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CLINICAL MODULES

Betrayal Trauma Clinical Practice Workbook

Structured assessment, stabilization, meaning-making, boundary, decision, and optional repair activities for adults affected by a significant breach of trust

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

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How to use this workbook

CLINICAL ORIENTATION

- Use collaboratively and selectively; this workbook is not intended to be completed from beginning to end in one sitting.
- Begin with safety and stabilization. Delay detailed exploration when the person is outside their workable range of arousal or when reflection increases danger.
- Invite the person to skip, pause, revise, or discontinue any activity. Written disclosure of explicit details is never required.
- Treat all ratings as conversation aids and progress markers, not diagnostic scores or evidence that a particular response is normal or abnormal.
- Distinguish the breached agreement from assumptions about relationship structure. Betrayal may be romantic, familial, professional, institutional, financial, or community-based.
- Complete individual activities privately unless the person explicitly chooses to share them. Do not assume that reconciliation, forgiveness, disclosure, or continued contact is the desired outcome.
- Revisit safety, functioning, supports, and readiness throughout the work. Coordinate specialist, medical, legal, advocacy, or emergency support when indicated.

Clinical considerations

- This workbook is educational and does not diagnose posttraumatic stress disorder or replace individualized mental health, medical, legal, or crisis care.
- Assess promptly for suicidal or homicidal thoughts, self-harm, severe hopelessness, inability to meet basic needs, psychosis, mania, dangerous withdrawal, and acute intoxication. Use local emergency and crisis procedures when risk is imminent.
- Screen separately and privately for intimate partner violence, coercive control, stalking, sexual coercion, financial abuse, technology-facilitated monitoring, threats, retaliation, and weapon access. A shared worksheet is not a substitute for safety planning.
- Pause or avoid conjoint work when there is current violence or coercive control; fear of speaking honestly; stalking, surveillance, or retaliation; an active safety threat; ongoing deception without accountability; severe intoxication or unstable substance use; acute suicidality, homicidality, psychosis, mania, or destabilization; escalating conflict that prevents safe participation; coerced attendance; or disclosure likely to produce immediate harm.
- Do not use conjoint work to mediate abuse, establish whether abuse occurred, or make an impacted person responsible for preventing another person's harmful behavior. Prioritize individual safety planning and specialist referral.
- Responsibility for deception or violation belongs to the person who chose it. Relationship difficulties may be explored separately, but they do not cause or excuse betrayal, abuse, coercion, or violence.
- Do not pressure detailed disclosure. When a formal therapeutic disclosure process is being considered, proceed only within clinician competence and with careful preparation, informed consent, safety assessment, and follow-up support.
- Forgiveness is optional and is not the same as reconciliation, restored trust, access, contact, forgetting, approval, or release from accountability.
- Transparency agreements must be voluntary, proportionate, specific, reviewable, and time-limited. They must not normalize coercive monitoring, deprivation of privacy, or compelled access to devices, accounts, finances, or location.
- Adapt language, examples, and interventions for culture, race, ethnicity, faith, disability, neurotype, gender, sexual orientation, socioeconomic conditions, immigration context, relationship structure, and experiences of institutional betrayal.
- Consider practical consequences such as housing, finances, parenting, employment, health, sexual health, immigration, and legal concerns. Refer to qualified professionals rather than offering advice outside scope.
- Pace body-based or imagery exercises carefully for dissociation, panic, chronic pain, disability, pregnancy, respiratory conditions, and trauma history. Offer eyes-open, seated, movement, sensory, and non-body-focused alternatives.

Orientation, Choice, and Pacing

Clinical aim: Establish agency, informed choice, and a tolerable pace before exploring the betrayal.

Betrayal can disrupt safety, identity, judgment, and connection. The first task is not to reach a decision or reconstruct every detail; it is to create enough steadiness and choice for useful work.

My Purpose for Using This Workbook

Identify what would make this work useful now. Choose only goals that belong to you; leave relationship decisions open if you are uncertain.

- ☐ Understand my reactions
- ☐ Feel safer or more stable
- ☐ Reduce disruption to daily life
- ☐ Clarify boundaries
- ☐ Reconnect with my own judgment
- ☐ Decide what I want without pressure
- ☐ Prepare for an individual clinical conversation
- ☐ Consider whether relationship repair is appropriate
- ☐ Identify additional support

What would be a small, meaningful benefit from this work?

What outcome am I not ready to decide?

What do I want a clinician or support person to understand about my priorities?

Permission and Pause Plan

Define how you will recognize overload and what you will do if it occurs. You may stop without finishing an activity.



0 = settled or disconnected from distress · 5 = activated but able to choose and reflect · 10 = overwhelmed or unable to continue safely

Signs that I am moving outside my workable range include...

A phrase I can use to pause is...

Activities that usually help me return to the present are...

The person or service I can contact if distress does not settle is...

Immediate Safety and Stability

Clinical aim: Identify urgent safety, health, and functioning needs before deeper processing.

Betrayal may coexist with interpersonal danger, acute mental health risk, health concerns, or loss of basic stability. Safety assessment should be direct, private, and repeated as circumstances change.

Immediate Needs Check

Mark current concerns. Any imminent danger, intent to harm yourself or another person, inability to remain safe, or severe medical concern requires immediate local crisis or emergency support.

- ☐ I am afraid of what another person may do if I speak, leave, set limits, or seek help
- ☐ There have been threats, violence, sexual coercion, stalking, property damage, or weapon concerns
- ☐ My devices, location, money, transportation, medication, or communication are being controlled or monitored
- ☐ I have thoughts of suicide, self-harm, harming someone, or revenge that feel difficult to control
- ☐ I am unable to sleep, eat, care for myself, work, parent, or complete essential tasks
- ☐ Alcohol, medication, or other substance use is creating added risk
- ☐ I have urgent sexual-health, reproductive-health, or other medical concerns
- ☐ Housing, finances, immigration, employment, or caregiving are unstable
- ☐ Children, dependent adults, or animals may be unsafe
- ☐ I need confidential advocacy, legal information, or emergency planning

The most urgent concern is...

The safest way and time to contact support is...

Information that must not be left on a shared device or voicemail is...

Short-Term Stability Plan

Create a practical plan for the next 24 to 72 hours. Use a safer device and store the plan securely if monitoring is a concern.

Need or risk	Next safe action	Who or what can help	When	Privacy or access consideration

If risk increases, I will...

My first safe contact is...

Essential items, medication, records, or numbers I may need are...

Context Without Forced Detail

Clinical aim: Clarify the nature and current status of the breach while minimizing unnecessary exposure to graphic or destabilizing detail.

A concise context map supports formulation. The focus is the agreement, expectation, or duty that was violated and its present impact—not proving a case or producing a complete chronology.

Betrayal Context Map

Record only what feels useful and safe. General descriptions are sufficient.

- ☐ Romantic or sexual agreement
- ☐ Emotional loyalty or confidentiality
- ☐ Family or friendship trust
- ☐ Financial agreement
- ☐ Professional or workplace duty
- ☐ Healthcare, faith, educational, or institutional duty
- ☐ Privacy or digital boundary
- ☐ Other explicit or reasonably understood agreement

The agreement, expectation, or duty I understood was...

What I currently know, stated briefly, is...

What remains uncertain is...

The uncertainty is affecting me by...

I do not need to describe the following details in order to work effectively...

Discovery and Current-Status Timeline

Mark pivotal points rather than every event. Include changes in safety, contact, disclosure, and support.

Approximate date or phase	What changed	What I learned or experienced	Impact then	What I need now

The part of the timeline that most affects the present is...

The question I may need help deciding whether to pursue is...

Impact Inventory and Baseline

Clinical aim: Map the multidimensional impact of betrayal and identify priority targets without assigning a diagnosis.

Reactions vary across emotion, body, attention, behavior, relationships, identity, and daily functioning. A broad inventory helps distinguish immediate priorities from experiences that can be addressed later.

Current Impact Inventory

Mark experiences present recently. Add context, duration, severity, and impairment in the writing space rather than using a total score.

- ☐ Shock, numbness, disbelief, or emotional swings
- ☐ Fear, panic, anger, grief, shame, guilt, or hopelessness
- ☐ Intrusive thoughts, images, dreams, or repeated reviewing
- ☐ Avoidance, withdrawal, checking, reassurance seeking, or confrontation urges
- ☐ Hypervigilance, startle, mistrust, or difficulty relaxing
- ☐ Sleep, appetite, energy, pain, tension, gastrointestinal, or sexual-health changes
- ☐ Concentration, memory, decision-making, or work difficulties
- ☐ Doubt about my judgment, worth, identity, faith, or view of relationships
- ☐ Substance use or other high-risk coping
- ☐ Disruption to parenting, caregiving, friendships, finances, housing, or routines
- ☐ Thoughts of self-harm, suicide, harming another person, or revenge

The reactions creating the most impairment are...

The reactions that feel protective, even if costly, are...

A change that requires prompt clinical or medical attention is...

Personal Baseline

Rate each area for today. Repeat periodically to notice patterns; do not combine ratings into a diagnostic score.

Area	0–10 today	What influenced the rating	One helpful next step

Suggested areas: felt safety, distress, sleep, concentration, self-trust, support, daily functioning, hope.

Which rating deserves attention first, and why?

Arousal, Grounding, and the Workable Range

Clinical aim: Build present-focused regulation skills that support choice rather than suppressing valid emotion.

After betrayal, the nervous system may move toward high activation or shutdown. Regulation aims to increase flexibility and present orientation, not to prove that danger is imaginary or make distress disappear.

My Activation Map

Describe your individual signs. Include both high activation and low-energy or disconnected states.

State	Body signs	Thoughts or attention	Urges or actions	What helps

Use one row each for settled/workable, highly activated, and shut down/disconnected.

An early sign that tells me to pause is...

Grounding Practice Trial

Choose one option that is physically and emotionally accessible. Stop if it increases panic, pain, dissociation, or danger.

- ☐ Orient visually to five neutral objects
- ☐ Press feet or another supported body area into a stable surface
- ☐ Name the date, location, and what is true in the present
- ☐ Use a textured, cool, warm, or scented object safely
- ☐ Lengthen the exhale without forcing the breath
- ☐ Walk, stretch, shake out tension, or use rhythmic movement
- ☐ Complete a familiar practical task
- ☐ Contact a safe person
- ☐ Use a non-body-focused attention task

Distress before practice (0–10):

What I tried and for how long:

Distress after practice (0–10):

What helped, did not help, or needs adapting:

Portable Regulation Plan

Create a brief plan for home, work, public settings, and nighttime activation.

Setting	Early cue	30-second option	5-minute option	Support or exit option

Emotions, Validation, and the Body

Clinical aim: Increase precise emotional awareness and compassionate responding without prescribing what the person should feel.

Contradictory emotions can coexist. Validation means recognizing an emotion as understandable in context; it does not require acting on every urge or agreeing with every conclusion.

Emotion and Need Map

Choose several recent emotional moments. Notice the message or need without treating it as a command.

Emotion	Intensity 0–10	Body location or sensation	Possible message or need	Chosen response

Two emotions that seem contradictory but both make sense are...

An emotion I judge or avoid is...

A more validating response to that emotion is...

Compassionate Response Practice

Write statements that acknowledge reality, reduce self-attack, and support effective action. Avoid forced optimism.

What happened mattered because...

Given what I experienced, it makes sense that...

This reaction is trying to protect me from...

I can honor this feeling without...

The kindest realistic next step is...

What I would say to a respected person in the same situation is...

Triggers and Response Patterns

Clinical aim: Identify cues, meanings, urges, and consequences in order to expand response options.

Triggers may be external, internal, interpersonal, digital, sensory, or anniversary-related. Some cues reflect current risk; others reactivate prior learning. The task is careful discrimination, not automatic dismissal.

Trigger Profile

Identify common cues and distinguish known facts, uncertain interpretations, and current safety signals.

- ☐ Unexpected schedule or communication changes
- ☐ Phone, social media, email, location, or financial cues
- ☐ Silence, delay, inconsistency, secrecy, or defensiveness
- ☐ Places, dates, names, music, smells, or images
- ☐ Physical or sexual closeness
- ☐ Conflict, criticism, dismissal, or feeling excluded
- ☐ Fatigue, hunger, pain, alcohol, or other internal states
- ☐ News or another person's experience
- ☐ Uncertainty or lack of information

A cue that signals a real present concern is...

A cue that often activates a past or generalized fear is...

What would help me tell the difference safely?

Trigger–Response Log

Complete after you are sufficiently settled. Focus on the sequence and available choices, not self-criticism.

Context and cue	Body/emotion	Meaning or prediction	Urge/action	Short-term effect	Longer-term effect	Alternative response

Trust, Discernment, and Self-Trust

Clinical aim: Replace all-or-nothing trust demands with observable, differentiated, and values-consistent discernment.

Trust is not a single feeling. Trust in oneself, another person, a system, or a specific behavior may change independently. Earned trust develops through patterns and does not require certainty.

Domains of Trust

Rate trust by domain and specify the evidence used. A low rating may be accurate and protective.

Person/system/domain	Trust 0–10	Observable evidence	What remains unknown	What would support discernment

Where has trust remained intact?

Where am I seeking certainty that no relationship can provide?

Where am I overriding reliable warning signs?

Rebuilding Self-Trust

Identify choices and observations that strengthen confidence in your own ability to respond, even when outcomes are uncertain.

Signals I noticed, whether early or late, were...

Ways I protected myself or sought truth were...

What I know now that I did not know then is...

A decision I can make based on current information is...

If new information emerges, I can...

One small promise to myself that I can reliably keep is...

Trustworthy Behavior Indicators

Define trust through observable patterns rather than reassurance alone.

Domain	Behavior that supports trust	Behavior that reduces trust	Time or pattern needed	My response

Beliefs, Meaning, and Flexible Appraisal

Clinical aim: Examine broad conclusions while preserving accurate recognition of harm and risk.

Betrayal can produce global beliefs about self, others, and the future. Flexible appraisal asks whether a belief is complete, contextual, and useful—not whether the person's pain is irrational.

Meaning-Making Inventory

Identify beliefs that became stronger after the betrayal.

- ☐ I cannot trust my judgment
- ☐ I should have known
- ☐ I am unlovable, foolish, weak, or not enough
- ☐ Closeness always leads to harm
- ☐ No one can be trusted
- ☐ I must monitor everything to remain safe
- ☐ If I set limits, I will be abandoned or punished
- ☐ My future has been permanently destroyed
- ☐ My identity, faith, community, or worldview no longer makes sense

The belief with the greatest effect on my life is...

The experience that makes this belief understandable is...

The cost of holding it as an absolute is...

Flexible Appraisal Worksheet

Use evidence and context without minimizing the violation or inventing a positive interpretation.

Current belief	Facts supporting it	Facts that add context or limit it	What remains unknown	More complete statement	Action supported by the new statement

Does the revised statement preserve both compassion and protection?

What would make the revised statement more credible?

Responsibility, Self-Blame, and Accountability

Clinical aim: Separate causal responsibility for betrayal from hindsight, vulnerability, relationship concerns, and present-day choices.

Self-blame can create an illusion of control. A balanced account assigns responsibility for deception or violation to the person who chose it while preserving the impacted person's agency in what happens next.

Responsibility Map

Sort elements into the appropriate category. Relationship dissatisfaction, conflict, or unmet needs do not cause another person's deception, coercion, or abuse.

Event, choice, or condition	Who had control	Who is accountable	What was not knowable then	What is mine to decide now

Responsibility I have been carrying that is not mine is...

Responsibility that appropriately belongs to me now is...

Accountability I would need to observe is...

Hindsight and Compassion Review

Compare what was available then with what is clear now.

Information available to me at the time was...

Information that was hidden, distorted, or unavailable was...

Constraints, loyalties, needs, or risks affecting my options were...

The standard I am unfairly applying in hindsight is...

A fairer description of how I responded is...

What I want to learn without blaming myself is...

Boundaries and Protective Action

Clinical aim: Translate needs and limits into actions the person can control, with safety-informed follow-through.

A boundary states what the person will do to protect wellbeing; it is not a guarantee that another person will comply. Direct communication may be unsafe in coercive or violent contexts.

Boundary Design Worksheet

Choose one domain. If communicating a boundary could increase danger, work with a qualified advocate or clinician on a private safety plan instead.

Situation/domain	My need or limit	What I will do	Optional wording	Likely barrier	Safe follow-through

What part of this boundary is fully within my control?

Who can support my follow-through?

What information, access, or contact do I not consent to?

Boundary Domains Review

Identify areas needing clarity now; not every area requires immediate action.

- ☐ Communication timing, channels, and topics
- ☐ Physical space, touch, and sexual contact
- ☐ Home, transportation, belongings, and privacy
- ☐ Technology, accounts, devices, and location
- ☐ Money, debt, spending, and shared resources
- ☐ Contact with third parties
- ☐ Children, caregiving, and family communication
- ☐ Social events, work, community, or faith settings
- ☐ Disclosure to friends, family, or institutions
- ☐ Therapy, medical care, advocacy, or legal consultation

The boundary that would create the most immediate stability is...

The boundary I need time or support to establish is...

Support, Disclosure, and Resources

Clinical aim: Build a safe, diversified support system and make intentional choices about disclosure.

Support can be emotional, practical, clinical, medical, legal, spiritual, cultural, or community-based. Disclosure should be selective and consent-based, especially where stigma, retaliation, confidentiality, or shared networks are concerns.

Support Ecosystem Map

List people and services by the kind of support they can realistically provide. Avoid relying on one person for every need.

Person/resource	Type of support	Evidence they are safe/reliable	What I can ask for	Limit or privacy concern	Next contact

A gap in my current support is...

A professional or specialist resource to consider is...

Disclosure Decision Matrix

Use this before sharing sensitive information. You do not owe details to everyone who asks.

Possible recipient	Purpose of telling	Potential benefit	Potential cost/risk	Level of detail	Decision for now

What response would I want from this person?

What can I say if I do not want advice, questions, or sharing with others?

How will I care for myself if the response is disappointing?

Daily Functioning, Health, and Restorative Care

Clinical aim: Reduce secondary harm by supporting sleep, nourishment, routine, healthcare, and safer coping.

Restorative care is not a cure for betrayal and should not replace treatment. It helps preserve capacity while larger decisions and emotions are addressed.

Essential-Care Triage

Choose a minimum viable action in each relevant area. Seek medical care for significant or persistent changes.

Area	Current disruption	Minimum action	Support/accommodation	When to seek more help

Suggested areas: sleep, food/hydration, medication, movement, sexual health, work, caregiving, substance use.

The one action most likely to improve capacity is...

Restorative Activity Menu

Select activities based on current capacity, accessibility, and effect—not on what you think you should enjoy.

- ☐ Quiet sensory comfort
- ☐ Time outdoors or near natural light
- ☐ Gentle or vigorous movement appropriate for my health
- ☐ Creative expression
- ☐ Spiritual or cultural practice
- ☐ Practical task that restores order
- ☐ Safe social connection
- ☐ Humor, play, music, reading, or entertainment
- ☐ Protected rest without problem-solving
- ☐ Professional care or support group

Activity	Expected effort 0–10	Effect before/after	Barrier	Adaptation

Grief, Ambiguous Loss, Identity, and Values

Clinical aim: Recognize losses, rebuild continuity of identity, and orient action toward chosen values.

The loss may include a relationship as understood, a shared history, community, future, role, belief system, or confidence in one's perceptions. Grief can remain ambiguous when the relationship or institution continues.

What Was Lost, Changed, and Preserved

Name concrete and symbolic losses without requiring a particular grief timeline.

Loss or change	What it represented	What I feel	What remains or can be reclaimed	Support needed

A loss others may not recognize is...

Something that remains true about me is...

Something I am not ready to release is...

Identity and Values Reorientation

Separate your identity and direction from another person's choices.

Value	How betrayal disrupted it	How I want to embody it now	One small action	Possible support

Roles or labels I want to question are...

Qualities I want to retain are...

The life direction that matters even before I make a relationship decision is...

Decision Support Without Pressure

Clinical aim: Support deliberation about contact, separation, ending, or possible repair without prescribing an outcome.

Not deciding immediately can be a valid decision when it is safe. Decisions may be revisited as safety, evidence, resources, accountability, and personal priorities change.

Options and Conditions Matrix

Consider realistic options, including temporary or staged choices. This is not legal advice.

Option	Potential benefit	Potential cost/risk	Information/resource needed	Minimum safety condition	Next review date

Options may include pause, limited contact, structured contact, separation, ending, individual work before deciding, or assessing repair.

Which decision is urgent, and which can wait?

What practical constraints deserve support rather than judgment?

Decision Influences Check

Identify internal and external pressures so they can be weighed deliberately.

- ☐ Personal safety and wellbeing
- ☐ Observed accountability and behavior over time
- ☐ Children or caregiving responsibilities
- ☐ Housing, money, employment, insurance, or immigration
- ☐ Health and sexual-health considerations
- ☐ Culture, faith, community, stigma, or family expectations
- ☐ Love, attachment, grief, fear, guilt, or hope
- ☐ Legal information or professional advice
- ☐ My values and preferred future
- ☐ Pressure, threats, coercion, or fear of retaliation

The influence I want to give more weight is...

The influence I want to examine more critically is...

A decision that would feel more like my own is...

Optional Forgiveness, Acceptance, or Release

Clinical aim: Allow self-defined exploration of forgiveness or release while protecting autonomy, accountability, and safety.

This module is optional. Forgiveness is not required for recovery and need not involve contact, reconciliation, trust, empathy, spiritual practice, or reduced accountability. Acceptance can mean acknowledging reality without approving it.

Define the Concept for Yourself

Clarify what forgiveness, acceptance, release, or non-forgiveness would mean in your life. Skip any concept that is not useful.

Concept	What it means to me	What it does not mean	Possible benefit	Possible pressure or cost

Do I feel internal, relational, cultural, or spiritual pressure to forgive?

What accountability or boundary remains necessary regardless?

Would another goal—grieving, acceptance, distance, justice, or peace—fit better?

Readiness and Choice Review

Use these prompts to protect choice, not to determine whether you should forgive.

Am I sufficiently safe and stable to explore this now?

Can I consider release without minimizing what occurred?

Would this exploration strengthen or weaken my boundaries?

Am I seeking relief for myself, compliance with another person's timeline, or restoration of a relationship?

What emotions still need witness or expression?

What would choosing not to forgive mean to me?

My choice for now is...

Private Expression or Symbolic Release

Choose a safe, private, non-destructive exercise. Do not send writing impulsively or use fire, weapons, unsafe physical exertion, or environmentally harmful disposal.

- ☐ Write an unsent letter and store or shred it safely
- ☐ Write what I am no longer willing to carry
- ☐ Create art, music, movement, prayer, or a culturally meaningful practice
- ☐ Name what remains accountable and what I release from my daily attention
- ☐ Choose no ritual and continue with another recovery goal

What I need to express is...

What remains true after this exercise is...

The boundary or next action I retain is...

Optional Assessment for Relationship Repair

Clinical aim: Determine whether conjoint repair work is sufficiently safe, voluntary, and supported by accountability.

Complete this module only if relationship repair is being considered. Screen each person privately before shared work. Repair is contraindicated or should be paused when safety and free participation cannot be established.

Conjoint Readiness and Contraindications

Any marked safety concern requires private assessment and may require individual safety planning, specialist referral, or postponement of conjoint work.

- ☐ I fear violence, retaliation, punishment, stalking, surveillance, or loss of essential resources if I speak honestly
- ☐ There is current coercive control, sexual coercion, or physical violence
- ☐ There are threats involving self-harm, harm to others, children, animals, property, or weapons
- ☐ Betrayal, prohibited contact, or material deception is ongoing
- ☐ One person denies clear facts, shifts responsibility, intimidates, or demands rapid forgiveness
- ☐ Substance use, mania, psychosis, suicidality, homicidality, or severe instability prevents safe participation
- ☐ Conflict escalates beyond either person's ability to pause safely
- ☐ One person is coerced into therapy or cannot decline exercises or disclosure
- ☐ A shared disclosure could create immediate safety, legal, employment, housing, or health risk
- ☐ The clinician lacks relevant competence or cannot provide an appropriate structure

Current concerns requiring private follow-up are...

Protective conditions needed before reconsidering shared work are...

Individual or specialist resources indicated are...

Evidence of Repair Readiness

Assess observable behavior over time. Hope, apology, distress, or promises alone do not establish readiness.

Readiness domain	Current evidence	Missing evidence	Safety concern	Review period

Suggested domains: end of harmful behavior, truthful accountability, empathy for impact, respect for boundaries, willingness to tolerate questions without retaliation, consistent follow-through, voluntary participation.

What would indicate that repair work should pause?

Optional Structured Relationship Repair

Clinical aim: Support accountable, consent-based repair through observable behavior, paced communication, and repeated safety review.

Use only after the readiness screen supports conjoint work. The impacted partner is not responsible for preventing recurrence. The person who breached the agreement remains responsible for ending the behavior, truthful accountability, and sustained repair actions.

Accountability and Impact Dialogue

Use a clinician-supported, time-limited format if direct discussion is safe. Avoid interrogation, graphic detail, blame shifting, compelled empathy, or pressure for immediate resolution.

Impact or concern	Impacted partner's need	Accountable response	Observable repair action	Follow-up date

The breached agreement was...

The person who breached it can take responsibility without qualification by saying...

The impact that needs acknowledgment is...

A question that is necessary for informed choice, rather than graphic certainty, is...

A topic to defer for clinical support is...

Consent-Based Trust Plan

Create specific, proportionate agreements. Do not use this activity to justify coercive access, constant location tracking, humiliation, financial deprivation, or indefinite surveillance.

Trust domain	Voluntary agreement	Who acts	How progress is observed	Review/end date	What happens if it is not met

How can this agreement preserve both safety and appropriate autonomy?

How can either person raise a concern without retaliation?

When will this agreement be reduced, revised, or ended?

Structured Check-In and Conflict Re-Entry

Schedule brief check-ins when both people can participate safely. A timeout must include a reliable plan to return; it must not become abandonment, punishment, pursuit, or forced engagement.

Check-in element	Each person's response	Request or action	Owner	Review date

Current activation level for each person (0–10):

One impact or concern to hear without rebuttal:

One repair action completed or missed:

One appreciation that does not erase harm:

Our pause signal, separate regulation plan, and agreed return time are...

If safety changes, we will...

Consolidation, Maintenance, and Next Steps

Clinical aim: Integrate gains, anticipate setbacks, and create a continuing plan based on safety, functioning, values, and support.

Recovery is rarely linear. A resurgence of grief or activation does not erase progress. Review what has changed, what remains unresolved, and what level of care or support is appropriate next.

Progress Review

Compare current experience with your earlier baseline using examples rather than a single success/failure judgment.

Area	Earlier pattern/rating	Current pattern/rating	Evidence of change	What still needs attention

The skill or insight I use most reliably is...

A difficult choice I handled with greater agency was...

A response that remains understandable but costly is...

What recovery means to me now is...

Setback and Anniversary Plan

Plan for predictable and unexpected activation, including new information, contact, anniversaries, legal or health events, and relationship changes.

Possible trigger or setback	Early signs	First response	Boundary/action	Support/escalation threshold

A sign that I need a higher level of support is...

A sign that conjoint work should pause is...

My crisis or emergency pathway is...

Continuing Care Plan

Select next steps that fit current needs and resources. Include individual care regardless of whether a relationship continues.

- ☐ Continue individual therapy or seek trauma-informed assessment
- ☐ Seek IPV, coercive-control, stalking, or sexual-assault advocacy
- ☐ Obtain medical or sexual-health care
- ☐ Consult a qualified legal, financial, employment, or immigration professional
- ☐ Use peer or community support with clear confidentiality expectations
- ☐ Continue structured relationship work if still safe and appropriate
- ☐ Pause conjoint work and return to individual stabilization
- ☐ Develop support around parenting, caregiving, housing, or work
- ☐ Schedule a planned progress review
- ☐ Continue selected logs or practices independently

My next three actions are...

The person responsible for each action is...

The date I will review this plan is...

What I want to remember about my agency is...

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: ·Betrayal Trauma· is not a standalone DSM-5-TR diagnosis · non-diagnostic or contextual/quasi-diagnostic construct
- ICD-11 CDDR: No dedicated ICD-11 CDDR mental-disorder code under this title · non-diagnostic or contextual construct
- This workbook is non-diagnostic. A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 5, 6, 7, 8, 11, 13, 14, 20, 24, 29, 31, 35, 37, 42, 49, 52, 56, 57, 59, 65, 66, 68, 69. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- A symptom checklist or self-rating cannot establish diagnosis. Any diagnostic discussion must address clinically significant distress/impairment, required course or duration where applicable, developmental and cultural context, substance/medication and medical causes, comorbidity, exclusions, and reasonable differentials without reproducing copyrighted criteria.

Document-specific corrections

- Describe Betrayal Trauma as a contextual, functional, occupational, umbrella, or proposed construct-not a confirmed diagnosis-unless a separately recognized disorder is assessed.
- Where Betrayal Trauma discusses symptoms, add the missing diagnostic frame: clinically meaningful distress/impairment, relevant course or duration, exclusions, developmental and cultural context, substance/medication or medical causes, and plausible differentials.
- Supersede diagnostic-sounding scoring on pages [1, 2, 5, 11, 13, 14, 24, 29, 57, 59, 65, 69]: disclose whether each tool is validated or author-created, remove unsupported thresholds, and separate symptom monitoring from diagnosis.
- Revise exposure content on pages [8] to require consent, an objectively safe graded hierarchy, condition-specific response guidance, progress review, and stop/reassessment criteria; never equate flooding with effective exposure.
- Clinically review medical or treatment statements on pages [2, 5, 7, 11, 42]; remove prescriptive medication advice, clarify coordination with licensed medical care, and update contraindications or urgent warning signs for the specific topic.
- Replace crisis wording on pages [2, 5, 11, 35, 57, 68] with the current U.S. 988 call/text/chat pathway, 911 or nearest emergency department for immediate danger/medical emergency, and a direction to use verified local services outside the United States.

Measures, scoring, and permissions

- Pages [1, 2, 5, 11, 13, 14, 24, 29, 57, 59, 65, 69] contain named, implied, or author-created screening/rating content; extracted candidate names include: Impact Inventory, Optional Assessment, Making Inventory . These scores are not diagnostic unless the exact instrument, version, validation population, administration, and interpretation are established. Identify provenance for every item set and scoring rule. Obtain publisher permission/license when required; otherwise remove cutoffs and label it as a nonvalidated reflection checklist, or replace it with a properly licensed measure without altering its wording/scoring.

Intervention scope and contraindications

- For Betrayal Trauma, exposure must be voluntary, graded, condition-specific, and conducted only in objectively safe and lawful situations. Do not prescribe flooding; screen medical limitations, trauma cues, dissociation, intoxication, and whether avoidance reflects real danger rather than phobic fear.
- Trauma processing, exposure, and EMDR require appropriate competence, informed consent, stabilization/readiness assessment, dissociation screening, pacing, and a plan for worsening symptoms.
- Screen privately for coercive control, stalking, retaliation, sexual coercion, financial abuse, and violence. Conjoint disclosure or repair work may be contraindicated when safety or free participation is compromised.

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Crisis and current resources

- For Betrayal Trauma, use: ·If there is immediate danger or a medical emergency, call 911 or go to the nearest emergency department. In the U.S., call or text 988 or use 988lifeline.org for 24/7 crisis support. Outside the U.S., use verified local emergency and crisis services.· Verify all topic-specific agencies and links at publication.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://www.psychiatry.org/getmedia/b68a5776-f88c-45c7-9535-fd219d7aa5cb/APA-DSM5TR-Update-September-2025.pdf>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://www.who.int/publications/i/item/9789240077263>
- <https://www.samhsa.gov/mental-health/988>
- <https://www.samhsa.gov/mental-health/national-behavioral-health-crisis-care>
- <https://www.healthquality.va.gov/guidelines/MH/ptsd/>
- <https://www.nice.org.uk/guidance>
- <https://988lifeline.org/>
- <https://www.healthquality.va.gov/HEALTHQUALITY/guidelines/MH/ptsd/index.asp>