

TF-CBT Workbook: A Path to Understanding and Healing Trauma

Applicant Details:

Full Name:

Date of Birth:

Contact Information:

- Phone:
- Email:

Therapist/Counselor Name (if applicable):

Activity 1: Write down three words that describe your current feelings about starting this workbook.

Answer:

Answer:

Answer:

WHY AM I HERE?

Activity 2: Briefly write about the event or situation that brought you to use this workbook.

Answer:

Notes:

GETTING TO KNOW YOU

Activity 3: Share a positive memory from your past.

Answer:

Answer:

ABOUT YOUR FAMILY

Activity 4: Draw or describe your family tree.

Answer:

Activity 5: Share a positive memory or tradition you have with your family.

Answer:

Answer:

LEARNING ABOUT TRAUMA

Activity 6: Define trauma in your own words.

Answer:

Notes:

TYPES OF TRAUMA

Activity 7: List different types of traumatic events you've heard of.

Answer:

Answer:

HOW DOES TRAUMA AFFECT YOU?

Activity 8: Describe any changes in behavior, feelings, or thoughts since the traumatic event.

Answer:

Answer:

DEALING WITH TRAUMA REMINDERS

Activity 9: List any triggers or reminders of the trauma you've experienced.

Answer:

Answer:

MORE ABOUT AVOIDANCE

Activity 10: Note down situations or places you avoid because they remind you of the trauma.

Answer:

Notes:

CHILLING OUT

Activity 11: What's your favorite relaxation method?

Answer:

Notes:

WHAT HELPS YOU CHILL OUT?

Activity 12: List three activities that help you relax and calm down.

Answer:

Answer:

Answer:

MY PLAN FOR CHILLING OUT

Activity 13: Develop a simple plan for relaxation to be used when stressed. Include steps and tools/materials.

Answer:

Step 1:

Step 2:

ABOUT FEELINGS

Activity 14: Draw or write about an emotion you've felt strongly this week.

Answer:

Notes:

FEELING NUMB

Activity 15: Describe a situation where you felt emotionally numb or distant.

Answer:

Notes:

EXPERIENCING FEELINGS IN YOUR BODY

Activity 16: Where in your body do you feel stress or strong emotions? Mark or describe those areas.

Answer:

Notes:

FACIAL EXPRESSIONS

Activity 17: Draw or describe three facial expressions and the emotions they represent.

Answer:

Answer:

Answer:

HOW STRONG OR INTENSE ARE YOUR FEELINGS?

Activity 18: On a scale from 1-10, rate an emotion you felt today and describe the situation.

Answer:

Notes:

COPING WITH DIFFICULT FEELINGS

Activity 19: List down methods you've tried to manage intense emotions. Which ones worked?

Answer:

Answer:

GROUNDING SKILLS

Activity 20: Practice a grounding technique (e.g., 5-4-3-2-1). Note down your experience.

Answer:

Notes:

MINDFULNESS

Activity 21: Spend 5 minutes practicing a mindfulness exercise. Share your experience.

Answer:

Notes:

THOUGHTS, FEELINGS, AND ACTIONS

Activity 22: Write about a recent event, your thoughts during it, the feelings it evoked, and your actions.

Answer:

Notes:

THOUGHTS MATTER

Activity 23: Reflect on a recurring thought. Does it help or hinder you? Why?

Answer:

Notes:

THOUGHT TROUBLES

Activity 24: Identify a negative thought you've had recently. Challenge it by finding a positive counter-thought.

Answer:

Counter-Thought:

EXAMINING THE EVIDENCE

Activity 25: Choose a strong belief or thought. List down evidence that supports and contradicts it.

Answer:

Supporting Evidence:

Contradictory Evidence:

TRAUMA NARRATION

Activity 26: In a few sentences, narrate your trauma story. Only share what you're comfortable with.

Answer:

Notes:

SELF-CARE PLAN

Activity 27: List down activities or actions that make you feel taken care of or loved.

Answer:

Answer:

YOUR SUPPORT SYSTEM

Activity 28: Write down names or roles of people you consider your support system.

Answer:

Answer:

YOUR FUTURE

Activity 29: Write a letter to your future self, sharing hopes and aspirations.

Answer:

Notes: