healing objectives must be woven seamlessly into the fabric of coaching practice. This means recognising that progress in sport is not solely about winning or technical mastery but also about fostering emotional resilience, self-regulation, and a sense of safety. For many children, especially those who have experienced trauma, sport can serve as both a sanctuary and a catalyst for healing. When coaches balance clear performance expectations with sensitivity to these deeper needs, they create an environment where children feel supported in their whole personhood. Integrating healing into performance involves adopting a flexible coaching approach that adjusts to the individual child's readiness and capacity on any given day. It entails emphasising process over outcome, celebrating small achievements, and valuing effort and persistence as much as results. This shift helps reduce pressure and anxiety, allowing children to engage with sport in a way that rebuilds trust in themselves and others. Moreover, healing objectives encourage coaches to cultivate emotional safety within the sporting environment. This entails establishing predictable routines, clear communication, and supportive relationships that acknowledge trauma's impact without defining the child. By embedding these principles, coaches help children experience sport as a consistent, positive force rather than an additional source of stress.

Ultimately, balancing performance with healing requires coaches to view success through a broader lens; one that honours both athletic growth and psychological well-being. This dual focus not only enhances the child's sporting journey but also contributes to their long-term personal development, equipping them with skills and confidence that extend far beyond the field of play.

Ethical Considerations and Professional Boundaries

When working with trauma-exposed children, coaches must navigate a complex landscape of ethical responsibilities and professional boundaries. Maintaining clear, respectful limits is essential to safeguard both the wellbeing of the child and the integrity of the coaching relationship. Ethical practice begins with recognising the vulnerability of children affected by trauma and approaching their care with sensitivity and respect. Coaches must be vigilant in protecting confidentiality, ensuring that personal information shared in confidence is handled with the utmost discretion and only disclosed with appropriate consent or when safety concerns arise.

Professional boundaries are equally critical. While building trust and rapport is fundamental, coaches must avoid overstepping their role by attempting to act as therapists or counsellors. Their primary responsibility remains focused on physical training and emotional support within safe limits. When deeper psychological issues surface, coaches should refer children promptly to qualified mental health professionals. Clear communication about roles and limits helps prevent misunderstandings and fosters a secure environment. Setting appropriate boundaries also involves managing the balance between warmth and authority, ensuring that relationships remain professional and conducive to both learning and healing. Lastly, and importantly, coaches should engage in ongoing reflection and seek supervision or consultation when faced with ethical dilemmas. Staying informed about best practices in trauma-informed coaching and collaborating with mental health experts supports ethical decision-making and protects the child's interests.

In essence, ethical considerations and professional boundaries are foundational to creating a trustworthy, safe, and effective coaching space. By respecting these principles, coaches uphold their duty of care and contribute meaningfully to the holistic wellbeing of every child they support.



Ethical Consideration	Practical Guidance
Confidentiality	Keep personal information private; share only with consent or if safety is at risk.
Role Clarity	Understand and communicate your role clearly; avoid acting as a therapist or counsellor.
Referral to Professionals	Recognise limits of your expertise; refer children to mental health specialists when needed.
Boundaries	Maintain professional relationships; balance warmth with authority, but avoid over-familiarity.
Informed Consent	Ensure children (and guardians) understand activities and give consent before participation.
Safety	Prioritise physical and emotional safety in all coaching activities and environments.
Ongoing Training	Engage in regular training on trauma-informed practices and ethical standards.
Supervision and Support	Seek supervision or consultation when faced with ethical dilemmas or challenging situations.
Cultural Sensitivity	Be aware of and respect cultural backgrounds and differences in trauma experiences and responses.

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