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C-PTSD Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

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2 · Symptoms Checklist

3 · Understanding Triggers

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How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.
- Assess current safety, suicidal and homicidal thoughts, self-harm, intoxication or withdrawal, violence, exploitation, psychosis, mania, medical instability, and ability to meet basic needs when relevant. Use local emergency or crisis procedures for imminent risk.
- Activities involving exposure, trauma detail, urges, means, disclosure, or relationship repair require appropriate competence, informed consent, pacing, and safety planning; a worksheet is not a substitute for these safeguards.

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Differences Between PTSD and C-PTSD

	PTSD	C-PTSD
Definition	PTSD is a mental health condition that's triggered by a terrifying event, either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares, severe anxiety, as well as uncontrollable thoughts about the event.	Complex PTSD, recognized for the complexity beyond PTSD, results from chronic, repeated trauma over months or years, rather than a single event.
Typical Causes	Single-event traumas such as an accident, natural disaster, or a violent assault.	Long-term abuse, ongoing domestic violence, prolonged war experiences, long-term childhood physical/sexual abuse, and captivity.
Symptom	• Exposure to stressful event • Intrusive symptoms (flashbacks, intrusive thoughts, etc.) • Persistent avoidance of stimuli • Negative alterations in cognitions and mood • Marked alterations in arousal and reactivity	The symptoms of C-PTSD are similar to symptoms of PTSD, but may also include: • feelings of worthlessness, shame and guilt • problems controlling your emotions • relationship problems, like having trouble keeping friends and partners

Symptoms Checklist

Review the following symptoms and mark each item based on your experiences over the past month. Use the following scale (0: Never, 1: Rarely, 2: Sometimes, 3: Often, 4: Always)

Symptom	Rate (0-4)
Difficulty Controlling Emotions: Frequent mood swings, sudden anger, persistent sadness, or feelings of emptiness.	0-1-2-3-4
Feelings of Hopelessness: A pervasive sense of despair or hopelessness about the future.	0-1-2-3-4
Dissociation: Feelings of detachment from reality or oneself, feeling numb or as if the world is distant.	0-1-2-3-4
Preoccupation with Abuser: Preoccupied with thoughts of the perpetrator of abuse or the traumatic situation.	0-1-2-3-4
Sense of Threat: A constant feeling of being threatened, even in safe environments.	0-1-2-3-4
Avoidance of Triggering Situations: Going out of your way to avoid situations or places that remind you of past trauma.	0-1-2-3-4
Sleep Disturbances: Difficulty falling or staying asleep, nightmares related to past trauma.	0-1-2-3-4
Isolation: Withdrawing from social interactions and activities you used to enjoy.	0-1-2-3-4
Self-Harm: Engaging in self-harm behaviors like cutting or self-destructive habits.	0-1-2-3-4
Negative Self-Perception: Persistent negative beliefs about oneself, feelings of guilt or shame.	0-1-2-3-4
Distorted Perception of the Perpetrator: Admiration	0-1-2-3-4

or preoccupation with the abuser, conflicting feelings about the abuser.	
Difficulty Trusting Others: Persistent mistrust and suspicion of others' intentions.	0-1-2-3-4
Problems with Intimacy: Difficulty maintaining close relationships, feeling distant or disconnected from loved ones.	0-1-2-3-4

Score: _____/52

The score reflects the severity and impact of your health anxiety.

If you find that several of these symptoms are frequently present, consider discussing this checklist with a mental health professional.

Understanding Triggers

1. List and describe specific situations, environments, or interactions that have previously led to an increase in C-PTSD symptoms.

Examples could include certain sounds, places, dates, experiences, or people.

2. Note how often each trigger occurs and the intensity of the reaction it provokes. This can help prioritize which triggers to address first.

3. Become more attuned to the early signs of being triggered. Identify any physical sensations you experience when encountering a trigger (e.g., increased heart rate, sweating, trembling).

4. Describe the emotions you feel when triggered (e.g., fear, anger, sadness). Recognizing these can serve as early warning signs to initiate coping strategies.

5. List any strategies you currently use to manage triggers. Evaluate their effectiveness and any side effects they may have.

6. Based on insights, brainstorm new coping strategies. The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ Practice focused, deep breathing to center your mind and reduce physiological arousal.
- ☐ Use visualization techniques to imagine a safe and calming place.
- ☐ Write about your feelings and experiences to process emotions and gain clarity.
- ☐ Use art, music, or dance as expressive tools to manage and communicate emotions.
- ☐ Spend time with animals to lower stress levels and increase feelings of comfort.

- ☐ Engage in activities that divert your attention away from distressing emotions temporarily (e.g., reading, watching a movie).
- ☐ Identify solutions to the issues that trigger emotional responses, rather than focusing on the emotional upset.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

7. Create a practical action plan for handling triggers.

- When I'm Triggered, I Will...

My C-PTSD Story

1. Reflect on the events that led to C-PTSD. Consider the environment, relationships, or events that contributed to your condition. Detail any specific incidents that stand out or overarching patterns of abuse or neglect.

2. Discuss your earliest memories of feeling different or noticing the impact of trauma.

Identify how C-PTSD has affected various aspects of your life.

- Describe any recurring emotions such as sadness, anger, fear, or numbness.

- Note any psychological symptoms like flashbacks, dissociation, or intrusive thoughts.

- Reflect on any physical symptoms that arise during stress or reminders of trauma.

- Discuss any coping mechanisms you've adopted, healthy or unhealthy (e.g., substance use, exercise, isolation).

3. Consider how C-PTSD has impacted your relationships with family, friends, and partners. Are there trust issues, difficulty in maintaining relationships, or tendencies towards isolation?

Emotion Identification

1. At three set times each day (morning, afternoon, evening), over the course of a week, pause and assess your emotions. Use the chart provided below to record the primary emotion you feel, rate its intensity on a scale from 1-10, and note any events that might have influenced this emotion.

Time of Day	Emotion	Intensity (1-10)	Possible Trigger/Event

2. After a week of tracking, review your emotion chart. Answer the following questions:

- Are there specific times of day when your emotions tend to be more intense?

- Are there recurring emotions that you experience more frequently?

- Note any physical sensations you experience with each emotion.

Examples: "When I feel anxious, my stomach knots up." or "When I am happy, I feel a lightness in my chest."

- What events or interactions typically precede your intense emotions?

Emotion Regulation Techniques

1. List emotions you commonly experience that you find difficult to manage or that are intense and distressing.

Emotion	Description of when it occurs
<i>e.g., Anger</i>	<i>When feeling criticized or ignored</i>

2. For each emotion listed, describe one or more techniques that could help manage that emotion.

Emotion	Regulation Technique
<i>e.g., Anger</i>	<i>Exercise or use deep breathing</i>

The following are some regulation techniques to consider:

Progressive Muscle Relaxation (PMR)

- Start with your feet and work your way up to your face.
- Tense each muscle group for five seconds.
- Relax the muscle group and notice the tension releasing.

4-7-8 Breathing Technique

- Exhale completely through your mouth, making a whoosh sound.
- Close your mouth and inhale quietly through your nose to a mental count of four.
- Hold your breath for a count of seven.
- Exhale completely through your mouth to a count of eight.

Visualization

- Close your eyes and imagine a peaceful place or situation.
- Use all your senses to enhance the image.
- Stay in this mental space for several minutes, enjoying the sense of calm.

Grounding Techniques (5-4-3-2-1 Technique)

- Acknowledge FIVE things you see around you.
- Acknowledge FOUR things you can touch around you.
- Acknowledge THREE things you hear.

- Acknowledge TWO things you can smell.
- Acknowledge ONE thing you can taste.

Distraction

- Identify when you are becoming overwhelmed by emotions.
- Choose an activity that requires concentration or physical effort (e.g., puzzles, cooking, exercise).
- Engage in the activity until you feel more in control.

3. Practice the listed techniques and evaluate their effectiveness.

Emotion	Technique Used	Effectiveness (1-5)	Notes
Anger	Deep breathing	4	Felt calmer quickly

Flashback Management Plan

1. Identify and describe the nature of your flashbacks.

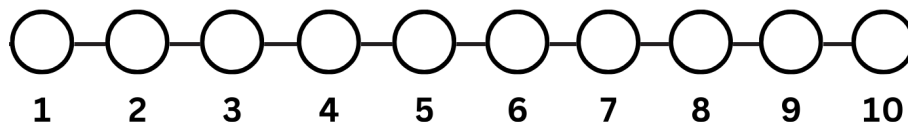
- Date/Time: When did the flashback occur?

- Trigger: What event, thought, or situation triggered the flashback?

- Sensations: What did you see, hear, or feel during the flashback?

- Duration: How long did the flashback last?

- Intensity: On a scale of 1-10, how intense was the flashback?



2. List coping strategies that you can use during a flashback to help ground yourself and return to the present moment.

- ☐ **Grounding Techniques:** Focus on physical sensations that connect you to the present (e.g., touching a piece of fabric, holding ice, smelling a scent).

- ☐ **Breathing Exercises:** Use deep, controlled breathing to help calm your body and mind.
- ☐ **Reassuring Phrases:** Repeat affirmations that remind you that the flashback is not real and that you are safe now.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

3. Establish a routine to care for yourself following a flashback. Describe activities or practices that promote calmness and recovery after experiencing a flashback.

- ☐ **Relaxation Activities:** Engage in activities that help you relax (e.g., listening to soothing music, taking a warm bath).
- ☐ **Journaling:** Write about your flashback and feelings to process the event and reduce its power.
- ☐ **Support System:** Identify people you can reach out to who understand and can provide emotional support.
- ☐ _____
- ☐ _____
- ☐ _____

Dealing with Nightmares

1. Develop a relaxing bedtime routine that begins 30 to 60 minutes before sleep. Include activities such as reading, taking a warm bath, or practicing relaxation exercises.

2. Make your sleep environment comfortable and soothing. Consider factors like room temperature, bedding, and the amount of light and noise. The following are some suggestions:

- ☐ Invest in a quality mattress and pillows
- ☐ Control the room temperature. A cooler room helps lower your core body temperature, signaling to your body that it's time to sleep.
- ☐ Minimize noise disruptions with soundproofing where possible. Alternatively, use a white noise machine, fan, or earplugs to mask outside noises.
- ☐ Use blackout curtains or shades to block out light from outside, especially if you live in an urban area with a lot of streetlights. An eye mask can also help if light blocking window treatments aren't sufficient.
- ☐ Keep your bedroom tidy and clutter-free. A clean and orderly space can help reduce anxiety and make your environment more relaxing.

- ☐ Keep televisions, computers, and other electronic devices out of the bedroom. The blue light emitted by screens can interfere with melatonin production, making it harder to fall asleep.
- ☐ Decorate your bedroom with soothing colors. Soft blues, greens, and neutrals are often recommended for their calming effects.
- ☐ Include items that personally relax you, such as a favorite photograph, or a soft throw blanket.

3. Keep a journal and pen by your bed. After a nightmare, write down everything you remember about it. Note any recurring themes or symbols that might be significant. Over time, understanding these elements can help in processing the underlying trauma.

4. Choose a recurring nightmare. Rewrite the story, changing the ending to something positive or neutral. Rehearse the new version of the nightmare in your mind several times during the day.

Understanding Dissociation

Dissociation is a mental process where a person disconnects from their thoughts, feelings, memories, or sense of identity. Dissociation can manifest in various ways, such as feeling detached from oneself, experiencing a distorted sense of reality, or having difficulty staying present. For those with C-PTSD, dissociative symptoms are often a response to overwhelming traumatic experiences.

Examples of Dissociative Symptoms:

- Feeling disconnected from your body or thoughts.
- Observing yourself from outside your body (depersonalization).
- Perceiving the world around you as unreal or dreamlike (derealization).
- Inability to remember important personal information (dissociative amnesia).

1. Identify and document personal experiences with dissociation.

Date	Symptoms Experienced	Possible Triggers	Impact on Daily Activities

2. Review the dissociative experiences you've listed and identify common triggers or situations that precede episodes of dissociation.

3. List coping strategies that could help ground you during dissociative episodes. The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ **Deep Breathing:** Focus on taking slow, deep breaths to help center your mind and body.
- ☐ **Hold Something Cold:** Hold a piece of ice or a cold object; focus on the sensation as it changes from cold to warm.
- ☐ **Touch Objects:** Touch various objects around you and describe their texture, temperature, and shape.
- ☐ **Stretching:** Do some gentle stretches to reconnect with your body.
- ☐ **Walking:** Walk slowly, paying attention to each footstep, noticing the movement and sensations in your feet and legs.
- ☐ **Eating or Drinking:** Eat a small snack or drink a glass of water, focusing on the taste and the swallowing process.
- ☐ **Sensory Engagement:** Use aromatherapy oils, scented candles, or other pleasant smells to engage your sense of smell.
- ☐ **Count Colors:** Choose a color and count objects around you that have that color.
- ☐ **Mindful Listening:** Close your eyes and identify as many sounds as you can, from far and near.

- ☐ **Repeat a Mantra:** Choose a comforting phrase or affirmation and repeat it out loud or in your mind.
- ☐ **Mental Math:** Do some simple calculations in your head.
- ☐ **Alphabet Game:** Pick a category (like fruits, cities) and try to think of a word in that category for each letter of the alphabet.
- ☐ **Comfort Yourself:** Give yourself a hug, or gently stroke your arm or hand reassuringly.
- ☐ **Pet an Animal:** If you have a pet, focus on petting them and the feeling of their fur.
- ☐ **Take a Warm Shower or Bath:** Focus on the sensation of the water on your skin.
- ☐ **Coloring or Drawing:** Engage in some form of art; focus on the colors and the act of creating.
- ☐ **Write It Down:** Write about what you're experiencing in the moment or journal your thoughts.
- ☐ **Crafting:** Engage in knitting, crocheting, or other crafting activities that require both mental and physical engagement.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Reality Testing

Reality testing is a cognitive technique used to distinguish between what is real and what is not, helping to manage these symptoms effectively. Reality Testing is particularly helpful for individuals with Complex Post-Traumatic Stress Disorder (C-PTSD) who may experience symptoms like dissociation or flashbacks, which can distort their sense of reality.

1. Identify common distorted thoughts or perceptions that you experience.

Distorted Thought	Example of Reality Distortion	Situational Trigger
<i>e.g., "I am in danger right now."</i>	<i>Feeling threatened when hearing loud noises, despite being in a safe place.</i>	<i>Hearing fireworks or loud bangs.</i>

2. Actively seek evidence that supports or contradicts your thought.

Thought:_____

Evidence for	Evidence against

3. Question the validity of your thoughts with a critical mindset. Ask yourself:

- Is this thought based on facts or feelings?

- Is there a more positive or realistic way to view this situation?

- What would I tell a friend who had this thought?

- How can I approach this situation differently to feel less anxious or depressed?

Creating a Safe Mental Space

1. Define the key elements of your safe space.

- Location: Where is this space? (e.g., a beach, forest, cozy room, imaginary place)
-

- Surroundings: What do you see around you? Describe the landscape, any buildings, or objects.
-
-

- Sounds: What can you hear in this space? Consider natural sounds, music, or even silence.
-

- Scents: Are there any particular smells here? Maybe the ocean breeze, forest pine, or freshly baked bread.
-

- Textures: What can you touch? Describe surfaces and objects within reach.
-

- Lighting: What is the light like here? Is it bright sunlight, soft twilight, or perhaps candles?
-

- Temperature: What's the temperature like? Is it warm and cozy, cool and refreshing?
-

- **Presence of Others:** Are you alone, or are there other beings? These can be loved ones, animals, or even imaginary companions who make you feel safe.

2. Think about how you can interact with your environment. What activities might you do here? How do these activities make you feel safer or more relaxed?

3. Practice entering your safe space mentally.

- **Find a Quiet Place:** Begin in a quiet and comfortable setting where you won't be disturbed.

- **Relax Your Body:** Use deep breathing or muscle relaxation to ease tension.

- **Visualize:** Close your eyes and imagine stepping into your safe space. Use the details you've defined to experience it fully with all your senses.

- **Stay as Needed:** Remain in your safe space as long as you need. Interact with it, explore it, and let it provide you comfort.

- **Return:** When you're ready, gently bring yourself back to your actual environment.

Trauma Narrative

Trauma Narrative" is a therapeutic tool used in the treatment of trauma. This approach involves carefully and systematically recounting the traumatic experiences in a safe, structured format, which can help individuals process and integrate these events.

1. Ensure you have strategies in place for managing distress (e.g., grounding techniques, support person).

2. Begin to describe the traumatic events that have contributed to your C-PTSD.

- Describe the Context: Write about the period in your life when the trauma occurred. Include details about your age, location, and any relevant circumstances.

- Narrate the Events: Describe the traumatic events as clearly and thoroughly as you can. Focus on what happened, how it felt, and who was involved.

- **Impact on You:** Discuss the immediate impact of the trauma on your emotions, thoughts, and behavior at the time.

3. Reflect on any lessons or insights you have gained from dealing with the trauma.

Identifying Cognitive Distortions

Cognitive distortions are irrational or exaggerated thought patterns that can lead to negative emotions and behaviors.

Common Cognitive Distortions	Examples
All-or-Nothing Thinking (Black-and-White Thinking): Seeing things in only two categories instead of on a spectrum.	"If I am not perfect, I have failed."
Overgeneralization: Making broad interpretations from a single or few events.	"Because I experienced trauma, I will never be able to trust anyone."
Mental Filter (Selective Abstraction): Focusing on a single negative detail and ignoring the positive aspects.	Focusing solely on a minor negative comment and ignoring positive feedback.
Disqualifying the Positive: Dismissing positive experiences or attributes as flukes or unimportant.	"That person complimented me only because they didn't want to hurt my feelings."
Jumping to Conclusions: - There are two sub-types: - Mind Reading: Assuming the thoughts and intentions of others. - Fortune Telling: Predicting future events negatively without evidence.	"They didn't call me back, so they must hate me."
Catastrophizing: Expecting the worst-case scenario to happen.	"I made a mistake at work; I'm going to get fired."
Emotional Reasoning: Believing that what you feel must be true automatically.	"I feel embarrassed, so I must be an idiot."
Should Statements: Using "should," "ought to," or "must" can lead to guilt.	"I should always be strong."

Labeling and Mislabeling: Assigning global negative labels to oneself or others.	"I'm a loser."
Personalization: Believing that one is responsible for events outside of their control.	"It's my fault that my partner is always upset."

Review the list and identify cognitive distortions you tend to engage in. For each example you listed, question the validity of these thoughts using the questions below:

Thought	Evidence for	Evidence against	Balanced thought

Addressing Distorted Perceptions of the Perpetrator

1. Clearly identify who the perpetrator is in your experience.

- Name the perpetrator(s) or describe the type of relationship if naming is too difficult.

- Describe the role they played in your life.

2. Explore the perceptions of power held by or attributed to the perpetrator.

- Describe how powerful the perpetrator seems in your mind.

- List specific instances where they exercised power over you.

3. Identify any positive feelings or bonds you feel towards them. Reflect on why these feelings exist and how they complicate your perception.

4. Analyze any justifications you give to the perpetrator's actions. Write down these justifications and challenge their validity.

5. Acknowledge any resentful feelings or revenge fantasies. Discuss how these feelings impact your healing process.

6. Based on insights from the above sections, identify realistic perceptions of the perpetrator.

Example:

- ***Distorted Perception:*** *"The perpetrator has complete control over my life, even now."*
- ***Realistic Perception:*** *"The perpetrator had control over me in the past, but now I am working to regain control over my own life. I am learning ways to assert my independence and make decisions for myself."*

Trauma Release Exercises (TRE)

Tension and Trauma Release Exercises (TRE) are an innovative set of exercises that help the body release deeply held tension and trauma. TRE activates the natural reflex mechanism of shaking or vibrating that releases muscular tension and helps calm down the nervous system, which helps the body return back to a state of balance.

View demonstration of the exercises here:

<https://www.youtube.com/watch?v=FeUioDuJjFI>

Note

- The following exercises have been proved to be a safe, self-administered program, in cases of stress, tension, and post-trauma symptoms.
- If you have a history of physical injuries, consult your healthcare provider before using these exercises.

Exercise 1 (Stretching the ankles)

1. Spread your legs shoulder's width apart.
2. Sway to one side by rolling onto the sides of your feeling. You should be standing on the outside of one foot and on the inside of the other foot. Hold this position for a few seconds and then sway to the other side.
3. Continue slowly swaying back and forth for about 5 to 8 times in each direction.
4. Once done, shake out your feet.

Exercise 2 (Stretching the calf muscle)

1. Place one foot in front of you and put all your weight onto that foot. Keep the back leg on the floor just for balance.
2. Lift the front heel off the ground as high as you feel is comfortable and go up and down on your toes. Repeat for about 5 to 8 times.
3. Once finished, shake the leg you just exercised.
4. Repeat the same with the other foot.

Exercise 3 (Stretching the upper legs)

1. Place one leg in front of the other.
2. Lower your hips slightly as if you are about to sit on a chair. This will cause the knee of your front leg to bend. Do not let it bend beyond the length of the foot. Keep bending and straightening your standing knee for about 5 to 10 times.
3. Once finished, shake the exercised leg.
4. Switch to the other leg and repeat the same.

Exercise 4 (Stretching your inner legs, hips, and back)

1. Stand with your legs spread a comfortable width apart.
1. Fold forward, bending the knees. You may not put your hands on the ground if that is too difficult.
2. With your hands in the center, take 3 deep breaths and relax by allowing gravity to naturally stretch your body.

3. Then slowly walk your hands to one foot. Hang onto the leg or the floor and hold this position for three slow, deep breaths.
4. Go over to the other foot. Hold this position for three deep breaths.
5. Move your hands back to the center and reach between your legs behind you. Hold this position for three deep breaths.
6. Once finished, go back to standing position and place your hands for support as you stand.

Exercise 5 (stretching the front of the body)

1. Place your feet beyond hip-width apart.
2. Place your hands partly on the lower back. You can look down or up.
3. Bend your knees slightly and bow your back slightly as you move your hips forward.
4. Gently rotate to one side, looking behind and keeping the bowed position. Take three deep breaths.
5. Come center and rotate in the opposite direction. Take three deep breaths.
6. Return to the center position. Take three deep breaths and come standing in a normal position.

Exercise 6 (Wall sit exercise/stretching upper leg muscles)

1. Sit with your back against the wall as though you were sitting on a chair, feet a comfortable distance apart.

2. Once it becomes slightly uncomfortable, move up the wall about an inch or two.
3. Again if this becomes too uncomfortable, move up the wall about an inch or two. The goal is to allow your legs to tremor/shake without pain.
4. After about 3 to 5 minutes, push off the wall to a standing position.
5. Bend your knees slightly and allow yourself to hang forward. It is normal for the body to start shaking in this position. Touch the ground with your hands and stay there for a minute if possible.

Exercise 7 (Floor sequence)

- 1 Lay on the floor and bend your knees.
2. Open the knees wide in a rest position with your foot soles touching and the heels close to your body.
3. From that position, lift your hips off the ground for 30 seconds to one minute.
4. Gently set your hips down on the ground and let your knees relax for a minute.
5. Slightly close your knees about an inch or two and hold this position for two minutes. It is normal for you to experience tremoring/shaking in this position. If it gets uncomfortable stop by stretching the legs out and pulling the toes back.

When you're done or if you needed a break, try walking around or sitting down and breathing in a relaxed manner.

Letting Go of Guilt

Individuals with C-PTSD often struggle with persistent feelings of guilt and shame as a result of their traumatic experiences.

1. List situations where you feel a strong sense of guilt. Describe the context and your role in these situations.

- *Example: "I feel guilty when I think about times I couldn't stand up for myself during conflicts."*

2. For each instance listed above, consider the following questions:

- Why do I feel guilty about this situation?

- What beliefs about myself or the situation are contributing to this guilt?

- Is this guilt based on my values or is it imposed by others?

3. Challenge the validity and usefulness of the guilt. Ask yourself these questions to challenge your guilt:

- Is this guilt justified or am I being too hard on myself?

- What would I tell a friend who felt this way?

- Are there factors beyond my control that contributed to the situation?

4. For each situation where guilt is not fully justified, write down strategies to let go of these feelings. Strategies may include forgiveness exercises, engaging in positive self-affirmation, etc.

- *Example: "I will remind myself that I did the best I could at the time with the knowledge and resources I had."*

Self-Compassion Exercises

Self-compassion involves treating oneself with the same kindness, concern, and support one would show to a good friend.

1. Learn to observe your emotions without judgment.

- Step 1: Find a quiet place to sit comfortably and close your eyes.

- Step 2: Take a few deep breaths to center yourself.

- Step 3: Identify any emotions you are feeling. Observe these emotions without trying to change or judge them.

- Step 4: Acknowledge each emotion, saying internally, "This is how I am feeling right now, and it's okay."

2. Write a letter to yourself expressing compassion and understanding. Write from the perspective of a compassionate friend.

3. Guided Loving-Kindness Meditation

- Step 1: Sit in a comfortable and quiet space.
- Step 2: Close your eyes, take a few deep breaths, and begin to visualize someone you love and who loves you. Feel the love they have for you.
- Step 3: Slowly repeat phrases such as, "May I be happy, may I be healthy, may I be safe, may I live with ease."
- Step 4: Gradually extend these wishes to others: your loved ones, acquaintances, and even those with whom you have difficulties.

Self-Concept and Identity Work

1. Assess and reflect on how you currently see yourself.

- List the words or phrases you commonly use to describe yourself.

- Identify which of these descriptors are influenced by your trauma and which are genuinely from your core self.

- Reflect on how these descriptions make you feel and which ones you wish to change.

1. Identify what is genuinely important to you, not just as a reaction to your past.

- List the values that matter most to you (e.g., honesty, compassion, creativity).

- Rate how well you feel you are currently aligned with these values in your daily life.

- Consider ways you can more fully live according to these values.

3. Define who you want to become and what you wish to achieve.

- Think about where you want to see yourself in 5 years, both personally and professionally.

- Map out steps you can take to become this person.

Rebuilding Self-Esteem

1. List at least five personal strengths or qualities you like about yourself.

2. Write down three accomplishments you are proud of.

3. Set three small, achievable goals for yourself that can be accomplished within a week or month.

4. Plan steps to achieve these goals.

5. Each day, write down at least one positive experience or something you felt good about.

6. Note how these experiences influence your feelings about yourself.

Assertiveness Skills Training

Assertiveness is a communication style and skill that involves expressing your thoughts, feelings, beliefs, and needs directly, clearly, and respectfully, without violating the rights of others. It stands in contrast to being passive (failing to express oneself effectively) or aggressive (expressing oneself in a hostile or demanding manner).

1. Acknowledge and affirm your rights in interpersonal interactions. The following are some examples:

- The right to be treated with respect.
- The right to express your feelings, opinions, and beliefs.
- The right to say "no" without feeling guilty.
- The right to make decisions for yourself.
- The right to change your mind or course of action.
- The right to ask for what you want or need.
- The right to be listened to and taken seriously.
- The right to your own privacy and personal space.
- The right to your own time, without feeling rushed or pressured.
- The right to remove yourself from harmful situations or relationships.
- The right to agree to disagree.
- The right to not be responsible for others' behaviors, actions, feelings, or problems.
- The right to expect honesty from others.
- _____
- _____
- _____

2. Reflect on times when you felt your rights were not respected and how being assertive could have changed the outcome.

3. Learn and apply specific assertiveness techniques.

Using "I" Statements

- Step 1: Identify the feeling or need you want to communicate.

- Step 2: Frame your sentence starting with "I," focusing on your feelings rather than the behavior of the other person.

Expressing Disagreement

- Step 1: Listen to the other person's point of view completely.

- Step 2: Acknowledge what you heard before expressing your disagreement: "I see your point..."

- Step 3: Provide your perspective or facts to support your viewpoint.

Refusing Requests (Saying “No”):

Saying "no" can be challenging, especially when you want to avoid hurting someone's feelings or seem helpful. The following are some suggestions to help you say "no" that range from direct to gentle, allowing you to maintain boundaries while still being considerate of others' feelings:

- **Simply No:** "No, thank you."
- **Polite but Firm:** "I appreciate the offer, but I must say no."
- **Offering an Alternative:** "I can't do that, but I can..."
- **Not Right Now:** "Now isn't a good time for me. Can we revisit this later?"
- **Very Direct:** "I'm not interested, but thanks for asking."
- **Blame the Schedule:** "I have too much on my plate right now and can't commit."
- **Financial Reasons:** "That's not in my budget right now."
- **Supporting Without Doing:** "I can't help with this, but I can help find someone who can."
- **Without Explanation:** "I'm going to pass on this."
- **Future Possibilities:** "Maybe next time!"
- _____
- _____

Rehearsing Difficult Conversations

- Step 1: Write down the main points you want to cover.

- Step 2: Practice speaking them aloud, ideally with a friend or mirror.

4. Anticipate potential objections or resistance you might face when being assertive. Plan responses that maintain your assertive stance while remaining respectful.

Potential Resistance	Assertive Response
<i>e.g., "You have the money, and I really need this help now."</i>	<i>"I understand your situation, and I want to help in other ways if possible, but I am not comfortable lending money."</i>

Healthy Boundaries Worksheet

Boundaries help define what is acceptable and what is not, enabling individuals to protect their emotional health and build healthier relationships.

1. Identify areas where you might need stronger boundaries (e.g., emotional, physical, intellectual, sexual, material, time).

Emotional Boundaries: These involve separating your emotions from someone else's.

- *Example: "I need some time to myself after work to unwind before we talk about our days."*

Physical Boundaries: These relate to your personal space, privacy, and body.

- *Example: "I prefer not to be hugged when I meet someone new."*

Intellectual Boundaries: These refer to respecting and acknowledging different thoughts, ideas, values, and opinions.

- *Example: "I understand your point, but I have a different view on this issue. Let's agree to disagree respectfully."*

Sexual Boundaries: These pertain to your comfort level with physical affection and sexual activities.

- *Example: "I am not comfortable with moving our relationship to a sexual level at this stage."*

Material Boundaries: These define what you are willing to share and what you expect to be returned, concerning your possessions.

- *Example: "I'm happy to lend you books from my library, but I need them back within a month."*

Time Boundaries: These are limits you set on how you spend your time to ensure that your priorities are respected.

- *Example: "I can't volunteer for that project right now because my weekends are dedicated to family time."*

Identify situations where your boundaries are being tested or violated. Reflect on recent interactions or relationships where you felt discomfort, stress, or resentment—these are indicators of boundary issues.

Situation	Feelings Experienced	Boundary Challenged

3. Based on the boundary challenges identified, formulate clear statements that assert your boundaries. Practice saying these statements aloud or role-play with a therapist or trusted friend.

Boundary Needed	Assertive Statement

4. Plan how to enforce these boundaries consistently. Identify potential responses or actions you can take if someone disrespects your boundaries.

Example:

Boundary: *No Interruptions During Work Hours*

Action if disrespected:

- *Politely remind the person of your work hours and ask to discuss the matter later.*
- *If the behavior continues, escalate by sending an email or message outlining the importance of this boundary for your productivity.*
- *If necessary, involve a supervisor or HR to formally address the recurring disruptions.*

Boundary to Enforce	Actions if Disrespected

Trust Building Exercises

1. Enhance your ability to trust yourself, which is foundational for trusting others.

- List decisions you made recently where the outcome was positive.

- Reflect on what these decisions reveal about your judgment and capabilities.

- Write affirmations that reinforce your trust in your decision-making process.

Examples:

- *"I am capable of making wise choices that align with my values and goals."*
- *"I am confident in my ability to navigate through any situation."*
- *"I trust myself to learn from each experience and grow stronger."*

2. Practice sharing information gradually to build intimacy in a controlled manner.

- Choose a trusted person with whom you feel relatively safe.
- Decide on something small and non-threatening to share about yourself.
- Describe your feelings and reactions to the disclosure.

Safe Person	Information Shared	Feelings/Reactions

3. Begin to trust others by delegating small, low-risk tasks.

- Think of small tasks that you can ask others to handle for you.
- Observe how they handle these tasks and reflect on the outcomes.
- Gradually increase the significance of the tasks as your comfort with their reliability grows.

Task Assigned	Outcome	Reflection

4. Recognize and acknowledge the reliability of those around you.

- Make a list of times when people in your life have been reliable.

- Reflect on how acknowledging these instances affects your feelings of trust.

5. Enhance trust through open communication. With a partner or close friend, practice expressing your needs and feelings clearly. Ask for and provide feedback on how these communications are received and responded to.

Needs Expressed	Feedback Received

Coping with Loneliness

1. Reflect on recent instances when you felt lonely. Note what you were doing and any particular thoughts or events that might have triggered these feelings.

Instance of Loneliness	Trigger

2. List the people in your life with whom you have regular contact (family, friends, colleagues). Rate the quality of these relationships (e.g., superficial, meaningful).

Relationship	Frequency of Contact	Relationship Quality

3. Choose one or two relationships you would like to deepen or new communities you want to join. Plan specific actions to enhance these relationships or increase your community involvement. Example:

- ☐ Reach out to old friends you haven't spoken to in a while.
- ☐ Join clubs or groups that align with your interests.
- ☐ Volunteer for causes you care about to meet like-minded people.
- ☐ Attend workshops or classes to learn something new while meeting others.
- ☐ Schedule regular check-ins with friends or family.
- ☐ Share meals with coworkers or neighbors.
- ☐ Join a fitness class or jogging group.
- ☐ Offer support during your friends' important events or challenges.
- ☐ If you have pets, arrange playdates with other pet owners.
- ☐ If religious, attend services and engage with the community.

Relationship	Action Plan

4. Identify effective personal strategies for managing feelings of loneliness. List activities that make you feel less lonely (e.g., engaging in hobbies, physical exercise, etc.).

2026 Clinical Alignment

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

Classification status

- DSM-5-TR: No separate complex PTSD diagnosis; presentations may meet PTSD and/or other diagnoses · not separately recognized
- ICD-11 CDDR: 6B41 Complex post traumatic stress disorder · recognized
- A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 3, 4, 5, 6, 7, 10, 11, 12, 14, 17, 18, 19, 20, 21, 24, 28, 35, 47, 49, 59. 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

- Use the current formal classification identified for C-PTSD; avoid treating the workbook title, a checklist, or a total score as sufficient to establish that diagnosis.
- Where C-PTSD 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 [2, 6, 12, 17]: disclose whether each tool is validated or author-created, remove unsupported thresholds, and separate symptom monitoring from diagnosis.
- Revise exposure content on pages [2, 4] to require consent, an objectively safe graded hierarchy, condition-specific response guidance, progress review, and stop/reassessment criteria; never equate flooding with effective exposure.
- Revise trauma/protocol material on pages [24]: distinguish stabilization and reflection from trauma processing, state training/scope requirements, and add dissociation, acute-risk, and destabilization safeguards.
- Clinically review medical or treatment statements on pages [2]; 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, 4, 5] 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 [2, 6, 12, 17] contain named, implied, or author-created screening/rating content . 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 C-PTSD, 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.

Crisis and current resources

2026 Clinical Alignment

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

- For C-PTSD, 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>
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- <https://www.healthquality.va.gov/guidelines/MH/ptsd/>
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