

APPENDIX

Clinician Tools and Handouts

CLINICIAN TOOLS

1. CR for PTSD Session-By-Session Agenda for Clinicians
2. PTSD Assessment Tracking Sheet
3. Depression Assessment Tracking Sheet
4. Therapist Tracking Sheet for Client's Trauma-Related Cognitions

HANDOUTS FOR USE ACROSS ALL SESSIONS

1. CR for PTSD Agenda-Setting Worksheet
2. Home Practice/Outside Practice Plan

HANDOUTS FOR SESSIONS 1–3 (PRE-CR)

1. Orientation to the CR for PTSD Program
2. CR for PTSD Orientation and Session-By-Session Plan
3. Wellness Plan Worksheet
4. Learning Breathing Retraining
5. Practice Breathing Retraining Tracking Form 1: Nondistress Version
6. Breathing Retraining Tracking Form 2: Distress Version
7. Common Reactions to Trauma I: PTSD Symptoms
8. Common Reactions to Trauma II: Associated Problems
9. How Trauma Affects Thoughts and Feelings
10. Goal-Setting Worksheet for CR for PTSD Program

From *Treatment of Posttraumatic Stress Disorder in Serious Mental Illness: The Cognitive Restructuring Program*, by K. T. Mueser and J. D. Gottlieb, 2025, American Psychological Association (<https://doi.org/10.1037/0000423-000>). Copyright 2025 by the American Psychological Association.

HANDOUTS FOR SESSIONS 4–16 (CR AND ONWARD)

1. Understanding the Thought–Feeling Model With the CBT Triangle
2. Common Styles of Thinking Information Sheet
3. Common Styles of Thinking Worksheet
4. Guide to Thoughts and Feelings Information Sheet
5. The 5 Steps of CR
6. The 5 Steps of CR (Alternate Worksheet With Ratings)
7. Tips for Finding Good Evidence Information Sheet
8. Action Plan Worksheet
9. Payoff Matrix
10. 5 Steps of CR Notecard (2-sided)
11. Summing-Up Worksheet
12. Challenging My Most Distressing PTSD Symptoms and Thoughts

CR FOR PTSD SESSION-BY-SESSION AGENDA FOR CLINICIANS

Session no.	Topic covered	Sample session agenda	Handout/material needed
1	Overview Wellness Plan Breathing Retraining	1. Introductions/explain weekly agenda 2. Complete, score, discuss today's PCL and BDI 3. Program overview, review, questions, concerns 4. Complete Wellness Plan 5. Teach and practice BRT 6. Review session, preview next, plan and troubleshoot BRT home assignment	• CR for PTSD Orientation and Session-By-Session Plan • Wellness Plan Worksheet • Learning BRT • Practice BRT Tracking Form 1: Nondistress Version • PCL and BDI from screening • <u>New blank PCL and BDI</u>
2	Breathing Retraining Psychoeducation I	1. Review BRT home assignment practice, troubleshoot 2. Brief review and practice of BRT skill 3. Education about trauma and PTSD, Part I 4. Review session, preview next, plan and troubleshoot BRT home assignment	• Learning BRT • Practice BRT Tracking Form 1: Nondistress Version • BRT Tracking Form 2: Distress Version • Common Reactions to Trauma I: PTSD Symptoms
3	Breathing Retraining Psychoeducation II	1. Review BRT home assignment practice, troubleshoot 2. Brief practice of BRT skill 3. Education about trauma and PTSD, Part II 4. Wrapping up psychoeducation/goal setting 5. Review session, preview next, plan and troubleshoot BRT home assignment	• Learning BRT • BRT Tracking Form 2: Distress Version • Common Reactions to Trauma II: Associated Problems • How Trauma Affects Thoughts and Feelings • Goal-Setting Worksheet for CR for PTSD Program
4	Introduction to cognitive restructuring	1. Complete PCL and BDI (score, compare, discuss) 2. Review BRT home assignment practice, troubleshoot 3. Complete goal setting as needed 4. Teach Thought-Feeling Model 5. Introduction to CST 6. Brief CST practice 7. Review session, preview next, plan and troubleshoot CST home assignment	• Learning BRT • BRT Tracking Form 2: Distress Version • Goal-Setting Worksheet for CR for PTSD Program • CST Information Sheet • CST Worksheet • <u>Prior PCLs and BDIs</u> • <u>New blank PCL and BDI</u>

(continues)

Session no.	Topic covered	Sample session agenda	Handout/material needed
5	Introduction to cognitive restructuring	1. Review CST home assignment practice, troubleshoot 2. Continue teaching CST 3. CST practice 4. Review session, preview next, plan and troubleshoot CST home assignment	• CST Information Sheet • CST Worksheet • Guide to Thoughts and Feelings Information Sheet
6	The 5 Steps of CR	1. Review CST home assignment practice, troubleshoot 2. Additional brief CST practice as needed 3. Introduction to the 5 Steps of CR and Action Plan 4. Practice 5 Steps of CR 5. Review session, preview next, plan and troubleshoot 5 Steps of CR home assignment	• CST Information Sheet • CST Worksheet • The 5 Steps of CR • Action Plan Worksheet • Guide to Thoughts and Feelings Information Sheet • Tips for Finding Good Evidence Information Sheet
7-8/9	The 5 Steps of CR (basic)	1. Complete PCL and BDI (score, compare, discuss; Session 7) 2. Review 5 Steps of CR home assignment practice, troubleshoot 3. Continue with 5 Steps of CR and Action Plan teaching, troubleshooting, and practice 4. Practice 5 Steps of CR (non-trauma-related) 5. Review session, preview next, plan and troubleshoot 5 Steps of CR home assignment	• CST Information Sheet • The 5 Steps of CR • Action Plan Worksheet • Guide to Thoughts and Feelings Information Sheet • Tips for Finding Good Evidence Information Sheet • For Session 7: <u>Prior PCLs and BDIs</u> • For Session 7: <u>New blank PCL and BDI</u>
8/9-14	The 5 Steps of CR (trauma-related)	1. Complete PCL and BDI (score, compare, discuss; Sessions 10 and 13) 2. Review 5 Steps of CR home assignment practice, troubleshoot 3. Continue with 5 Steps of CR and Action Plan teaching, troubleshooting, and practice 4. Practice 5 Steps of CR 5. Transition (Session 8/9) into 5 Steps of CR practice with trauma-related material 6. Review session, preview next, plan and troubleshoot 5 Steps of CR home assignment	• CST Information Sheet • The 5 Steps of CR • Action Plan Worksheet • Guide to Thoughts and Feelings Information Sheet • Tips for Finding Good Evidence Information Sheet • Payoff Matrix • For Sessions 10 and 13: <u>Prior PCLs and BDIs</u> • For Sessions 10 and 13: <u>New blank PCL and BDI</u>

15	Skill generalization	1. Review 5 Steps of CR home assignment practice, troubleshoot 2. Invite primary clinician to session (preplanned) 3. Collaborative program overview to primary clinician 4. Client leads primary clinician through 5 Steps of CR 5. Discuss skill generalization plan with primary clinician 6. Additional 5 Steps of CR practice for client if time 7. Review session, preview next/final session and termination, plan and troubleshoot 5 Steps of CR home assignment	• CST Information Sheet • The 5 Steps of CR • Action Plan Worksheet • Guide to Thoughts and Feelings Information Sheet • 5 Steps of CR Notecard
16	Skill generalization termination	1. Complete final PCL and BDI (score, compare, discuss all measures from screening to present) 2. Briefly review 5 Steps home assignment practice, troubleshoot 3. Brief debrief about Session 15 (primary clinician visit) 4. Discuss progress in program 5. Review previously set goals 6. Discuss continued skills practice 7. Provide additional blank copies of all handouts 8. Termination	• The 5 Steps of CR • Action Plan Worksheet • Challenging My Most Distressing PTSD Symptoms and Thoughts • Summing-Up Worksheet • 5 Steps of CR Notecard • All Prior PCLs and BDIs • New blank PCL and BDI (additional clean hardcopies of skill-based handouts for client to take home)

Note. All sessions, regardless of module, should include the agenda setting and outside practice/home assignment review worksheets. CR = cognitive restructuring; PTSD = posttraumatic stress disorder; PCL = PTSD Checklist; BDI = Beck Depression Inventory; BRT = Breathing Retraining; Common Styles of Thinking.

PTSD ASSESSMENT TRACKING SHEET

Client name: _____

Therapist: _____

Index trauma: _____

Recommendation: Following the first administration of the PTSD Checklist (PCL-5) at the screening assessment, the PCL should be given at the beginning of Sessions 1, 4, 7, 10, 13, and 16 (or the last session). These scores can be tracked here, plotted into a graph below, and discussed with the client in session.

Session no.	Date administered	PCL score
Screening assessment		

Note. The cutoff score for “probable PTSD” is 33 or higher. PTSD Checklist data from Weathers et al. (2013).



From *Treatment of Posttraumatic Stress Disorder in Serious Mental Illness: The Cognitive Restructuring Program*, by K. T. Mueser and J. D. Gottlieb, 2025, American Psychological Association (<https://doi.org/10.1037/0000423-000>). Copyright 2025 by the American Psychological Association.

DEPRESSION ASSESSMENT TRACKING SHEET

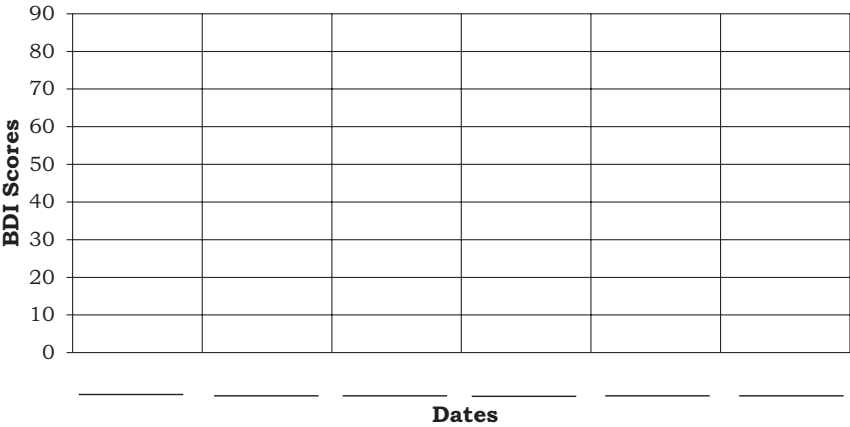
Client name: _____

Therapist: _____

Recommendation: Following the first administration of the Beck Depression Inventory–II (BDI-II) at the screening assessment, the BDI-II should be given at the beginning of Sessions 1, 4, 7, 10, 13, and 16 (or the last session). These scores can be tracked here, plotted in the graph below, and discussed with the client in session.

Session no.	Date administered	BDI score
Screening assessment		

Note. *Manual for the Beck Depression Inventory–II*, by A. T. Beck, R. A. Steer, and G. K. Brown, 1996, Psychological Corporation.



THERAPIST TRACKING SHEET FOR CLIENT’S TRAUMA-RELATED COGNITIONS

During the first six sessions of the CR for PTSD program, as you and the client are getting to know each other and work together, it is common for clients to mention some of their distressing thoughts and beliefs about their traumatic experience(s). This can occur quite naturally throughout the discussions and skill-building during orientation, BRT, psychoeducation, common styles of inaccurate thinking, or introducing the 5 Steps of CR. Many of these beliefs are either overtly trauma-related or are likely related to the impact of PTSD.

While you won’t need to address or challenge these sorts of beliefs until you move into the more trauma-focused CR sessions, it can be helpful to make a note of these thoughts as they come up to keep in your records. That way you will have them later on as important and useful trauma-related material to help the client address in these later CR sessions. An example is given below.

<u>Session date and topic</u>	<u>Client thought or belief mentioned (try to use client’s own words when possible)</u>	<u>Other related notes</u>
<i>March 12, 2023, during Session 4 psychoeducation</i>	<i>“I know I’ll never be capable of having a romantic relationship ever again after what’s happened to me. I am damaged goods forever.”</i>	<i>Third time so far client has alluded to thoughts related to being faulty/defective/damaged as a result of the sexual assault.</i>

CR FOR PTSD AGENDA-SETTING WORKSHEET

In order to make the most of our time each session, it is helpful to set an agenda of the different important topics to make sure we cover them. This will help us figure out where to start and will also help us make sure that we save enough time for all of the topics that we need to work on today. Below, we will write out a list of what we want to cover for today's session.

Some tips:

- Keep the list manageable in length—not too long.
- Write just the brief, general topics below, and write out the whole list before starting to go into detail about any single item. There will be time for that later on.

Today's date: _____ Session no. (1–16): _____ Overall session topic: _____

Topics to cover (your therapist will likely have a list based on where you are in the CR intervention):

1. _____
2. _____
3. _____
4. _____
5. Outside practice and plan for what will happen between now and the next meeting.

Are there any other topics that you'd like to cover today that haven't already been listed out above? (Write down below any additional, specific topics that the client would like to talk about.)

1. _____
2. _____

HOME PRACTICE/OUTSIDE PRACTICE PLAN

As you've learned, putting aside some time to practice your skills is a VERY important part of this program. You can get the best results from this program if you practice the skills you are learning on a daily basis. Making a plan can help you remember to practice your skills over the following week.

Use this sheet to write down your plan for practicing your skills during the week:

Today's date: _____ Session no. (1–16): _____ Next session's date: _____

Overall session topic(s) covered:

Based on today's session topics, here is what I will work on this week before our next session:

1. _____

2. _____

3. _____

Optional but encouraged: Now that you have a plan, can you think about what might get in the way of being able to complete this outside practice? You and your therapist can list any obstacles here and then list a possible solution next to each obstacle:

Possible obstacle:

Possible solution:

Which handouts or worksheets do you need? Your therapist can give you extra copies.

ORIENTATION TO THE CR FOR PTSD PROGRAM

The CR program for PTSD is a cognitive behavioral therapy program aimed at teaching people important information and skills for coping with and overcoming their PTSD symptoms in order to help get their lives back on track.

How the Program Works

The CR program for PTSD is provided over 12 to 16 sessions by an individual therapist. Sessions are usually conducted on a weekly basis, and each lasts about 1 hour.

The program includes three parts: (a) learning the skill of *Breathing Retraining (BRT)*, (b) education about *common reactions to trauma and PTSD*, and (c) developing *skills for dealing with upsetting thoughts and feelings*. These skills can help reduce PTSD symptoms like avoidance, anxiety, fear, distress, irritability, and high levels of body tension. Each of these parts is briefly described below.

- **BRT:** The Breathing Restraining skill involves learning a helpful new way to breathe that can help you to manage your anxiety and reduce other upsetting PTSD symptoms such as overarousal. Over time and with practice, you will learn how to use BRT to relax in stressful situations and lower your distress. By the end of the program, this skill will help you gain better control over your PTSD symptoms.
- **Education:** You will be taught about the common reactions people have to trauma, including PTSD symptoms. You will learn that you are not alone in how you reacted to the trauma in your life and that your PTSD symptoms that can be changed. This treatment program can teach you ways to respond differently to your PTSD distress to help you move forward in your life.
- **CR:** The Cognitive Restructuring skill involves learning how to identify and then challenge thoughts and beliefs that relate to your distress and PTSD symptoms. You will learn how to increase your awareness of these upsetting thoughts, how to examine those thoughts closely, and how to change them when they are inaccurate. You will see that challenging and changing inaccurate thinking that causes negative feelings can make you feel better.

Outside Practice (“Home Assignments”)

The CR for PTSD program works by teaching people critical information and skills for overcoming their PTSD symptoms. In order to accomplish this, it is important to put aside some time every week to practice the skills taught in this program. At each session, you and your therapist will agree on a brief assignment to practice a skill you have learned over the next week (such as the BRT skill or the CR skill) to help you deal with your reactions to stressful things that happen during the week. During your sessions, you will go over how your outside practice went over the past week.

The more you practice the skills, the more you will benefit from this program. The goal is to practice them every day. Research on the CR for PTSD program shows that people who regularly do weekly home assignments outside of the sessions benefit more from the program than those who do not.

A Reminder

This program is designed to directly help you with your PTSD symptoms and upsetting thoughts related to the traumatic events and stressful things you have experienced. However, this treatment does not require that you describe or recount the details of those experiences. This program is very effective without the need to talk about those details.

This can feel reassuring to people who may have avoided other PTSD treatments in the past because they were anxious about having to relive their traumatic experiences. In this intervention, your therapist will be right by your side to help you learn about and work on your distressing PTSD symptoms and upsetting related thoughts and feelings.

CR FOR PTSD ORIENTATION AND SESSION-BY-SESSION PLAN

The CR for PTSD program is a cognitive behavioral therapy program aimed at teaching people important information and skills for coping with and overcoming their PTSD symptoms in order to help get their lives back on track.

How the Program Works

The CR for PTSD program is provided over 12 to 16 sessions by an individual therapist. Sessions are usually conducted on a weekly basis, and each lasts about 1 hour.

The program includes three parts: (a) learning the skill of *Breathing Retraining (BRT)*, (b) education about *common reactions to trauma and PTSD*, and (c) developing *skills for dealing with upsetting thoughts and feelings*. These skills can help reduce PTSD symptoms like avoidance, anxiety, fear, distress, irritability, and high levels of body tension. Each of these parts is briefly described below.

- **BRT:** The Breathing Retraining skill involves learning a helpful new way to breathe that can help you to manage your anxiety and reduce other upsetting PTSD symptoms such as overarousal. Over time and with practice, you will learn how to use BRT to relax in stressful situations and lower your distress. By the end of the program, this skill will help you gain better control over your PTSD symptoms.
- **Education:** You will be taught about the common reactions people have to trauma, including PTSD symptoms. You will learn that you are not alone in how you reacted to the trauma in your life and that your PTSD symptoms can be changed. This treatment program can teach you ways to respond differently to your PTSD distress to help you move forward in your life.
- **CR:** The Cognitive Restructuring skill involves learning how to identify and then challenge thoughts and beliefs that relate to your distress and PTSD symptoms. You will learn how to increase your awareness of these upsetting thoughts, how to examine them closely, and how to change them when they are inaccurate. You will see that challenging and changing inaccurate thinking that causes negative feelings can make you feel better.

Outside Practice (“Home Assignments”)

The CR for PTSD program works by teaching people critical information and skills for overcoming their PTSD symptoms. In order to accomplish this, it is important to put aside some time every week to practice the skills taught in this program. At each session, you and your therapist will agree on a brief assignment to practice a skill you have learned over the next week (such as the BRT skill or the CR skill) to help you deal with your reactions to stressful things that happen during the week. During your sessions, you will go over how your outside practice went over the past week.

The more you practice the skills, the more you will benefit from this program. The goal is to practice them every day. Research on the CR for PTSD program shows that people who regularly do weekly home assignments outside of the sessions benefit more from the program than those who do not.

A Reminder

This program is designed to directly help you with your PTSD symptoms and upsetting thoughts related to the traumatic events and stressful things you have experienced. However, this treatment does not require that you describe or recount the details of those experiences. This program is very effective without the need to talk about those details.

This can feel reassuring to people who may have avoided other PTSD treatments in the past because they were anxious about having to relive their traumatic experiences. In this intervention, your therapist will be right by your side to help you learn about and work on your distressing PTSD symptoms and upsetting related thoughts and feelings.

Session-By-Session Overview

Here is what you can expect from each of the 16 sessions of this program. This will give you an idea of what will happen in each session and why:

<u>Session no.</u>	<u>Topic</u>	<u>Purpose</u>
1	Orientation Wellness Plan Breathing Retraining	• To learn about this program and what to expect • To make a plan to help you feel your best during this program • To teach a helpful skill right away that you can start to use to help with PTSD symptoms
2	Education about trauma and PTSD, Part I	• To learn about how trauma impacts people's lives • To learn about PTSD symptoms • To better understand how these have impacted your life directly
3	Education about trauma and PTSD, Part II	• To learn other common ways that trauma and PTSD affect people • To better understand how this has impacted your life directly • To set some personal goals related to having your PTSD symptoms decrease with this treatment

(continues)

<u>Session no.</u>	<u>Topic</u>	<u>Purpose</u>
4	The Thought-Feeling Model Common Styles of Thinking	• To learn about how our experiences impact our beliefs about the world • To learn how our thoughts can lead us to feel distressed • To understand how our thoughts are not always accurate and that this is common • To learn and practice a new skill to help pick out upsetting thoughts and feelings we have frequently
5	The 5 Steps of CR	• To learn and practice a new skill called Cognitive Restructuring to help with our upsetting thoughts and feelings that happen on a day-to-day basis
6–14	Continuing with the 5 Steps of CR	• To get comfortable with this new skill so that you can use it in many situations in your daily life • To practice this skill on your own for home assignments • To start to use this skill (with your therapist's help) to address some of your upsetting trauma-related thoughts • To directly help you deal with your PTSD symptoms
15	Postprogram support plan: inviting your primary clinician or other supportive person	• To share with your primary clinician (or other support) all that you have learned in the program • To show the 5 Steps of CR skill • To develop a solid plan with your primary clinician (or other support) for how to keep using these skills going forward
16	Ending the program and next steps	• To review what you learned in the program and what was helpful • To review progress toward goals made in Session 3 • To confirm plan for continuing to use the skills going forward to improve even more

WELLNESS PLAN WORKSHEET

Throughout this treatment program, we will be teaching skills to help you cope with PTSD symptoms or other upsetting feelings. It is helpful to have a clear plan in place for how to keep up your wellness while you are in this program. *Wellness* can include things like getting enough sleep, getting to your doctor appointments, and connecting with people who are supportive to you.

During stressful times in life or when PTSD symptoms are acting up, people often end up having an increase in other symptoms. And they may struggle to keep up with healthy coping skills. Having a good *Wellness Plan* can help keep you healthy.

Here are some important things to discuss with your CR for PTSD clinician:

1. *What types of stressful situations or crises would be difficult for you to handle? In what situations do you feel out of control, unsafe, or afraid—including being afraid of harming yourself or other people?*

2. *When you are under a lot of stress or when your PTSD symptoms are high, which of the following things do you notice about yourself?*

- ☐ Suicidal thinking
- ☐ Self-injurious behavior
- ☐ Increased anxiety or depression
- ☐ Increased other symptoms (such as voices)
- ☐ Starting to use alcohol or drugs again, increasing use
- ☐ Other: _____

3. *Who might you go to for help if you are under a lot of stress or having a crisis (e.g., friends, family, neighbors, mental health team members, support group, etc.)?*

4. *What are some healthy things that you already do to keep yourself well that are helpful? List them here:*

5. *What are a few healthy things to cope with stress or symptoms that you could try out that you haven't used already?*

Now put it all together—your Wellness Plan

If I am feeling stress or PTSD or other symptoms, I will do the following (list the different steps below):

1.

2.

3.

4.

5.

Is there a supportive person(s) in your life who you would like to share a copy of this Wellness Plan with? List them here, and note when you will share with them:

Name(s):

When I will share:

LEARNING BREATHING RETRAINING

Breathing fast and taking deep breaths (*hyperventilating*) are common responses to feeling stressed. However, taking in too much extra air or breathing too fast increases the flow of oxygen to the brain. Taking deep breaths can actually lead to feeling lightheaded and feeling even more anxious. *Breathing Retraining (BRT)* is a skill that helps you slow down your breathing and decrease the amount of oxygen going to your brain, which can make you feel less anxious and distressed and help you think straight. The key to this skill is taking in a normal breath (not a deep one) and having a long, slow exhale. Try following the steps below:

Instructions for Breathing Retraining
1. Choose a word that you find relaxing, such as “calm” or “peace.” 2. Take in a normal breath (<i>not a deep one</i>), and exhale slowly through your mouth. 3. While you exhale, very slowly say the relaxing word you have chosen (“calm” or “peace”). 4. Pause briefly before taking your next breath. You can count to four before taking in each new breath. 5. Practice this exercise several times a day, taking 10 to 15 breaths at each practice.

Tips for Using Breathing Retraining

- It is easier to use a one-syllable word (e.g., “peace”) than it is to use a two-syllable or longer word (e.g., “relax”) during the exhale. This makes the exhalation much smoother.
- At first, while you are learning the skill, practice it only during times when you are feeling relatively calm and safe, *not* when you are feeling upset or anxious. This will help you master the skill so that you can then use it more easily in situations times when you are feeling anxious or distressed.
- It is best to learn and practice the skill by saying the relaxing word aloud. However, if you want to use Breathing Retraining in public, you can say the word in your head while exhaling instead.

Learning Breathing Retraining takes daily practice, but once you get good at it (usually after a few weeks), you can use it in any situation where you feel stressed or anxious or where your PTSD symptoms are getting in the way. It can be very helpful for getting to sleep. Track your progress on the Breathing Retraining Tracking Forms 1: Nondistress Version and 2: Distress Version.

PRACTICE BREATHING RETRAINING TRACKING FORM 1: NONDISTRESS VERSION

Now that you have been taught the Breathing Retraining (BRT) skill, the first step is to practice it every day until you get the hang of it. Try out this skill each day for a week (at least once per day), and use it only during times that you are not upset. Why? You want to make sure that you really know how the skill works firsthand. That way, it will work better for you in the future when you really need it in situations where you feel upset.

Use this form whenever you use the BRT skill. Fill in the date you practiced, where you were and what you were doing, and the number that best describes your experience. There is a sample entry here to help guide you. The more you practice the skill, the easier it will be.

<u>Date of practice</u>	<u>Where was I when I practiced, and what was I doing (brief description only)?</u>	<u>How did it go?</u> 0 = <i>not well</i> 1 = <i>pretty well</i> 2 = <i>very well</i>
March 30, 2023	In bed, just after I woke up in the morning.	2

From *Treatment of Posttraumatic Stress Disorder in Serious Mental Illness: The Cognitive Restructuring Program*, by K. T. Mueser and J. D. Gottlieb, 2025, American Psychological Association (<https://doi.org/10.1037/0000423-000>). Copyright 2025 by the American Psychological Association.

BREATHING RETRAINING TRACKING FORM 2: DISTRESS VERSION

Now that you have a little more practice with the Breathing Retraining (BRT) skill, you can start using it during stressful times to help you manage your anxiety or other PTSD symptoms. Use this form whenever you use BRT. Fill it out *right before* you use the skill and then *right after* you use the skill. That way you can see if the skill helped you feel better. There is a sample entry here to help guide you. The more you practice the skill and the more you record how it went on this form, the faster and better this skill will work for you.

<u>Date and time</u>	<u>What situation made me upset (describe briefly)?</u>	<u>How upset was I before I practiced?</u> 1 = <i>a little</i> 2 = <i>a lot</i> 3 = <i>extremely</i>	<u>How upset was I after I practiced?</u> 0 = <i>not at all</i> 1 = <i>a little</i> 2 = <i>a lot</i> 3 = <i>extremely</i>	<u>Note or comment</u>
April 7, 2023, 6 p.m.	Anxious in the very crowded grocery store; heart beating hard.	3	1	Using BRT before going into the store is a good idea for me.

From *Treatment of Posttraumatic Stress Disorder in Serious Mental Illness: The Cognitive Restructuring Program*, by K. T. Mueser and J. D. Gottlieb, 2025, American Psychological Association (<https://doi.org/10.1037/0000423-000>). Copyright 2025 by the American Psychological Association.

COMMON REACTIONS TO TRAUMA I: PTSD SYMPTOMS

When people experience a traumatic event, it is common for them to have many distressing feelings as a result, even long after the event. Although each person responds to trauma in a unique way, there are also a number of common reactions. In order to learn how to manage these symptoms, it is helpful to first understand what they are and why they happen. This handout describes the symptoms of PTSD. These are the core symptoms of PTSD:

- *Reexperiencing* the traumatic event or events.
- *Avoiding* things that remind the person of the trauma.
- Being *overaroused* or *overreactive*.
- *Negative thoughts and mood*.

Reexperiencing the Trauma

A very common way that people reexperience traumatic events is by having unwanted *memories, images, or pictures* of part of the trauma suddenly pop into their mind. Sometimes a memory is so vivid that it temporarily feels like the event is actually happening again (a *flashback*). These memories may be triggered by external things (such as a smell, a noise, or a TV commercial) or internal things (such as a thought or feeling). Sometimes the memories seem to come out of nowhere. The person may also have *bad dreams* or *nightmares* about the trauma itself or other frightening situations. When these experiences happen, people may feel they have no control over what they are feeling, thinking, and experiencing.

Avoidance

People often *avoid other people, places, or things* that remind them of their traumatic events. Distressing thoughts and feelings about the events are also often avoided. This is quite natural, since thinking about traumatic experiences can be upsetting. However, the avoidance is usually only partially successful. It is difficult to avoid every possible reminder of trauma, and many people find that the more they try to avoid reminders, the more they encounter new triggers that can bring on their traumatic memories.

Sometimes people avoid memories and feelings about the trauma without even being aware of it, such as *forgetting important parts of what happened*. This is very common.

Overarousal and Overreactivity

Another common reaction to trauma is to be *overaroused* or *hyperalert*. People may feel *tense, agitated, jumpy, or hypervigilant*. The person may have a *racing heart* and *tense muscles* and *perspire easily*. People may also be *easily startled* and have *trouble*

sleeping. These are all examples of *overreactivity*. All of these problems can lead to *irritable feelings* and *anger outbursts*.

These changes in your body are the result of fear. When people (and animals) are threatened by something, they react by fleeing or fighting—a normal response. This response requires a burst of adrenaline to get the body going and help it respond to danger. When people have experienced traumatic events, they may come to think of the world as dangerous and want to be ready for it. Their body may respond by being in a constant state of *arousal*, so they are ready to *react* right away to the sense of danger, even if there is no real threat. This response can happen quite a lot and can affect many areas of the person's life.

Negative Thoughts and Mood

People often have upsetting thoughts and feelings after traumatic experiences. These beliefs and feelings can be very strong and often overwhelming. Often, these thoughts are not accurate or true but can really feel that way to a person with PTSD. For example, people may have *exaggerated negative beliefs* about themselves, such as “I’m a bad person” or about other people, such as “No one can be trusted.” They may also blame themselves for the trauma that happened.

As a result of having these sorts of thoughts, it is common for people with PTSD to have lots of *negative feelings* and *low mood*. They may very often or almost always feel fear, anxiety, anger, sadness or depression, guilt, or shame. And they may also have trouble feeling positive feelings. More information about upsetting feelings can be found in the Common Reactions to Trauma II: Associated Problems handout.

REEXPERIENCING SYMPTOMS WORKSHEET

Reexperiencing symptoms include the following:

- Frequent memories or images of the event.
- Distressing dreams/nightmares.
- Acting or feeling like the event is occurring again (flashbacks).
- Intense distress or feeling upset when reminded of event.
- Intense bodily reactions (heart racing, headache, stomachache, sweating) when reminded.

Instructions: Describe some of the reexperiencing symptoms that have troubled you in the space below:

Images:

Intrusive memories:

Nightmares:

Flashbacks:

Upsetting reminders and triggers:

Body reactions to memories and triggers:

Which of these reexperiencing symptoms is *most upsetting* to you?

Which is most *frequent*?

AVOIDANCE SYMPTOMS WORKSHEET

Avoidance symptoms include the following:

- Avoiding thoughts, feelings, or memories associated with the traumatic event.
- Avoiding talking with people about what happened to you.
- Avoiding activities, places, or people that remind you of the trauma.

Instructions: Describe some of the avoidance symptoms that have troubled you in the space below:

People I avoid:

Places I avoid:

Situations I avoid:

Feelings I avoid:

Thoughts I avoid:

Which of these avoidance symptoms is most *disruptive* or *upsetting* to you?

Which is most *frequent*?

OVERAROUSAL AND OVERREACTIVITY SYMPTOMS WORKSHEET

Instructions: In the space below, check off how your body reacts to stress:

- _____ Heart pounding
- _____ Trembling/shaking
- _____ Sweating
- _____ Hot flashes
- _____ Trouble falling asleep
- _____ Tense muscles
- _____ Jitteriness
- _____ Restlessness
- _____ Feeling tense or uptight
- _____ Dry mouth
- _____ Lump in throat
- _____ Chest pain or discomfort
- _____ Nausea or stomachache
- _____ Dizziness
- _____ Jumpiness (exaggerated startle response)
- _____ Difficulty concentrating
- _____ Quick temper or anger outbursts
- _____ Always on guard
- _____ Irritability
- _____ Risky, reckless or self-destructive behavior
- _____ Other (describe): _____

Which of these overarousal signs is *most disruptive or upsetting* to you?

Which is most *frequent*?

NEGATIVE THOUGHTS AND MOOD WORKSHEET

Negative thoughts and mood symptoms include the following:

- Trouble remembering important parts of the traumatic event(s).
- Negative beliefs about yourself or others.
- Exaggerated or inaccurate thinking about the event(s) that lead you to blame yourself (or others).
- Frequent negative feelings and/or low mood, such as fear, sadness, guilt, shame, or anger.
- Losing interest in activities or people.
- Feeling detached or disconnected from others.
- Feeling numb or not being able to be happy or having a full range of feelings.
- Not seeing yourself as having a future.

Which of these symptoms do you currently experience?

Which is most *disruptive or upsetting* to you?

Which is most *frequent*?

COMMON REACTIONS TO TRAUMA II: ASSOCIATED PROBLEMS

Many people with PTSD also experience other reactions or problems that interfere with their lives, such as upsetting feelings and relationship problems. Understanding why these problems occur after traumatic events can prepare people for learning how to cope with these problems and eventually overcome them. This handout addresses some common associated problems for people who have PTSD:

- *Upsetting feelings*
- *Hearing voices* or other distressing experiences
- *Problems in relationships* with others
- Using too much *alcohol or other drugs*
- Problems with *work* life or *school*
- Challenges in managing with *physical health*

Upsetting Feelings

Common upsetting feelings include fear and anxiety, sadness and depression, guilt and shame, and anger.

1. Fear and anxiety: Anxiety and fear are common feelings after a traumatic event. As noted in the PTSD symptoms handout (Common Reactions to Trauma I: PTSD Symptoms), these feelings may come up when memories of traumatic events are triggered by something—like a certain place, smell, or thought.

Another common symptom of PTSD is avoiding places, people, or other things that remind the person of their trauma and make them *feel afraid*. These feelings can spread to many different situations, even ones not clearly related to the trauma. This can get to the point where the person feels anxious and fearful much of the time. The person may view the world as a dangerous place and never feel comfortable and safe.

2. Sadness and depression: Another common reaction to experiencing a traumatic event is sadness. Sadness can be experienced as feeling blue, depressed, or hopeless about the future. When people are depressed, they sometimes cry, have thoughts about self-harm or death, and may even think about suicide. They may find it hard to concentrate, and their appetite and sleep patterns may be disturbed, either by eating or sleeping too much or too little. People often lose interest in activities they used to enjoy, so that nothing seems fun to them anymore.

Sadness and depression may occur in people with PTSD because of the bad memories of their traumatic experiences that are stirred up or because of thoughts about their losses related to the trauma. Depression can also occur because their PTSD symptoms prevent them from being involved in or enjoying fun or meaningful activities—like close relationships, work, school, parenting, or leisure.

3. Guilt and shame: People often have feelings of guilt or shame related to something they did (or did not do) during or after their traumatic experiences. It is common for people to second-guess their reactions and blame themselves for what happened. For example, people who have been assaulted, either sexually or physically, may blame themselves for not having prevented the assault in the first place or for not having successfully fought off the attacker.

People may also feel ashamed simply because they have PTSD. They may believe that having symptoms like frequent memories of the trauma or nightmares for a long time means they are weak or inferior because they should have “gotten over” the trauma by now.

4. Anger: Feelings of anger are also common reactions to trauma. The anger may be directed at someone who hurt the person. But it can be also stirred up in the presence of other people, such as loved ones or even strangers. The anger may be so strong that the person lashes out at others, either verbally or physically.

Angry feelings may occur for a variety of reasons—feeling frustrated by having PTSD, misperceiving threats or insults from other people, or overreacting to situations due to hypervigilance. Sometimes people get angry with themselves because of something they did or did not do during or after their traumatic experiences.

FEAR AND ANXIETY FEELINGS WORKSHEET

Instructions: Anxious and fearful feelings may come and go on their own. Or they may be triggered by thoughts, people, places, or other reminders of traumatic experiences. In the space below, write down the kinds of things that make you afraid.

Things that make me afraid or nervous:

1. *Places*

2. *People*

3. *Activities*

4. *Sounds, smells, sensations*

The way my body feels when I am afraid: _____

My thoughts when I am afraid (check all that apply):

_____ Something terrible is going to happen.

_____ I am going to be attacked or hurt.

_____ I am going to be rejected or abandoned.

_____ I am going to lose control or go crazy.

_____ Other: _____

SADNESS AND DEPRESSION FEELINGS WORKSHEET

Common symptoms of depression include the following:

- Feeling “blue” or “down”
- Feeling worthless
- Feeling hopeless
- Feeling helpless
- Low self-esteem
- Thinking about death or life not being worth living
- Difficulty sleeping (either too little or too much)
- Loss of appetite or weight
- Difficulty concentrating
- Reduced energy level

Instructions: In the space below, write down any symptoms of depression you experience.

My symptoms of depression:

My thoughts when I am sad or depressed (check all that apply):

_____ I am worthless.

_____ I don't have anyone I can depend on.

_____ Nothing will ever get better.

_____ My life is not worth living.

_____ I have no future.

_____ Other: _____

GUILT AND SHAME FEELINGS WORKSHEET

Many people blame themselves for something they did or did not do to survive or cope with the trauma.

Instructions: In the space below, describe any feelings of guilt and/or shame you may have had.

Things I feel ashamed or guilty about:

My thoughts when I feel guilty or ashamed (check all that apply):

_____ I am weak or inadequate.

_____ I am a bad person.

_____ I am a failure.

_____ I am to blame for what happened to me.

_____ If only I hadn't done _____, this wouldn't have happened to me.

_____ Other: _____

ANGRY FEELINGS WORKSHEET

Angry feelings may be directed at a specific person involved in your traumatic experience. They can also be directed at people you love the most. Your anger may seem too intense or seem like an overreaction to the situation.

Instructions: In the space below, describe difficulties with anger you have had, including the situations, events, and people that trigger your anger:

Things that trigger my anger:

Situations/events:

People:

My thoughts when I am angry (check all that apply):

_____ I am being treated unfairly.

_____ I am being taken advantage of.

_____ This situation is unfair.

_____ Other: _____

Hearing Voices and Other Distressing Experiences

Hearing voices or noises that other people do not hear is more common when someone has experienced a trauma. In addition, seeing, tasting, smelling, or feeling things that other people do not perceive can also happen when one has had a trauma and as a result of PTSD symptoms.

Sometimes the voice(s) heard are directly related to the traumatic event or memories of the trauma, like hearing the voice of a relative who harmed you. Sometimes the voices say upsetting or blaming things about your experience with the trauma or with having PTSD. They may tell you that the trauma was all your fault or that you deserved to be hurt.

The voices may not seem to be directly related to the trauma but may be negative or critical in general. They may insult you or tell you specific things to do or to not do in your daily life.

These kinds of experiences can be frightening. They can also make someone feel even more fear, sadness, guilt, or anger. When voices or other sensory experiences happen frequently or loudly, they can be very distracting. This can cause even more anxiety and get in the way of living a normal life.

HEARING VOICES AND OTHER DISTRESSING EXPERIENCES WORKSHEET

Instructions: In the space below, check off the types of experiences you have had:

- ☐ Hearing voices
- ☐ Seeing things that others do not see in the moment
- ☐ Unusual scents
- ☐ Unusual tastes
- ☐ Feeling things that others do not report feeling in the moment
- ☐ Seeing another person who is not there or sensing their presence
- ☐ Other unusual experiences? Describe: _____

Which of these is most distressing or upsetting to you?

Which is most frequent?

How do you think this has anything to do with the trauma you experienced or your PTSD symptoms? In which ways?

My thoughts when I am hearing voices or having these other experiences (check all that apply):

- _____ I am in danger. I will be harmed by this experience.
- _____ I am not able to control my own actions. I have to do what the voice(s) says.
- _____ The voice(s) is correct about the negative things they are saying about me.
- _____ Other: _____

Note. Data from Amy Hardy, PhD.

From *Treatment of Posttraumatic Stress Disorder in Serious Mental Illness: The Cognitive Restructuring Program*, by K. T. Mueser and J. D. Gottlieb, 2025, American Psychological Association (<https://doi.org/10.1037/0000423-000>). Copyright 2025 by the American Psychological Association.

Relationship Difficulties

People with PTSD often have difficulty with relationships. These problems may be a result of strong feelings of depression, anxiety, sadness, or anger, which can get in the way of getting along with others. People who have been victimized by another person (like being attacked, raped, or abused) may find it very *hard to trust people* or allow themselves to feel close to someone else. Situations that involve intimacy and closeness can stir up distressing emotions and memories. This can lead people to withdraw and avoid spending time with other people.

Traumatic experiences and PTSD symptoms can also lead to *sexual difficulties* for people who have intimate relationships. They may be less interested in sex because of depression, or they may avoid it because it reminds them of their trauma or makes them feel vulnerable. Sexual relations may also be uncomfortable because they bring on feelings of shame or guilt.

Family relationships can provide joy and support, but they can also be affected when a family member has had trauma. For example, *family relationships may be strained or cut off* when one member victimizes another or when a child or adolescent reports being abused to a parent but is not believed.

In general, family members often do not know how to support a relative with PTSD. They may be unable or unwilling to listen to them talk about their traumatic experiences. People with PTSD may also feel inferior around their family because they have not accomplished what they hoped to. It is common for people with PTSD to think their relatives do not understand why they have not yet “gotten over” what happened to them.

RELATIONSHIP DIFFICULTIES WORKSHEET

Problems in your relationships may be related to upsetting feelings you have, such as fear, sadness, guilt, or anger. It may be difficult for you to trust other people or feel close to them. People who love you may have a hard time hearing about your experiences.

Instructions: In the space below, check the types of relationship problems that you are having:

- ☐ Conflict with spouse/partner/significant other
- ☐ Conflict with other family members
- ☐ Violence in relationships/fear for safety
- ☐ Difficulty developing relationships or friendships
- ☐ Difficulty keeping relationships or friendships
- ☐ Difficulty being emotionally close to others
- ☐ Difficulty trusting others
- ☐ Sexual difficulties
- ☐ Other: _____

My thoughts related to relationships with others (check all that apply):

- ☐ No one can really be trusted.
- ☐ I don't deserve to have a healthy or happy relationship.
- ☐ If people found out about my traumatic experiences, they wouldn't want anything to do with me.
- ☐ Other: _____

Work or School Difficulties

It is common for people with PTSD to have problems working or going to school. People may have fear about going to work or school because it reminds them of their trauma. Or they may believe that they are not capable of working or performing as a student because of what happened to them or due to their PTSD symptoms.

At work, it may be hard to follow directions and perform job tasks because of difficulties concentrating or not getting enough sleep. These same difficulties can interfere with the ability to focus during class, to study for tests, and to complete course assignments.

Problems getting along with other people can also interfere with work or school. Difficulties with trust and feeling comfortable around others can prevent people from forming good relationships with coworkers or other students. If the person was victimized by someone who was an authority figure (such as parent, stepparent, teacher, or coach), it may be hard to listen to and follow instructions from a supervisor, boss, or teacher. Having a lot of angry feelings or a “short fuse” resulting in outbursts of anger can make it hard to cope with the challenges of work or school. This can result in people impulsively quitting a job or dropping out of school when they feel frustrated about something.

WORK AND SCHOOL DIFFICULTIES WORKSHEET

People with trauma may believe they are not capable of working or studying, or they may avoid these activities because of worries they will be reminded about these experiences. People with PTSD may also find it hard to work or go to school due to difficulties such as problems with concentrating, getting along with others, and getting frustrated easily.

Are you currently working or going to school, or have you recently worked or gone to school?

_____ No.

_____ Yes, I am working, or I recently worked.

_____ Yes, I am going to school, or I recently went to school.

If no, would you like to work or go to school?

_____ No.

_____ Yes, I would like to work.

_____ Yes, I would like to go to school.

Instructions: In the space below, check the types of difficulties related to work or school that you are having or have recently had (or think you might have in the future):

_____ Upsetting reminders of trauma

_____ Difficulty concentrating/easily distracted

_____ Uncomfortable around other people

_____ Getting frustrated easily

_____ Conflicts with other people

_____ Feels difficult to be told what to do by boss/supervisor/teacher

_____ Other: _____

My thoughts related to work or school difficulties (check all that apply):

_____ I'm not capable of working or going to school because of my trauma.

_____ People should give me more of a break because of all I have been through.

_____ Work/school is too stressful. I can't handle it.

_____ Other: _____

From *Treatment of Posttraumatic Stress Disorder in Serious Mental Illness: The Cognitive Restructuring Program*, by K. T. Mueser and J. D. Gottlieb, 2025, American Psychological Association (<https://doi.org/10.1037/0000423-000>). Copyright 2025 by the American Psychological Association.

Drug and Alcohol Problems

Sometimes people with traumatic experiences use alcohol or drugs to avoid thinking about their traumatic experiences or to sleep better. This is very common. Although drinking or using drugs can provide a temporary escape from distressing thoughts and feelings, using substances to cope with PTSD symptoms usually ends up making them worse.

Alcohol or drugs may help people get to sleep faster, but they disrupt the natural sleep cycle, so people end up having more sleep problems in the long run.

The CR for PTSD program teaches people helpful skills for dealing with distressing feelings and traumatic experiences so that they can reduce their need to use drugs or alcohol to cope. However, in order to learn these skills, it is important that you practice them each day and only while sober. If you use substances to cope with your PTSD symptoms, your therapist can help you make a plan for how to not use them before your weekly CR for PTSD sessions or during your practice of the skills on your own between sessions.

DRUGS AND ALCOHOL PROBLEMS WORKSHEET

Alcohol or drugs may be used to try to avoid thinking about trauma, to escape upsetting feelings, or to try to sleep better. While this is a very common and understandable coping strategy, using these substances usually makes things worse in the long run.

Instructions: Describe your use of alcohol and drugs by completing the questions below.

Has there ever been a period of time when the following happened (circle your answer)?

You felt that you used too much.	No	Yes
Your use led to problems (such as relationships, work, legal, health).	No	Yes
Your use was out of your own control.	No	Yes
Someone else was concerned about your use.	No	Yes

If you answered "Yes" to any of these questions, indicate which substances you were using:

_____ Alcohol

_____ Marijuana

_____ Cocaine/crack

_____ Amphetamines/MDMA (meth, molly, ecstasy)

_____ Heroin or other narcotics/opioids (such as oxycodone, fentanyl, Vicodin)

_____ Sedatives (such as Ambien, Ativan, Benzos, Xanax)

_____ Other: _____

Do you use any of these substances on a regular basis? No Yes

Do you use more of any of these substances when your PTSD symptoms are worse? No Yes

If so, what happens? Does it help, or does it make your symptoms worse?

My thoughts related to my drug or alcohol use (check all that apply):

_____ This is the only way I can get any relief from my distress/PTSD.

_____ I can't cope or handle it when the traumatic memories come back, so I have to numb myself with substances.

_____ Drugs or alcohol are the only things that bring me any peace or enjoyment.

_____ Other: _____

Managing Physical Health Difficulties

Trauma can take a heavy toll on our bodies and our wellness. People who have experienced trauma are more likely to have physical conditions as a result. Because of their PTSD symptoms, people may not take care of their physical health. People who have been victimized by others may avoid going to the doctor or seeing other healthcare professionals because they feel uncomfortable with the attention to their body. They may not take care of chronic medical conditions because they are preoccupied with their PTSD symptoms.

People may also not live as healthy a lifestyle as they would like to because of their traumatic experiences. Avoiding things that remind them of their trauma can interfere with getting out of their homes for regular exercise. Rather than eating a healthier diet, people may tend to eat less healthy foods that are higher in fat and sweet content because they are comforting and distract them from upsetting memories. Similarly, smoking is also common among people with PTSD and often is used as a comforting coping strategy.

MANAGING PHYSICAL HEALTH DIFFICULTIES WORKSHEET

Trauma can take a heavy toll on our bodies and our wellness. People who have experienced trauma may be more likely to have physical conditions as a result. Because of PTSD symptoms, people may not take care of their physical health and not live as healthy a lifestyle as they would like to.

Instructions: In the space below, check the types of challenges that you are having with managing your physical health:

- _____ Not seeing the doctor regularly for routine checkups
- _____ Not taking medication regularly for health condition
- _____ Not getting enough exercise
- _____ Not maintaining a healthy diet
- _____ Not taking good care of a medical condition (such as diabetes)
- _____ Smoking too much
- _____ Other: _____

My thoughts related to managing my physical health (check all that apply):

- _____ I have enough problems. It's too much effort to take care of my health.
- _____ It's not worth the effort to exercise or eat healthily. Nothing will ever change.
- _____ I can't handle a doctor examining me because of my trauma and PTSD symptoms.
- _____ I feel judged when I see a healthcare professional.
- _____ Other: _____

HOW TRAUMA AFFECTS THOUGHTS AND FEELINGS

Trauma and PTSD often lead to negative thoughts about oneself, other people, and the world in general. Thoughts related to traumatic experiences are very common and can have very personal meanings to us, but they are often not truly accurate. In this treatment program, you will learn more about how to challenge and change distressing thoughts that are not helpful or accurate. The first step, though, is to identify what these thoughts are. How do the traumatic events you've experienced affect how you think about yourself?

Do you tend to *blame yourself*, or are you very *critical of yourself*?

Yes **No**

If yes, give examples of these types of thoughts:

Do you tend to *distrust other people*?

Yes **No**

If yes, give examples of these types of thoughts:

Are you generally very fearful, or do you think that *the world is an unsafe place*?

Yes **No**

If yes, give examples of these types of thoughts:

GOAL-SETTING WORKSHEET FOR THE CR FOR PTSD PROGRAM

Let’s say you hadn’t ever experienced these traumatic events and you didn’t have PTSD. What would be different in your life today? In what ways is your life most impacted by PTSD? If you were able to not be as bothered by your PTSD symptoms, what would your life look like? What are the sorts of things you want for yourself?

Complete this goal-setting sheet to lay out the kinds of goals that you’d like to aim for. This CR for PTSD intervention can help you move toward or achieve these goals.

Some common goals that people have are related to family, friends and romantic relationships, socializing and leisure activities, increasing their activity level, taking better care of their physical health, and pursuing work or school.

<u>Area</u>	<u>Example of goals</u>
1. <u>Close relationships</u>	Having friends, seeing friends more often Having a girlfriend, boyfriend, or intimate partner Enjoying sexual relations Spending more time with a family member or friend Improving your relationship with your child
Your goal: _____	
2. <u>Work and school</u>	Working at a part-time or full-time job Pursuing a more interesting or demanding job Getting a volunteer job Returning to school or taking a class
Your goal: _____	
3. <u>Leisure and recreation</u>	Being able to concentrate while reading Pursuing a fun activity outside the home Developing a hobby or pastime Pursuing a form of self-expression such as art, music, poetry
Your goal: _____	
4. <u>Self-care and independent living</u>	Improving care of personal hygiene Doing more household tasks Stopping or reducing the use of alcohol Attending to medical and dental needs Reducing hospitalizations Doing grocery or other household shopping Improving diet and exercise
Your goal: _____	

From *Treatment of Posttraumatic Stress Disorder in Serious Mental Illness: The Cognitive Restructuring Program*, by K. T. Mueser and J. D. Gottlieb, 2025, American Psychological Association (<https://doi.org/10.1037/0000423-000>). Copyright 2025 by the American Psychological Association.

Now choose your top two or three goals from the above, and briefly describe them below. You and your clinician can work together during the course of the CR for PTSD program to help you take steps toward these goals.

Goal 1: _____

Goal 2: _____

Goal 3: _____

Note. Data from the collective CR for PTSD clinical work of Barent Walsh, PhD, Andrea Wolloff, LMHC, Melissa Jadhav, LMHC, and Angela Bellville, LMHC.

UNDERSTANDING THE THOUGHT-FEELING MODEL WITH THE CBT TRIANGLE

Our feelings don't come from out of nowhere, even though it may seem as though they sometimes do. And our reactions to our feelings (or behaviors) don't come out of nowhere either. In fact, our feelings and how we react to a particular situation are usually caused by the thoughts and beliefs we are having in that situation. That means that if we are feeling sad, we are probably having a thought that is making us feel that way, such as "I'm a worthless person" or "I have no future to look forward to." And if we keep believing that this thought is accurate, rather than challenging and changing it, we will continue to be stuck feeling sad. This is called the *Thought-Feeling Model*.

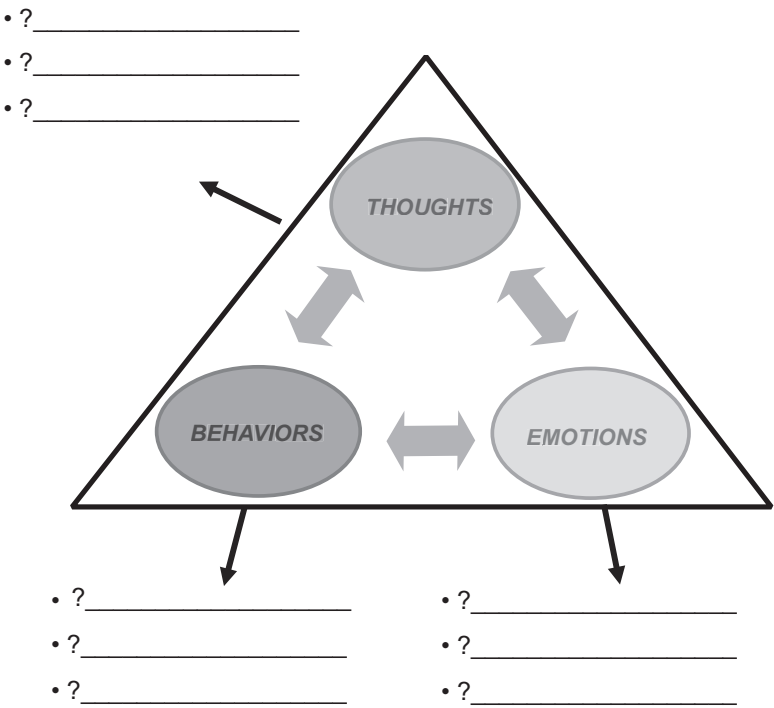
The same goes for other emotions like anxiety, fear, anger, guilt, or shame. All of these feelings are related to certain thoughts or beliefs we have. But not all of the thoughts and beliefs we have are accurate. In fact, if we closely examine the thoughts and beliefs underlying these negative feelings, we often find they are *not* true.

Where do our thoughts and beliefs come from? We develop thoughts and beliefs about ourselves, other people, and the world based on our personal life experiences, both growing up and in adulthood, including past traumatic experiences. We usually continue to believe our thoughts are true unless we learn how to carefully and critically examine them and change them when they are inaccurate. Learning how to catch and change inaccurate and untrue thoughts and beliefs can reduce or eliminate the distress associated with this thinking.

The first step in learning how to deal with upsetting thoughts and feelings is to better understand what our own patterns of thinking are and what they lead to. The CBT Triangle can help us figure out and learn more about these patterns.

Instructions: To try this out, think of an upsetting situation you had recently. Starting with the "emotions" section of the triangle, write in the blank space the distressing feeling you felt as a result of that situation. In the "thoughts" section, write down the thought you had in that situation that led to the emotion. From there, you can fill in the "behaviors" section by noting how you reacted to that upsetting thought and feeling. There is space on this worksheet for three different upsetting situations.

THE CBT TRIANGLE



COMMON STYLES OF THINKING INFORMATION SHEET

The Thought–Feeling Model teaches us that our feelings and our thoughts are related to each other and that negative feelings are often caused by thoughts and beliefs. These thoughts and beliefs can be about ourselves, other people, or the world in general, and they come from our past experiences, including traumatic ones.

It is important to understand that not *all* of our thoughts and beliefs are accurate or true. Some are definitely *not accurate*. It is common for people to have inaccurate thinking from time to time. This is especially common for people who have had stressful life events, trauma, and PTSD. Their thoughts and beliefs can be very intense and seem (and feel) very true, and they can lead them to feel a lot of distress. But not all of these thoughts and beliefs *are* true. Catching and changing inaccurate thinking can often reduce or even eliminate the negative feelings associated with them.

It is useful to learn how to take a closer look at your thoughts when you are feeling upset so that you don’t end up *jumping to conclusions* in your thinking. Your thought may not actually be accurate or true. Because this is a common problem, it can be helpful to know that there are a number of different categories that most inaccurate beliefs fall into, called Common Styles of Thinking (CSTs). Being able to recognize that an upsetting thought you are having is one of these CSTs and therefore is not accurate can help you change the thought to make it more accurate.

Review the list below, and note if you (or someone you know) has had thoughts that fall into these categories.

Common Styles of Thinking Categories

<u>All-or-nothing thinking</u>	The world is seen in extremes with nothing in between. For example: • “Either I’m a perfect student/employee/parent/partner, or I’m a failure.” • “The world is a totally dangerous place.” Your example:
<u>Catastrophizing</u>	These thoughts occur when people focus on the most extreme and most negative possible outcome. The thoughts often come out of the blue or after a minor problem when the person assumes the very worst will happen. • “I’m probably going to be attacked on the way to work.” • “I didn’t do well on this exam, so I’m sure I’m going to flunk the class.” Your example:

(continues)

<u>Mind reading</u>	This happens when people assume that they know what someone else is thinking without finding out from that person directly. For example: • “She’s just being nice because she thinks I am pathetic.” • “Everyone is always going to think that I am an absolute mess of a person.” Your example:
<u>Overgeneralization</u>	A single distressing event is seen as a never-ending pattern. When something bad happens, it is assumed that it will happen again and again. • “Once a victim, always a victim.” • “I was unable to keep myself safe before; therefore, I will always be unable to protect myself in the future.” Your example:
<u>“Must,” “should,” or “never” statements</u>	These are unwritten rules or expectations for how people think they should behave that are not based on facts. These “rules” may have been learned when growing up, and they may seem unchangeable. When they cannot be followed, they are distressing. • “I never should have let it happen.” • “I should have gotten over this by now.” • “I must stop thinking about my abusive experiences.” Your example:
<u>Emotional reasoning</u>	This occurs when a person’s feelings determine what they think or believe, even though there is no hard evidence to support the belief. Just because a person feels something is true, it doesn’t mean that it really is true. • “I feel anxious and afraid, so I must be in danger.” • “I feel ashamed, so I must be a bad person.” • “I feel down and can’t see a future, so my life must be hopeless.” • “I feel angry, so somebody must have wronged me.” Your example:
<u>Overestimation of risk</u>	The person thinks the risk of something is much greater than evidence supports. • “I’m not going to take a walk because I’ll probably be attacked.” • “I’m not going to drive because I might get into a car accident.” Your example:

(continues)

<u>Inaccurate or excessive self-blame</u>	The person blames themselves for something they had little or no control over or responsibility for. • “It’s my fault that I let the abusive relationship go on for so long.” • “I’m completely responsible because my child got into a fight at school.” Your example:
<u>Mental filter</u>	These thoughts occur when the person focuses only on negative aspects of something and ignores the positive aspects. By focusing on the negative, the person does not see the whole picture and feels worse than necessary. • After fumbling for words in a conversation, you tell yourself, “I’m such a screw-up. I made a total fool of myself.” • Your boss gives you positive feedback about your work but then recommends improving one area. You think, “My boss is unhappy with my performance.” Your example:

COMMON STYLES OF THINKING WORKSHEET

Directions: When you begin to feel distressed or upset in any way, ask yourself, “What am I thinking right now that is causing this feeling?” Identify whether the upsetting thought is a Common Style of Thinking, and try to come up with a more helpful or realistic thought. You can use the Common Styles of Thinking Information Sheet handout to guide you. Use this sheet to write down your thoughts.

Situation	Upsetting thought and feeling	Common Style of Thinking ^a	More ACCURATE or realistic thought
<i>Example: On Friday at noon, I was walking down the street when I saw a friend across the street. I called out to say, “Hello,” but she did not say anything back to me.</i>	<i>She must not like me anymore. Sad</i>	<i>Mind reading</i>	<i>Maybe she did not really see me. Maybe she was distracted and was thinking about something else.</i>

^a More than one Common Style of Thinking may be related to the distressing thought.

GUIDE TO THOUGHTS AND FEELINGS INFORMATION SHEET

Feeling	Ask yourself	Related thought
Fear or anxiety	What bad things do I expect to happen? What am I scared is going to happen?	Thoughts that something bad will happen, such as these: • Some terrible thing is going to happen. • I am going to be attacked or hurt. • I am going to be rejected or abandoned. • I am going to lose control or go crazy.
Sadness or depression	What have I lost? What is missing in me or in my life?	Thoughts of loss, such as these: • I am worthless. • I don't have anyone I can depend on. • Nothing will ever get better.
Guilt or shame	What bad thing have I done? What is wrong with me?	Thoughts of having done something wrong or lacking in some way, such as these: • I am a failure. • I am to blame for what happened to me. • I am a bad person.
Anger	What is unfair about this situation? Who has wronged me?	Thoughts of being treated unfairly or having been wronged, such as these: • I am being treated unfairly. • I am being taken advantage of. • Someone has done something wrong to me.

THE 5 STEPS OF CR

1. Situation

Ask yourself: “What happened that made me upset?” Write down a *brief* description of the situation, including just the facts:

Situation:

2. Feeling

Circle your strongest feeling. If you have more than one, that’s OK (if none of these fit, you can write one in.):

Fear/anxiety

Sadness/depression

Guilt/shame

Anger

3. Thought

Ask yourself: “What am I thinking that is leading me to feel this way?” You can use your *Guide to Thoughts and Feelings Information Sheet* to identify thoughts related to the feeling(s) circled above.

You may have more than one thought related to the upsetting feeling(s). Write down your thoughts below, but then choose ONE thought to work on. Choose the thought that is *most distressing to you right now, and circle that thought*.

Thoughts:

Is this thought a Common Style of Thinking? If yes, circle the style:

All-or-nothing

Mind reading

Overgeneralization

Must/should/never

Catastrophizing

Emotional reasoning

Overestimation of risk

Self-blame

Mental filter

From *Treatment of Posttraumatic Stress Disorder in Serious Mental Illness: The Cognitive Restructuring Program*, by K. T. Mueser and J. D. Gottlieb, 2025, American Psychological Association (<https://doi.org/10.1037/0000423-000>). Copyright 2025 by the American Psychological Association.

Write the thought you chose from Step 3 here:

Upsetting thought:

4. Evaluate Your Thought

Now ask yourself: “What evidence do I have *for and against* this thought?” First, write down all the evidence that DOES support your thought. Then, write down all the evidence that DOES NOT support your thought. You can use your *Tips for Finding Good Evidence Information Sheet* to help come up with evidence that DOES NOT support your thought.

Things that DO support my thought:

1.

2.

3.

4.

5.

6.

7.

Things that DO NOT support my thought:

1.

2.

3.

4.

5.

6.

7.

5. Take Action!

Now, ask yourself: “Do things mostly *support* my thought, or do things mostly *NOT support* my thought?”

☐ **NO**, the evidence *does not* support my thought.

If the evidence does NOT support your thought, come up with a new thought that is supported by the evidence. These thoughts are usually more balanced and accurate (and helpful).

Write your new thought in the space below. Remember, when you think of this upsetting situation in the future or when a similar situation happens, replace your unhelpful thought with this new and more accurate thought.

My new thought:

☐ **YES**, the evidence *does* support my thought.

If the evidence DOES support your thought, decide what you need to do next in order to deal with the situation. Ask yourself, “Do I need to get more information about what to do?” “Do I need to get some help?” “Do I need to take steps to make sure I am safe?” Complete the *Action Plan Worksheet* to help you answer these questions and create a solid plan to deal with the situation.

Note. In some cases, you may decide that the evidence does not support your upsetting thought and change it to a more accurate and helpful one. If so, you may also find it helpful to make an Action Plan to deal with that situation. Thus, in some situations, you may find that doing both things—coming up with a new and more accurate thought AND ALSO creating an Action Plan—can be very helpful.

THE 5 STEPS OF CR (ALTERNATE WORKSHEET WITH RATINGS)

1. Situation

Ask yourself: “What happened that made me upset?” Write down a *brief* description of the situation, including just the facts:

Situation:

2. Feeling

Circle your strongest feeling. If you have more than one, that’s OK (if none of these fit, you can write one in.):

Fear/anxiety

Sadness/depression

Guilt/shame

Anger

3. Thought

Ask yourself: “What am I thinking that is leading me to feel this way?” You can use your *Guide to Thoughts and Feelings Information Sheet* to identify thoughts related to the feeling(s) circled above.

You may have more than one thought related to the upsetting feeling(s). Write down your thoughts below, but then choose ONE thought to work on. Choose the thought that is *most distressing to you right now, and circle that thought*.

Thoughts:

Write the thought you chose from Step 3 here:

Upsetting thought:

Belief rating: How accurate is this thought? (0 = *completely untrue*, 100 = *completely true*)

Distress rating: How upsetting is this thought? (0 = *not upsetting*, 100 = *extremely upsetting*)

Is this thought a Common Style of Thinking? If yes, circle the style:

All-or-nothing	Mind reading	Overgeneralization
Must/should/never	Catastrophizing	Emotional reasoning
Overestimation of risk	Self-blame	Mental filter

4. Evaluate Your Thought

Now ask yourself: “What evidence do I have *for and against* this thought?” First, write down all the evidence that DOES support your thought. Then, write down all the evidence that DOES NOT support your thought. You can use your *Tips for Finding Good Evidence Information Sheet* to help come up with evidence that DOES NOT support your thought.

Things that DO support my thought:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Things that DO NOT support my thought:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

5. Take Action!

Considering all the evidence FOR and AGAINST your thought, now how accurate do you think this thought is?

Belief rating: How accurate is the thought? _____ (0 = *completely untrue*, 100 = *completely true*)

NOW, ask yourself: “Do things mostly *support* my thought, or do things mostly *NOT support* my thought?”

☐ **NO**, the evidence *does not* completely support my thought. My belief rating is lower than before.

If the evidence does NOT support your thought, come up with a new thought that is supported by the evidence. These thoughts are usually more balanced and accurate (and helpful).

Write your new thought in the space below. Remember, when you think of this upsetting situation in the future or when a similar situation happens, replace your unhelpful thought with this new and more accurate thought.

My new thought:

New belief rating: _____ (0 = *completely untrue*, 100 = *completely true*)

How much distress do you feel when you think of this new thought? Most people find replacing incorrect, unhelpful thoughts with more accurate and helpful ones reduces their distress.

New distress rating: _____ (0 = *not upsetting*, 100 = *extremely upsetting*)

☐ **YES**, the evidence *does completely* support my thought. My belief rating is the same as before.

If the evidence DOES support your thought, decide what you need to do next in order to deal with the situation. Ask yourself, “Do I need to get more information about what to do?” “Do I need to get some help?” “Do I need to take steps to make sure I am safe?”

Complete the Action Plan Worksheet to help you answer these questions and create a solid plan to deal with the situation.

Note. In some cases, you may decide that the evidence does not support your upsetting thought and change it to a more accurate and helpful one. If so, you may also find it helpful to make an Action Plan to deal with that situation. Thus, in some situations, you may find that doing both things—coming up with a new and more accurate thought AND ALSO creating an Action Plan—can be very helpful.

TIPS FOR FINDING GOOD EVIDENCE INFORMATION SHEET

You are now learning how to use the 5 Steps of CR, which is a very important skill. It is the heart of this treatment. One of the most important parts of the 5 Steps of CR is Step 4: “Evaluate Your Thought.” In this step, you first try to think of evidence that supports your upsetting thought. And then you try to think of evidence that *does not* support your upsetting thought.

Sometimes it is difficult to come up with evidence that does not support your thought. This is a common challenge when you are learning this skill. It is completely normal to have some trouble with this at first. Some of these upsetting thoughts you have had for many years (maybe since you were a child), and so it can be hard to think of ways that these thoughts may not be true or accurate.

When you are working on Step 4, there are some simple questions you can ask yourself. These will help you come up with some good evidence against your upsetting thought. And they will also aid you in making sure that the evidence you do come up with in both parts of Step 4 is solid and strong. This can assist you greatly as you move through the 5 Steps of CR so that you feel less upset at the end—which is the goal of the skill and this program.

1. Review the list of questions below, and ask yourself the following:

- Is there another way to look at this situation?
- Has there *ever* been *any* time where this thought was not true? When?
- Can you think of any specific examples of when this thought is not *completely* true?
- If you decided this thought was a Common Style of Thinking (CST) and is therefore inaccurate, what about the thought makes it a CST? What is the evidence against the thought?
- Is this thought (or this piece of evidence) really a fact, or is it actually an *opinion*?
- If you presented this piece of evidence in court, would it hold up? Why or why not?
- Is this “hard” evidence (based on facts), or is it actually “soft” evidence (based on feelings or thoughts that might seem true but are not necessarily true)?

If the upsetting thought is so personal that it makes it hard to be balanced in your evaluation of the evidence, ask yourself the following:

- Do you think other people would see the situation this way? If not, how would they see it?
- What would someone who was not in the situation say about it? How would they look at it?
- What would someone else (a friend or supportive person) think about this situation?

- If you presented this to _____, what would they say?
- If a friend was in the same situation, what would *you* say to them?
- What would you say to _____ if this happened to them?
- How would any person in that same situation be expected to respond?
- How do most people tend to react when they are really afraid?

If the upsetting thought is related to something that happened in the past, ask yourself the following:

- What is different about you now versus back then?
 - What was going on in your life back when the situation happened?
 - What do you think is age-appropriate for a child?
 - Does a child have the knowledge of what to do in this type of situation?
 - What do we know about how a child should be treated?
 - What were you expected to do in that situation? Does that make sense given your age or circumstances?
2. Which of the above questions do you find most helpful? Choose three to five from the list above, and write them below. You can also add one or two of your own questions too.

These are the key questions to ask yourself when you are doing the 5 Steps of CR in the future.

1. _____
2. _____
3. _____
4. _____
5. _____

ACTION PLAN WORKSHEET

Instructions: Follow the steps below to develop a helpful Action Plan.

1. Define the goal: What situation requires action?

Think about what change you would like to see in this situation. Be as specific as possible.

2. Brainstorm possible strategies: What can you do to change the situation?

Use your creative problem-solving skills to think of all the possible things you could do to reduce your distress or address the problem in this situation. When you have made a list of different strategies, think carefully about each one, and place a star (*) next to the best one or ones.

3. Plan how to put into practice the strategy (or strategies) you chose: What steps can you take to make this happen?

Consider these questions: What information do you need to have? Do you need to get some help? Who can support you in taking this action? What obstacles or challenges could interfere with the plan? How could you prevent or deal with these obstacles or challenges? Write down the plan below. Be specific about the actions you will take.

4. Set a time or a situation to follow up your plan: When and how are you going to take this action?

Ask yourself: When do you want to begin your plan? Is there a specific situation or type of situation where you want to use your plan? When is that situation likely to come up again next?

PAYOFF MATRIX

Instructions: This is the thought or belief I am having trouble letting go:

List the advantages and disadvantages of keeping this thought or belief *versus* changing it to a more accurate one. Be as specific as possible.

Advantages of <u>keeping</u> this thought or belief: How does <i>holding onto</i> your thought or belief make your life seem more manageable, safer, or easier to handle? Does the thought or belief provide you with a sense of control, security, or predictability of the future?	Advantages of <u>changing</u> this thought or belief: How could <i>changing</i> your thought or belief improve your life? Consider whether changing your thought or belief would reduce distressing feelings and free you of concerns about past events.
Disadvantages of <u>keeping</u> this thought or belief: How does <i>holding onto</i> your thought or belief make your life more difficult? Consider the role of the thought or belief in causing upsetting feeling for you and preventing you from doing the things you would like to do.	Disadvantages of <u>changing</u> this thought or belief: What are the possible disadvantages of <i>changing</i> your thought or belief? Would changing the thought or belief lead to you feeling less control, security, or an inability to predict what is going to happen?

The 5 Steps of CR Notecard (2-sided)

<u>The 5 Steps of CR</u>	<u>The 5 Steps of CR</u>
What is 1. the <u>situation</u>? 2. my upsetting <u>feeling</u>? 3. my upsetting <u>thought</u>? 4. <u>evidence</u> FOR the thought? <u>evidence</u> AGAINST the thought? 5. <u>Take action!</u> Does the evidence support the thought? NO: What is a more <u>accurate thought</u>? YES: Make an <u>Action Plan</u> for situation.	What is 1. the <u>situation</u>? 2. my upsetting <u>feeling</u>? 3. my upsetting <u>thought</u>? 4. <u>evidence</u> FOR the thought? <u>evidence</u> AGAINST the thought? 5. <u>Take action!</u> Does the evidence support the thought? NO: What is a more <u>accurate thought</u>? YES: Make an <u>Action Plan</u> for situation.
<u>The 5 Steps of CR</u>	<u>The 5 Steps of CR</u>
What is 1. the <u>situation</u>? 2. my upsetting <u>feeling</u>? 3. my upsetting <u>thought</u>? 4. <u>evidence</u> FOR the thought? <u>evidence</u> AGAINST the thought? 5. <u>Take action!</u> Does the evidence support the thought? NO: What is a more <u>accurate thought</u>? YES: Make an <u>Action Plan</u> for situation.	What is 1. the <u>situation</u>? 2. my upsetting <u>feeling</u>? 3. my upsetting <u>thought</u>? 4. <u>evidence</u> FOR the thought? <u>evidence</u> AGAINST the thought? 5. <u>Take action!</u> Does the evidence support the thought? NO: What is a more <u>accurate thought</u>? YES: Make an <u>Action Plan</u> for situation.

Tips for finding evidence	Tips for finding evidence
<i>Ask yourself the following:</i> • If this is a Common Style of Thinking, why? • Is there any other way to look at this? • What would you say to a friend in this situation? • Is this a feeling, an opinion or feeling, or a fact? • Do you think other people would see it this way? • Can you think of a time when there has been an exception to this being true? • What is different about you now than before? • How would any person in this situation be expected to respond? • Looking back, what were you supposed to do in that situation given your age and circumstances?	<i>Ask yourself the following:</i> • If this is a Common Style of Thinking, why? • Is there any other way to look at this? • What would you say to a friend in this situation? • Is this a feeling, an opinion or feeling, or a fact? • Do you think other people would see it this way? • Can you think of a time when there has been an exception to this being true? • What is different about you now than before? • How would any person in this situation be expected to respond? • Looking back, what were you supposed to do in that situation given your age and circumstances?
Tips for finding evidence	Tips for finding evidence
<i>Ask yourself the following:</i> • If this is a Common Style of Thinking, why? • Is there any other way to look at this? • What would you say to a friend in this situation? • Is this a feeling, an opinion or feeling, or a fact? • Do you think other people would see it this way? • Can you think of a time when there has been an exception to this being true? • What is different about you now than before? • How would any person in this situation be expected to respond? • Looking back, what were you supposed to do in that situation given your age and circumstances?	<i>Ask yourself the following:</i> • If this is a Common Style of Thinking, why? • Is there any other way to look at this? • What would you say to a friend in this situation? • Is this a feeling, an opinion or feeling, or a fact? • Do you think other people would see it this way? • Can you think of a time when there has been an exception to this being true? • What is different about you now than before? • How would any person in this situation be expected to respond? • Looking back, what were you supposed to do in that situation given your age and circumstances?

SUMMING-UP WORKSHEET

Now that you are nearing completion of the CR for PTSD intervention, it can be helpful to review what you have learned and how to use those skills going forward from here. You and your therapist can discuss the topics below to help you come up with a plan to make sure you are continuing to make progress in the areas of your life that are most important to you.

Skills covered in CR for PTSD program:

- Education about PTSD and related symptoms
- Breathing Retraining for anxiety and PTSD symptom management
- Cognitive restructuring for general and trauma-related distress

What things have gotten better since I started the CR for PTSD program?

1. _____
2. _____
3. _____
4. _____
5. _____

What things do I still want to work on after the program ends?

1. _____
2. _____
3. _____
4. _____
5. _____

Which skills from the CR for PTSD program will help me to work on these things?

1. _____
2. _____
3. _____
4. _____
5. _____

From *Treatment of Posttraumatic Stress Disorder in Serious Mental Illness: The Cognitive Restructuring Program*, by K. T. Mueser and J. D. Gottlieb, 2025, American Psychological Association (<https://doi.org/10.1037/0000423-000>). Copyright 2025 by the American Psychological Association.

What (and/or who) can help me to remember to use my new skills in these situations?

1. _____
2. _____
3. _____

CHALLENGING MY MOST DISTRESSING PTSD SYMPTOMS AND THOUGHTS

You have worked very hard in this CR for PTSD program to overcome your PTSD symptoms and difficulties. Now that you are close to completing the program, it will be helpful to review the most upsetting situations, feelings, and thoughts related to trauma you have experienced and the ways you have examined them closely. That way, if you have upsetting thoughts and feelings in similar situations in the future, you can remember how you challenged those thoughts and reduced your distress, either by making the thought more accurate or by developing an Action Plan to deal with the situation.

You and your therapist can complete this in your last session(s). An example is provided below to help you.

<u>Upsetting trauma-related situation or reaction</u>	<u>Related distressing feeling(s)</u>	<u>Upsetting thought and Common Style of Thinking</u>	<u>New, more accurate thought and/or Action Plan</u>
<i>Having a hard time with friendships and avoiding other people</i>	<i>Anxiety Shame</i>	<i>No one can be trusted (over-generalization). I'm damaged goods because of what happened to me, and I'm not worth loving (self-blame).</i>	<i>There are some people over the years who have shown me kindness who I can trust. Even though I went through something horrible, it was not my fault, and I am worthy of being loved again at some point. Action Plan: Join survivors' support group and one social activity per month.</i>

