## 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:

