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Survivor Syndrome 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 · Self-Assessment

2 · Symptoms of Survivor Syndrome

3 · Identifying Triggers

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5 · Journaling for Emotional Release

6 · Understanding Guilt and Shame

7 · Mindfulness and Grounding Techniques

8 · Challenging Negative Thoughts

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10 · Identifying Personal Strengths

11 · Setting Boundaries

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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.

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Self-Assessment

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

Statement	Rate (1-5)
1. “I often feel guilty that I survived when others did not.”	1-2-3-4-5
2. “I find it difficult to enjoy life knowing what others have lost.”	1-2-3-4-5
3. “I have recurring thoughts about the event and the people who didn't survive.”	1-2-3-4-5
4. “I sometimes feel unworthy of having survived.”	1-2-3-4-5
5. “I feel a sense of responsibility for those who didn't make it.”	1-2-3-4-5
6. “I avoid talking about the event to prevent upsetting others.”	1-2-3-4-5
7. “I experience frequent nightmares or flashbacks about the event.”	1-2-3-4-5
8. “I struggle with finding a sense of purpose after the event.”	1-2-3-4-5
9. “I feel detached or disconnected from others who didn't experience the event.”	1-2-3-4-5
10. “I avoid situations or places that remind me of the event.”	
11. “I get angry at myself or others for surviving or for the circumstances.”	1-2-3-4-5

Score: _____/55

The score reflects the severity and impact of your survivor syndrome.

Symptoms of Survivor Syndrome

Review the list of common symptoms below and place a checkmark next to any that you relate to or add any additional symptoms that may not be listed.

Emotional Symptoms

- ☐ **Guilt:** Feeling guilty for surviving when others did not.
- ☐ **Sadness:** Persistent feelings of sadness or depression.
- ☐ **Anxiety:** Increased anxiety and worry about future events.
- ☐ **Anger:** Anger towards oneself or others for surviving or for the circumstances.
- ☐ **Loneliness:** Feeling isolated or disconnected from others.
- ☐ **Shame:** Feeling ashamed for surviving or for one's actions during the event.
- ☐ **Fear:** Fear of reliving the event or of losing more loved ones.
- ☐ **Helplessness:** Feeling powerless or unable to help others.
- ☐ **Numbness:** Emotional numbness or detachment from feelings.
- ☐ **Confusion:** Difficulty understanding why they survived.
- ☐ _____
- ☐ _____
- ☐ _____

Psychological Symptoms

- ☐ **Intrusive Thoughts:** Unwanted, distressing memories of the traumatic event.
- ☐ **Nightmares:** Frequent, vivid nightmares related to the event.
- ☐ **Flashbacks:** Reliving the event through vivid, disturbing memories.

- ☐ **Hypervigilance:** Being excessively alert or watchful for potential threats.
- ☐ **Memory Problems:** Difficulty remembering details of the event or other aspects of life.
- ☐ **Concentration Issues:** Trouble focusing or maintaining attention.
- ☐ **Rumination:** Constantly thinking about the event and what could have been done differently.
- ☐ **Post-Traumatic Stress Disorder (PTSD):** Development of PTSD symptoms, including re-experiencing the trauma, avoidance, and arousal symptoms.
- ☐ _____
- ☐ _____
- ☐ _____

Physical Symptoms

- ☐ **Fatigue:** Constant tiredness or lack of energy.
- ☐ **Sleep Disturbances:** Insomnia, difficulty falling or staying asleep, or restless sleep.
- ☐ **Appetite Changes:** Loss of appetite or overeating.
- ☐ **Headaches:** Frequent tension headaches or migraines.
- ☐ **Muscle Tension:** Chronic muscle tension or pain.
- ☐ **Digestive Issues:** Stomachaches, nausea, or other gastrointestinal problems.
- ☐ **Rapid Heartbeat:** Increased heart rate or palpitations.
- ☐ **Breathing Difficulties:** Shortness of breath or hyperventilation.
- ☐ **Immune System Changes:** Increased susceptibility to illness or infections.
- ☐ _____
- ☐ _____

Behavioral Symptoms

- ☐ **Withdrawal:** Avoiding social interactions and isolating oneself.
- ☐ **Substance Abuse:** Increased use of alcohol, drugs, or other substances to cope.
- ☐ **Risk-Taking:** Engaging in risky or self-destructive behaviors.
- ☐ **Avoidance:** Avoiding places, people, or activities that remind one of the event.
- ☐ **Overworking:** Engaging in excessive work or activities to distract from feelings.
- ☐ **Loss of Interest:** Diminished interest in activities that were once enjoyable.
- ☐ **Crying Spells:** Frequent, uncontrollable crying.
- ☐ _____
- ☐ _____
- ☐ _____

Identifying Triggers

Triggers are stimuli that can cause a person to recall a traumatic event or feel a strong emotional reaction.

1. Reflect on a recent experience where you felt a strong emotional reaction. What happened?

- *Example: "I felt intense guilt and sadness when I saw a news report about a similar traumatic event."*

2. How did you feel during this experience?

- *Example: "I felt overwhelmed, anxious, and started crying."*

3. What thoughts went through your mind?

- *Example: "I thought about why I survived and others didn't, and felt responsible."*

4. Are there certain places or environments that tend to trigger your symptoms?

5. Are there particular sounds, smells, or sights that act as triggers for you?

6. Do certain people or types of interactions trigger your symptoms?

7. Are there specific dates or times of year that are particularly difficult for you?

8. Do certain activities or situations increase your anxiety or guilt?

Identifying and Naming Emotions

1. List the primary emotions you experience most frequently related to survivor syndrome.

- Example: *"Guilt, sadness, anxiety, anger, and shame."*

2. Are there secondary emotions that stem from these primary emotions?

- Example: *"From guilt, I also feel shame and self-blame."*

3. Can you identify any mixed emotions you experience? Describe them.

- Example: *"I feel both relieved and guilty at the same time."*

4. Identify common triggers that lead to intense emotional reactions.

- Example: *"Seeing news reports, anniversaries of the event, or talking about the event."*

5. How do these triggers and emotions affect your daily life?

- Example: *"They make it hard for me to concentrate and I feel constantly anxious."*

6. Reflect on a time when you successfully managed an emotional trigger. What did you do?

- Example: *"I practiced deep breathing and talked to a friend about my feelings."*

7. What new strategies can you try to better cope with your emotions? 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 in through your nose and out through your mouth.
- ☐ **Hold a Cold Object:** Hold an ice cube or a cold bottle to help bring you back to the present.
- ☐ **Splash Water on Your Face:** Use cold water to help you feel more present.
- ☐ **Physical Exercise:** Do jumping jacks, run in place, or stretch to feel grounded.
- ☐ **Opposite Action:** Do the opposite of what your emotion is telling you (e.g., if you're angry, do something kind).
- ☐ _____
- ☐ _____

Journaling for Emotional Release

1. Describe your current environment.

- Example: "I am sitting in my bedroom, with a cup of tea next to me and soft music playing in the background."

2. How do you feel right now, in this moment?

- Example: "I feel a mix of anxiety and calmness, ready to explore my emotions."

3. Choose one emotion and describe it in detail. What does it feel like in your body and mind?

- Example: "Guilt feels like a heavy weight on my chest, making it hard to breathe. My mind is filled with 'what if' scenarios."

4. Write about a time when you felt this emotion intensely. What triggered it?

- Example: "I felt intense guilt during the anniversary of the event, triggered by a conversation with a friend about survival."

5. Why do you think you feel this way?

- Example: "I believe I feel guilty because I think I could have done more to help others during the event."

6. Write a letter to someone you lost or to those who were affected by the event.

7. How do you feel after writing this letter?

Understanding Guilt and Shame

Guilt is a feeling of responsibility or remorse for some offense, crime, wrong, etc., whether real or imagined. Shame is a painful feeling of humiliation or distress caused by the consciousness of wrong or foolish behavior. Guilt is about feeling bad for something you did, while shame is feeling bad about who you are.

1. Reflect on a time when you felt guilty related to your survival. What happened?

- Example: *"I felt guilty for surviving a car accident when my friend did not."*

2. What specific thoughts and beliefs contribute to your feelings of guilt?

- Example: *"I believe I should have done something to save my friend."*

3. How do these thoughts and beliefs affect your daily life?

- Example: *"I feel constantly burdened and find it hard to enjoy life."*

4. What evidence do you have that contradicts your feelings of guilt?

- Example: *"The accident was not my fault and there was nothing I could have done to prevent it."*

5. Reflect on a time when you felt shame related to your survival. What happened?

- Example: *"I felt ashamed for crying and showing weakness after the traumatic event."*

6. What specific thoughts and beliefs contribute to your feelings of shame?

- Example: *"I believe that I should be stronger and not show my emotions."*

7. How do these thoughts and beliefs affect your self-esteem and self-worth?

- Example: *"I feel like I'm not good enough and unworthy of happiness."*

8. What evidence do you have that contradicts your feelings of shame?

- Example: *"Showing emotions is a natural and healthy response to trauma."*

9. How can you reframe your thoughts to be more compassionate towards yourself?

- Example: *"I survived because of circumstances beyond my control, and it's okay to grieve and show emotions."*

10. What positive affirmations can you use to combat guilt and shame?

- Example: *"I am not responsible for the accident. It's okay to feel and express my emotions."*

11. What healthy coping strategies can you use when you start to feel guilty or ashamed?

- Example: *"I can practice mindfulness, write in a journal, or engage in a hobby I enjoy."*

12. How can you practice self-compassion in your daily life?

- Example: *"I can remind myself that I'm human and it's okay to make mistakes and have emotions."*

13. What activities make you feel good about yourself and help reduce guilt and shame?

- Example: *"Volunteering, exercising, and spending time with loved ones."*

14. What boundaries can you set to protect yourself from situations that trigger guilt and shame?

- Example: *"I can limit my exposure to certain media or conversations that remind me of the traumatic event."*

Mindfulness and Grounding Techniques

Mindfulness is the practice of bringing your attention to the present moment without judgment. Grounding techniques are strategies that help you stay connected to the present moment, often by focusing on physical sensations or your surroundings.

1. 5-4-3-2-1 Technique:

- **Five Things You See:** Look around and slowly identify five things you can see. It could be a book on the shelf, a tree outside, a piece of furniture, etc. Describe each item in detail to yourself.

- **Four Things You Can Touch:** Focus on four things you can physically touch. It might be the texture of your clothes, the surface of a table, your hair, or a soft blanket. Notice the sensations and textures.

- **Three Things You Can Hear:** Listen carefully and identify three sounds. It could be the hum of the air conditioner, birds chirping outside, or distant traffic. Describe these sounds to yourself.

- **Two Things You Can Smell:** Notice two scents around you. This could be the smell of your soap, the aroma of coffee, or the scent of a candle. If you can't find two things to smell, recall two of your favorite scents.

- **One Thing You Can Taste:** Focus on one thing you can taste. It might be the lingering flavor of your last meal, or take a sip of a drink and notice the taste.

How did you feel after completing the exercise?

2. Deep Breathing:

- Find a comfortable seated position with your back straight and shoulders relaxed. Close your eyes if you feel comfortable doing so.
- **Inhale:** Breathe in deeply through your nose for a count of four, feeling your abdomen expand as you fill your lungs with air.
- **Hold:** Hold your breath for a count of four, allowing the oxygen to circulate.
- **Exhale:** Exhale slowly through your mouth for a count of four, feeling your abdomen contract as you release the air.
- Repeat this cycle for several minutes, focusing on the sensation of the breath entering and leaving your body.

How did you feel after completing the exercise?

3. Body Scan:

- Lie down or sit comfortably with your eyes closed.
- Start by focusing on your toes. Notice any sensations, tension, or relaxation.
- Slowly move your attention up through your feet, ankles, calves, knees, thighs, and so on.
- Continue this process, moving up through your hips, abdomen, chest, back, shoulders, arms, hands, neck, and finally, your head.

- Spend a few moments on each body part, observing sensations without judgment.

- If you notice any tension, imagine breathing into that area and allowing it to release with each exhale.

How did you feel after completing the exercise?

4. Grounding Object:

- Choose a small object that you can easily hold, such as a rock, stress ball, or piece of jewelry.

- Sit quietly and hold the object in your hand.

- Focus on the texture of the object. Is it smooth, rough, or somewhere in between?

- Notice the temperature of the object. Is it cool or warm to the touch?

- Pay attention to the weight of the object in your hand. Is it heavy or light?

- Spend several minutes examining the object with your senses, fully immersing yourself in the experience.

How did you feel after completing the exercise?

5. Mindful Walking:

- Find a quiet place where you can walk slowly and without distractions.
- Begin walking at a slow pace, paying attention to each step.
- Notice how your feet feel as they make contact with the ground.

Observe the heel-to-toe movement.

- Feel the muscles in your legs as they contract and relax with each step.
- Pay attention to your breathing as you walk, syncing your breath with your steps if it feels natural.
- If your mind starts to wander, gently bring your focus back to the sensations of walking.

How did you feel after completing the exercise?

6. Progressive Muscle Relaxation:

- Find a quiet place to sit or lie down comfortably.
- Close your eyes and take a few deep breaths to relax.
- Starting with your feet, tense the muscles as tightly as you can for about 5-10 seconds.
- Slowly release the tension and focus on the sensation of relaxation that follows.

- Move up to your calves, thighs, abdomen, chest, arms, hands, shoulders, neck, and finally, your face.
- Tense and then release each muscle group, paying attention to the contrast between tension and relaxation.
- After completing all muscle groups, take a few moments to enjoy the feeling of relaxation throughout your body.

How did you feel after completing the exercise?

7. Grounding with Temperature:

- Fill a bowl with cold water and place it nearby.
- Dip your hands into the water and focus on the sensation. Notice the temperature, how it feels on your skin, and any changes in your body.
- If you prefer, hold an ice cube in your hand and pay attention to the cold sensation.
- Spend a few minutes focusing on the temperature and how it helps bring your awareness to the present moment.

How did you feel after completing the exercise?

8. Mindful Eating:

- Choose a small piece of food, such as a piece of fruit or a chocolate.
- Sit down and hold the food in your hand. Observe its color, texture, and shape.
- Bring the food to your nose and notice its scent. Take a moment to appreciate the aroma.
- Take a small bite and focus on the taste and texture in your mouth. Chew slowly and deliberately, noticing each sensation.
- Swallow and take a moment to notice the aftertaste and how your body feels.
- Continue eating slowly and mindfully, fully experiencing each bite.

How did you feel after completing the exercise?

How can you incorporate some of these exercises into your daily routine?

- *Example: "I can practice mindful breathing every morning and whenever I start to feel anxious."*

Challenging Negative Thoughts

1. Reflect on a recent situation where you felt negative emotions related to survivor syndrome. What happened?

- Example: "I saw a news report about a similar event and felt a wave of guilt and sadness."

2. What specific negative thoughts did you have in that situation?

- Example: "I thought, 'I should have done more to help,' and 'I don't deserve to be here.'"

3. How often do these negative thoughts occur?

- Example: "They occur almost daily, especially when I'm reminded of the event."

4. How do these thoughts affect your emotions and behavior?

- Example: "They make me feel anxious and depressed, and I often withdraw from social activities."

5. What evidence supports these negative thoughts?

- Example: *"I remember feeling helpless during the event, which makes me think I didn't do enough."*

6. What evidence contradicts these negative thoughts?

- Example: *"There were many factors beyond my control, and I did everything I could under the circumstances."*

7. How would you respond if a friend had these thoughts about themselves?

- Example: *"I would tell them that they did their best in a difficult situation and that it's not their fault."*

8. How can you reframe this negative thought in a positive or neutral way?

- *Example: "I survived, and it's okay to feel grateful for my life and work towards healing."*

9. What self-compassionate statements can you say to yourself when negative thoughts arise?

- *Example: "It's okay to feel this way. I am doing my best to heal."*

Talking About Your Experience

1. Why do you want to share your experience? What do you hope to achieve?

- Example: "I want to share my experience to help others understand what I'm going through and to find support."

2. Who are the people you feel comfortable sharing your experience with?

3. What boundaries do you want to set when sharing your story?

- Example: "I want to avoid sharing specific details that might be too triggering for me or others."

4. What are your main concerns or fears about sharing your experience?

- Example: "I'm worried about being judged or not being understood."

5. Start with a brief overview of the event. What happened?

6. Describe your initial reactions and emotions. How did you feel?

7. Discuss the impact on your life. How has it affected you emotionally, mentally, and physically?

8. Reflect on your journey of healing. What progress have you made?

9. Write a letter to someone you trust, describing your experience and how it has affected you.

10. Role-play a conversation with a supportive friend or therapist. What would you say?

11. Identify questions you might be asked and how you would respond.

- *Example: "If someone asks, 'How are you coping?' I would respond, 'It's been tough, but I've found therapy and mindfulness to be helpful.'"*

12 After sharing your story, reflecting on the experience. How did it feel to share your story, even in a practice setting?

13. What feedback or reactions did you receive, and how did they affect you?

14. What insights have you gained about yourself and your emotions through this process?

15. How can you use these insights to continue your healing journey?

Identifying Personal Strengths

1. Think about a challenging situation you have overcome. What was the situation?

2. What personal strengths did you use to overcome this challenge?

- Examples: Adaptability - Analytical Thinking - Compassion - Creativity - Determination - Emotional Intelligence - Enthusiasm - Flexibility - Honesty - Humility - Initiative - Leadership - Open-Mindedness - Optimism - Patience - Perseverance - Resilience - Resourcefulness - Self-Discipline - Teamwork - Trustworthiness - Versatility - Work Ethic - Zest for Life.

3. How did these strengths help you in that situation?

4. What did you learn about yourself from this experience?

5. How have these strengths helped you in dealing with survivor syndrome?

6. Ask a trusted friend or family member to identify three strengths they see in you. What did they say?

7. How do their observations compare with your own perceptions of your strengths?

8. Identify a current challenge related to survivor syndrome (e.g., Coping with anxiety triggered by reminders of the traumatic event.)

9. Which of your personal strengths can help you address this challenge?

10. How can you use these strengths to create a plan for managing this challenge?

Setting Boundaries

Boundaries are limits you set to protect your physical, emotional, and mental well-being. Boundaries help protect you from stress and emotional overload, allowing you to focus on healing.

1. Reflect on a recent situation where you felt overwhelmed or uncomfortable. What happened?

- *Example: "A friend kept asking me about the traumatic event, which made me feel anxious and stressed."*

2. What boundaries could have helped you in that situation?

- *Example: "Setting a limit on how much I talk about the event and telling my friend that I'm not comfortable discussing it."*

3. List three areas in your life where you need to establish stronger boundaries.

- *Example: "Conversations about the traumatic event, time spent helping others, and maintaining personal space."*

4. How do you currently feel when your boundaries are crossed?

- Example: *"I feel anxious, resentful, and drained."*

5. Choose one area where you need to set a boundary. What is it?

- Example: *"Conversations about the traumatic event."*

6. What specific boundary do you want to set in this area?

- Example: *"I will only discuss the event with my therapist or a support group."*

7. How will you communicate this boundary to others?

- Example: *"I will tell my friends, 'I appreciate your concern, but I prefer not to discuss the event right now.'"*

8. What potential challenges might you face in setting this boundary, and how can you address them?

- Example: "Some friends might insist on talking about it. I can gently but firmly repeat my boundary and suggest other topics to discuss."

9. How will you remind yourself to enforce your boundaries?

- Example: "I can write my boundaries down and review them daily."

10. How can you handle situations where someone repeatedly crosses your boundaries?

- Example: "Firmly restate my boundary and, if necessary, limit my interactions with that person."

11. How will you practice self-care when maintaining your boundaries feels challenging?

- Example: "Engage in relaxing activities and remind myself that setting boundaries is essential for my well-being."

12. How have your relationships and emotional well-being improved since setting boundaries?

- *Example: "I feel less anxious and more in control of my interactions."*

13. What challenges have you faced in maintaining your boundaries, and how have you overcome them?

- *Example: "Some people didn't respect my boundaries initially, but I stayed consistent, and they eventually understood."*

14. How has setting boundaries impacted your healing journey from survivor syndrome?

- *Example: "It has given me the space to focus on my healing and reduced the emotional burden of constantly discussing the event."*

15. Identify three new boundaries you want to set in different areas of your life.

- *Example:*

- *"Limiting work hours to avoid burnout."*

- *"Setting aside 'me time' each day for relaxation."*
- *"Avoiding social media discussions about the event."*

16. For each boundary, describe how you will communicate and enforce it.

- *Example:*

- *"Work hours: Inform my boss and colleagues of my work hours and stick to them."*
- *"Me time: Schedule daily self-care activities and let family know this time is for myself."*
- *"Social media: Adjust privacy settings and inform friends that I won't engage in certain discussions."*

17. What support do you need to maintain these boundaries?

- Example: "Encouragement from friends and family, regular check-ins with a therapist, and accountability from a support group."

Creating a Support Network

1. List the people in your life who currently provide you with emotional support.

2. Describe how each person supports you.

- Example: "My best friend listens to me without judgment, my partner comforts me during difficult times, my sister offers practical advice."

3. Are there gaps in your current support network? If so, what are they?

- Example: "I don't have anyone who understands the specific trauma I went through."

4. What qualities do you value in a supportive person?

- Example: "Empathy, reliability, non-judgmental attitude, good listening skills."

5. Who in your life could you reach out to for additional support?

6. Are there support groups or organizations related to your experience that you could join?

7. How can you approach new people to build supportive relationships?

- Example: "Attend support group meetings, join community events, reach out via social media or forums."

8. What activities or interests could help you connect with supportive individuals?

9. How can you strengthen your relationships with the people currently in your support network?

- Example: "Regularly check in with them, show appreciation for their support, spend quality time together."

10. What boundaries are important to maintain in your relationships to ensure they are healthy?

- *Example: "Communicating when I need space, being honest about my needs, not relying on one person too much."*

11. How can you provide support to others in your network in return?

12. What steps can you take to ensure you reach out for support when you need it?

- *Example: "Set reminders to check in with friends, create a list of contacts to call in different situations."*

13. How can you balance asking for support and being independent?

- *Example: "Use my support network for emotional backing while working on practical solutions myself."*

16. How has having a support network impacted your journey with survivor syndrome?

Honor Lost Ones

1. Describe your relationship with the person you lost. What made it special?

- Example: *"My sister and I were very close; we shared everything and supported each other through thick and thin."*

2. What are some of your favorite memories with this person?

- Example: *"I loved our weekend trips to the countryside and our late-night conversations about life."*

3. How did this person influence your life?

- Example: *"She taught me the importance of kindness and always believed in me."*

4. What qualities or traits of theirs do you admire the most?

- Example: *"Her unwavering optimism and her ability to make everyone around her feel loved."*

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

8. How can you acknowledge and accept these emotions?

- Example: *"By allowing myself to feel without judgment and understanding that these emotions are a natural part of grieving."*

9. What rituals or activities can you do to honor their memory?

- Example: *"Visiting their favorite places, or starting a new tradition in their honor."*

10. Are there any special dates or anniversaries that you want to commemorate?

- Example: *"Their birthday, the anniversary of their passing, and holidays we used to celebrate together."*

11. How can you involve others in these rituals, if you wish to do so?

- Example: *"I can invite family and friends to join me in these activities and share stories about them."*

Practicing Self-Forgiveness

Self-forgiveness is the act of consciously releasing oneself from feelings of guilt, resentment, or blame regarding a perceived offense, mistake, or wrongdoing against oneself or others. It involves accepting one's imperfections, acknowledging the mistake, and letting go of negative emotions to promote personal healing and growth.

1. Reflect on a specific incident where you feel survivor guilt. What happened?

2. What specific thoughts and beliefs contribute to your feelings of guilt and self-blame?

3. How would you respond to a friend who had similar thoughts and feelings?

[illegible]

- Example: "I am worthy of forgiveness. I did my best with what I knew at the time. It's okay to feel and release my emotions."

6. Write about a time when you successfully let go of guilt in the past. What did you do?

- *Example: "I forgave myself for a past mistake by acknowledging it, learning from it, and deciding to move forward."*

7. How did letting go of guilt affect your emotional well-being?

- *Example: "It made me feel lighter, more peaceful, and more focused on the present."*

8. What steps can you take to let go of the guilt associated with survivor syndrome?

- *Example: "Acknowledge my feelings, challenge negative beliefs, practice self-compassion, and seek support from others."*

9. Identify specific actions you will take to practice self-forgiveness.

- Example:

- "Write in a journal about my feelings of guilt and self-forgiveness."
- "Meditate daily to focus on self-compassion and mindfulness."

- "Seek therapy to work through my feelings with a professional."

10. How will you integrate these actions into your daily or weekly routine?

- Example: "Set aside 15 minutes each morning for journaling and meditation, and schedule weekly therapy sessions."

Self-Care Practices

Self-care means taking time to prioritize your well-being and doing activities that help you feel better mentally and physically. It helps you manage stress, reduces anxiety, and provides the energy needed to cope with difficult emotions.

1. What self-care practices are you currently engaging in?

- Example: "I take daily walks, journal regularly, and spend time with supportive friends."

2. How effective are these practices in helping you manage your symptoms?

- Example: "Daily walks and journaling are very effective, but I sometimes neglect spending time with friends when I feel low."

3. Are there any self-care practices you've been neglecting? Why?

- Example: "I've been neglecting regular sleep patterns because I find it hard to unwind at night."

4. What barriers are preventing you from engaging in self-care?

- Example: *"Lack of time, feeling guilty for taking time for myself, and difficulty in prioritizing self-care."*

5. What areas of your life do you feel need more attention and care?

- Example: *"Physical health, emotional well-being, and social connections."*

6. How do you feel when your self-care needs are not met?

- Example: *"I feel exhausted, overwhelmed, and more susceptible to negative thoughts."*

7. List three self-care activities that you enjoy or think might benefit you. The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ Take a warm bath.
- ☐ Read a book.
- ☐ Go for a walk in nature.
- ☐ Journal your thoughts and feelings.

- ☐ Cook a healthy meal.
- ☐ Take a nap.
- ☐ Practice deep breathing exercises.
- ☐ Watch a favorite movie or TV show.
- ☐ Spend time with a pet.
- ☐ Call or visit a friend.
- ☐ Drink a cup of herbal tea.
- ☐ Engage in a hobby (e.g., knitting, painting).
- ☐ Declutter a small space.
- ☐ Stretch your body.
- ☐ Spend time in the garden.
- ☐ Write a letter to your future self.
- ☐ Get a massage.
- ☐ Paint or draw something.
- ☐ Go for a bike ride.
- ☐ Play a board game or card game.
- ☐ Do a home spa day with facials and foot soaks.
- ☐ _____
- ☐ _____
- ☐ _____

8. How can you incorporate these activities into your daily or weekly routine?

- Example: "Read for 30 minutes before bed, and practice mindfulness every morning."

9. Set a self-care goal for each area of your life that needs attention.

- *Example:*

- *Physical health: "Exercise three times a week."*
- *Emotional well-being: "Journaling daily."*
- *Social connections: "Catch up with a friend once a week."*

10. Identify potential obstacles to your self-care plan and how you can overcome them.

- *Example: Physical health: "If I'm too tired to go to the gym, I can do a home workout instead."*

2026 Clinical Alignment

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

Classification status

- DSM-5-TR: No diagnosis under this title · not a DSM-5-TR diagnosis
- ICD-11 CDDR: · not an ICD-11 mental disorder diagnosis
- 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, 7, 10, 11, 16, 17, 18, 19, 20, 21, 22, 23, 24, 26, 29, 32, 37, 38, 39, 42, 48, 49, 50, 51, 52, 53. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- Assess specific symptoms, chronology, impairment, coercion and safety, PTSD/complex PTSD where applicable, depression/anxiety, grief, substance use, family-system context, and culturally shaped roles.

Document-specific corrections

- Mark ·survivor syndrome· as a non-diagnostic label and specify the survival context rather than treating it as a unitary condition.
- Differentiate survivor guilt from PTSD/complex PTSD, prolonged grief, depression, moral injury, anxiety, and culturally shaped mourning.
- Avoid causal claims and scoring interpretations unsupported by a validated measure.
- Make remembrance, disclosure, self-forgiveness, and narrative exercises optional and stabilization-led.

Measures, scoring, and permissions

- Pages [1, 3, 4, 10]: identify each measure and rights holder; verify intended population, reliability/validity, scoring and cutoffs, reproduction permission, and current license. If these are author-created items, label them informal, remove diagnostic cutoffs, and do not claim validation.

Intervention scope and contraindications

- Pages [2, 6, 7, 11, 16, 17, 39]: require topic-qualified clinical review for consent, readiness, contraindications, escalation thresholds, and whether clinician-guided use is necessary.

Crisis and current resources

- VA National Center for PTSD diagnostic information; 988 for acute suicide risk in the United States.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm>
- <https://www.who.int/publications/i/item/9789240077263>
- https://www.ptsd.va.gov/professional/treat/essentials/dsm5_ptsd.asp
- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://988lifeline.org/>