# 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 counterthought.

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: