




# PTSD RECOVERY WORKBOOK

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EVIDENCE-BASED EXERCISES  
and TECHNIQUES for HEALING

Jennifer B. Hughes, PhD



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This book is dedicated to all trauma survivors.  
Your ability to persevere through the darkness has  
been one of the greatest inspirations of my life.

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# INTRODUCTION

**W**elcome to the *PTSD Recovery Workbook*. Overcoming trauma can be incredibly difficult, and I am honored to be a part of your recovery. As a licensed clinical psychologist, I have worked with children and adult survivors of trauma for more than 15 years. I am consistently humbled by the strength and tenacity of my clients. I see people recover from PTSD and I am so lucky to be able to guide my clients through evidence-based treatments that work. People often ask me how I can do trauma work every day, and I tell them it's because *I see people get better*. The healing process looks different for every client, but I have seen clients go from living in constant fear and isolation to reconnecting with loved ones and living life fully. We are fortunate to have effective treatments and highly trained therapists to deliver them. As you work your way through this book, my hope is that you, too, will experience the healing offered by the evidence-based interventions presented here. I will also give you tips on how to find additional supports, like the right trauma therapist, if that is something you want to pursue.

*Post-traumatic stress disorder* (PTSD) is the term used by mental health providers to describe the way the brain and body react after experiencing something scary or traumatic. Trauma comes in many different forms, and something that may be traumatic for me could have no lasting impact on you. Regardless of the traumatic event, when the brain and body are not able to process what happened, it is very common for the survivor to experience symptoms of PTSD. This can include constantly thinking about the trauma when you don't want to, trying to avoid anything that reminds you of the trauma, feeling jumpy or always on edge, or having negative beliefs about yourself, others, and the world. Trauma and PTSD can even affect your mood, leaving you feeling down and depressed, even angry and irritable. Any number of potentially traumatic events can cause PTSD, including, but not limited to, emotional trauma, military trauma, sexual trauma, or a traumatic injury such as a car accident.



Traumatic events can affect children and adults, and many people have experienced more than one potentially traumatic event in their life. Regardless of what brings you to this workbook, I want you to know that you are taking a very courageous step in your healing process. My hope for this book is that it will help you learn healthy ways to manage your trauma symptoms. Your traumatic memories can't be erased, but your relationship with your trauma can be changed, so it no longer feels as intense and overwhelming. This book will give you a safe space to learn about how trauma and PTSD affect the brain and body, to write and reflect on your experiences and your hopes for the future, while learning practical strategies and tools to support your healing journey.

The exercises included in this book were developed out of the evidence-based treatments we have for trauma and PTSD. You will learn relaxation and emotion regulation strategies to help ease the pain you experience when reminded of your trauma. You will also learn how to safely and gradually confront the things you avoid because of your trauma. I will teach you how to know when trauma is affecting your beliefs about yourself, others, and the world, along with ways to challenge these beliefs if they are not helpful or realistic. You will also learn how to support your continued recovery over the long term through regular self-care and reflection.


Although no one can predict the future, based on my clinical and academic experience, if you follow through with the commitment you are making to your healing right now, you will feel better by the time you reach the end of this book. Your commitment to healing will become a new way to approach life, which will allow you to reconnect with loved ones, have new experiences, and resume activities you have been missing since trauma and PTSD changed your life.

# HOW TO USE THIS WORKBOOK

**A**s you work through this book, know that we will take a gradual approach to processing and healing your trauma. We will start by defining PTSD and the ways it can impact your life. This will lead to a discussion of the most common evidence-based treatments for trauma and PTSD, including cognitive behavioral, exposure-based, and somatic approaches. We will then explore how trauma and PTSD affect your behaviors, body, emotions, and thoughts, and will finish by developing a sustainable plan to maintain the progress you make by the end of this book.

The information and exercises presented in this book are not meant to be completed in a hurry. I encourage you to take your time as you approach this work. Whether you are tempted to read and do everything all at once or to procrastinate, I encourage you to find a healthy pace and try to stick to it. Each exercise can be completed either directly within this workbook or in a separate journal.

If you want to take the material in all at once, give yourself permission to do that. Plan for how you will return to the content and exercises, so you can take time to complete them without losing interest too quickly. You procrastinators out there—and I'm with you!—may need to schedule appointments to work through each chapter or section to make sure you stay on track. I used this strategy when I was studying for my licensing exam as a psychologist—I mapped out what I would



study each day, so I was sure I could still go to Super Sunday, Jazz Fest, and French Quarter Fest, all important celebration days in New Orleans. However you decide to schedule your work, do your best to stay consistent.

Although the information and exercises found in this book will be very helpful in your healing process, it is important to recognize when it may be time to reach out to a trained trauma therapist. Trauma survivors, very often, develop feelings of anger, fear, helplessness, and shame. When these emotions turn into debilitating anxiety, sadness, or feelings of depression and helplessness, it is time to reach out for more specialized help. There is no shame in seeking treatment for any mental health problem. Chapter 2 covers evidence-based treatments for trauma and PTSD in more depth, and discusses how to find the right trauma therapist when you decide it's time. As helpful as I hope this book will be, it can never replace the power of evidence-based treatment with a trained professional.

Please remember that healing from trauma and PTSD takes time. Give yourself permission to feel lots of feelings and to have good days and bad days. You have made it this far with your trauma, so imagine what your life will be like when the past no longer haunts you. I encourage you to imagine what your life will be like on the other side of this healing journey. Give yourself permission to strive for this achievable dream, because you can do this!



# UNDERSTANDING PTSD

**THE FIRST STEP TO OVERCOMING TRAUMA AND POST-TRAUMATIC** stress disorder (PTSD) is understanding what these terms mean and how they might affect you. Knowing whether you are dealing with PTSD or another kind of trauma response will help you identify where your healing will begin. For many people, having the words to describe their experiences after a traumatic event jump-starts their ability to overcome trauma because they no longer feel so alone. This chapter defines trauma, and helps you understand how traumatic events may or may not lead to PTSD. You will learn that the way your mind and body respond to trauma is a normal reaction to an abnormal experience. This information serves as the foundation for the skills and interventions found throughout this book that will help guide you on your healing journey.

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**I've managed to survive all this time  
in the dark. Now that I have the answers,  
I can find my way out.**

## Trauma Explained

Before you can begin to heal from trauma and PTSD, I want you to understand how trauma is defined. Many people think that traumatic experiences are limited to things like abuse, serious injury, or war. These are what we call “Big T” traumas; in a technical sense, these are events that leave you feeling afraid for your safety or the safety of someone else. A Big T trauma can happen directly to you, like an assault, or can occur through learning about something terrible happening to a loved one, such as a car accident. These types of trauma also include things you witness secondhand as a bystander or as a part of your job, which is a common experience for first responders and military personnel.

Although these examples may seem obvious, a rigid definition of trauma leaves out the huge variability in types of traumas and, even more importantly, in each person’s unique experience of an event. The perception of the event is critical, because, although experiencing a hurricane may be traumatic for me, my best friend can have a totally different experience that leaves her with little to no lasting problems.

In addition to these Big T traumas, many of us have been rejected, felt unloved, or lacked a sense of belonging with others. These experiences can be emotionally traumatic but we hesitate to call them “trauma” because no one was seriously hurt or killed. We call these “Little t” traumas. It is essential that we talk more about Little t traumas because they often start early in life, serving as the foundation for our beliefs about ourselves, others, and the world.

Whether you purchased this book to help you work through Big T or Little t traumas—or any combination thereof—you are reading this right now because one or more stressful experiences have left a lasting impact on your life. Stress and trauma are two concepts often used interchangeably, and although they are certainly related, there are important differences. Trauma is, by definition, something that happens to you; stress is something you feel as the brain and body naturally respond to the curveballs of life.

Stress is defined as something that upsets our balance or equilibrium. Sure, stress can be caused by an event, but it is upsetting because it knocks us off our path, and now we have the *stress* of figuring out how to find a new path. Just like trauma, stress affects each of us differently, and if it lasts for a long time or is intense enough, it can cause a trauma response. The founder of stress theory, Hans Selye, famously said: “It is not stress that kills us, it is our reaction to it.” Thus, throughout this workbook, we will consider the effects of stress and traumatic events as well as the way the body responds to them.

## Post-Traumatic Stress Disorder

Post-traumatic stress disorder, or PTSD, is what happens to the brain and body if one is unable to process trauma and integrate it into their beliefs about themselves, others, and the world. It is important to remember that PTSD is a diagnosis in the *Diagnostic and Statistical Manual of Disorders, Fifth Edition (DSM-5)*. The *DSM-5* is the book that all mental health providers in the United States use when diagnosing psychiatric disorders. Diagnosis is an important part of mental health treatment because it helps the provider quickly communicate to other providers what is going on with the client. In practice, though, diagnoses do not always capture the full range of people's experiences, especially when it comes to surviving trauma.

The *DSM-5* has a very precise definition of trauma exposure, stating that to be diagnosed with PTSD, you must have experienced "actual or threatened death, serious injury, or sexual violence" or been repeatedly exposed to such things, which is common for individuals like first responders and military personnel. This, unfortunately, leaves out most Little t traumas because, by definition, those do not involve physical harm. The *DSM-5* does have diagnoses like trauma- and stressor-related disorders that cover the Little t traumas, which are discussed later in this chapter. For the purposes of this workbook, I use "PTSD" and "trauma" interchangeably, because the symptoms that develop after a Little t trauma can be just as disabling as those that happen after a Big T trauma and, ultimately, both are treated using the same evidence-based practices.

Trauma and PTSD symptoms can be debilitating if you are not able to get the help and support your brain and body need to process the events that caused the symptoms. This help may be formal, like evidence-based trauma therapy, or informal, like support from a loved one. Figuring out what *you* need to overcome trauma starts with understanding the natural trauma response so you can know whether your brain and body are going through recovery or if you are developing PTSD or another trauma-related disorder.

To help you understand the difference between PTSD and post-traumatic stress, or a trauma response, imagine that you are standing at a street corner waiting for the light to change, so you can cross the street. You are texting your friend and start to cross the street while distracted. Suddenly, out of the corner of your eye, you see a car coming full speed toward you. Without even thinking, you jump back and just barely miss the collision. This leaves you feeling shaken and scared, and now you are on high alert and aware of everything going on around you. You may start telling yourself how stupid it was to text while you were crossing the street and, even when

you eventually cross, you look both ways the entire time, not trusting the cars and drivers. This is a very normal response to this situation—your brain went into the fight-flight-or-freeze response, which we will discuss later, and that response sent your brain and body into survival mode. You might continue to feel a bit nervous the next few times you cross a busy street—a normal response to something scary or stressful. If, however, you still feel this way a month or more later and your feelings interfere with your life, this could be the beginnings of PTSD. Scary things happen to us all, and whether we recover from them is not a judgment of if we are good enough, strong enough, or capable enough. Recovery comes in many forms, and the fact that you are reading this workbook means you are on the right path toward your recovery.

Experiencing a traumatic event is quite common. One of the most important studies of our time is the Adverse Childhood Experiences (ACE) Study. In this study, researchers at Kaiser Permanente in California surveyed more than 17,000 patients who came in for regular primary-care appointments. They were asked about potentially traumatic experiences in childhood, including child abuse and neglect, divorce, and exposure to domestic violence and substance abuse. This study found that 61 percent of the adults surveyed reported at least one ACE, and almost one in six adults reported four or more ACEs. Not only did this study help us learn how common trauma exposure is in childhood, but it also taught us that trauma and PTSD are linked to many problems later in life, including education, physical and mental health, and job opportunities.

When you think about all the traumatic experiences the people in the ACE Study reported about their childhood, you may wonder how it is that we all don't have PTSD. As I mentioned earlier, trauma is tricky, and it does not affect everyone in the same way. Fortunately, there is another study to help us understand how common PTSD is. The National Comorbidity Survey Replication found that half of all US adults have experienced at least one potentially traumatic event in their life. However, this study also found that in the year leading up to the study, only 3.6 percent of the surveyed adults actually had PTSD. The prevalence of PTSD was higher for women (5.2 percent) than for men (1.8 percent). It is important to remember that this study only included people who met all the criteria in the *DSM-5* for PTSD, which means these numbers don't tell us the whole story of how trauma affects people's lives. Regardless, their findings reinforce the fact that terrible events affect people differently, and people do recover from trauma. This second point is *extremely* important—if people didn't recover from trauma, then we could have upward of 50 to 60 percent of the US population walking around with full-blown PTSD!

## **COMMON SYMPTOMS**

Trauma symptoms affect our thoughts, feelings, and behaviors in many ways. The following section will briefly describe the symptoms of PTSD. The goal here is to give you a general overview of PTSD symptoms, so you can become more aware of how trauma is affecting your life.

### **Intrusive Symptoms (One or More)**

- Feeling very upset when you think about the trauma
- Flashbacks that make it feel like the trauma is happening again
- Nightmares about the trauma
- Strong physical reactions (heart pounding, trouble breathing) when reminded of the trauma
- Thinking about the trauma when you don't want to

### **Avoidance (One or More)**

- Avoiding reminders of the trauma (conversations, people, places)
- Trying to avoid thoughts or feelings related to the trauma

### **Negative Cognitions and Mood (Two or More)**

- Blaming yourself or someone else for the trauma
- Difficulty experiencing positive emotions, like happiness or love
- Feeling detached from loved ones
- Negative beliefs about yourself ("It's my fault."); others ("I can't trust anyone."), and/or the world ("The world is dangerous.")
- Strong feelings of anger, fear, guilt, or shame
- Trouble remembering important parts about the trauma

### **Hyperarousal (Two or More)**

- Difficulty concentrating
- Feeling jumpy or easily startled
- Hypervigilance—always looking over your shoulder
- Irritable behavior or angry outbursts
- Problems falling or staying asleep
- Reckless or self-destructive behavior

## SELF-ASSESSMENT EXERCISE

After reading through the previously listed symptoms, you may be wondering if you could be diagnosed with PTSD. Although a formal diagnosis requires meeting with a trained mental health professional, I am going to walk you through an exercise to help you better understand how trauma may be affecting your life. Please remember that you may not experience all these symptoms, because trauma and PTSD affect everyone differently.

First, think about the trauma bothering you *most right now*. This could be a Big T or a Little t trauma. If you have several traumas in your history and are struggling to pick the worst event, just think about how your overall trauma history is affecting you right now. Using the symptom checklist on page 5, mark the symptoms that have been bothering you for *at least the past month*. Next, check to see how many symptoms you have in each group.

According to the *DSM-5*, you need one or more of each of the intrusive and avoidance symptoms and two or more of each of the negative cognitions/mood and hyperarousal symptoms. If you meet those criteria, there is a good chance you have PTSD (although, again, a formal diagnosis *must* be made by a mental health professional). If you don't have all the symptoms or they haven't lasted for at least one month, we will discuss what that could mean a bit later. Whether you meet all the PTSD criteria or not, remember that you are using this workbook to learn how to overcome the trauma you have experienced in your life. The skills and information you will learn here will be helpful no matter your diagnosis.

## WHO IS AT RISK?

Although we cannot predict who will develop PTSD after a potentially traumatic event, we do know that some people may have a greater risk. For example, women are more likely to report symptoms of PTSD than men, and individuals who experience childhood trauma may be more likely to develop PTSD. Risk factors related to a type of trauma include living through dangerous events like natural disasters or war and being injured at the time of the trauma. Social support has a strong connection to PTSD: People who do not have a good support system are at greater risk for PTSD because they do not have anyone to talk to about the trauma. People who have other mental health diagnoses, substance abuse problems, or have other major stressors in their life at the time of the trauma are also more likely to develop PTSD.

Even if you have the risk factors listed previously, we also know there are many protective factors that can help prevent people from developing PTSD. Just as lack of support is a risk factor, people who receive support from even just one person are less likely to develop PTSD. There are situations where our trauma can leave us feeling totally isolated, though, and at those times it can be protective to find a support group or a trained trauma therapist to guide you through the recovery process. Healthy coping skills, like proper diet, enough exercise, and meditation, are also very protective against PTSD and, when practiced regularly, can help people sustain the progress they have made. Below is a table with a side-by-side comparison of trauma responses with PTSD, including common causes and symptoms, length of symptoms, and severity.

	TRAUMA RESPONSE	PTSD
COMMON CAUSES	Big T or Little t traumas	Big T traumas
COMMON SYMPTOMS	Any symptom of PTSD	At least one intrusive and avoidance symptom, and at least two negative cognitions and hyperarousal symptoms
LENGTH OF SYMPTOMS	More than, or less than, 30 days after the trauma	30 days or more after the trauma
SEVERITY	Mild to moderate, causing some impairment in functioning	Moderate to severe, leading to significant impairment in functioning

## Mind, Body, and PTSD

Even though PTSD is classified as a mental health disorder, potentially traumatic experiences affect both our brain *and* body. PTSD is caused by something that makes you feel very afraid. This causes your brain to go into the fight-flight-or-freeze response, which then puts your body into survival mode. These responses can be obvious, like fighting an attacker, or more subtle, like learning how to avoid getting yelled at by a parent. In this next section, I go into more detail about each type of response to give you more context for how your own brain and body may have responded to trauma.

### WHAT'S HAPPENING IN THE BRAIN?

When you are exposed to trauma, your brain goes into the fight-flight-or-freeze response to help you survive whatever is threatening you. This unconscious reaction starts in the amygdala—the fear center of the brain. When the amygdala senses you are in danger, it sends a signal to the hypothalamus, which is in charge of communicating with the autonomic nervous system (ANS). The ANS has two parts—the *sympathetic nervous system* and the *parasympathetic nervous system*. This is important because, if you need to fight or flee, your sympathetic nervous system takes over. However, if the freeze response is more likely to help you survive, the parasympathetic nervous system is triggered. Whether you fight, flee, or freeze depends on the type of threat. If I am hiking in the woods and encounter a mountain lion, my brain probably isn't going to tell me to fight it because I'll never win. It will most likely tell me to run, activating my sympathetic nervous system, or tell me to freeze, turning on my parasympathetic nervous system.

An effective fight-flight-or-freeze response happens mostly at an unconscious level because the areas of your brain that control the response are much more primitive than the more complex parts of your brain involved in conscious thinking. In fact, an important part of this survival response is that your cortex, or all the gray squiggly stuff you imagine when you picture a brain, essentially goes offline, because its smarts take way too long to process information when your life is on the line. If my cortex were in charge after I spotted the mountain lion, it would go through every single possible scenario. By the time it ran through all the options, the cat would have killed me! Once your brain has successfully communicated the danger to your body and you survive the trauma, your cortex comes back online to help you think about what happened and process those thoughts and feelings. If you can complete this integration process, your chances of developing PTSD are

much lower than if the process is interrupted. This process can be easily interrupted, unfortunately, especially if you are dealing with ongoing trauma or have experienced many different kinds of trauma throughout your life.

## **WHAT'S HAPPENING IN THE BODY?**

Once the fight-flight-or-freeze response starts in your brain, your body quickly kicks into gear. The signals sent by your brain tell different parts of your body to react, depending on whether the sympathetic or parasympathetic nervous system is triggered. The following is a list of the main ways your body responds to trauma:

### **Eyes and Ears**

- ▶ Pupils dilate, letting in more light, so you can see better.
- ▶ Hearing becomes sharper, because being able to hear a pin drop could save your life.

### **Hands and Feet**

- ▶ As blood is pumped to your extremities, your hands and feet might get cold, because your body is making sure your major muscles get the most energy.
- ▶ You might start to sweat, or you could have goose bumps and feel very cold.

### **Heart and Lungs**

- ▶ Your heart rate increases, so more blood is pumped throughout your body, but especially to your arms and legs if you need to fight or flee.
- ▶ The increased heart rate also triggers an increase in your breathing rate, so you have more oxygen in your blood. If the freeze response is triggered, you may hold your breath or your breathing might slow.

### **Pain Perception**

- ▶ Your perception of pain reduces during this survival response, so you can continue to react even if you are injured.

Just like the symptoms of PTSD, the physical responses in the preceding list are not inclusive. Everyone reacts to trauma differently and you may not even be aware that your body is responding in certain ways. After the threat is gone and your cortex has come back online, your body will usually return to its baseline level of functioning within an hour. If you are dealing with ongoing and chronic trauma, however, your body may remain in high alert, which can lead to other long-term physical health problems.



## Other Trauma Responses

A PTSD diagnosis does not capture all the ways trauma can affect you. First, PTSD only applies to symptoms that have lasted for at least 30 days after the traumatic event. As we have discussed, this acknowledges the fact that PTSD symptoms are a normal response to trauma, but it is possible for these symptoms to be so intense early on that they interfere with your ability to function. When this happens in the early days after a trauma, it is called an *acute stress disorder*. Another important diagnosis is the trauma- and stressor-related disorder, which is often used to capture the pain and suffering caused by Little t traumas.

Complex PTSD is not a formal *DSM-5* diagnosis, but is an incredibly important concept that helps us understand the impact of prolonged and repeated traumas. Complex trauma histories can have profound effects on people's relationships, sense of safety and trust, and need for power and control. Finally, it is quite common for people to have a diagnosis of PTSD *and* another diagnosis, which we call a *comorbid diagnosis*. The most common comorbid diagnoses are depression and anxiety, but eating disorders, obsessive-compulsive disorder, and substance abuse disorders are also very common. Treating PTSD and the comorbid disorders is commonly done simultaneously, but it is very important to find a mental health professional with experience treating both PTSD and the other diagnosis, so you receive a holistic and whole-person approach to recovery.

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## Maria's Story

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**M**aria is a 24-year-old woman who has started to experience a lot of anxiety. She recently witnessed a serious fight at a bar and, since then, any time she and her partner disagree, she is afraid the conflict will become physical and that she will be injured.

Maria is the oldest of five kids, and she was her mother's main support with her younger siblings while growing up. Her mother and father often got into verbal fights about money, but no one was ever physically violent. As Maria got older, she felt very anxious any time people got upset with each other, but she never understood why it bothered her so much. Other than the fighting, she thought she had the perfect childhood! Her parents spent lots of time with Maria and her siblings; they went on family trips, and her family always attended her soccer games.

Maria was at a bar with her friends three months ago when two patrons at the next table began to argue. Everyone tried to ignore the conflict at first, until the men began to punch each other, and both were seriously injured. Maria ended up with blood on her shirt and pants, and she was the first person to call 911 when the fight broke out. Even though Maria didn't know these people, she has had nightmares ever since about her parents fighting. Any time her partner raises their voice, her heart races and she has trouble breathing. Maria is always on guard for disagreements, afraid they could turn into physical violence at any moment. She also feels very confused because nothing has ever left her feeling this anxious.

Maria was able to find a therapist who specializes in treating trauma. Her therapist taught her about how early childhood experiences can have a lasting impact on her life. Maria learned that even though her parents never got into physical fights, seeing them argue may have left her feeling unprotected. When she witnessed the bar fight and got blood on her clothes, it may have triggered those feelings from childhood that she was never able to process, resulting in trauma symptoms and making her feel unsafe in her current relationship.

## SELF-CARE CHECK-IN

Now that you have learned about trauma and PTSD, you may be feeling some fear or anxiety about what lies ahead. It is totally normal to worry about what it will be like to address the scary and stressful things that have brought you to this workbook. In fact, just reading about PTSD may have been enough to remind you of your trauma, leaving you feeling tense or on edge.

One of the most healing parts of trauma work is developing grounding skills to help return you to the present moment. Take a moment to connect with the here and now. Using your senses is a wonderful way to achieve this connection. Do you have something fragrant nearby that you can smell? Or perhaps a favorite picture or piece of art you can describe to yourself? Maybe there is a soft blanket you can touch, or a favorite song you can listen to. However you want to engage your senses in this present moment is up to you. Allow for this brief moment of self-care, so you can start to build a toolbox of manageable skills to use when you feel triggered.

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**Today, I choose to start my healing journey.  
Throughout this process, I give myself permission to feel  
my emotions and to care for my mind and body.**



## Chapter Takeaways

- ▶ Trauma comes in many forms, and what may be traumatic for one person could have no lasting impact on your life. Whether your current struggles are due to Big T or Little t traumas, the way you feel is a normal reaction to an abnormal event.
- ▶ At least 50 to 60 percent of adults in the United States experience some type of trauma. Only about 4 percent of US adults report symptoms of PTSD; trauma affects people differently, and survivors often overcome their traumas.
- ▶ You may be at greater risk for developing PTSD if you identify as a woman, or if you experienced or witnessed violent traumas. Having at least one person to rely on after experiencing trauma can help prevent PTSD.
- ▶ Trauma affects the mind and the body, which work together when the fight-flight-or-freeze response kicks in.
- ▶ PTSD as a diagnosis does not capture all the ways trauma affects our emotional functioning. Sometimes, the way you feel after a potentially traumatic event is better explained by an acute stress disorder, complex PTSD, or a trauma- or stressor-related disorder.

When you think about your trauma history, how do Big T and Little t traumas affect your life right now?

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What factors may have put you at greater risk for developing trauma or PTSD symptoms?

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## Next Steps

Taking in a lot of information at once can make it difficult to remember the key points or know how to use the information in this workbook. Reflecting on the chapter takeaways (see page 14), start to build your recovery tool kit by taking the following next steps:

After completing this workbook, what changes do you want to see in your life? Write down your top three goals.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

- ▶ If you want to know more about how your symptoms of trauma and PTSD affect you, fill out the PTSD checklist for *DSM-5* assessment on page 5. You can also complete this assessment after completing this workbook to see how your symptoms have changed.
- ▶ Continue to practice the grounding exercise on page 13, paying close attention to how it affects your emotions and your physical experience of trauma and PTSD.



# TREATING PTSD

**IN THIS CHAPTER, I INTRODUCE YOU TO THE MOST COMMONLY** used treatments for trauma and PTSD. An important aspect of this book is its focus on *evidence-based treatments*. This means you will be learning about treatments that research shows are safe and effective ways to help people heal from trauma. As a trauma psychologist, I could not do my job every day if I didn't see my clients get better, and this healing happens with the help of treatments I trust. The therapies described in this chapter must be provided by a trained mental health professional. I know how hard it is to find a therapist with whom you feel safe, and if you are doing trauma work, finding the right therapist can feel even more challenging. My goal is for you to have a general overview of trauma treatments, so you can research those that resonate with you and find a trained therapist to help guide you through your recovery.

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**I may hurt now, but I will not hurt forever.  
I am resourceful and will get through this.**

## Understanding Treatment Options

Everyone's journey through trauma looks different, both in the kinds of traumatic experiences and the most helpful types of treatment. There is no singular approach to treating trauma and PTSD, and as a client, this can feel overwhelming at first. After learning about the evidence-based treatments available, the best place to start is with the intervention that will target the symptoms causing you the most distress right now, while also helping you heal the root cause of your pain. This workbook will help you with this process by introducing you to a variety of evidence-based approaches for coping with and healing trauma.

Let's say you are really struggling with the belief that the world is dangerous, and you can't seem to get out of that negative thought cycle. A cognitive approach, such as cognitive processing therapy, might help you learn how to analyze your trauma-related beliefs and balance them so they are less painful. If, however, you avoid your emotions because of your trauma history, a treatment such as prolonged exposure therapy might be a better approach, so you can connect with these emotions and allow yourself to feel them in a safe way. Or, if you notice that your current struggles in life always seem to link back to earlier stressful experiences, eye movement desensitization and reprocessing (EMDR) might be a good fit. Regardless of where you start with a trained therapist, know that you can always change course if you realize a different approach will be more helpful.

### COGNITIVE BEHAVIORAL THERAPY

Trauma-focused cognitive behavioral therapy, or TF-CBT, is an intervention developed out of cognitive behavioral therapy (CBT). CBT is both a type of therapy *and* a way to describe how our thoughts, feelings, and behaviors are linked. According to CBT, if we think negative thoughts, we will feel negative emotions, and then we will do behaviors that may have negative consequences. In TF-CBT, the trained therapist first teaches the client about trauma and PTSD. Next, the client develops coping skills to help them deal with the intense emotions and other problems they are having because of the trauma. Then, the client and therapist work together to develop a trauma narrative to process the trauma memory and to help the client identify the unhelpful ways they think about the trauma. When TF-CBT is done with children and adolescents, parents are often involved to help support their child and learn how to help their child continue healing once therapy is finished.

## **COGNITIVE PROCESSING THERAPY**

Another treatment developed out of CBT is cognitive processing therapy (CPT). This therapeutic approach focuses primarily on the way trauma affects your thoughts and beliefs about yourself, others, and the world. In CPT, you first work with your therapist to write about why you think your most distressing trauma happened to you. This helps you and your therapist identify trauma-related beliefs called *stuck points*. These beliefs, or thoughts, about your trauma are often not very helpful or realistic, but keep coming up and leave you stuck in the trauma. For example, if you believe your trauma is your fault, the first thing you would do with your therapist is track the kinds of situations that trigger this thought and how this makes you feel. Then, you would start to question this belief by examining things like the evidence for and against it. You can also learn how to quickly pick up on the fact that a certain thought is actually a stuck point.

These thinking and analyzing skills empower you to examine your trauma-related beliefs and balance them, so they are more helpful and realistic when you are reminded about your trauma in the future.

## **PROLONGED EXPOSURE THERAPY**

Prolonged exposure therapy (PE) takes a more behavioral approach to treating PTSD. I often recommend this intervention when clients come to me because their trauma memories are haunting them. I make this recommendation because PE is a way to process trauma memories gradually by confronting them in a safe way with your therapist.

During what is called *imaginal exposure*, the client and therapist go through the details of the trauma memory multiple times to help the client's brain and body "get used to" the memory. The goal is not to get rid of the emotions connected to the memory but to teach your brain and body, through repeated imaginal exposure, that the trauma is not happening right now, and that you are safe. As clients start to feel better with PE, they will often begin to describe the memory as just another story, or even say they feel bored by it.

The second part of PE consists of *in vivo exposures*, where the therapist and client come up with a list of things the client avoids because of the trauma. This could include not going to the grocery store to avoid being around a lot of people, avoiding driving because of a car accident, or never leaving the house for fear of being hurt.

Practicing in vivo exposures gives your brain and body another way to relearn which things are safe, and to learn how to cope with fear and anxiety in a healthy way.

## **SOMATIC EXPERIENCING THERAPY**

Peter Levine, PhD, developed Somatic Experiencing™ (SE) therapy to treat the ways trauma is stored in the body. He studied how wild animals respond to stress and trauma and found that, even though they were constantly under threat or exposed to death and gore, they did not show signs of trauma. He theorized that this reaction was because their bodies were able to move through the entire fight-flight-or-freeze response, allowing them to ultimately release the traumatic stress and energy. Humans, on the other hand, often experience disruptions in this process, so trauma remains stuck at a cellular level.

Through SE, clients are gradually exposed to their trauma memories while paying close attention to the way their body responds. When first recalling an assault, for example, a client might notice their breathing becomes very shallow, their legs and arms stiffen, and they feel the sensation to run. During these exposures, the therapist helps the client move between the traumatic sensations and the physical experience of emotion regulation in a process called *pendulation*. Moving between these physical and emotional states allows the body to express the stored trauma safely, while connecting with safety and support.

## **EMDR**

Eye movement desensitization and reprocessing, or EMDR, is an intervention that helps clients process the way their past traumas affect their current functioning. EMDR theory holds that when a survivor is unable to go through the natural recovery process after a traumatic event, the trauma memory gets stuck in the brain and the healing parts of the brain can't get to it. EMDR uses bilateral stimulation, usually with back-and-forth eye movements, to help connect the trauma memories with the adaptive and healing parts of the brain. The bilateral stimulation in EMDR helps the client focus on the trauma memories while staying in the present moment. The eye movements mimic rapid eye movement (REM) sleep, a time of deep unconscious processing during the dream stage of sleep. It is believed that when using bilateral eye movements in EMDR, we can tap into many of those same deep processing channels in the brain. EMDR is unique from other therapies in that the healing does not necessarily occur because of insights discussed between

the client and the therapist. Recovery comes from within the client, instead, as the brain is allowed to heal itself.

## **MINDFULNESS**

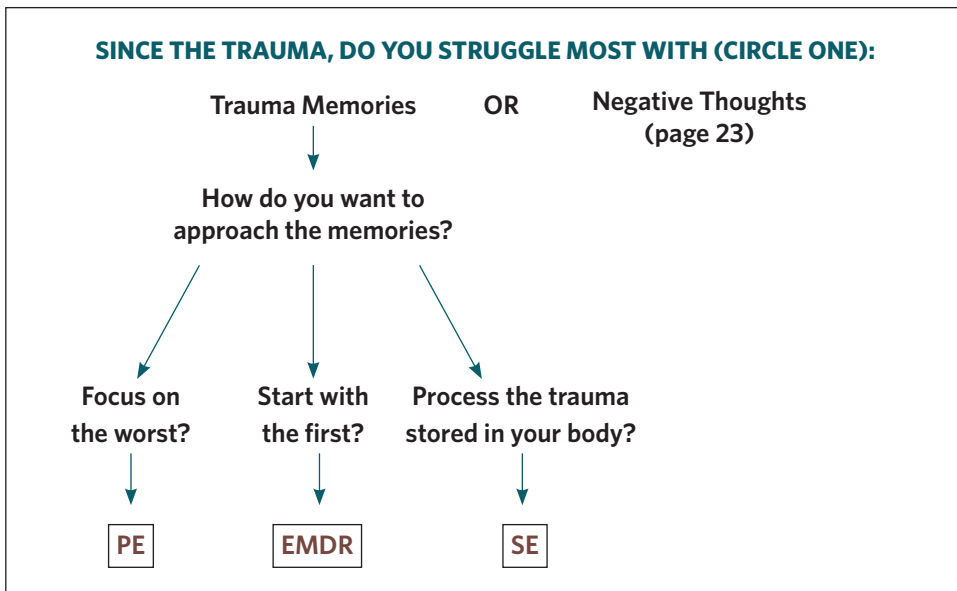
The final evidence-based intervention for trauma and PTSD we will discuss in this workbook is mindfulness. Mindfulness is defined as being aware in the present moment, without judgment. Although not a standalone treatment for trauma, it is a very powerful tool that can be integrated into any of the treatment approaches discussed here. One of the most common responses after trauma is a strong desire to avoid trauma memories and reminders. Although this provides short-term relief, it, ultimately, will make trauma and PTSD worse, because it proves to your brain that the memory or reminder is, in fact, dangerous. Mindfulness practices focused on present-oriented awareness are incredibly helpful when engaged in trauma work because they teach you how to manage the emotions and distress you feel when you think about your trauma.

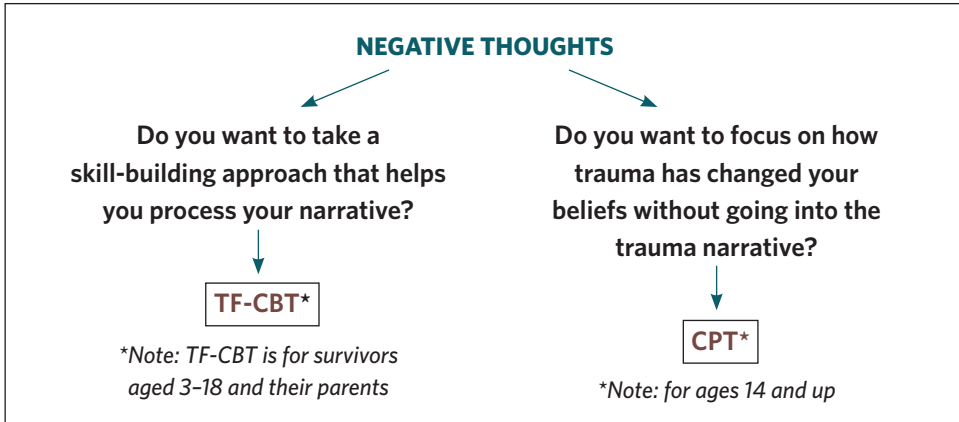
There are many ways to practice mindfulness, but the most common ways are via deep-breathing exercises and guided meditations focused on teaching you how to remain present while letting go of judgment. These techniques are very effective in engaging the parasympathetic nervous system (the one that calms you) and they are also used to treat anxiety disorders, physical pain, and even tinnitus. With regular practice, these techniques become second nature and can be an invaluable resource when you are confronted with a trauma reminder.

## FINDING THE RIGHT TREATMENT FOR YOU

Taking in all the evidence-based treatment options can feel overwhelming. Sometimes, having too much information can be paralyzing and stop us from continuing forward. Therefore, I want to help you simplify the treatment options with the following exercise.

Using the decision tree below, reflect first on what bothers you most about your trauma—the memories or the negative thoughts? Then, work your way through the questions in the decision tree to determine which treatments may be most helpful. This process is not definitive, and, ultimately, this would be a decision you make with a therapist. However, my goal is to give you a tool to help you synthesize all the information to find a treatment that seems like the best fit right now.





## What about Medication?

Evidence-based psychotherapy is the gold-standard treatment for trauma and PTSD, but medications can sometimes be helpful. This is especially true when symptoms are so severe that you are not able to do things like leave the house or interact with others because it makes you feel so afraid. Because PTSD is often comorbid with depression, the depressive symptoms can also get so bad that you don't want to get out of bed or take care of yourself. This would be another instance for which medication could be very helpful. The only medications that are FDA approved to treat PTSD are Paxil and Zoloft, both of which are a type of antidepressant called a *selective serotonin reuptake inhibitor*, or SSRI.

Medication can help take the edge off your PTSD symptoms, which may be the boost you need to get started with an evidence-based psychotherapy. It is very important to remember, though, that the only way to *truly* heal trauma and PTSD is through psychotherapy, because medication only offers temporary relief.

One class of medication that is *not* recommended while doing trauma work is benzodiazepines, including Klonopin, Valium, and Xanax. These drugs are often prescribed to treat anxiety and panic attacks, and although they are helpful to relieve intense symptoms of anxiety, they make PTSD worse, as they become another way to avoid the trauma instead of process it. If you are already taking a benzodiazepine, it is strongly recommended that you work with your physician to taper off the medication safely, so you can experience lasting recovery from trauma and PTSD.

## Beginning Your Healing Journey

Now that you have decided to begin healing your trauma, you may wonder how long it will take to feel better. Whether you are preparing to address Big T or Little t traumas, I want to remind you that PTSD and trauma *are* treatable. Although healing takes time and patience, it will, ultimately, allow you to rediscover your identity and uncover the self who has been hidden by all the layers of pain and suffering. The evidence-based practices in this book will provide a road map to guide you through your healing journey. Even though it can feel terrifying to start trauma work, please remember that you have survived the worst of it and, now, you get to take back what trauma stole from you.

The road map found in this workbook begins in chapter 3 with learning how to manage the intrusive memories, thoughts, and emotions you experience when faced with a trauma trigger. Developing skills such as grounding will help you learn how to return to the present moment, even when the trauma feels like it is happening all over again. These tools will set the foundation for beating PTSD. Chapter 4 addresses avoidance because, even though trying not to think about things that remind you of your trauma brings you momentary relief, doing so will, ultimately, make your symptoms worse. Avoidance also stops you from doing things you love and that bring you joy. By learning how to engage with trauma triggers gradually and in a safe way, you will no longer miss out on meaningful experiences.

As you move forward in your journey, chapters 5 and 6 will help you learn how trauma affects your thoughts and emotions. Chapter 5 focuses on the ways trauma has changed your beliefs about yourself, others, and the world. I like to think of this as putting a puzzle together—you must first examine all your thoughts, which are the pieces, so you can be sure they fit together in the right spots. This process will help you balance your trauma-related beliefs, which will begin to make the anxiety and fear less intense when you are confronted with trauma triggers.

Chapter 6 will help you understand your trauma-related emotions better and learn how you have experienced the fight-flight-or-freeze response, both during your traumatic experiences and in your current life. Many of the skills you learn in chapter 3 will come in handy again at this stage, but you will also get to explore other emotion-regulation techniques to complement the skills you have already developed.

Chapter 7 explores the ways that trauma affects your physical body. Trauma is, literally, stored in our cells, which is why you feel physical symptoms, such as a racing heart, headaches, and muscle tension, when reminded of your trauma. Even more serious, though, are the long-term effects of trauma; we know that PTSD can lead to illnesses such as heart disease, obesity, and even cancer. To help heal these invisible wounds, we will conclude in chapter 8 with a focus on sustainable and flexible self-care practices.

### YOUR RECOVERY CHECKLIST

With this road map to recovery now in clear view, you need to do a little prep work. Think of it like packing for a trip, confirming that you have all the things you need before you hit the road. I have provided a checklist here to help you think about your emotional and physical needs. Please feel free to add other categories or move things around as this is just a starting place, not a finite list.

- Time dedicated to this important trauma work (e.g., scheduling appointments with yourself and this workbook)
- A journal/notebook and pens/pencils to use alongside this workbook to complete journaling exercises
- A safe place to read and write in your workbook and journal
- Calming background sounds or a way to create a quiet atmosphere
- Water and snacks
- A favorite candle or essential oil
- A soft blanket or other soothing items
- A primary support person. Who can be your cheerleader?
- Tissues (yes, there may be tears, and that's okay)
- Meditation/mindfulness app to help you center and ground (my favorite is Insight Timer)
- .....
- .....
- .....

## FINDING THE RIGHT SUPPORT PERSON

As part of your Recovery Checklist (see page 25) I ask that you identify a support person to help you along this journey. This can be a difficult thing to do because trauma and PTSD are very personal and may involve feelings of shame or guilt. It is also very common to feel isolated after trauma, so being asked to find a support person can be frustrating when you do not have people to go to right now.

I don't want the task of finding a support person to cause undue stress, but as we discussed in chapter 1, support is protective and healing while we cope with trauma. If you have a support person in mind, use them for this exercise. If you are struggling to think of someone, do not pick someone with whom you plan to share all the details of your trauma or this recovery process; rather, think of someone you could call to talk about non-trauma stuff. You and this individual will benefit from the social interaction and you will have a positive distraction when you feel overwhelmed or need a break from this work.

On the lines following, first, write down the name of your support person. Then, brainstorm some things you can share with this person, trauma-related or not, to give you a jump-start on future conversations.

**My support person is:**

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**I plan to talk about the following topics with my support person:**

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## VISUALIZING YOUR ULTIMATE GOAL

Before you move on to the next chapter, I want you to spend some time journaling about the goals and intentions you have for this work. This exercise will begin with a visualization that will help you clarify what you want to take from this workbook. Using the safe place you have created to do this work, sit or lie in a comfortable position. You may close your eyes or keep them open. Allow your mind to wander and imagine what your life will be like when trauma is no longer in control.

- ▶ What do you see yourself doing?
- ▶ How are you spending your time?
- ▶ What are your relationships like?

This image may be as simple as seeing yourself enjoying a beautiful day, or it could involve big changes, like a move or a new job. Whatever the image is, allow yourself to see and experience as many details as possible, so you can begin to feel how this work will truly change your life. Once you have the image, write the steps necessary to reach this ultimate goal in your journal. You may write them in any format you choose—as a list, using paragraphs, or you can even draw what you see in your mind’s eye.

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### Alvan’s Story

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**A**lvan is a 45-year-old man who is married and has four children. He is a paramedic in a busy city, a line of work that exposes him daily to other people’s traumatic events.

During Alvan’s 15-year career, he has responded to calls about car accidents, falls, gun violence—you name it. He has always acknowledged the stressful nature of his work, but he never felt like it got in the way of enjoying his family or doing things that bring him joy. However, he recently injured his back while lifting a stretcher, which has put him out of work for three months. Now that he is not working, he has lost the structure his job created but, more importantly, the support he received from his fellow paramedics. He has worked with the same crew for the past seven years, and he can’t talk to anyone else about his work the way he can with his colleagues.

Without the regular interactions and check-ins with his colleagues, Alvan has started to feel very anxious, irritable, and on edge. He constantly worries that his spouse and

*continued* ▶

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kids will be hurt any time they leave the house without him. He has also started to think about some of the worst calls from his career, seeing the memories replay in his mind like a movie. Alvan feels totally alone, and guilty about how he is reacting. He doesn't want to share his terrible memories with people outside of his profession because they didn't sign up to be a paramedic. He hasn't reached out to his colleagues either, because he is afraid they will think he is weak and unable to come back to work.

Alvan has begun to drink more heavily to deal with the symptoms and feelings of isolation. It started with a beer or two with dinner, but in the past two weeks, has escalated—he now starts each day with whiskey in his coffee and continues to drink until he passes out at night. He knows this behavior isn't healthy, and it's making his back pain worse, too, but without the alcohol he can't shut out the memories. Alvan's spouse brought up the possibility that he might have PTSD, but Alvan can't accept that. He has gone 15 years without problems, so why isn't he strong enough to deal with them now?

### SELF-CARE CHECK-IN

This chapter has focused on the evidence-based treatment options for trauma and PTSD. Even though my goal is to instill hope that you can beat this, you may feel like your head is swimming with all the information you have absorbed. Remember, a big part of trauma and PTSD is avoiding things that remind you about it, so just reading this far in the book is a huge step toward moving through your trauma. In the practice of continuing to acknowledge that this work is difficult but doable, take a moment to reflect on the parts of this chapter that have allowed you to see hope. It may help to pair this reflection with just one minute of slow, deep breathing. You could also write in your journal about the things that give you hope, or perhaps return to the visualization of how you want your life to be after you complete this work. However you want to mark it, give yourself permission to engage in self-care, to nurture yourself, just for a moment.

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**I am ready for my healing journey.  
I can overcome any challenges  
in my way because I am a survivor.**

# Chapter Takeaways

- ▶ There are several evidence-based treatment options for trauma and PTSD. Although you will learn many of the skills in this book, if you decide to start formal trauma therapy, it is important to find a therapist trained in the treatment you choose.
- ▶ Choosing the “right” therapy can feel daunting, but you have tools to help you decide which treatment will be best for you right now.
- ▶ Medication can be a helpful complement to psychotherapy when used correctly. Some antidepressants are FDA-approved to treat PTSD, but full recovery is only possible with psychotherapy. Benzodiazepines, like Xanax, are *not* recommended to treat trauma or PTSD.
- ▶ You have a road map to recovery, and this book will take you through each step in a supportive and healing way.
- ▶ Being prepared, both physically and emotionally, will set you up for success in this work.

Even while working through this book, there are times when seeing a trained therapist can help. When will you know it is time to reach out to a trauma specialist? Identify two or three indicators that finding a therapist could help.

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The topic of medication can be tricky. If you have questions or want to learn more, please write out your medication-related goals. This could include scheduling an appointment with a psychiatrist to learn more about medications, or meeting with your current doctor to discuss your treatment plan.

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## Next Steps

**Prepare the primary space you will use when working through this book.**

- ▶ Make sure all the items you need for this journey are in your protected space, so you know you are prepared to work as soon as you sit down.
- ▶ Pay special attention to the details that make this space relaxing and nurturing. Because trauma work turns on your sympathetic nervous system, these elements will help regulate your mind and body.

**Consider telling your support person about their role in your recovery.**

- ▶ If this is a person with whom you want to share thoughts and feelings about trauma and PTSD, it can be helpful to tell them about your goals. It is also a great idea to share the coping skills learned in this workbook with your support person, so they can help you use them when you feel activated.
- ▶ If you don't plan on disclosing your trauma to your support person, sending a text or calling them to say hi is a great way to connect, in general.

**Continue practicing the visualization of how you see yourself after overcoming trauma and PTSD. This will strengthen the healing abilities of your brain and keep you focused on the possibilities that are on the other side of trauma and PTSD.**





# MANAGING INTRUSIVE SYMPTOMS

**INTRUSIVE SYMPTOMS OF PTSD OFTEN CAUSE THE MOST DISTRESS** after surviving a trauma. This chapter first focuses on helping you understand the various types of intrusive symptoms. Being able to recognize the difference between flashbacks and intrusive memories, for example, will help you understand how intrusive symptoms affect your day-to-day life. We then discuss how to manage intrusive symptoms using grounding techniques and practices from exposure therapy. This is a very important part of your recovery from PTSD because intrusive symptoms are often the biggest cause of avoidant behaviors, which bring temporary relief from PTSD, but, ultimately, prolong the symptoms or even make them worse. The skills you will learn in this chapter will build upon the work we have already done to strengthen your foundation of healthy coping.

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**No feeling is forever. I am building  
the skills I need to overcome my trauma.**

## Understanding Intrusive Symptoms

What do we mean when we talk about “intrusive” symptoms? These symptoms used to be called “reexperiencing symptoms,” because when they happen, it can feel like the trauma is happening all over again. Intrusive symptoms are very common immediately following a trauma, and they likely serve as protection against that same trauma happening again. They also turn on the fight-flight-or-freeze response in the brain and body, leading to strong emotional and physical reactions.

Let’s return to my hiking example. If I do encounter and escape from a mountain lion, each time I hear a sound in the woods, as I make my way home, I will probably see the image of the mountain lion, reminding me of the danger I just escaped. The image will likely be paired with an emotional reaction of fear and physiological reactions of increased heart rate and breathing that prepare my body for the survival response—if the cat were to return. Thus, in the immediate aftermath of a traumatic experience, intrusive symptoms can be very protective.

The problem with intrusive symptoms is that they often occur well after the immediate threat is gone. These symptoms are sometimes thought of as the engine of PTSD. When an intrusive memory occurs, you may go into high-alert mode and have a strong emotional reaction (hyperarousal), which could lead to feeling unsafe (hypervigilance) or distrusting (negative cognitions). We will explore each of the intrusive symptoms found in the *DSM-5*, so you can reflect on how this symptom cluster shows up in your daily life.

### UPSETTING MEMORIES

Many people experience **recurrent, involuntary, and intrusive memories** following a traumatic event, especially in the first few days after the trauma. These memories may feel like “snapshots” of the trauma, or like watching a movie of the event in your mind. Intrusive memories can trigger other physical and psychological reactions because, in addition to the intrusive images, they can also include sounds, smells, and body sensations that occurred at the time of the trauma. Intrusive memories are different from flashbacks; in flashbacks, there is a level of dissociation, where the person disconnects from the present moment and experiences the trauma as if it is truly happening again.

## **NIGHTMARES**

**Nightmares** are another common intrusive symptom. How often they occur varies but they can be so intense that some people develop insomnia. This happens when the survivor is afraid to go to sleep because of the nightmares, which can begin a vicious cycle of poor sleep habits. According to the *DSM-5*, the nightmares do not have to be an exact replay of the traumatic event. They can also be dreams related to the trauma, such as dreams in which you see the trauma happen to someone else. Fortunately, nightmares are treatable, with one of the treatments discussed in chapter 2 or through cognitive behavioral therapy for insomnia and nightmares.

## **FLASHBACKS**

**Flashbacks** are probably the most well-known of the intrusive symptoms because of how they are depicted in media, but true flashbacks that result in a dissociative experience are actually quite rare. Think of a combat veteran who hears fireworks—the explosions may take that person back to a trauma on the frontlines so intensely that the veteran is not aware they are in their living room anymore, while their brain returns to the moment they were taking shelter from enemy fire. Flashbacks are so overwhelming that many people describe feeling physically exhausted once the flashback has ended.

## **SEVERE EMOTIONAL DISTRESS**

Any of the intrusive symptoms are likely to cause **intense or prolonged psychological distress**. These strong emotional reactions can also be triggered by things that remind you of the traumatic event. For example, survivors of child abuse may be triggered when they see someone who reminds them of their abuser. This external reminder may or may not include an intrusive memory but will bring on very strong feelings, such as anger, anxiety, fear, etc. These emotional reactions can be so intense that it sometimes feels like they will never end, which is a common barrier to starting trauma therapy. I want you to know that no feeling lasts forever; our bodies simply can't sustain any emotion for too long.



## **PHYSIOLOGICAL REACTIONS**

Strong **physiological reactions** to internal or external reminders of the trauma are the final type of intrusive symptom. Again, these can occur alongside intrusive memories, strong emotional responses, and with flashbacks or nightmares. The physical reactions are practically unavoidable, because trauma is stored not only in our brain but also in our body. A sexual assault survivor, for instance, may begin to reexperience the physical sensations they felt during the attack any time they start to become intimate with a consensual partner. These strong sensations can also include any part of the fight-flight-or-freeze response, such as increased heart rate and breathing.

### **INTRUSIVE SYMPTOMS AND MY LIFE**

Take a moment to reflect on the ways intrusive symptoms have affected you. Each symptom category is listed here. Put a check mark next to each symptom group you experience. Then, write about how these symptoms affect your life. When reflecting, consider how the symptoms cause you to miss out on experiences or interactions that are meaningful to you.

#### **Upsetting Memories**

**Impact:** .....

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Nightmares

Impact: .....

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Flashbacks

Impact: .....

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Severe Emotional Distress

Impact: .....

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*continued* ▶

## Physiological Reactions

**Impact:** .....

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### **5-4-3-2-1 GROUNDING**

In chapter 1, you were introduced to the concept of grounding, which helps you return to the present moment. This exercise, called 5-4-3-2-1 grounding, also engages the senses, but in a more structured way.

Before you begin, get into a comfortable position and keep your eyes open. Then, engage each of your five senses in the following ways:

**Five:** Name five things you can see.

**Four:** Identify four things you can touch (touch them and describe them to yourself).

**Three:** Name three things you can hear.

**Two:** Notice two things you can smell (grab a scented candle, etc., if you need to).

**One:** Become aware of one thing you can taste (take a sip of water or a drink).

This simple grounding technique can be used anytime and anywhere—no one even has to know you're doing it. It can be especially helpful when you wake up after a nightmare to help you orient to your surroundings. Make sure you practice it when you are calm, so your brain and body are ready to receive the benefits when you experience intrusive symptoms.

## YOUR GROUNDING TOOLBOX

There are many types of grounding exercises, often separated into the categories of mental, physical, and soothing grounding. Here, you will find various exercises in each category. Circle those that resonate most with you, and schedule a time to practice grounding at least three times a day. It can be helpful to, literally, put this into your schedule, creating an external reminder of your commitment to healing.

MENTAL	PHYSICAL	SOOTHING
Describe your surroundings in detail.	Put your hands under cool or warm water.	Say something kind to yourself.
Play a categories game. (How many football teams can you name?)	Grab tightly onto your chair, and squeeze as hard as you can.	Name your favorite things (music, animals, food, etc.).
Describe an everyday activity in great detail. (How do you make a peanut butter and jelly sandwich?)	Dig your heels into the floor to, literally, ground them.	Imagine the people you love most or look at pictures of them.
Find words in your environment and name the letters out loud but backward.	Find a small grounding object to keep with you, like a worry stone, that you can touch when you feel overwhelmed.	Visualize a place where you feel calm or neutral—become very aware of all the details.
Count to 10 or recite the alphabet very slowly.	Eat something in a mindful way, describing all the flavors and textures.	Plan a way to engage in self-care. This could be taking a bath, drinking tea, or, perhaps, eating chocolate or going for a run.


## Dealing with Intrusive Triggers

Clients commonly come to me for help because of trouble sleeping due to nightmares, an inability to stop thinking about the terrible things that happened to them, and/or a constant feeling of being on edge and unsafe. We have a saying in psychology that “neurons that fire together, wire together.” This often means that the more your trauma symptoms intrude on your daily life, the more your brain is going to believe that the world and people are dangerous. Sadly, this will cause you to miss out on important and meaningful experiences. You may relate to the struggle of wanting to go to a loved one’s birthday party or wedding but staying home because your trauma convinced you it wasn’t safe.

A key to starting trauma work is identifying the ways that the trauma, and, in this case, the intrusive symptoms, affect daily life. Many clients describe avoiding places like the grocery store, restaurants, or other crowded places because they are so triggering or they feel so overwhelmed they can’t function. The best intervention to help people resume these daily activities is exposure—gradually confronting the trauma triggers that are objectively safe—to retrain your brain away from avoidance and back to living a fulfilling life.

If you remember from chapter 2, prolonged exposure therapy (see page 19) uses both imaginal exposure in session with a trained therapist as well as in vivo exposures done by the client between sessions. In vivo exposures allow you to gradually start approaching things that you avoid because of trauma. You may avoid the grocery store altogether because the hustle and bustle leaves you feeling stressed and overwhelmed. However, this means you are spending too much money on delivery. You also know that going to the grocery store is objectively safe, meaning it is not likely that something bad will happen there.

The grocery store is the perfect situation for an in vivo exposure because we can ease into it by first going during slow times, say early in the morning or later at night. Combining this in vivo exercise with a breathing technique, like the one you will learn in the next exercise, will help you manage the fear and panic you experience when you enter the store. Staying in the store until your emotions and physical reactions, like heart rate and breathing, regulate will start to retrain your brain, teaching it that the store is safe. This same gradual approach to confronting trauma triggers can be used for most things that you now avoid because of trauma.



However, remember that you should only use this exposure technique for things that are objectively safe.

The question of what is objectively safe is common because trauma is so obviously frightening. I am often asked how someone is supposed to do in vivo exposures for events such as assaults, car crashes, or childhood abuse. I do *not* want you to think that you must expose yourself to these things, as they would be clearly retraumatizing. Instead, in an upcoming exercise, I will walk you through how to determine which *objectively safe* activities you avoid in life *because of your* trauma. You might avoid driving because of an accident, or maybe you have not dated since a sexual assault, even though you would like to find a partner. Maybe you avoid certain restaurants because they remind you of childhood emotional abuse or you avoid a group of individuals because they look so much like the person who hurt you. Each of these activities would be considered objectively safe because we can actually calculate the rates of events like car crashes, and develop safety plans for activities like dating. Again, I do not want you to do anything dangerous in order to overcome your trauma. Instead, we will work to develop a list of safe activities that you now avoid since the trauma happened to you.

## DIAPHRAGMATIC BREATHING

Before developing your list of in vivo exposure activities, I want to teach you a deep-breathing technique called *diaphragmatic breathing*. This helps you slow your breath rate, which in turn sends calming signals to your brain, letting it know you are safe.

It is helpful to lie on your back on a comfortable surface when first learning this breathing technique.

- ▶ Place one hand on your belly and the other on your chest.
- ▶ As you slowly breathe in through your nose, imagine you are filling a balloon in your belly with air. You will feel the hand on your stomach rise while the hand on your chest should stay relatively still.
- ▶ Exhale and feel your belly hand float down with the out breath.

If you are struggling to engage your diaphragm and expand your belly with your breath, try pushing against your hand with your abdominal muscles as you inhale, “forcing” your hand to lift up. This will teach your brain what this type of breathing feels like.

Once you feel capable of doing belly breaths while lying down, begin to practice them while sitting, so you can use this technique in a variety of settings. Practice this technique three times a day for five minutes each session, so that when you really need it to calm your brain, the skill will be well developed. Remember, we must practice in order to perform!

## THE SUD SCALE

The final piece of preparation before starting in vivo exposures is determining how distressing the avoided activities are. This information is important because we want to start with only moderately stressful activities. If we started with the thing you feared most, the experience would be so overwhelming that your brain and body would go into a fight-flight-or-freeze response and the exposure wouldn't be helpful.

We will use the Subjective Units of Distress (SUD) scale to rate the activities on your list. This scale ranges from 0 to 10, where 0 represents calm or neutral and 10 represents the most distress you have ever experienced. To help you calibrate your unique SUD scale, think of specific memories that represent ratings of 0, 5, and 10. One thing to remember is that a rating of 5 is a healthy and motivating level of distress. For me, public speaking rates at a 5 because I get nervous before giving a presentation, but those nerves actually help me stay energized and put my all into the talk.

Write the memories for each rating on the lines provided, along with any relevant details of the experience, such as the emotions you were feeling or what was going on in your body at the time.

**0:** .....

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**5:** .....

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**10:** .....

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## IN VIVO EXPOSURE HIERARCHY

Now that you know how to use diaphragmatic breathing to regulate trauma reactions and you have your SUD scale ratings, it is time to start your list of in vivo exposures.

Use the lines below to write down anything and everything you avoid because of your trauma. Once you have this list, give each activity a SUD rating (0 to 10). Because we want your brain and body to experience early successes with the exposures, you are going to start with the items on your list with the lowest ratings and gradually work your way up to the “big ticket” items.

**I want you to do in vivo exposures every day.** When you do an in vivo exposure, it is important to stay in the exposure until your SUD level comes down to a manageable level (usually 5 or below). If you stop before this happens, your brain and body will confirm that the activity truly is dangerous. To help your SUD rating decrease during the exposure, use the breathing exercise (page 42) or any of the grounding exercises you have learned so far.

1. .... SUD: .....
2. .... SUD: .....
3. .... SUD: .....
4. .... SUD: .....
5. .... SUD: .....
6. .... SUD: .....
7. .... SUD: .....
8. .... SUD: .....
9. .... SUD: .....
10. .... SUD: .....

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## Reese's Story

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**R**eese was sexually assaulted while on a date two years ago. Reese reported the assault the same night that it happened, but the way in which the authorities conducted their investigation felt like they were blaming Reese for the assault while minimizing the impact of the traumatic experience. Reese consented to a forensic examination at the local hospital, but this was further traumatizing, and Reese had no one to offer emotional support during or after the trauma.

Since the assault, Reese has been unable to go on any dates, even when set up by friends. Any time the memory is triggered, Reese feels an overwhelming sense of fear and anxiety. This causes an increase in Reese's heart rate and breathing and often results in sweaty palms and shaking from intense fear. These physical symptoms are often made worse by the strong feelings of fear and anxiety that accompany them. Common triggers include seeing someone that looks like the perpetrator, being touched by other people, even friends and family, and going back to the area where the assault occurred. Reese also has nightmares once or twice a week, which has made it difficult to sleep, for fear of having another nightmare.

Although Reese does not experience flashbacks, when the memory is triggered it is like a movie playing in Reese's mind. The intrusive memories are of the assault *and* the forensic exam at the hospital. Because the exam was so traumatizing, Reese now avoids going to the doctor, even when clearly sick. This resulted in hospitalization for pneumonia because Reese had bronchitis that went untreated for fear of interacting with a medical provider.

After being discharged from the hospital, Reese had to stay home to recover fully from the pneumonia. During this time, Reese found that most of the intrusive symptoms stopped, as there was no interaction with other people. Once Reese was healthy enough to return to work, leaving the house caused so much fear and anxiety that Reese decided to quit. This meant Reese could no longer afford to pay rent and utilities and, ultimately, had to move in with a family member. The need to rely on others for help left Reese feeling even more depressed, without any hope for healing.

## SELF-CARE CHECK-IN

Acknowledging and confronting intrusive symptoms is one of the most difficult parts of trauma work. Despite the emotional and physical reactions caused by intrusive symptoms, I want you to remember the coping skills you are building. You now have a variety of grounding skills to use in addition to diaphragmatic breathing. I encourage you to have an open mind when trying the grounding skills because you never know which one will help turn on your parasympathetic nervous system.

If you feel overwhelmed by intrusive symptoms right now, imagine something that can help protect you from the emotional pain. It could be an image of your PTSD symptoms floating away in a hot-air balloon, or maybe a force field you put around the thing that represents the trauma, so you can walk away from it. Although this may look like avoidance, if you use these techniques in a way that gives you permission to come back to your trauma when you are able to give it the attention it deserves, these strategies are very healthy ways to cope with intrusive symptoms.

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**I choose to approach my trauma because I will  
no longer miss out on the things I value most in life.**

# Chapter Takeaways

- ▶ Intrusive symptoms include unwanted memories, nightmares, flashbacks, severe emotional distress, and negative physiological reactions.
- ▶ Flashbacks are actually very rare, as they are a form of dissociation, during which the survivor is not aware of things happening in the present moment because the flashback feels like the trauma is happening again.
- ▶ Intrusive memories and thoughts are much more common than flashbacks, and also cause intense emotional and physiological distress.
- ▶ Exposure exercises are the most effective way to overcome intrusive symptoms because they give you a safe way to approach things you now avoid because of the trauma.
- ▶ Exercises such as grounding and diaphragmatic breathing help bring you back to the present moment while turning on the parasympathetic nervous system, which calms the brain and body after experiencing a trauma trigger.

Now that you have an idea of how intrusive symptoms show up for you, which symptoms do you want to address first? In other words, which ones cause you the most distress?

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We often will say we are going to start using healthy coping skills, but then life happens and we don't follow through. How will you make sure you practice grounding and diaphragmatic breathing multiple times each day?

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## Next Steps

- ▶ If you do nothing else, schedule time to practice grounding and breathing exercises!
- ▶ If you are having nightmares that do not get better as you make your way through this workbook or make progress with a trauma therapist, look into cognitive behavioral therapy for insomnia and nightmares (CBT-I+N). This can be a very helpful treatment to complement the trauma work you are doing.
- ▶ Remember, the key to effective in vivo exposures is to stay in the exposure until your SUD level drops to at least 5. If you use breathing and grounding skills to help your brain and body regulate, while reminding yourself that no feeling lasts forever, the feelings will eventually burn out.
- ▶ As you work through your in vivo list, once an activity no longer causes an SUD of 5 or more when you first start it, cross it off your list!





# DEALING WITH AVOIDANCE BEHAVIORS

**AVOIDANCE IS THE COUNTERPART TO INTRUSIVE SYMPTOMS OF** PTSD and trauma. Intrusive symptoms can leave you feeling so overwhelmed that, eventually, you learn how to avoid anything that triggers them. The process of avoiding these triggers, unfortunately, means you are not only avoiding truly dangerous things, but also those objectively safe things we talked about in chapter 3. This worsens and extends your PTSD and trauma symptoms, because every time you avoid a potential trigger—whether it is objectively safe or not—it *proves* to your brain that you are in danger. In this chapter, we will take a deeper dive into avoidance as a PTSD symptom and as a protective survival strategy. Then, we will continue our exposure work to help you keep confronting objectively safe triggers, so you can enhance your quality of life.

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**My unhealthy habits were helpful survival mechanisms. Now, I choose to build new and healthy habits slowly because I am no longer in danger.**

## Understanding Avoidance

We have gradually been working up to discussing avoidance throughout this book. When you first saw it listed as a PTSD symptom, your brain may have started to identify with some of the avoidant behaviors listed. When you started writing your in vivo hierarchy list, you were simply listing things you avoid due to your trauma. Now, we are going to get right into it, because one of the most healing parts of trauma work is confronting the things we avoid. I want to stress that *avoidance is not inherently bad*; it is a helpful skill you have developed to get through each day. I am not going to ask you to abandon all forms of avoidance, but I will challenge you to be honest with yourself about the things you avoid because of your trauma.

Why do trauma survivors develop avoidance symptoms in the first place? After surviving trauma, your brain can confuse healthy anxiety, or even excitement, with fear, causing you to avoid things that have nothing to do with your trauma. This is because of the fight-flight-or-freeze response that helps us survive trauma *and* protects us from experiencing it again. These avoidance strategies have very helpful short-term benefits but, ultimately, interfere with your quality of life and cause you to miss out on important experiences. In the next sections, you will learn about the different types of avoidance and how to continue your healing.

### AVOID THINKING OR TALKING ABOUT A TRAUMATIC EVENT

The first trauma triggers you experienced were likely your thoughts and memories of the experience, or **internal trauma reminders**. Because trauma is statistically a low-probability event, it is not very likely you will be exposed to exact reminders immediately after the experience. However, trauma is so overwhelming that your brain keeps thinking about it even after it is no longer happening—thoughts you would rather avoid. Avoidance happens when you avoid talking about the trauma or avoid feelings related to it, like fear and anxiety. This process can make it very difficult to concentrate, causing even more difficulties.

## AVOIDANCE OF PEOPLE, PLACES, AND ACTIVITIES

There are probably many things in your daily life that cause you to think about or remember your trauma. These are called **external trauma reminders** and include such things as seeing the person who assaulted you, or seeing someone that reminds you of them. You might avoid the place where your trauma happened or places that remind you of it. If you were assaulted in a park, for example, you may avoid going to parks. Activities are another external reminder that are often avoided; if you were out running right before you were assaulted, you may have stopped running altogether.

## OVERPLANNING TO AVOID POTENTIAL TRIGGERS

PTSD-related avoidance takes a lot of work and effort. Now that you are no longer running in the park, you may have to go to the gym to exercise. When you go after work, you keep seeing someone there who looks like the attacker. This leaves you with the remaining options of getting up at 4 a.m. to work out, or going to the gym at 10 p.m. This **overplanning to avoid potential triggers** takes up so much time and energy that you don't have much left to enjoy meaningful experiences.

## USE OF DRUGS AND ALCOHOL FOR AVOIDANCE

A very common and serious avoidance strategy that needs to be discussed is **the use of alcohol and other drugs/substances** to cope with trauma. In all honesty, drugs and alcohol are an effective way to remove the intrusive symptoms associated with PTSD. However, consistently turning to substances to escape from trauma can, and often does, turn into its own problem. It can be very hard to acknowledge when substance use becomes an issue above and beyond PTSD symptoms. Therefore, I encourage you to be brutally honest in the upcoming exercises without shaming yourself about the ways you have learned to cope with your trauma.

## SYMPTOM SEARCH

Using the following checklist, mark any avoidance symptoms you notice in yourself, even if you use them only occasionally. There are several avoidance strategies we have not yet discussed that might surprise you, like self-harm and bingeing/purging. These forms of avoidance function similarly to drugs and alcohol, by giving you some type of distraction and/or relief from the immediate trauma symptoms, even if they are ultimately harmful to you. As you read through these symptoms, notice any patterns in the ways you avoid your trauma:

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### Internal Reminders

- Avoiding feelings related to the trauma
  - Avoiding thinking about the trauma
  - Pushing trauma memories out of your mind
- 

### External Reminders

- Avoiding activities
  - Avoiding objects
  - Avoiding people/social isolation
  - Avoiding places
  - Avoiding situations
- 

### Other Avoidance Strategies

- Aggression/irritability
- Dissociation
- Drug/alcohol use/abuse
- Food: bingeing and/or purging
- Self-harm
- Somatic complaints: headaches, pain, stomach problems

## SYMPTOM TRACKING

This exercise will help confirm your findings from the strategies that you checked off in the last exercise and might reveal some things you didn't know or recognize.

You are going to track your avoidance symptoms *at least once a day* this week. Using the tracking sheet below, track the **trauma trigger** that caused the avoidance, the **emotions and body sensations** you felt when the trigger happened, and the type of **avoidance strategy** you used. There is also a section for **notes**, where you can jot down any other information that will be helpful to you.

**A quick tip:** You might notice strong emotions or physical responses before you realize you experienced a trauma trigger or used an avoidance strategy. If this happens, use this sheet to track times that you feel these strong reactions first, and then fill in the trauma trigger and avoidance strategy. The first row is an example to get you started.

DATE AND TIME	TRAUMA TRIGGER	EMOTIONS AND BODY SENSATIONS	AVOIDANCE STRATEGY	NOTES
9/19, 11 a.m.	Disagreement with my friend	Anger Tension in hands	Hung up phone, started drinking	Can't stop thinking about it
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

## REFLECTING ON YOUR SYMPTOMS

As I have noted in this chapter, avoidance strategies are not all bad. It is important to honor the ways that avoidance has helped you cope with PTSD and trauma while also doing the work to teach your brain and body that you are no longer in danger. This work may also reveal that there are some avoidance strategies you want to continue, but in healthier ways.

In this exercise, you'll journal about how your avoidance symptoms have helped you survive trauma. You could write the exercise as a letter to your symptoms, acknowledging and thanking them for getting you to this present moment. You could write a list of all your avoidance symptoms and reflect on how each has prepared you for the healing you are now experiencing. The goal is not to find ways to keep using unhealthy avoidance strategies but to pay tribute to the ways your mind and body have overcome trauma. You can also write about how you can make changes to your avoidance symptoms to better support your healing. For example, if food has been a coping mechanism, maybe you can take a cooking class to learn healthy cooking skills while still enjoying delicious food.

## Dealing with Avoidance Triggers

As effective as avoidance strategies can be to help you cope with PTSD and trauma symptoms, they almost always backfire. Imagine that you have a storage unit for your trauma reactions. When you first got the storage unit, there was plenty of space in it, so you could easily put the boxes of your trauma triggers and reactions inside and keep them neat and tidy. However, over time, you kept adding boxes without getting rid of the old ones. Eventually, the storage unit got so full that, now, when you open the door, everything spills out! This is how avoidance is helpful in the short term because it gives us space to tuck away the trauma-related stuff we don't like, but also how, in the long term, it can create even more problems if we don't deal with that stuff.

I have already introduced you to some of the unintended consequences of avoidance in the symptom-tracking exercises (see page 55). Now, I want to elaborate a bit more on strategies that could cause you serious harm. The avoidance strategies listed here fall into two general categories, comfort/detachment and control, as these are the primary goals of avoidance strategies.

## UNHEALTHY EATING: BINGEING AND PURGING

Food can serve as a powerful source of comfort, and it can also be one of the only things a person can control. As a form of avoidance from PTSD and trauma, over-eating (**bingeing**) can be both about comfort and control, while the act of **purging** is primarily about control and choosing what stays in one's body. How can these be avoidant strategies? The comfort of bingeing can help soothe the intense emotions triggered by trauma reminders, while the control of bingeing and/or purging feels like protective armor against terrible things in the past and present.

## SELF-HARM

Intentionally causing harm to one's body seems like it would be traumatizing in and of itself, but **self-harm** is a form of avoidance. Many people say that self-harm makes them feel better when they are triggered, either because it allows them to feel their emotions or because it gives them a sense of control. Self-harm is especially common after suffering complex trauma and although it is not necessarily a suicidal gesture, it can leave lasting scars or result in serious injuries or death. If you use self-harm to cope with your PTSD, please contact a trauma professional to help you along this healing journey.

## DISSOCIATION

We talked about **dissociation** in chapter 3 in association with flashbacks, but dissociation is a bit different in this context. Dissociation is, generally, a way to disconnect from one's thoughts, emotions, and body sensations either during a traumatic experience, or as an avoidance strategy after a trauma trigger. Many people describe it as an out-of-body experience, but it exists on a spectrum. This means that some people have such strong dissociative experiences that they don't even remember what happened, whereas others feel like they are in a fog but are still aware of the present moment.

## AGGRESSION AND IRRITABILITY

It is probably surprising to see **aggression and irritability** listed as types of avoidance, but these emotional reactions can give trauma survivors a sense of control. Remember, in this context, we are only considering aggression and irritability that occur *because of* a trauma trigger. You may be reminded of your trauma because someone makes you feel unsafe, which causes you to respond with anger and aggression.

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This is the fight part of the survival response, which serves as an avoidance strategy because your brain thinks it will remove the threat from your environment.

Aggression and irritability as avoidance strategies, as well as drug and alcohol abuse, are much riskier ways to cope with trauma. If you find that you often use one or more of these strategies, please consider finding a professional you can trust to help you learn how to cope with your trauma in safer ways.

### **VISUALIZATION AND HEALING**

Visualization is a powerful coping skill. It can be a difficult skill for some people to use, and others might find it a bit odd. However, I want you to reflect on how intense it feels when you just think about your trauma, especially if you have flashbacks, because your brain can't always tell that a memory is different from reality. If your brain can have intense negative effects on your emotions and physical reactions, why not harness that power in a healing way? I will guide you through a visualization, but please go to the Resources section (see page 150) to find my favorite apps and websites for guided visualizations and meditations.

I want you to work with an image that represents strength to you. It can be an image of yourself, or something or someone else, being strong. Some people like to use an image of a superhero, or someone they admire. Close your eyes, take three clearing breaths in through your nose and out through your mouth, then bring your chosen image into your mind. Pay attention to the colors, textures, sounds, and smells. As you continue to focus on the image, notice changes in your body. Perhaps your breathing slows and your muscles feel more relaxed. Remain with this image for as long as is helpful.



## CONTINUING YOUR EXPOSURE PRACTICES

While we're still on the topic of avoidance, how are your in vivo exposures going? Maybe you have started conquering items on your hierarchy, or maybe your avoidance strategies have gotten the best of you. Regardless of where you are in this process, do an honest check-in with yourself.

Using the modified in vivo hierarchy following, transfer your list from page 44, including the initial SUD ratings. Whether or not you have been doing in vivo exposures, re-rate each item on your list using the 0 to 10 scale you developed from page 43. Your ratings may or may not have changed, which is totally acceptable at this stage in recovery.

If your ratings are the same or higher, I want you to recommit to this part of your healing journey by scheduling at least one in vivo exposure per day. Just like you scheduled grounding exercises (see page 39), make appointments with yourself to do your in vivo exposures. Set alarms or use whatever system you need to get it done. Better yet, make sure you have a self-care activity or healthy coping skill lined up immediately after the exposure to reward yourself and to further calm your nervous system.

1. \_\_\_\_\_

SUD 1: \_\_\_\_\_ SUD 2: \_\_\_\_\_

2. \_\_\_\_\_

SUD 1: \_\_\_\_\_ SUD 2: \_\_\_\_\_

3. \_\_\_\_\_

SUD 1: \_\_\_\_\_ SUD 2: \_\_\_\_\_

4. \_\_\_\_\_

SUD 1: \_\_\_\_\_ SUD 2: \_\_\_\_\_

5. \_\_\_\_\_

SUD 1: \_\_\_\_\_ SUD 2: \_\_\_\_\_

**6.** .....

SUD 1: ..... SUD 2: .....

**7.** .....

SUD 1: ..... SUD 2: .....

**8.** .....

SUD 1: ..... SUD 2: .....

**9.** .....

SUD 1: ..... SUD 2: .....

**10.** .....

SUD 1: ..... SUD 2: .....

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## Victor's Story

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**V**ictor is a 38-year-old man who served in the United States Marine Corps for eight years. He was honorably discharged five years ago. He deployed three times and experienced combat-related trauma while fighting in Iraq.

During Victor's time as a marine, he was aware of PTSD, but never felt like he needed any help dealing with the stress he experienced. During deployments, he felt safe in his unit with his fellow marines and his CO protecting them. When he came home between deployments, he did feel more on edge and his family made comments about his temper, but nothing he did was overly concerning.

Victor got married just before his last deployment. Soon after arriving in Iraq, he noticed he was more worried about his personal safety than he had been on previous deployments. He started to second-guess his CO's orders, for fear that following them could get him injured or killed. Victor was involved in a firefight during this deployment that killed his best friend. Victor saw his friend die, and has blamed himself for the death ever since.

After Victor was discharged from the Marine Corps, he realized he couldn't stop thinking about his friend's death. One year, during the Fourth of July, Victor was at home with his family while neighbors started shooting off fireworks. Victor was startled by the noise and instantly felt like he was back in Iraq, trying to save his friend's life. The flashback was so intense that when Victor's brother tried to comfort him he threw his brother across the room.

Victor started drinking heavily after this flashback, afraid he would have another. At first, the drinking was only on weekends with friends, but it soon turned into heavy drinking every night. Sometimes, the alcohol would help him just pass out and avoid the flashbacks or trauma memories. Other times, it would lead to physical violence and Victor would punch holes in the walls and throw things in the house. Victor couldn't stop thinking about his friend's death and it felt like the memory was constantly replaying in his mind. Victor's wife became very scared for her safety. During Victor's outbursts, she didn't feel as though she even recognized her husband. She felt like someone had taken over his body, only to attack her and make her feel afraid.

## SELF-CARE CHECK-IN

Confronting how you avoid your trauma triggers can be one of the most difficult parts of trauma work. Reading about all the different kinds of avoidant symptoms can also feel triggering, or even cause you to feel bad about the ways you have coped with your trauma. As I said before, I do not want you to feel shame for the coping mechanisms your brain and body developed in response to trauma. This is the moment where you get to decide what is healthy for you moving forward.

If your brain and body feel like they are on overdrive right now, find a quiet space to sit comfortably. Close your eyes and take two or three deep, clearing breaths, in through your nose and out through your mouth. After the third breath, imagine a healing light pouring over your body. Starting with your head, notice how the light allows any tightness or discomfort to fade away. Let the light move through your shoulders, down your torso, and through your legs until it exits through your feet. Allow the healing light to move through your body for as long as you like before you return to your surroundings.

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**Healing is not linear; it's okay to have a bad day, week, or month. What matters is that you return to the healthy skills you are building on this road to recovery.**

## Chapter Takeaways

- ▶ Avoidance symptoms give your brain and body temporary relief from trauma and PTSD symptoms, especially intrusive memories, thoughts, and feelings.
- ▶ The relief brought on by avoidance strategies is short-lived; they may make you feel safe and calm in the moment, but these strategies ultimately prove to your brain and body that you are constantly in danger and must always be on guard.
- ▶ Avoidance can take many forms—from avoiding obvious trauma triggers to using drugs and alcohol, or even acting out in anger.
- ▶ Overcoming avoidance starts with approaching things that are objectively safe. This goes hand in hand with the work you started in chapter 3, because intrusive and avoidant symptoms often show up together.
- ▶ The most effective way to approach things you avoid is to do it on a daily basis—find as many ways as you can, each day, to approach the objectively safe things you now avoid because of trauma and PTSD.

What are your biggest barriers to confronting the things you avoid? They could be trauma-related thoughts and feelings, or logistical barriers like transportation or social support.

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# MANAGING NEGATIVE THOUGHTS

**TRAUMA CAN INVADE ALL ASPECTS OF YOUR LIFE, INCLUDING THE** ways you think about yourself, others, and the world. Since starting this work, you are probably becoming painfully aware of how difficult it is to keep up appearances while coping with trauma and PTSD. This may be because trauma makes it hard to concentrate and communicate. Now that you are working to approach your intrusive and avoidant symptoms, you may have started to notice negative and unhelpful thoughts narrating the process. You might already be familiar with these thoughts, which tell you there is no reason to keep trying, that the trauma was your fault anyway, and that you'll never get better. This chapter will help you learn how to identify negative thoughts and core beliefs caused by your trauma, so you can balance these negative thinking processes and support your long-term healing.

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**I did not choose to be traumatized, but now I choose to heal. My brain and body are capable of healing and I choose to believe I'm worth it.**

## Understanding Negative Thoughts

Trauma and PTSD can drastically change the way you view yourself, other people, and the world. These changes are often negative, hence the symptom category of **negative alterations in cognitions and mood**. These negative cognitions include thoughts like “the world is dangerous” and “I can’t trust anyone.” On a deeper level, these thoughts may cause you to believe you are to blame for your trauma. None of these thoughts is necessarily right or wrong, but they can cause you to feel depressed, down, hopeless, and irritable. You may, then, withdraw from those you love, which makes this cycle even worse.

Trauma survivors can develop negative beliefs after a trauma because their brain must come up with some conclusion about why the event happened, *and* a way to prevent it in the future. Trauma violates the basic facts we thought were true about the world, particularly the belief that if you are a good person, good things will happen to you. When trauma shatters these beliefs, your brain takes an all-or-nothing approach to putting things back together because it is easier to believe that things are either safe or they are not. The negative cognitions that emerge as a result help you avoid your trauma because they bring short-term relief, but they don’t help you heal the trauma. Exploring ways to identify negative cognitions and moods will help you understand the ways your brain has learned to cope with trauma.

### MEMORY PROBLEMS

Although not specifically a negative cognition, **memory problems** are common after trauma as many survivors have difficulty remembering details. A form of dissociation—one way the brain protects you during trauma—causes this amnesia effect. The memory loss can, unfortunately, cause much distress, especially if law enforcement or other authority figures ask you to remember important details. The lost parts of the trauma memory may or may not return, and you can do very little to control whether you recover them.

### NEGATIVE BELIEFS ABOUT YOURSELF, OTHERS, AND THE WORLD

Trauma forces you to question the things you thought you knew, which can lead to **negative beliefs about the self, others, and the world**. These beliefs develop to “explain” why the trauma happened, and you may feel like they protect you from experiencing it again. Negative beliefs about yourself, such as “I’m dirty” or “I’m unlovable” keep you from getting close to people who could hurt you again.

Negative beliefs about others, like “I can’t trust anyone,” function in a similar way. Negative beliefs about the world are often about safety but may stop you from doing daily tasks or engaging in meaningful experiences.

## UNREALISTIC BELIEFS ABOUT THE CAUSE OF THE TRAUMA

It is very common for trauma survivors to develop **unrealistic beliefs about the cause of the trauma**. This is another attempt by your brain to understand how and why the trauma occurred in order to prevent it from happening again. Often, the most painful of these is the belief that you caused your trauma, or that you could have stopped it. I have worked with many trauma survivors who believe it was their fault that they were abused as a child or that they could have stopped an assault by someone who was significantly stronger than them.

## NEGATIVE EMOTIONS AND LOSS OF INTEREST

Just as trauma can lead to negative beliefs, it can also have a profound impact on your mood. We have covered the ways trauma causes anxiety and fear, but trauma and PTSD can also cause you to feel depressed, down, hopeless, and irritable. These **negative emotions** are sometimes severe enough that people are also diagnosed with major depression or other psychiatric diagnoses. These mood changes might make you lose interest or pleasure in things you usually enjoy, can cause you to isolate yourself from others, and can make it difficult to feel positive emotions such as happiness or love.

## RELATIONSHIP DIFFICULTY/FEELING DETACHED FROM OTHERS

As if all these negative thoughts and emotions aren’t enough, trauma can also leave you feeling **socially withdrawn**. It’s no surprise that the negative thoughts and emotions can get in the way of connecting with people on the periphery of your social network. However, trauma can even work its way into your closest relationships. One of the most painful experiences after trauma is no longer feeling safe with the people closest to you. This doesn’t happen because they did anything wrong. It is just another way the survival response affects your life; it’s just easier not to trust anyone than to figure out who you *can* trust.

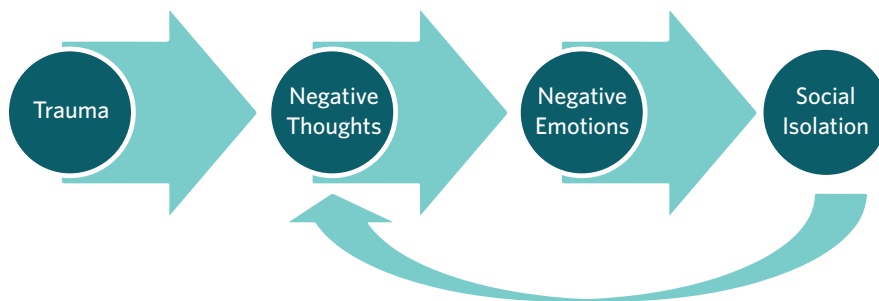
## DIFFICULTY EXPERIENCING POSITIVE EMOTIONS

Trauma can steal your happiness at the time of the traumatic event and well afterward. You know you’re having **difficulties experiencing positive emotions** when

you are with someone you love but you can't feel the warmth and connection you knew before the trauma. This symptom can also affect your ability to feel happy, which, at first, you may be able to fake, but that can become increasingly difficult over time. This difficulty experiencing positive emotions often makes trauma and PTSD symptoms even worse by further isolating you from those you love and making you feel more down and depressed.

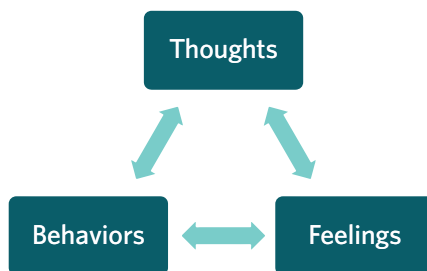
## Challenging Negative Thoughts

You may have noticed that negative cognitions, negative mood, and social isolation often occur together, and can cause a vicious cycle that looks something like this:



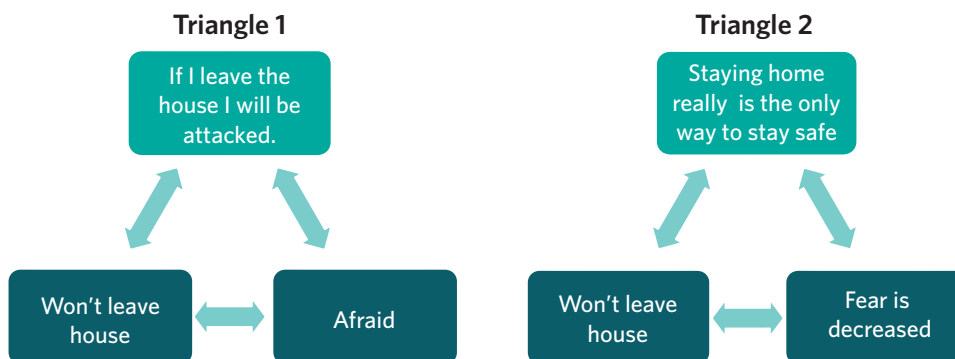
Once you get into this cycle, the feelings of hopelessness tell your brain that you will never get out of it. Fortunately, we know there *are* ways out! In chapter 2, we talked about cognitive behavioral therapy and how it has been used to develop treatments for trauma. These treatments help you identify the negative beliefs caused by trauma, then analyze those beliefs to figure out which parts are realistic and helpful so you can modify or challenge the unhelpful parts.

Challenging the unhelpful trauma-related thoughts has a positive effect on the aforementioned cycle because our thoughts, feelings, and behaviors are all interconnected. Cognitive behavioral therapy calls this the *cognitive triangle*:



In the cognitive triangle, you'll notice that the arrows are bidirectional between the thoughts, feelings, and behaviors. Each can have an effect on the other, which will either continue a negative cycle or change it to something more helpful and healing.

Let's use an example to help illustrate this concept. I am working with Matt, who is a 27-year-old man. One night, after leaving a bar, he was assaulted by a group of men. His physical injuries from the assault have healed, but now he won't leave his house because he is afraid that, if he does, he will be attacked again. Triangle 1 shows this cycle—how the thought leads to the feeling of fear, which feeds back to the thought, making it stronger. The fear and the thought, then, cause the behavior (Matt won't leave the house), which confirms the thought and the feeling. Staying home furthers this cycle, decreasing his fear while also confirming the thought that staying home is the only way to be safe (Triangle 2).



As his therapist, I don't want to invalidate Matt's feeling of fear, because it is a very real and reasonable emotion to have after an attack. Forcing him to leave his house is one option, but probably isn't where I want to start, because it will increase his fear so much that he might stop therapy. If I work with him to examine the belief that "if I leave my house, I will be attacked," we might be able to gradually challenge it, which will help him feel safer and give him the confidence he needs to, eventually, leave his house.

By engaging Matt in the practice of, first, identifying his unhelpful trauma-related thoughts and, then, gradually working to challenge them, his triangles are going to change. Instead of believing he can never leave the house, he may start to test the belief that he can leave during the day. This freedom could give him opportunities to have positive experiences outside of the house, which will continue the healing process and allow him to reach his goal of leaving his home any time he wants.

## IDENTIFYING TRAUMA-RELATED BELIEFS

The negative beliefs you have developed because of your trauma might be obvious to you at this point or, like many, you may still be wondering how trauma has affected the way you think about things.

Answer this question on the lines provided: *How has trauma changed your beliefs about yourself, others, and the world in terms of safety, trust, and power/control?*

I have provided an example of each type of belief in italics. It's okay if you don't have any trauma-related beliefs for all categories; focus on the ones that resonate most.

### 1. How has trauma changed your **safety-related beliefs** about:

Me: e.g., *I can't protect myself.*

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Others: e.g., *No one is safe.*

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World: e.g., *No place is safe.*

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**2.** How has trauma changed your **trust-related beliefs** about:

Me: e.g., *I can't trust my judgment.*

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Others: e.g., *If I get close to someone, they will hurt me.*

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*continued* ►

World: e.g., *I can't trust authority figures.*

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**3.** How has trauma changed your **power- and control-related beliefs** about:

Me: e.g., *If I am not in control, something bad will happen.*

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Others: e.g., *People in positions of power will take advantage of me.*

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World: e.g., *The world is totally out of control and dangerous.*

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## COGNITIVE DISTORTIONS

Another way to start noticing how trauma has affected your beliefs is to become more aware of when your brain uses shortcuts to make sense of things. This is not necessarily a bad thing—you have so much information and stimuli coming at you every moment that your brain must have ways to organize it all quickly and efficiently. Trauma and PTSD, however, can cause your brain to overuse shortcuts, or use them in unhelpful ways.

You will find a list of different cognitive distortions in the following table that can make trauma-related beliefs even more painful. Categorize the beliefs you identified in the last exercise. In the space next to each cognitive distortion, review your beliefs, one by one, to see if and how they fit into each thinking pattern. It is possible for one negative belief to fit into multiple types of cognitive distortions, so don't let that limit your answers. By the end of this exercise, you will have a good idea of your brain's favorite ways to organize trauma-related beliefs.

COGNITIVE DISTORTION	MY TRAUMA-RELATED BELIEFS
Predicting the future or making assumptions	
All-or-nothing, black-and-white thinking	
Blowing things out of proportion or minimizing their importance	
Mind reading (assuming people are thinking negatively about you)	
Emotional reasoning (viewing your emotions as “proof” of your belief —e.g., “I feel anxious, so I must be in danger.”)	

## TRACKING TRAUMA-RELATED THOUGHTS AND FEELINGS

Now that you have a sense of how trauma has changed your beliefs about yourself, others, and the world, I want you to track your thoughts every day over the next week.

Use the following table to track the things that trigger trauma-related thoughts as well as the emotions you experience when you are triggered.

**A quick tip:** Your thoughts and emotions are so intertwined that it is very likely you will first realize that you are feeling a strong emotion (like anger, fear, or sadness) before you recognize the negative thought. When writing down your emotions, rate them using the 0 to 10 SUD scale (see page 43).

This exercise will help you learn more about your trauma-related thoughts and begin to see patterns in the types of things that trigger those thoughts. The first row is an example to get you started.

TRAUMA TRIGGER	EMOTIONS (AND SUD)	THOUGHTS
<i>I'm in a crowded store.</i>	<i>anxiety (9), fear (8)</i>	<i>Something bad will happen and I won't be able to escape.</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

## Identifying Core Beliefs

Core beliefs are those things you believe deeply about who you are as a person and how the world should operate. Before experiencing a trauma, people often believe that if they are a good person, good things will happen to them. This is called the *Golden Rule* and it is taught to children at a very early age. Because we learn rules about sharing and being nice so early on, they become the foundation for many of our beliefs about ourselves, others, and the world. When something traumatic happens, it shatters everything you thought you knew about how the world is supposed to work.

Your brain tries to solve this problem by changing the way you remember your trauma, so the story you tell yourself no longer violates the Golden Rule. If you believed that good things come to good people before you experienced trauma, you might now believe that you are a bad person and deserved the trauma. This is your brain's way of making sense of how something so awful could happen to you by forcing your trauma history to fit into the rule book you have followed all your life.

It seems counterintuitive that your brain would blame you for your trauma, but because the trauma has shattered your core beliefs, your brain finds that it must go to extreme lengths to get any relief from the pain. As you read the following examples of negative core beliefs, circle the ones that you tell yourself, in whole or in part:

- ▶ The trauma is all my fault.
- ▶ I deserved my trauma.
- ▶ My trauma means that I'm a dirty/bad/awful person.
- ▶ If I had been paying attention, no one would have been hurt/died.
- ▶ The abuse is my fault because I didn't tell anyone.
- ▶ The abuse is my fault because I didn't stop it from happening or fight back.
- ▶ I should have known the trauma would happen.
- ▶ I could have stopped the trauma from happening.
- ▶ If I hadn't been drinking/using drugs, the trauma wouldn't have happened.

Challenging negative core beliefs after trauma is even more important than challenging the negative thoughts we discussed in the last section. Imagine your trauma and PTSD symptoms as a weed you need to get rid of. Everything you see aboveground represents your negative trauma-related thoughts, like “the world is dangerous.” The roots are your negative core beliefs, such as “it’s my fault.” You can cut back the weed—challenge the negative thoughts—as much as you want, but it’ll keep returning, sometimes even stronger than before. The only way to get rid of the weed fully is to attack the roots. Once the roots—your negative core beliefs—are gone, you can finally be rid of the weed. When we start to challenge your trauma beliefs in the next section, I encourage you to focus first on your negative core beliefs, because if we can kill those roots, we may not even have to spend that much energy cutting back the rest of the plant.

### **IDENTIFYING NEGATIVE CORE BELIEFS**

Now that you have started to identify your negative trauma-related core beliefs from the preceding list, I want you to dig deeper to really understand how your brain has tried to shield you from the pain caused by your trauma.

In your journal, answer this question very honestly: *What caused my trauma?*

Do not focus on the details or facts of the situation. Instead, write down all the negative things you tell yourself about why your trauma happened. It is possible that, on the surface, you know these things aren’t completely true. Write about the things you tell yourself, in your darkest moments, about why and how your trauma happened. Remember, we need to kill the roots of the weed, so approach this exercise as if you have to first find and name each root before we get rid of them.

### **TRACKING NEGATIVE CORE BELIEFS**

After completing the journal exercise, go back through what you wrote and look for negative trauma-related core beliefs. Remember, these are most likely beliefs related to self-blame (“I could have stopped the trauma.” Or, “the trauma is my fault.”) or hindsight bias (“If I had known \_\_\_\_\_, the trauma wouldn’t have happened.”). Use the lines provided on page 79 to transfer your negative beliefs to your workbook.

After you identify your negative core beliefs, transfer any negative thoughts from the exercises on pages 72 and 77 here as well. Keeping everything in one place helps you see the progress you make as you begin to cross off negative





## Challenging Your Beliefs

The goal of challenging negative trauma-related thoughts and beliefs isn't to sugar-coat your past or to convince you that your beliefs are wrong. What we want to do is balance the way you view yourself, others, and the world so you can acknowledge the fact that trauma can and does happen, while also instilling hope for the future.

Knowing that you are having a negative trauma-related thought is the first step to challenging these beliefs. You learned to identify unhelpful thinking patterns on page 75. Once you can name a thought as unhelpful, your brain naturally starts to look for information that will fill in the missing pieces. We will go through exercises to help you balance these thoughts and beliefs, but first let's review the basics of challenging negative trauma-related thoughts.

The first step to challenging negative beliefs is looking at the facts—examining the evidence for and against a belief is sometimes enough to balance it. Keep in mind that evidence is defined as facts that would stand up in court. This means that emotions and opinions do *not* count, as much as your brain may want them to.

Next, ask yourself how emotions fuel the negative thoughts, so that once they start, the emotions hit the gas and keep them going.

This process of examining your negative trauma-related beliefs and considering the evidence and role of emotions naturally leads you to think about other ways to view the situation.

Consider the case of Tanisha, a police officer in a busy city. She is exposed to trauma every day, but recently responded to a call where a child died in her arms. She just can't seem to shake this one and wholeheartedly believes she could have saved the little girl. She starts working with a trauma therapist who helps her question this belief. They look first at the evidence—the little girl was unsupervised in a pool and had been without oxygen for almost 10 minutes once Tanisha arrived. Tanisha performed CPR the way she was trained until the paramedics arrived. When they arrived, the girl briefly had a pulse, but they soon lost it and were not able to get her back. The evidence points to the fact that Tanisha did everything she could, based on her training and the situation at hand. This helped her grieve the loss of the little girl *and* understand that even when she does everything right, she can't save everyone.

The next exercises will help you start to challenge your negative trauma-related beliefs in a way that validates your pain *and* moves you forward on the path to recovery. One note before you begin: Please give yourself ample time to complete the following exercises. Don't tell yourself that you must do all of them in one sitting, but also make sure you are committed to working on them a little bit every day.

## EVALUATING THE EVIDENCE

In the preceding example, Tanisha really benefited from examining the evidence for and against the belief that she could have saved the girl's life. Using your list of negative thoughts and core beliefs on page 79, use your journal to start challenging them one by one. Starting with your negative core beliefs, write a belief at the top of a page in your journal. Below that, you will draw the following diagram to help you list the evidence for and against the belief.

<i>Core Belief: I could have saved the little girl's life.</i>	
EVIDENCE FOR THE BELIEF	EVIDENCE AGAINST THE BELIEF
<i>The little girl died.</i>	<i>Unsupervised in pool; no oxygen for 10 minutes I performed CPR until the paramedics arrived.</i>

As you can see, I have written in Tanisha's evidence for and against her belief that *she could have saved the girl*. As you go through the evidence for and against each of your beliefs, remember that the evidence must be verifiable facts that would stand up in court.

After you complete this exercise, you might feel confused about what you're supposed to believe now. You will start to answer this question in the next exercise, but right now that place of confusion is exactly where I want you to be because it means your brain is trying to fill in the missing pieces.

## WHAT ELSE CAN I TELL MYSELF?

Examining the evidence for and against your negative trauma-related thoughts and core beliefs naturally leads you to wonder what to do with all these lists you've made. Continuing to work in your journal, below the evidence-for-and-against lists, write the question: *What else can I tell myself?* This signals you to brainstorm alternative ways of looking at things instead of the negative thought or core belief.

Instead of telling herself that she could have saved the girl, Tanisha could tell herself that she did everything she could with her training and resources. This alternative thought isn't going to take away the grief and sadness she has about the death of a child, but over time and with practice, it will help ease Tanisha's pain.

As you write the alternative thoughts for each negative belief, I want you to know that this process is your brain's natural way of healing itself. Your brain can get stuck in the ruts of negative thoughts and core beliefs after trauma. Challenging these thoughts and beliefs starts to smooth out the ruts. Coming up with and rehearsing alternative thoughts makes your brain's highway nice and smooth again.

### SMOOTHING OUT THE RUTS

We are going to use cognitive triangles to help you internalize the alternative thoughts from the last exercise. You will find two blank cognitive triangles (like those on page 71) below. Pick one of the negative thoughts or core beliefs for which you have examined the evidence for and against, *and* have come up with an alternative thought.

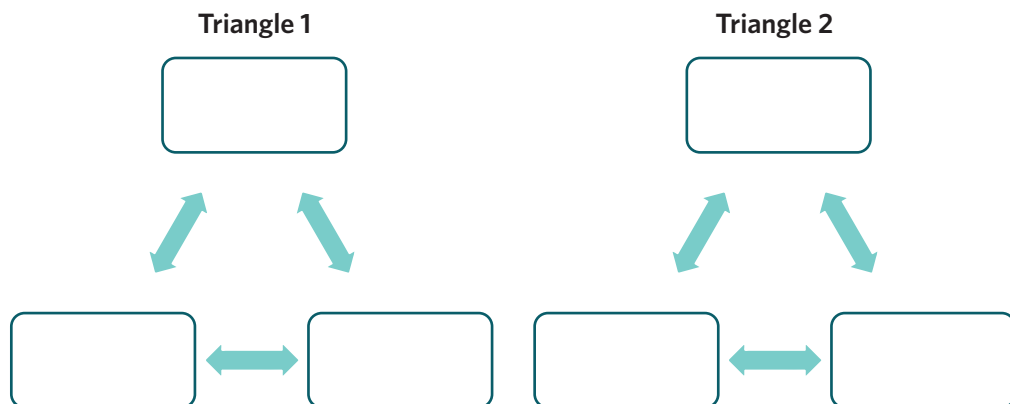
In Triangle 1, put the original thought/belief in the thought box.

Next, reflect on how you feel (emotion box) when you think that thought and how it makes you act (behavior box).

Then, take the alternative thought and put it in the thought box in Triangle 2.

Reflect on how you feel, right now, as you think this thought (emotion box) and then imagine how you would respond or how you would act after thinking this thought (behavior box).

This exercise helps you visualize how the alternative thought can help change your emotional and behavioral reactions to trauma. As you complete a triangle pair for each negative thought/core belief in your journal, begin to think about which situations in daily life trigger the negative thoughts/beliefs. By reviewing the triangles and rehearsing the alternative thoughts, you give your brain and body permission to move out of survival mode and into living mode.



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## Josiah's Story

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Josiah's nine-year-old son, Frederick, was a passenger in the back seat of his grandmother's car when they were rear-ended by a semitruck on a major highway. Frederick's grandmother was hospitalized for a broken femur and a head injury, but Frederick did not sustain injuries that required hospitalization.

Josiah has felt very anxious while driving since the accident, and he cannot drive with Frederick in the car. When Josiah drives, he feels his heart racing and he can't stop thinking about all the possible causes of an accident. He hasn't been able to drive on the highway since the accident, doubling the length of his commute to and from work. Josiah blames himself for the fact that Frederick was in the accident; Josiah was supposed to pick up his son that evening but had to work late, so he asked Frederick's grandmother to get him.

Josiah is so worried about Frederick's safety in a vehicle now that no one but Frederick's mom is allowed to drive him anywhere. However, Josiah won't even let Frederick's mom get on the highway or go farther than five miles from home. Josiah is so anxious when he knows Frederick is in a car that he can't concentrate on anything else until Frederick safely reaches his destination. This anxiety has had a negative effect on Josiah's relationships, as he no longer socializes with friends and family. His symptoms have also affected his marriage, as he barely trusts even Frederick's mom to drive Josiah. The constant worry has also affected Josiah's sleep; he struggles to fall asleep because of the anxiety and wakes up to any slight noise during the night.

The constant negative thoughts, self-blame, and social isolation have affected Josiah's mood. He feels down and depressed much of the time and no longer does things he used to enjoy, like fishing and getting out in nature. Josiah can't understand how the trauma has had such a serious effect on his functioning when he wasn't even in the car. The fact that his wife has already moved past the event makes him feel even worse about himself, making it harder to follow through with his responsibilities.

## SELF-CARE CHECK-IN

I imagine this was a pretty tough chapter to get through. It was full of information about cognitive behavioral therapy, and it also asked you to dig deep and look at ways trauma has affected your thoughts and beliefs negatively. Even though you are probably having these thoughts every day, naming them and writing them down makes them real, which can bring up a lot of emotions. As you continue to name and challenge these negative beliefs, make sure you build in lots of self-care.

Typical ideas for self-care can often seem unrealistic, but self-care is not limited to things like weekly 90-minute massages and daily yoga sessions. It's important to make self-care realistic, manageable, and rewarding. What small things can you do to recharge or heal after completing the exercises in this chapter? Self-care can be as simple as drinking a cup of tea or going for a walk. Whatever you do, I encourage you to schedule a self-care activity immediately after completing this chapter to help your nervous system regulate and to reward yourself for the difficult and brave work you are doing.

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**I am doing the best I can with the skills  
and resources I have. Right now, that is enough.**



## Chapter Takeaways

- ▶ This PTSD symptom cluster is more than just negative thoughts and feelings. It also includes difficulties remembering parts of your trauma, relationship problems, and, potentially, blaming yourself for your trauma.
- ▶ Identifying negative trauma-related thoughts and core beliefs is the first step to overcoming these symptoms.
- ▶ Challenging the negative core beliefs first is most important. Remember, these are the roots of the PTSD weed and, unless we get rid of them, the weed will keep coming back.
- ▶ Lasting change requires you to practice the alternative thoughts over and over again. Your brain has spent a lot of time with trauma and PTSD, so you have to be intentional about giving it new and more positive experiences.
- ▶ Scheduling self-care immediately after you work on your trauma and PTSD is a great way to help regulate your nervous system and reward your brain and body for taking such courageous steps toward recovery.

What is the biggest barrier that will get in the way of identifying your negative beliefs, examining them, and coming up with alternative ways of thinking?

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How can you prepare yourself to overcome this barrier? What do you need to make sure you don't let it get in the way of your healing?

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## Next Steps

- ▶ *Practice, practice, practice!* Your brain has spent so much time with the negative trauma-related beliefs that it will take time for it to adjust and accept new, alternative thoughts.
- ▶ Write the most meaningful alternative thoughts on sticky notes and put them in places you will see them every day—on your bathroom mirror, your desk, or the coffeepot!
- ▶ As you plan your self-care activities, write down the ones that help you feel refreshed and rewarded. This way, you will have a self-care menu to choose from when you need some healing but your brain isn't able to come up with a way to take care of yourself.



# UNDERSTANDING EMOTIONAL AND BEHAVIORAL REACTIONS

**YOU ARE ALREADY WELL AWARE THAT TRAUMA AND PTSD AFFECT** your emotions. Living with trauma means you are all too familiar with feeling afraid and anxious, but it's easy to forget that trauma can also cause you to feel ashamed, down, and irritable. This chapter goes into more depth about the relationship between trauma and your emotions, while helping you expand your toolbox of coping skills.

As you know from the last chapter, these emotional changes can affect the choices you make, which can affect your behavior (review the cognitive triangles on page 83 if needed). This can cause difficulties with sleep and concentration, and can even cause trauma survivors to start doing dangerous or risky things. These less commonly known symptoms of trauma and PTSD are discussed as well as ways to help you return to healthier habits and choices.

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**I am allowed to acknowledge my feelings.  
They are valid and do not need to be justified.**

## Hyperarousal

Hyperarousal is the final PTSD symptom cluster found in the *DSM-5*. In general, hyperarousal refers to an intense and prolonged experience of anxiety caused by something that reminds your brain and body of your trauma. The reactions of your brain and body mimic the fight-flight-or-freeze response discussed in chapter 1. Although this survival response is meant to keep us safe from current and future danger, when your brain keeps going in and out of the fight-flight-or-freeze response, you end up feeling constantly anxious and afraid even when there is no true threat to your safety. The long-term effects of PTSD-related hyperarousal include difficulties concentrating and sleeping and problems regulating your emotions and behavior.

The daily impacts of hyperarousal can be very distressing. When you do not feel safe anywhere, your brain and body tell you to be on high alert all the time. This need to constantly look over your shoulder takes all your attention, and is another way trauma and PTSD cause you to miss out on meaningful experiences. This laser-focused attention on your surroundings is anxiety-producing and also really exhausting, which makes it hard to regulate your other emotions and behaviors. That is why trauma and PTSD can make you feel more irritable, or can even cause you to lash out at people you love. Coping by using drugs and alcohol, self-harm, and any of the common avoidance symptoms will bring short-term relief but usually cause more problems in the long run.

## Emotion Regulation

Emotion regulation refers to the things we do to make unpleasant emotions feel better. You have learned several emotion regulation skills in this book, including grounding and deep breathing. You will continue to learn more strategies to help soothe your brain and body while validating your emotional experience. Validating your emotions means that you, and ideally others, acknowledge that your emotions are real and that it is okay for you to experience them. As a trauma survivor, you have likely experienced many invalidating responses when your emotions felt overwhelming. As a result, the ways you have learned to cope developed out of necessity, but may not be healthy for your mind, body, or relationships. Validating your emotions is an important first step to learning healthier emotion regulation skills.

In the following sections, we will explore emotions that are part of the hyper-arousal response, such as anxiety and anger or irritability. We will also look at common emotions, like guilt and shame, which can weigh you down as you try to heal. While working through this chapter, remember that learning to regulate your emotions is, importantly, an act of validating your experience. Naming common emotional reactions to trauma in this workbook will give you skills to talk about your emotions. This can help you educate your support system about what you need when you're feeling emotionally overwhelmed, decreasing your need for the fight-flight-freeze response now that your trauma is no longer happening.

### IRRITABILITY

One of the most common emotional reactions after trauma is **irritability**. You may not even notice that you're more irritable; my clients often tell me that their partner or a loved one pointed it out. The irritability may be caused by small triggers, like things being out of place at home, or more intense situations, like road rage. The most distressing part of this experience is how uncontrollable the irritability can feel, like it comes out of nowhere and you can't stop it. When trauma and PTSD aren't addressed, irritability can easily turn into aggression and anger.

### AGGRESSION AND ANGER

**Aggression and anger** are protective at the time of a trauma (remember, this is the *fight* part of the survival response) but can become problematic when the threat is no longer present. I want you to know that it's okay to be angry that you had to survive terrible things. Although this anger probably helps you feel strong and powerful in the short term, you may have already noticed its negative consequences in your life. When your brain quickly jumps into the fight response after being reminded about your trauma, you may push healthy people away, or even cause physical or structural damage.

### GUILT

The purpose of **guilt** as an emotion is to tell you that you have done something wrong so you can make amends. Guilt is an appropriate response when you choose to do something intentionally hurtful. Focus on the *intention* part of that definition, because many trauma survivors feel guilty about their trauma, even if they didn't do anything wrong. This feeling of guilt often stems from negative trauma-related

core beliefs that have helped your brain make sense of the experience. If your negative belief is that you deserved the trauma, it makes sense that you would feel guilty.

## **SHAME**

**Shame** is closely related to guilt. Guilt tells you that your behavior is hurtful to others; shame is an emotion, often turned inward, that causes you to judge yourself negatively. Shame is a very lonely experience and can cause additional feelings of worthlessness. The way that shame activates the cognitive triangle through avoidance can lead to unhealthy coping mechanisms such as self-harm or social isolation. Studies have shown that survivors who experience high levels of shame may have more severe symptoms of PTSD because it gets in the way of processing one's traumatic experiences.

## **SADNESS**

We discussed the ways in which trauma and PTSD can cause survivors to feel down and depressed (see page 69). While **sadness** is, of course, related to depression, many trauma survivors experience sadness without developing all the symptoms of depression. It makes sense and is healthy to feel sad about the negative ways trauma has changed your life. Grieving the things you have lost is part of the healing required to move through that sadness. However, we do not often validate sadness for fear that it will make it worse. This, too, activates the cognitive triangle of negative thoughts, feelings, and behaviors, which can lead to depression.

### **IDENTIFYING YOUR EMOTIONS**

The ability to accurately name your emotions can be a difficult task. This exercise will help you dive into your physical experience of emotions, so you can differentiate between those that can feel similar, like fear and surprise. Understanding how your body reacts to various emotions will also guide you in your choice of the most helpful coping strategies.

On the following lines, I have listed the primary emotions—natural emotional reactions to experiences in life, like feeling sad when someone dies. These emotions have been shown to be universal for all humans, which tells us how important they are. Next to each emotion is a space to write about how each one feels in your



body. Happiness may feel like a warmth in your chest and butterflies in your stomach, while anger may feel like fire in your face with balled-up fists.

If you are having a hard time connecting your emotions to your physical body, close your eyes and remember a time you felt each emotion. With your eyes closed and the memory in mind, scan your body from head to toe and then write down any sensations you feel.

**Anger:** .....

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**Disgust:** .....

.....  
.....

**Fear:** .....

.....  
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**Happiness:** .....

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**Sadness:** .....

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**Surprise:** .....

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## EXPANDING YOUR EMOTIONAL AWARENESS

These primary emotions are the building blocks of the complex ways we experience the world. Following is an emotion wheel with the primary emotions at the center and another layer of emotions called *secondary emotions*. These are emotional reactions to the primary emotions, or feelings about how you feel, such as shame that you are still sad about the death of a loved one.



Although primary emotions end once the trigger is gone, secondary emotions can feel like they never stop, causing more pain. To help soothe secondary emotions, we will use a mindfulness practice to help you recognize, validate, and accept the full range of your emotional experience. This practice uses the acronym RAIN. Read the following before beginning the exercise:

**Recognize** that you are having an emotion and give it a name.

**Accept** the emotion and give yourself permission to feel it without trying to push it away.

**Investigate** and explore the emotion with curiosity: How does it feel in your body? What thoughts are connected to it? Are there layers of emotions?

**Nonidentify**, so you are not defined by the emotion. This allows you to feel your emotions without judgment.

To practice the RAIN exercise, go to that quiet place you created in chapter 2, or anywhere safe and free from distraction. Take three deep, clearing breaths and scan your mind and body to help you identify any emotions you feel. Then, work your way through each step of the exercise. It's okay if your eyes are open or closed. Write your responses below or in your journal, if that is helpful.

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## SOOTHING THE MIND AND BODY WITH PROGRESSIVE MUSCLE RELAXATION

Progressive muscle relaxation is a strategy to ease tension in your body, which can help regulate emotions. You may have noticed that emotions such as anger trigger physical tension. When these emotions act like secondary emotions, that physical tension can build up in your body, causing tightness in your shoulders and neck, muscle pain, and headaches and stomachaches.

- ▶ Start by lying in a comfortable position.
- ▶ Take three deep, clearing breaths.
- ▶ Inhale and bring your attention to your **feet**. Curl your toes like you're making fists with your feet. Exhale and release the tension. Repeat this two more times.
- ▶ Moving to your **calves**, inhale and pretend you are pressing on the gas pedal with both feet. Exhale to release and repeat twice.
- ▶ Inhale and tightly engage the muscles in your **thighs**. Exhale to release. Repeat this twice.
- ▶ Inhale to engage your **glutes** and exhale to release. Repeat twice.
- ▶ Inhale and squeeze your **abs**; exhale as you release. Repeat twice.
- ▶ Inhale and lift your **shoulders** to your ears. Exhale to release. Repeat twice.
- ▶ On your next inhale, engage your **neck** by moving your chin down and back. Exhale to release. Repeat twice.
- ▶ Finally, inhale and squeeze your whole **face** as if you just ate a sour lemon. Exhale to release. Repeat twice.

## Behavioral Reactions

Many of the behavioral changes experienced by trauma survivors are caused by the prolonged state of hyperarousal we discussed earlier. Feeling constantly anxious and afraid can make it difficult to fall or stay asleep, especially if you also have nightmares. Always being alert and on guard makes it hard to concentrate on anything other than safety. Because your brain is waiting for another trauma to happen, you may feel like you're always looking over your shoulder. In the few moments when your brain and body can relax, you might find that sudden sounds or movement startle you but

not others. When trauma is not processed, these behavioral changes and reactions happen because your brain is constantly in the fight-flight-or-freeze response.

Some of the most damaging of these behavioral changes are angry outbursts and destructive or risky behavior. We discussed the emotional experiences of anger and irritability in the last section and how these emotions can trigger the cognitive triangle into action. The emotions of anger and irritability can thus lead to small outbursts, like being critical of people close to you, or to verbal or physical violence. Your brain thinks it is doing something to protect you, but these reactions can leave you more isolated or cause additional trauma to yourself and others. Destructive behaviors can include substance use, self-harm, and unsafe sexual practices. Some trauma survivors intentionally engage in risky activities, like driving too fast, perhaps to feel a sense of control over the hyperarousal experience.

## **DIFFICULTY SLEEPING**

**Difficulty sleeping** is, by far, one of the most common symptoms of trauma and PTSD. Whether you have nightmares or not, it is very difficult to relax enough to fall asleep when your body is constantly on guard. This can lead to insomnia, which may then need its own type of treatment. If you do have nightmares, you may be afraid to fall asleep. When nightmares wake you up, it may be very difficult to fall asleep again, because of the fear, but also because of how the nightmare affects your body.

## **DIFFICULTY CONCENTRATING**

When trauma and PTSD go untreated and your brain is frequently going in and out of the fight-flight-or-freeze response, your cortex is not functioning well enough to pay attention to everyday things. This is because the cortex goes offline as the limbic system and brain stem take over the survival response (see page 8). If you are experiencing **difficulties concentrating**, you might struggle to pay attention during conversations or remember where you put things. Even reading a book or following the plot of a TV show can be a challenge. This can cause problems at work, home, and in relationships.

## **HYPERVIGILANCE**

**Hypervigilance** is the feeling that you must always be on the lookout for potential danger. This feeling is also caused by your brain getting stuck in survival mode; when trauma goes unhealed, your brain and body haven't figured out that you're

no longer under threat. You may have difficulties in crowded spaces, or need to sit with your back to the wall in restaurants. Hypervigilance is adaptive in some ways, especially if you still are in potentially dangerous situations. Even under these circumstances, though, being so aware causes so much stress to your mind and body that it can result in other health problems.

### **EASILY STARTLED**

The feeling of being jumpy, or **easily startled**, is closely related to hypervigilance. Like the other symptoms in this section, this heightened startle response is related to the fight-flight-or-freeze response. If you are always on edge and looking for potential threats, your brain and body will react to any sudden movement or sound you aren't expecting. That's the main function of the survival response—to help you respond quickly to anything that could be dangerous. The constant anxiety that fuels the startle response can be exhausting, while also making sleep and concentration problems even worse.

### **ANGRY OUTBURSTS**

We have discussed anger as a common emotional response to trauma and PTSD, but I think it is important to review the ways in which **angry outbursts** can negatively affect your life. The combined effect of sleep problems and difficulties concentrating plus hypervigilance and a heightened startle response are frustrating enough. When you consider the many other ways trauma affects your body and mind, it is understandable that you might be quick to anger. However, angry outbursts can lead to more verbal and physical violence, which can ultimately cause more harm and trauma to you and the people you love.

### **DESTRUCTIVE OR RISKY BEHAVIOR**

Trauma can lead to many types of **destructive or risky behaviors**. One potential cause is, again, the brain's survival response, which can lead to making impulsive decisions while the cortex is offline. This may lead to substance abuse to self-medicate, or self-harm to try to regulate emotions. Dissociation can also put survivors in dangerous situations, including engaging in risky sexual behaviors. Some trauma survivors purposely do dangerous activities, like skydiving or drag racing, to feel the physical rush of the fight-flight-or-freeze response in a way that is under their control. These behaviors are forms of avoidance, but can easily lead to additional trauma, or even death.

## OVERCOMING THE AMYGDALA HIJACK

The hyperarousal response that causes the behavioral changes is often referred to as an amygdala hijack. This term was coined by Daniel Goleman in his book *Emotional Intelligence: Why It Can Matter More than IQ*.

In your journal, I want you to write about the ways that amygdala hijacks have impacted your day-to-day experiences. Using the behavioral changes discussed in the last section, choose the one that has the most negative impact on your life. For example, if sleep is causing you the most problems because you are only getting a few hours of sleep per night, write about how this affects your mood and behaviors during the day. You may notice a connection to feeling irritable and having difficulties completing projects at work.

## EXPLORING ACTION TENDENCIES

Changing your behavioral responses to strong emotions starts with becoming more aware of how you react in emotional situations. This exercise uses visualization to help you increase awareness.

- ▶ Start in a comfortable position, either sitting or lying down. Close your eyes and let your mind wander to a time when you felt a strong negative emotion.
- ▶ Step back into this moment by noticing all the details of the environment, the people there with you, and any smells, sounds, etc.
- ▶ See yourself exactly as you were at the time of the event. Notice the emotions connected to it. If you can, name the emotions.
- ▶ Identify the strongest emotion and notice where you feel it in your body.
- ▶ Become aware of what you want to do *right now* in response to this emotion, ignoring what you actually did at the time of this experience.
- ▶ Let this moment go, watching it dissolve in your mind. Take three deep breaths before you open your eyes.

After completing the visualization, respond to the following questions:

1. What was it like to visualize the negative emotional experience?

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2. What did you do in response to the negative emotion? What was the action tendency?

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You can use this exercise to explore action tendencies connected to positive emotions as well. If you try this approach, reflect on how your actions differed between the negative and positive emotional experiences.

### **OPPOSITE ACTION**

Now that you are aware of how you respond to different emotions, it's time to begin thinking about ways you can change your reactions consciously. It is tough to tell your emotions to change, but you can become more aware of the behaviors that happen because of certain emotions, and choose to react in ways that will make you feel better rather than worse.

Opposite action can help you stop unwanted emotions in their tracks. Think about the emotions that cause you the most pain. These likely include anger, fear, and sadness, but can be any emotion from the emotion wheel on page 94. Pick the three emotions that bother you most. On the following lines, for each emotion, write how you normally react to the emotion, and then write an opposite action. For example, instead of yelling out of anger, you could talk in a whisper. If you are

sad and want to withdraw from your loved ones, you could choose to call your best friend. Make sure you choose opposite actions that you would actually do!

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### Kim's Story

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**K**im is a 47-year-old woman who experienced childhood emotional, physical, and sexual abuse. While she was growing up, both of her parents were alcoholics and frequently hit Kim and her siblings. They also called them names and made Kim feel she could never be good enough. When her parents were drunk, Kim remembers being sexually abused by one of their male friends who would come over to drink with her parents.

Kim and her younger brother and sister were taken from their parents by Child Protective Services when Kim was 14 years old. They were able to stay together in a foster home, but they were always worried about whether they would go back to their biological parents or stay in the more stable environment provided by their foster parents. They never did return home.

Kim never told anyone about the sexual abuse. While in foster care, it seemed like Kim was always getting in trouble at school and home for fighting with other children. As she grew older, Kim started to experiment with smoking cigarettes and marijuana and drinking alcohol. After she graduated from high school, Kim attended college, but it was hard to keep up with her academics because she was partying so much.

During Kim's second year of college, she found out she had contracted an incurable sexually transmitted infection (STI). Even though she knew she should be using condoms during sex, she chose not to because it was more exciting. The result of the STI was that Kim could not have children, despite her deep desire to have her own family and give her kids the life she never had. Sadly, this realization led to a deep depression for Kim. She stopped attending classes and, eventually, dropped out of school. She was able to maintain employment, but just barely enough to keep her afloat.

*continued* ►

As Kim's depression worsened, she turned, again, to alcohol to cope. Not only did the alcohol help her sleep and avoid the nightmares of her childhood abuse, it also took away the constant fear and worry about being hurt again. However, it also isolated Kim from her siblings and close friends who wanted to help her and, ultimately, made her feel more depressed. As Kim's depression grew worse, she started to cut and burn herself, so she could feel anything other than the depression.

## Managing Your Reactions

Learning to cope with the ways trauma and PTSD affect your emotions and behavior is a critical step in your recovery. Using emotion regulation skills can feel awkward at first, or you may not believe they will work.

Think about a time you learned something new, like a new sport. The first time you did it was probably a disaster. You had zero coordination, you didn't know the rules, and you had to work *really* hard to do the most basic things. However, over time and with practice, your muscles and brain started to figure everything out until this new thing became second nature. The same applies for learning new ways to manage the effects of trauma and PTSD on your emotions and your behavior.

When you first start to use emotion regulation techniques, it is important to try a number of strategies until you find those that work best for you. Some strategies, like grounding, may be better when you are feeling anxious or need to determine whether you are safe. Other strategies, like progressive muscle relaxation and mindfulness, may be more helpful when you need to release physical and emotional tension. Remember, everyone is different, so the skills that work for you will probably be different than those that I prefer.

As you gain proficiency over the emotional regulation skills, you will start to notice changes in the ways you respond to trauma triggers and other stressors. If you have always been on high alert, you might notice that you feel less anxious energy in your body and are less jumpy. If you were experiencing a lot of irritability, maybe you are not as quick to anger when someone does something annoying. Regular practice with the emotion regulation skills will also make your in vivo exercises more effective because you will be able to move through the fear and anxiety caused by the exposure more easily. This also applies to challenging your negative trauma-related thoughts and beliefs, as this work can bring up a lot of emotions.

## ENGAGING SOCIAL SUPPORT

Remember that support person I asked you to identify in chapter 2? This is a great time to connect or reconnect with them about the work you are doing in this book, while also reviewing the emotion regulation skills you have learned so far.

Using the following checklist, mark the coping skills that have worked best for you and make notes in the space provided about how they help. Maybe grounding helps when you feel like you are about to dissociate, or progressive muscle relaxation helps you release tension caused by fear or anxiety.

Next, I want you to teach your support person how to use those skills most helpful to you for when they feel anxious or overwhelmed. This will help you engage your support system even more in your healing while potentially giving them a really great emotion regulation skill.

- 5-4-3-2-1 Grounding .....
- Challenging Negative Beliefs .....
- Diaphragmatic Breathing .....
- Grounding Toolbox Exercises (see page 39 and write your favorites): .....
- Journaling .....
- Mindfulness/Meditation .....
- Progressive Muscle Relaxation .....
- RAIN .....
- Visualizations (self-guided or using apps/YouTube) .....

## OVERCOMING TRAUMA THROUGH SELF-COMPASSION

Let's face it, no matter how hard you try, change is not easy, and even when you are working to manage your trauma-related emotions and actions, you will struggle.

Confronting these challenges can take a toll on your self-esteem, leading to lots of negative self-talk. This will tank your motivation to keep doing this work and leave you feeling stuck again.

To counter the negative self-talk and to help you get back on the path to recovery, I want you to imagine that a good friend comes to you to share all the same negative things you say to yourself. Now, answer the following questions:

1. How would you respond to your friend? What would you do or say to help them overcome the negative self-talk and other barriers in their way?

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2. How are the words or actions noted in your response to question #1 different from the ways you treat yourself? What might change if you responded to yourself the same way you would respond to a friend?

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## SQUARE BREATHING

Square breathing is another breathing technique that can be used when you feel anxious or irritable or when you have trouble falling asleep. Before you begin, go to the quiet place you have created for this work, or any location safe and free from distraction. Begin in a seated or lying position.

As you breathe naturally, notice what the support underneath you feels like. Pay attention to the parts of your body that are in contact with this support and notice how they soften with each breath. Then, on an exhale, begin the following practice:

- ▶ Slowly exhale all the air from your lungs.
- ▶ Gently inhale through your nose for a count of four.
- ▶ Hold your breath for a count of four.
- ▶ Slowly exhale through your mouth for a count of four.
- ▶ Hold your breath for a count of four.
- ▶ Repeat this sequence two to four times.

After completing your practice, check in with your mind and body before you transition to your next activity. If you still notice tension or other physical or emotional discomforts, do another round of square breathing or use another skill, such as grounding or progressive muscle relaxation.

## SELF-CARE CHECK-IN

Noticing and naming the ways trauma and PTSD have negatively affected your emotions and your behaviors can be overwhelming. It takes a lot of strength to acknowledge, for example, how trauma has made you feel angry all the time and caused you to lash out at the people you love most. As you finish this chapter, I want you to give yourself permission to be compassionate with yourself.

A powerful practice in self-compassion is called *radical acceptance*. This practice is a way of acknowledging those things out of your control or that you can't change, such as your past behaviors. Radical acceptance isn't about giving up or giving in, but of being totally honest with yourself that bad things have happened in your life and you haven't always responded in ways that made you feel good. By accepting this fact and no longer trying to time travel to the past and change it, you are allowed to be in this present moment, to be aware of all your emotions, and make intentional choices about your actions and behavior. Practice this in a quiet place before you start to use it in your everyday life.

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**I let go of what I cannot change as  
I take daily action on my healing journey.**









# HEALING YOUR BODY

**THIS CHAPTER GOES BEYOND OUR DISCUSSIONS OF WHAT TRAUMA** and PTSD feel like in the body when you are triggered or overwhelmed. Here, we will go into greater detail about the long-term physical health effects of trauma on your body while also addressing how you can heal these invisible wounds. A large part of this healing takes place through self-care. We have touched on self-care throughout this book, but this chapter gives it the attention it deserves. Self-care goes way beyond bubble baths, meditation, and yoga. My hope is that, by the end of this chapter, you will be able to recognize the ways you already take care of yourself while growing your self-care practices. I don't want you to just create a self-care "to-do list," so we will end with ways to help you create a sustainable lifestyle around caring for your mind and body.

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**I am committed to my emotional,  
mental, and physical health.  
My self-care is worth making time for.**

## PTSD's Physical Impact

Constantly living in survival mode means your brain and body are regularly awash in stress hormones. When you go into the fight-flight-or-freeze response, your brain releases the stress hormone cortisol, whether or not there is an actual threat. This hormone jump-starts the survival response to help your brain and body respond quickly. This reaction is great if you are actually in danger, but with PTSD, this happens regardless of whether there is a current threat. The increase of cortisol in your system can put you at greater risk for anxiety, depression, heart disease, memory/concentration difficulties, and weight gain.

Another hormone affected by trauma, especially trauma in early childhood, is oxytocin. This hormone, often called the "love hormone," is critical to parent-child bonding in infancy and is also released when you engage in physical contact with others. When babies experience trauma, that trauma can disrupt the amount of oxytocin released by the brain, which can make it more difficult for the brain to adapt to stress, leading to more physical problems later in life.

PTSD and trauma also cause inflammation in your body. Inflammation is one way your body's immune system works to get rid of infections. However, in PTSD, the central nervous system can get so dysregulated and overactive that it sends your body into a sustained immune response, causing chronic inflammation. The dysregulation begins with the prolonged fight-flight-or-freeze response, which keeps telling your brain to release cortisol even when there is no active threat. The constant state of hyperarousal doesn't let your parasympathetic nervous system kick in to regulate the survival response, meaning more and more cortisol is pumped into your body. This overabundance of cortisol keeps your immune system fired up, causing the chronic inflammation. This is another reason PTSD can lead to autoimmune disorders, chronic pain, and heart disease.

The physical effects of the hormonal changes and inflammation vary. These changes can show up as subtle physical symptoms, such as tightness in your shoulders, or cause serious health problems. On page 113 you will find two lists detailing the ways PTSD and trauma can affect your body. The first includes common physical symptoms and the second details the long-term negative health outcomes. As you read each list, check off symptoms or health problems you currently experience.

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## Physical Symptoms of PTSD

- Chronic fatigue
- Cold hands and feet
- Confusion and memory problems
- Frequently sick with common colds
- Gastric problems
  - Frequent stomachaches
  - Heartburn
  - Irritable bowel syndrome (IBS)
- Ulcers
- Vomiting (not related to an eating disorder)
- Headaches and migraines
- More severe allergies
- Muscle loss and problems gaining muscle
- Muscle pain and tension
- Ringing in the ears (tinnitus)

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## Long-Term Health Implications

- Autoimmune disorders (not an exhaustive list)
  - Celiac disease
  - Crohn's disease
  - Fibromyalgia
  - Lupus
  - Psoriasis
  - Rheumatoid arthritis
- Heart Disease
- Hypertension
- Obesity
- Stroke
- Type 2 diabetes

It can be scary to learn that trauma and PTSD can affect your physical health so negatively. However, this section might also validate physical problems you have been experiencing. It is very common for trauma survivors to start having unexplained physical symptoms that may be dismissed or misdiagnosed by medical providers. Fortunately, the Adverse Childhood Experiences Study discussed in chapter 1 is now more widely recognized by health professionals, both within and outside of mental health. It may still be up to you to educate your providers about the link between your trauma history and your current physical symptoms because

most medical providers do not assess patients' trauma histories. Disclosing this does not mean you have to share all the details of your trauma, but telling your provider that you have experienced trauma may make a big difference in the medical interventions they recommend to treat your physical symptoms.

The work you are doing here and any other evidence-based trauma treatment you receive will also improve your physical symptoms. Remember, the goal of trauma work is to teach your brain and body that you are no longer in danger. This will naturally decrease your brain's tendency to go into survival mode, thus limiting the amount of cortisol and inflammation in your body. Once the stress hormones and inflammation subside, your body will no longer experience the effects of chronic stress. The rest of this chapter focuses on learning coping skills and developing a realistic self-care plan focused on your emotional and physical health.

### **REFLECTING ON YOUR PHYSICAL HEALTH**

Now that you know your physical problems could at least be partially related to trauma and PTSD, let's plan for you to get the medical help you deserve. Using the lines provided, write about the emotions you feel now that you better understand the connection between PTSD, physical pain, and other health problems. Give yourself permission to feel these emotions; don't push them away. You are welcome to use the radical acceptance technique we practiced in the last chapter (see page 106) to allow your body to experience these feelings while you breathe in the present moment.

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Next, list any medical providers or appointments that would be helpful at this stage of your healing journey. This will likely include a trauma therapist and/or your primary care doctor, but can also include specialists, like a cardiologist, endocrinologist, or nutritionist. Next to each provider or needed appointment, write some notes about next steps—maybe you need to call your insurance to help you find a covered provider or, if you are already established with one, pick a time to call and make an appointment.

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### **MINDFUL WALKING**

Addressing physical manifestations of trauma and PTSD includes connecting and working with your body. Mindful walking is a way to practice mindfulness in an active way. Movement-based mindfulness can help release anxious tension while building mindfulness skills of present awareness and nonjudgment.

For this exercise, I want you to go for a walk. This could be a walk around your living room or outside. I want you to remain in the present by noticing each and every footstep. Really pay attention to your heel hitting the ground and the way your foot rocks forward to your toes. Notice how your ankles and calves engage with each step. Once connected with these sensations, focus on your hips, then your torso and arms, and finally your face and neck. Each time your brain wanders off, don't criticize yourself. Instead, come back to the body part you were noticing before your brain got distracted.

After you have moved through the body, if you want to connect with the external environment, start to become curious about things like the sensation of the breeze on your skin, sounds you hear, things you see, or smells you notice. Describe the details to yourself without evaluating whether they are good or bad.

## A CALM PLACE

Developing a place in your mind where you can escape is a very healing practice. It can be used when you feel anxious or triggered, or when you are calm and want to achieve an even greater sense of relaxation.

Think of a place that will make you feel calm, relaxed, and safe. This can be a real place you have been or somewhere you imagine.

As you bring the image of this calming place into your mind, pay close attention to every detail. Become aware of your surroundings by describing everything you can see. Notice the colors, shapes, and textures of the landscape. Allow the sounds to wash over you and feel the rhythms created by this place. Notice anything you can smell, like ocean water or a sweet flower. Describe the scent to yourself as your brain connects to this calm place. Finally, become aware of your body in this space. If you are standing, feel the ground beneath your feet and the air on your skin. If you are seated, pay attention to the support underneath your body. Notice how it feels to be calm, protected, and safe.

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### Ben's Story

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**B**en is a 67-year-old man. A family member sexually abused Ben when he was a young child. Even though he told his mother about the abuse, nothing was done to protect him or stop it. When he turned 18, he joined the army to get away from home and was soon sent to Vietnam. When he returned, he had classic symptoms of PTSD but was ashamed to tell anyone about his problems or ask for help. He has lived with the pain of his experiences at war, which has affected him psychologically and physically.

When Ben returned from Vietnam, he would jump at any sudden noise. During the Fourth of July and New Year's Eve, he would regularly start drinking early in the day, so he could be passed out by the time anyone started shooting off fireworks. If he didn't pass out, the explosions would bring him right back to his time in Vietnam. Ben experienced true flashbacks and had multiple people tell him about how he would crouch down and scream out in terror on these holidays because he truly believed he was under attack.

Ben really struggled with irritability and anger. Being so sensitive to sounds and sudden movements was exhausting, and he had very little patience for other people. This affected his relationships and was one reason for his divorce. However, the ultimate cause of his divorce was that Ben's drinking had gotten out of hand. Eventually, he was drinking to get drunk every day, not just occasionally to avoid triggers like

fireworks. This made him even more aggressive, resulting in physical violence toward his wife.

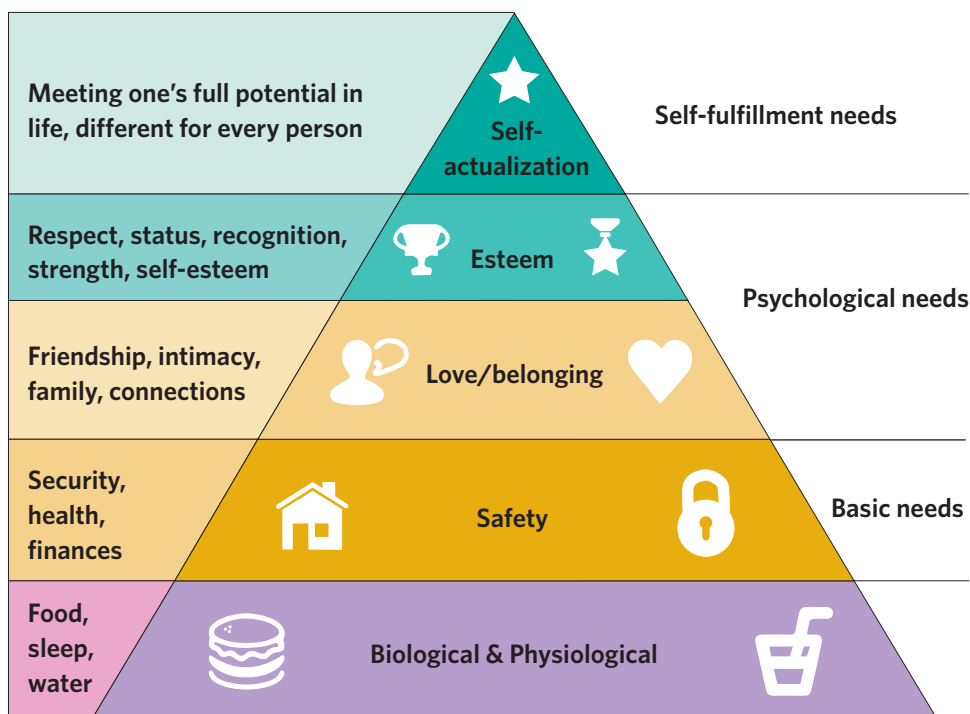
Over time, Ben's psychological suffering began to take a toll on his body. It started with the frequent headaches and stomachaches, but then he started to experience chronic back pain. This led him to drink even more to numb the pain, which resulted in stomach ulcers. By the time Ben went to his primary care provider to get help for his physical symptoms, his doctor found that the ulcers had led to anemia due to internal bleeding. Ben's doctor was able to treat the ulcers, but, because Ben didn't know to disclose his trauma or the true extent of his alcohol use to deal with it, the underlying cause could not be addressed. Sadly, Ben's health problems became progressively worse, resulting in a heart attack that put him in the hospital for three weeks.

## Focus on Yourself

The term *self-care* is thrown around in a lot of contexts. You may have heard it in the media, at work, or in your social circle. There are many ways to define self-care, but I will focus on the World Health Organization's (WHO) definition to get us started: Self-care is "the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider."

On an individual level, self-care usually centers around one's emotional, physical, and spiritual health and wellness. Many view self-care as an indulgence, but it is far from that. Self-care starts with your most basic needs, such as good hygiene, a healthy diet, physical movement, and spiritual or social connection. Some forms of self-care may be indulgent, such as taking a vacation, but these options aren't even accessible until you have met your basic needs.

One way of approaching self-care is to view it through the lens of Maslow's hierarchy of needs. Abraham Maslow was a psychologist who, in 1943, wrote a paper titled "A Theory of Human Motivation" that outlined his theory that to reach your greatest potential you must first meet your basic needs. His theory is most often presented using this diagram:



We can use Maslow's hierarchy of needs to reframe what we mean about self-care. The foundation of the hierarchy is the **biological/physiological needs** category, where you find food, water, and rest. This includes the self-care need of a healthy diet mentioned earlier, and helps us remember that sleep is critical to health. **Safety** comes next, which includes your environment, but also finances and health. The next level, **love/belonging**, includes the social interactions and relationships humans require to survive. We cannot develop or work on the **esteem** needs in the next level of the hierarchy without these social relationships. The final level is **self-actualization**, which includes those big-ticket items like massages and

vacations, but also regular activities, like creative hobbies. Without fulfilling the needs in the foundational levels, your brain and body cannot feel safe and secure enough for creative expression and self-actualization in this final level.

As a trauma survivor, you know how a lack of safety can interfere with your daily activities. Asking you to then focus on taking care of yourself can be incredibly difficult, especially when your trauma-related negative beliefs say you don't deserve self-care. When these thoughts get in the way, remember the skills from chapter 5. Challenging these thoughts is important because *you are worth it*. Self-care is a skill that takes time, effort, and consistency to develop, but it really pays off in the long run. You will now develop a self-care plan to support your basic needs and personal growth.

### IDENTIFYING MY SELF-CARE PRACTICES

You have already built many self-care practices by this stage of the workbook. The Engaging Social Support exercise on page 103 is a great place to start as you use this chapter to create a realistic self-care plan.

You are going to use Maslow's hierarchy of needs in the current exercise, to reflect on ways you already care for yourself. Remember, this includes basic activities like brushing your teeth and staying hydrated, as well as things like deep breathing, grounding, and meditation.

Reframing your daily tasks as self-care can be tricky. I have included some guiding questions to spark ideas as you complete the exercise.

#### Level 1: Biological/Physiological: How do I care for my body?

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Level 2: Safety: How do I create safety and security for myself?

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Level 3: Love/Belonging: How do I connect with others?

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Level 4: Esteem: How do I recognize my achievements and value?

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Level 5: Self-Actualization: How do I allow myself to be creative and expressive?

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## MY SELF-CARE TRACKER

Tracking your self-care practices helps you visualize the routines you already have. The self-care tracker here is *only* for the things you listed in the last exercise as self-care activities you already do on a regular or semi-regular basis. For each type of self-care, transfer the things you identified in the last exercise. It's okay if you don't have practices in all the categories—the next section will help you figure out how to fill in missing areas.

Add a check mark for each day of the week you use your self-care practices.

**Make copies of the tracker before you start so you can reuse it as your self-care plan changes over time.**

	M	T	W	TH	F	S	S
BIOLOGICAL/ PHYSIOLOGICAL							

	M	T	W	TH	F	S	S
<b>SAFETY</b>							
<b>LOVE/ BELONGING</b>							

*continued* ▶





	M	T	W	TH	F	S	S
<b>ESTEEM</b>							
<b>SELF- ACTUALIZATION</b>							



## Everyday Self-Care

This section explores the many ways to address your physical and emotional wellness, building on the self-care plan you started in the last chapter. I want to start with the activities that are built into your daily habits. Using the Self-Care Tracker (see page 122) will help you get a better idea of which daily practices are most helpful and where you can strengthen your routines. One of the best ways to start a new habit is to pair it with an already well-established habit. Let's say you want to get more physical activity and you already have a habit of going outside each day to check the mail. Perhaps, instead of going straight to the mailbox, you go for a walk around the block and then get the mail on your way back inside. You can also make small changes to current habits, like sprucing up your coffee by sprinkling some cinnamon on top or adding steamed milk instead of creamer.

No self-care section would be complete without a discussion of meditation and yoga. I say this partially in jest, but I am also serious. These two practices are very healing for your nervous system, especially when used in conjunction with an evidence-based treatment for trauma and PTSD.

Meditation encourages you to remain in the present moment without judgment, and can help you tolerate your emotional and physical reactions without evaluating whether they—or you—are good or bad. This can be helpful while you work to approach your trauma-related thoughts and emotions.

Yoga is a physical practice of postures, but it also combines breathing and meditation. In fact, yoga can be thought of as moving meditation, as each posture is linked to an inhale and exhale. Whether used individually or in combination, I encourage you to explore how you can add yoga and/or meditation to your self-care regimen.

Other important forms of self-care include exercise, a healthy diet, hobbies, sleep, and social interactions. Let's be honest, most people don't take care of these basic needs, so when you are dealing with trauma and PTSD, this is an even bigger mountain to climb.

When you think of the ways trauma and PTSD can affect the body, making changes to your diet, exercise, and sleep patterns can go a long way. Sleep, in particular, can have a big impact, in both positive and negative ways. Did you know that when sleep-deprived people drive, they are just as dangerous as drunk drivers? If your sleep problems are mainly caused by PTSD and nightmares, I encourage you to look for a therapist who practices cognitive behavioral therapy for insomnia and nightmares (CBT-I+N).

Combining these changes with more meaningful social interactions or with new or established hobbies can make a positive difference in your recovery. As you explore self-care goals in the next exercises, also consider the ways you can connect self-care with your close relationships.

### DEVELOPING NEW HEALTHY HABITS

Moving beyond the self-care practices built into your routine, I want you to make two lists. The first will be a list of activities you currently do or used to do that fall into the self-care category. Maybe you used to practice a hobby or exercise regularly, but, since your trauma, have stopped. The second list will be self-care practices you have never done but would like to try. For example, if you want to eat healthier, you could start meal planning. You don't ever have to do any of the things on either of these lists, but having them here makes it easier for your brain to choose a healthy activity when you need some healing.

ACTIVITIES I PRACTICE OR USED TO DO	ACTIVITIES I WOULD LIKE TO TRY

## MY SELF-CARE ACTIVITY TRACKER

Here you will find a self-care activity tracker to help you organize your self-care plan. **Make copies of these pages before you write anything on them, so you can use them again as your self-care needs change.**

This first section (below) asks you to rate how well you are doing in each of the self-care domains, from 1 (very poorly) to 5 (very well). Based on that assessment, the next section on page 129 asks you to list the self-care activities that are your highest priority, which you can categorize into the five self-care domains from the hierarchy. In the second half of this chart, you'll write down other acts of self-care that are important but not urgent, followed by logging the activities you do daily in the next chart on page 130. This section incorporates the daily check boxes from before to help you track when you practice them.

**Assessment:** How are you doing in each self-care domain? Circle or fill in the number that best corresponds to your rating.

- ▶ Biological/Physiological: ① ② ③ ④ ⑤
- ▶ Safety: ① ② ③ ④ ⑤
- ▶ Love/Belonging: ① ② ③ ④ ⑤
- ▶ Esteem: ① ② ③ ④ ⑤
- ▶ Self-Actualization: ① ② ③ ④ ⑤

**Self-Care Activities:** Based on your assessment preceding, how are you going to take care of yourself? In the first column of the top half of the chart on the following page, write down the top three self-care activities that are most important to you. In the second column, record the initials of the days of the week you would perform each activity. In the remaining columns, place a check mark that identifies which of the five self-care domains each activity belongs to. Repeat this in the second half of the chart, this time recording those self-care activities that are important to you but not necessarily urgent.

Most Important Self-Care Activities	Which Days?	BIO/ PHYS	SAFETY	LOVE	ESTEEM	SELF- ACT
Important but Not Urgent Self-Care Activities	Which Days?	BIO/ PHYS	SAFETY	LOVE	ESTEEM	SELF- ACT

*continued* ►



EVERYDAY STEPS TO SELF-CARE	M	T	W	TH	F	S	S

## JUST-IN-CASE SELF-CARE PLAN

There will be times in your journey to recovery when you want to do something helpful for yourself, but your brain is in survival mode and you struggle to make decisions. This Just-in-Case Self-Care Plan is something I want you to do before that situation occurs, so when you need it, you have it ready. This plan will help you focus on what to do, who can provide support, and how you can think more positively when you're feeling overwhelmed or in crisis.

1. What healthy things can you do when you are upset?

What will help you relax?

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How can you calm your mind and body?

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**2.** Who can you contact if you need support or a helpful distraction?

Name: ..... Phone Number: .....

Name: ..... Phone Number: .....

Name: ..... Phone Number: .....

**3.** What positive things can you say to yourself instead of listening to negative self-talk?

a. ....

b. ....

c. ....

These questions are intended to help you brainstorm a plan. Transfer this plan to a 3-by-5-inch index card, so you have a quick and easy reference to keep with you. Take a picture of it with your phone so you always have it handy. You can get started on drafting this plan below.

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## SELF-CARE CHECK-IN

Even though this stage of your recovery process has focused on ways to take care of yourself and less on your trauma history, doing so can still be challenging. I know that when I struggle to regulate my emotions, the last thing I want to think about is how to be kind to myself. That is exactly how negative beliefs get the best of you. I'm sure you, too, will have similar moments; we are all human, after all. My hope is that this chapter will help you feel prepared to deal with your pain in the healthiest way possible.

Whether or not your brain is on board with self-care, take a moment to sit with your thoughts and emotions. Close your eyes and take three deep breaths to get started. Use the mindfulness skill of nonjudgment, so you can be aware of your reactions in this present moment. If you notice helpful thoughts or physical sensations, be present with them but don't try to cling to them. If you notice unhelpful reactions, use the same skill to be aware of them as they move through your mind and body.

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**I possess the qualities I need to create a healthy lifestyle. This will allow me to find inner peace, no matter what is happening around me.**



Money, time, and scheduling are the most common barriers to following through with any self-care plan. What are your biggest barriers? How will you overcome them?

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## Next Steps

- ▶ Go back to the Self-Care Tracker (see page 122), the Activity Tracker (see page 128), and the Just-in-Case Self-Care Plan (see page 131) and make sure you have made copies of the blank worksheets, so you can use them as your self-care plan changes and evolves.
- ▶ Keep practicing mindfulness and radical acceptance. Building a self-care plan is a dynamic process—your plan will always change. Nonjudgment will help you roll with the punches instead of getting caught up in negative self-talk.
- ▶ Maslow’s hierarchy of needs pyramid can be a helpful tool on this journey. Use it to check in periodically on each self-care domain, so you can update your plan to meet your current needs.
- ▶ Share your self-care plan with your support person. Not only can they help you follow through with your goals, but they might benefit from the tools as well!



# CONTINUING YOUR HEALING JOURNEY

**YOU HAVE MADE IT TO THE FINAL CHAPTER OF THE WORKBOOK!**

You deserve to do a happy dance, celebrate, and congratulate yourself. This is a big accomplishment, so allow yourself to acknowledge it.

In these last pages, we will cover how to continue your healing journey above and beyond the incredible work you have already done, because recovering from PTSD is a lifelong commitment. We cannot erase the memories, but as your work here can attest, changing the way those memories affect you can give you a new lease on life. Your use of the skills learned here will change over time, as will your relationship with your trauma history. I want you to finish this book with clarity about what to do if your symptoms start to flare again, if you experience another traumatic event, or if you want to do deeper work with a trained professional.

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**I choose to be at peace with what has happened, what is happening, and what will happen. I accept that I cannot control others, only my choices and actions.**

## Keep Up the Momentum

In my work as a trauma psychologist, I see people overcome trauma and PTSD every day. This includes the small wins, which come much more frequently than the large wins, but also the big triumphs and completion of therapy. I always tell my clients that I have a very poor business model because, ultimately, I want to get rid of them by treating their trauma and PTSD. A commitment to a new lifestyle that addresses their trauma history in a holistic and nonjudgmental way is foundational to the progress my clients make. I like to compare this to choosing to be a vegetarian—not because of any dietary needs, but because you just don't want to eat meat anymore. In this scenario, you can't wake up and decide to make this change and then magically become a vegetarian. Making a change like this takes daily commitment—you have to read labels, ask questions, and make sure that what you eat is truly meat-free. The same holds for overcoming trauma and PTSD. You are surely going to experience significant relief once you process your past traumas, but sustaining this progress is a lifestyle commitment to self-care and self-compassion.

The commitment to healing from trauma and PTSD will include many ups, along with some downs. The work you have done, and will continue to do over time, will determine how well you cope with these ups and downs. Recovering from trauma and PTSD is a gradual process. Staying on pace starts with the daily commitment to this lifestyle and requires continual effort to keep going. The cognitive triangle tells us that our thoughts about this commitment will influence our behaviors and emotions. Identifying the things that motivate you to remain on this healing path will bring you back to it when you, inevitably, wander off course. Your motivators will be unique to you and can include people you love, your work, your hobbies, your health, your pets, etc.

You have so much ahead of you in your life and recovery. I want you to know that the work in this book is not necessarily linear. Somedays, you may feel on top of the world, whereas other days will be gray and cloudy. I encourage you to return to the practices here regularly to check in on your progress and to strengthen skills you haven't used in a while. My hope is that this workbook will be so well used through your regular recommitment to this lifestyle of healing that the cover will, one day, be tattered. Feel free to change and adapt the exercises here to meet your evolving needs, and to ignore the things that don't serve you. Everyone's healing journey looks different, and you get to be the architect of your future. Building this future will give you freedom from trauma and PTSD, and hope for what's ahead.

## EXERCISE VALUES LIST

Sustaining the changes you have made in working through this book requires a commitment to yourself. Knowing what motivates you at the core of your being starts with an awareness of the values that drive your behaviors. This exercise will help you identify those values that are most important to you, and which will serve as a guidepost for your future choices.

Before starting this exercise, get two different-colored highlighters, pens, or markers. Read the values list following and, using one color, mark any value that is important to you and the ways you live your life. Then, go back through the list and, using the second color, pick your top three to five values. Finally, use the lines provided to write how you will commit to living each of these values to the best of your ability.

Achievement	Adventure	Assertiveness
Authenticity	Authority	Autonomy
Awareness	Balance	Beauty
Boldness	Calmness	Challenge
Citizenship	Communication	Community
Compassion	Competency	Consciousness
Contribution	Courage	Creativity
Curiosity	Determination	Empathy
Energy	Equality	Fairness
Faith	Fame	Friendships
Fun	Giving	Goodness

*continued* ►



Growth	Happiness	Honesty
Humor	Imagination	Influence
Inner Harmony	Justice	Kindness
Knowledge	Leadership	Learning
Love	Loyalty	Mastery
Meaningful Work	Moderation	Openness
Optimism	Peace	Pleasure
Poise	Popularity	Recognition
Religion	Reputation	Respect
Responsibility	Security	Self-Respect
Service	Significance	Spirituality
Stability	Status	Strength
Success	Trustworthiness	Vitality
Wealth	Wellness	Wisdom

I commit to living my core values in the following ways:

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## THE CONTAINER

The last visualization exercise I want to teach you comes from EMDR, and is called “The Container.” I haven’t introduced this visualization until now, because it could enable avoidance. However, when used appropriately, it is a very healthy way to contain unwanted thoughts, feelings, or memories when you do not have the time or energy to give them the attention they deserve.

I want you to imagine a container that can hold these unhelpful things. It must be strong enough to hold them inside, yet inviting enough that they want to stay there. This is not a place to lock things up and throw away the key, but rather a place to keep them safe until you can return and address them. You must be able to lock or secure the container, so that only you can access it. You also want to have a way to take things out, one at a time, without everything inside escaping.

Once you have your container in mind, imagine something that was moderately stressful for you. Unlock the container, and as it opens, pay attention to the ways it protects everything inside. Allow this stressor to flow into the container and find its place. Then, close your container, lock it, and allow it to disappear from your mind.

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### Joanne’s Story

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**J**oanne is a 27-year-old woman with a history of childhood physical and sexual abuse, and sexual assault at the age of 19. When Joanne was a child, she was physically abused by both of her parents and sexually abused by an adolescent boy cousin. When she was 14, one of Joanne’s teachers saw a bruise caused by her father grabbing her arm. After the teacher made a report to Child Protective Services, both the physical and sexual abuse were revealed.

Joanne started counseling after the abuse became known. Her therapist was trained in trauma-focused cognitive behavioral therapy (TF-CBT), which turned out to be very helpful, as Joanne was really struggling with anger outbursts and difficulties focusing during school. She also felt very down and depressed and had started cutting her arms and thighs as a way to cope with her intense emotions. Working with her TF-CBT therapist helped Joanne learn how trauma affected her thoughts and behaviors, and allowed her to process the ways she had been harmed by people she loved.

Joanne’s PTSD symptoms mostly went away after she finished TF-CBT. She lived with her aunt in a safe home environment and stayed there until she graduated from high school. Joanne excelled emotionally and academically, and was accepted into her

*continued* ►

first-choice college. During her sophomore year of college, Joanne dated someone she trusted and loved. They had engaged in consensual sex, but one night after heavy drinking at a party, Joanne did not want to have sex, but her partner forced it. Joanne kept the rape a secret until she broke up with her partner a few weeks later.

Despite all the trauma work she did in TF-CBT, Joanne's PTSD symptoms returned after the rape. She didn't feel safe anywhere and blamed herself for it, telling herself that if she hadn't been drinking, she wouldn't have been raped. Joanne started to have nightmares again and began to think about her past traumas, which hadn't come to mind since high school. Joanne was able to reach out to her previous therapist, who reminded her of the mindfulness skills she had learned in therapy. Returning to her self-care practices and starting therapy again helped Joanne take care of her immediate needs while processing the sexual assault, so that it no longer dominated her thoughts and emotions.

## **What to Do If You're Still Struggling**

The skills and strategies you have learned in this book will, hopefully, be valuable on your journey to recovery. I am the first to admit, however, that they may not be enough. Even though it can be very helpful to learn about how trauma and PTSD affect your brain and body, to process the thoughts and emotions triggered by the trauma, and to work on overcoming the ways trauma has changed your life, there will be times when you need additional support. This support, most often, starts with therapy, either individual or group. Support can also include reaching out to friends and family, or even accessing support online. Whatever mode of support you choose, know that asking for additional help does not mean you failed or didn't do the work in this book well enough. Trauma is something that happened to you, and may have even been caused by another person. You didn't ask for your trauma, and you also don't have to deal with it alone.

We will look at different types of support in this section, so you can decide which type will be most helpful for you at any given moment in your recovery. You can also find all of these listed in the Resources section on page 150.

## **WORK WITH A TRAINED TRAUMA THERAPIST**

I know I'm biased, but working with a trained trauma therapist can be one of the greatest experiences. It can also be one of the worst, so if you decide to start formal psychotherapy, I want you to know how to find the right provider. First and foremost, do your research. Starting with the information in chapter 2, review the types of evidence-based treatments for trauma (see page 18). Notice which resonates most with you and start your search there. The credentials (PhD, LPC, LCSW, etc.) don't matter as much as whether the person is formally trained in the specific intervention.

If you are interested in either CPT or PE, I recommend going to [StrongStarTraining.org/network](http://StrongStarTraining.org/network) to find providers in your state who have been formally trained. If you don't find any, *Psychology Today's* therapist directory can help, but make sure to ask whether the therapist has been formally trained. If you are interested in EMDR or Somatic Experiencing (SE) therapy, look for someone who is *certified* in EMDR or SE. Also, remember that telehealth is an effective way to engage in many trauma treatments, and can give you more options than just in-person sessions.

## **SUPPORT GROUPS AND GROUP THERAPY**

Support groups and group therapy, in person or online, are excellent ways to further your healing. Trauma and PTSD can be so isolating, especially if you experience feelings of shame or guilt because of your trauma. Trauma also isn't exactly dinner conversation, so you may have few people with whom you feel comfortable sharing your experiences during and after the trauma. Support groups and group therapy are safe ways to connect with other people working to overcome trauma.

Support groups are a more informal way to connect with others working to overcome trauma and PTSD. They are often peer-led by a trauma survivor. If you are a survivor of traumatic injury, such as a car crash or a gunshot wound, you may be eligible to attend survivor support groups online or through a trauma center near you. Go to [TraumaSurvivorsNetwork.org](http://TraumaSurvivorsNetwork.org) to learn more.

Group therapy is a more formal approach to support healing, led by a trained trauma therapist. To find either type of group, start with an online search for "PTSD support groups" or "PTSD group therapy." You can include trauma-specific terms as well, such as "sexual abuse" or "disaster support groups."

## **FAMILY AND FRIENDS**

Connecting with family, friends, and your social community is a valuable way to get support, whether you disclose your trauma history or not. If you identified a support person earlier in this workbook, you may have chosen someone who knows at least some details about your trauma. Remember to stay connected with them throughout your healing process by sharing the skills you are learning and the progress you are making. It can also be helpful to have a conversation with them, so you know what they are comfortable discussing and what may be off-limits.

There will be other people in your life who know a little bit or nothing at all about your trauma history but can still serve as important parts of your support network. This can include family members, friends, coworkers, and other people you regularly spend time with. These are people you can contact when you need to do something that has nothing to do with your trauma, like go to a movie or share a meal. Some of these people may be on your Just-in-Case Self-Care Plan (page 131). If they are, you may consider adding activities you like to do with these people to the index card.

## **ONLINE COMMUNITIES AND RESOURCES**

The internet is a powerful resource for connection. It can be especially helpful for trauma survivors because it can offer a certain level of anonymity while helping you meet people who have had similar experiences. Make sure to access trusted sites, so you are not further victimized.

As mentioned earlier, the Trauma Survivors Network has high-quality online support groups for survivors of traumatic injury. If you are a veteran or a veteran's family member, the Veterans Administration has online resources available based on your specific needs.

Survivors of sexual violence may benefit from the online support group After Silence, and sites like MyPTSD.com offer news and discussion boards on a wide range of topics. Individual trauma therapy can also be delivered safely and effectively online. In fact, my entire practice is virtual!

If you are in crisis, not only can you call the National Suicide Prevention Lifeline at 1-800-273-8255, but you can also access high-quality crisis services online through the Crisis Text Line, or by texting HOME to 741741. This service connects you to a crisis counselor who can assist with a wide range of issues, not only those focusing on thoughts of self-harm or suicide.

## PLANNING NEXT STEPS

Asking for help can be difficult. You may be afraid that if you ask for help, you will be judged or seen as weak. Brené Brown, a world-renowned researcher and speaker on shame and vulnerability, famously said, “When you judge yourself for needing help, you judge those you are helping. When you attach value to giving help, you attach value to needing help.”

I want you to reflect on the work you have done so far and use the exercise below to chart your progress. In the first box, write any descriptive words that represent who you were and how you felt when you started this work. In the next box, describe your current self, reflecting on the ways you are stronger and better prepared to manage your trauma and PTSD. In the third box, write your current goals for the next steps of this healing journey. Use the fourth box to write about how you will meet your goals, which can include asking for help from formal or informal sources, growing your self-care practices, or going through this book again with fresh eyes.

Who I was

Who I am now

Who I strive to be

How I will reach my next goals



## SELF-CARE CHECK-IN

You made it! The work you have done in this book will serve as a strong foundation for your continued healing. I will say it a thousand times: *Overcoming trauma and PTSD is a lifelong journey*. You didn't ask for your trauma, but you do have to work at beating it every day. I imagine you are experiencing many different emotions at this stage in your recovery. You might feel proud and excited about the work you have done and the opportunities ahead. You also might feel a bit nervous or scared about the next steps, particularly if you are planning to start formal trauma therapy. However you are reacting right now is absolutely okay, and I don't want you to change a thing!

If you need a moment of self-care, use one of the skills from this book that you know works. This could be a grounding exercise, diaphragmatic or square breathing, or journaling about your current thoughts and feelings. Don't overthink it, just go with the first one that comes to mind and trust that your brain and body know exactly what you need in this moment.

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**My healing journey reminds me of my inner strength and resiliency. Today, I choose to continue breaking the chains of trauma and PTSD.**



## Chapter Takeaways

- ▶ Recovery from trauma and PTSD is not a one-time deal. It is a lifestyle change that requires ongoing commitment to the practices in this book.
- ▶ When you choose to find a trauma therapist, make sure they have been *formally trained* in the treatment you want.
- ▶ Support groups and group therapy can connect you with other trauma survivors, so you don't feel as alone in your experiences.
- ▶ Accessing support from friends and family doesn't mean you have to tell them all the details of your trauma. Simply spending time with loved ones is healing.
- ▶ When using online resources, make sure you visit trusted sources, such as the ones listed in this book.
- ▶ If you are in crisis and having thoughts of hurting yourself, call 911 for immediate help.

Taking the next steps in your recovery may come with unique challenges you have not had to face yet in this workbook. Using the Planning Next Steps exercise on page 145, write down what might get in the way of your goals and how you will overcome these barriers.

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Looking back at the person you were at the beginning of this workbook, what do you want them to know about the work you have done and the progress you have made?

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## Next Steps

- ▶ Post the goals you identified in the Planning Next Steps exercise on page 145 somewhere visible. Being able to see the progress you have made since starting this journey will be refreshing as you move forward. The daily reminder of where you are going will help motivate you toward these goals.
- ▶ Living a values-based life will make it easier to live the lifestyle you have created through your work in this book. Go back to the values exercise on page 139 frequently to reassess the values that are most important to you—they will change as you continue to grow.
- ▶ Practice your coping skills. The goal is for the techniques you learned in this book to become second nature. Remember the analogy about learning a new skill: Unless you practice, you'll never be able to perform the skill when you need it most.

# RESOURCES

## Trauma History and Symptom Assessments

Adverse Childhood Experiences Questionnaire: A 10-item assessment of potentially traumatic events from childhood

[ACESAware.org/learn-about-screening/screening-tools/](https://www.acesaware.org/learn-about-screening/screening-tools/)

PTSD Checklist for *DSM-5* (PCL-5): A 20-item self-report measure to assess trauma history and symptoms of PTSD

[PTSD.VA.gov/professional/assessment/adult-sr/ptsd-checklist.asp](https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp)

## Apps

CPT Coach: An app designed by the Veterans Administration to use with a therapist trained in cognitive processing therapy

Insight Timer: A free meditation app with more than 100,000 guided meditations

Mindfulness Coach: A mindfulness training app created by the Veterans Administration

PE Coach: An app designed by the Veterans Administration to use with a therapist trained in prolonged exposure therapy

## Online Support Groups

AfterSilence.org: Online community for survivors of sexual assault

MyPTSD.com: Provides news and discussion boards for trauma survivors

[PTSD.VA.gov/gethelp/peer\\_support.asp](https://www.ptsd.va.gov/gethelp/peer_support.asp): Peer support services for veterans and their family members

TraumaSurvivorsNetwork.org: Online community for survivors of traumatic injury



## Therapist Directories

*Mental Health Match:* Walks you through a series of questions to help “match” you with a therapist best suited for your goals

*Psychology Today:* The most commonly used directory, allows you to search by specialty and insurance provider

*Therapy Den:* An up-and-coming directory committed to diversity and inclusion

## Crisis Resources

Crisis Text Line: [CrisisTextLine.org](https://www.crisistextline.org), or text HOME to 741741

National Suicide Prevention Lifeline: 1-800-273-8255

## Books

*The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* by Bessel van der Kolk, MD

*What Happened to You? Conversations on Trauma, Resilience, and Healing* by Oprah Winfrey and Bruce Perry

# REFERENCES

## Chapter One

- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. Washington, DC: American Psychiatric Association, 2013.
- Centers for Disease Control. "Adverse Childhood Experiences (ACEs)." April 3, 2020. [CDC.gov/violenceprevention/aces/index.html](https://www.cdc.gov/violenceprevention/aces/index.html).
- Felitti, V. J., R. F. Anda, D. Nordenberg, D. F. Williamson, A. M. Spitz, V. Edwards, M. P. Koss, et al. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study." *American Journal of Preventive Medicine* (1998): 245–258.
- National Institute of Mental Health. "Post-Traumatic Stress Disorder." Accessed July 5, 2021. [NIMH.NIH.gov/health/topics/post-traumatic-stress-disorder-ptsd](https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd).
- National Institute of Mental Health. "Post-Traumatic Stress Disorder (PTSD)." Accessed July 3, 2021. [NIMH.NIH.gov/health/statistics/post-traumatic-stress-disorder-ptsd#part\\_155469](https://www.nimh.nih.gov/health/statistics/post-traumatic-stress-disorder-ptsd#part_155469).
- Selye, Hans. *The Stress of Life*. New York: McGraw-Hill Book Company, 1974.
- US Department of Veterans Affairs. "How Common Is PTSD in Adults?" October 17, 2019. [PTSD.VA.gov/understand/common/common\\_adults.asp](https://www.ptsd.va.gov/understand/common/common_adults.asp).
- Weathers, F. W., B. T. Litz, T. M. Keane, P. A. Palmieri, B. P. Marx, and P. P. Schnurr. "The PTSD Checklist for DSM-5 (PCL-5)—LEC-5 and Extended Criterion A [Measurement Instrument]." April 11, 2018. [PTSD.VA.gov/professional/assessment/documents/PCL5\\_LEC\\_criterionA.PDF](https://www.ptsd.va.gov/professional/assessment/documents/PCL5_LEC_criterionA.PDF).

## Chapter Two

- American Psychological Association. "Medications for PTSD." July 31, 2017. [APA.org/ptsd-guideline/treatments/medications](https://www.apa.org/ptsd-guideline/treatments/medications).
- Brom, D., Y. Stokar, C. Lawi, V. Nuriel-Porat, Y. Ziv, K. Lerner, and G. Ross. "Somatic Experiencing for Post-Traumatic Stress Disorder: A Randomized Controlled Outcome Study." *Journal of Traumatic Stress* (2017): 304–312.
- Cohen, J. A., A. P. Mannarino, and E. Deblinger. *Treating Trauma and Traumatic Grief in Children and Adolescents*. 2nd ed. New York: Guilford Press, 2017.
- Foa, E. B., E. A. Hembree, B. O. Rothbaum, and S. A. M. Rauch. *Prolonged Exposure Therapy for PTSD: Emotional Processing of Traumatic Experiences—Therapist Guide (Treatments that Work)*. 2nd ed. New York: Oxford University Press, 2019.
- Levine, P. A. *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*. Berkeley, CA: North Atlantic Books, 2010.
- Resick, P. A., C. M. Monson, and K. M. Chard. *Cognitive Processing Therapy for PTSD: A Comprehensive Manual*. 1st ed. New York: Guilford Press, 2016.
- Shapiro, F. *Eye Movement Desensitization and Reprocessing (EMDR) Therapy: Basic Principles, Protocols, and Procedures*. 3rd ed. New York: Guilford Press, 2018.

## Chapter Three

- Iyadurai, L., R. M. Visser, A. Lau-Zhu, K. Porcheret, A. Horsch, E. A. Holmes, and E. L. James. "Intrusive Memories of Trauma: A Target for Research Bridging Cognitive Science and Its Clinical Application." *Clinical Psychology Review* (2019): 67–82.

## Chapter Six

- Bannister, J. A., P. J. Colvonen, A. C. Angkaw, and S. B. Norman. "Differential Relationships of Guilt and Shame on Posttraumatic Stress Disorder among Veterans." *Psychological Trauma* (2019): 35-42.
- Contractor, A. A., N. H. Weiss, P. Dranger, C. Ruggero, and C. Armour. "PTSD's Risky Behavior Criterion: Relation with DSM-5 PTSD Symptom Clusters and Psychopathology." *Psychiatry Research* (2017): 215-222.
- Goleman, D. *Emotional Intelligence: Why It Can Matter More than IQ*. New York: Random House Publishing Group, 2005.
- Saraiya, T., and T. Lopez-Castro. "Ashamed and Afraid: A Scoping Review of the Role of Shame in Post-Traumatic Stress Disorder (PTSD)." *Journal of Clinical Medicine* 94 (2016).
- Sauter, D. A., F. Eisner, P. Ekman, and S. K. Scott. "Cross-Cultural Recognition of Basic Emotions through Nonverbal Emotional Vocalizations." *Proceedings of the National Academy of Sciences of the United States of America* (2010): 2408-2412.

## Chapter Seven

- Centers for Disease Control. "Drowsy Driving." March 21, 2017. [CDC.gov/sleep/about\\_sleep/drowsy\\_driving.html](https://www.cdc.gov/sleep/about_sleep/drowsy_driving.html).
- Gallegos, A. M., H. F. Crean, W. R. Pigeon, and K. L. Heffner. "Meditation and Yoga for Post-Traumatic Stress Disorder: A Meta-Analytic Review of Randomized Controlled Trials." *Clinical Psychology Review* (2017): 115-124.
- Greenberg, M. "Trauma, PTSD, and Chronic Low-Grade Inflammation." July 27, 2020. [PsychologyToday.com/us/blog/the-mindful-self-express/202007/trauma-ptsd-and-chronic-low-grade-inflammation](https://www.psychologytoday.com/us/blog/the-mindful-self-express/202007/trauma-ptsd-and-chronic-low-grade-inflammation).
- Healthline Editorial Team. "The Link Between Autoimmune Diseases and PTSD." July 2, 2018. [Healthline.com/health-news/the-link-between-autoimmune-diseases-and-ptsd](https://www.healthline.com/health-news/the-link-between-autoimmune-diseases-and-ptsd).
- Maslow, A. H. "A Theory of Human Motivation." *Psychological Review* (1943): 370-396.
- McFarlane, A. C. "The Long-Term Costs of Traumatic Stress: Intertwined Physical and Psychological Consequences." *World Psychiatry* (2010): 3-10.
- Neylan, T. C., and A. O'Donovan. "Inflammation and PTSD." *PTSD Research Quarterly* (2019): 1-10.
- Sherin, J. E. "Post-Traumatic Stress Disorder: The Neurobiological Impact of Psychological Trauma." *Dialogues in Clinical Neuroscience* (2011): 263-278.
- World Health Organization. "What Do We Mean by Self-Care?" June 15, 2018. [WHO.int/news-room/feature-stories/detail/what-do-we-mean-by-self-care](https://www.who.int/news-room/feature-stories/detail/what-do-we-mean-by-self-care).

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