



Healing Trauma *Worksheets*

A SIMPLE AND AFFORDABLE GUIDE
TO SUPPORT YOUR HEALING FROM
TRAUMA



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What Is Post-Traumatic Stress Disorder (PTSD)?

In the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), used by mental health professionals, Post-Traumatic Stress Disorder (PTSD) is classified as stress- and trauma-related disorder.

PTSD develops in response to a traumatic event that breaks down the stress management system and the nervous system – the central nervous system and the peripheral nervous system.

PTSD causes real, measurable changes to areas of the brain responsible for mediating stress, emotion, memory, and other cognitive and physiological functions.

The symptoms of PTSD are persistent and can affect several, or all, areas of life — mentally, emotionally, physically, socially, and professionally.

PTSD symptoms can vary from one person to another, but in order for these symptoms to meet the diagnostic criteria for PTSD:

- Symptoms must be present for at least one month.
- Symptoms aren't caused by medication, substance use, or other illnesses.
- Symptoms must be severe enough to create impairment in the person's ability to function in several areas of their lives.
- At least six months have passed since the trauma.

According to the DSM-5, PTSD symptoms fall into four symptom clusters:

1. Intrusion symptoms – such as unwanted and involuntary thoughts, flashbacks, memories, and nightmares causing emotional distress (frequent feelings of anxiety, helplessness, hopelessness, deep loneliness, shame, unfairness, and depression) and/or physical reactivity.

2. Avoidance – which involves avoiding trauma-related thoughts, feelings, and external triggers (e.g., people, places, things, or situations that act as reminders of the trauma). Avoidance can also manifest as attempts to shut out or push away uncomfortable memories, or emotions through denial, dissociation, or addictive behaviors.

3. Negative alterations in cognition and mood – such as negative thoughts and assumptions about oneself, others, and the world in general, and persistent negative moods.

4. Arousal – manifesting in a state of hypervigilance (always being “on guard”) and heightened startle reaction (very jumpy).

In addition to these symptoms, an individual must also experience either a state of *derealization* (the experience of feeling detached and dissociated from your surroundings) or *depersonalization* (the experience of feeling detached and dissociated from oneself, as if you were an outside observer).

Other symptoms might include self-harm, emotional eating or eating disorders, impulsivity or recklessness, excessive risk-taking, promiscuity, and health problems with no easily identified issues, etc.

Where Are You On Your Healing Journey?

How many of these steps in your healing journey have you worked through?

- ☐ You believe that something terrible happened to you and that you're not just imagining it.
- ☐ You are aware at some level that you are a trauma survivor.
- ☐ You are ready to deal with your feelings of being damaged or unworthy of love.
- ☐ You feel rage toward the perpetrator of the trauma.
- ☐ You have discussed your traumatic experiences with safe people.
- ☐ I have begun to release undeserved guilt or feelings of any personal responsibility for what happened.
- ☐ You recognize that you acted appropriately, given what you know at the time of the trauma.
- ☐ You are beginning to understand how the trauma has impacted you and your current relationships.
- ☐ You are beginning to gain more control around aspects of yourself and your life that are impacted by the trauma.
- ☐ You have a positive sense of self.
- ☐ You have successful intimate relationships.
- ☐ You are in touch with your anger but you are no longer controlled by it.
- ☐ You came to realize that by forgiving, you are reclaiming your own personal power.

Describe your healing history:

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Identify Trauma Factors

Pre-trauma factors

Although some events can be so traumatizing that pre-trauma factors can have less influence, certain factors often influence a person's reaction to traumatic events. The following are some examples of pre-trauma factors. Check the ones you identify with:

- ☐ Previous exposure to trauma
- ☐ Childhood victimization, including neglect, emotional abuse, sexual abuse, physical abuse, or witnessing abuse
- ☐ Earlier depression that impacts brain chemistry and that is not merely situational
- ☐ Ineffective coping skills
- ☐ Early substance abuse
- ☐ Absence of social support
- ☐ Multiple early losses of people or possessions
- ☐ Genetic makeup

Trauma Factors

There are many factors related to the traumatic event that can contribute to the possibility of developing PTSD. The following are some examples of trauma factors. Check the ones you identify with:

- ☐ Geographic closeness to the event
- ☐ Level of exposure to the event
- ☐ Duration of the trauma
- ☐ The event's meaning to the victim
- ☐ The presence of life threat (digrandeet al. 2010)
- ☐ Having fewer protective adults around if the trauma occurred in childhood
- ☐ Having an occupation that requires repeated exposure to potentially traumatic events
- ☐ Age, with young adults under the age of twenty-five being more likely to develop the disorder (friedman 2000)

Post-trauma Factors

The following are some examples of post-trauma factors that can affect your healing. Check the ones you identify with:

- ☐ Not having good social support
- ☐ Having a poor sense of self-esteem
- ☐ Indulging in self-pity
- ☐ Being passive rather than active—letting things happen to you
- ☐ Inability to find meaning in the suffering
- ☐ Self-efficacy – your sense of confidence in your own coping ability
- ☐ A sense of coherence – the recognition that even seriously traumatic events are manageable and meaningful
- ☐ Your locus of control – people with an internal locus of control believe that the outcomes of their actions are results of their own abilities. People with an external locus of control tend to believe that their successes or failures result from external factors beyond their control, such as luck, fate, circumstance, injustice, bias, or teachers who are unfair, prejudiced, or unskilled.

Create Your Emotional Timeline

Each one of us has a history of emotional memories of specific events that shaped our sense of self and how we perceive others and the world.

Reflect on past events from birth, identify emotional standouts and write down a brief description of the event:

Age:

Event:

Emotion:

Intensity of emotion (1-10):

Age:

Event:

Emotion:

Intensity of emotion (1-10):

Age:

Event:

Emotion:

Intensity of emotion (1-10):

Age:

Event:

Emotion:

Intensity of emotion (1-10):

Age:

Event:

Emotion:

Intensity of emotion (1-10):

1. What patterns do you see were in your childhood? Teenage years? Adulthood?

2. What is your age of wounding? Do you have more than one age of wounding that shows up in your timeline?

3. Do you see your life experiences from a different perspective now?

Recognizing Triggers

Every time you feel triggered, write about your reaction (physical sensation, feelings, thoughts), its intensity, what happened just before, and how you coped. Do not judge, just notice.

Date/situation	Reaction (physical sensation, feelings, thoughts)	Intensity (1-10)	Trigger: what happened just before?	Coping: what did you do to cope?

How Can You Tell You Are Triggered?

Recognizing signs you might be triggered can help you recognize if you're really in danger or just triggered.

The following are common signs of being triggered. Check off the ones you recognize in you and add more to the list:

- ☐ Body wants to collapse
- ☐ Churning or pit in stomach
- ☐ Difficulty breathing
- ☐ Elevated heartbeat
- ☐ Feeling emotions that do not fit the situation
- ☐ Feeling overwhelming shame
- ☐ Feeling terrified or panicky
- ☐ Feeling unsafe
- ☐ Flashbacks of stressful or traumatic events
- ☐ Going numb
- ☐ Outbursts of anger or sadness
- ☐ Overwhelming emotions
- ☐ Physical tension
- ☐ Shaking
- ☐ Sudden intense physical reactions
- ☐ Urge to run away, escape, or other avoidant behavior
- ☐ Wanting to drink or use drugs
- ☐ Wanting to hurt yourself
- ☐ _____
- ☐ _____
- ☐ _____

1. What is your most troubling or difficult trauma symptom (e.g. shame, depression, self-loathing, anxiety, anger, etc.)?

2. How did this symptom help you get through?

3. If you are unsure of an answer, just ask yourself, “What would it have been like if I had not been depressed [or ashamed, or angry, or self-loathing]?”

Traumatic Attachment Symptoms

Going through a traumatic relationships, whether in childhood or later in life, can cause us to feel less safe in relationship and hinder our ability to emotionally intimate and vulnerable.

The following are common signs of traumatic attachment. Check off the ones you recognize in yourself and add more to the list:

- ☐ Difficulty when not being listened to
- ☐ Difficult when not understood
- ☐ Worrying that others don't love you
- ☐ Fear of abandonment
- ☐ Fear of being cheated on
- ☐ Low levels of trust
- ☐ Not wanting to be touched
- ☐ Wanting to be held all the time
- ☐ Resisting affection
- ☐ Trouble showing affection
- ☐ Worrying you're not good enough
- ☐ Not being able to leave toxic relationships
- ☐ Wanting to run away when the other person gets close
- ☐ Not being able to tolerate being alone
- ☐ Putting up with abusive behavior
- ☐ Trouble maintaining relationships
- ☐ Inability to open up and share feelings
- ☐ Feeling unlovable
- ☐ Inability to set healthy boundaries
- ☐ _____
- ☐ _____

Identifying Coping Skills

Activities that give me relief or pleasure or take my mind off negative thoughts	What feelings, thoughts, or impulses do they help with	How helpful (1-10)

Feeling Safe

Before doing any work on trauma-related issues, you want to make sure that you feel safe enough.

If you are a victim of domestic violence in any form (verbal, physical, sexual, emotional), I encourage you to get professional assistance to help make you safe.

Answer the following questions. Expand on your answers as much as you need to:

1. How safe is your environment? If you are not safe in your environment, what can you do about it?

2. What makes you feel safe physically when you are alone? With others?

3. Do you feel safe with those closest to you? If not, what will make you feel safer?

4. How do you protect yourself? How successful are your self-protective attempts? How can you protect yourself more effectively?

5. What do your answers to these questions tell you about you and your sense of safety?

Find Social Support

It is important to have the support of those who care about you as you work through your traumatic experiences. If you can't think of safe family members or friends, seek connections with others through work, church, therapist, support groups (e.g., AA, ACOA), or social organizations.

List the names and phone numbers of these support people below:

Safe family member(s): _____

Partner or spouse: _____

Close friend(s): _____

Neighbor(s): _____

Local crisis line: _____

Therapist(s): _____

Local hospital: _____

Others: _____

Commit to Working on Trauma

1. Have you set aside a specific time every day or every week to do the work?

2. Do you have safe things to keep by your side (to ground you and soothe you) when you sit down to do the exercises in these worksheets?

3. How can you protect yourself from getting overwhelmed as you're doing the work, particularly if those feelings and thoughts feel harmful to you?

If you had trouble answering the previous question, here are some things you can do to help yourself, in addition to getting professional help:

- Think of a positive feeling you want to have and then practice doing things that can help bring up that feeling.
- Write down three things you enjoy doing and do them.
- Make a list of your negative thoughts and then challenge them and write more realistic thoughts to counter each of them.
- Notice when you start feeling unsafe during the day, chart those times and what triggered those feelings.
- Create a safe place in your mind. Visualize a pleasant place (forest, beach, fantasy place) that makes you feel safe and helps you calm down.

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Self-Care

When to take a step back from doing these exercises?

If you begin to feel overwhelmed, put these worksheets away and do something else. The following are some signs to help you recognize when you're feeling overwhelmed:

- ☐ You begin to lose your sense of time or feel that you are not aware of your surroundings (symptoms of dissociation)
- ☐ You experience flashbacks, or have more frequent or more intense flashbacks related to the traumatic events
- ☐ You experience feelings that seem to be out of control
- ☐ You engage in compulsive behaviors and addictions
- ☐ You begin to develop an eating disorder (you stop eating, you binge, or you binge and make yourself throw up)
- ☐ You begin to isolate yourself and avoid other people

While you are on a break practice self-care:

Physical Self-Care

- Eat regular meals that are healthy and balanced
- Exercise
- Get a massage
- Play sports
- Take a warm bath or shower
- Do housework or yard work

Psychological Self-Care

- Journal
 - Meditate
 - Listen to soothing audio recordings
 - Read your favorite book
 - Say no to others' requests
-
-

Emotional Self-Care

- Spend time with family members you love
 - Watch your favorite movies or tv shows
 - Listen to your favorite music
 - Laugh or cry
-
-
-
-

Spiritual Self-Care

- Spend time in nature
 - Go to or join a church or other spiritual group
 - Read a spiritually oriented book
 - Practice gratitude and appreciation
 - Do something to help better the world
-
-
-
-

Professional/Workplace Self-Care

- Take your assigned breaks during your workday
- Try to finish assignments when (or even before) they are due
- Work on developing better relationships with other workers or your boss
- Find something in your work that is rewarding to you

Check-in With Yourself

Recall what just happened that made you feel triggered and think about the feelings and thoughts you had. Then think about what that made you want to do – sometimes people cope with painful emotions through addictions and destructive behaviors.

Before you act on your impulses, pause, take a few calming breaths, and think about what a healthier option to manage your painful emotions would be.

Notice your feelings and your reactions to your feelings by taking a pause and mentally answering the following questions:

Pause whatever you're doing.

1. Turn your attention inward and ask yourself “How am I feeling right now?”

2. Notice any tension anywhere in your body (e.g., in your shoulders, stomach, or jaw).

3. Notice any emotions you feel and try naming them (e.g., fearful, angry, sad, etc.).

4. Notice your thoughts. Are you able to stay focused? Are you having racing thoughts?

5. What does it *make* me want to do now?

Take a deep, calming breath.

6. What would be a healthier thing to do now?

7. Why is that healthier?

8. List a few things that can help you calm down. The following are some examples to choose from:

- ☐ Take a ten-minute walk.
- ☐ Lift weight
- ☐ Contact a close friend or a safe family member
- ☐ Meditate for 10 minutes
- ☐ Listen to soothing music
- ☐ Practice deep breathing for 5 minutes.
- ☐ Soak in a warm bath.
- ☐ Write.
- ☐ Use guided imagery.
- ☐ Do yoga.
- ☐ Try progressive muscle relaxation.
- ☐ Get a massage or have someone give you a back rub.
- ☐ Have a warm drink that doesn't have alcohol or caffeine in it

- ☐

- ☐

- ☐

- ☐

- ☐

- ☐

- ☐

- ☐

Manage Your Anger

When you have PTSD or have faced trauma, anger can reach unhealthy levels and it can harm you and your loved ones. Here are a few guidelines to help you control your anger:

Notice What Happens When Anger Hits

Awareness is the first step to getting control of your emotions, not just anger.

1. Notice where you feel the tension in your body. Is there a knot in your stomach? Are you clenching your jaw?

2. Notice what thoughts you have about what this anger makes you want to do. Do you feel like screaming at the next person you see? Breaking something?

3. Imagine what would happen if you actually act on your impulses and mentally review all possible consequences.

4. Ask yourself, “What is a healthier thing to do instead?” and, “What the benefits of that alternative would be?”

Take a Pause

When you start feeling angry, take time-off, if possible.

Go for a walk, or distract yourself with another activity.

If you’re with someone else, ask for time-off or excuse yourself to the restroom and take a minute to cool your temper.

Exercise is a healthy way to release feelings of anger.

When you feel your anger surging, do aerobic exercise or go for a run. Housecleaning or yard work can also help release anger.

Use “I” Messages

When you have an argument with someone, keep the focus on how you feel, rather than on another person’s faults.

Instead of saying,

- “You did this,”
- “You made me feel awful.”

try saying,

- “I feel this way ...”
- “I felt hurt when ...”
- “I got frustrated by ...”

Using I statements, gives the other person insight into your true feelings, without making them feel blamed.

Dealing with flashbacks and dissociation

A flashback is a sudden, vivid memory of a traumatic event, accompanied by intense emotions.

DSM-5 defines a flashback as a dissociative event (American Psychiatric Association 2013). When you experience a flashback, it is as if you are dissociated from the present and are back in time to the event.

How Do You Dissociate?

1. Check off any of the following dissociation symptoms that describe what happens to you.

When you dissociate, you feel or do the following:

- ☐ You seem to move in slow motion
- ☐ You feel no pain
- ☐ You feel numb
- ☐ You stare off blankly into space
- ☐ You become an observer of the present situation, not a participant
- ☐ You experience lapses in your memory
- ☐ You feel as if you're watching yourself from outside your body

2. When do you feel these symptoms?

3. What is the flashback trying to tell you?

4. Do you have more to learn or accept about what happened to you?

5. Are you able to grab onto the content of the flashback after it is over?

The DVD Technique

One way to deal with flashbacks is to think of it as a “DVD” that you can play in your mind. You can then play the memory in small sections by pausing it, fast-forward, or scanning backward.

Doing this gives you a sense of control over your reexperiencing of the traumatic event.

You can also add something to the beginning or end of the flashback, such as an image of your safe place or an alternative ending to what happened.

Before trying this on your flashback, try it with a positive memory you have.

The memory that I am going to play is_____

When I fast-forward through this memory, I (see, feel, hear, smell, experience, etc.)_____

When I rewind this memory, I _____

Positive images I can use to frame my flashback are

Other Ways to Deal with Flashbacks

- Repeatedly blink your eyes hard.
- Change the position of your body.
- Name objects in your environment out loud.
- Hold on to a safe object.
- Stamp your feet on the floor.
- Use deep breathing.
- Wash your face with cold water.
- Use visualization to go to your safe place in your mind.
- Go to your actual safe place.
- Repeat calming statements (affirmations) to yourself.
- Project the flashback in your mind onto a dry erase board and then erase it
- In your mind, put the flashback into some type of vault or container

Exposing Yourself Safely: Name Your Trauma

Post-traumatic stress disorder (PTSD) is often associated with traumatic events such as car accidents, natural disasters, or acts of violence and sexual abuse.

But worldwide pandemics, terrorist attacks, natural disasters, wars, motor-vehicle accidents, bullying, workplace harassment, relationship and child abuse (mental, emotional, physical, and sexual), and other events anyone would consider traumatic and extremely stressful, might also cause PTSD (Post-Traumatic Stress Disorder).

But PTSD can develop in anyone who is **directly or indirectly** exposed to major trauma.

Reflect back on the traumatic event(s) you experienced.

Facing Your Trauma

1. What do you believe will happen if you start looking at your trauma?

2. Do you believe that you will be punished or hurt if you talk about what happened?

Traumatic Events Inventory

Begin by listing the traumatic events you experienced in your life. The following is a list of events that can be traumatic:

- Witnessing a natural but unexpected death
- Witnessing a violent death
- Having a murder in your family
- Surviving a robbery or burglary
- Surviving an assault
- Experiencing physical violence and/or sexual abuse as a child
- Experiencing life-threatening neglect as a child
- Being seriously emotionally abused as a child
- Surviving cult abuse
- Surviving a natural disaster (hurricane, tornado)
- Surviving a fire
- Being in a serious automobile accident
- Being in a plane crash
- Being exposed to war
- Being a combat soldier
- Working in a profession that exposes you to death, injury, or pain
- Other life-threatening events _____

If you are still unable to pinpoint the traumatic event, take the event that haunts you the most.

Write everything you recall about this event here or in a separate journal. It's fine if you can't remember certain aspects of your trauma. Don't fill in any of the blanks in your memory.

People who have told their traumatic story many times find themselves able to talk about it from a detached emotional state.

But if you haven't faced your trauma before, you might experience discomfort and overwhelming emotions, so take it slow and work on mastering relaxation exercises before starting.

If it gets too overwhelming, take a break.

1. Does the memory keep returning, even when you try to forget it?

2. Does the memory come in fragments or bits and pieces?

3. What aspects of the traumatic event do you remember clearly, even if not necessarily accurately? What aspects of the event are cloudy?

4. Can you find corroboration of what you remember from other sources (other people, medical reports, newspaper articles)?

5. How does remembering things about the event affect you physically and emotionally? Do you get more or less distressed?

Make a Memory More Manageable by Breaking It into Smaller Parts

1. The part of the traumatic event as I remember it

2. What is the first thing you remember about that part?

3. What were your initial thoughts about what was happening?

4. What happened next?

5. How did that part end?

6. What emotions did you have during the event?

7. What feelings do you have about it now?

8. What have you learned about that part of the event by doing this exercise?

Avoidance and Defenses

Avoidance behaviors come in many forms:

Worrying and ruminating: You may find yourself worrying in the hope that constant vigilance will somehow prevent anything bad from happening.

Repression and denial: You might repress painful feelings or thoughts away from your conscious awareness, believing that if you don't talk about it or acknowledge it, it will go on its own.

Regression: You might feel or act younger than you are as a way to avoid taking responsibility for your feelings and actions.

Idealization: You might exaggerate the positive traits of your abuser to avoid facing your hurt or avoid taking action to help yourself.

Daydreaming: You might engage in daydreaming about how things you'd like things to be, rather than addressing challenges head-on.

Intellectualization: You may avoid feelings by using thinking or analyzing situations, without actually taking action.

Projection: You project when you assume that someone else is thinking or feeling in a way that actually reflects your own thoughts and feelings.

Dissociation: You might separate the part of you that takes care of daily tasks of living from painful emotions and memories. Symptoms of dissociation exist on a continuum from relatively mild sensations of foggy, or difficulty concentrating to feeling numb or cut off. In the most extreme situations, you might have lapses of memory.

1. Read through the list of avoidance behaviors and write down the ones you can relate to:

We develop psychological defenses because they were once necessary for self-protection.

Avoidance is a coping mechanism. It is a feedback that may indicate that you're going through a stressful experience. Recognize that you did the best you could to survive with the resources that you had at the time before you can change the way you handle these things, now that you are more self-aware.

It is important to cultivate curiosity about the origin of your self-protective or defensive behaviors.

2. Where or when might you have learned to stop allowing yourself to feel vulnerable?

3. When did you learn to push away pain?

4. When did you decide to stop telling to people about your emotions, thoughts, or dreams?

5. What healthier coping mechanisms can you start using today to cope with stress? (meditation, journaling, grounding, deep breathing, etc.)

Ways to Reduce Avoidance

- Reduce your efforts to try to avoid memories of the trauma.
- Reduce your use of self-medication.
- Challenge your limiting beliefs around your ability to handle your difficult emotions.
- Rely on your logic more than your emotions when appraising the threat in situations.
- Learn to stay more present in your safe place.
- Participate in activities that increase your positive emotions and resilience.
- Separate the past trauma from the present, by using grounding techniques.
- Set up a certain time period during a day or week to work on your traumas
- Begin doing some form of exposure therapy.

Exercise: Challenge Thinking Errors

Once you bring your awareness back to the present moment and become aware of your negative, irrational beliefs, you begin to replace them with more positive, accurate thoughts.

For instance, when you find yourself thinking “What’s wrong with me,” or “I’m worthless,” replacing these negative thoughts with more positive ones, such as “It’s okay to be nervous,” “Mistakes are proof that I’m trying.”

Take a few minutes every day to journal, then review your thoughts and correct any distortions.

The following are common thinking distortions you should be aware of:

1. **All-or-nothing thinking:** also called black-and-white or polarized thinking, where you view situations in only two categories rather than on a continuum.

For example: “I always mess up, what is the point of trying?”

2. **Catastrophizing:** This is when you believe that the very worst thing is going to happen without considering other more likely and less negative possibilities.

For example: “I just *know* that I will mess up”

3. **Discounting the positive:** This when you disqualify or exclude positive experiences and qualities.

For example: “He said I did a good job, but I bet he didn’t mean it.”

4. Emotional reasoning: This is when you believe something is true because you feel it so strongly, while ignoring lacking or contrary evidence.

For example: “I have an awful feeling about the audition, I’m sure I’ll mess up.”

5. Overgeneralization: This is when you decide that a negative experience, a specific flaw, or a mistake describe your life completely.

For example: “Things never go my way.”

6. Mind reading: This is when you jump to conclusions regarding others’ thoughts and feelings without any clear evidence.

For example: “He thinks I’m stupid, I’m sure of it!”

7. Imperatives: This is when you criticize yourself or other people using shoulds and shouldn’ts.

For example: “I should have been able to speak up at the meeting; I’m such a wimp!”

Identify and challenge your distorted thoughts by asking yourself the following questions:

Identify Your Beliefs About Trust

1. What does it mean to you to be able to trust?

2. In what situations do you trust your own thoughts, judgments, or conclusions?

3. How do you define the word “intuition”? Is it a nonlogical insight?

4. When do you notice your intuition and feel that it’s speaking to you?

5. How else do you become aware of your feelings and thoughts about others or situations?

6. When do you ask others for help with your own tasks?

7. When do you ask others for help with your emotional needs?

Identify Your Beliefs About Power and Control

1. What does personal power mean to you?

2. Where is your locus (place) of control—is it inside or outside of yourself?

3. In what situations do you have to share power with others? Who are those others?

4. When do you try to control others?

5. Over what aspects of your life do you feel you have control?

6. Where does your sense of power come from? Is it from your job? Your gender? Your body? Your accomplishments?

Identify Beliefs About Intimacy

1. To you, intimacy means

2. Do you feel connected to others? If so, to whom?

3. Do you feel more distant from others, after the trauma?

4. How do you express love to others? To yourself?

5. Which of the following statements describe you?

- ☐ I am unable to make friends.
- ☐ I am unable to keep friends.
- ☐ I don't believe anything nice that others say about me.
- ☐ I am unable to be my authentic self with others.
- ☐ I stay away from people.
- ☐ I am afraid to talk to others.
- ☐ I avoid certain social activities.

- ☐ I fear touch of any kind.
- ☐ I am afraid to be physically close to another.
- ☐ I have no one to take care of me.
- ☐ I feel afraid to depend on others.
- ☐ I believe others will always let me down.

Challenge Your Beliefs

1. What evidence do I have that what I believe is actually true?

2. Do I know for certain that the worst will happen?

3. Is there another possible explanation for that person's behavior that isn't about me?

4. Am I confusing a thought with a fact?

5. Am I falling into a thinking trap (e.g., catastrophizing or overestimating danger)?

6. What would I tell a friend if he/she had the same thought?

7. Am I 100% sure that _____ will happen?

8. How many times has _____ happened before?

9. Is _____ so important that my future depends on it?

10. If it did happen, what could I do to cope with or handle it?

11. Am I condemning myself as a total person on the basis of a single event?

12. Am I concentrating on my weakness and forgetting my strengths?

13. Am I blaming myself for something which is not really my fault?

14. Am I taking something personally which has little or nothing to do with me?

15. Am I assuming I can do nothing to change my situation?

Managing Nightmares

Exercise: Dealing with Nightmares

This exercise has been adapted from *The Body Remembers*, by Babette Rothschild (2000, 134).

Before you go to bed, try saying to yourself:

“I am going to awaken in the night feeling (name the anticipated emotion), and in my body I will feel (name the anticipated bodily sensation) because I will be remembering (name the trauma by title only). I will then look around here (name the place you are in), and I will see (name the things you can see from where you’ll be sleeping), and so I will know that the (name the trauma by title only) is not happening now/anymore.”

If you awaken during the night, try to ground yourself quickly by grasping a favorite object and focusing on it or clapping your hands or pressing your tongue to the roof of your mouth.

Exercise: Rewriting Nightmares

This exercise is adapted from Baker and Salston (1993)

When the dream occurs, try writing it down. Describe it in as much detail as possible.

1. Is your dream an exact reenactment of the traumatic event?

2. Reflect on ways to change the dream's ending:

3. What new information does the dream give you that you can use to build an understanding of what happened to you?

Techniques to Improve Your Sleep

- Eat something light and avoid caffeine.
- Exercise during the day but not right before bed.
- Listen to relaxing music.
- Practice relaxation techniques before going to bed.
- Write or make an audio recording about your day.
- Try not to drink anything in the two hours before going to bed, so you don't have to get up to go to the bathroom.
- Read fiction.
- Set the thermostat at a comfortable, cool temperature.
- Use a night-light
- Check with your doctor to see if any medications you are taking are affecting your sleep.
- Use a white-noise machine or wear earplugs
- Choose a regular bedtime that works for your needs
- Don't get involved in anxiety-provoking activities or thoughts ninety minutes before bed

My Bedtime Plan

Manage Feelings of Shame

Shame is characterized by the distorted sense of yourself as being unworthy, damaged, or a failure. To break the cycles of shame try doing the following:

Explore your use of language

Instead of saying “I am sad,” try saying “I feel sad.”

The first statement reflects identification with painful emotion, whereas the second allows you to recognize a feeling without being consumed by it.

Avoid “shoulds”

One way people intensify their perfectionism is using “Shoulds” as perceived expectations of themselves and rejection of their authentic selves.

If you find yourself thinking, “I shouldn’t make mistakes,” or “I should be strong,” try to step back and instead focus on self-acceptance.

Imagine shame as a bully

Imagining shame as a bully gives you some space from the emotion and allows you to react.

Ask yourself “What would you say to the shame bully?” in your journal write down your answer.

Invite vulnerability

When feelings of shame arise, rather than hide, show people how you really feel and allow them to support you.

Dr. Brené Brown's research has shown that expressing vulnerability is a sign of strength and facilitates healing.

Answer the following questions to help you manage shame:

1. How does shame show up for you? What thoughts or sensations accompany shame?

2. How can you assert yourself when you are with people who still try to shame you?

3. How can you nurture yourself if someone tries to shame you or if shameful feelings start to return?

Regulate Your Stress Response

When the stress response is unnecessarily activated by perceived danger, calm yourself down using the following techniques:

Breath Work Exercise

Breath work helps you manage stress of all levels and varieties and bring you back to the present moment.

1. Try doing this exercise lying down on the ground and notice how that provides a sensation of being grounded to the earth.
2. Place one hand on your stomach and the other on your heart.
3. Inhale deeply through your nose as you silently count to three.
4. Exhale through your mouth as you silently count to six.
5. Repeat this six more times, and then see if you can work up to a four-count inhale, followed by an eight-count exhale, and then five-count inhale, followed by a ten-count exhale.

Once you're done, notice how you feel calmer and more present.

Apps like [Prana Breath](#), [MindShift CBT](#), [Breath Ball](#), and Health through Breath can help make breathing exercises easier.

Orienting Exercise

This exercise will help you practice using your five senses in order to more accurately sense whether or not you need to use your survival instincts of fight, flight, or freeze.

By creating awareness of your environment, you help yourself build a sense of safety and thus find yourself able to relax.

1. Begin by taking note of how you feel, both physically and emotionally.
2. Notice the entrances and exits and pay attention to what's around, such as objects, colors, and shapes.
3. Now notice what it feels like to be supported by the chair or floor.
4. Connect with your other senses. Notice smells, sounds, the taste in your mouth.

Once you're done notice how you feel both physically and emotionally. Did this exercise help you feel safer?

Survival Energy Exercise

After the traumatic event, you might feel as though you weren't in charge of or able to defend yourself from danger in the past.

The following exercise will help you access these feelings of helplessness, and help you release them and restore equilibrium.

The exercise is ideally performed with a trusted person. If that is not possible, you can perform the first part of this exercise on your own, pushing against a wall.

1. Have your trusted person brace themselves against a wall as you push against their hands for 10 to 60 seconds.
2. Once you're done, close your eyes and notice how you feel physically and emotionally.
3. Repeat pushing and noticing your feelings in two or three more times.
4. For the second part of this exercise, trade places and let the other person push you against the wall.
5. Notice your sensations and feelings.

Self-Soothing Exercise

The goal of this exercise is to help you calm the nervous system and create boundaries and safety in the body.

Physical and emotional boundaries go hand and hand. They help us protect ourselves and define what is acceptable.

Set a timer for three or five minutes and notice how you feel at the end of that time period.

1. Put on some soothing music and allow yourself to connect with the sound.
2. Wrap your arms around yourself and hold your body. Notice what it feels like.
3. Place one hand on your heart and the other hand on your stomach.
4. Close your eyes and feel your breath rise and fall as you breathe deeply.
5. Release all judgment and simply sit with the sensations.

Free-Flow Dance Exercise

This exercise will help you sense your body in time and space and change the stories you may be telling yourself about your body after experiencing inflexibility and rigidity in response to trauma.

1. Give yourself the space and permission to experience spontaneous body movements.
2. Put on whatever music that will inspire you to move with freedom.
3. For three minutes, experience free-flowing movement. Observe how you feel both emotionally and physically.
4. Eventually, work your way up to five and then ten minutes.

Practicing these exercises is like building muscles.

At first, the changes might be subtle. But over time, you will build muscle memory and discover the strength that you never thought you had before.

Mammalian Dive Reflex

The diving reflex is the body's physiological response to submersion in cold water. It causes an immediate decrease in heart rate and metabolism, which helps you calm down faster.

* Submerge your face in cool water (below 21 degrees Celsius or 70 degrees Fahrenheit) for thirty seconds.

* Make sure your forehead, temples, and ears are underwater.

Consult your doctor before doing this exercise if you have a medical condition.

Other Techniques to Calm Yourself Down

- * Do five minutes of intense physical activity, like push-ups, jumping jacks, etc. while at the same time saying out loud, “I am completely safe,” over and over again.
- * Do a Sudoku puzzle or solve a few math problems to activate the rational part of your brain and to deactivate the emotional part.

Resourcing Exercise

The goal here is to build a list of internal and external resources you have at your disposal, such as people, places, activities, or things that make you feel safe.

An example of an internal resource could be your ability to connect with people, or maintain a good attitude when time things get tough, etc.

1. To create this list, start paying attention to moments when you feel strong and safe, or think back to a time in your life when you felt this way.
2. Keep this list at your disposal by writing it on your phone or in a journal and continue adding to it.

Creating this list helps you go directly to these resources every time you need them.

Mindfulness

Mindfulness of your external environment is one of the best strategies to cope with triggers. It involves approaching the present moment nonjudgmentally, without evaluating the experience in any way.

In other words, you expand your awareness to everything happening around you and prevent your thoughts from focusing just on the trigger or symptoms.

Exercise: Mindfulness of Your External Environment

Stop for a moment and scan your environment.

Notice your surroundings and describe what you see, hear, smell, and feel on the surface of your body, such as a tree, the chirping of a bird, the sun on your face, your clothes against your body, etc.

Do your best to describe in detail every object in your awareness.

If you notice that your attention becomes focused on your PTSD trigger or symptoms, that's okay. Acknowledge that your attention went back to the trigger or symptom and then gently bring your attention back to your external environment.

You can use this technique whenever a trigger catches your attention. "Stop, Take a breath, Observe what's going on around you, and Proceed"

Mindfulness Meditation

Theoretically, anyone, including trauma survivors can benefit from practicing mindfulness.

However, for people who've experienced trauma, mindfulness can trigger symptoms of traumatic stress and even lead to retraumatization.

When practicing mindfulness meditation, people who have experienced trauma will have to pay an inordinate amount of attention to sensations in their bodies. And when your inner world is constantly communicating threats, focusing on your interoceptive sensations can exacerbate your trauma symptoms.

How to Practice Trauma-Sensitive Mindfulness?

Stay Within the Window of Tolerance

The window of tolerance—is an internal zone of support that helps trauma survivors feel stable, present, and regulated.

When you feel triggered or out of control, you're no longer in your safe zone – your window of tolerance.

Signals That You're Outside Of Your Window Of Tolerance

- Muscle tone extremely slack (collapsed) or rigid
- Hyperventilation
- A racing heart
- Excessive sweating
- Blurred vision
- Dissociation (feeling disconnected from your body or numb)

- Flashbacks, or intrusive thoughts
- Intense emotions of anxiety and hypervigilance

Ways To Apply The Brakes

Once you start feeling like you're no longer inside your window of tolerance, use the following ways to regain control and regulate your emotions:

- Open your eyes during mindfulness practice.
- Take structured breaks from mindfulness practice (e.g., walking, stretching).
- Take a few slow, deep breaths.
- Soothe yourself through self-touch (e.g., put your hand on your heart).
- Focus on an external object in your environment (e.g., the view outside).

Establish Stable Anchors Of Attention

To support your window of tolerance, you need to learn how to shift your focus away from traumatic stimuli during mindfulness practice.

This can be done by opening your eyes and paying attention to the surrounding environment (e.g., the view outside the window, or an object in the room)

Instead of concentrating on the breath, you can choose anchors of attention that are more stabilizing for you, such as the feeling of your feet on the ground, or the sensations of your hands resting on your thighs.

Other stabilizing anchors might include another sense, such as hearing or sight. However, working with a sense that's less tactile can be distracting and make it harder to bring your attention back to your practice.

Calming Affirmations

Positive affirmations can boost your mood and offer comfort. You can even imagine a supportive friend saying these to you.

- My source of personal power lies within me.
- I am confident in my own abilities to cope with situations.
- I try to find meaning in what happens to me.
- I try to break down bad situations into manageable parts I can handle.
- I am at peace.
- I willingly release all tension in my body.
- It is safe for me to express my feelings.
- I allow peace and joy to exist in all areas of my life.
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Prolonged Exposure

Prolonged exposure is done by having you come into contact with thoughts, situations, objects, and places associated with your traumatic event. The goal here is to help you process the emotions connected to the trauma.

The exposure can take two forms: “***imaginal exposure***”, or, “***in vivo exposure***”.

Imaginal exposure involves imagining the details of the traumatic events. This includes describing what you experience with your five senses as well as the thoughts you had and the emotions you felt at that time.

In vivo exposure involves coming into contact with the actual people, objects, places, or situations associated with the traumatic event.

For example, someone who had a car accident and has been traumatized might be asked to look at pictures of car accidents, listen to loud sounds, and eventually, once he gets more comfortable, drive on the highway.

This might seem like a scary treatment, but keep in mind that avoidance is what fuels PTSD symptoms.

By progressively confronting the things you fear, you build up your tolerance for fear and realize that you are not really in danger. The traumatic event is not recurring and the alarm your body is sounding is a false alarm. Over time, your body’s alarm system becomes less sensitive and less likely to be activated when you face reminders of a traumatic event.

How Does Prolonged Exposure Work?

- Revisiting the memory helps you emotionally process the traumatic experience and make sense of what happened.
- You learn that thinking about a traumatic experience is not dangerous. That was then, and this is now.
- You learn that you can handle your distress and this will help you feel better about yourself.
- You learn that when you repeatedly approach trauma-related memories or situations that you have been avoiding, the fear and distress gradually decrease. This is called habituation – a process by which anxiety comes down on its own as you stick it out and stay in a safe, but anxiety-provoking situations for long enough.
- You learn that the situations that you avoid are actually safe, and they no longer have to limit your life.

The Subjective Units of Distress Scale (SUDS)

In order to measure your levels of distress and anxiety, you can use a scale called the SUDS, which stands for Subjective Units of Distress Scale.

It's a 0 to 100 scale. A rating of 0 indicates no distress at all and a rating of 100 indicates high levels of distress.

People are different, so what makes one person feel 100 may not be as distressing for someone else. This is why it is called a “subjective” scale.

You and your therapist can use this subjective distress scale to monitor your progress during the imaginal and in vivo exercises. You can also use the scale to rate things you fear in everyday life that are unrelated to the trauma.

1. What is your distress level on the SUDS scale right now?

2. In what situations do you feel at “0” level of distress?

3. In what situations do you feel at “100” level of distress?

4. In what situations do you feel at “50” level of distress?

In Vivo Exposure

In vivo exposure is a real-life exposure, where you encounter real-life situations that you’ve been avoiding or that you’re afraid of.

List Activities you avoid or are afraid of

When you get used to avoiding activities or situations, it can become hard to notice them.

Be really honest with yourself. You can ask for suggestions and feedback from a trusted friend, a loved one, a support person, or a therapist.

Think back to the time before your trauma. What types of activities did you do back then that you have stopped doing?

As you list these activities, it’s important to connect them to goals that are important to you. Consider why it’s important to you to do these activities and how they can help you reach your goals.

For example, maybe you used to walk alone a few times a week because you wanted to lose weight or simply stay fit.

Safe situations that you perceive as dangerous

Situations that remind you of the traumatic event

Healthy activities that you have lost interest in

Schedule “In Vivo Exposure” Daily

After writing down your list of avoided activities, the next step is to schedule to deliberately practice these activities.

Exposure works best when it’s consistent and structured. This will help you turn exposure into a habit that will compete with your old habit of avoiding.

You’re more likely to do something if you have it in your schedule. This will ensure that you take action regardless of how motivated you feel.

It's also recommended that you practice exposure daily, in order for you to pave a new path in your mind and resist taking the old one.

Start with the Items That You Can Best Handle

Start with easier items on your list, especially if you're doing this on your own.

It's easier for you to feel empowered and keep going when you choose situations that you can stay in for long enough for your brain to learn something new.

It's important to take reasonable precautions. If you're afraid to walk alone down your street at night, it would be naïve to place yourself in harm's way. But make sure you're not mistaking avoidance for safety behaviors.

Imaginal Exposure

Imaginal exposure involves exposing yourself to situations in your imagination.

This is a good substitute for in vivo exposure, especially when it's hard to get into the real-situations you're afraid of, or when these situations are not particularly safe, like walking alone in the dark in a dangerous neighborhood.

So why expose yourself to it this way? Well, simply because it works.

Many people have reported that their symptoms have improved considerably after prolonged exposure (Olatunji, Cisler, and Deacon 2010).

It's not recommended to do prolonged exposure alone. It's best done with a therapist who can help you remain safe and support you while guiding you through the exercise.

Are You Considering Therapy?

1. What have you got to lose by giving therapy a try?

2. What will happen in your life if you don't work on these problems?

3. Have you tried to get help for this in the past? What was it like?

4. If it didn't help you, why not? What made it difficult for you? If you did not complete treatment, what made you quit?

5. People going through therapy may feel worse before they can feel better. Will the effort of therapy be worth it for you?

Some people worry about how their therapist will handle hearing detailed descriptions of their trauma. Rest assured that your therapist will handle whatever you have to say.

Lifestyle Changes to Support Your Healing

Support and practicing healthy lifestyle habits can help you heal faster and enjoy a better quality of life, such as:

- ☐ Early treatment: the sooner you receive treatment, the better the outcome
- ☐ Availability of emotional support immediately after the trauma (a sense of belonging to a community, support groups, etc.)
- ☐ Avoiding alcohol
- ☐ Healthy habits (like good sleep, regular exercise, balanced diet, and other self-care activities)
- ☐ Reduce stress in your life (getting a new job, losing a job, physical health problems, social separation, etc.)

Trauma Resources

ONLINE PTSD TEST

While only a medical professional can accurately give a diagnosis, the internet has made it easy to take **online screenings** that can help give you a better idea of whether or not you have PTSD. (<https://screening.mhanational.org/screening-tools/ptsd/>)

HELPLINES

National Suicide Prevention Lifeline (800) 273-TALK (8255).

Available any time of day or night, 365 days a year, this toll-free PTSD helpline has trained volunteers standing by to provide crisis intervention, to offer support for people in distress, and to give information and referrals to people with PTSD and their loved ones.

Veterans Crisis Line: (800) 273-TALK (8255) and press “1”.

This toll-free hotline is available for veterans and their loved ones. You can also send a text message to 838255 to receive confidential, free support and referrals.

Crisis Text Line: Text HOME to 741741. This service is available 24/7 and provides free crisis support and information via text.

National Hopeline Network: (800) 442-HOPE (4673).

Available 365 days a year, volunteers who staff this toll-free hotline are specially trained in crisis intervention to provide support, information, and referrals to people in need. You can also access services via chat by pressing the “Chat Now” button on its website.

PTSD Foundation of America, Veteran Line: (877) 717-PTSD (7873).

Providing referrals, information, and helpful resources to veterans and their families, this toll-free hotline is available 24/7.

Lifeline for Vets: (888) 777-4443.

Also geared toward veterans and their families, this toll-free PTSD helpline provides crisis intervention, referrals, and information.

TREATMENT & THERAPY SERVICES

Psychology Today: A directory that helps you sort treatment providers by specialty, insurance, and location. (<https://www.psychologytoday.com/intl>)

Counselling Directory – A UK directory connecting you to local counsellors and psychotherapists. (<https://www.counselling-directory.org.uk/>)

INFORMATION AND SUPPORT

PTSD Foundation of America: The foundation has a variety of programs designed to promote healing and offers a wealth of resources on peer mentoring, group meetings, and other forms of counseling. (<https://ptsdusa.org/>)

PTSD United: The site features forums and support groups that allow survivors to share their personal stories or to read the stories of others. (<https://www.ptsdunited.org/>)

National Center on Domestic Violence, Trauma & Mental Health provides training, support and consultation to advocates, mental health and substance abuse treatment providers, legal

professionals and policymakers as they work to improve agency and systems-level responses to survivors and their children. (<http://www.nationalcenterdvtraumamh.org/>)

National Child Traumatic Stress Network (NCTSN) assists in the improvement of access to care, treatment and services for children and adolescents exposed to traumatic events. They have multiple resources on integrating trauma-informed care for children and adolescents in the child welfare system. (<https://www.nctsn.org/>)