

13

Caring for a Trauma Survivor 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

1 · Assessment

2 · Symptoms and Indicators

3 · Identifying Triggers

4 · Exploring Therapy Options

5 · Finding Safe Outlets for Emotions

6 · Validating Statements

7 · Safety Planning

8 · Helping Survivors Regain Control

9 · Creating a Calm and Healing Space

10 · Avoidance vs. Exposure

11 · Flashbacks and Dissociation

12 · Nightmares and Sleep Issues

13 · Recognizing Secondary Traumatic Stress

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.

Contents

Assessment	4
Symptoms and Indicators	5
Identifying Triggers	7
Exploring Therapy Options	10
Finding Safe Outlets for Emotions.....	12
Validating Statements	15
Safety Planning	16
Helping Survivors Regain Control.....	17
Creating a Calm and Healing Space	19
Avoidance vs. Exposure	22
Flashbacks and Dissociation	25
Nightmares and Sleep Issues	27
Recognizing Secondary Traumatic Stress.....	31

Assessment

The following are common signs your might be struggling with trauma. Rate each statement on a scale from 1-5 (1 being “strongly disagree” and 5 being “strongly agree”):

Statement	Rate (1-5)
1. “They seem to be constantly on edge, as if they are expecting something bad to happen at any moment.”	1-2-3-4-5
2. “They have trouble sleeping, either taking hours to fall asleep or waking up multiple times throughout the night, often due to nightmares.”	1-2-3-4-5
3. “They avoid certain places, people, or activities that they used to enjoy, or that remind them of the traumatic event.”	1-2-3-4-5
4. “They suddenly become irritable or aggressive over seemingly minor things, which is uncharacteristic of their usual behavior.”	1-2-3-4-5
5. “They experience frequent mood swings, ranging from episodes of profound sadness to moments of intense anxiety or panic.”	1-2-3-4-5
6. “They seem disconnected from their surroundings, and they sometimes appear to be in a daze or 'spaced out.'”	1-2-3-4-5
7. “They have talked about intrusive and distressing memories of the event that keep coming back, even when they try to push them away.”	1-2-3-4-5
8. “They've started using alcohol or drugs in ways that seem like an attempt to self-medicate or escape from their feelings.”	1-2-3-4-5

AUTHOR-CREATED REFLECTION: Do not total or use these ratings to diagnose the survivor or supporter. Discuss needs, consent, safety, and functioning individually.

Symptoms and Indicators

The following are some common symptoms of trauma. Check off the ones that apply or add more to the list:

Emotional Symptoms:

- ☐ Persistent feelings of sadness or hopelessness
- ☐ Irritability or angry outbursts
- ☐ Feelings of anxiety or excessive worry
- ☐ Shame or guilt, particularly if undeserved
- ☐ Emotional numbness or inability to feel joy
- ☐ Fearfulness, being easily startled
- ☐ _____
- ☐ _____
- ☐ _____

Physical Symptoms:

- ☐ Changes in sleeping patterns (insomnia, nightmares)
- ☐ Altered eating habits (loss of appetite, overeating)
- ☐ Somatic complaints (headaches, stomachaches, nonspecific aches and pains)
- ☐ Increased heart rate and hyperventilation
- ☐ Exhaustion or chronic fatigue
- ☐ Jumpiness or a heightened startle response
- ☐ _____
- ☐ _____
- ☐ _____

Cognitive Symptoms:

- ☐ Difficulty concentrating or remembering
- ☐ Confusion or disorientation
- ☐ Intrusive thoughts or memories about the traumatic event
- ☐ Difficulty making decisions
- ☐ Negative beliefs about oneself, others, or the world
- ☐ Persistent blame of self or others
- ☐ _____
- ☐ _____
- ☐ _____

Behavioral Symptoms:

- ☐ Avoidance of reminders of the trauma (places, people, activities)
- ☐ Withdrawal from social situations and isolation
- ☐ Loss of interest in previously enjoyable activities
- ☐ Increased use of alcohol or drugs
- ☐ _____
- ☐ _____
- ☐ _____

Relational Symptoms:

- ☐ Difficulty trusting others or feeling safe
- ☐ Problems with intimacy or forming close relationships
- ☐ Over-reliance on others or excessive need for reassurance
- ☐ Conflicts with family members, friends, or co-workers
- ☐ _____
- ☐ _____
- ☐ _____

Identifying Triggers

Trauma triggers are highly individualized, but the following are some common triggers that may evoke a response in someone who has experienced trauma. Check off the ones that apply or add more to the list:

- ☐ **Sudden loud noises** - e.g., fireworks or yelling.
- ☐ **Certain anniversaries** - dates of losses or traumatic events.
- ☐ **Specific smells** - that remind the person of the traumatic event.
- ☐ **Physical touch** - especially if unexpected or unwanted.
- ☐ **Conflict** - arguments or confrontations.
- ☐ **Certain locations** - places where the trauma occurred or resemble it.
- ☐ **Crowds** - feeling overwhelmed by too many people.
- ☐ **Darkness** - or other lighting conditions associated with the trauma.
- ☐ **Media reports** - news stories about similar traumatic events.
- ☐ **Movies or TV shows** - depicting trauma or violence.
- ☐ **Graphic images** - that resemble aspects of the trauma.
- ☐ **Police sirens or ambulance sounds** - particularly for those with trauma related to accidents or violence.
- ☐ **Medical procedures or hospitals** - can trigger past medical trauma.
- ☐ **Seeing someone who resembles an abuser or attacker** - even if that person is a stranger.
- ☐ **Intense emotional encounters** - with others, which can feel threatening.

- ☐ **Being touched in a certain way or place** - that echoes the traumatic incident.
- ☐ **Feelings of vulnerability** - such as when undressing or bathing.
- ☐ **Certain phrases or words** - that were spoken during the trauma.
- ☐ **Pressure to remember or talk about the trauma** - before the person is ready.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

2. Early Warning Signs

- What are the early signs that your loved one is beginning to feel triggered?

3. Coping Strategies

- Based on the triggers you identified, what coping mechanisms can your loved one employ when triggered? The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ **Grounding Techniques:** Engaging the five senses to stay present.
- ☐ **Deep Breathing:** Slowing down the breath to calm the nervous system.
- ☐ **Safe Space Visualization:** Imagining a place where one feels secure and calm.
- ☐ **Positive Self-Talk:** Replacing negative thoughts with supportive and affirming messages.
- ☐ **Self-Care Activities:** Engaging in activities that promote well-being (e.g., taking a bath, walking).
- ☐ **Movement or Exercise:** Physical activity to help process and release energy.
- ☐ **Journaling:** Writing down thoughts and feelings to process the trigger.
- ☐ **Containment Visualization:** Picturing a container to hold distressing memories for the time being.
- ☐ **Distracting Techniques:** Engaging in activities that require concentration, steering the mind away from the trigger.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Exploring Therapy Options

1. Therapy Modalities Overview

- Research various therapy options. The following are some examples:

Cognitive Behavioral Therapy (CBT)	A structured, time-limited therapy that aims to address problematic thoughts and behaviors. Effective for a range of traumas, particularly when symptoms include intrusive thoughts.
Eye Movement Desensitization and Reprocessing (EMDR)	A therapy that uses eye movements or other forms of bilateral stimulation to process and integrate traumatic memories. Best for Individuals who have difficulty talking about their traumatic experiences.
Prolonged Exposure Therapy (PE)	A form of CBT that involves gradual exposure to trauma reminders in a safe environment to help reduce fear and avoidance. Best for Individuals who avoid places, people, or situations that remind them of the trauma.
Dialectical Behavior Therapy (DBT)	Combines CBT with mindfulness and focuses on building skills in emotional regulation and distress tolerance. Helpful for individuals with complex trauma or borderline personality disorder, often accompanied by self-harm or suicidal behaviors.
Somatic Experiencing (SE)	Focuses on the physical responses to trauma and emphasizes the body's natural ability to heal itself through somatic awareness. Best for Best for those experiencing somatic symptoms related to trauma, such as tension or numbness.

2. Individual Needs Assessment

- Considering your loved one's unique experiences and symptoms, what type of therapy might be most beneficial?

3. Accessibility and Practicality

- Assess practical considerations to ensure that therapy is a viable and sustainable option. (e.g., location, cost, insurance coverage, availability)?

4. Cultural and Individual Considerations

- Are there any cultural, linguistic, or individual factors that should be taken into account when choosing therapy?

Finding Safe Outlets for Emotions

Use this worksheet to explore ways you can support your loved one in expressing their emotions safely.

1. Checking-in

Here are some check-in questions that can facilitate this process, always considering the timing and the individual's readiness to share:

- "How are you feeling right now? Is there anything specific you'd like to talk about today?"
- "Have you noticed any physical reactions when you start to feel emotional?"
- "What has been on your mind most these days? I'm here to listen to whatever you want to share."
- "What part of your day do you find the most challenging right now? What makes it difficult?"
- "How do you see yourself handling your emotions? Is there anything you wish you could do differently?"
- "What have you been doing that helps you feel a bit better when you're struggling?"
- "Are you feeling safe these days? Is there anything that we can do together to make things feel safer or more comfortable?"
- "What are some things that make you feel strong or in control?"

Other check-in questions you want to use:

2. Exploring Expression Methods

- Which creative or physical activities could serve as healthy outlets for your loved one's emotions? The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ **Painting or Drawing** - Allows for visual expression of feelings.
- ☐ **Writing or Journaling** - Helps process emotions through words.
- ☐ **Singing or Chanting** - Can be both uplifting and therapeutic.
- ☐ **Dance or Movement Therapy** - Facilitates emotional release through bodily movement.
- ☐ **Gardening** - Connects with nature and provides a sense of nurturing.
- ☐ **Martial Arts** - Helps channel energy and emotions through disciplined practice.
- ☐ **Running or Jogging** - Releases endorphins and reduces stress.
- ☐ **Volunteering** - Helping others can be empowering and boost self-esteem.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

3. Emotional Regulation Tools

- What tools or practices can you introduce to your loved one that might help them regulate intense emotions? The following are some common strategies:

Deep Breathing

- Take a slow breath in through your nose, counting to four.

- Hold your breath for a count of four.
- Exhale slowly through your mouth for a count of six.
- Repeat several times until you feel calmer.

Progressive Muscle Relaxation

- Begin by tensing the muscles in your toes for 5-10 seconds, then relax them completely.
- Work your way up through each muscle group, tensing and relaxing.
- Notice the difference between tension and relaxation.

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

- Identify FIVE things you see around you.
- Focus on FOUR things you can touch.
- Listen to THREE things you can hear.
- Identify TWO things you can smell.
- Think of ONE thing you can taste.

Positive Affirmations

- Choose a phrase that is encouraging and self-affirming.
- Repeat this phrase to yourself, especially during times of stress or self-criticism.
- Use it to redirect negative self-talk.

Validating Statements

Validating statements that can be helpful when supporting someone who has experienced trauma. The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ "What you're feeling makes a lot of sense given what you've been through."
- ☐ "You've survived this far, and that is a testament to your strength and resilience."
- ☐ "Your feelings are important, and I'm here to listen whenever you need to talk."
- ☐ "It's okay to feel scared or angry. These are natural responses to what happened."
- ☐ "I am sorry you are going through this. It's not fair, and you didn't deserve it."
- ☐ "You don't have to go through this alone. I'm here for you, and we can find others who can support you as well."
- ☐ "You don't need to explain or justify how you feel to me or anyone else."
- ☐ "There is no 'right' or 'wrong' way to respond to trauma. Your experience is unique to you."
- ☐ "You're not broken or damaged. You are a person who has been through a difficult experience."
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Safety Planning

1. Emergency Contact Information

- What are the necessary emergency contact numbers, including crisis hotlines, therapists, and trusted friends or family?

Crisis Hotline	
Therapist/Counselor	
Local Emergency Services	
Supportive Friends/Family Members	

- How can you save this information so that it's easily accessible?

2. Establishing Safe Spaces

- Which physical locations are safe and comforting for your loved one?

Helping Survivors Regain Control

1. Identifying Strengths and Abilities

- What are some strengths, talents, and abilities your loved one possesses?

- Encourage your loved one to reflect on times they have demonstrated them.

2. Setting Personal Goals

- What goals would your loved one like to achieve in the short-term and long-term?

- How can you support your loved one in achieving those goals?

4. Boundary Setting

- What boundaries does your loved need to set?

Types of physical contact they are/are not comfortable with(e.g.,
preference for not being touched, comfort with physical proximity)

Topics they are not willing to discuss or engage in

Preferences for communication (texts, calls, emails, social media
engagement)

Limits around sexual activity and consent, including comfort levels around
sexual communication

- Role-play situations where a boundary might be needed and offer
feedback and encouragement.

Creating a Calm and Healing Space

Adjustments should be made in collaboration with your loved one to ensure that the space meets their specific needs and preferences.

1. Assessment of Current Environment

- Identify any aspects of the space that may contribute to stress or discomfort.

2. Sensory Considerations

- What sensory experiences (sight, sound, touch, smell, taste) are soothing to your loved one?

- Introduce elements such as soft lighting, calming music, comfortable furnishings, pleasant scents, or specific textures that resonate with your loved one.

3. Personalization

- What personal items can be included in the space to make it feel safe and welcoming? (e.g., photographs, artwork, or mementos)

4. Nature and Greenery

- Can elements of nature be introduced into the space? Consider adding plants, flowers, or a small indoor water feature.

5. Color Scheme

- What colors are most calming for your loved one? Choose a color palette for the space that is known to reduce anxiety and promote tranquility (e.g., soft blues, greens, or neutral tones).

6. Comfort and Relaxation Areas

- Is there a specific area designed for relaxation and self-soothing? Set up a designated corner or nook with cushions, blankets, and other comfort items where your loved one can unwind.

7. Safety and Security

- What features can enhance the feeling of safety within the space? Ensure that locks, security systems, and privacy measures are in place and that your loved one feels secure in their environment.

Avoidance vs. Exposure

Avoidance refers to steering clear of people, places, thoughts, or situations that remind the person of their trauma, providing temporary relief from distress. Exposure, on the other hand, involves safely confronting these feared situations, which can reduce the power they hold over the individual's life.

1. Identifying Avoidance Behaviors

- What specific thoughts, feelings, situations, or activities does your loved one avoid? List them out, and discuss the short-term and long-term impacts of this avoidance.

2. Beneficial vs. Detrimental Avoidance

- Are there any avoidance behaviors that actually serve a protective, healthy role at this time?

3. Developing an Exposure Hierarchy

Facing fears in a safe and structured way can lead to desensitization and reduced anxiety over time.

- What is the least anxiety-provoking situation my loved one avoids, and what is the most anxiety-provoking? Create a list from least to most anxiety-inducing to help structure exposure exercises.

Example: Driving trauma after accident

Exposure Hierarchy:

- *Sitting in the parked car, with the engine off.*
- *Sitting in the parked car, with the engine running.*
- *Driving around the block in a familiar neighborhood at a low-traffic time.*
- *Driving on a quiet residential road with a companion during daylight hours.*
- *Going for a short drive on busier streets with a support person present.*
- *Driving on a highway with a companion, but not during rush hour.*
- *Driving alone in various traffic conditions, including peak hours.*

4. Safety and Support in Exposure

- What safety measures should be in place during exposure exercises?

Ensure that exposure occurs within a context of support, with the option to retreat if overwhelmed.

5. Coping Strategies for Exposure

- What coping strategies can your loved one use during exposure exercises? List breathing techniques, grounding exercises, or other strategies they've found helpful.

6. Professional Guidance

- Consider seeking the help of a therapist trained in exposure therapy, such as Prolonged Exposure (PE) or Eye Movement Desensitization and Reprocessing (EMDR).

Flashbacks and Dissociation

Flashbacks and dissociation are common responses to trauma that can be highly distressing and disruptive. They involve reliving the traumatic event as if it's happening again (flashbacks) or feeling disconnected from oneself or reality (dissociation).

1. Understanding Triggers

- Document situations, sensations, emotions, or thoughts that seem to precede these experiences.

2. Grounding Techniques

- Describe grounding techniques that can help your loved one stay connected to the present, such as tactile methods (holding ice or touching fabric) or auditory cues (listening to specific music).

3. Reorienting to the Present

- Use reorientation techniques like saying the date, time, and location out loud or engaging with the five senses to become more grounded.
- Document the response to these techniques and any reduction in flashback intensity.

Nightmares and Sleep Issues

Nightmares and sleep disturbances are common among individuals who have experienced trauma. While they can be a source of significant stress and can impact overall health, implementing healthy sleep hygiene practices may help mitigate these issues.

1. Identify Sleep Disruptors

- List environmental, dietary, or behavioral factors that seem to contribute to sleep disturbances for your loved one.

2. Establishing a Sleep Routine

- Develop a consistent nighttime routine for your loved one, including a regular bedtime and wake-up time. The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ Avoid caffeine, nicotine, and heavy meals in the hours leading up to bedtime.
- ☐ Turn off screens (TVs, phones, computers) at least an hour before sleep to reduce blue light exposure that can disrupt sleep patterns.
- ☐ Ensure your bedroom is comfortable, cool, and dark.
- ☐ Use calming aromas, such as lavender essential oil or a scented candle (be sure to blow out before sleeping).

- ☐ Play white noise, nature sounds, or gentle music to help drown out disturbing noises.
- ☐ Practice deep breathing to promote relaxation.
- ☐ Listen to a guided meditation or imagine a peaceful setting to help calm the mind.
- ☐ If thoughts are racing, jot them down to clear your mind and address them tomorrow.
- ☐ Read a non-stimulating, comforting book to distract your thoughts from the day.
- ☐ Warm bath or shower
- ☐ Have a comfort item, like a special blanket or stuffed animal, handy if it provides you with a sense of security.
- ☐ If anxious thoughts surface, gently remind yourself that you're safe and it's time for rest.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

3. Addressing Nightmare Content

- Consider therapies like Image Rehearsal Therapy (IRT), where distressing nightmare themes are rewritten and practiced during the day.

Here's an exercise to try:

- Briefly describe the nightmare you experienced. Include key themes, characters, emotions, and sensations.

- Select a moment in the nightmare where the distressing theme starts. This will be your 'change point' where the new narrative will begin.

- Imagine an alternative, positive or neutral outcome from the 'change point'. Write down a new scenario that transforms the ending of the nightmare into a more pleasant or empowering experience. Be as detailed and creative as you like.

- Close your eyes and vividly imagine the rewritten nightmare. See if you can engage all of your senses to make it as real as possible.

- Record any changes in your feelings or thoughts regarding the nightmare after these sessions.

4. Coping Skills for Nighttime Awakening:

- If you wake up from a nightmare, what grounding techniques can you use to calm yourself? (e.g., deep breathing, reminding yourself you are safe, etc.)

Recognizing Secondary Traumatic Stress

Secondary traumatic stress can occur when someone is exposed to another person's traumatic experiences, especially caregivers or health professionals who help those directly affected by trauma.

1. Recognize the symptoms

The following are some symptoms. Check off the ones you tend to experience or add more to the list:

- ☐ Intrusive thoughts or imagery related to the trauma stories one has heard
- ☐ Preoccupation with the traumatic events one has been exposed to vicariously
- ☐ Persistent fear or anxiety related to the narratives encountered
- ☐ Anger or irritability
- ☐ Guilt or shame, especially feelings of being responsible or not doing enough to help
- ☐ Avoidance of reminders of the trauma, including people, places, conversations, or activities
- ☐ Withdrawal from social interactions or activities previously enjoyed
- ☐ Changes in sleep patterns, such as insomnia or excessive sleeping
- ☐ Reduced empathy or compassion for others (compassion fatigue)
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

2. Setting Boundaries

- Define your personal limits by identifying what you can handle in terms of responsibilities.

- Based on your personal limits, write down clear, specific boundaries for your role as a caregiver.

- Develop scripts or key phrases to communicate your boundaries.

3. Self-Care Strategies

- What are your physical self-care needs? (e.g., sleep, nutrition, exercise, medical care) List specific actions you can take to address your needs.

- Which activities help you process your emotions healthily? (e.g., journaling, counseling, talking with friends)

- Determine which relationships you want to nurture and how you will engage with those individuals or groups.

- What activities support your mental health and cognitive function? (e.g., reading, puzzles, learning new skills)

- Which spiritual or reflective practices resonate with you? (e.g., meditation, prayer, time in nature) Plan time for activities that nourish your spirit and align with your values.

- How can you anticipate and prevent potential stressors related to caregiving? Implement strategies to minimize future stress, such as setting up a backup plan for emergencies.

2026 Clinical Alignment

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

Classification status

- DSM-5-TR: No standalone DSM-5-TR diagnosis under the workbook title · educational/contextual topic unless a separately assessed disorder applies
- ICD-11 CDDR: No dedicated ICD-11 CDDR mental-disorder code under the workbook title · educational/contextual topic unless another coded condition is established
- 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, 3, 4, 5, 6, 10, 11, 13, 16, 19, 22, 23, 24, 25, 27, 28, 31. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- Use Caring for a Trauma Survivor material to support assessment or intervention planning, not to assign a diagnosis. Evaluate duration, severity, clinically significant distress or impairment, developmental and cultural context, medical/substance causes, exclusions, and relevant differentials.

Document-specific corrections

- Keep Caring for a Trauma Survivor explicitly non-diagnostic; its exercises organize experience and goals but do not establish a mental disorder or causal explanation.
- Supersede diagnostic-sounding scoring on pages [1, 2, 3, 4, 11, 19]: disclose whether each tool is validated or author-created, remove unsupported thresholds, and separate symptom monitoring from diagnosis.
- Revise exposure content on pages [1, 2, 3, 10, 22, 23, 24, 27] 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 [10, 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, 6, 31]; 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 [1, 2, 3, 10, 16] 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, 3, 4, 11, 19] contain named, implied, or author-created screening/rating content; extracted candidate names include: Needs Assessment . 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 Caring for a Trauma Survivor, 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

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- For Caring for a Trauma Survivor, 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>
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- <https://icd.who.int/browse/2026-01/mms/en>
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- <https://www.nice.org.uk/guidance>
- <https://988lifeline.org/>
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