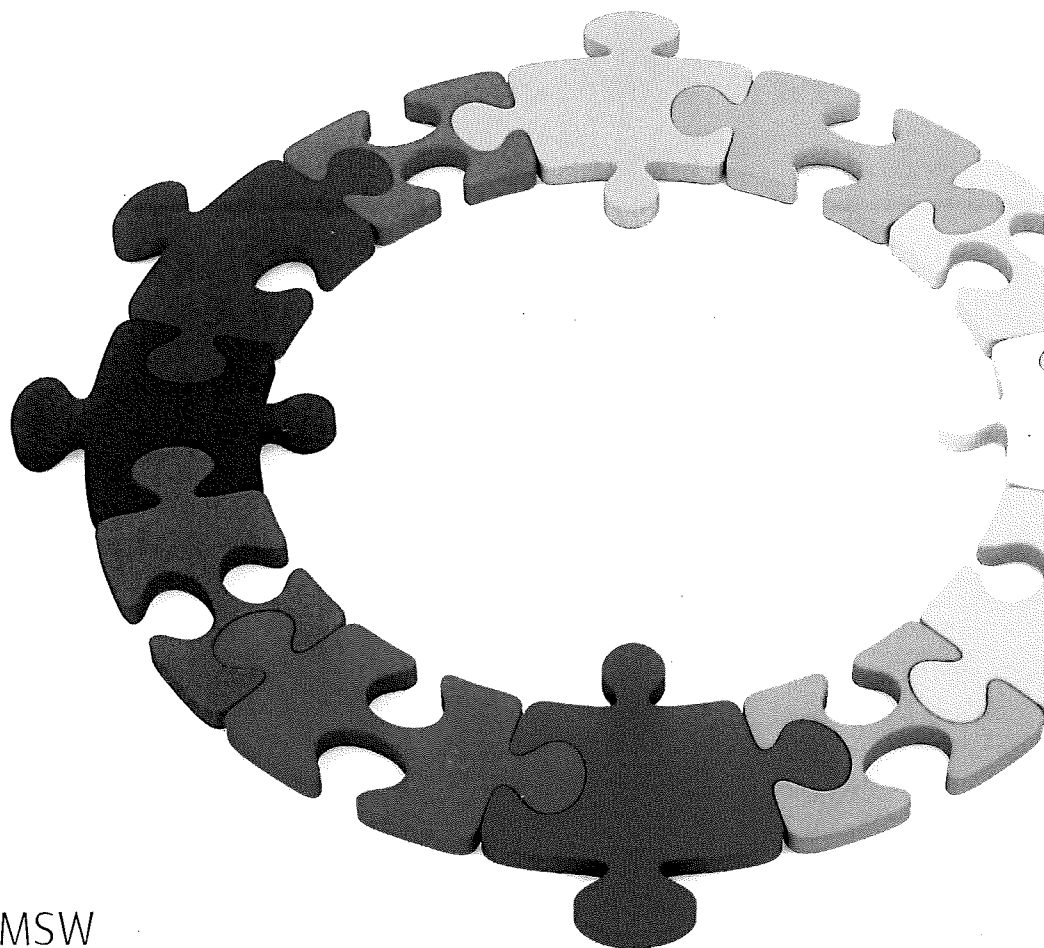


TLC

# Adults in Trauma

INDIVIDUAL/GROUP PROGRAM



Mary Hayek, MEd  
William Steele, PsyD, MSW



# **Adults in Trauma Individual/Group Program**

## **MANUAL**

A program of the Structured Sensory Interventions for  
Children, Adolescents and Parents (SITCAP®) Model

**Mary Hayek  
William Steele**

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13725 Starr Commonwealth Road, Albion, Michigan 49224  
[www.starr.org](http://www.starr.org) | [info@starr.org](mailto:info@starr.org)





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Knowledge + Empowerment = Impact**

Starr provides guidance and expertise to “helpers” from around the world in the form of research, publications, e-learning courses, in-person trainings, conferences and events, professional certifications, as well as school/agency-wide accreditation. These products and services are offered through Starr's three key training programs: The National Institute for Trauma and Loss in Children (TLC), Reclaiming Youth International (RYI), and Glasswing (GW).

Starr's proven SITCAP<sup>®</sup> (Structured Sensory Interventions for Traumatized Children, Adolescents and Parents) model was pioneered by internationally recognized experts and is centered on the concept that changing behavior isn't possible until you change the sensory memories that fuel that behavior. SITCAP<sup>®</sup> provides a powerful framework for helping those who have been traumatized engage in program activities to allow them to experience themselves as safe and empowered. They will no longer be victims but survivors and thrivers, ready to flourish. They will experience themselves differently and thereafter view their experience in ways that are manageable.

Developed and used since 1990 and field-tested in schools and community agencies, SITCAP<sup>®</sup> is supported by the latest scientific advances in brain science and has been featured in leading journals and numerous books on childhood trauma.

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**The information contained in this book is not intended as a substitute for consultation with health care professionals.**

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## **About the Authors**

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**Mary Hayek, MEd, LMSW** is a parent, social worker and educator supporting children and families for over 30 years. Since 1998, she has provided parenting education for parents, including those with children who have been adjudicated. The experience of losing many family members, including her spouse, in a very short period of time, led her to understand the need to not only incorporate effective parenting strategies that provide a sense of safety and healthy control for children experiencing loss, but also to seek out effective ways in which to assist herself and others to move past the pain and uncertainty created by losses of any kind. Training provided by the Grief Recovery Institute in Sherman Oaks, CA, resulting in her own recovery from loss, has allowed her to assist others. In recent years, Mary expanded her expertise to include training in trauma and trauma intervention from Starr. This was precipitated by the numbers of adolescents with whom she interacted in the middle school where she provides social work services to general education students. The incidence of trauma was extremely concerning to her. Mary's knowledge of grief, trauma, and effective interventions have combined with her expertise in parent education to provide supports to families that address a variety of problems emanating from trauma and loss experiences.

**William Steele, PsyD, MSW**, informally began his work in trauma in the early 1980s when he published the booklet, "Preventing Teen Suicide." This led to requests for training from across the country. His experiences with nonfatal attempters and survivors of suicide was acknowledged in 1986 when the Michigan Chapter of the The National Academy of Television Arts and Sciences awarded Dr. Steele's production of "Preventing Teen Suicide" a Michigan Emmy. In the mid-80s he also began working with survivors of homicide, which led to the production of "Where Have All The Children Gone," which focused on childhood violence. In 1987 it was nominated for Outstanding Program Achievement by the Academy.

Dr. Steele's work with children, teens and families exposed to tragic losses from both violent and nonviolent situations led -- to founding the National Institute for Trauma and Loss in Children whose mission was to bring trauma-specific training, intervention services and resource materials to professionals, schools and clinics nationally.

In 1997 he initiated a trauma and loss certification program. Today over 6,000 Starr Certified Trauma-Informed Resilient-Focused Practitioners are using these evidence-based intervention programs across the country and world. These programs are now registered as evidence-based programs at California Evidence Based Clearinghouse and the Substance Abuse Mental Health Services Agency (SAMHSA) Registry of Evidence Based Practices. He has assisted professionals over the years following such tragedies as the bombing of the Federal Building in Oklahoma, 9/11 in New York and Washington D.C., Hurricanes Katrina and Rita and the 2009 killings (while in school in the presence of students) of a high school coach in Iowa and a teacher in Texas to name but a few. He was one of the first Americans selected by the Kuwait government to assist them in the aftermath of the Gulf War and continues to consult with agencies related to childhood trauma.

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# About This Program: Notes for Practitioners

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- This program is designed for use with adults in individual or group settings, who have experienced trauma inducing incident(s) recently or in the past.
- It also assists those parents who are now having reactions from a past experience, triggered by the traumatization of their child. It is not unusual in these cases that parents' fears about their own past experiences limit their ability to allow their children to safely express their reactions. By helping traumatized parents with their own trauma, they become more accessible to and supportive of their traumatized children.
- The program consists of 14 sessions. It is written primarily as a group program, however it can also be used to assist individuals. All activities remain the same. Any reference to the term 'group' can easily be changed to 'individual'.
- There are four intervention options:

***Option 1: Clinical, Psycho-Educational Approach***

This 14 session approach addresses trauma narrative, body resourcing, self-regulation, management of traumatic anger, secondary wounding and coping mechanisms in addition to covering critical information about trauma.

***Option 2: Psycho-Educational Short-Term Approach***

This 8 session approach includes the use of Sessions 1, 2, 5, 6, 4, 9, 12, and 13 – in this order. (This approach does not include This Is What Happened, Body Resourcing, Managing Traumatic Anger and Trauma Narrative.

***Option 3: Interventions Beyond the Psycho-Educational Approach***

If it is determined that additional intervention would be helpful, use the following sessions: 3, 7, 8, 10, 11 and 14 – in this order.

***Option 4: Isolated Sessions***

If your intervention has already covered several of the areas presented in this program, you may wish to select specific sessions to support the areas already covered or to provide additional attention to specific areas such as body resourcing, secondary wounding or victim thinking versus survivor thinking, etc.

- The program employs sensory and cognitive modalities and is supported by trauma-informed practices. Individual session lengths are 50 minutes. If used as a group program sessions are 1.5 to 2 hours in length.
- The maximum size for the group is six participants to ensure safety and manageability by the practitioner.
- This intervention is purposely very structured in order to establish a solid foundation of safety and control for clients that is too often lost or compromised as a result of their trauma experience.
- A Powerpoint presentation used in Session 2 to educate participants about trauma can be downloaded at:  
<https://www.sendspace.com/pro/dl/e0mbv7>
- Link to the YouTube video “Primal Survivor Behaviors” in the Powerpoint: <https://www.youtube.com/watch?v=8u40WwqkOws>
- Peter Levine’s “Healing Trauma” has been included in the program for use in several sessions.

## **Overview/History**

The “Trauma Intervention Program for Adults” group format is a revision of the program “Adults and Parents in Trauma” developed by Dr. Steele. The original program was field-tested as an individual intervention rather than a group program in the years 2000 and 2001 by 54 professionals in

Michigan, Ohio, Texas, Florida and Pennsylvania. 150 adults completed the program and another 120 professionals in 13 different states field-tested individual activities within the program to further support the value of its intervention activities. The consistently positive outcomes, self-evaluations and the evaluation of the program itself by the adults who participated in all facets of its field testing, confirmed its value in helping traumatized adults realize a reduction of their trauma reactions, while developing a strength-based, resilience-focused approach to those areas of their lives previously impacted by their traumatic experiences.

This revised program includes the activities of the original program, but has been modified to support more recent findings regarding the neuroscience of trauma and what we know today about trauma informed practices (Steele & Kuban, 2013). For example, the program expands upon previous interventions by including a direct focus on body sensations that precede specific trauma reactions overtly displayed by the individual. There is an emphasis not only on education regarding the indicators of PTSD and the relationship of these reactions to our survival mechanism in general, but also experiences that allow the participant to identify their specific sensations associated with trauma. In addition, body interventions designed to assist the individual in discharging and regulating the energy associated with these sensations are included.

## **Adult Trauma Defined**

In 1990 Starr defined the trauma experience as one of feeling totally unsafe and powerless. Starr assigned the term terror to trauma to describe its overall experience and took the position that trauma is not determined by exposure to any one specific incident, but by our individual, subjective experience following exposure to what might be a potentially trauma-inducing situation. Therefore, what may be traumatic for some may not be traumatic for others. The determining factor is the individual's subjective experience of that situation. For example, divorce is a challenge for most, but not necessarily traumatic. For others, who are left feeling unsafe and powerless, divorce becomes traumatic.

## **Responding to the Subjective Experiences**

The mandate coming from both grieving and traumatized adults today is to spend time in their world, a sensory world without language, to see what they actually see when they look at them-

selves, others, and the world as a result of what they have experienced. From their perspective, if we cannot see what they see, feel what they feel, and think what they think, how can we possibly know what matters most in their efforts to remain resilient and flourish despite the troubling and traumatic situations they experience? The answer is we cannot.

By presenting these survivors with opportunities to bring us into their troubling and traumatic worlds, to see what they see as they look at themselves and the world around them, to discover what is driving their challenging behaviors, we learn to abandon traditional intervention processes for structured sensory-based experiences, that evidence-based outcomes and practice history now demonstrate are effective in reducing posttraumatic stress and related mental health symptoms and behaviors (Steele & Kuban, 2013).

Furthermore, neuroscience has clearly documented that trauma is not primarily a cognitive experience but a series of subjective experiences that do not respond well to our use of reason, logic, or talk-based interventions. For example, if you tell me you are a friend and then seriously hurt me, my immediate response will be that you are not to be trusted. This thought will then change my behavior toward you. I will be cautious when around you or try to avoid you altogether. The experience drives my response. To change behavior we must change the way we think, but the way we think is driven and shaped by what we experience. Again, neuroscience confirms that trauma is experienced in the midbrain, the limbic region, sometimes referred to as the “feeling” brain or the “survival” brain where there is no reason, logic nor language. Reason, logic, and the use of language to make sense of what has happened are upper brain-cognitive functions and become difficult to access in trauma (Shore, 2001; van der Kolk, McFarlane, Weisaeth, 2006; Levine & Kline, 2008; Perry, 2009; Brendtro, Mitchell, McCall, 2009).

These advances alter the way we must relate with grieving and traumatized adults. Neuroscience also shows that “learning anything requires building new neural networks (by) being actively involved in what is being learned” (Fischer, 2012). For these reasons, the *Adults in Trauma: Group/Individual Program* format is directed at helping adults with how they are experiencing their world and engaging them in non-verbal, sensory-based experiences that allow them to “rework” their traumatic memories, their trauma-related sensations, images and feelings in ways that also allow them to see themselves and their experience as survivors and thrivers, not victims. Their new strength-based thoughts and resilient behaviors are driven by the programs sensory-based experiences and thereafter reframed in ways they can now accept and integrate into everyday functioning. The group process also helps them to see and experience others as helpful and supportive rather than threatening and unsafe, and to see and experience life as promising rather than continually painful.

This is difficult to accomplish using cognitive-based interventions alone. This is the primary reason why Starr initiates intervention by engaging adults in experiences that support thought processes that lead to strength-based, resilience focused behaviors. (Steele & Raider, 2001; Steele and Kuban, 2013).

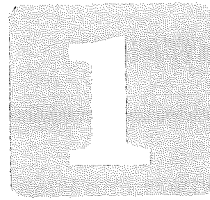
## **Structure/Safety**

This intervention is purposely very structured to establish for clients a solid foundation of safety and control often lost or compromised as a result of their trauma experience. Therefore, it is important to understand the following:

- When we are fearful of some perceived or real threat, what do we want? When we feel as if we are losing control, what do we want? When we are anxious and can't think straight, what do we want? When we are feeling overwhelmed, what do we want? What we want and desperately need is for someone to prepare us for what might happen next.
- Imagine yourself to be in crisis, feeling confused, overwhelmed and fearful of losing control. It has been suggested that you seek help. You have never had counseling before, but you agree to an appointment. That decision has now presented you with an entirely new set of unknowns that further intensifies your anxiety. When you walk through that counselor's door and first sit down, what is going to be the most helpful, most comforting introduction that the counselor can provide? Will it be a brief greeting and then the question, "So tell me what brings you here?" NO, it is not.
- In a crisis state what we need is structured information so that we can feel somewhat prepared for what we are about to do or for what is about to "be done" to us. By structuring the intervention process, you not only reduce the adult's anxiety but also establish yourself as a sensitive intervener who respects their right to know what they are about to receive from you. This process helps return a level of control to the adult. It can remove many of the unknowns and myths that parents generally have about counselors and therapists, and allow them to

begin to focus on and even anticipate an early resolution. With anxiety levels reduced, adults can focus their energies on resolving the crisis.

- The “structuring” in this program may seem like more than enough, but participants really appreciate and respect the information and preparation. Rarely are those in crisis told what is about to happen by interveners, whether they be counselors or physicians. Nor are clients usually ‘empowered’ by counselors to say *yes* or *no* to anything they are asked to talk about or do. In this process they hear what their participation in the counseling process needs to be, the expected length of counseling, the possible outcomes, their role as it relates to interactions with the intervener, and reassurances should the process not work as planned.
- We begin with the least intrusive intervention strategies that are cognitive in nature by providing an educational backdrop to the reactions experienced. The structure is designed to minimize any intense reactions, although the practitioner must stay constantly aware and vigilant of each participant’s reactions to the process. While it may feel awkward initially to read the structured framing statements found in each session, the participants will appreciate the effort to prepare them for the next activity as well as help them (reframe) think differently about themselves and their experiences. In time, the practitioner will be able to conduct sessions with very little reference to the manual itself while still maintaining the necessary structure.



## SESSION

# Individual Intake and Assessment

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### **Resource Materials:**

- Worksheets
  - 1.1, *Adult Trauma History*
  - 1.2, *Adult PTSD Questionnaire and Scoring Forms*
- *Trauma Symptom Inventory-2* [TSI-2, Briere; available from PAR, Inc. [www.parinc.com](http://www.parinc.com)] optional, but strongly encouraged.
- *Participant Self Report-Achenbach* [online through ASEBA [Web-link.org](http://Web-link.org)] optional, but strongly encouraged.
- Other forms such as consents, releases, HIPPA, etc.
- Business card with contact information.

### **Session Objectives:**

- To complete intake paperwork.
- To begin framing the intervention process.
- To identify current trauma reactions.

### **Steps of Session:**

- 1 Intake and Orientation
- 2 Brief History
- 3 PTSD Evaluation
- 4 Ending the Session

## **1** INTAKE AND ORIENTATION

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Meet with potential group members individually. Provide an orientation to the “Adults in Trauma Program.” Complete all intake paperwork according to the practitioner’s or organization’s state/country requirements.

## **2** BRIEF HISTORY

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### **Worksheet 1.1**

Ask participant to complete a very brief history of the most recent and past traumatic experiences on the worksheet provided. DO NOT request details as it may be far too intrusive and NOT SAFE for the participant at this time. One or two sentences are all that is necessary.

**Examples:** “I was physically abused by my father.” “I saw my brother drown when I was twelve years old.” “I was a witness to a murder.”

(In all remaining sessions “Practitioner” comments prepare adults for activities and provide reframing statements following activities.)

**Practitioner:** *At this time we want only brief information about what happened. It is far more important for you to know how this intervention works and how trauma works before we ask about the details of all that happened. We won't do that until the next individual session. This way you'll know what you need to know about trauma to determine what you do or do not want to tell us about what happened. It is not necessary to have all the details for you to find some relief. So please complete this history.*

Participant completes Worksheet 1.1.



## **3** PTSD EVALUATION

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### **Worksheets 1.2 and Briere TSI-2**

Provide the participant Worksheets 1.2, *PTSD Questionnaire* as well as any other assessments to be completed at this time.

**NOTE:** The use of an assessment tool is optional, but recommended, as it does provide a baseline to compare with outcomes following intervention. The Briere Trauma Symptom Checklist-2 (not included in the workbook) is self-scoring and examines several categories not evaluated in Starr's Adult PTSD Questionnaire. Using two tools adds validity to outcome data and provides a more comprehensive view of the adults reactions to their trauma.

**Practitioner Introduction:** *It is important to understand that many have trauma reactions, but are not experiencing Posttraumatic Stress Disorder (PTSD). PTSD is a form of trauma that we will discuss in the next session. Regardless, the intervention will be the same whether you are experiencing PTSD or experiencing individual reactions of trauma. Even if you are experiencing only a few reactions, reactions that are occurring only a few times, or reactions that are occurring frequently, this intervention will be helpful. Severity is measured by the frequency of occurrence of reactions. After you complete these questionnaires, we will be able to tell you more at our next individual session when we review the results with you. Please know that these reactions are a very normal response to a very difficult experience. Do you have any questions right now?*

Answer the participant's questions the best you can or indicate you will have an answer by the next session if you cannot the questions.

## **4** ENDING THE SESSION

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**Practitioner:** *During the next individual session, we will:*

- *Go over the results of this evaluation;*
- *Talk about the ways you were victimized after your trauma;*
- *Identify some additional reactions you may or may not have experienced;*
- *Show you how this intervention has helped others and what they have taught us about being a survivor, and*
- *Give you some ways to begin to find relief from your experiences.*

*I just want to say one more time, just as it takes time for a wound to heal with the correct intervention, the same is true of trauma. Now that you are involved with this intervention, healing will likely be accelerated for you. After the next few sessions I think you will know more, begin to feel better about what happened and know whether these sessions have been enough to help or whether you want to continue on and finish the remaining sessions. Our next individual session will be \_\_\_\_\_. If you have any questions or concerns, please be sure to call the office.*

### **End of Session**

**NOTE:** All remaining sessions can be conducted as either individual or group sessions, with the exception of Session 3 which is designed as an individual session to revisit the details of what happened. This affords greater confidentiality about subject matter that is not necessary for group members to know or be exposed to at this time. Once completed, the adult can choose what they wishes to reveal in group.

# 2

## SESSION

### The Intervention Process: What You Need to Know

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#### **Resource Materials**

##### ■ Worksheets:

- 2.1, *How this Intervention Works*
- 2.2, *What You Need to Know about Trauma*
- 2.3, *What is PTSD*
- 2.4, *Helpful Strategies for Victim/Survivors*
- 2.5, *Anniversary Dates* [Optional]
- 2.6, *Group Consent*

##### ■ *Participants in Trauma* Powerpoint

(download at: <http://www.sendspace.com/pro/dl/fi7clh>)

##### ■ Related handouts

##### ■ Safe place drawing

##### ■ Drawing materials including paper, pencils, colored pencils

##### ■ Comfortable set up for room with chairs, rockers if possible, and pillows

#### **Session Objectives**

- To begin building a safe setting for participants.
- To define the overall goal and expected outcomes of the program.
- Define commitments/ground rules.
- To review what trauma is and normalize common reactions.
- To assist participants in creating a “safe place.”
- If using a group format, begin developing group ownership by defining ways in which participants can volunteer to help the group.

### **Steps of Session**

- 1 Goals and commitments
- 2 Introductions
- 3 How this Intervention Works
- 4 Safe Place Drawing
- 5 Group Ownership - For Group Only
- 6 End Session

## **1 GOALS AND COMMITMENTS**

---

***Practitioner:** This program is designed to reduce your traumatic reactions and restore a sense of safety and control which will allow you to better relate to your friends and family, as well as the community. Practitioner provides worksheet.*

### **Commitments (initiated at beginning of each group session)**

*Each week we will make several commitments to each other to insure the safety of the group (These commitments can be adjusted for individual sessions).*

- 1. Confidentiality, nothing shared in this group goes outside the group.*
- 2. Honesty, as you can only move forward with the truth about yourself, reactions, and hopes, as you are aware of them. **If there are specifics about an event you do not want to share, that is fine.** We are just encouraging the truth about how your trauma has affected you.*
- 3. Understanding that while there are common reactions associated with trauma, we all experience trauma differently due to our backgrounds, experience, and relationships.*
- 4. Many who have experienced trauma have never shared their experience or have had another caring person listen. We all must let whoever is talking finish what they are saying without interrupting. Others can respond afterward one at a time. I will help insure that comments do not inadver-*

*tently appear as criticism, judgment, or analysis, as this can harm the safety of the individual as well as of the group.*

*5. It is okay to not have an answer for every question. Sometimes there is no immediate answer.*

*6. Add additional guidelines the group (or individuals) might think helpful.*

## **2** INTRODUCTIONS

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**Practitioner:** (This can be altered to present in an individual session. In all subsequent sessions comments can be altered to be directed to an individual.) *Let's go around and introduce ourselves and what you hope to gain from this group. If you are comfortable, feel free to also share what brought you here. It is ok if you choose not to. I will go first. My name is \_\_\_\_\_. I have been involved helping people who have experienced trauma and loss since \_\_\_\_\_. I was drawn to this work because [identify reasons for pursuing this avocation, including a personal experience. It is not necessary to go into great detail].*

*I appreciate that sometimes starting to share in a group can be scary, but please go ahead and share your name, what brought you here, and what you hope to gain from this group. We will support you by listening. Each person states name, what brought them to the group, and briefly shares what they hope to gain from the group.*

*Thank you for your courage to share. This was an important first step.*

## **3** HOW THIS INTERVENTION WORKS

---

**Powerpoint presentation and Worksheets 2.1, 2.2, 2.3 and 2.4**

**Practitioner:** *Today, we would like to spend some time reviewing what trauma is, common causes, and normal reactions. We will also identify ways people have tried to cope with the trauma experience. Sometimes these provide short-term relief, but fail to provide long-term relief.*

Present Powerpoint and provide participants with *Worksheets, What You Need to Know about Trauma, Worksheet 2.2, What is PTSD, Worksheet 2.3, and 2.4 Helpful Strategies for Victims/Survivors.*

Practitioner engages participants in a discussion regarding reactions.

**Practitioner:** *Many times it can really help to know that you are not alone. Many have experienced a traumatic event and the normal reactions to it. It can be very stressful to feel like the only one, which is not helpful when there is already a great deal of stress. Feeling alone can really add to our stress and discomfort. While the trauma that brought you here and your experience of it may be different from other participants, there is comfort in others relating to what has happened to you.*

## **4** SAFE PLACE DRAWING

---

**Practitioner:** *Some of our time together might be a little difficult for you. It is important to have the ability to relieve any stress that might occur. One way to do this is to imagine a place of safety to which you can go to relieve any uncomfortable feelings. With this in mind, I want you to think of a place that makes you feel calm, happy, and relaxed. A place where you are smiling, feeling safe and happy. Maybe it's on vacation at the beach, at a fun party, or just relaxing in a cozy chair. You decide where you feel calm, relaxed and safe. Now, for two minutes, I want you to imagine yourself there, feeling happy, calm, safe, relaxed, smiling. I will tell you when the time is up. **Do not ask participants to close their eyes as this may activate memories of trauma for some. Let them decide how they wish to focus for this activity.***

**Practitioner:** *At the end of the two minutes, say: At the count of three it will be time to leave your safe place. 1-2-3. Now I want you to draw a picture of a place or time that represents safety to you.*

After all have completed there drawing, take a minute to allow participants to discuss their drawing. Let them know that you will refer to this drawing as their Safe Place. Then tell them that if at any time during any of the activities they begin to feel too upset or a need to stop to let you know. You will instruct them to take some deep breaths and to focus on their safe place drawing to help them calm down and feel better

**Quick Reference Point:** Have each adult pick an object in their safe place drawing and trace the object for 30 seconds. Then explain that this will be the object they will use in the future to begin to re-visualize and revisit their safe place.

## **5** GROUP OWNERSHIP – FOR GROUP ONLY

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### **Worksheet 2.5 (Optional) and Worksheet 2.6 (Necessary for Group)**

**Practitioner:** *A typical response to trauma may be to pull away from friends, family, or regular activities. To counteract this a bit, we find it helpful to encourage you to consider volunteering for a few housekeeping activities. It is okay if you choose not to. These include:*

- 1. Greeters who can come a few minutes early and greet participants as they arrive. Is there anyone[s] who could do this? Thanks.*
- 2. Refreshments may be something you would like at each session. This could be as simple as water, coffee, and fruit. I will leave it up to each of you. If you want, you can bring a treat but this is entirely up to each of you.*

3. *Optional - Addressing anniversary dates throughout the program is recommended. It has been my experience that often times during this program participants may have anniversary dates of the trauma event or some other anniversary that is difficult such as a move, a loss, etc. One way to further support one another is to identify what these might be and how to safely offer support. Having a person remind us near the end of each session to ask if there are anniversaries coming up in the next week would be helpful. Is there anyone who believes they could do this? Thanks. Provide Worksheet 2.5, Anniversary Dates.*

4. *Finally, we have all made a commitment to each other that we will maintain confidentiality. In a group, this cannot always be guaranteed. I will pass a form for you to sign that insures this is a group understanding.*

Provide *Worksheet 2.6, Group Consent* (not needed if conducting individual session). Thank you.

### ***Reframe for Individual Session***

***Practitioner:*** *Thank you for participating in this group and taking the first steps in this program in the company of others. For some this may have been a little stressful, so I want to show you a breathing exercise designed to help move stress out of your body. Sit in a comfortable position, focus however you would like and take a deep breath in through your nose for four seconds, hold for four seconds, and exhale through your mouth for four seconds. I will count for you. We will repeat three more times. **If conducting individual session ask participant to think about an experience that brings fond memories or even a small smile to their face when remembering. Indicate you would like to hear about it next week if they wish to tell you.***



## **6** END SESSION

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***Practitioner:** (For groups) One last thing. I would like you to think of a way we can show each other a way to say goodbye, thanks for listening, and see you next week that is unique to this group. It could be a group hug, if comfortable, a special hand shake, a song, etc. Think about it and we will decide next week.*

*Our next session will focus on a few of the details of your trauma experience. (If conducting a group, indicate that this will be an individual session with each participant to protect their confidentiality.) This will allow me to better appreciate what will matter most in your efforts to heal. Our next group session will be on \_\_\_\_\_ at \_\_\_\_\_ o'clock. See you then.*

### **End of Session**





# SESSION

## **This Is What Happened: Reframing Individual Session for Group Members**

### ***Resource Materials:***

- All evaluation results to be reviewed with individuals
- Worksheets:
  - 3.1, 3.1a *Drawings by Others*
  - 3.2, *This Is What Happened*
  - 3.2a, *Briefing questions for practitioner to use with adult*
  - 3.3, *Memory Step-By-Step* (optional)
  - 3.4, *This Is a Picture of When It Happened*
  - 3.4a, *Briefing questions for Drawing*
- Colored pencils, 8" x 11" paper
- Additional sheets of white paper

### ***Session Objectives:***

- To review and normalize the results of the PTSD Evaluation.
- To identify PTSD reactions.
- To assess the individual's coping skills.
- To provide an opportunity to revisit the trauma in the supportive, reassuring presence of a practitioner who understands the value of providing this opportunity.
- To provide an opportunity to find relief from their terror.
- To provide an opportunity to establish a safe, positive "connectedness" to another individual in order to foster continued development.

- To normalize current and future reactions.
- To support the individual's heroic efforts to become a survivor, not a victim of his/her experience.

**Session Steps:**

- 1 Review and Normalize
- 2 Client Briefing
- 3 Anniversary Dates
- 4 Relaxation

**NOTE:** This is not a group session. Members of the group are seen separately for their third session.

## **1 REVIEW AND NORMALIZE**

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**Worksheet 2.3, What Is PTSD?**

Review all assessments with the participant being sure to normalize reactions. Provide *Worksheet 2.3* and review again.

## **2 CLIENT BRIEFING**

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**Worksheets 3.1, 3.2, 3.2a, 3.3, 3.4, 3.4a**

**NOTE: About Client Briefing**

Client Briefing is not recommended in a group setting for several reasons. One, the briefing session is a critical first step in reducing the individual's trauma reactions. It is, therefore, important that the individual have your undivided attention. Also, the group will usually consist of adults who do not know each other and have experienced different types of traumatic incidents. For this reason, they may feel uncomfortable sharing the details of

their experience in the presence of others. Therefore, each adult is scheduled for a one-hour trauma briefing session prior to beginning the group sessions.

### **Framing**

*I want to show you some drawings of others who have been through this trauma program and tell you a little about their story. They have agreed to allow us to put their drawings in the workbook so you can see that the drawings can be just rough sketches and stick figures – however, what ever you draw is fine. They also wanted you to be reminded that you are not alone in your experience and trauma reactions. Others, like these individuals, have been there too. The good part is that they, like many others who have been through this program, have learned to feel better and to become survivors and thrivers.*

Show the adult the drawings on *Worksheet 3.1, Drawings by Others*. Explain that each of these individuals were asked to draw a picture that would help them tell their story about what happened. Then, use the captions under the pictures to guide you in telling the story about what happened to each of the individuals.

### **De-Stressing Script**

*In a few minutes I am going to ask you to draw a picture that will help you tell your story, but first, I want us to do an activity to help you feel calm and relaxed. You may close your eyes or, if you feel uncomfortable closing your eyes, focus on a spot on the wall or down at the table. Get comfortable in your chair. In just a minute, we are going to take 3 deep breaths. For each breath, you will breathe in through your nose and out through your mouth. I will count as you do this. Now, take the 1st deep breath in (In 1-2-3, Out 1-2-3). Now take the 2nd breath (In 1-2-3, Out 1-2-3). Now, the 3rd and last breath (In 1-2-3, Out 1-2-3).*

### **Worksheet 3.2, This Is What Happened**

*I would like you to draw a picture of what happened, a picture that you can tell me a story about. It doesn't matter how you draw it, just as long as you draw it. Have additional sheets of paper available. Many will want to do additional drawings and you may ask them to draw an additional picture related to*

some specific aspect of their drawing/story once they complete the story with the initial drawing.

### ***Sensory Questions for Briefing Drawing***

An additional worksheet [3.2a] is provided for the practitioner to record the individual's answers. These answers provide clues for other reactions and/or reminders that continue to affect the individual in the present. ***(Only record answers after the session. Taking notes during this session will prevent disclosure by the adult and place you outside of the client's experience rather than with the client during the experience.)***

1. *Where are you?*
2. *Who is there?*
3. *What did you see?*
4. *What did you hear?*
5. *Were there any smells you remember?*
6. *Was there any sense of touch you remember?*
7. *What was the worst part?*
8. *What angers you about what happened?*
9. *What do you do when you feel angry?*
10. *What angers you now?*
11. *What scares you about what happened?*
12. *What scares you now?*
13. *What do you do when you are scared?*
14. *Is there anything you wish you had done or said at the time of the incident that you did not do?*
15. *Is there anything you wish you had not done or said at the time?*
16. *(In the case of death) Is there anything you wish you would not have done or said before he/she died, was killed/taken from you?*
17. *What worried you the most when this happened?*
18. *What worries you the most now?*
19. *Is there anything you wish to change or add to your drawing because it is part of the story? If so, go ahead and make the change.*

**Worksheet 3.4, This is a Picture of \_\_\_\_\_ When It Happened**

Once the adult has completed their story and other drawings, ask them to draw a picture of what the victim's body looked like (or their body, if this is what happened to the participant) when this happened.

After they draw the body/person/self, ask questions related to anything else they know about how the person died, pleasant memories of the person before the person died, was killed, etc. Ask about the funeral, what they liked, didn't like and finally what they liked most about the person. If they are the victim of abuse, terminal illness, or injury and this is a picture of what happened or was happening to them, ask questions related to what they liked most about themselves and their life before this happened.

An additional worksheet [3.4a] is provided for the practitioner to record the individual's answers. These answers provide clues for other reactions and/or reminders that continue to affect the adult in the present.

**Briefing Questions for Drawing Activity, This is a Picture of \_\_\_\_\_ When it Happened:**

- *Who is this person[s] in the drawing?*
- *What are they doing, saying, thinking, feeling?*
- *Who else was there when this happened? (Have the individual draw them if they left the person out of the drawing.)*
- *Were you there? If so, and the individual is not in the drawing, have the individual draw themselves.*

**Worry**

- *What worried you the most when this happened?*
- *What worries you the most now?*

**Fear**

- *What scared you the most about what happened?*
- *What scares you now since this happened?*
- *What do you do now when you are scared?*

### **Anger**

- *What would you like to see happen to the person or thing who caused this? (You can ask them to draw the person or thing that caused this and what they would like to see happen to that person or thing, etc.)*
- *What makes you angry now?*
- *What do you do when you get angry now?*
- *Is there anything you wish you would have said to the person before he/she died, was killed/taken from you? Not said? Anything you wish you would not have done? Would have done? Ask one question at a time.*

**NOTE:** Questions can also be easily reframed to address specific incidents related to divorce, separation, etc.

Always complete the drawing component by focusing on pleasant memories and always provide a lot of verbal support for the courage shown at revisiting the experience.

### **Worksheet 3.4b, Memory Step-by-Step (optional)**

This worksheet is used when the adult is struggling with what part of the incident/memory to draw. This helps them to put some order to the memory.

#### **Once the drawing and telling is completed frame with the following:**

- *What you did took a lot of courage. It was hard to remember some of the bad things that happened, wasn't it?*
- *But it was good to remember some of the good things too.*
- *It's okay to have several different memories and reactions at the same time.*
- *It's okay to wish (the person) was still here, didn't leave, this didn't happen at all, etc.*
- *It's not okay if you're getting yourself into trouble, doing risky things (drugs, etc.) since this happened.*
- *The bottom line is over the next several weeks you will make more sense out of all that happened that will help you feel better in some way.*
- *Finally, I want you to remember that you can always say YES or NO to*



*anything I might ask you to talk about or do. This is how you learn to control, or what we call "regulate," your reactions to stressful reminders or situations.*

### **3** ANNIVERSARY DATES

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*Practitioner: Any anniversary dates we need to know about?*

### **3** RELAXATION

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Spend a minimum of five minutes with a safe, pleasant activity, memories, relaxation. Briefly explain what the next session will cover.

*End of Session*



# 4

## SESSION

### **Making Connections: From the Past to the Present**

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#### **Resource Materials:**

##### ■ Worksheets:

- 4.1, *Life Map*
- 4.2, *Sample Life Map*
- 4.3, *Adult Reactions (Guilt, Anxiety, Fear, Powerless & Helpless, Worry, Sadness, Anger and Denial - make copies for each member to take home)*

##### ■ Blank sheets of paper

##### ■ Colored pencils

##### ■ Tissues

#### **Session Objectives:**

- To further educate the adult as to how their experience has influenced what is happening to them.
- To begin the process of helping the adult move toward future connections.
- To provide the beginning of a renewal of a sense of empowerment over their reactions.
- To begin understanding victim vs. survivor thinking.
- To understand they are not alone in their reactions.
- To reinforce the ability to listen to one another.

**Steps of Session:**

- 1 Commitments / Guidelines
- 2 My Life Map
- 3 Homework
- 4 Anniversary Dates
- 5 Guided Imagery Exercise

## **1** COMMITMENTS / GUIDELINES

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*Practitioner: Each week we will make several commitments to each other to insure the safety of the group:*

- 1. Confidentiality, nothing shared in this group goes outside the group.*
- 2. Honesty, as you can only move forward with the truth about yourself, reactions, and hopes, as you are aware of them. If there are specifics about an event you do not want to share, that is fine. We are just encouraging the truth about how your trauma has affected you.*
- 3. Understanding that while there are common reactions associated with trauma, we all experience trauma differently due to our backgrounds, experience, and relationships.*
- 4. Many who have experienced trauma have never shared their experience or have had another caring person listen. We all must let whoever is talking finish what they are saying without interrupting. Others can respond afterward one at a time. I will help insure that comments do not inadvertently appear as criticism, judgment, or analysis as this can harm the safety of the individual as well as of the group*
- 5. It is okay not to have an answer for every question. Sometimes there is no immediate answer.*

## 2 MY LIFE MAP

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### **Worksheets 4.1 and 4.2**

**Practitioner:** *I am providing you with Worksheet 4.1 to use to create your Life Map from the past. I have also provided a sample for you to which you can refer.*

*I would like you to complete it by putting your name at the top and your date of birth at the beginning of the line in the box. Think back as far as you can remember and begin writing events that happened in your life. Do not be concerned about the actual date, as sometimes we forget those details. Events on the left of the line are the positive events you remember; right below the line negative events, including any trauma. A few words to note the event is all that is needed. If you are not sure how to start, I can help. But think about times in school, with parents, grandparents, siblings, friends. Events are anything that you experienced up until now. If there is not enough space, turn the page over and draw a similar line and continue.*

**For Group:** Ask participants to share only their reactions to their life maps with other members. To increase safety and depending on the size of the group, it may be necessary to break the larger group into smaller groups, perhaps three members in each group. The practitioner's role is to insure adults listen to one another. Guidelines are provided for this exercise:

- Ask adults to rearrange chairs they so they can comfortably see one another.
- One person shares at a time.
- Those listening must not talk or question the person sharing during or after the sharing.
- If the person sharing has an emotional reaction, participants must not touch or reach out to the person sharing as this could stop the reaction.
- Provide tissues to each group to allow those having an emotional reaction to use if they need to.

**When finished, the practitioner brings smaller groups back together and asks:**

**Ask the entire group:**

- *What surprises you about other's reactions to their Life Map?*

**For individual session ask:**

- *What surprises you about your Life Map?*
- *Does anything stand out for you about yours or others'?*
- *What did you notice about yourself as you listened to the others sharing?  
(Or told me about your life map?)*
- *What did you notice in your body as you listened to the others sharing?  
(Or told me about your life?)*
- *When you look at your trauma in relation to the rest of your life, what stands out?*
- *In general, have you continued to move forward after the trauma? How?  
If you don't see that now, that's OK.*

**Practitioner:** *A trauma is just one part of your life. Look at your Life Map again. Despite the trauma(s) in your life you continue to move forward and experience new things. There is a part of you that is a survivor. (You may again use your own words, but do stress the survivor point.)*

**Practitioner:** *There's a part of the Life Map we haven't finished. What do you imagine that is? That's the part that takes you from where you are now to where you're going in the next several years. We'll finish that later in our work together. What I want you to look at is the fact that in the scheme of your life, you keep moving to your future. Every now and then there are some spots you hit that slow you down. But you keep moving forward to the next part of your life, your next destination in life. Along the way you move away from the bad things and have some successes as you get more and more experience at handling the hard times. It can be difficult reaching those next destinations when you are exposed to a trauma. Unfortunately, a trauma has a way of pushing you off your path in life. There can be so many obstacles that you can lose your sense of direction. You forget where you wanted to go or, it feels like it's best to just stay off the path and just stop because it seems too dangerous. A trauma*

*has a way of tricking us into thinking a whole lot of other horrible things are going to happen to us or others around us if we keep trying to move forward. The reality is, as we see on your Life Map, trauma is just one part of your life. It is a challenge. It is hard. It can hurt and scare us but it only has the power to intimidate us, to keep us stuck, when we lose sight of where we want to go, a destination.*

*A destination is like a magnet that keeps us moving forward even with the detours. A destination can always change, but when we don't have a destination in front of us, our traumas keep us stuck, going nowhere, getting nowhere. Later we will provide an opportunity to extend your Life Map. We're not going to do that right now but just think about it and remember traumas and hard times are only a part of your life.*

It is important to reinforce that healing takes time, but that already in a very short period, a good deal of progress has been made.

## **3** HOMEWORK

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### **Worksheet 4.3**

**Practitioner:** *We have talked a lot about trauma reactions and how normal they are. There are also other reactions we can have. Sometimes we don't even realize we are having these reactions until someone else points it out. Sometimes we are so close to trauma, all we see and fear is the trauma itself.*

*I am giving you several worksheets for you to take home to complete. They describe very normal reactions that many adults have after experiencing a trauma. Read through and check those reactions, thoughts, behaviors, or feelings you are currently experiencing. Each page represents a different trauma reaction. If you check five or more reactions on a page, it may be an area causing you some difficulties. Please bring the completed worksheets back next week and we will go over it. Any questions?*

## **4** ANNIVERSARY DATES

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*Practitioner: Any anniversary dates we need to know about?*

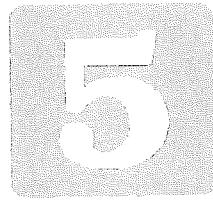
## **5** GUIDED IMAGERY EXERCISE

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*Practitioner: Let's finish with a guided image exercise. Practitioner can choose an exercise about five minutes in length, designed to relax and change the focus of participants.*

***End of Session***





## SESSION

# Secondary Wounding: Healing Benchmarks

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### **Resource Materials:**

#### ■ Worksheets:

- 3.1, *Other Common Reactions (from Session 3)*
- 5.1, *Healing Benchmarks for Survivors*
- 5.2, *Secondary Wounding*
- 5.2a, *Blame*
- 5.3, *Reactions to Secondary Wounding*

#### **Optional, but recommended:**

- "Healing Trauma," Peter Levine Track 5 (10 to 15 minutes) and *Worksheet 5.4, Identifying Internal Sensation* (the figure on this worksheet can represent the front or back of the body). If using Worksheet 5.4 provide:
  - Colored pencils, stickers, such as little round colored stickers and tissues

### **Session Objectives:**

- Self evaluation of healing progress.
- Identifying secondary victimization.
- Understand how other's responses to them might have affected the trauma experience.
- Identify and normalize other reactions they may have experienced.
- Begin to identify internal sensations that signal other reactions.
- Developing an internal place of safety.

### **Session Steps**

- 1** Review Commitments
- 2** Homework
- 3** Healing Benchmarks
- 4** Secondary Wounding
- 5** Identifying Internal Sensations
- 6** Anniversary Dates
- 7** Safe Place Imagery

## **1** REVIEW COMMITMENTS

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**Practitioner:** *Each week we will make commitments to each other to insure the safety of the group:*

- 1. Confidentiality, nothing shared in this group goes outside the group.*
- 2. Honesty, as you can only move forward with the truth about yourself, reactions, and hopes, as you are aware of them. If there are specifics about an event you do not want to share, that is fine. We are just encouraging the truth about how your trauma has affected you.*
- 3. Understanding that while there are common reactions associated with trauma, we all experience trauma differently due to our backgrounds, experience, and relationships. Therefore, we must not compare our experience or reactions to it to others to avoid minimizing our experience.*
- 4. Many who have experienced trauma have never shared their experience or have had another caring person listen. We all must let whoever is talking finish what they are saying without interrupting. Others can respond afterward one at a time. I will help insure that comments do not inadvertently appear as criticism, judgment, or analysis as this can harm the safety of the individual as well as of the group.*
- 5. It is okay to not have an answer for every question. Sometimes there is no immediate answer.*

## 2 HOMEWORK

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### **Worksheet 3.2 (Use for Individual and Group Session)**

**For Groups:** Ask adults to share one reaction from *Other Common Reactions* worksheet that has the most checkmarks. To increase safety and depending on the size of the group, it may be necessary to break the larger group into smaller groups. The practitioner's role is to elicit reactions participants have to other group members maps. Guidelines provided to participants for this exercise:

- Ask adults to rearrange chairs they so they can comfortably see one another.
- One person shares at a time.
- Those listening must not talk or question the person sharing during or after the sharing.
- If the person sharing has an emotional reaction, participants must not touch, reach out, or hand tissue to the person sharing as this could stop the reaction.
- Provide tissues to each smaller group to allow those having an emotional reaction to use the tissue as they need to.

When this activity is completed ask the group or individual:

- What stood out for them while completing these worksheets.
- To identify the three reactions that had the most check marks. Practitioner can note this for each participant as a guide to each person's emotional reactions to their respective trauma event[s].

Normalize these reactions as well as the individual differences between participants.

## 3

## HEALING BENCHMARKS

**Worksheet 5.1**

**Framing:** *In a short period of time you have learned a lot. You have done a lot of work as well. Just knowing what you now know has probably begun to help you in a variety of ways. You actually began healing with the first session. Although there is more we can do, I want you to identify some of the ways healing has already begun.*

Complete Worksheet 5.1 and ask the adult to check off those statements that indicate some of the changes they have experienced. Use the session five column.

**Practitioner:** *It does not matter how few or how many you checked. The fact is, any one change will have a profound impact now and in your future. During future sessions you'll return to this checklist again.*

**After participants are finished practitioner states:**

- *How many of you circled at least one of the statements on the worksheet?*
- *What thoughts or reactions did you have as you completed the Healing Benchmarks?*
- **Group only:** *Would anyone like to share what they circled with the group? Allow time for participants to share their results if they choose.*
- *Thanks for sharing with me.*

## 4

## SECONDARY WOUNDING

**Worksheet 5.2, 5.2a and 5.3**

**Practitioner:** *Many times those we believe will support us when we need them the most actually hurt us, not because they intend to but because they do not*

*know how to respond. Please read and check off what others might have said to you at the time of your trauma, or since. If there are other statements or experiences not included on this checklist, please add those in the space provided. This could include more than statements such as actions towards you, implied comments [things not said outright], or anything that shut down your ability to express what happened. During this exercise you may have a reaction and you may not. Let either be ok with you.*

Ask adults to complete the *Secondary Victimization Worksheet*, adding other statements made to them not on the worksheet. When all have completed this worksheet, ask participants to share with one another what they identified on the worksheet.

**PLEASE NOTE** this exercise can bring up a lot of emotion and sensory reactions for participants. Additionally, participants can empathize with others in the group to the point they minimize their own experience. To guide this part, consider the following:

- Insert questions eliciting what participants notice in their own bodies not only as they completed the worksheet, but also as they listen to others sharing their experience of secondary wounding.
- Depending on the participant's answers insert a calming exercise.
- If a participant[s] states that their experience was not as bad as someone else's, state that their trauma event belongs to them wholly and cannot be compared to someone else's. Doing so minimizes the true effect on them and actually results in the trauma effects becoming more stuck.

**Practitioner:** *Secondary wounding can be more difficult than the actual trauma because those we believe will support us when we need them the most actually hurt us or are not available to us in the way we thought they would be. And this can result in us appearing to be or saying we are fine when we are not which in turn can create a disconnect between the effects of trauma and our everyday actions. Let me ask some other questions.*

Practitioner provides *Worksheet 5.3* for participants to refer to as he/she

asks the questions. The practitioner may already have discovered the answers to some of the questions depending on the responses to the *Secondary Victimization Worksheet*. Do not repeat the questions if that is the case.

- **For Group:** *As you listened to other's responses, what went on for you?*
- *What if any bodily sensations did you experience?*
- *What, if any, emotional reaction did you have?*
- *Did you notice any activity in your body such as movement in your legs, arms, etc?*
- *What, if any, thoughts did you have?*
- *What do you think leads others to respond to a trauma victim in the way they do?*

Practitioner begins to make the awareness that the questions were asked in the order they were because their trauma experience unfolded in this order, sensation, emotion, behavior, and possibly an ability to think about the event and its effects on them. Practitioner asks if there are questions and can refer back to the Powerpoint to clarify.

## **5** IDENTIFYING INTERNAL SENSATIONS

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### **Worksheet 5.3 and 5.4**

**Practitioner:** *You know, our body is a pretty amazing organism. It is designed to keep us alive. Survival is key to our design and kicks in during the most difficult of events. A lot has to happen before our body and being succumb.*

*So, you may be noticing that I am asking you to become more aware of your internal sensations. And you might guess there is a reason for this! During the individual sessions you identified many outward reactions to your trauma event. But before we recognize these outward reactions, our muscles and nervous system are mobilizing to keep us safe. I want to help you gain more practice*

*in identifying your own internal sensations, so that later you can have a bit more control over, and understanding of, these sensations.*

• **Worksheet 5.3**

Provide Worksheet 5.3 and say, *I would like you to complete this worksheet. You can write your answers down or describe your reactions verbally and I will write them on the worksheet for you. First, I will read the wounding statements. Just listen for a minute and then answer the questions.*

**Framing:** *I want to share with you some sensations others have experienced: butterflies, muscles tightening, heart beating rapidly, tunnel vision, prickly skin, cold, hot, headache, stomach ache, nervous, jittery, shortness of breath, tears, shaky, trembling, scared stiff, feeling collapsed, and not being in their body. Remember when we talked about flight, fright and freeze? These are the very common internal sensations we can experience as our body mobilizes to address the real or perceived danger confronting us.*

**Next Activity**

*The following activity is provided to allow you to gain a better awareness of these internal sensations and their body location whether the event is pleasant or unpleasant.*

• **Peter Levine track 5 (10 to 15 minutes)**

Listen to track 5. An ending question after the Peter Levine track might be: *If you felt anxious, guilty, sad, angry, scared, numb, or any other way during this exercise, how did you know?*

• **Worksheet 5.4**

Provide Worksheet 5.4 and state: *I am giving you a blank figure on a worksheet. Take a sticker[s] and identify on your figure where you felt the trauma inside your body when it occurred for example, on my back or in my stomach. (If not using stickers, ask adult to identify the body part and color it in.)*

Allow enough time for all to finish. They may have already begun looking at each other's figures.

**Practitioner:** *Take a few minutes and look at each other's figures. What do you*

notice?

**Reframing, close with the following:** *Thanks for telling me even more about yourselves. I must say that not only has this taken a lot of courage but you have also made it through a pretty difficult session. Any last questions?*

## **6** ANNIVERSARY DATES

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Ask if there are any anniversary dates this week.

## **7** SAFE PLACE IMAGERY - ENDING SESSION

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- *To end today, please take a deep breath. Now, while I count to 50, think about your place of safety; the place you imagined during our first group session, the place where you were really relaxed, safe, having fun. Imagine you are there again... feel yourself relax as you see and hear everything that was fun. Try and see the place where this is happening, the different shapes and objects in the environment, any colors, etc. Begin to hear any of the sounds associated with your fun time, any smell, etc. Start counting.*
- *The next time your trauma is bothering you, or even if you are just stressed out, take a big, deep breath, let it out and think about your place of safety. Your body will know it's a signal to relax, but don't forget to take that big, deep breath first and then say the name of your safe place to yourself. It will help you relax enough to pull things back together. It takes a few times for this to work really well, but after practicing it a couple of times it will be pretty automatic. See you next week.*

**End of Session**





# 6 SESSION

## The Many Parts of Me: Trauma is Only One Part

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### **Resource Materials:**

#### ■ Worksheets:

- 4.1, *Life Map*
- 6.1, *Clip art*
- 6.2, *Poster and Life Map Questions*
- 6.3, *The Good Parts of Me*

■ Large poster board, foam board, or 8" x 11" cardstock

■ Magazines, newspapers, stickers, etc.

■ Glue, scissors, markers, or wipes in case glue gets on hands

■ Any other materials such as feathers, scrapbook materials, descriptive words, etc.

### **Session Objectives:**

■ To identify adult's self-image (identity) since the trauma occurred (Who I Am)

■ To have a baseline to assess for change in their self image should they complete all sessions

■ To begin identifying the resilient parts of each participant

**NOTE:** Prepare a brief fun activity you can do at the end of this session (read a short funny book, play a quick game, etc.)

### **Session Steps**

- 1 Review Commitments
- 2 Relaxation Exercise
- 3 This Is Me
- 4 Anniversary Dates
- 5 Relaxation Exercise

## **1 REVIEW COMMITMENTS**

---

*Each week we make commitments to each other to insure the safety of the group:*

- 1. Confidentiality, nothing shared in this group goes outside the group.*
- 2. Honesty, as you can only move forward with the truth about yourself, reactions, and hopes, as you are aware of them. If there are specifics about an event you do not want to share, that is fine. We are just encouraging the truth about how your trauma has affected you.*
- 3. Understanding that while there are common reactions associated with trauma, we all experience trauma differently due to our backgrounds, experience, and relationships.*
- 4. Many who have experienced trauma have never shared their experience or have had another caring person listen. We all must let whoever is talking finish what they are saying without interrupting. Others can respond afterward one at a time. I will help insure that comments do not inadvertently appear as criticism, judgment, or analysis as this can harm the safety of the individual as well as of the group*
- 5. It is okay to not have an answer for every question. Sometimes there is no immediate answer.*

### **Note About Spending Additional time on Activities:**

You may choose to spend additional time on any activity in this program. Some practitioners have found that adding an additional session to group session four, for the purpose of selecting magazine cut outs, clip art, and

other pictures, sayings or stickers for use on the participants' *This Is Me Posters* was helpful. If you do break up sessions into smaller sessions, be sure to begin and end each session with a relaxation activity or with an activity or drawing that leaves the participant feeling positive and relaxed.

### **Optional - Using Music in the Sessions**

Some practitioners have found that the incorporation of music into each group session was helpful, as it is both enjoyable and relaxing for the participants. You may invite one or two participants to bring in their favorite music to a group session. (Make sure to provide each participant with a turn.) Participants can select one or two songs to play at the beginning or end of the session.

## **2 RELAXATION EXERCISE**

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Select an exercise or activity that you are comfortable presenting participants. It need not be more than five minutes long.

## **3 THIS IS ME**

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### **Worksheets 4.1, 6.1 and 6.2**

*Practitioner: In the first couple of sessions I learned what happened to you, how you reacted, and what reactions you're having because of what happened. For this session, I want you to focus on who you are today. Here's why: When you go through a trauma it can change the way you think and the way you see yourself and others. It is not unusual for this to happen. Other participants I have worked with have told me that it has helped them to feel better to be able to slow down, take a fresh look at themselves and get in touch with how their experience has impacted who they are today. These participants also say that it helps to talk with someone about how their trauma has changed them.*

*Trauma experiences often result in our being so focused on dealing with our reactions to our traumatic experience that we often forget that there are a lot of other wonderful aspects of who we are that maybe we have been ignoring. So, for this activity, I want you to focus on things you like to do, things that are important to you now, things about you that bring you self pride, accomplishments, things that bring you a senses of calmness, happiness, sadness, anger, any key aspect that describes who you are today. I am providing you a copy of Worksheet 4.1, Your Life Map, to look at as you do this activity, as well as Worksheet 6.2 to complete when you finish your poster.*

*Ask each adult to create a This is Me poster. Give each group member a poster board and have sheets of colored clip art, magazines, newspapers and stickers available for them to choose from. Have glue, scissors, and markers available also. Have participants provide descriptive statements/labels under each picture identifying which aspect of them the picture represents. Practitioner also provides each person's Life Map, 4.1 , Worksheet 6.1, Clipart, and Worksheet 6.2, Questionnaire.*

**NOTE:** Since each adult will take their poster home at the completion of the trauma intervention, be sure to take a picture of each participant's poster and make a notation of the descriptive statements for the participant files.

If in a group, encourage everyone to share their *This Is Me Poster* and questionnaire answers with the group. Break into smaller groups or dyads if group is too big to follow these group rules:

- Ask participants to rearrange chairs they so they can comfortably see one another.
- One person shares at a time.
- Those listening must not talk or question the person sharing during or after the sharing.
- If the person sharing has an emotional reaction, participants must not touch, reach out, or hand a tissue to the person sharing as this could stop the reaction.

Provide tissue to each smaller group to allow those having an emotional reaction to use the tissue as they need to.

**Ask individual or group members:**

1. *As you look at your poster and worksheet, what thoughts come to mind or what can you tell me about yourself?*
2. *What aspects of yourself are you most proud of?*
3. *What have you noticed is different about how you view yourself now since the trauma?*
4. *With what aspect would you like to spend more time?*
5. *What aspect would you like to change?*
6. *Where do you see your biggest strength?*

**Practitioner reflects back these themes:** *Bad things happen, good things happen. Trauma is just one part of life's experiences. There are many other good parts to your life.*

*What is interesting about this activity is that it is clear that there are lots of parts that make you who you are today. Some of those parts represent a part of you that is resilient, a survivor; a part or parts that have kept you going and living. We are not to judge how we have lived. Just know that there is an underlying strength that is present.*

*So, the trauma you experienced is only one part of you. It feels like a huge part because it hurts. It makes you feel and think things you don't want to have to deal with, but it still is only one part of you.*

**Worksheet 6.3**

*This last worksheet I am giving you is designed to help you focus on what is good and positive about yourself. These parts tend to be overshadowed by trauma reactions.*

After adults complete this worksheet ask participants to share any thoughts they have related to completing this worksheet.

## **4** ANNIVERSARY DATES

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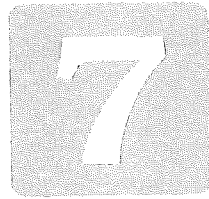
Ask if there are any anniversary dates this week.

## **5** RELAXATION EXERCISE

---

Choose an appropriate relaxation exercise to end this session.

*End of Session*



## SESSION

# Short-Term Coping Methods Part 1

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### **Resource Materials:**

#### ■ Worksheets:

- 3.1, *This is What Happened*
- 7.1, *This is What I Noticed In My Body When It Happened*
- 7.2, *Sensation Labels*
- 7.3, *The Reminders of What Happened*

- Calming music, "Awake" CD by Josh Groban is a possibility as background to this session. Others can be used.

### **Session Objectives:**

- Begin identifying and normalizing ways in which the adult has attempted to handle the unpleasant internal sensations resulting from their trauma[s].
- Begin to relate these coping methods to the trauma, the specific sensations/reactions, and the long term effect of these attempts to cope with their reactions.
- Begin to relate to the natural fight, flight, or collapse mechanisms that occur during real or perceived danger.
- Identify reminders or triggers that set the use of these coping methods in motion.

### **Session Steps**

- 1 Review Commitments
- 2 Internal Sensations
- 3 This Is What Happened
- 4 Anniversary Dates
- 5 Destressing

## **1 REVIEW COMMITMENTS**

---

**Practitioner:** *Each week we make commitments to each other to insure the safety of the group:*

1. *Confidentiality, nothing shared in this group goes outside the group.*
2. *Honesty, as you can only move forward with the truth about yourself, reactions, and hopes, as you are aware of them. If there are specifics about an event you do not want to share, that is fine. We are just encouraging the truth about how your trauma has affected you.*
3. *Understanding that while there are common reactions associated with trauma, we all experience trauma differently due to our backgrounds, experience, and relationships.*
4. *Many who have experienced trauma have never shared their experience or have had another caring person listen. We all must let whoever is talking finish what they are saying without interrupting. Others can respond afterward one at a time. I will help insure that comments do not inadvertently appear as criticism, judgment, or analysis as this can harm the safety of the individual as well as of the group*
5. *It is okay to not have an answer for every question. Sometimes there is no immediate answer.*



## **2** INTERNAL SENSATIONS

---

### **Worksheets 3.1, 7.1 and 7.2**

**PLEASE NOTE:** This can be a very activating session. Therefore, it is very important that after the completion of each worksheet the practitioner check in with adults regarding their degree of distress, as well as closely monitoring any physical reactions. This will guide the need for a relaxation exercise or returning back to a place of safety. It may also require some physical activity to assist in the discharge of the energy that has been "stuck", such as asking participants to push on the table at which they are sitting, insuring feet are on the ground, looking around the room to orient to the present, pushing against a wall, etc. If this is necessary, the relaxation exercise should be conducted after this. A reframing about what occurred happens last as this is the cognitive aspect of the release. The order is:

1. Ground
2. Orient
3. Physical Activity
4. Relaxation [Breathing, music, guided imagery, etc.]
5. Cognitive reframing

**Practitioner:** *I would like you to remember a few sessions back when we were introduced to how trauma is related to internal sensations such as hot or cold, muscle tension, headaches, etc. Would any one like to share again some of the sensations you identified for yourself? Thank you. Remember that these are normal given what has happened to you. Any thoughts about this? Would anyone like to share?*

### **Referring to Worksheet 3.1, This is What Happened**

*Please take Worksheet 7.1 and, as you look at your drawing, list the body sensations you remember. I have provided a list of possible sensations on Worksheet 7.2. As you look at your drawing, you might notice other sensations. If so, feel free to add these to your list. If you don't, that's is perfectly fine.*

Be sure to pay close attention to bodily movements or other non-verbal cues that the participants are uncomfortable or are discharging energy.

### **3** THIS IS WHAT HAPPENED

---

#### **Worksheet 3.1 and 7.3**

***Practitioner:** You may recall during our second individual meeting, I asked you many questions about your drawing. These questions focused on how your body remembered the trauma event as it was experienced through your senses of taste, touch, sight, hearing, and smell. When we encounter experiences through our senses that are similar to what we experienced with the trauma, regardless of how long ago the trauma occurred, we can react as if the trauma is occurring in the present. This is because the experience is "stuck" in your body and your body does not distinguish between the real event and something similar. Our body instantaneously reacts to protect us or keep us alive. It is very important to identify these reminders, sometimes called triggers, because they start the whole trauma reaction series you have likely experienced and about which you have been distressed. Does this sound familiar to you? Anyone like to share an example? Practitioner can share an example if need be.*

*Again, referring to Worksheet 3.1, This is What Happened, complete Worksheet 7.3, The Reminders.*

**After adults complete this worksheet, ask the following:**

- 1. Were you able to identify any reminders?*
- 2. Did anything surprise you?*
- 3. Did you make any connections?*
- 4. Did you notice anything in your body?*

## **4** ANNIVERSARY DATES

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After the relaxation exercise ask if there are any anniversary dates.

Afterwards, recognize the courage and strength each person demonstrated. Ask what they are going to do today to treat themselves, as they deserve to do something nice.

## **5** DESTRESSING

---

**Practitioner:** *Now I would like you to return to your safe place – that place you enjoyed, felt comforted and empowered. I will count out loud from 1 to 50 to give you time to settle your body. When I reach 50 I will ask you to tell me where you are on a scale of 1 to 10, with 10 being very calm.*

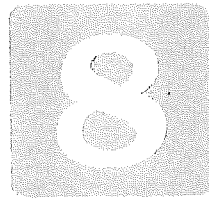
**Afterwards frame with the following:** *This was only one way to regulate your reactions. Can you tell me what your body needs to feel even more in control? Music? Play? etc.*

*The next time you are stressed you will remember you have a number of options to regulate your reactions. If one does not work, use another until you find what works.*

*You all did a lot of hard work in this session. Your courage to identify what you did was impressive.*

**End of Session**





## SESSION

# Short Term Coping Methods Part 2

---

### **Resource Materials:**

- Worksheets:
  - 8.1, *These are the Emotions I Felt*
  - 8.2, *Ways I Cope: My Trauma Sequence*
- Calming music played throughout session. “Awake” CD by Josh Groban is a possibility. Other as identified by practitioner or participants.

### **Session Objectives:**

- Begin identifying and normalizing ways in which the adult has attempted to handle the unpleasant internal sensations resulting from their trauma[s].
- Begin to relate these coping methods to the trauma, the specific sensations/reactions, and the long term effect of these attempts to cope with their reactions.
- Begin to relate to the natural fight, flight, or collapse mechanisms that occur during real or perceived danger.
- Identify reminders or triggers that set the use of these coping methods in motion.

### **Session Steps**

- 1** Review Commitments
- 2** Check In
- 3** Emotions I Felt
- 4** Coping Actions, Completing the Sequence
- 5** Anniversary Dates
- 6** Relaxation Exercise

## **1** REVIEW COMMITMENTS

---

*Practitioner: Each week we make commitments to each other to insure the safety of the group:*

- 1. Confidentiality, nothing shared in this group goes outside the group.*
- 2. Honesty, as you can only move forward with the truth about yourself, reactions, and hopes, as you are aware of them. If there are specifics about an event you do not want to share, that is fine. We are just encouraging the truth about how your trauma has affected you.*
- 3. Understanding that while there are common reactions associated with trauma, we all experience trauma differently due to our backgrounds, experience, and relationships.*
- 4. Many who have experienced trauma have never shared their experience or have had another caring person listen. We all must let whoever is talking finish what they are saying without interrupting. Others can respond afterward one at a time. I will help insure that comments do not inadvertently appear as criticism, judgment, or analysis as this can harm the safety of the individual as well as of the group*
- 5. It is okay to not have an answer for every question. Sometimes there is no immediate answer.*

## 2 CHECK IN

---

Begin with adults by checking in with how their week went, any further distress, and what they might have noticed. Normalize all responses and identify and state clearly the courage it took to do the work, how much work they did, and that they got through it. Also, state that this was a very challenging session through which they had the support of the others and this practitioner.

**Practitioner might say:** *Last week was a very intense session. First, I want to point out that it took a lot of courage to hang in through what you were experiencing. Secondly, you made it through. That says a lot about your resilience and desire to move forward despite the challenge and initial discomfort. (For Group: Anyone want to share anything with the others?)*

## 3 EMOTIONS I FELT

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### **Worksheet 8.1**

**PLEASE NOTE** This can be a very activating session. Therefore, it is very important that after the completion of each worksheet the practitioner check in with adults regarding their degree of distress, as well as closely monitoring any physical reactions. This will guide the need for a relaxation exercise or touching back to a place of safety. It may also require some physical activity to assist in the discharge of the energy that has been "stuck," such as asking adults to push on the table at which they are sitting, insuring feet are on the ground, looking around the room to orient to the present, pushing against a wall, etc. If this is necessary, the relaxation exercise should be conducted after this. A reframing about what occurred happens last as this is the cognitive aspect of the release. The order is:

1. Ground
2. Orient
3. Physical Activity
4. Relaxation [Breathing, music, guided imagery, etc]
5. Cognitive reframing

Practitioner normalizes any reminders or difficulty identifying reminders. At this point, the practitioner checks in with participants regarding their level of distress. This may be a good time to pause for a few minutes and ask adults to visualize their place of safety or do another relaxation exercise. This can be a place to stop and end the Session to be completed the following week, but only after practitioner provides an exercise to calm any obvious reactions from participants.

***Then practitioner continues the session by saying:***

*So far, you have become aware of a lot regarding your trauma experience which might include common reactions, how others have responded to you, that you are not alone, that others can handle and appreciate what has happened to you, and that there are situations you encounter that can cause deep distress even when logically it appears there is no danger. Hopefully, you have also learned that at this point, logic has nothing to do with how you have responded to the trauma experience[s] in your life.*

*This next worksheet will help you identify the emotions that have emerged. Emotions are not the same as sensations, which are the physical experiences that precede emotions. Emotions are feelings such as anger, disgust, surprise, embarrassment, sadness, joy, worry, guilt, pleasure, happiness, etc. As an aside, it is not unusual to experience conflicting emotions like pleasure and disgust at the same time.*

***Worksheet 8.1***

Practitioner provides *Worksheet 8.1, The Emotions Experienced*. After adults complete this worksheet, Practitioner asks if they would like to share any emotions they discovered and also normalizes any emotions identified.



## **4** COPING ACTIONS, COMPLETING THE SEQUENCE

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### **Worksheet 8.2**

***Practitioner:** Somewhere along the way, you may have tried to control or manage these very disturbing reactions, maybe without really knowing you were doing that. Or you may have been somewhat aware and others, maybe with good intention, pointed this out to you in a way that increased your distress. So your action might have been to "go under cover" so to speak, privately trying to cope as best as you could or becoming more public in your distress. In other words, you have discovered things, maybe behaviors, that have distracted you from the disturbing reactions you have experienced and maybe even appeared to help relieve your distress. Some of the possibilities that might fit are:*

- Food
- Sex
- Drugs
- Alcohol
- Exercise
- Anger
- Work
- Fantasy

*There are surely others as, remember, how you have tried to cope is unique to you and your experience. A few words about why we use these. The main reason is they work, but not for long. This is evident by the length of time since the trauma experience for some of you. And you probably didn't know what else to do. That is NOT a problem with you, but with the lack of information available to you about trauma and possibly the effect of secondary wounding by your pastor, friend or even a professional. With that said, your method may have worsened the trauma effects while, at the same time, allowing you to make it through the day.*

*Now let's put this all together. This final Worksheet 8.2 will allow you to take all of your work today and the last time and put it on one sheet, allowing you to identify what coping methods you have used along the way. We are not to judge or evaluate ourselves or these methods; just identify them. Referring to your worksheets, transfer what you wrote under each section on to this final sheet. This may or may not result in an emotional reaction. Either way is OK. Practitioner provides Worksheet 8.2, Ways I Cope.*

On a whiteboard or other available way to demonstrate what adults have disclosed, practitioner re-draws slide from the Adults in Trauma Powerpoint presentation, stating:

*When we are able to slow down and look at this entire sequence, we can better understand how a seemingly innocent occurrence can be a reminder of the trauma to our body that takes us back to the sensations associated with the trauma. That in turn creates the distressing emotions that then result in thoughts and action or behavior that usually is not helpful to the resolution of the trauma. Where is our logical brain in the sequence? Not online, right?*

Practitioner normalizes any coping methods identified or difficulty identifying coping methods.

## Behaviors



## Thoughts

You say you are a friend but then hurt me... My thoughts, my private logic about trusting you change and then my behavior toward you changes.



## Experiences

Sensations, Images, Feelings, Actions

**Practitioner then states:** *You know our actions to our trauma event[s] have become automatic because we haven't understood the sequence, our body has kind of been like a dictator, controlling a lot of how we live our lives. What do you think? (Anyone want to share what they discovered?)*

**The practitioner can guide responses by asking:**

- *What surprises you about this exercise? (About what others discovered?)*
- *What stands out for you?*

- *What did you notice about yourself as you completed this worksheet?  
How do you know?*
- *When you think about your trauma in relation to the rest of your life,  
what do you notice?*
- *Any final comments?*

This is a good time to pause for a few minutes and ask participants to visualize their place of safety or do another relaxation exercise.

## **5** ANNIVERSARY DATES

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As we end, are there any anniversary dates this week?

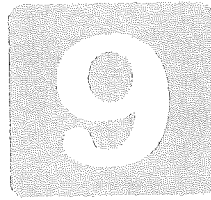
## **6** RELAXATION EXERCISE

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Take several minutes to have participants go through a relaxation activity of your choice (breathing, stretching, guided imagery, etc.).

***End of Session***





## SESSION

# Thoughts that Weigh Me Down Victim to Survivor Thinking

---

### **Resource Materials:**

#### ■ Worksheets:

- 3.1, *Life Map from the Past* [copy]
- 5.1, *Healing Benchmarks* [copy]
- 6.2, *This Is Me* [copy]
- 6.3, *The Good Parts of Me* [copy]
- 9.1, *Thoughts That Weigh Me Down*
- 9.2, *Victim vs. Survivor Thinking*
- 9.2a, *Victim Thinking Checklist*
- 9.3, *Survivor Thinking Checklist*

- Scissors, glue/paste, paper bags, potatoes [or other heavy object], enough extra copies of *Thoughts That Weigh Me Down* for each

### **Session Objectives:**

- To restructure the adults thought processes related to anger.
- To continue to reinforce anxiety management techniques.
- To identify possible revenge toward perpetrator or anger at whoever or whatever caused the trauma.
- To reinforce survivor thinking.

**Steps of Session:**

- 1 Commitments
- 2 Breathing and Relaxation Activity
- 3 Healing Benchmarks
- 4 Thoughts That Weigh Me Down
- 5 Victim vs. Survivor
- 6 How I Feel About Myself
- 7 Anniversary Dates
- 8 Imagery Activity

## **1** COMMITMENTS

---

*Practitioner: Each week we make commitments to each other to insure the safety of the group:*

1. Confidentiality, nothing shared in this group goes outside the group.
2. Honesty, as you can only move forward with the truth about yourself, reactions, and hopes, as you are aware of them. If there are specifics about an event you do not want to share, that is fine. We are just encouraging the truth about how your trauma has affected you.
3. Understanding that while there are common reactions associated with trauma, we all experience trauma differently due to our backgrounds, experience, and relationships.
4. Many who have experienced trauma have never shared their experience or have had another caring person listen. We all must let whoever is talking finish what they are saying without interrupting. Others can respond afterward one at a time. I will help insure that comments do not inadvertently appear as criticism, judgment, or analysis as this can harm the safety of the individual as well as of the group
5. It is okay to not have an answer for every question. Sometimes there is no immediate answer.

## **2** BREATHING AND RELAXATION ACTIVITY

---

Choose a breathing and relaxation activity.

## **3** HEALING BENCHMARKS

---

***Practitioner:** It is time to check in again on your healing process. I am returning the Healing Benchmarks Worksheet 5.1 you completed several sessions ago. As you might remember, this is one way to immediately see any progress you might be making. Please check each of the squares next to the statements that are true for you. If you checked a statement last time and it is still true, please check it again this time.*

Practitioner asks participants to share any changes they may have noticed from the last time they completed this worksheet.

## **4** THOUGHTS THAT WEIGH ME DOWN

---

### **Worksheet 9.1**

***Practitioner:** During the past sessions we spent a lot of time and hard work on becoming aware of how the traumatic event[s] in your life has affected you, how others responded to you, and how despite all this you continue to move forward in your life.*

*There is another set of reactions that can really weigh you down, tire you out. They are pretty common after a trauma, and include negative thoughts about yourself. After an experience like yours it is normal to have these thoughts.*

Ask adults to complete *Worksheet 9.1* to review the more common thoughts that predispose traumatized adults to depression, victim behavior, etc.

### **About Worksheet 9.1**

If the following are checked, be concerned about the possibility of suicide ideation. You certainly need to ask if you suspect there is a possibility and, of course, act immediately if the participants says “yes.” DO NOT do this in the group setting. Instead, ask after the session is done.

- There is nothing else I can do.
- There is no point in trying anymore.
- I can't control anything.
- I don't care about anything anymore.
- I can't do anything right.

**For Group:** Ask adults to share their responses on *Worksheet 9.1* with one another. Elicit any reactions.

*The things you checked off are a pretty heavy weight to carry around. Literally hanging on to these negative thoughts will weigh you down, tire you out, and make it feel like you just don't have the energy or desire to do much of anything.*

Explain that these thoughts in reality are defenses against a terrible sense of powerlessness and hopelessness that trauma can induce in participants.

## **5 VICTIM VS SURVIVOR**

---

### **Worksheet 9.2**

#### **Framing Activity:**

*These are all common reactions you checked on this last worksheet, but they will get you into trouble because they end up making you feel more like a victim than a survivor. Remember last time when we focused on how the reactions to*



*the traumatic event influenced the choices you make? Please read this sheet that defines a victim rather than a survivor. I believe you are a survivor, but we've got to do some work on the way your trauma experience has tricked you into thinking and believing things that are not true.*

Provide Worksheet 9.2 to look at the differences between victims and survivors and ask participants to read.

**Practitioner:** *Anyone want to share with the group what you thought as you read this sheet? Allow as many to share as want to. (When finished continue with statements.)*

## **6** HOW I FEEL ABOUT MYSELF

---

### **Worksheets 9.2a and 9.3**

**Practitioner:** *How we think about ourselves does drive our behavior. You might have noticed this last week. If, for example, we blame ourselves for what happened, we then believe we deserve to be punished. If we believe we should be punished, we will find ways to punish ourselves. This can take the form of not allowing ourselves to enjoy life, to engage in self-defeating and self-destructive behaviors, thereby leaving ourselves vulnerable to additional victimization.*

*This is not, and I want to emphasize, this is NOT what you want to do.*

*The way we think does drive how we behave just as emotions, like fear, drive how we react. There is a time in life when we simply must commit ourselves to thinking differently about our situation, if we want that situation to change. This is one of those critical times.*

*To change the way we think and ultimately act, we must consciously work at repeating those thoughts to ourselves that reflect a survivors view of life.*

Ask adults to **complete 9.2a and 9.3** then, using the *Survivor Thinking Checklist* (keep in the workbook until the end of the program. It will be used again), review the survivor responses and how each compares to the related statements on the *Victim Thinking Checklist*. The *Victim Thinking* and *Survivor Thinking Checklist* are formatted so that each numbered item on the *Victim Thinking Checklist* corresponds to each numbered item on the *Survivor Thinking Checklist*. Have the adult also check those survivor statements that restate the previously checked victim thinking statements checked. Each statement is numbered for easy reference.

When finished indicate that this checklist, along with the *Healing Benchmarks* and others completed over the remainder of the sessions, will actually help them begin to define other actions they can use to cope with any trauma reactions that may resurface in the future.

**Practitioner:** *Becoming a survivor is partly a feeling experience. In other words, thinking like a survivor is only part of reclaiming your life. You felt your trauma in your body. The pain, the hurt, the fear, the worry are triggered by sensory memories of that experience. Certain sounds, smells and people you see can trigger those trauma memories and reactions. It is possible to relieve yourself of these reactions when they do appear.*

*We have returned to your trauma event and identified what initially scared you. As time goes on you can learn to anticipate, get ready for and understand these reactions, so you no longer feel powerless and terrified by them.*

*Remember the Life Map and the worksheet The Good Parts of Me? I am returning them to you to remind you what you identified.*

Ask adults to talk about how they view themselves and their trauma as they look at their work about themselves in the sessions covered up to this point and in particular these two worksheets.

**Practitioner can then support their responses by saying:** *Remember how we said your trauma is just one part of all the experiences you have had in the past.*

*The fact is despite what happened to you, all the things you are angry about because of what happened, all the things that weigh you down, are only one part of your life. I just wanted to remind you of how your experience is only one of many. Focusing on the many good parts of you can be very healing.*

*Sometimes, you know yourself better than others know you. That is why you may have listed more qualities about yourself than you listed for what others might think about you. Sometimes others see the good things about you, things that you don't see in yourself, or have forgotten about. That is why you might have written different qualities in each list.*

- *When bad things happen to good people, we feel betrayed. "Why should this happen to me?" we ask ourselves.*
- *We end up feeling angry as well and soon after we can sometimes begin to feel that maybe there is something wrong with us because of what happened to us.*
- *When we begin to feel like there may be something wrong with us, we start feeling powerless or think, "This will never happen to me again because I'm never going to let anyone get close to me or let myself do what I did before." Sometimes we experience both reactions.*
- *Look at your Life Map from the Past again. Where were you a survivor? (For Group: would anyone like to share where you were a survivor?)*
- *Remember that these good things about you never disappear, they just sometimes get buried under the bad things that happen to you.*
- *The fact you are working so hard on these trauma exercises these past few sessions says that not only do you want good things in your life, but that you have a lot of good already in you.*

## **7** ANNIVERSARY DATES

---

Any Anniversary dates coming up?

## **8** IMAGERY ACTIVITY

---

If time allows, end the session with an imagery activity in which you talk the participants through a story that encourages them to visualize colors, objects, movement, and calm peaceful surroundings.

***Practitioner:** This is all for today. I do want to remind you that we are nearing the end of our work together. We have four more sessions.*

***End of Session***

# 10

## SESSION

# Managing Traumatic Anger Part 1

---

### **Resource Materials:**

- Worksheets
  - 10.1, *About My Anger*
  - 10.2, *A Picture of My Anger*
  - 10.3, *Anger Questionnaire*
- An unopened carbonated beverage can for each participant [pop, water, etc.]
- "Healing Trauma," Peter Levine, PhD

### **Session Objectives**

- To normalize the reactions of anger.
- To teach adults how to find relief from their anger.
- Provide adults with repetitive exposure so as to reduce the intensity of feelings/reactions associated with re-experiencing the trauma.
- Reinforce the physiological management of unwanted responses.
- Reinforce cognitive management as a powerful tool and allow the participant to take an active (survivor) role in their healing, versus a passive (victim) role.
- To identify the different triggers of their anger.
- To identify the feeling or range of sensations at the core of their anger.
- To identify beneficial ways to manage their anger.
- To begin connecting to the future.

**Steps of Session:**

- 1 Commitments
- 2 Relaxation Exercise
- 3 About My Anger
- 4 Healthy Ways to Release Anger
- 5 Anniversary Dates
- 6 Relaxation Exercise

## **1** COMMITMENTS

---

*Practitioner: Each week we make commitments to each other to insure the safety of the group:*

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2. Honesty, as you can only move forward with the truth about yourself, reactions, and hopes, as you are aware of them. If there are specifics about an event you do not want to share, that is fine. We are just encouraging the truth about how your trauma has affected you.
3. Understanding that while there are common reactions associated with trauma, we all experience trauma differently due to our backgrounds, experience, and relationships.
4. Many who have experienced trauma have never shared their experience or have had another caring person listen. We all must let whoever is talking finish what they are saying without interrupting. Others can respond afterward one at a time. I will help insure that comments do not inadvertently appear as criticism, judgment, or analysis as this can harm the safety of the individual as well as of the group
5. It is okay to not have an answer for every question. Sometimes there is no immediate answer.

## 2 RELAXATION EXERCISE

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Relaxation exercise options:

- Start the session with a relaxation and stress release activity.
- Begin with breathing exercise.
- Have the adult participate in a brief imagery exercise that you talk them through. "Spinning Inward," by Maureen Murdock, has some good, brief ones, or make up your own. Or you could have them go to their place of safety for a minute.
- Have soothing music playing.

## 3 ABOUT MY ANGER

---

**Worksheets 10.1, 10.2 and 10.3**

***Practitioner:** One thing that I have learned from working with lots of people who have experienced traumas in their lives is that anger can be very present. A key source of their anger is the belief that someone or something has taken something of value from them. Some feel the loss of their childhood, for others it may be their self-confidence, dignity, sense of safety, trust in others, sense of power and control in their life or a number of these. These are just a few examples of the sense of loss that can come from a traumatic experience and that can leave you with a sense of anger and frustration.*

*In this next activity, I want you to write about your anger. On **Worksheet 10.1** describe what you are angry about and any losses that are related to this anger. Keep writing until you feel you have said what you want to say.*

As the adults put their pencils down, ask them to write how angry they are on the top of the worksheet. Have them circle their answer on a scale of 1 to 10 with 10 being the angriest they can be.

**Practitioner:** Now, on **Worksheet 10.2** draw an image that would represent what your anger is like, including any internal sensations that alert you to this anger.

**For Group:** Ask adults to break into their smaller groups and, if comfortable, share their worksheets with one another. When done bring participants back into the larger group and elicit any reactions as they listened to one another.

**For Individual:** Ask the adult what their thoughts are about anger.

**Provide Worksheet 10.3, Anger Questionnaire, asking these questions of participants:**

1. Do you sometimes think it should have been you instead?
2. Do you feel that it was your fault that this bad situation has occurred?
3. Was there anything you wish you would have said or done differently?
4. Was there anything that could have happened differently to make this not happen or turn out differently?

## **4** HEALTHY WAYS TO RELEASE ANGER

---

**Practitioner:** Let's talk a little bit more about anger. We can view our anger as a protective response. Remember the fight response we talked about during the first group session. Sometimes anger may have turned to rage, and as we begin to come out of being stuck, we may become afraid of the intensity, so attempt to contain it again. This is not what our body was designed to do. Or we may let it out in ways that are not healthy for us. Any comments or examples anyone would like to share?

*I gave you a can of pop. Please shake it as hard as you can. Now open it. NO! Why not? I want you to know that anger is like a cork in a bottle filled with soda pop fizz. If no one shakes it, the cork holds everything in. If that fizz starts mov-*



*ing, it is going to explode!*

*Unfortunately, those around you only remember hearing and seeing the cork pop. They don't see or hear who or what is really angering you. They tell you that you can't act that way, but inside you feel you have no choice, or were surprised you even got angry, or just didn't understand it yourself.*

*You do have choices. You can walk around with no cork, which means everything inside you is going to spill out. That's no good. You want to keep your head, your brain, your wits with you.*

*You can try to avoid everyone or everything that shakes up your insides, but that would only make things more difficult for you because it's impossible to do.*

*You can get rid of all the fizz, but then you'd be boring and dull, have no energy, no fun.*

*What you can do is de-fizz yourself by taking the cork off yourself and letting some of the pressure out before it builds up to an explosion. In other words, by releasing your anger in a safe, healthy manner. You are now going to get a chance to safely release some of your anger while experiencing a more healthy form of the fight response. Use the exercises described in Track 7 of "Healing Trauma" by Peter Levine PhD; or refer to Phase Seven in the book starting on Page 59.*

Upon completion ask about the participant's experience with this exercise.

### **More Ways to Address Uncomfortable Reactions:**

#### **1. Supporting yourself as sensations/emotions emerge:**

**Practitioner:** *When we become aware of and understand the sensations that lead to the emotion of anger, or any other emotion for that matter, which in turn lead to the ways in which we act, there is the possibility that we can hang in with the discomfort resulting from these sensations/emotions that have been stuck. The "hanging in" or hanging through with these feelings*

*will allow the natural process to complete on its own. Think back to all the exercises we have done up to this point. Didn't you start out very uncomfortable but as you moved through the exercise you began to... what? Yes, relax. Another way of saying this is that by going with the sensation, you allowed your body to restore itself back to a state of regulation or relaxation [use other words that participants might have used]. Practitioner can refer back to "Healing Trauma" by Peter Levine [page 55] that discusses Pendulation.*

Elicit any questions or examples from participants.

## **2. Writing:**

*Practitioner: As issues come up, you can always write about them and get your anger energy out. These can be shared with a trusted friend. This is another way you can safely de-stress about anger issues rather than letting them build up.*

## **5 ANNIVERSARY DATES**

---

Ask for anniversary dates.

## **6 RELAXATION EXERCISE**

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Do a short a relaxation exercise to end.

***End of Session***

# 11

## SESSION

# Managing Traumatic Anger Part 2

---

### **Resource Materials:**

#### ■ Worksheets:

- *11.1, The Person/Thing That Caused This to Happen*
- *11.2, This Is What I Would Like To See Happen*
- *11.3, Questions About Who or What Caused It*
- *11.4, Managing Anger*
- *11.5, My Future*

### **Session Objectives**

- To normalize the reactions of anger.
- To teach the adult how to find relief from their anger.
- Provide the adult with repetitive exposure so as to reduce the intensity of feelings/reactions associated with re-experiencing the trauma.
- Reinforce the physiological management of unwanted responses.
- Reinforce cognitive management as a powerful tool, and allow the participant to take an active (survivor) role in their healing, versus a passive (victim) role.
- To identify the different triggers of their anger.
- To identify the feeling or range of sensations at the core of their anger.
- To identify beneficial ways to manage their anger.
- To begin connecting to the future.

### **Steps of Session**

- 1** Commitments
- 2** Relaxation Exercise
- 3** Addressing the Causes
- 4** Managing Anger
- 5** My Future
- 6** Anniversary Dates

## **1** COMMITMENTS

---

*Practitioner: Each week we make commitments to each other to insure the safety of the group:*

- 1. Confidentiality, nothing shared in this group goes outside the group.*
- 2. Honesty, as you can only move forward with the truth about yourself, reactions, and hopes, as you are aware of them. If there are specifics about an event you do not want to share, that is fine. We are just encouraging the truth about how your trauma has affected you.*
- 3. Understanding that while there are common reactions associated with trauma, we all experience trauma differently due to our backgrounds, experience, and relationships.*
- 4. Many who have experienced trauma have never shared their experience or have had another caring person listen. We all must let whoever is talking finish what they are saying without interrupting. Others can respond afterward one at a time. I will help insure that comments do not inadvertently appear as criticism, judgment, or analysis as this can harm the safety of the individual as well as of the group*
- 5. It is okay to not have an answer for every question. Sometimes there is no immediate answer.*

## **2** RELAXATION EXERCISE

---

Practitioner chooses an exercise for the group.

## **3** ADDRESSING THE CAUSES

---

### ***Worksheet 11.1, 11.2 and 11.3***

Using Worksheet 11.1, ask the adults to draw a picture of the person or thing that caused their trauma experience to happen.

After they are done with the drawing, give them *Worksheet 11.2* and ask them to complete.

Finally provide Worksheet 11.3 and ask them to write their answers to the following questions:

- 1. What do you think would cause this person to do this? Or, why do you think this happened?*
- 2. If you had the opportunity, what would you like to say to this person or thing that caused this to happen?*

Ask adults to break out into their smaller groups or dyads again and share these results. When done, Practitioner brings the whole group back.

***Practitioner:*** *This activity allowed you to give expression to what you have held in regarding this person/thing that caused the pain you have experienced. Sharing with another person who listens, thus not responding in a way that could re-traumatize you, provides a step in moving beyond this past experience to the present.*

## **4** MANAGING ANGER

---

### **Worksheet 11.4**

*Practitioner provides Worksheet 11.4 and states: Here are some other things you can do to reclaim the control you had prior to your trauma.*

*When angry, think before talking and ask yourself:*

- *Am I angry because I am feeling powerless, frustrated, alone, abandoned, or stressed out?*
- *Am I angry because I am being victimized by someone else or some institution? (secondary victimization).*

*Answering these two questions can help keep you focused. If the answer is yes, it probably makes sense to step back, take some time out.*

- *Avoid using the pronoun "YOU." "YOU" usually leads to blaming, and attacking, which, in turn, only sets you up to be blamed and attacked as well. Work hard to use "I," "I am mad" or "I am ticked off."*
- *If you must respond, first do one of the following:*
  - *Take 10 slow deep breaths*
  - *Rub a tense part of your body for 30 seconds*
  - *Get up and get a cold glass of water, juice, pop, or milk*
  - *Stretch for 30 seconds*

*If, after completing the above calming techniques, there is still a need to express your anger, ask yourself:*

- *Do I just want to vent my anger? If so, it is far better to go exercise, go for a walk, or work out in some fashion.*
- *Do I have a legitimate reason to be angry? If so, can I be calm enough to communicate that anger without losing control by blaming, or being*

*hurtful? If I cannot be calm then it is to my benefit not to try to resolve the issue at this time.*

- *Your greatest power comes from being in control of your anger. So, when others respond, they cannot weaken your position by making you angrier. Pick the time to deal with what is upsetting you; typically a time when you are the calmest.*

## **5** MY FUTURE

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### **Worksheet 11.5**

**Practitioner:** *We have been working on helping you to be a survivor rather than a victim. You are actually doing quite well. Remember the Life Map you started on? It covers where you have been. It's getting time to start thinking about where you want to be in the future. Victims don't plan, don't take control of their life. Survivors think about and plan for their future.*

*I have three questions for you that will help me help you with your Life Map to the Future when we work on it. This will be homework. Write answers on **Worksheet 11.5 My Future....***

- 1. If you could have any kind of career, job or activity you really think you would enjoy in the future what would it be?*
- 2. Of all the people you know right now who would you most like to be?*
- 3. When you are older, what one thing would you want everyone to say about you?*

**Practitioner elicits sharing of answers or general thoughts about this worksheet:**

*Well, these past few sessions have been pretty heavy. Is there anything that sur-*

*prises you as you look back over the last two weeks?*

*Don't worry about remembering everything. I know from experience that in a few weeks this will not only begin to make sense to you but will help you feel a bit better.*

*Finally, I want you to really attempt to take 15 minutes every day between now and our session just for yourself. That may seem strange at first but will be helpful at several levels.*

## **6** ANNIVERSARY DATES

---

*Are there any Anniversary Dates coming up this week?*

End session with a meditation or positive affirmation.

***End of Session***



# 12

## SESSION

# Managing Worries and Fear

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### **Resource Materials:**

- Worksheets:
  - *12.1, My Worries*
  - *12.2, Size of My Worry*
  - *12.3, Orienting to the Present*
  - *12.4, What I Can Do About My Worry*
  - *12.5, Ways I Can Think About My Worries*
- "Healing Trauma" Peter Levine, p. 60, Phase 8
- Big pillows and chairs

### **Session Objectives:**

- To identify major worries since the trauma.
- To learn ways to discharge the energy associated with fear and freeze.
- To determine factors of the worries that are realistically likely to occur.
- To cognitively reframe negative worries.

### **Steps of Session:**

- 1** Commitments
- 2** Identifying Worries
- 3** Level of Severity of Worries
- 4** Likelihood Worry Will Happen Again
- 5** What I Can Do

- 6 Ways to Think About Worry
- 7 Conclusion
- 8 Anniversary Dates
- 9 Relaxation Activity

## 1 COMMITMENTS

---

**Practitioner:** *Each week we make commitments to each other to insure the safety of the group:*

1. *Confidentiality, nothing shared in this group goes outside the group.*
2. *Honesty, as you can only move forward with the truth about yourself, reactions, and hopes, as you are aware of them. If there are specifics about an event you do not want to share, that is fine. We are just encouraging the truth about how your trauma has affected you.*
3. *Understanding that while there are common reactions associated with trauma, we all experience trauma differently due to our backgrounds, experience, and relationships.*
4. *Many who have experienced trauma have never shared their experience or have had another caring person listen. We all must let whoever is talking finish what they are saying without interrupting. Others can respond afterward one at a time. I will help insure that comments do not inadvertently appear as criticism, judgment, or analysis as this can harm the safety of the individual as well as of the group*
5. *It is okay to not have an answer for every question. Sometimes there is no immediate answer.*

## 2 IDENTIFYING WORRIES

---

**Practitioner:** *Trauma often changes our view of life. Following a trauma it is not*

*unusual to experience worries or fears that were never a concern in the past. Some worries we can do something about and some we just have to wait out.*

*These worries are the outward expression of the fear created at the time of the trauma. Remember back to the normal fight/flight reaction to danger? If you were not able to escape by physically getting away – thus using the energy mobilized to address the danger – this energy gets stuck, as the sensations of fear, the emotion of worry, and possibly, the behavior of freeze or immobility. In turn, as you have already identified a few sessions ago, this worry can result in actions and choices that can become a barrier to living your life. Here's an example: as a child, you were not able to escape a very threatening situation, say verbal or physical abuse. Then as an adult, you find yourself in an argument with a friend. Instead of arguing back, your response is to withdraw, or freeze as a means of protection. When you are calmer because you have "escaped", what might you discover?*

Practitioner elicits answers like: the argument was not a "real" threat, my friend was just disagreeing, my friend still cares about me, my friend was not trying to hurt me, etc.

**Practitioner:** *Now, let's identify what your worries are. We can then determine what might be done to disarm or defuse these worries, or at least be better prepared should they become a reality. It is important to find ways to not let these worries occupy your thoughts and drain you of the energy you need to handle other parts of your life. Initially, this may not be easy to do. There simply may be factors you cannot control that keep your worries alive. If that becomes the case, there are things you can do to make yourself less vulnerable and better prepared. Provide Worksheet 12.1 and ask participants to complete.*

### **3** LEVEL OF SEVERITY OF WORRIES

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#### **Worksheet 12.2**

Provide *Worksheet 12.2, The Size of my Worries*.

**Practitioner:** *There are four boxes. The largest box is for your biggest or most severe worries. The next to largest box is for those worries that would not be as devastating, yet still difficult. The next smallest box is for the worries that would cause you some problems, but ones you feel you could manage. The smallest box is for those worries that are annoying; you think about them but they don't upset you as much as the others. Take one worry at a time. Place each worry in the appropriate boxes. You can put more than one worry in each box. As you do this note any changes in your body sensations.*

## 4

### LIKELIHOOD WORRY WILL HAPPEN AGAIN

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**For Groups:** Practitioner asks adults to break into their small groups and share their worries, beginning with the biggest worries in box 4. Share with their partners how likely it is they think the worries may become a reality, using a scale of 1 to 6, with 1 being not likely to happen, and 6 very likely to happen. Rate each worry.

Once each of the worries are rated, instruct the participant to choose one of the biggest worries with the highest rating. Tell their partners what might be the hardest part for them if this worry should happen. Write down their major concern (this actually helps to focus on the element of fear that is possibly giving this worry so much power). You might have to help the adult define that fear.

**For Individual:** Rate how likely it is they think their worries may become a reality, using a scale of 1 to 6, with 1 being not likely to happen, and 6 very likely to happen.

Once each of the worries are rated, instruct the participant to choose one of the biggest worries with the highest rating and ask what would be the hardest part for them if this worry should happen. Ask them to write down their major concern (this actually helps to focus on the element of fear that is pos-

sibly giving this worry so much power). You might have to help the adult define that fear.

**Example:** My biggest worry is that everything I have left will be taken from me too. The hardest part would be not knowing if I would have the energy or the desire to start over again. *Elaboration: You mean you would be afraid that you would just give up [freeze]? You can return to the other worries and use this same format. For now we only want to help with the worry creating the most concern.*

## **5** WHAT I CAN DO

---

### **Worksheet 12.2**

**Practitioner:** *Your biggest worries are most likely causing your biggest fears. You may feel threatened, or that you cannot escape.*

**NOTE:** What you have actually accomplished by helping the adult externalize, concretize and place a level of severity on their worries, is actually to diminish their overall anxiety about those worries. In a sense you have now put their worries into a container, made them concrete and more manageable. At a sensory level that adult can now 'see' 'touch' and 'talk' to their worries and reorder them in a way that is more manageable.

*So let's take the biggest worry. This is important. Think of yourself as a survivor with choices. Practitioner introduces "Healing Trauma," Peter Levine p. 60, Phase 8, asking participants to sit comfortably on a chair with a big pillow under their feet and take participants through this exercise. Upon completion of "escaping," ask participants to begin settling, paying attention to their heart rate, tension or any other sensation in their body, and looking around the room to orient. This is a good time to share the experience with others.*

*Now take your biggest worry, close your eyes, if safe to do so, and in your mind*

*imagine it is happening. Begin to escape by "running" on the pillow. Run to your person/place of safety. You are safe and you have escaped this worry. Feel what it is like inside of you to escape. Now begin settling as you did before.*

**NOTE:** The response to this task is determined by the nature of the worry. If the worry is that they might lose everything, determine what can be done to develop a back up for that 'rainy day.' It might be starting an emergency fund. It might be developing new support systems or expanding old ones. It might be preparing a list of organizations that currently assist people who face that reality so that the adult would know how and where to get help for themself.

As the practitioner, you may have to help identify ways the adult could prepare. If you yourself are not sure, then it certainly is appropriate to ask for help from a colleague. If this is the case, be honest with the adult. You might say, "You know, you have presented a worry here I never have thought about and if it's okay with you I'll check with a few of my colleagues to see what they suggest." This models survivor behavior.

**Other things to do:**

**Worksheet 12.3** *Orienting to the Present* [from "The Body Remembers"]

**Practitioner:** *Now I want you to think about your reactions to your biggest worries/fears as if you were currently having those reactions. I am now going to read several sentences. After I read each sentence, I would like you to complete it out loud.* The practitioner can write down the answers for the adult on Worksheet 12.3.

Right now I am feeling \_\_\_\_\_

And I am sensing in the body \_\_\_\_\_

Because I am remembering \_\_\_\_\_

At the same time, I am looking around where I am now [current/date]  
here [name the place]

and I can see [describe some of the things you see in this place]

and so I know [name worry, trauma, fear] is not happening now.

This is called orienting to the present to help you understand the trauma experience is currently NOT happening.

**For Group:** *Would any one like to volunteer what this exercise was like for you?*

**For Individual:** *Can you describe what this exercise was like for you?*

## 6

## WAYS TO THINK ABOUT WORRY

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### **Worksheet 12.4**

Discuss and assist adults in completing Worksheet 12.4, *What I Can Do About My Worry*. Suggestions can be very simple. Just doing this activity empowers the adult and supports self-regulation.

### **Worksheet 12.5**

When a person is extremely worried about a present or potentially future situation, usually their view is almost like tunnel vision. He anticipates or is focused on only one outcome and that outcome is given power by fear and or a sense of powerlessness. We know this is part of responding to life as a victim, not as a survivor.

The work the adult has done up to this point has been designed to move them from victim to survivor. His survivor perspective will help give them a different view of the future and their ability to deal with their biggest worries. As the helper, however, you will still need to help shape how they do view themselves in relationship to future trauma or their worries becoming a reality. The following are some cognitive reframing statements that can help. Review with the adult **Worksheet 12.5**, *Ways I Can Think About My Worries*. (You could add to this list- there is room for additions on the worksheet.)

**Cognitive Reframing Statements:**

- *There is no way to predict whether our worries will ever become realities.*
- *Often our worries disappear because we and the conditions around us change.*
- *Worries are like storms. Storms never last. They come. They go. So too, do worries. Some storms cause little damage; some cause great damage. That is not something we can necessarily control. The only thing we can control is what we do after the storm leaves, or the worry becomes a reality. Sometimes we can make repairs ourselves, sometimes we need to call for the roofers, the plumbers, the electrician. Sometimes we can repair what happens to us alone, but sometimes we need to call for help. Just as we survive the storms, we can survive the worries.*
- *A crisis, just like worry, is a danger or an opportunity. If we do nothing, seek no help, it consumes us and takes control of our life. It can be an opportunity by learning what to do should similar incidents happen in the future. It's an opportunity to find inner strength that has never been tested. It's an opportunity to become stronger as a survivor and in time become less frightened of all the unfairness life can throw at us.*
- *We can't control a worry, we can only prepare for it and know that should our worry become a reality, we are ready to take whatever measures are needed to survive its challenges as well.*
- *As a survivor, I know there is more to life than worry; there are challenges and rewards for accepting those challenges. There is fear, but there is also the other side of fear - freedom. Freedom to be me, freedom to always have the final choice of what I am going to do for myself, each and every day of my life, despite the challenges of that day. Since the worry is not likely to go away soon and since I can't control it, only prepare for it if it does happen, I can let it be while I get on with other things in my life. You can add to this list.*



## **7** CONCLUSION

---

*Practitioner: I think you have a some ideas to address new worries when they emerge. It will be helpful to approach those the same way we did today. Determine how big they are, the level of severity, what your biggest concern is should they become a reality, and three ways you can be prepared. Going through this process will help diminish the power these worries have over you and instead give you power over them. This is something you can use the rest of your life.*

## **8** ANNIVERSARY DATES

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Ask if there are any anniversary dates this week.

## **9** RELAXATION ACTIVITY

---

Practitioner should choose an appropriate relaxation activity and end the session.

***End of Session***



# 13

## SESSION

## Revisiting Our Life Map: Looking to the Future

---

### **Resource Materials:**

#### ■ Worksheets:

- *This Is Me Poster* from group session 4
- *4.1, My Life Map*
- *5.1, Healing Benchmarks*
- *6.3, These are the Good Parts of Me*
- *8.2 Changing the Sequence*
- *9.4, Survivor Thinking*
- *11.4, Controlling My Anger*
- *11.5, My Future*
- *13.1, Changing the Sequence*

#### ■ *Briere TSI-2 (Optional)*

#### ■ *Starr PTSD Questionnaire (Worksheet 13.2)*

### **Session Objectives:**

- Begin to identify ways in which the adult can change their actions in response to their trauma event
- Time to myself
- Saying goodbye

**Steps of Session:**

- 1 Commitments
- 2 Healing Benchmarks for Survivors
- 3 Changing the Sequence
- 4 On to the Future
- 5 Re-Take TSI-2 and Starr Questionnaire
- 6 Reminder
- 7 Saying Goodbye

## **1** COMMITMENTS

---

**Practitioner:** *Each week we make commitments to each other to insure the safety of the group:*

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3. *Understanding that while there are common reactions associated with trauma, we all experience trauma differently due to our backgrounds, experience, and relationships.*
4. *Many who have experienced trauma have never shared their experience or have had another caring person listen. We all must let whoever is talking finish what they are saying without interrupting. Others can respond afterward one at a time. I will help insure that comments do not inadvertently appear as criticism, judgment, or analysis as this can harm the safety of the individual as well as of the group*
5. *It is okay to not have an answer for every question. Sometimes there is no immediate answer.*

## **2** HEALING BENCHMARKS FOR SURVIVORS

---

### **Worksheets 5.1 and 9.4**

***Practitioner:** It may seem like a long time since you completed this the last time. You have worked hard and faced some difficult issues. You have also progressed.*

We will revisit **Worksheet 9.4, Healing Benchmarks**, and **Worksheet 5.1, Survivor Thinking Checklists**. On each worksheet under the column marked *Final Session*, check all the statements that reflect where you are now. Do check ones you checked previously even if they have remained the same.

*Healing doesn't happen all at once; it takes time. In fact, your healing will continue on even after our last session, simply because you are now looking at your experience and yourself differently. You may not realize it, but you are already redefining what happened and the way you are now going to approach life.*

- *The items you checked reflect the 'survivor' in you and that you are healing.*
- *Each and every one of these statements reflect a survivor mentality. The fact is that although you will always remember your experience, it no longer controls you. Each of these statements shows you are taking charge of yourself.*

## **3** CHANGING THE SEQUENCE

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### **Worksheets 6.3, 8.2, 4.4, 4.B.5 and This Is Me Poster**

***Practitioner:** I am providing you with a number of the worksheets you have already completed. I am also providing a final worksheet to provide an opportunity for you to change the sequence of your reactions to the trauma you have*

*experienced. You may be able to define different behaviors or actions you can take now or they may be what you hope to be able to do. Either way is fine. You may also not be able to identify future actions. This is okay too. Any way you go does not take away all the work you have done to this point at all. Provide Worksheets listed above.*

When adults are done, ask them to share their changes, providing comments supporting whatever they have identified. Regardless of their statements, point out any movement from the beginning of the program regardless of how small. This can be a very powerful exercise for the participant.

## **4** ON TO THE FUTURE

---

### **Worksheet 4.1**

Provide *Worksheet 4.1 Life Map* created in Session 4. Ask adult to add on to this map with future hopes, identifying anything related to their potential future, job, relationships, well-being, children or simply the attitude the new beliefs they have about themselves and their ability to manage post and future reactions to stress.

## **5** RE-TAKE TSI-2 & STARR QUESTIONNAIRE

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Practitioner asks each participant to complete:

- Starr PTSD Final Questionnaire (Worksheets 13.2)
- Briere TSI-2 (optional)
- Any other assessments completed at the initial session

## **6** REMINDER

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Upon finishing this remind participants of the last individual session (Session 14).

## **7** SAYING GOODBYE

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***Practitioner:** You all have been through a journey together. At times you have listened, cried, expressed reactions and feelings you thought were long gone, offered support to one another, and maybe shared some specifics of your trauma experience never shared before. Some of you may continue trauma work; others may be finished. Either is okay. I would like to schedule with each of you a final individual appointment. During this appointment we will revisit all the work you have done, review the results from the inventories you have completed today, and decide next steps for you. These steps could be deciding you are doing well and need nothing else or it could be that even though things are better, there is a need for continued work.*

Take the opportunity to say something positive to each person that you did not say during the group or think of now that you would like to say. When you are all done we will gather in a group circle and say goodbye together to the group and the individuals here.

***End of Session***





# 14

## SESSION

## Moving On - Individual Session

### ***Resource Materials:***

- Participant completed workbook contained in a folder:
  - Starr PTSD evaluation results
  - Briere TSI-2 evaluation results
  - Healing Benchmarks Worksheet 5.1
  - Other evaluations results
  - Survivor Checklist Worksheet 9.4

### ***Session Objectives:***

- To review results of all evaluations re-administered and normalize the results.
- To identify improvements in reactions as indicated on the evaluations as well as identified by the participant.
- To identify how the program helped or did not help the participant.
- To identify next steps, including building on the group intervention with individual therapy or other referral as decided with participant, if necessary.
- To say goodbye to the previous therapeutic relationship between the practitioner and participant.

### ***Steps of Session:***

- 1 Workbook Review
- 2 Evaluation Review

**3** Where I am Now

**4** Saying Goodbye

## **1** WORKBOOK REVIEW

---

Adult shares completed workbook with practitioner. Be sure a copy has been made for the participant file the practitioner must maintain. Ask participant to go through the workbook and encourage participant to share any last thoughts about their work, any progress, and what might still need to be addressed.

## **2** EVALUATION REVIEW

---

Practitioner reviews results from Starr PTSD Questionnaire, TSI-2 and any other assessment information. Changes, including progress or lack of progress, are identified and discussed with participant. Practitioner elicits thoughts about next steps, if any, from participant after which he/she shares their opinion with participant. If continued therapy is needed, practitioner can make appropriate referrals or, with participants consent, to continue on with individual work.

## **3** WHERE I AM NOW

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### ***Worksheet 3.1***

Practitioner asks the adult to complete *Worksheet 1.1* and reviews with participant.

## **4** SAYING GOODBYE

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Saying goodbye addresses the change in relationship between the practitioner and participant as it existed in the group. Even if continued therapy with the practitioner is agreed upon, the relationship will be different. This time allows the practitioner the opportunity to express any unsaid things that he/she noticed about what the participant brought to the group. Qualities such as courage, resilience, persistence, trust, support of others, honesty, etc. can be pointed out.

### ***End of Session***



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# **Adults in Trauma Individual/Group Program**

## **WORKBOOK**

A program of the Structured Sensory Interventions for  
Children, Adolescents and Parents (SITCAP®) Model

**Mary Hayek  
William Steele**

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13725 Starr Commonwealth Road, Albion, Michigan 49224  
[www.starr.org](http://www.starr.org) | [info@starr.org](mailto:info@starr.org)







**Starr Commonwealth's professional training and consultation arm emerges from the vision that:  
Knowledge + Empowerment = Impact**

Starr provides guidance and expertise to "helpers" from around the world in the form of research, publications, e-learning courses, in-person trainings, conferences and events, professional certifications, as well as school/agency-wide accreditation. These products and services are offered through Starr's three key training programs: The National Institute for Trauma and Loss in Children (TLC), Reclaiming Youth International (RYI), and Glasswing (GW).

Starr's proven SITCAP<sup>®</sup> (Structured Sensory Interventions for Traumatized Children, Adolescents and Parents) model was pioneered by internationally recognized experts and is centered on the concept that changing behavior isn't possible until you change the sensory memories that fuel that behavior. SITCAP<sup>®</sup> provides a powerful framework for helping those who have been traumatized engage in program activities to allow them to experience themselves as safe and empowered. They will no longer be victims but survivors and thrivers, ready to flourish. They will experience themselves differently and thereafter view their experience in ways that are manageable.

Developed and used since 1990 and field-tested in schools and community agencies, SITCAP<sup>®</sup> is supported by the latest scientific advances in brain science and has been featured in leading journals and numerous books on childhood trauma.

**NOTICE TO NON-PROFESSIONALS:**

The information contained in this book is not intended as a substitute for consultation with health care professionals.

**PLEASE NOTE:**

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## About the Authors

**Mary Hayek, MEd, LMSW** is a parent, social worker and educator supporting children and families for over 30 years. Since 1998, she has provided parenting education for parents, including those with children who have been adjudicated. The experience of losing many family members, including her spouse, in a very short period of time, led her to understand the need to not only incorporate effective parenting strategies that provide a sense of safety and healthy control for children experiencing loss, but also to seek out effective ways in which to assist herself and others to move past the pain and uncertainty created by losses of any kind. Training provided by the Grief Recovery Institute in Sherman Oaks, CA, resulting in her own recovery from loss, has allowed her to assist others. In recent years, Mary expanded her expertise to include training in trauma and trauma intervention from Starr. This was precipitated by the numbers of adolescents with whom she interacted in the middle school where she provides social work services to general education students. The incidence of trauma was extremely concerning to her. Mary's knowledge of grief, trauma, and effective interventions have combined with her expertise in parent education to provide supports to families that address a variety of problems emanating from trauma and loss experiences.

**William Steele, PsyD, MSW**, informally began his work in trauma in the early 1980s when he published the booklet, "Preventing Teen Suicide." This led to requests for training from across the country. His experiences with nonfatal attempters and survivors of suicide was acknowledged in 1986 when the Michigan Chapter of the The National Academy of Television Arts and Sciences awarded Dr. Steele's production of "Preventing Teen Suicide" a Michigan Emmy. In the mid-80s he also began working with survivors of homicide, which led to the production of "Where Have All The Children Gone," which focused on childhood violence. In 1987 it was nominated for Outstanding Program Achievement by the Academy.

Dr. Steele's work with children, teens and families exposed to tragic losses from both violent and nonviolent situations led him to founding the National Institute for Trauma and Loss in Children whose mission was to bring trauma-specific training, intervention services and resource materials to professionals, schools and clinics nationally.

In 1997 he initiated a trauma and loss certification program. Today over 6,000 Starr Certified Trauma-Informed Resilient-Focused Practitioners are using these evidence-based intervention programs across the country and world. These programs are now registered as evidence-based programs at California Evidence Based Clearinghouse and the Substance Abuse Mental Health Services Agency (SAMHSA) Registry of Evidence Based Practices. He has assisted professionals over the years following such tragedies as the bombing of the Federal Building in Oklahoma, 9/11 in New York and Washington D.C., Hurricanes Katrina and Rita and the 2009 killings (while in school in the presence of students) of a high school coach in Iowa and a teacher in Texas to name but a few. He was one of the first Americans selected by the Kuwait government to assist them in the aftermath of the Gulf War and continues to consult with agencies related to childhood trauma.

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# Instructions

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If it has been some time since reading the “Notes for Practitioners” at the beginning of the manual, please review.

Once you have determined the interventions option appropriate for the adult(s), select the corresponding worksheets. Make copies of the worksheets to present to each adult. (See *Notes for Practitioners* on page 9 in the manual.)

After each session make a copy of the completed worksheets for your records. The originals are for the participant(s). It would be helpful to three-hole punch these so participants can store them in a binder.

**A SPECIAL REQUEST:** The final worksheet (14.1) allows participants to evaluate the value of this program. We would appreciate having a copy of this worksheet sent to us along with any pre-post outcomes. Client names are not necessary. Scan and email to Caelan Soma at [somac@starr.org](mailto:somac@starr.org).



### Worksheet 1.1 Adult Trauma History

PAST TRAUMAS	
Date/year/age	What happened:

Currently in treatment:  Yes     No

Social Worker: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Psychologist: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Current Medication:  None     Name \_\_\_\_\_ Dosage \_\_\_\_\_ Supporting DX: \_\_\_\_\_

**DATES THAT REMIND YOU OF THE TRAUMA(S)**

<i>Date</i>	<i>Event</i>

**WORRIES CONNECTED TO EACH TRAUMA**

<i>Event</i>	<i>Worry</i>

Clinician signature/credentials: \_\_\_\_\_ Date: \_\_\_\_\_



## Worksheet 1.2 PTSD Questionnaire and Scoring Forms

### About the Starr Adult PTSD Questionnaire

The Starr Adult PTSD Questionnaire has achieved convergent validity with the Briere Trauma Symptom Checklist across all subscales. It will help you identify the ways that PTSD related symptoms and reactions emerge. The scale has been updated to now include the new PTSD Criteria "D" of the DSM 5-Distortions in Cognitions and Mood. Ten Master level professionals reach agreement on the wording of all new questions. This method was used to establish inter-rater reliability.

- The Adult Questionnaire is designed for adults 18 years and older.

### Administering the Starr Adult PTSD Questionnaire

Administration of the questionnaire takes about 20 minutes. You can read the questions to the adult. Then, ask the adult to circle the number that best describes how often they experience the reaction indicated in the question.

- 4 – the highest score means that a particular reaction is happening the most frequently (weekly)
- 3 – the reaction occurs every couple of weeks
- 2 – the reaction happens every month
- 1 – the reaction happens a few times a year
- 0 – the reaction rarely happens at all

### Scoring

Scoring is very straightforward. There are three (4) scoring forms, one for each trauma-specific subscale (Reexperiencing, Avoidance, Arousal and Distortions in Cognitions and Mood).

Questions 1-12 refer to Subscale I - Reexperiencing.

Questions 13-20 refer to Subscale II - Avoidance.

Questions 21-30 refer to Subscale III – Arousal

Questions 31-48 refer to Subscale IV - Distortions in Cognitions and Mood.

After the child/adolescent/adult has answered all questions, mark the rating selected for each question next to the corresponding question on the scoring sheets. Then, add up the numbers on each scoring form. You will have a total on each scoring form.

### Evaluating Results of the Starr Adult PTSD Questionnaire

A PTSD diagnosis is supported when any one reaction under re-experiencing or two reactions in each of the remaining subcategories are given a rating of 1 or more. Reactions given a rating from 2-4 reflect clinical significance.

The total score for each subcategory reflects the overall severity level for that subcategory. The total score provides a baseline for pre-post testing. Reduction in the overall total score following intervention reflects the gains made or symptom reduction. Symptom reduction or

## Worksheet 1.2 PTSD Questionnaire and Scoring Forms

gains made can be indicated by percentage. For example, if the total score is 40 prior to intervention and 20 after completion, a 50% in symptom reduction or 50% increase in gains has been achieved.

Note there is a great deal of debate regarding the current DSM 5 criteria for PTSD. Do keep in mind that any one reaction within any category that is rated from a 2 to 4 requires attention, regardless of whether a PTSD diagnosis is supported.

### **Subscale I Reexperiencing**

Total scores for the re-experiencing of the traumatic event range from 0-40. The closer to a score of 40, the greater the severity of re-experiencing symptoms. Ratings of 2,3 or 4 reflect clinical significance. A total score of 26-40 indicates severe; 16-25 moderate; 5-15 mild; 0-4 normal.

### **Subscale II Avoidance**

Total scores for the avoidance of the traumatic event range from 0-32. The closer to a score of 32, the greater the severity of avoidance symptoms. A score of 21-32 indicates severe; 11-20 moderate; 5-10 mild; 0-4 normal.

### **Subscale III Arousal**

Total scores for the symptoms of increased arousal of the traumatic event range from 0-40. The closer to a score of 40, the greater the severity of arousal symptoms. A score of 21-40 indicates severe; 11-20 moderate; 5-10 mild; 0-4 normal.

### **Subscale IV Distortions in Cognitions and Mood**

Total scores in this subscale range from 0-72. The closer to a score of 72, the greater the severity of cognition and mood symptoms. A score of 49-72 indicates severe; 25-48 indicates moderate; 7-24 indicates mild reactions; 0-6 normal.

## **Reviewing the Scores with the Adult**

**You may wish to say to the adult:** *I want you to know that all of these reactions, whether you have them all the time or only some of the time, are all very normal. It is helpful to know the reactions you are having, and how often you are experiencing them. We are going to do very specific activities to help you learn how to manage your reactions so that they don't interfere with your behavior, attitude, mood, and your relationships with others.*

## Worksheet 1.2 PTSD Intake Questionnaire and Scoring Forms

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Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Date \_\_\_\_\_ Administered by \_\_\_\_\_

### Starr Adult PTSD Questionnaire Intake or Final (page 1 of 4)

Please tell us how often each question applies to you by circling the appropriate number

Question: Since this happened how often...	None of the time (never)	A little of the time (once a year)	Some of the time (once every 2 months)	Much of the time (2 or 3 a month)	Most of the time (once a week or more)
1. Do you become upset about what happened?	0	1	2	3	4
2. Do you get scared or afraid when you think or are reminded about what happened?	0	1	2	3	4
3. Do you get upset when you think or are reminded of what happened?	0	1	2	3	4
4. Do you see pictures of what happened in your head?	0	1	2	3	4
5. Do you hear sounds of what happened in your head?	0	1	2	3	4
6. Do you think about what happened even when you don't want to?	0	1	2	3	4
7. Do you think what happened might happen again?	0	1	2	3	4
8. Do your thoughts about what happened make it hard to remember things?	0	1	2	3	4
9. Do you have bad dreams about what happened?	0	1	2	3	4
10. Do you have bad dreams?	0	1	2	3	4
11. Do you have physical feelings like stomach or headaches, nausea, sweating, shaking, heart palpitations?	0	1	2	3	4
12. Do you feel as if it is still happening?	0	1	2	3	4

## Worksheet 1.2 PTSD Intake Questionnaire and Scoring Forms

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Name \_\_\_\_\_

### Starr Adult PTSD Questionnaire Intake or Final (page 2 of 4)

Please tell us how often each question applies to you by circling the appropriate number

<b>Question: Since this happened how often...</b>	<b>None of the time (never)</b>	<b>A little of the time (once a year)</b>	<b>Some of the time (once every 2 months)</b>	<b>Much of the time (2 or 3 a month)</b>	<b>Most of the time (once a week or more)</b>
13. Do you try to avoid memories of what happened?	0	1	2	3	4
14. Do you try to not think about what happened?	0	1	2	3	4
15. Do you try to avoid talking about what happened?	0	1	2	3	4
16. Do you try to avoid activities that remind you of what happened?	0	1	2	3	4
17. Do you try to avoid feelings about what happened?	0	1	2	3	4
18. Do you try to avoid places that remind you of what happened?	0	1	2	3	4
19. Do you try to avoid people who remind you of what happened?	0	1	2	3	4
20. Do you try to avoid objects that remind you of what happened?	0	1	2	3	4
21. Do you feel jumpy or nervous since this happened?	0	1	2	3	4
22. Do you sleep badly?	0	1	2	3	4
23. Do you do things that are risky or dangerous?	0	1	2	3	4
24. Do you find it difficult to take good care of yourself, your health, or basic living needs?	0	1	2	3	4

## Worksheet 1.2 PTSD Intake Questionnaire and Scoring Forms

Name \_\_\_\_\_

**Starr Adult PTSD Questionnaire**  Intake or  Final (page 3 of 4)  
 Please tell us how often each question applies to you by circling the appropriate number

Question: Since this happened how often...	None of the time (never)	A little of the time (once a year)	Some of the time (once every 2 months)	Much of the time (2 or 3 a month)	Most of the time (once a week or more)
25. Do you find it difficult to spend time with loved ones or friends?	0	1	2	3	4
26. Do you want to stay at home?	0	1	2	3	4
27. Do you lose your temper?	0	1	2	3	4
28. Do you get into fights?	0	1	2	3	4
29. Do you get into trouble at work?	0	1	2	3	4
30. Do you find it difficult to communicate well with others, adversely affecting work or home life?	0	1	2	3	4
31. Do you find it difficult to remember important parts of what happened?	0	1	2	3	4
32. Do people tell you what happened that you do not remember or believe really happened?	0	1	2	3	4
33. Do you feel life will not be as good as it was before this happened?	0	1	2	3	4
34. Do you feel others like you less?	0	1	2	3	4
35. Do you think what happened was your fault?	0	1	2	3	4
36. Do you think what happened would not have happened if others had done something different?	0	1	2	3	4

## Worksheet 1.2 PTSD Intake Questionnaire and Scoring Forms

Name \_\_\_\_\_

### Starr Adult PTSD Questionnaire Intake or Final (page 4 of 4)

Please tell us how often each question applies to you by circling the appropriate number

<b>Question: Since this happened how often...</b>	<b>None of the time (never)</b>	<b>A little of the time (once a year)</b>	<b>Some of the time (once every 2 months)</b>	<b>Much of the time (2 or 3 a month)</b>	<b>Most of the time (once a week or more)</b>
37. Do you worry about others knowing what happened?	0	1	2	3	4
38. Do you worry about others knowing what you did when it happened?	0	1	2	3	4
39. Are you afraid that other things like this might happen again?	0	1	2	3	4
40. Do you get mad or angry?	0	1	2	3	4
41. Do you have less fun doing things you used to like to do?	0	1	2	3	4
42. Do you have less fun being with friends?	0	1	2	3	4
43. Do you feel different than other people?	0	1	2	3	4
44. Do you prefer being alone more often than before?	0	1	2	3	4
45. Does it feel like people pay less attention to you than before?	0	1	2	3	4
46. Are you unhappy?	0	1	2	3	4
47. Do you find it difficult to be happy during fun activities?	0	1	2	3	4
48. Do you feel others do not love you as much?	0	1	2	3	4

## Worksheet 1.2 PTSD Intake Questionnaire and Scoring Forms

Name \_\_\_\_\_ Date Completed \_\_\_\_\_

### **Starr Adult PTSD Questionnaire Scoring Form** Intake or Final **Adult Subscale I: Reexperiencing of Sensations and Memories of the Trauma(s)**

**Instructions:** Write the number the client circled on the questionnaire next to the corresponding question below. Add and total.

#### **Question: Since this happened how often...**

1. Do you become upset about what happened?
2. Do you get scared or afraid when you think or are reminded about what happened?
3. Do you get upset when you think or are reminded of what happened
4. Do you see pictures of what happened in your head?
5. Do you hear sounds of what happened in your head?
6. Do you think about what happened even when you don't want to?
7. Do you think what happened might happen again?
8. Do your thoughts about what happened make it hard to remember things?
9. Do you have bad dreams about what happened?
10. Do you have bad dreams?
11. Do you have physical feelings like stomach or headaches, nausea, sweating, shaking, heart palpitations?
12. Do you feel as if it is still happening?

**TOTAL** \_\_\_\_\_

**Scoring:** Total scores for the reexperiencing of the traumatic event range from 0-48. The closer to a score of 48, the greater the severity of reexperiencing symptoms. Ratings of 2, 3 or 4 reflect clinical significance. **A total score of 26-48 indicates severe; 16-25 moderate; 5-15 mild; 0-4 normal.**

## Worksheet 1.2 PTSD Intake Questionnaire and Scoring Forms

Name \_\_\_\_\_ Date Completed \_\_\_\_\_

### **Starr Adult PTSD Questionnaire Scoring Form** Intake or Final **Adult Subcale II: Avoidance of Stimuli Related to the Trauma(s)**

**Instructions:** Write the number the client circled on the questionnaire next to the corresponding question below. Add and total.

**Question: Since this happened how often...**

- 13. Do you try to avoid memories of what happened?
- 14. Do you try to not think about what happened?
- 15. Do you try to avoid talking about what happened?
- 16. Do you try to avoid activities that remind you of what happened?
- 17. Do you try to avoid feelings about what happened?
- 18. Do you try to avoid places that remind you of what happened?
- 19. Do you try to avoid people who remind you of what happened?
- 20. Do you try to avoid objects that remind you of what happened?

**TOTAL** \_\_\_\_\_

**Scoring:** Total scores for the avoidance of the traumatic event range from 0-32. The closer to a score of 32, the greater the severity of avoidance symptoms. Ratings of 2,3 or 4 reflect clinical significance. **A score of 21-32 indicates severe; 11-20 moderate; 5-10 mild; 0-4 normal.**



## Worksheet 1.2 PTSD Intake Questionnaire and Scoring Forms

Name \_\_\_\_\_ Date Completed \_\_\_\_\_

### **Starr Adult PTSD Questionnaire Scoring Form** Intake or Final **Adult Subcale III: Symptoms of Arousal**

**Instructions:** Write the number the client circled on the questionnaire next to the corresponding question below. Add and total.

**Question: Since this happened how often...**

21. Do you feel jumpy or nervous since this happened?

22. Do you sleep badly?

23. Do you do things that are risky or dangerous?

24. Do you find it difficult to take good care of yourself, your health, or basic living needs?

25. Do you find it difficult to spend time with loved ones or friends?

26. Do you want to stay at home?

27. Do you lose your temper?

28. Do you get into fights?

29. Do you get into trouble at work?

30. Do you find it difficult to communicate well with others, adversely affecting work or home life?

**TOTAL** \_\_\_\_\_

**Scoring:** Total scores for the symptoms of increased arousal of the traumatic event range from 0-40. The closer to a score of 40, the greater the severity of arousal symptoms. Ratings of 2,3 or 4 reflect clinical significance. **A score of 21-40 indicates severe; 11-20 moderate; 5-10 mild; 0-4 normal.**

## Worksheet 1.2 PTSD Intake Questionnaire and Scoring Forms

Name \_\_\_\_\_ Date Completed \_\_\_\_\_

### **Starr Adult PTSD Questionnaire Scoring Form** Intake or Final **Adult Subcale IV: Distortions in Cognitions and Mood**

**Instructions:** Write the number the client circled on the questionnaire next to the corresponding question below. Add and total.

**Question: Since this happened how often...**

- 31. Do you find it difficult to remember important parts of what happened?
- 32. Do people tell you what happened that you do not remember or believe really happened?
- 33. Do you feel life will not be as good as it was before this happened?
- 34. Do you feel others like you less?
- 35. Do you think what happened was your fault?
- 36. Do you think what happened would not have happened if others had done something different?
- 37. Do you worry about others knowing what happened?
- 38. Do you worry about others knowing what you did when it happened?
- 39. Are you afraid that other things like this might happen again?
- 40. Do you get mad or angry?
- 41. Do you have less fun doing things you used to like to do?
- 42. Do you have less fun being with friends?
- 43. Do you feel different than other people?
- 44. Do you prefer being alone more often than before?
- 45. Does it feel like people pay less attention to you than before?
- 46. Are you unhappy?
- 47. Do you find it difficult to be happy during fun activities?
- 48. Do you feel others do not love you as much?

**TOTAL** \_\_\_\_\_

**Scoring:** Total scores for the symptoms of negative distortions, cognitions and mood range from 0-72. The closer to a score of 72, the greater the severity of negative distortions, cognition and mood. Ratings of 2, 3 or 4 reflect clinical significance. **A score of 49-72 indicates severe; 25-48 indicates moderate; 7-24 indicates mild reactions; 0-6 normal.**

## Worksheet 2.1, How this Intervention Works

### *Indicate to the adult:*

- I understand you are here because you \_\_\_\_\_. We will return to this situation, but first I want to talk to you briefly about this process. It is important for you to know how this works.
- Today I will discuss with you what we mean by trauma and how trauma reactions are really different.
- I will also be asking you many questions about how you were before and after the incident, so we can better evaluate what approaches would best benefit you.
- Should you agree to continue, we would anticipate one of two outcomes:
  - The problem is resolved, or
  - The problem is not resolved, but both you and I will be better able to identify what is needed to resolve it. At the same time, I believe even if it is not resolved, you will feel less frightened by what is happening. Certainly you will be more knowledgeable and very likely to feel more in control, therefore the situation will not be as threatening, as difficult to manage, or as disruptive to your everyday life.
- At the completion of the first three sessions you will know whether this is working for you. I'm asking that you agree to attend the first three sessions. You will learn a great deal about trauma and yourself without our spending much time on what actually happened.
- Initially, I will ask many questions. The more information you can provide, the easier it will become for us to arrive at a solution.
- You may also ask me questions, and if you do, I will be as direct as I can be and give you my honest opinions.
- If I do not have answers to your questions, I will tell you. I will find the answers by the next session or while you wait, if it is an urgent situation.

## Worksheet 2.1, How this Intervention Works

- The majority of people who complete this intervention feel better, but it is important to understand that feeling better, getting relief from the memories and reactions of your experience, will not happen immediately. Healing begins when we fully understand the ways trauma can change the way we look at ourselves and the world around us. You will learn ways trauma may change the way you think and react to other stress in life.
- Also, you must remember that the memory of what happened will never go away. The wound of your trauma has created tremendous pain, hurt, fear, worry, and anger for you. However, as you begin to understand how trauma works, your reactions are likely to diminish.
- This is your workbook. It provides materials you can take with you to complete and activities we'll complete together. You may not need to do all of these activities. Although, most others like yourself have found them very helpful, it will be your choice.
- Some of the activities will be difficult. If they are too difficult, let me know. It is important that you feel safe.
- Do you have any questions?
- We'll now review what trauma is and how it works.

## **Worksheet 2.2, What You Need to Know About Trauma**

### ***Once you have been traumatized:***

Similar to a medical emergency, once you have been traumatized you will experience fear, panic, worry, anger, powerlessness, and a lack of safety.

### ***What you'll need:***

In a medical emergency, what you need the most is a sense of safety, information that provides facts about the seriousness of the situation, whether or not you are going to be okay, allowing a sense of control, and the presence of another who can provide this.

### ***Following a trauma you need to know:***

An explanation of trauma, including how trauma is different from grief and what is needed to heal and rid yourself or get control of the terrifying reactions you are likely to experience.

### ***Trauma definition:***

Trauma is the result of a normal biological process gone awry. This biological process, designed to keep us alive, is activated when information that enters our nervous system through the senses of touch, sight, smell, taste, hearing, and two other little known senses, vestibular and proprioceptive, signals a threat to our survival. If we are not able to avoid the danger by the fighting or fleeing, therefore not warding off the threat, we go into a state of freeze or collapse. Throughout all these reactions, which occur below the conscious level, our body mobilizes a lot of energy. If this energy is not discharged or deactivated naturally after the threat is no longer present, it will become "stuck" in our muscles and nervous system, creating normal, yet distressing reactions couched in the terror and powerlessness created by the unsuccessful discharge of energy caused by the trauma. The hallmarks of trauma are terror, feeling unsafe and powerless.

### ***Trauma can be caused by either violent or non-violent experiences. Experiences may include:***

- Divorce is contentious
- Your home is destroyed by a tornado or flood
- Your workplace experiences an explosion, fire or chemical spill
- Your best friend suddenly dies

## Worksheet 2.2, What You Need to Know About Trauma

- You are facing a very difficult surgery or had surgery as a child
- Witnessing a car accident that kills two people
- A family member dies suddenly
- A parent dies after suffering from a terminal illness
- You are robbed at gun point
- You are physically or sexually assaulted
- You are in an accident that leaves you shaken or critically injured
- You are diagnosed with a serious illness
- A family member or friend dies by suicide
- A family member is murdered
- Your home is burglarized

### ***How trauma happens:***

You can become exposed to trauma reactions as:

- A surviving victim or witness of a trauma
- A friend of the victim, loved one, relative, fellow employee
- Someone who lives in the same community or works in the workplace where the trauma happened
- A previous victim of trauma, and now months or even years later, a trauma experienced by people you know, triggers your past memory. Even a trauma that has happened to someone you do not know, but receives large scale media attention, can trigger past trauma reaction

## Worksheet 2.2, What You Need to Know About Trauma

### *How is Trauma Different than Grief?*

<i>Grief</i>	<i>Trauma</i>
Generalized reaction is SADNESS	Generalized reaction is TERROR
Grief reactions stand alone	Trauma reactions generally include grief reactions
Grief reactions are generally known to the public and the professional	Trauma reactions, especially, are largely unknown to the public and often professionals
In grief, most people can generally talk about what happened	In trauma, most people do not want to talk about what happened
In grief, pain is the acknowledgement of the loss	In trauma, pain triggers tremendous terror and an overwhelming sense of powerlessness and loss of safety
In grief, anger is generally non-assaultive	In trauma, anger often can become assaultive (even after non-violent trauma)
In grief, guilt is not a primary reaction. However, the griever may experience regret for not doing or saying something.	In trauma guilt says, "It was my fault." "I could have prevented it" or "it should have been me instead."
Grief generally does not attack or "disfigure" our self image	Trauma generally attacks, distorts and "disfigures" our self image
In grief, dreams tend to be of the deceased	In trauma, dreams are about self as a potential victim
Grief generally does not involve trauma reactions like flash-backs, startle reactions, hyper vigilance, numbing, etc.	Trauma involves grief reactions in addition to trauma specific reactions we have discussed

## Worksheet 2.2, What You Need to Know About Trauma

### *Trauma Reactions*

Listed below are common reactions associated with trauma. This list is not exclusive. In the weeks or even years following a trauma, expect any of these reactions:

- Distressing recollections or memories of the event, including images or thoughts which happen without warning at the strangest times
- Distressing dreams of the event or difficulty going to sleep for fear of having dreams about what happened
- Acting or feeling as if the traumatic event were recurring
- Intense distress at exposure to internal cues that symbolize or resemble an aspect of the traumatic event (e.g. fear, anxiety)
- Physical reactions and sensations upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event (e.g. nausea, difficulty breathing, faintness, fear, worry and hurt)
- Trying to avoid thoughts, feelings, or conversations associated with the trauma
- Trying to avoid activities, places, or people that arouse recollections of the trauma
- Inability to recall an important aspect of the trauma
- Diminished interest or participation in significant activities, personal relationships, or work
- Feelings of detachment or estrangement from others
- Unable to experience pleasure, joy, or loving feelings
- Sense of a foreshortened future (e.g., do not expect to have a career, marriage, children, or a normal life)
- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating or remembering
- Hypervigilance - chronic state of fear/intense worry that something else is about to happen, constant state of alert
- Exaggerated startle response (e.g. jumpy, easily startled by sounds, sights, smells, or situations that remind you of what happened)



## Worksheet 2.2, What You Need to Know About Trauma

### ***These reactions are not unusual:***

These reactions are not unusual during the weeks following a traumatic event. Reactions may even occur years later, if there was no appropriate intervention provided at the time of the trauma. Reactions may extend for weeks when a person is involved in disasters or other external events. The same may occur when the details of an incident are kept alive in the media for an extended period of time. It is not unusual for trauma reactions to last for years after the experience or suddenly reappear years later.

### ***What kind of help is needed:***

There are several types of help, however, often simply knowing what trauma is and how it works brings tremendous relief. Often victims are victimized, or wounded again, when seeking help, or by the ways others respond to your traumatic event. Therefore, learning and identifying the ways you may have been victimized after your experience is essential, as this may be more difficult to address than the actual traumatic incident. Once you have identified any additional victimization, you need to identify the reactions you continue to experience and how severe these may or may not be for you. Following this process, briefing and reframing are very important to the healing process.

## Worksheet 2.3, What is PTSD?

PTSD is the brain's inability to process a traumatic experience. Many situations can cause a trauma, such as:

- Divorce
- Abuse
- Death
- Neglect
- Bullying
- Car Crash
- House Fire
- Abandonment

The brain can't process the traumatic experience because of changes in hormones during/following a traumatic experience that change brain chemistry.

Trauma is experienced through our SENSES:

- ✓ What we HEAR
- ✓ What we SEE
- ✓ What we TOUCH
- ✓ What we SMELL
- ✓ What we TASTE

When something traumatic happens, our brain senses danger! Something bad is happening! Body/brain go into DEFENSE MODE.

In DEFENSE MODE our bodies release chemicals/hormones called Adrenaline and Cortisol.

Adrenaline is a stress hormone that causes our hearts to beat fast, we breathe rapidly and blood rushes into our muscles.

Cortisol is a stress hormone that shuts off our defense mode, unless enough isn't released and then we become STUCK in DEFENSE MODE. This makes our body believe it is in continuous danger so it remains continuously aroused.

Being STUCK in defense mode is what a child, adolescent or adult experiences when they have PTSD.

## Worksheet 2.3, What is PTSD?

PTSD and the hormones associated with PTSD have a tremendous impact on behavior and learning. These behaviors and symptoms occur because of actual changes in a person's brain chemistry. Some of the behaviors and symptoms are:

- **Reexperiencing:**

Flashbacks, intrusive thoughts and images, traumatic dreams, physiological reactions.

"I get this feeling of dread or anger whenever I hear a loud noise."

- **Avoidance:**

Numbing, shutting down, not wanting to talk about it, dissociation.

"My Mom told me I was at the funeral, but I don't remember being there."

- **Arousal:**

Cognitive dysfunction, startle responses, anxiety, hypervigilance.

"I try to keep calm, but I can't." "When I am reading it is really hard for me to pay attention to the words."

- **Others:**

Low self esteem, delinquent behavior, substance abuse, complaints of stomach aches, headaches, depression, sense of hopelessness, lack of motivation.

These changes in brain chemistry can't become better until the person who has experienced the trauma is able to reduce their arousal, their stress and feel safe on a sensory level. This can be accomplished by working with a trauma practitioner.

## Worksheet 2.4, Helpful Strategies for Victims

- It is very important to your recovery to get enough rest, especially the first 4 - 6 weeks following the trauma, but even after this initial period.
  - If you cannot sleep at night, take "cat" naps of 15-30 minutes during the day.
  - If you wake up during the night because of traumatic dreams, please know they will pass in time. However, during these times, you should do what comforts you. This might include: read a good book until you become sleepy again, eating comfort foods, watching television, listening to soothing music, writing or doing some housework. Remember, this will be a temporary trauma reaction.
- Exercise is important to help relieve the tension that traumatic experiences often create. Even if you exercise on a daily basis it is helpful to also go for a short walk, walk the dog an extra time, or delay housework in order to add a few extra minutes to your usual exercise routine.
- Avoid too much caffeine, alcohol, or other stimulants. Avoid self-medicating. Note: If you are having difficulties with relaxing or sleeping following the trauma, then call for a temporary prescription to help you sleep. If this persists beyond 4-6 weeks, consult with a trauma specialist immediately.
- Refrain from making a commitment to additional responsibilities for the first four weeks. The tendency for many trauma survivors is to take on additional responsibilities, thinking it will help them forget. In reality, it frequently drains them of energy, delays the healing process, and intensifies future reactions when they finally emerge.
- Be protective and nurturing of yourself. It's okay to want to be by yourself, or just stay home with the family. Eat whatever your comfort foods are, as frequently as you need. Do those things which relax you, or give you some pleasure.
- Expect during the 4 - 6 weeks following the event that new memories of, and reactions to, your experience are likely to emerge. This does not mean things are getting worse. Generally these newer memories and reactions mean you are, in fact, feeling more protected, safe, and rested enough to now deal with them.
- Understand that your trauma reactions need to be expressed and experienced by you in order for you to heal. Children, for example, go to the same horror movie, four, five, or six times, so they can master their fear

## Worksheet 2.4, Helpful Strategies for Victims cont.

and allow the terror they experienced, when first seeing the movie, to dissipate.

- Traumatic dreams, intrusive thoughts, images, and other trauma-specific reactions repeat themselves in much the same way. In most cases, they will become less upsetting and frightening to you and after 4 - 6 weeks. They occur less and less frequently over time as well.
- If any trauma reaction continues beyond six weeks from when the trauma occurred, you really do need to talk with a trauma consultant. If you do not, such reactions can become chronic and create additional problems for you.
- We all have different reactions to life events. What scares you may not scare someone else. If you are experiencing reactions after the six week period, it does not mean something is terribly wrong with you. It means your past experiences are such that you just don't know how to respond to what happened. Generally, talking to a trauma specialist a few times will resolve the problem.
- A traumatic experience can terrorize the strongest and healthiest person. It can induce such terror that our lives become disorganized or disoriented. We become someone strange or act in ways we have never acted before, many times causing panic in a person.
- Trauma is not an experience we want to keep to ourselves. It is an experience we want to get rid of as quickly as possible. Do not hesitate to consult with a trauma specialist when your reactions have the best of you or because you simply want to know what else you might have to be prepared to experience.
- Traumatic experiences tend to change the way we look at life, including our behaviors, activities, relationships, and our future. In the weeks to come you should expect to see the world differently, including your friends, loved ones, and work relationships. In time, you will redefine what you want for yourself.

The first 4 - 6 weeks is not a time to be making any major decisions. During recovery from a trauma everything is a bit distorted. Whenever possible you should wait 4 - 6 weeks before making major decisions. This gives you time to reorder your life and feel stable once again.



## Worksheet 2.6, Addendum Group Consent

### *ADDENDUM TO CONSENT FOR GROUP INTERVENTION*

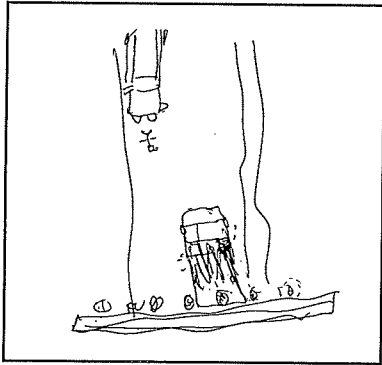
When there is more than one person in the room with the healthcare professional there is a "limit of confidentiality." Anyone in the room could choose to speak about the session to outsiders. Although all parties should treat information shared as confidential, it is equally important that all parties involved know that confidentiality is limited.

Further, if any one of the parties requests copies of the chart (not applicable in most group therapy sessions), it will require the signature of all parties that signed the original "Consent of Treatment" before any information will be released.

Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date
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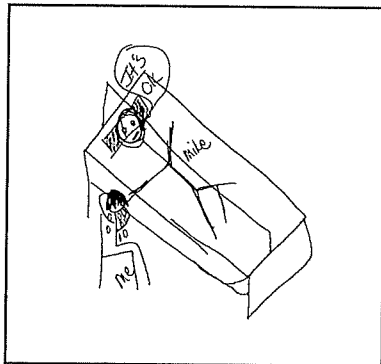
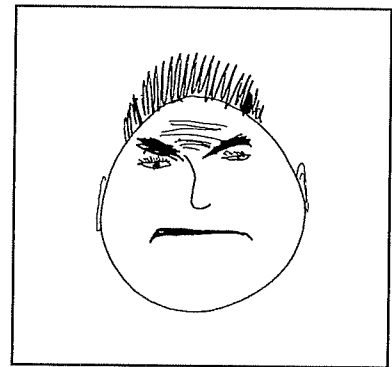
### Worksheet 3.1, Drawings by Others

#### Worksheet



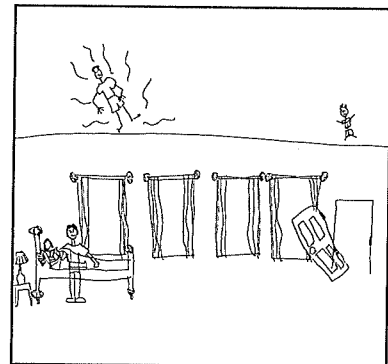
This artist is a 35-year-old mother who was hit by an eighteen wheeler truck who lost control, and jumped the median. She and her car was trapped underneath the truck.

This drawing is of an angry person by a 42-year-old mother.



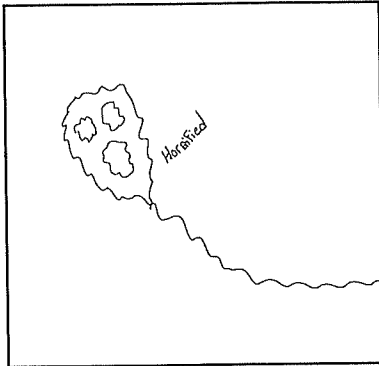
This artist is a 42-year-old daughter whose father killed himself. Her father had called her to see if she needed him to come visit her family, she said no, and felt for a long time that if she had said yes, he'd still be alive.

A recent trauma triggered this mother's traumatic experience. In her previous marriage, she was pregnant when her ex-husband broke down the door and put a gun to her head.



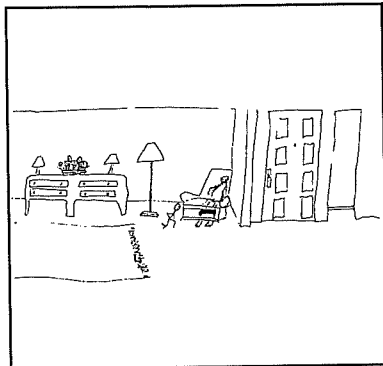
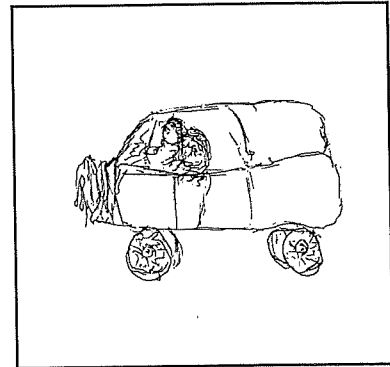


### Worksheet 3.1a, Drawings by Others



This is a woman's drawing of the horror of her trauma and what it felt like.

This is a 50 year old male's drawing of a car accident he witnessed, which killed two adults. A drunk driver hit the car head on. Witnessing this accident left him with reactions for several weeks.



This is a father's drawing of when he received a phone call that his dad had staggered out of the bathroom and collapsed in a chair and later died.

All of these drawings helped these parents find relief from their trauma experiences. They were asked to draw several parts of their story as a safe way to deal with their fear, anger, hurt, and worry, but also as a way to redefine their lives as survivors.

As difficult as it was for the man whose father died in his chair, drawing helped him. In time, he learned to appreciate the time he spends with his own son. This is a drawing of him camping with his son.

It is not always easy to get past the pain, the hurt, or the fear a trauma can cause, but debriefing and reframing can help.



Name: \_\_\_\_\_

## Worksheet 3.2, What Happened

This is what happened:

A large, empty rectangular box with a thick black border, intended for students to write their response to the prompt 'This is what happened:'. The box occupies most of the page's vertical space.

## Worksheet 3.2a, This Is What Happened

### *Sensory questions to be used by therapist for briefing drawing:*

1. Where are you?
2. Who is there?
3. What did you see?
4. What did you hear?
5. Were there any smells you remember?
6. Was there any sense of touch you remember?
7. What was the worst part?
8. What angers you about what happened?
9. What do you do when you feel angry?
10. What angers you now?
11. What scares you about what happened?
12. What scares you now?
13. What do you do when you are scared?
14. Is there anything you wish you had done or said at the time of the incident that you did not do?
15. Is there anything you wish you had not done or said at the time?
16. (In the case of death) Is there anything you wish you would not have done or said before he/she died, was killed/taken from you?
17. What worried you the most when this happened?
18. What worries you the most now?
19. Is there anything about your drawing that you want to change? Explain.

If there is something that needs to be added or changed to your drawing, please go to your drawing and make the change now.

Name: \_\_\_\_\_

### Worksheet 3.3, Memory Step-by-Step (optional)

If this whole thing was a movie, what would be the beginning?

What happened next?

For each memory step, identify the number that tells how bad the feeling is now when you recall the memory.

Not too Bad

Pretty Bad

Really Bad

1

2

3

4

5

6

7

8

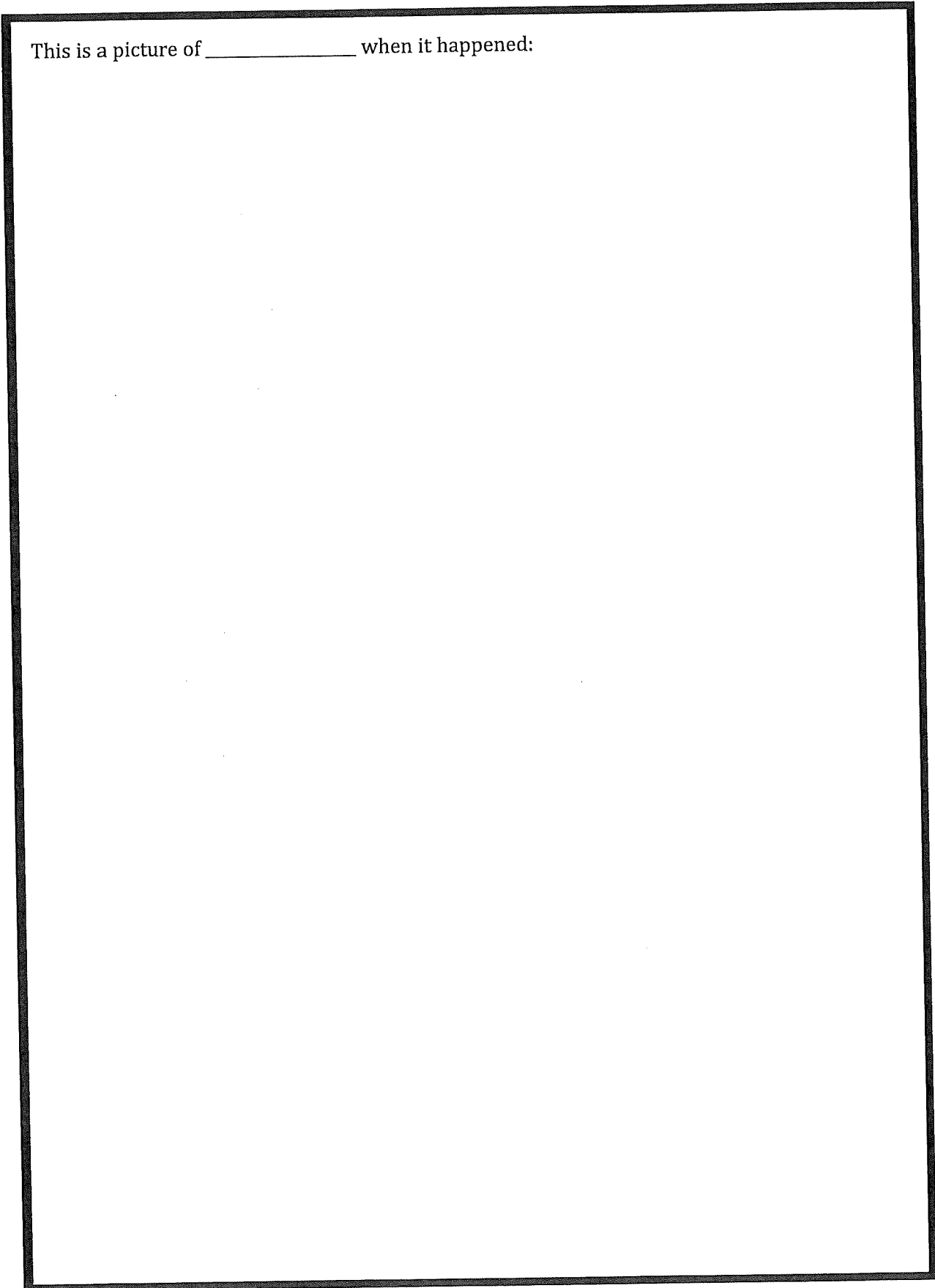
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10

Name: \_\_\_\_\_

### Worksheet 3.4, Picture of When It Happened

This is a picture of \_\_\_\_\_ when it happened:



## Worksheet 3.4a, Briefing Questions for Drawing Activity

*Trauma questions for drawing activity, This is a picture of \_\_\_ when It happened.*

### **General**

- Who is this person[s] in the drawing?
- What are they doing, saying, thinking, feeling?
- Who else was there when this happened? (Have the individual draw them if they left the person out of the drawing.)
- Were you there? (If so, and the individual is not in the drawing, have the individual draw himself.)

### **Worry**

- What worried you the most when this happened?
- What worries you the most now?

### **Fear**

- What scared you the most about what happened?
- What scares you now since this happened?
- What do you do now when you are scared?

### **Anger**



- What would you like to see happen to the person or thing who caused this? (You can ask them to draw the person or thing that caused this and what they would like to see happen to that person or thing, etc.)
- What makes you angry now?
- What do you do when you get angry now?
- Is there anything you wish you would have said to the person before he/she died, was killed/taken from you? Not said? Anything you wish you would not have done? Would have done? Ask one question at a time.

**NOTE:** Questions can also be easily reframed to address specific incidents related to divorce, separation, etc.



Always complete the drawing component by focusing on pleasant memories and always provide a lot of verbal support for the courage shown at revisiting the experience.

Name: \_\_\_\_\_

### Worksheet 4.1, My Life Map

<b>Born:</b>	
	

### Worksheet 4.2, Sample Life Map

<b>Born:</b> February, 8, 1963	
	
<p>Rocked by mom Ran under sprinkler Making popcorn balls with Giggy Playing horse on crutches after surgery Kindergarten crush Playing army men with brother Got my own turtles Got my kitten, George First boyfriend High school choir Sang in folk group with good friends Graduated from high school Graduated from college Got married; lived in Hawaii Got advanced degree</p>	<p>Bad dream of mom leaving Moved from house to strange neighborhood Hip surgery VERY SCARY!!! when I was 6 Dad hitting brothers Found turtles dead Dad calling sister a whore and running after her Parents divorce and remarry Moved to another house George ran away Brother in law molested me First boyfriend breaks up with me. Thoughts of suicide Husband leaves with best friend Start drinking to cope</p>



## Worksheet 4.3, Adult Reactions - Guilt

# GUILT

Check the thoughts, feelings, and reactions you are having.

It was my fault.

I'm incompetent.

This happened because I'm a bad person.

It should have been me instead.

I might as well die.

If only I would have said/done, could have said/done something.

I should be punished, not helped.

I'm immature/stupid.

I don't know what I'm going to do.

I don't deserve to be helped.

If only I had been able to think clearer.

I'm withdrawn.

I am self medicating.

I can't accept help.

I easily lose control.

I engage in self defeating behaviors.

I engage in self cutting, mutilation.

I'm letting go of my appearance/health.

I refuse to talk about it.

My work performance declines.

I let responsibilities prior to the trauma fall behind or stop altogether.

I provoke fights with others.

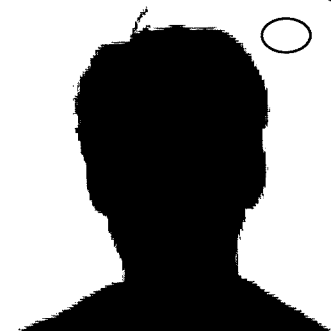
I avoid others and/or avoid doing what was once enjoyable.

I have suicidal behaviors (driving while intoxicated, taking pills).

I feel responsible for what happened.

It was my poor judgement that led to the incident.

If only I had done things differently.



## Worksheet 4.3, Adult Reactions - Anxiety

# ANXIETY

Check the thoughts, feelings, and reactions you are having.

I have to be strong.

I can't stop worrying.

I can't stop thinking about it.

If I let myself think about it, I'll go crazy.

I am afraid of my own feelings.

I can't let any one know how this is tearing me up inside.

This is too horrible to talk about.

I don't know what I'm going to do.

I can't recall/remember things just told to me.

I am having difficulty concentrating.

My muscles ache.

My stomach aches.

I have tension often in the neck or stomach.

I get headaches, migraines.

I have difficulty sleeping and eating.

I am always tired.

I am erratic, easily startled, irritable & lose control.

I am numb, I feel detached.

I've returned to my past behaviors.

I drink alcohol/use drugs to manage.

I eat more.

I refuse to talk to anyone about it.

I start something but I don't finish.

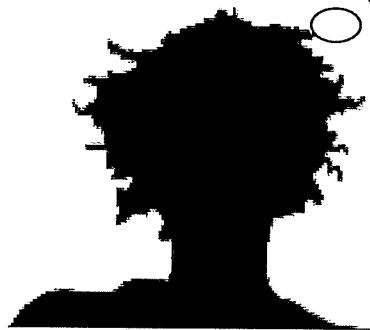
I forget what I started (like cooking) and go do something else.

I have difficulty swallowing.

I have shortness of breath.

I feel unsafe, out of control, like a worry that won't go away, a fear, but one I can't understand or control.

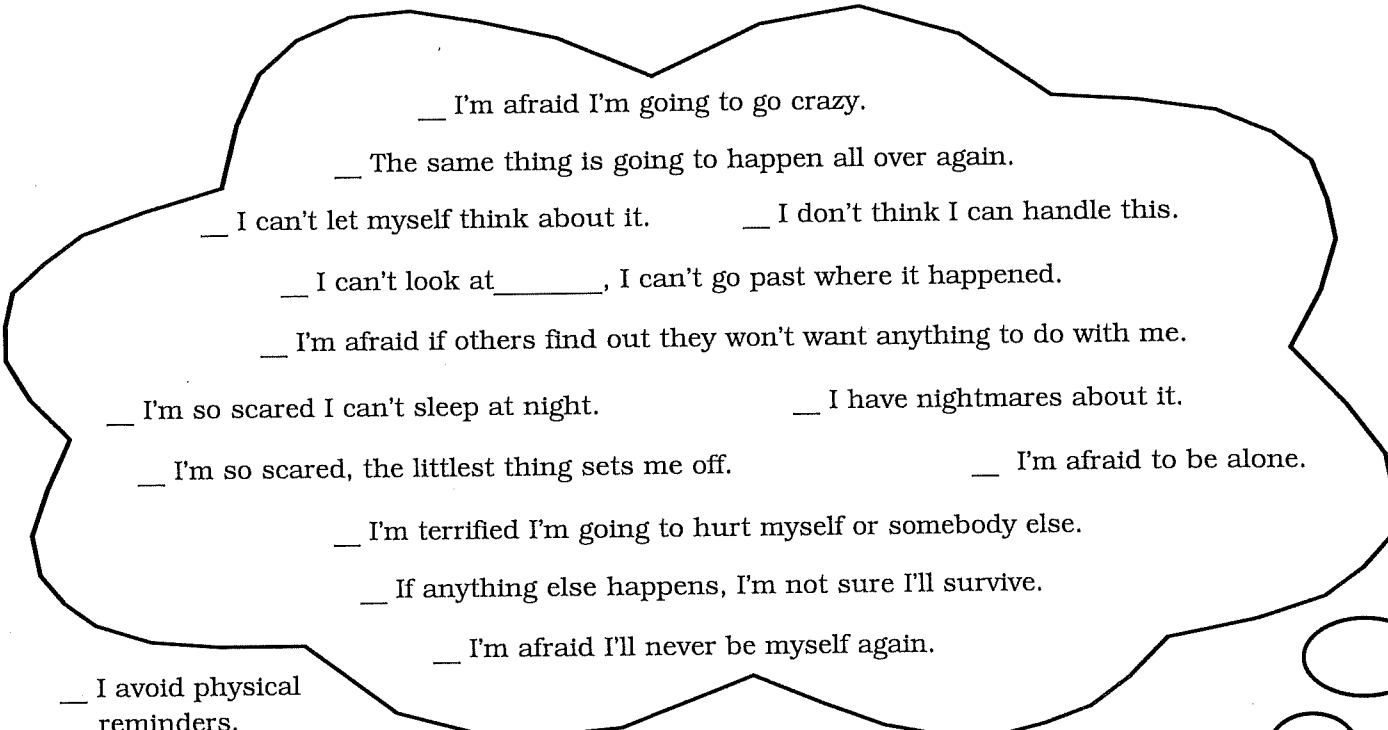
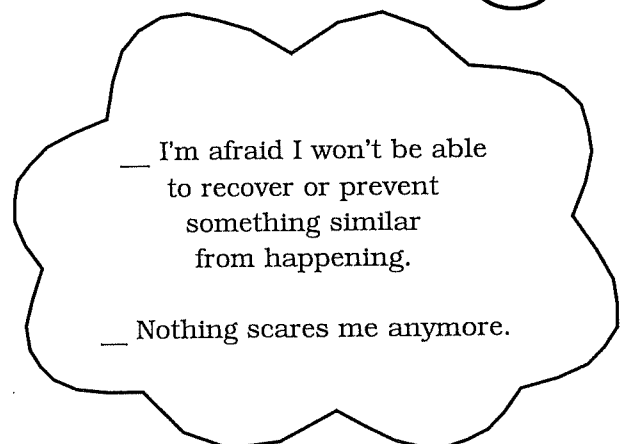
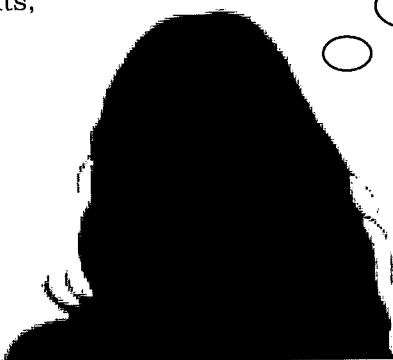
It's like an ongoing sense of terror that something else terrible is going to happen. I also worry about what others are thinking or saying about me.



## Worksheet 4.3, Adult Reactions - Fear

# FEAR

Check the thoughts, feelings, and reactions you are having.

- 
- 
- 
- I'm afraid I'm going to go crazy.
  - The same thing is going to happen all over again.
  - I can't let myself think about it.       I don't think I can handle this.
  - I can't look at \_\_\_\_\_, I can't go past where it happened.
  - I'm afraid if others find out they won't want anything to do with me.
  - I'm so scared I can't sleep at night.       I have nightmares about it.
  - I'm so scared, the littlest thing sets me off.       I'm afraid to be alone.
  - I'm terrified I'm going to hurt myself or somebody else.
  - If anything else happens, I'm not sure I'll survive.
  - I'm afraid I'll never be myself again.
- 
- I avoid physical reminders.
  - I don't want to sleep at night for fear of nightmares.
  - I am becoming irritable.
  - I'm getting aggressive.
  - I am engaging in "at risk" behaviors to convince myself I'm still strong.
  - I am engaging in rituals/compulsive (repetitive) behaviors.
  - I withdraw from others, from my customary activities.
  - I drink/use drugs to stop the thoughts, numb the fear.
  - I'm always hyper-alert, easily startled.
  - I don't want to be alone.
  - I have developed phobic-like behaviors.
  - I can create a more safe home "via" security systems.
- 
- I'm afraid I won't be able to recover or prevent something similar from happening.
  - Nothing scares me anymore.

## Worksheet 4.3, Adult Reactions - Powerless & Helpless

# POWERLESS & HELPLESS

Check the thoughts, feelings, and reactions you are having.

I can't trust most people.

Nobody could ever love me.

When people look at me, they know right away that I'm different.

I have to be extra good, competent or attractive to compensate for my many defects.

I don't expect much good to happen to me.

Things will never get better.

I am always going to feel this way.

I can't afford to be wrong.  I should be able to get control.

I'm afraid to do something new for fear I will make a mistake.

Life overwhelms me, so I prefer to be alone.  People are either for me or against me.

I don't have the motivation to change the things I know I can.  I have few choices in life.

I am never going to get over what happened to me.

I don't want to talk.

I am afraid of the future.

I avoid people.

I don't want to get help.

I am unable to act on behalf of my child or myself.

I've let go of previous responsibilities.

I am no longer making decisions for myself.

I am letting others take over the care of my child.

There is a decline in my work performance/housework.

I am making excuses for not wanting to change.

I am making decisions that put me or my child at additional risk.

I am taking poor care of myself or my child.

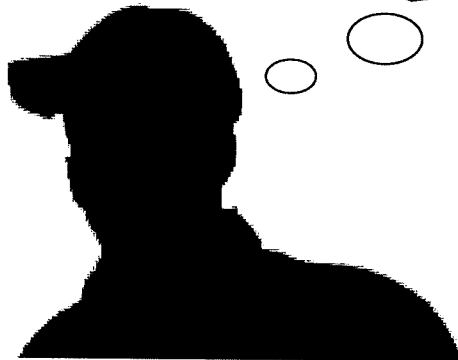
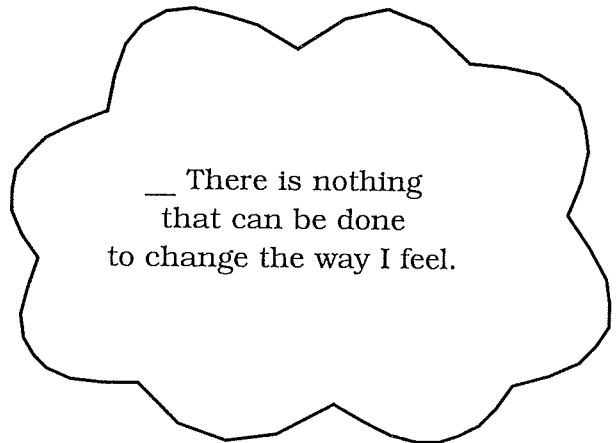
I am becoming passive, not confronting others who treat me badly.

I find myself being the victim in other situations.

I act depressed.

I have suicidal thoughts, gestures, behaviors.

I have stopped making future plans, even a week in advance.



## Worksheet 4.3, Adult Reactions - Worry

# WORRY

Check the thoughts, feelings, and reactions you are having.

I want to stop thinking about it, but I can't.

Every time I think about what happened, I worry that \_\_\_\_\_.

If anyone knows I'm worrying like this, they'll think I'm overreacting.

People tell me I should stop worrying.

I can't stop thinking about the worst that could happen.

I have difficulty concentrating or remembering.

I have developed rituals, superstitions.

I must be near the phone.

I am glued to news stations.

I can't let my kids out of my sight.

I'm tired all of the time.

I feel that something terrible is going to happen to me, my child, a family member, my loved ones.



Name: \_\_\_\_\_

## Worksheet 4.3, Adult Reactions - Sadness

# SADNESS

Check the thoughts, feelings, and reactions you are having.

Its like an emptiness, a hole I can't fill.

No matter what I do, I can't replace \_\_\_\_\_.

Sometimes I feel that if I let myself cry, I'll never stop.

It's like part of me is gone forever.

Nothing is enjoyable right now.

I shouldn't feel this way at all.

Sometimes I think about ending it all.

I just keep thinking about the way things would have been.

I am withdrawn.

I cry very easily.

I have difficulty concentrating and remembering.

I am unable to enjoy people and activities I once enjoyed.

I can't even think about the future.

I don't want to talk about it.

I don't complete tasks or live up to my responsibilities.

I just don't know what to do.

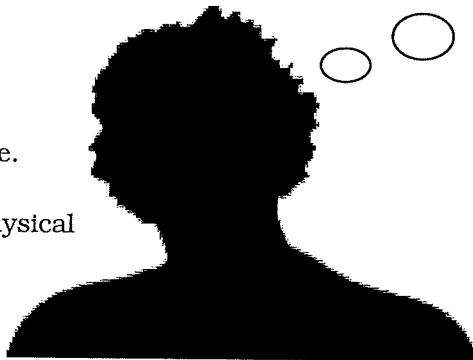
I have difficulty making decisions.

I'm not taking care of my appearance.

I'm not eating well or taking good physical care of myself.

I feel an overwhelming sense of loss.

I'm so sad I feel physical pain.



## Worksheet 4.3, Adult Reactions - Anger

# ANGER

Check the thoughts, feelings, and reactions you are having.

Someone has to pay for this.

If people were doing their jobs, this would never have happened.

I'll never be able to replace \_\_\_\_\_.

This is destroying my family.

My life is completely changed for the worse because of this.

Nobody understands what I've been through.

This has cost me time from work, tremendous medical/attorney fees, etc.

I'm going to make \_\_\_\_\_ pay, if it takes everything I've got.

Nobody cares what happens to the person who did this.

I am explosive.

I'm erratic.

I am very unpredictable.

I lose of control without regard for my personal safety.

I misdirect my anger and get mad at others who don't deserve it.

Others worry about me, but I just ignore them.

I am overly sensitive and quick to attack.

I am easily frustrated.

I want justice and revenge.

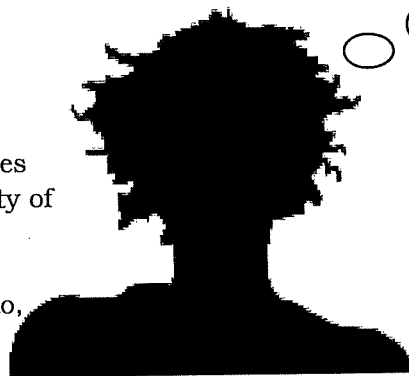
All my free time is consumed with activities directed at fighting systems, accountability of the person/thing responsible.

I don't do things the way people ask me to, I do them slowly or incorrectly.

I feel pure rage toward what or who caused this to happen.

I'm not taking this lying down. I'll get even.

I'm mad at the community or authority figures for letting this happen.



## Worksheet 4.3, Adult Reactions - Denial

# DENIAL

Check the thoughts, feelings, and reactions you are having.

I'm working so I must be OK.

I don't need to see anyone. I'll forget this happened.

I have handled things before this happened, I can handle this.

There's no change in my behavior, I'm fine.

This would be seen as an excuse to get out of my responsibilities.

The sooner I forget about this, the better.

There is a change in my relationship with others. I am less responsive, withdrawn or more challenging, and oppositional with them.

My social relationships have changed. I am avoiding previous relationships.

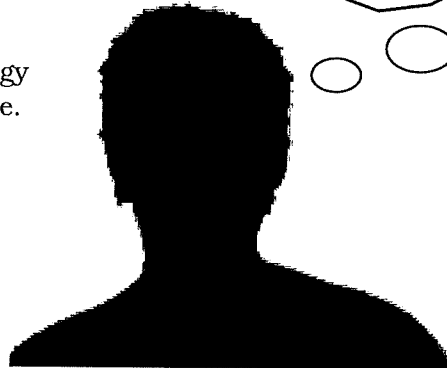
I find myself becoming more irritable and lose control more easily.

I refuse to talk about it. I don't want my child or anyone in the family talk about it either.

I am experiencing a reduction in my energy level and in the quality of my performance.

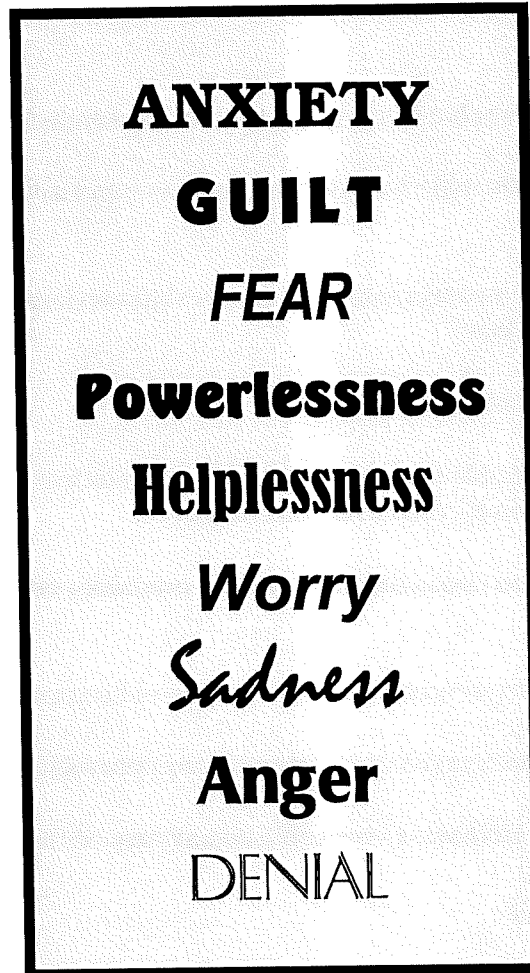
I am experiencing more stress.

This hasn't really seriously impacted me or my child's well being. We'll just put this behind us and get on with life.





## Worksheet 4.3, Adult Reactions



Once you determine the emotional state(s) which are most pronounced in your life now, it is important to make a commitment to yourself to follow through with this program. By completing this program you will help yourself, while helping others to understand what has happened to you.

Remember these reactions are new to you. It would not be unusual if these emotional responses continue. If so, you should seek out some additional support. It takes time to get to know the most effective way to live with anything new.

Name: \_\_\_\_\_

## Worksheet 5.1, Healing Benchmarks for Survivors

You will know you are healing when you can answer "YES" to any of these questions.

### Sessions

5 9 Final

- Are you better able to understand your trauma and your reactions to it?
- Are you better able to enjoy yourself or experience pleasure more frequently now?
- Are you able to participate in activities that are important to you and bring you some satisfaction?
- Are you able to care for others?
- Are you better able to accept those trauma reactions rather than fight them or let them consume all your time and energy?
- Are you able to deal with changes in your life, even small changes, like schedules?
- Are you able to re-experience some sense of control and power in your life?
- Are you able to forgive yourself or blame yourself less?

### Are you able to look at yourself and say any of the following:

- I am surviving.
- I am stronger than I realized.
- My reactions are quite normal.
- This experience has given me strength.
- I look at myself and know that I am bigger than this trauma.
- I am far more in touch with fear and hurt than most people.
- I have learned from this experience.
- I am able to reward myself in little ways now, rather than wait for others to make me feel better.
- I like myself a little better now than I did after that experience or since I started in this program.

Name: \_\_\_\_\_

## Worksheet 5.2, Secondary Wounding

If anyone, including doctors, nurses, police officers, social workers, clergy, or others, said any of the following, you have been further victimized. This may be hard to believe because the comments have come from people you expected help and support you. **Which of these comments has someone said to you?**

- |  |  |
|--|--|
| <input type="checkbox"/> You are exaggerating!                                     | <input type="checkbox"/> Well maybe if you hadn't...             |
| <input type="checkbox"/> It couldn't have happened that way.                       | <input type="checkbox"/> Well maybe if you had...                |
| <input type="checkbox"/> You really can't remember that kind of detail.            | <input type="checkbox"/> If only you...                          |
| <input type="checkbox"/> Your imagination is running away with you.                | <input type="checkbox"/> You should have never...                |
| <input type="checkbox"/> They would never do that.                                 | <input type="checkbox"/> That wasn't very smart of you.          |
| <input type="checkbox"/> There are people who have had it harder than you.         | <input type="checkbox"/> How many times have you been told...    |
| <input type="checkbox"/> Consider yourself lucky.                                  | <input type="checkbox"/> It wouldn't have happened if you...     |
| <input type="checkbox"/> You're still young.                                       | <input type="checkbox"/> You must have wanted it to happen.      |
| <input type="checkbox"/> You're overreacting. You need to put this in perspective. | <input type="checkbox"/> You must have been looking for trouble. |
| <input type="checkbox"/> What happened, happened. You don't need to be upset.      | <input type="checkbox"/> You need to be more careful.            |
|  | <input type="checkbox"/> Other remarks                           |
|  | _____  |
|  | _____  |

If any one of these statements have been made to you, you have been wounded. A person's "wounding" can be as difficult to recover from as multiple wounds. Betrayal is betrayal, whether it happened once or twice. If you did have multiple, secondary victimizations there is a greater likelihood that you also experience a high level of guilt and self-blame, which is keeping you thinking as a "victim."

## Worksheet 5.2a, Secondary Wounding

### ***Blaming you:***

When people tell you this: “Well maybe if you hadn’t...”, “You should have never...”, “That’s what you get for...”, or “Well maybe if you had...”, you have experienced accusatory and/or blaming statements. They are based on the belief that you are perfect and should never make mistakes or that you should be in control of everyone and everything around you. Blaming increases feelings of guilt and decreases the ability to heal.

### ***Treating you as Defective:***

Following trauma some people are quick to judge you as emotionally flawed for life and communicate this in a variety of ways, by: ridicule, labeling you as disturbed; weak; just wanting attention and sympathy; treating you as if you are now incompetent; undesirable; or somehow not a healthy person to be around. People treat you as defective. Some are outright cruel in calling you incompetent, stupid, and immature for letting this happen to you in the first place.

Name: \_\_\_\_\_

### Worksheet 5.3, Reactions to Secondary Wounding

1. What did you think or feel as you listened to responses or read the wounding statements?

2. What, if any, bodily sensations did you experience?

3. What, if any, emotional reaction did you have?

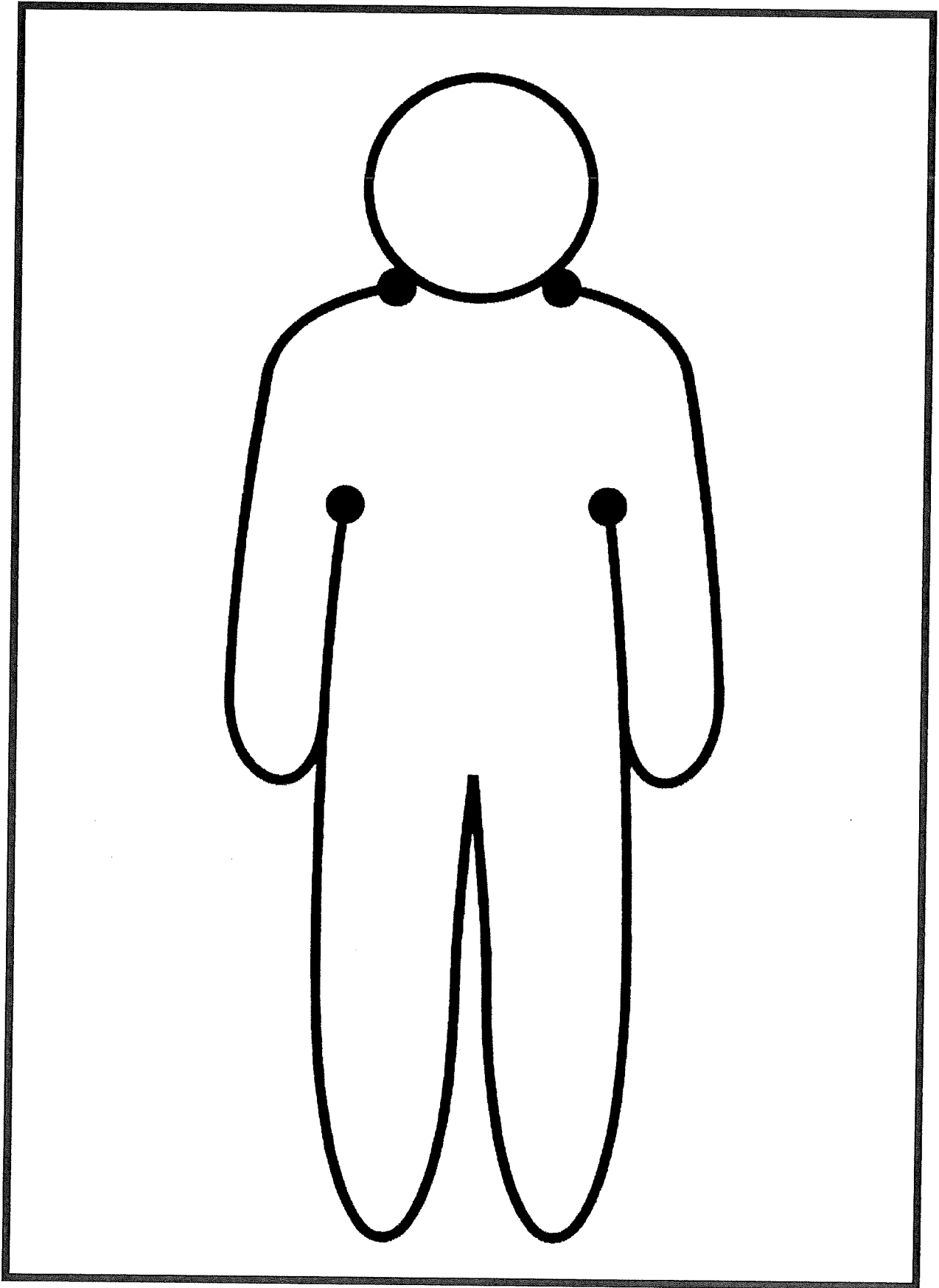
4. Did you notice any activity in your body such as movement in your legs, arms, etc.?

5. What, if any, thoughts did you have?

6. What do you think leads others to respond to a trauma victim in the way they do?

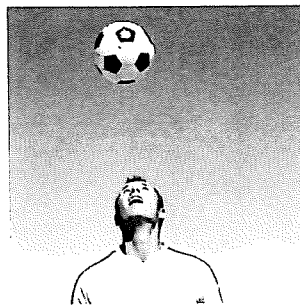
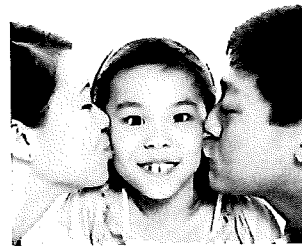
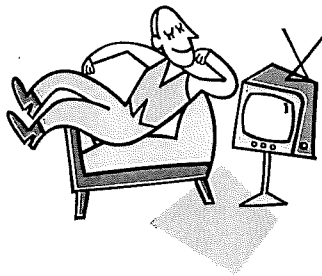
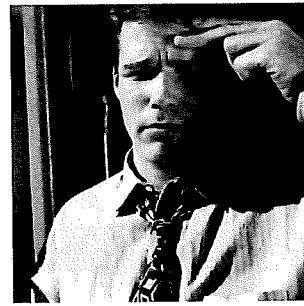
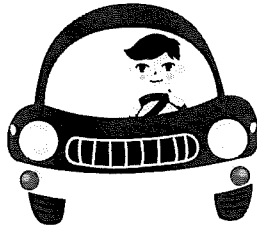
Name: \_\_\_\_\_

### Worksheet 5.4, Identifying Internal Sensations



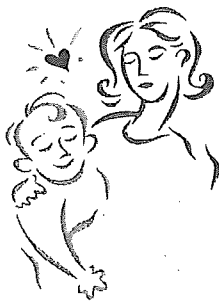
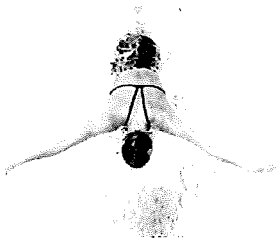
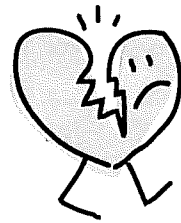
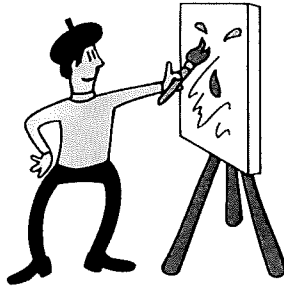
Name: \_\_\_\_\_

### Worksheet 6.1, This is Me



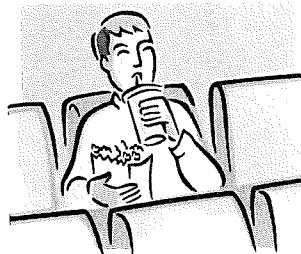
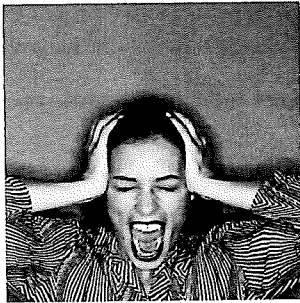
Name: \_\_\_\_\_

### Worksheet 6.1, This is Me



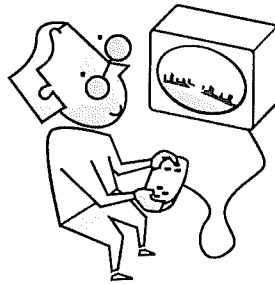
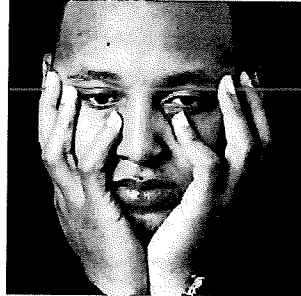


### Worksheet 6.1, This is Me



Name: \_\_\_\_\_

### Worksheet 6.1, This is Me





Name: \_\_\_\_\_

### Worksheet 6.3, These are the Good Parts of Me

These are the good parts of me:

This is what others would say are the good parts:

Name: \_\_\_\_\_

## Worksheet 7.1, This is What I Noticed in My Body When it Happened

In my body I noticed:

1.

2.

3.

4.

5.

6.

7.

Others:

## Worksheet 7.2, Sensation Labels

- butterflies
- muscles tight
- heart beating fast
- tunnel vision
- prickly skin
- cold
- hot
- headache
- stomachache
- nervous
- jittery
- shortness of breath
- tears
- shaky
- trembling
- scared stiff
- feeling collapsed
- not being in my body

From "Healing Trauma" Dr. Peter Levine

Name: \_\_\_\_\_

### Worksheet 7.3, Reminders of What Happened

These sights remind me of what happened:

These smells remind me of what happened:

These sounds remind me of what happened:

These touches remind me of what happened:

These tastes remind me of what happened:

These body positions remind me of what happened:

These bodily actions remind me of what happened:

These other things remind me of what happened:

Name: \_\_\_\_\_

## Worksheet 8.1, Emotions I Felt

These are the emotions I felt:

1.

2.

3.

4.

5.

6.

7.



Name: \_\_\_\_\_

### Worksheet 8.2, My Trauma Sequence

<i>When I hear, see, smell, touch, taste...</i>	<i>Inside I sense...</i>	<i>Then I feel..</i>	<i>Then I act, do, say, behave, choose...</i>
	butterflies heart beating fast prickly skin head/stomachache short of breath shaky/trembling feeling collapsed heaviness other	muscles tight tunnel vision cold/hot nervous/jittery tears scared stiff out of my body dizzy	worried angry wary pleasure joyless lonely worthless other
		scared rage happy defeated unsafe unworthy to blame	

Name: \_\_\_\_\_

## Worksheet 9.1, Thoughts that Weigh Me Down

Put the appropriate number in all that fit what you have thought:

1 - one to two times a year

2 - every couple of months

3 - every month

4 - every couple of weeks

\_\_\_\_\_ It doesn't pay to get close to anyone because that person will get hurt, too.

\_\_\_\_\_ I don't care about anything anymore.

\_\_\_\_\_ Nothing really matters anymore.

\_\_\_\_\_ I'll scare all of my friends away if I don't stop crying or thinking about this all of the time.

\_\_\_\_\_ I can't let anyone know how I really reacted when it happened. I'm ashamed. I'll be made fun of, or called stupid.

\_\_\_\_\_ I can't do anything right anymore. I can't control anything.

\_\_\_\_\_ I feel like I'm going crazy.

\_\_\_\_\_ I have to take care of myself. No one else will.

\_\_\_\_\_ I should be over this by now. There is something wrong with me.

\_\_\_\_\_ It's best I keep it all to myself.

\_\_\_\_\_ There's no point in trying anymore.

\_\_\_\_\_ There is nothing else I can do.

Use the back of this page to write other thoughts that weigh you down.

## Worksheet 9.2, Victim vs. Survivor Thinking

### ***A Victim Thinks:***

- I don't expect much good to happen in my life.
- I am always going to feel sad, angry, depressed and confused.
- You can't trust anyone except very few people.
- I feel guilty for many things, even things I know are not my fault.
- I am afraid to do something new for fear I will make a mistake.
- Most times I think things will never get better. There is not much I can do to make my life better.
- I tend to see people as either for me or against me.
- I am never going to get over what happened to me.
- I have very few choices in life.

### ***A Survivor Thinks:***

- I expect a lot of good to happen in my life.
- I may feel sad, angry, depressed and confused today, but I will not always feel this way. Things will get better.
- I have people I can trust.
- I am only responsible for myself. I cannot control everything.
- Everyone makes mistakes, that is how we learn.
- I am in control of my life. There are things I can do to make my life better.
- People are supportive of me. I trust my inner self to make good choices.
- Each day I get a little stronger. I will get over this.
- I have many choices in my life.

Name: \_\_\_\_\_

## Worksheet 9.2a, Victim Thinking Checklist

- I have to accept bad situations, because they are part of life and I can do nothing to make them better.
- I don't expect much good to happen in my life.
- Nobody could ever love me.
- I am always going to feel sad, angry, depressed, and confused.
- There are situations at work and at home that I could do something about, but I don't have the motivation to do so.
- Life overwhelms me, so I prefer to be alone whenever possible.
- There are only a few people I can trust.
- I feel I have to be extra good, competent, and attractive in order to compensate for my many defects.
- I feel guilty for many things, even things that I know are not my fault.
- I feel I have to explain myself to people so that they will understand me. But sometimes I get tired of explaining, conclude it's not worth the effort, and choose to stay alone.
- I'm often afraid to do something new for fear I will make a mistake.
- I can't afford to be wrong.
- I feel that when people look at me, they know right away that I'm different.
- Sometimes I think that those who died during the traumatic event I experienced were better off than me. At least they don't have to live with the memories.
- I am afraid of the future.
- Most times I think things will never get better. There is not much I can do to make my life better.
- I can be either a perfectionist or a total slob depending on my mood.
- I tend to see people as either for me or against me.
- I feel pressure to go along with others, even when I don't want to. To avoid such pressures, I avoid people.
- I am never going to get over what happened to me.
- I find myself apologizing for myself to others.
- I have very few choices in life.

These are very common reactions following a trauma, but they are not thoughts you want to have; in fact, you probably try hard not to have these thoughts. These statements are reflective of individuals who think and behave as victims. (Matsakis, Aphrodite: Post-Traumatic Stress Disorder, New Harbinger Publications, Inc., CA. 1994)

## Worksheet 9.3, Survivor Thinking Checklist

**Session  
Nine**   **Final  
Session**

- Yes, bad situations come up in my life, but I can do things to make them better.
- I expect a lot of good to happen in my life.
- I am loveable and people love me.
- I may feel sad, angry, depressed, and confused today, but I will not always feel this way. Things will get better.
  
- I have a lot to offer the world and I am motivated to go forward.
- I am capable. I handle life with confidence.
- I can trust most people.
- I am a worthy person. I have many traits that are worthwhile.
- I am only responsible for myself. I cannot control everything.
- Those who can, will like me and understand me without a lot of explaining or apologizing.
  
- Everyone makes mistakes; that is how we learn.
- It is okay to be wrong. I am still a good person.
- People see me in a positive way.
- I take each day as it comes.
- I look forward to the future.
- I am in control of my life. There are things I can do to make my life better.
- My life is balanced.
- People are supportive of me.
- I trust my inner self to make good choices about others.
  
- I am strong. I face difficult situations head on.
- Each day I get a little stronger. I will get over this.
- I am a survivor. I need not apologize. I am surviving.
- As a survivor, I have many choices in my life.

Name: \_\_\_\_\_

## Worksheet 10.1, About My Anger

Write about your anger:

Not Angry                      Kind of Angry                      Angry                      Really Angry  
1      2      3      4      5      6      7      8      9      10

Name: \_\_\_\_\_

## Worksheet 10.2, A Picture of My Anger

Draw an image that represents what your anger is like:

A large, empty rectangular box with a thick black border, intended for a student to draw a picture representing their anger.

Name: \_\_\_\_\_

### Worksheet 10.3, Anger Questionnaire

1. Do you sometimes think it should have been you instead? Or, do you feel that it was your fault that this bad situation has occurred?

2. Was there anything you wish you would have said or done differently?

3. Was there anything that could have occurred to make this event not happen or turn out differently?



Name: \_\_\_\_\_

## Worksheet 11.1, Person/Thing that Cause this to Happen

This is the person/thing that caused this to happen:

A large, empty rectangular box with a thick black border, intended for the student to write their answer to the prompt above.

Name: \_\_\_\_\_

## Worksheet 11.2, This is What I Would Like to See Happen

This is what I would like to see happen:

A large, empty rectangular box with a thick black border, intended for students to write their responses to the prompt above.

Name: \_\_\_\_\_

### Worksheet 11.3, Questions About Who or What Caused It

1. What do you think would cause this person to do this? Or, why do you think this happened?

2. If you had the opportunity, what would you like to say to this person or thing that caused this to happen?

## Worksheet 11.4, Managing My Anger

Here are some things you can do to reclaim the control you had prior to your trauma.

1. Before talking ask yourself:

- Am I angry because I am feeling powerless, frustrated, alone, abandoned, or stressed out?
- Am I angry because I am being victimized by someone else or some institution (secondary victimization)?

Answering these two questions can help keep you focused. If the answer is yes, it probably makes sense to step back, take some time out.

2. Do not let yourself use the pronoun "YOU." "YOU" usually leads to blaming and attacking, which, in turn, only sets you up to be blamed and attacked as well. Work hard to use "I": "I am mad" or "I am ticked off."

3. If you must respond, first do one of the following:

- Take 10 slow deep breaths
- Rub a tense part of your body for 30 seconds
- Get up and get a cold glass of water, juice, pop, or milk
- Stretch for 30 seconds

4. If, after completing the above calming techniques, there is still a need to express your anger, ask yourself:

- Do I just want to vent my anger? If so, it is far better to go exercise, go for a walk, or work out in some fashion.
- Do I have a legitimate reason to be angry? If so, can I be calm enough to communicate that anger without losing control by blaming or being hurtful? If I cannot be calm, then it is to my benefit not to try to resolve the issue at this time.
- Your greatest power comes from being in control of your anger, so when others respond, they cannot weaken your position by making you angrier. Pick the time to deal with what is upsetting you; typically a time when you are the calmest.

Name: \_\_\_\_\_

## Worksheet 11.5, My Future

1. If you could have any kind of career or job you wanted in the future, what would it be?

2. Of all the people you know right now who would you most like to be?

3. When you are older, what one thing would you want those closest to you to know about you?

Name: \_\_\_\_\_

## Worksheet 12.1, My Worries

List your current worries

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

Name: \_\_\_\_\_

## Worksheet 12.2, Size of My Worries/Fears

The worksheet features a large outer rectangle that serves as a container for four smaller, empty rectangular boxes. These boxes are arranged in two rows. The top row contains two boxes: a large one on the left and a medium-sized one on the right. The bottom row contains two boxes: a medium-sized one on the left and a small one on the right. All boxes are empty and have black outlines, designed for students to draw or write their worries or fears inside them.

Name: \_\_\_\_\_

### Worksheet 12.3, Orientating to the Present

Right now I am feeling \_\_\_\_\_

\_\_\_\_\_

And I am sensing in my body \_\_\_\_\_

\_\_\_\_\_

Because I am remembering \_\_\_\_\_

\_\_\_\_\_

At the same time, I am looking around where I am now in \_\_\_\_\_ [current/date]

here \_\_\_\_\_ [name the place]

And I can see [describe some of the things you see in this place]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

and so I know \_\_\_\_\_ [name worry, trauma, fear] is not happening now.

From: "The Body Remembers"



Name: \_\_\_\_\_

### Worksheet 12.4, What I Can Do About My Worry

My worry: \_\_\_\_\_

---

---

What I can do: \_\_\_\_\_

---

---

My worry: \_\_\_\_\_

---

---

What I can do: \_\_\_\_\_

---

---

My worry: \_\_\_\_\_

---

---

What I can do: \_\_\_\_\_

---

---

Name: \_\_\_\_\_

## Worksheet 12.5, Ways I Can Think About My Worries

- There is no way to predict whether our worries will ever become realities.
- Often our worries disappear because we, and the conditions around us, change.
- Worries are like storms. Storms never last. They come. They go. As do worries. Some storms cause little damage; some cause great damage. That is not something we can necessarily control. The only thing we can control is what we do after the storm, or when the worry becomes a reality. Sometimes we can make repairs ourselves, sometimes we need to call for the roofers, the plumbers, or the electrician. Sometimes we can repair what happens to us alone, but sometimes we need to call for help. Just as we survive the storms, we can survive the worries.
- A crisis, just like worry, can be viewed as a danger or an opportunity. If we do nothing, seek no help, it consumes us and takes control of our life. However, it can be an opportunity by learning what to do should similar incidents happen in the future. It's an opportunity to find inner strength that has never been tested. It's an opportunity to become stronger as a survivor and in time become less frightened of all the unfairness life can throw at us.
- We can't control a worry, only prepare for it and know that should our worry become a reality, we are ready to take whatever measures are needed to survive its challenges.

As a survivor, I know there is more to life than worry; there are challenges, and rewards for accepting those challenges. There is fear, but there is also the other side of fear, which is freedom. Freedom to be me, freedom to always have the final choice of what I am going to do for myself, each and every day of my life, despite the challenges of that day. Since the worry is not likely to go away soon and I can't control it, the only thing to do is to prepare for it if it does happen, and let it be while I get on with other things in my life.

You can add to this list:

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Name: \_\_\_\_\_

### Worksheet 13.1, Changing the Sequence

<i>When I hear, see, smell, touch, taste...</i>	<i>Inside I sense...</i>	<i>Then I feel...</i>	<i>Then I act, do, say, behave, choose...</i>
	butterflies heart beating fast prickly skin head/stomachache short of breath shaky/trembling feeling collapsed heaviness other	muscles tight tunnel vision cold/hot nervous/jittery tears scared stiff out of my body dizzy	worried angry wary pleasure joyless lonely worthless other
		scared rage happy defeated unsafe unworthy to blame	

# Worksheet 13.2 Final PTSD Questionnaire and Scoring Forms

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Date \_\_\_\_\_ Administered by \_\_\_\_\_

## Starr Adult PTSD Questionnaire Intake or Final (page 1 of 4)

Please tell us how often each question applies to you by circling the appropriate number

Question: Since this happened how often...	None of the time (never)	A little of the time (once a year)	Some of the time (once every 2 months)	Much of the time (2 or 3 a month)	Most of the time (once a week or more)
1. Do you become upset about what happened?	0	1	2	3	4
2. Do you get scared or afraid when you think or are reminded about what happened?	0	1	2	3	4
3. Do you get upset when you think or are reminded of what happened?	0	1	2	3	4
4. Do you see pictures of what happened in your head?	0	1	2	3	4
5. Do you hear sounds of what happened in your head?	0	1	2	3	4
6. Do you think about what happened even when you don't want to?	0	1	2	3	4
7. Do you think what happened might happen again?	0	1	2	3	4
8. Do your thoughts about what happened make it hard to remember things?	0	1	2	3	4
9. Do you have bad dreams about what happened?	0	1	2	3	4
10. Do you have bad dreams?	0	1	2	3	4
11. Do you have physical feelings like stomach or headaches, nausea, sweating, shaking, heart palpitations?	0	1	2	3	4
12. Do you feel as if it is still happening?	0	1	2	3	4

# Worksheet 13.2 Final PTSD Questionnaire and Scoring Forms

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Name \_\_\_\_\_

## Starr Adult PTSD Questionnaire Intake or Final (page 2 of 4)

Please tell us how often each question applies to you by circling the appropriate number

Question: Since this happened how often...	None of the time (never)	A little of the time (once a year)	Some of the time (once every 2 months)	Much of the time (2 or 3 a month)	Most of the time (once a week or more)
13. Do you try to avoid memories of what happened?	0	1	2	3	4
14. Do you try to not think about what happened?	0	1	2	3	4
15. Do you try to avoid talking about what happened?	0	1	2	3	4
16. Do you try to avoid activities that remind you of what happened?	0	1	2	3	4
17. Do you try to avoid feelings about what happened?	0	1	2	3	4
18. Do you try to avoid places that remind you of what happened?	0	1	2	3	4
19. Do you try to avoid people who remind you of what happened?	0	1	2	3	4
20. Do you try to avoid objects that remind you of what happened?	0	1	2	3	4
21. Do you feel jumpy or nervous since this happened?	0	1	2	3	4
22. Do you sleep badly?	0	1	2	3	4
23. Do you do things that are risky or dangerous?	0	1	2	3	4
24. Do you find it difficult to take good care of yourself, your health, or basic living needs?	0	1	2	3	4

Name \_\_\_\_\_

**Starr Adult PTSD Questionnaire**  Intake or  Final (page 3 of 4)

Please tell us how often each question applies to you by circling the appropriate number

Question:	None of the time (never)	A little of the time (once a year)	Some of the time (once every 2 months)	Much of the time (2 or 3 a month)	Most of (once a w
<b>Since this happened how often...</b>					
25. Do you find it difficult to spend time with loved ones or friends?	0	1	2	3	
26. Do you want to stay at home?	0	1	2	3	
27. Do you lose your temper?	0	1	2	3	
28. Do you get into fights?	0	1	2	3	
29. Do you get into trouble at work?	0	1	2	3	
30. Do you find it difficult to communicate well with others, adversely affecting work or home life?	0	1	2	3	
31. Do you find it difficult to remember important parts of what happened?	0	1	2	3	
32. Do people tell you what happened that you do not remember or believe really happened?	0	1	2	3	
33. Do you feel life will not be as good as it was before this happened?	0	1	2	3	
34. Do you feel others like you less?	0	1	2	3	
35. Do you think what happened was your fault?	0	1	2	3	
36. Do you think what happened would not have happened if others had done something different?	0	1	2	3	

Worksheet 13.2 Final PTSD Questionnaire and Scoring Forms

Name \_\_\_\_\_

**Starr Adult PTSD Questionnaire**  Intake or  Final (page 4 of 4)

Please tell us how often each question applies to you by circling the appropriate number

<b>Question: Since this happened how often...</b>	<b>None of the time (never)</b>	<b>A little of the time (once a year)</b>	<b>Some of the time (once every 2 months)</b>	<b>Much of the time (2 or 3 a month)</b>	<b>Most of the time (once a w)</b>
37. Do you worry about others knowing what happened?	0	1	2	3	3
38. Do you worry about others knowing what you did when it happened?	0	1	2	3	3
39. Are you afraid that other things like this might happen again?	0	1	2	3	3
40. Do you get mad or angry?	0	1	2	3	3
41. Do you have less fun doing things you used to like to do?	0	1	2	3	3
42. Do you have less fun being with friends?	0	1	2	3	3
43. Do you feel different than other people?	0	1	2	3	3
44. Do you prefer being alone more often than before?	0	1	2	3	3
45. Does it feel like people pay less attention to you than before?	0	1	2	3	3
46. Are you unhappy?	0	1	2	3	3
47. Do you find it difficult to be happy during fun activities?	0	1	2	3	3
48. Do you feel others do not love you as much?	0	1	2	3	3

## Worksheet 13.2 Final PTSD Questionnaire and Scoring Forms

Name \_\_\_\_\_ Date Completed \_\_\_\_\_

### **Starr Adult PTSD Questionnaire Scoring Form** Intake or Final **Adult Subcale I: Reexperiencing of Sensations and Memories of the Trauma(s)**

**Instructions:** Write the number the client circled on the questionnaire next to the corresponding question below. Add and total.

**Question: Since this happened how often...**

1. Do you become upset about what happened?
2. Do you get scared or afraid when you think or are reminded about what happened?
3. Do you get upset when you think or are reminded of what happened
4. Do you see pictures of what happened in your head?
5. Do you hear sounds of what happened in your head?
6. Do you think about what happened even when you don't want to?
7. Do you think what happened might happen again?
8. Do your thoughts about what happened make it hard to remember things?
9. Do you have bad dreams about what happened?
10. Do you have bad dreams?
11. Do you have physical feelings like stomach or headaches, nausea, sweating, shaking, heart palpitations?
12. Do you feel as if it is still happening?

**TOTAL** \_\_\_\_\_

**Scoring:** Total scores for the reexperiencing of the traumatic event range from 0-48. The closer to a score of 48, the greater the severity of reexperiencing symptoms. Ratings of 2, 3 or 4 reflect clinical significance. **A total score of 26-48 indicates severe; 16-25 moderate; 5-15 mild; 0-4 normal.**



## Worksheet 13.2 Final PTSD Questionnaire and Scoring Forms

Name \_\_\_\_\_ Date Completed \_\_\_\_\_

### **Starr Adult PTSD Questionnaire Scoring Form** Intake or Final **Adult Subcale II: Avoidance of Stimuli Related to the Trauma(s)**

**Instructions:** Write the number the client circled on the questionnaire next to the corresponding question below. Add and total.

**Question: Since this happened how often...**

13. Do you try to avoid memories of what happened?

14. Do you try to not think about what happened?

15. Do you try to avoid talking about what happened?

16. Do you try to avoid activities that remind you of what happened?

17. Do you try to avoid feelings about what happened?

18. Do you try to avoid places that remind you of what happened?

19. Do you try to avoid people who remind you of what happened?

20. Do you try to avoid objects that remind you of what happened?

**TOTAL** \_\_\_\_\_

**Scoring:** Total scores for the avoidance of the traumatic event range from 0-32. The closer to a score of 32, the greater the severity of avoidance symptoms. Ratings of 2,3 or 4 reflect clinical significance. **A score of 21-32 indicates severe; 11-20 moderate; 5-10 mild; 0-4 normal.**

## Worksheet 13.2 Final PTSD Questionnaire and Scoring Forms

Name \_\_\_\_\_ Date Completed \_\_\_\_\_

### **Starr Adult PTSD Questionnaire Scoring Form** Intake or Final **Adult Subscale III: Symptoms of Arousal**

**Instructions:** Write the number the client circled on the questionnaire next to the corresponding question below. Add and total.

**Question: Since this happened how often...**

21. Do you feel jumpy or nervous since this happened?

22. Do you sleep badly?

23. Do you do things that are risky or dangerous?

24. Do you find it difficult to take good care of yourself, your health, or basic living needs?

25. Do you find it difficult to spend time with loved ones or friends?

26. Do you want to stay at home?

27. Do you lose your temper?

28. Do you get into fights?

29. Do you get into trouble at work?

30. Do you find it difficult to communicate well with others, adversely affecting work or home life?

**TOTAL** \_\_\_\_\_

**Scoring:** Total scores for the symptoms of increased arousal of the traumatic event range from 0-40. The closer to a score of 40, the greater the severity of arousal symptoms. Ratings of 2,3 or 4 reflect clinical significance. **A score of 21-40 indicates severe; 11-20 moderate; 5-10 mild; 0-4 normal.**

## Worksheet 13.2 Final PTSD Questionnaire and Scoring Forms

Name \_\_\_\_\_ Date Completed \_\_\_\_\_

### **Starr Adult PTSD Questionnaire Scoring Form** Intake or Final **Adult Subcale IV: Distortions in Cognitions and Mood**

**Instructions:** Write the number the client circled on the questionnaire next to the corresponding question below. Add and total.

**Question: Since this happened how often...**

- 31. Do you find it difficult to remember important parts of what happened?
- 32. Do people tell you what happened that you do not remember or believe really happened?
- 33. Do you feel life will not be as good as it was before this happened?
- 34. Do you feel others like you less?
- 35. Do you think what happened was your fault?
- 36. Do you think what happened would not have happened if others had done something different?
- 37. Do you worry about others knowing what happened?
- 38. Do you worry about others knowing what you did when it happened?
- 39. Are you afraid that other things like this might happen again?
- 40. Do you get mad or angry?
- 41. Do you have less fun doing things you used to like to do?
- 42. Do you have less fun being with friends?
- 43. Do you feel different than other people?
- 44. Do you prefer being alone more often than before?
- 45. Does it feel like people pay less attention to you than before?
- 46. Are you unhappy?
- 47. Do you find it difficult to be happy during fun activities?
- 48. Do you feel others do not love you as much?

**TOTAL** \_\_\_\_\_

**Scoring:** Total scores for the symptoms of negative distortions, cognitions and mood range from 0-72. The closer to a score of 72, the greater the severity of negative distortions, cognition and mood. Ratings of 2, 3 or 4 reflect clinical significance. **A score of 49-72 indicates severe; 25-48 indicates moderate; 7-24 indicates mild reactions; 0-6 normal.**

