Women healing from trauma: A facilitator’s guide
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I. Introduction to A facilitator’s guide

A. Purpose of the guide

Post-traumatic stress disorder (PTSD) can arise when a person experiences one or more traumatic events, this can include a natural disaster, an accident, sexual assault... A person diagnosed with PTSD experiences three clusters of symptoms: re-experiencing and intrusive memories; avoidance behaviours and emotional numbing; and hyperarousal (Lonegan, 2014). Complex Post Traumatic Stress Disorder (CPTSD) occurs when the trauma occurs repeatedly, when the individual is young or vulnerable, when the perpetrator is in a position of trust, or when there is a failure of another to protect. Such trauma tends to be interpersonal and can include domestic violence, childhood abuse, childhood sexual abuse, neglect and/or exploitation (Courtois, 2013). Individuals who experience complex trauma struggle with fundamental alternations to their worldview, the capacity to trust and connect with others, and the ability to self-regulate. These additional symptoms are challenging in that they influence the very core of the individual, including their worldview and self-concept. Firstly, survivors of CPTSD often struggle with the inability to feel hope or optimism. Due to the damage done to their core identity, survivors often experience low self-esteem, lack of self-compassion, guilt, and remorse (Courtois, 2013). Secondly, they struggle with a dysfunctional worldview that depicts the environment as unsafe and therefore it is dangerous to trust others or themselves. Survivors of complex trauma often experience social isolation and an inability to maintain healthy relationships. Thirdly, they experience overwhelming, unpredictable, and intense emotional reactions such as anger, anxiety, shame, frustration, and depression (Herman, 2015). Fourthly, due to the re-experiencing of trauma and emotional dysregulation, survivors utilize avoidance and self-numbing behaviours (Courtois & Ford, 2013). Fifthly, women with complex trauma are in a constant state of hyperarousal, unconsciously or consciously scanning the environment for danger. Finally, in contradiction to their need for safety, women often exhibit unsafe or risky behaviours. This results in re-traumatization and the entrenchment of the belief that the world is unsafe, which, in turn, entrenches the need for isolation (Courtois & Ford, 2013; Herman, 2015).

In many circumstances, women struggling with trauma do not have the opportunity to develop the skills necessary to manage their emotional reactions, establish and achieve personal goals, or increase relational skills (Herman, 2015). Many survivors are unable to access the supports necessary to develop important coping skills and build relational abilities. Moreover, they do not have essential information on trauma that would promote the normalization of their experiences. They interpret their behaviours as weird or strange rather than normal reactions to abnormal events (Herman, 2015). Other women may not feel comfortable participating in traditional counselling environments or one-on-one therapy sessions (Heibron &
Guttman, 2000; Herman, 2015). Consequently, they choose not to seek support, continuing to struggle without necessary aids, isolated and alone.

This guide has been created with the intention of providing facilitators with a clear and concise lesson plan that can be utilized with women in a group setting. Each session has a clear objective, a psychoeducational component or learning opportunity, a skill development activity, and homework. The group environment will provide an opportunity for women to connect with others while building skills, self-esteem, and empowerment.

It is valuable for all women to be given the opportunity to acquire information regarding complex trauma. It is equally important for women struggling in isolation to participate in a group with other women with similar experiences and difficulties (Courtois, 2004). Groups also provide the opportunity for women to find their own voices while increasing their feelings of empowerment and self-esteem (Herman, 2015).

**B. How to use the facilitator’s guide**

A facilitator’s guide was developed to aid organizations that support women struggling with complex trauma. It is based on a literature review of programs for and research on CPTSD. A facilitator’s guide is broken into three distinct foci:

1) Information on how to implement the group.
2) A general overview of complex trauma, including symptoms and healing phases. The guide also explores the importance of the Aboriginal perspective when implementing groups.
3) The guide includes 10 weekly sessions that can be utilized in a group setting.

The primary focus of this guide is on the first phase of the healing. Research suggests that during this phase in the healing process the focus should be on skill building, safety, and understanding (Courtois & Ford, 2013, Herman, 2015). The group should NOT be seen as a place to counsel or discuss particular traumatic events. Research suggests that in the first phase of healing women do not benefit from reliving traumatic events; rather, this can re-traumatize the participant (Chu, 1992). This does not mean that women are not allowed to talk about their trauma, but the focus should be on their general experiences (Courtois, 2004). Specific or detailed recollections of trauma should be respectfully curbed and expressed in another setting (Herman, 2015). Describing a traumatic event will not only lead the woman to re-experience the event in an environment where the necessary skills to manage the intense emotions that follow are absent, but it will also trigger the other women in the group.
C. Group objectives

• As stated previously, survivors are often alienated from others, living a life of isolation and loneliness. Women who have experienced childhood abuse or repetitive and extensive domestic violence struggle with trust and relational skills. Group sessions can support the development of social skills, healthy relationships, inclusion in a community and a sense of belonging (Courtois & Ford, 2013; Herman, 2015).
• Women coping with intense thoughts and feelings may not understand why they experience these debilitating emotions. Without information on why they experience these reactions, women feel like failures, misfits or abnormal. Groups can give context and meaning to their experiences. The educational component of each session will foster understanding of trauma and how it affects on their lives (as per Herman, 2015).
• Communicating with other women experiencing the same issues will give context to their experiences.
• Weekly sessions reinforce the perspective that many symptoms experienced by women are normal reactions to abnormal occurrences (Herman, 2015).
• Groups can focuses on the strengths and resilience of participants.
• Groups can teach specific skills such as assertiveness, safety planning, breathing techniques, and mindfulness. It will include opportunities to role-play, practice skills, and complete homework.
• The group can improve individual functioning and aid in strengthening coping skills. Practical skill development can enable women to live safely (Frisman, Ford, & Lin, 2008).
• Group therapy can build self-esteem and a self-concept. It can inspire women to find their own voice and the courage necessary to live the life they want to live (East & Roll, 2015).
• Groups can support the development of empathy and compassion. The group can encourage these feelings towards others in the participants but also towards themselves, healing some of the pain and suffering (Courtois & Ford, 2013).

D. Group methodology

• Groups should include 10–15 participants. Women should be encouraged to attend regularly in order to facilitate an environment of trust and community.
• Groups should be closed. Once a group has begun, new people should not be added later. Do not add new participants if women quit the group. It is better to continue on with smaller numbers than to disrupt the trusting environment already established with new participants (Herman, 2015).
• Women should be permitted to attend the group more than once. Some women may need to participate in these sessions again in order to maximize the effect of the skill development section.
• The group sessions should be held once a week; any more than that can lead to dependency, frustration, and fatigue (Courtois & Ford, 2013).
• Groups should last approximately 75 minutes (Courtois & Ford, 2013).
• If possible, utilize visual aids to support learning.
• Facilitator should photocopy homework pages and make them available to participants as well as pens, notebooks, binders, etc.
• Each session should begin with an individual check-in which should proceed in a clockwise fashion. If possible, the group should be structured so that the women sit in a circle.
• Each session should focus on strengths and abilities (Frisman, Ford & Lin, 2008).
• Humour and storytelling should be utilized. Although the subject is difficult, finding hope and joy in the sessions is valued.
• The key to groups is the personal connection created between the participants and facilitator. The facilitator should utilize personal strengths and authenticity to create a safe and comfortable group environment (Courtois & Ford, 2013).

E. Notes for the facilitator
• Women struggling with complex trauma are often challenged with feelings of distrust, fear, and oversensitivity to others. These emotions are often expressed by anger, anxiety, or frustration. Therefore, it is necessary for the facilitator to possess maturity, insight, and understanding in order to deal with the complexity of the issues and emotions experienced (Courtois, 2004).
• Being a facilitator requires being calm and patient with participants.
• The facilitator should be able to provide information and feedback, and monitor the emotional and physical safety of the group (Courtois, 2004).
• The facilitator should also be able to encourage open communication within the group (Courtois, 2004).
• The facilitator should be strength-based and focused on creating an environment that empowers women (Frisman, Ford, & Lin, 2008).
• Two facilitators are preferable, with at least one being a woman. However, in smaller agencies it may not be possible to ensure the availability of two facilitators for each group. Therefore, if there is only one facilitator, she should be a woman.
• Advanced warning should be given if groups are to be cancelled. Those attending the group often depend on the groups and look forward to them. Therefore, communicating changes should occur as soon as possible.
• Every group is different. It is important for the facilitator to feel the environment of the group and respond to the needs of the participants. Do not be afraid to make the group relevant to the particular needs of the participants.
• If a session falls flat, either during or after the group, ask what or why the group did not respond to the session and how it could be improved. Women in the group can easily identify what felt wrong and offer suggestions to improve the experience for themselves (Najaavits, Weiss, & Liese, 1996).
F. Tips for the facilitator

- If participants are disengaged, start a group discussion or break into smaller groups and encourage conversation about the topic.
- If participants are struggling with the information, provide examples.
- If participants are feeling overwhelmed, take time out or move to skill development activity (Najaavits, Weiss, & Liese, 1996).
- If unsure how the session is going, ask participants how they are doing; ask for two words that describe how they are feeling (Najaavits, Weiss, & Liese, 1996).
- If they have lots of questions about an activity, explain again and then ask them to start. If they still don’t understand, talk to participants individually.
- If a disagreement with participant occurs, stay calm, listen carefully, reflect what has been heard, trust the group enough to ask them what they think, respect what the group has decided, summarize, and thank participant for her opinion (Najaavits, Weiss, & Liese, 1996).
II. Overview of Trauma

A. A brief history of trauma diagnosis

Vietnam veterans returned home from war with a particular array of symptoms. Therapists and researchers observed that these symptoms seemed to be connected to the traumatic events that they encountered in war (Herman, 2015). In the 1980s, the DSM III acknowledged PTSD as a chronic anxiety disorder with symptoms including re-experiencing (flashbacks, intrusive memories), numbing/avoidance, and hyperarousal (sleep disturbances, anxiety anger, impulsivity, and startle reflex; Briere, Elliott, Harris, & Colman, 1995; Courtois & Ford, 2013; Herman, 2015; Lonegan, 2014).

Concurrently, the feminist movement of the 1960s and 70s began to examine and vocalize the extent and damage caused by the trauma experienced by women because of domestic violence, rape, and childhood abuse (Herman, 2015). The focus was on recognizing that women also experienced PTSD due to the abuse suffered in the domestic arena. In 1980, Dianna Russell randomly interviewed 930 women in San Francisco. The results were devastating; one in four women had been raped, and out of those women raped, one out of the three had been sexually abused as a child (Herman, 2015). Research also indicated that PTSD symptoms were experienced by 55 to 74 per cent of women involved in a domestic violence relationship (Radford & Russell, 1992). Moreover, often rapes and childhood sexual abuse are perpetrated by family members, friends, or someone known by the victim (Radford & Russell, 1992), causing women and children emotional damage and suffering that was not present in other traumatic events. Professionals and researchers noticed that the difference and complexity of the symptoms were the result of the interpersonal relationship between the victim and the perpetrator (Herman, 2015). Consequently, they began researching complex trauma with the intent of understanding and supporting woman in their efforts to build self-esteem, maintain safety, regulate emotions, and participate in healthy relationships (Courtois & Ford, 2013; Herman, 2015).

It has been determined that there are a number of factors that affect the extent of the trauma experienced by women: the severity of the abuse, for how long it occurred, the age or maturity of the individual, and relationship to the perpetrator (Herman, 2015). In the case of childhood abuse, the psychological and physical effects are also determined by the type of abuse, age, emotional maturity, the grooming process, how the perpetrator interacted with the child, and reactions of trusted family and friends (Herman, 2015). Long-term functioning can be affected when someone the child depends on for protection or safety perpetrates the abuse. These traumatic experiences affect their worldview, ability to trust, relate to others, and regulate emotions (Courtois & Ford, 2013).
Individuals who experience repeated or cumulative trauma often have additional symptoms from those experienced by individuals diagnosed with PTSD. Therefore, individuals struggling with complex trauma need different therapeutic strategies than those experiencing PTSD symptoms (Courtois & Ford, 2013; Herman, 2015; Van de Hart, 2012).

B. Trauma: The connection between the mind and body

Human beings are programed to respond to a threat or stress with both their body and their mind. When a human being feels threatened, the body reacts with an adrenalin rush causing the mind to engage in a state of alertness (Bremmer, 2006). The threat causes the mind to concentrate on the danger, ignoring other basic bodily needs such as food, sleep, or thirst. The body reacts to the threat with the reflex to fight, flight, or freeze (Courtois & Ford, 2013; Herman, 2015). The body’s systems prepare to either battle the threat, escape, or to remain completely still. In all cases, the body is prepared to react to the threat (Bremmer, 2016), whereas the mind responds to potential danger with an intense rush of emotions, including fear and anger. Intense emotions are used to activate the body into action. Both the body and the mind remain in this state of readiness for some time after the threat dissipates. Once a person feels safe, the body and the mind slowly respond by returning to normal functioning, that is, a state of relaxation (Herman, 2015). In the case of complex trauma, the body and mind are in a constant startle state, which overwhelms the system making it dysfunctional. The function of the body and mind is no longer protective, rather it losses its effectiveness and becomes problematic (Herman, 2015). Danger responses continue long after the traumatic event and are aroused randomly or at inappropriate times (Courtois, 2004). Traumatic events can create complex changes to the physiological and psychological experience leading to symptoms recognized as CPTSD (Herman, 2015).
C. Trauma and the brain

Three areas of the brain that are affected by trauma are the hippocampus, amygdala, and the medial prefrontal cortex. Impaired connections between the hippocampus, amygdala, and medial prefrontal cortex are linked to many of the complications related to trauma.

The **hippocampus** is the area of the brain that controls memory and verbal ability. Studies suggest that the hippocampus is smaller in individuals who have experienced complex trauma, resulting in negative impacts on memory and verbal ability, and an increase in anxiety (Bremmer, 2006). The brain is negatively affected by trauma in that it is less capable of searching for memories and therefore unable to adequately interpret experiences. Consequently, the hippocampus sends insufficient information to the medial prefrontal cortex, leading to faulty decision making (Bremmer, 2006; Karl, Schaefer, Malta, Dorefel, Rohleder, & Werner, 2006).

The **amygdala** is crucial for assimilating emotional experiences, including fear, anger, depression, and anxiety. The brain strives to recognize genuine danger with fight, flight, and freeze reactions. In a person struggling with complex trauma, the brain experiences signals that suggest that she is constantly in danger, thereby entrenching the startle reactions and keeping the individual in a constant state of alert. The amygdala regularly perceives danger and reacts by sending faulty danger signals to the prefrontal cortex (Bremmer, 2006; LeBar, 2016).

The **medial prefrontal cortex** is the higher functioning part of the brain and modulates emotional response and decision-making. Complications arise when the medial prefrontal cortex is unable to process information accurately or when it is given faulty information (Bremmer, 2006).

A simple illustration as to how these three parts of the brain perform during normal circumstances can be seen in an individual on top of the Toronto CN Tower. On the
top of the tower is a glass floor that visitors can stand on—it is safe—and from there you can look down and see the ground. A woman goes to top of the tower, stands on the glass floor, and looks down at the ground. The information is instantly collected and explored by the brain. The amygdala perceives the danger of the situation, the person is high off ground, she can see the ground clearly, and usually a person in this situation falls to her death. The amygdala instantly reacts with feelings of anxiety, fight, flight, or freeze. In a fraction of a second, the hippocampus examines memories that hint at whether this situation is dangerous. In that same fraction of a second, the medial prefrontal cortex attempts to determine if the situation is dangerous or enjoyable. It takes into account the glass floor, the reactions of others, what the employee told them on the elevator up to the top, etc. All this information is collected instantly and the medial prefrontal cortex determines that it is safe, the woman enjoys the experience, and photographs are taken.

The experience would have had a different outcome if the woman had previously fallen from a high place, if her environment was frequently unsafe, or if she had past experiences that caused her to distrust her senses or others. In this situation, a woman could experience panic, fear, anger, or unhealthy decision-making. If a situation produces a dysfunctional reaction, the experience could further entrench feelings of inadequacy, injurious decision-making, or deficiencies in emotional regulation.

The woman might be in the CN Tower, unconsciously she is scanning the area for danger. There is a loud noise, a scent of cologne, a person with a beard, any type of trigger. The amygdala perceives the trigger to mean that the situation is dangerous, thereby sending a warning signal to the prefrontal cortex. The hippocampus recognizes that previous situations when there was a loud noise, the smell of cologne or a man with the beard were dangerous. The prefrontal cortex reacts to the messages sent by the amygdala and the hippocampus by sending information to the body that the environment is dangerous. The body reacts to the environment with fight, freeze, or flight. The woman could freeze, experiencing the symptoms of a panic attack, heart racing, hyperventilating, trembling, hot flashes, sweating, and nausea. She could also take on the fight reflex, become uncontrollably angry, yelling at the man with the beard or wearing the cologne making the noise. She might also utilize the energy coursing through her body as a result of the adrenalin rush and flee the situation. Finally, she may feel numbing or as if she is not in her body; she may dissociate from the experience and not remember it later. After her body returns to its normal state of relaxation, the woman may struggle with her reaction at the top of the CN Tower. She may interpret her experience with embarrassment and confusion. The experience may entrench the belief that the world as unsafe, she is abnormal, or that she should avoid triggers in the future. Finally, it may further engrain feelings of low self-esteem, low self-worth, and insecurity. Therefore, she does not return to the CN Tower (Howard & Crandall, 2007).
D. Symptoms attributed to trauma

There are three symptom clusters that are related to post-traumatic stress disorder.

**Re-experiencing and intrusive recollection:** This includes reliving the event, intrusive thoughts, recreating the traumatic event, nightmares, and flashbacks (Herman, 2015; Lonegan, 2014). Memories are vivid and intertwined with emotions. Even safe places do not feel safe to someone struggling with trauma.

**Avoidance behaviours and emotional numbing:** A traumatized individual may use avoidance as a means of shielding herself from experiencing unbearable emotions (Ford & Russo, 2006). Individuals attempt to regulate the uncomfortable experience, emotion, or reaction by utilizing various defenses. Women can either escape or hide from unpleasant experiences, illustrated by not leaving the house, isolating themselves from individuals, or avoiding events that might trigger emotions (Courtois, 2004; Herman, 2015). Another means of avoidance is numbing, not feeling, or disconnecting from the experience or emotion. When an individual experiences unavoidable danger, terror, or rage, they self protect by detaching themselves from the experience, being emotionally flat, frozen or detached from others or themselves (Cloitre & Stolbach, 2009). Women who struggle with complex trauma will numb, dissociate, or disconnect from the situation, sometimes using drugs or alcohol as coping mechanism.

**Hyperarousal/hypervigilence:** Self-preservation can lead an individual into permanent states of alertness. The person startles easily, is irritable, sleeps poorly, exhibits extreme startle response, and struggles with generalized anxiety (Courtois, 2004; Herman, 2015; Lonegan, 2014) The person can also become reckless, easily angered, and impulsive. Women in a state of hyperarousal are engaged in scanning the area for danger and therefore have difficulties concentrating or remembering details. In some cases, there is no normalized baseline, therefore, the body is always tense and in a state of arousal (Cloitre & Stolbach, 2009; Herman, 2015). Some survivors of CPTSD cannot remember or have never been in a state of relaxation or without tension. Therefore, asking them to relax is beyond their ability until they become mindful of their body and mind.

**Dissociation:** Dissociation is an adaptive form of managing a dangerous situation; it is a form of freezing. When fighting is not an option a human being will freeze (Boon, Steele, & Van de Hart, 2011). The difficulty originates when it becomes the only way a human being knows how to cope or when they constantly perceive danger (Courtois & Ford, 2013). If a survivor is constantly in a state of disconnection or separation then it is maladaptive. People struggling with dissociation can become overwhelmed by negative emotions, focusing on the traumatic event or unpleasant emotions (Courtois & Ford, 2013). While focusing on past negative experiences, individuals lose focus on the present. They can also lose track of periods of time, as they remain stuck on negative emotions. An individual may choose to retreat or avoid intense stress, anxiety, or overwhelming emotions. They may chose to retreat
within themselves in order to avoid intense emotions or painful memories or experiences. People struggling with dissociation may also feel foggy, spaced out, or dazed. Their grasp on the present is, on occasion, tentative (Boon, Steele, & Van de Hart, 2011).

**Somatization:** The psychological and emotional stress related to complex trauma can lead to an increased need for extensive medical care (Ford & Russo, 2006; Van de Kolk, McFarlane, & Van der Kolk, 1996). Individuals experience chronic fatigue, chest pain, respiratory issues, headaches, back pain, muscle soreness, and ambiguous pain (Ford & Russo, 2006).

**Alterations in self-perceptions:** Women with complex trauma struggle with a chronic sense of guilt and an impaired self-concept. They take responsibility for the trauma, which contributes to intense feelings of shame and blame (Courtois & Ford, 2013). Individuals also integrate lessons learned by the abuser; they possess low self-esteem and self-concept, and feelings of worthlessness (Lonegan, 2014).

**Behaviour dysregulation:** Women who have experienced complex trauma often exhibit risky behaviours, can become violent towards others, and place self in dangerous environments (Herman, 2015). On occasion, individuals place themselves in circumstances similar to traumatic event, re-traumatizing themselves (Courtois, 2004).

**Relationships with others:** Individuals experiencing complex trauma often struggle with relationships. Survivors are often unable to trust, feel intimate with others, or perceive people as selfless or kind (Cloitre & Stolbach, 2009; Courtois & Ford, 2013; Herman, 2015). They struggle to create close, emotionally fulfilling relationships with others, including family and children. Parenting is also affected due to the parent’s inability to participate in an emotionally intimate relationship or feel vulnerable to others, even towards children or other family members (Courtois, 2004).

**Systems of meaning:** Women struggling with CPTSD experience feelings of hopelessness, despair, loneliness, and isolation from others (Ford & Russo, 2006; Herman, 2015). They struggle to feel optimistic about their future or positive in regards to their ability to achieve personal goals (Courtois, 2004).

**Affective destabilization:** This symptom includes emotional outbursts, suppressed reactivity and the inability to regulate emotions. Emotional reactivity produces volatility, anger, frustration, depression, anxiety, and/or self-destructive behaviours (Courtois, 2004; Lonegan, 2014). For some women, this will be expressed in volatile emotional reactions, anger, and frustration, leading to fights, yelling, and explosions. For other women, the suppressed feelings lead to self-injurious behaviours, inability to self-soothe in healthy manner, and addictions.
E. Phases of healing

Healing from complex trauma can be challenging. The healing process has been broken down into three distinctive phases. Some women can go through each healing phase in sequence, completing all three phases in order (Herman, 2015) while others may move in and out of each phase numerous times. Some women, if they choose to start the healing process at all, may decide to focus on the first phase and not continue to work on the other two phases (Herman, 2015). Finally, some women will take a couple of months to complete the first phase and then continue on to phases two and three, completing the whole process relatively quickly (Courtois & Ford, 2013).

A facilitator’s guide is intended to support women who are working on the first phase of healing. Some women may complete the ten sessions and then want to do them again, others will be ready to move on to other forms of treatment, and finally, some women will be satisfied with just completing the ten sessions. The role of the facilitator is to support each participant in her own healing journey.

Phase one of healing

There are four key aspects of the first phase of healing. Firstly, an individual should focus on creating safety in both their physical and emotional environments (Herman, 2015). Women who experience complex trauma often continue to survive in unsafe environments causing further damage. There are a number of ways that this happens. In order to avoid intense emotions, survivors utilize drugs or alcohol to numb emotions. This connects them to unsafe people or places that can lead to further victimization (Herman, 2015). Secondly, either consciously or unconsciously a survivor endeavours to recreate the traumatic event with the hopes of changing the outcome (Herman, 2015). An illustration of this is a woman repeatedly connecting with men that are abusive with the intent of having a different outcome to the relationship. Thirdly, a survivor may believe that the world is not safe and therefore there is no need to protect self from the inevitable. Fourthly, a woman may impulsively pick a fight or become confrontational when she is angry. This can lead to further abuse, danger, or harm to self. Learning how to maintain safety and security is key to many women within the first phase of healing. The second step, a woman struggling with complex trauma often experience emotional dysregulation (Van de Hart, 2012). Women often suffer with extreme anger, have been unable to regulate, causing issues in their personal or public lives (Courtois, 2004). Finding self-soothing or emotional regulation techniques will support a healthier life for many survivors. Thirdly, a survivor often feels like she is not normal, dysfunctional, or “crazy.” She tends to perceive herself as weak, a failure, or a social misfit. Rather than seeing her symptoms as normal reactions to an abnormal situation, she perceives herself as a failure or as lacking the ability to fit in or experience a normal life (Herman, 2015). It is important during this phase of healing to promote self-compassion, acceptance, and build self-esteem. Finally, women struggling with complex trauma are often isolated and alone. They struggle to trust, feel connected
to, or communicate with others (Courtois & Ford, 2013; Van de Hart, 2012). They do not have social supports that can be utilized as a foundation for healing (Herman, 2015). Developing the skills and capacity to connect to others will decrease isolation and help them build the life they want.

During the first phase of healing, women will want to focus on obtaining safety, creating community, gaining skills, and identifying their strengths (Herman, 2015; Van de Hart, 2012). Group work can be particularly successful in this stage of healing. Groups can focus on the psychoeducational needs of survivors, making available information on trauma and necessary skills (Cloitre & Stolbach, 2009). Often women are striving to understand their own feelings and behaviours at this stage of healing. Groups can also aid women in creating a stable and healthy environment. Women often want the cycle of violence to end, and obtaining support and information can aid in that goal (Courtois & Ford, 2015). Groups can also bring together a community of likeminded women to develop communication skills and build their ability to participate in healthy relationships (Herman, 2015; Van de Hart, 2012). Finally, groups can support women to find their strength and empowerment (Cloitre, Koenen, & Cohen, 2002). Groups will encourage self-compassion, greater self-esteem and confidence, which increase autonomy, strength, and resilience. Groups are effective in supporting the needs of women at this stage of healing (Courtois, 2004; Herman, 2015).

Research suggests that in this phase of healing, retelling or examining past trauma may cause re-traumatization (Van de Hart, 2012). Therefore, the survivor should focus on improving skills during the first phase of healing.

**Phase two of healing**

The next phase of healing can begin once skills, knowledge, and strengths have been built and life is beginning to become more stable. In this stage of healing, women want to build life stability. Their primary focus tends to be on telling their own life story, recreating and reclaiming their narrative (Herman, 2015). The narrative may include events, individuals, and particulars of the traumatization. During this phase, women may also choose to mourn, surrendering to the loss that they have experienced (Courtois & Ford, 2013). During this phase, narrative therapy, EMDR, guided imagery, and rescripting may be beneficial (Courtois & Ford, 2013). Secondly, it is also the phase where women can continue to build on their skills, rehearse and roll play, gather more information, and integrate what has been learned into their lives (Monson & Shnaider, 2014). Phase one will be the foundation that is needed for the second phase and the emotional upheaval that comes with it.

**Phase three of healing**

Phase three is a continuation of the first two phases, focusing on developing a new, stronger self. This stage focuses on empowering women—both psychological and physiological mastery (Herman, 2015). It concentrates on living the new narrative that was developed, strengthening skills that were developed, and maintaining
safety. Finally, the third phase centres on reconnecting with others, learning to trust, and seeking friendships (Courtois & Ford, 2013). Phase three is about continuing the healing process and building on past advances (Herman, 2015).
III. Cultural component of A facilitator’s guide

First Nations peoples continue to struggle with the “destructive legacy of colonization.” (Truth and Reconciliation Commission, 2015). Sexual and physical child abuse, separation from families and communities, loss of cultural identity that occurred during residential schools and the 60s scoop, caused significant damage to First Nations communities (Truth and Reconciliation Commission, 2015). The lasting result of residential schools and its aftermath has lead to extensive complex trauma within their communities. The report “Honouring the Truth, Reconciling for the Future” calls for programs and organizations to recognize First Nations healing practices and collaboration with First Nations healers (Government of Canada, 2015).

It is important to recognize the needs of First Nations participants in groups being offered. Therefore, integrating traditional healing and western therapeutic models is important to meet the needs of all participants (Heibron & Guttman, 2000). Creating an atmosphere and leadership model that is comfortable for all participants is fundamental to creating a positive experience for everyone. Being mindful of the way physical, spiritual, intellectual, and emotional needs are presented is imperative.

Ideally, the group would have two leaders and at least one of the co-leaders being Aboriginal. However, many organizations are unable to support two co-leaders. Therefore, it is the role of the leader to respectfully acknowledge all cultures and communities represented in the group (Heibron & Guttman, 2000). It might also include participants for leadership, guidance, and direction if they feel comfortable with the role. Whoever facilitates the group should be sensitive to the cultural identity of the group. It is essential to acknowledge and support the healing needs of Aboriginal participants in the group.

Ideally, a traditional healing circle could be utilized at the beginning of the session if someone, usually an elder, is able to perform the ceremony. The session could be started with a purification ceremony, in which a plant (sage, sweet grass, cedar, or tobacco) is burned (Heibron & Guttman, 2000). Each person will place smoke over her head and shoulder in prayer. Members come together to give thanks for the opportunity to speak honestly about their concerns or feelings (Heibron & Guttman, 2000). If that is not possible, incorporating the circle in other ways could be considered. The circle is a unifying idea in Aboriginal culture, representing a connectedness, equality, balance, and the cycles of life. The group could begin each session with a talking circle as a good way to open the conversation (Heibron & Guttman, 2000). In the first session, the facilitator may want to discuss her own background and limitations (if there are any), then discuss the importance of the
circle in First Nations teachings (L. Tanner, personal communication, January 12, 2016). It is important to respect First Nations cultures without appropriating them, for the needs women attending. The facilitator can use a rock or stick (that has meaning for them) or simply begin the session with an emotional check-in (L. Tanner, personal communication, January 12, 2016). The circle should progress in a clockwise direction, representing the cycle of life, the way of things. In passing the stone or stick around the circle, the person holding the object is the only one to speak (L. Tanner, personal communication, January 12, 2016). Once everyone has had the opportunity to speak, the object can be placed in the middle of the circle. The circle can help build an environment of respectful dialogue, creating a bond of trust, and a safe place for honest discussion (Heibron & Guttman, 2000).

Secondly, the importance of balance in First Nations cultures has been included in each session. Balance means that healing should focus on all four facets of the person: spiritual, emotional, physical and mental (L. Tanner, personal communication, January 12, 2016). Focusing on one area and ignoring the rest will not support healing and strength. Therefore, the sessions are set up to consider all four facets in the healing processes (Heibron & Guttman, 2000). Physical health will include breathing exercises and relaxation techniques; mental health will include learning about and understanding trauma; emotional health will include learning healthy ways to express emotions; spiritual health will include feeding the spirit by honouring the spirit world, giving thanks, and having the women examine the positive aspects of their lives and the world around them.

The third aspect of First Nations cultures explored in the guide is the importance of community and relationships. Western cultures tend to perceive healing as an individual endeavour and therefore support one-on-one counselling (Isaak, Stewart, & Mota, 2015). For many First Nations people, the importance of community healing emphasizes the need for a group therapeutic environment. Therefore, the sessions are designed and implemented for a group with a focus on relationships and community building.

Fourthly, the groups are set up so that the role of the facilitator is to guide but not to lead. The role of the facilitator is to provide information and opportunity and to encourage mutual growth and exploration (Heibron & Guttman, 2000), but not to direct or dictate the experience or actions of the participants. The facilitator should minimize any hierarchical power structure that might exist in the group, creating a shared and collective approach to learning (Heibron & Guttman, 2000). Finally, it is the role of the facilitator to create a personal connection with all members of the group and to create a safe and comfortable environment (Heibron & Guttman, 2000). Each participant of the group should contribute to the group with openness and honesty. In this environment, all individuals participating in the group are equals in the circle and have a responsibility for the experience.
IV. Session 1: Introduction

A. Facilitator’s notes

Materials needed
- Felt markers
- Easel and paper
- Printed copies of goal sheet and homework assignment

Weekly objectives
There are a number of objectives for this week. The session will begin with a discussion around group structure, expectations and establishing guidelines. The group will then examine the importance of balancing all aspects of the self to the health and well-being of participants. It will also examine how balance has been incorporated into the sessions. Finally, the negative aspects of trauma often overwhelm individuals struggling with trauma. Therefore, it is important to shift focus away from damaging experiences to dreams and the future. This can be accomplished through goal setting. Finally, the homework will focus on deep breathing.

Rationale for the session

Importance of the circle
This part of the session is only utilized if the facilitator feels that a talking circle has an important function in the group.

The talking circle is an important aspect of Aboriginal culture and therefore should be included at the beginning of each session. During the first session, the facilitator may want to discuss her background and limitations (if there are any). This is also the time to acknowledge the importance of the circle to First Nations cultures and how the group will use the circle as a mark of respect. The facilitator can use a rock or stick (that has meaning to them) or simply start the group by having an emotional check-in. The circle should progress in a clockwise direction, representing the cycle of life, the way of things. In passing the stone or stick around the circle, the person holding the object is the only one to speak. Once everyone has opportunity to speak, the object can be placed in the middle of the circle (Heibron & Guttman, 2000). The circle can build an environment of respectful dialogue, creating a bond of trust and a safe place for honest discussion.

Balance
The four aspects of self are physical, spiritual, intellectual, and emotional. Focusing on one aspect of self and ignoring the other three undermines individual stability.
Therefore, the group will focus on all four aspects throughout the sessions. The first session will discuss the four aspects and how they are utilized in the creation of each session.

**Goal setting**

There are a number of reasons why some women struggling with complex trauma are not able to create and attain personal goals. Often women become trapped in their own experiences, reliving thoughts, emotions, and images. They often become consumed with avoiding triggers and experiences that may generate negative emotions or reactions (Courtois & Ford, 2013; Herman, 2015). Survivors can similarly become focused on escaping or hiding from the emotions associated with the trauma. Women also cope with experiences by numbing themselves from the intense emotions through addictions or becoming emotionally flat (Lonegan, 2014). Finally, they often struggle with a negative worldview, lacking optimism or belief that they deserve to be happy (Lonegan, 2014). There is likewise a chronic sense of helplessness that is intertwined with complex trauma. Women experience overwhelming feelings of powerlessness, hopelessness, and vulnerability during the traumatic experience and those feelings are entrenched into their self-concept (Courtois, 2004; East & Roll, 2015; Herman, 2015).

Discussing goals empowers participants to take control of their future and in turn aids in strengthening their self-worth (Rothbaum, Meadows, Resick, & Foy, 2000). Realistic goal setting can be a means of living a fuller life and moving past the trauma (Courtois, 2004; Najavits, Weiss & Liese, 1996).

**Deep breathing**

Being mindful of breath is the focus of this session’s homework. Breathing is a powerful activity that can be used to teach relaxation, control, and the connection between the mind and body. Breathing can be used as an important symbol for women struggling with complex trauma, a way of gaining power over mind and body (Monson & Shnaider, 2014). Mindful breathing connects the mind and body since the breathing (body) can relax the mind, and in return the mind can control the body; they are intertwined (Boon, Steele, & Van der Hart, 2011).

There are also a number of physical enrichments that come when you focus on your breathing. Fast or shallow breathing increases the heart rate, sends messages to the brain to remain alert and can cause high blood pressure. Shallow breathing can also lead to anxiety and stress. Deep breathing, however, is a natural tranquiller to the nervous system, sending messages to the brain to relax and decreasing anxiety. It can also lead to less bodily stress, loosening muscles, decreasing heart rate and blood pressure, and resulting in fewer headaches.

There can also be a spiritual aspect to meditation that can be included in the practice. Being mindful of a higher power, being thankful and aware of the goodness
that surrounds a person can be included while or after focusing during breathing exercises.
B. Session 1: Introduction and goal setting

**Introductions**

Begin by discussing the importance of the circle and how it is going to practice at the beginning of each session. Then in a circular fashion (clockwise direction), ask participants to introduce themselves and describe their expectations for the group. It is important that if someone does not feel comfortable with speaking that they are able to decline until they feel more comfortable. Explain the concept of a talking circle if incorporating.

**Agenda for the session**

What you hope to accomplish this week:
- Guidelines and expectations for the group
- The importance of balance
- Goal setting
- Homework: focusing on your breathing

**Icebreaker**

This is a way for women to meet each other, building social skills, feelings of safety, and better communication. Ask women to divide themselves into groups of two or three and answer this question: “If you were left on a deserted island with only one thing, what would you take?” Take 5 or so minutes to discuss the question. Then come back together and begin the discussion about trauma.

**Group guidelines and expectations**

Facilitator’s hint: ask women what they think would be important group guidelines. Use the easel and felt markers to write them down.

We want to build a safe and collaborative group where everyone feels that they can share and grow together. The guidelines are meant to support this objective.

**Guidelines that should be included**

- **Confidentiality**: women can talk about what they learned during the sessions but not about the other participants, what others said, or their experiences.
- **Attendance**: please attend sessions as often as possible for emotional stability and safety reasons. Trust is an important part of this group and is built over time.
- **Participation**: There is no obligation to speak in this group; participate to the best of your ability.
• If **feeling overwhelmed** by the discussion try to express this to the group. If unable, leave the group, take a few minutes and when ready return to group. Please return so that others know you are alright, or talk to facilitator.

• **Limit your discussion** of traumatic experiences to general details—please no graphic recounting of events. Specifics may trigger or traumatize yourself or others.

• **Boundaries:** no physical touch without permission. No sexual relationships with other participants. Members should feel comfortable to saying “no” to social contact outside the group.

• **Conflict between participants** should not be ignored. It is an opportunity to practice problem solving, communication, and relational skills.

• **No judgement of others:** the group and its participants should focus on strengths and abilities.

**What is trauma?**

We are going to discuss trauma a lot over the next few weeks, so this is just a brief overview. Trauma occurs when an individual experiences an upsetting or disturbing event, for example, being in a car accident, a flood, sexually assault, or the death of a family member. Complex trauma occurs when a person experiences a number of traumatic events, if trauma is experienced at a young age, if it occurred over a long period of time, and/or if the perpetrator was a close family member, spouse, or friend. It can occur when there is domestic violence, sexual abuse, childhood abuse, captivity, or torture (Courtois & Ford, 2013; Lonegan, 2014). The symptoms of trauma will be discussed throughout the next 10 sessions. What is important is that sometimes when you think that you are having strange reactions or that maybe you’re “crazy,” you are actually experiencing a normal reaction to abnormal events (Herman, 2015). Some of the feelings and reactions that you experience are meant to aid in your survival in times of crisis. However, they become unhealthy and dysfunctional when the trauma is over.

People with trauma experience a number of symptoms including:

**Re-experiencing and intrusive recollection:** Reliving the event, nightmares and flashbacks (Herman, 2015; Lonegan, 2014). Memories are vivid and intertwined with emotions.

**Avoidance behaviours and emotional numbing:** Can be used to shield self from experiencing unbearable emotions (Ford & Russo, 2006). Can include numbing, dissociating or disconnecting from the situation, and isolating oneself from people and places that can trigger emotion.; sometimes drugs or alcohol are used as coping mechanisms.

**Hyperarousal/hypervigilence:** Individual is in a permanent state of alert. The person startles easily, is irritable, sleeps poorly, exhibits extreme startle response, and struggles with generalized anxiety (Courtois, 2004; Herman, 2015; Lonegan, 2014).

**Dissociation:** An adaptive form of managing a dangerous situation; it is a form of freezing. People struggling with dissociation may also feel foggy, spaced-out, or
dazed. Their grasp on the present is on occasion tentative (Boon, Steele & Van de Hart, 2011).

**Somatization:** Individuals experience chronic fatigue, chest pain, respiratory issues, headaches, back pain, muscle soreness, and ambiguous pain (Ford & Russo, 2006).

** Alterations in self-perception:** A chronic sense of guilt and an impaired self-concept. They take responsibility for the trauma, contributing to intense feelings of shame and blame (Courtois & Ford, 2013).

**Behaviour dysregulation:** Individuals exhibit risky behaviours, can become violent towards others and place self in dangerous environments (Herman, 2015). On occasion, individuals place themselves in circumstances similar to the traumatic event, re-traumatising themselves (Courtois, 2004).

**Relationships with others:** Individuals experiencing complex trauma often struggle with relationships. Survivors are often unable to trust, feel intimate with others, or perceive people as selfless or kind (Courtois & Ford, 2013; Cloitre & Stolbach, 2009; Herman, 2015).

**Systems of meaning:** Feelings of hopelessness, despair, loneliness, and isolation from others (Ford & Russo, 2006; Herman, 2015).

**Affective destabilization:** This symptom includes emotional outbursts, supressed reactivity, and the inability to regulate emotions. Emotional reactivity produces volatility, anger, frustration, depression, anxiety, and/or self-destructive behaviours (Courtois, 2004; Lonegan, 2014).

The focus of the group is to learn about trauma and build skills that can support a healthy life. **What do you think?**

**Learning opportunity**

**Balance**

Balance is important in both western and Aboriginal cultures and is going to be a central concept used in this group. We are going to focus on balancing all four aspects of the self: physical, emotional, intellectual, and spiritual. These aspects of your self are both separate and intertwined. It is possible to ignore one aspect of
self, such as disconnecting from the needs of your body. Example: ignoring your need to eat, sleep, or exercise. However, in discounting the body you are also impacting all aspects of your self. You may not be able to concentrate, manage your emotions, feel connected to others, or be thankful. Although you are only ignoring your physical needs, your whole self is affected.

**Physical**: includes everything to do with your body. Physical self-care would include exercise, eating healthily, sleeping, relaxation, and deep breathing.

**Spiritual**: includes belief systems, values, and purpose of life. Spiritual self-care can include creativity, spending time in nature, meditating, praying, and giving thanks.

**Intellectual**: includes learning, building skills, and self-talk. Intellectual self-care includes reading, coming to this group, being mindful, and positive self-talk.

**Emotional**: includes being aware of and expressing feelings. Emotional self-care includes having social supports, creatively expressing feelings, and regulating emotions.

What do you think?

**Goal setting**

*Goals are where a person dreams!*

When a woman is struggling with trauma she can become trapped in the negative experiences of the past. Some women will relive thoughts, feelings, and images from the past. It’s like the brain is constantly playing a bad movie. A survivor is not only stuck watching the same bad movie, they can’t even imagine another movie that could be played in its place.

Other women will try to avoid the negative thoughts, emotions, or situations that lead to experiencing pain. They may choose not to participate in things that they like. Rather they choose to stay at home or limit their experiences. There are things that they may want to do but don’t because they are stuck in past trauma.

You can also become so scared of negative feelings or thoughts that you become numb. Some women numb or avoid feelings through addictions, others by becoming emotionally flat.

One of the first stages of moving forward is to dream about where you want to be and then build a plan to get there. Often, when you get stuck in the past it becomes difficult to have hope for the future. This is a way to start the process of building your future.

**How to make goals**: use SMART goals as a guideline for your goals: they should be specific, measurable, achievable, relevant and timely. Example: I want to volunteer at the library because I have trouble leaving the house. I want to apply this week and start in a month.
Activity
Either alone or in small groups, complete the activity sheet. This can be opportunity to share and support each other. However, it is the first session and trust has not been built yet so it may be too early to complete such a personal activity together with someone else.

Homework
After goal setting, individuals should return to the group. In the group explain why deep breathing is helpful and then practice one of the deep breathing options.

Mindful breathing connects the mind and body together since the breathing (body) can relax the mind and in return the mind can control the body; they are intertwined (Boon, Steele, & Van der Hart, 2011).

There are also a number of physical enrichments that come when you focus on your breathing. Shallow breathing can lead to anxiety and stress. Whereas, deep breathing is a natural tranquiller to the nervous system, sending messages to the brain to relax, and decreasing anxiety. It can also lead to less stress on the body, loosening muscles, decreasing heart rate and blood pressure, and resulting in fewer headaches.

Closing:
How is everyone feeling?
Any questions?
Facilitator will be here for a while after the session if you need to talk or have questions.
Goals worksheet: session 1

Goals for next week

Goal:

How will I get there?

Goals for next month

Goal:

How will I get there?

Goal:

How will I get there?

Goal:

How will I get there?

Goal:

How will I get there?
Skill development and homework: session 1

Mindful breathing
Breathing is an important way to decrease stress, lower the heart rate, and relax. There are a lot of ways to breath in a mindful way. Pick a safe place to practice. There will be a couple of ideas for deep breathing described on the sheet, pick one and try it. If it works, enjoy, or if not try the other one. Try to focus on breathing and emptying the brain. If you can’t, that is okay—just try! There is no good or bad way to practice breathing. Be compassionate with yourself!

1. Breath out through your mouth
   Close your mouth, inhale quietly through your nose
   Hold your breath for four counts
   Breath out through your mouth again....
   Do this for three cycles

2. Lie down, eyes can be open or closed
   Put your hand on your stomach, near the belly button
   Close your mouth and inhale through nose, making you hand sink into your backbone
   Open your mouth and slowly exhale, moving hand away from the backbone.
   Do this for three cycles

To connect to the spiritual aspect of self, after breathing exercise focus on feelings of thankfulness or higher power.

Homework

<table>
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<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
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How did it feel?
V. Session 2: Safety

A. Facilitator’s notes

Materials needed
- Felt markers
- Easel and paper
- Printed copies of goal sheet and homework assignment.

Weekly objective
Survivors of complex trauma often have distorted notions of safety, believing that the world is not safe, they will never be safe, and no one is to be trusted. They also consciously or unconsciously relive the original trauma by enduring victimization or creating risk and danger in their lives (Courtois & Ford, 2013; Herman, 2015). Therefore, healing starts by creating a safe internal and external environment. The purpose of this session is to change erroneous beliefs regarding safety, gain control over impulsive behaviours, acknowledge self-destructive relationships, and create a safety plan.

Metaphor
Metaphors are used in many forms of therapy as a means of exploring an issue, thoughts, or emotions. It is used in Acceptance and Commitment Therapy (ACT) as an instrument to reframe experiences and examine feelings, thoughts, and emotions (Orisillo & Batten, 2005). Many individuals and cultures utilize storytelling or metaphors to express behaviours and feelings or to teach. The metaphor utilized in this session is meant to challenge participants to examine the high costs of change, as well as the benefits. It is also meant to explore the emotions that are part of changing behaviours and in particular the group.

Rationale for this session
Women who have experienced complex trauma often find that they make dangerous or risky decisions leading to further victimization. They re-create the traumatic experience to reaffirm unhealthy beliefs or in an attempt to change the outcome of the event or events. Survivors are often unconsciously behaving in a manner that leads to further trauma.

Some survivors will place themselves in similar situations with the hope that the outcome will be different. A woman leaves one abusive relationship and enters another one with the hope that this time it will be different. She believes that she will gain something that has been lost in the previous unhealthy relationship, such as power, contentment, or confidence (Courtois & Ford, 2013; Herman, 2015)
Secondly, survivors may actively participate in self-harm or injurious behaviours such as self-mutilation, suicidal behaviours, eating disorders, substance abuse, or impulsive risky behaviours (Chu, 1992; Courtois & Ford, 2013). These actions can feel familiar to their traumatic experiences or it confirms feelings about self or the world. Thirdly, they can participate in passive self-harm behaviours such as failing to protect themselves, dependency on abusers, participating in exploitive or dangerous relationships, making themselves invisible or submissive to domination by others (Herman, 2015). All of these destructive behaviours entrench feelings of vulnerability, powerlessness, shame, hopelessness, and further victimization (Courtois, 2004).

It is important for women to examine dangerous behaviours, and to learn how to read and respond to others (Herman, 2015). By building their ability to protect themselves, women are further empowered and strengthened.

This session will examine why safety is an issue for survivors, what ways women re-create the trauma, and how to regain a sense of safety. It will also examine safety plans and domestic violence safety plans. Once a woman chooses to focus on safety, feelings of powerlessness, vulnerability, and isolation can be decreased (Courtois, 2004).

**Safety plans**

Safety plans are tools that can be utilized to explore what is going through the mind and body before an individual chooses to participate in risky behaviours. It also explores options that can be utilized before dangerous situations arise or to reduce damage done by women when choosing risky behaviours (Najavits, 2009). A safety plan also encourages women to focus on their own strengths and empowering them to explore their own abilities.

**Metta meditation**

Meditation is the practice of training the mind and regulating emotions, both skills that are often lacking in women struggling with trauma. Meditation can increase emotional regulation and awareness of thoughts, and promote relaxation (Flowers, Kabat-Zinn, Santorelli, & Kornfield, 2016). It can also be used to balance the brain (what was learned), emotions (peace and safety), the physical (breathing), and the spiritual (peace and joy). In particular, Metta loving kindness meditations can specifically be utilized to reinforce the session 2 learning objective of increasing safety.
B. Session 2: Safety

**Talking circle or emotional check-in**

Begin the session with an emotional check-in or talking circle. The focus of the circle should be on how participants are feeling, one good thing that happened in the week, and homework.

**Agenda for session**

- Learning opportunity includes why safety is a concern for women who experience complex trauma.
- Activity includes a reflection of dangers in the environment and a safety plan, which may include harm reduction and self-injurious behaviours.
- Homework: deep breathing and Metta meditation.

**Metaphor**

One day you decide that you are going to go on a hike to the top of the mountain. The hiking path goes through a forest, up a steep climb, through a meadow, ending at the top of a mountain. You have shoes, snacks, sunscreen, and the sun is shining. You are excited. You go to a trail, it looks beautiful, the sun is shining on your face and it smells like evergreens and fresh air. The first 20 minutes are amazing, you are laughing, enjoying the sun, it feels good. Then you walk through the forest, it’s dark, it starts to rain a bit. You think—should I keep going? It’s dark and rainy, but not so bad. You decide to keep going. Then the trail gets really steep, your breathing becomes hard and your heart is beating fast. It then starts to pour and the wind comes up. You are truly miserable, it feels uncomfortable, you are cold and you want to go back to where you were before. But you look forward, you know it will be hard for a while but at the end you will reach the top of mountain, from there you will feel like you can see forever. These sessions will be a little like this story. It might feel uncomfortable some times, they might even make you miserable, you may want to stop, but if you chose to keep going—you might reach something that you need to learn or feel (Orsillo & Batten, 2005).

*What do you think about that? How can we help with any uncomfortable feelings you may have?*

**Learning opportunity**

Why is safety an issue for women who struggle with complex trauma? Many women who have experienced a traumatic event or repeated complex trauma continue to re-create the traumatic event.

They incorporate risk and danger in their life as a means of re-creating the traumatic event. The re-creation may not look exactly like the actual traumatic
event. An example: a woman abused by a family member when she was young, chooses an abusive partner.

In many cases, women are subconsciously trying to change the outcome of the traumatic event, change their reaction to it or attempt to feel in control of the experience.

Other women don’t know what it is to be safe or believe that they will never be safe. They believe the world is dangerous, that they are powerless, unable to protect themselves. Some survivors believe that there is nothing they can do to change their world; therefore they stop trying to find safety.

Some women feel that they do not deserve to have a peaceful or safe life. They accept that they are to blame for the abuse or trauma they experienced. Therefore, they deserve the pain or damage caused by the misuse. They will continue to re-create the abuse because they have been convinced to think that they deserve it.

Reliving the event does not make things better, rather retraumatization further damages the survivor.

Once again, women are unconsciously trying to cope with the abnormal situations (trauma) in the best way possible.

**What do you think about this?**

Facilitator's tip: ask the group how they think women re-create the trauma. On an easel, write down answers.

**What are ways women re-create trauma?**

- They go to unsafe places, walk alone at night, go to dangerous bars by themselves.
- Seek danger—go out with dangerous person, gang.
- Impulsivity—go out with a someone you’re unsure of, decide to go to another city at the last minute.
- Abusive relationships (either friends or partners)
- Addictions
- Active self-harm; cutting
- Failure to protect self; leave your door open
- Eating disorders
- Aggressive behaviours; pick fights with others
- Ignore your instincts; disregard the feeling in your gut that tells you something is wrong or dangerous.
**What can women do?**

Women need to gain or regain a sense of safety. By focusing on personal safety, a woman can increase the likelihood of creating a risk-free environment. By creating a safe environment, a woman becomes empowered, feels less vulnerable and isolated, and can begin the healing process.

**How do we regain a sense of safety?**

- Change unhealthy beliefs: the world is not safe, I don’t deserve a peaceful life.
- Gain control over impulsive behaviours, stop and think before acting.
- Pay attention to self-destructive thoughts.
- Pay attention to your relationships.
- Work on addictions.
- Be present! Pay attention to your environment and feelings. Notice when you are feeling danger, acknowledge or listen, and then act on your feelings.
- Train yourself to be calm and relaxed.
- Don’t allow unsafe people in your life.
- Believe that you deserve to be safe.
- **Create a safety plan**

**Activity: Create a safety plan**

When creating safety plans for dangerous situations, consider how addictions and abusive relationships affect your security. If struggling with addictions, consider a harm reduction safety plan. It may include identifying triggers, supports to call, going to meetings. If you choose to drink or use drugs, where can you do this safely, who can you call, how can you minimize risks. We will discuss abusive relationships in greater detail in another session. However, if in abusive relationship, how can you minimize or reduce the risk to yourself. There is another sheet in this session to begin safety planning for abusive relationships.

In groups of two, work on individual safety plans. Two heads are usually better than one!
Homework
Explain that the homework for this week will be continuing the practice of deep breathing.

Also practice the Metta meditation in-group. Facilitator goes through it once. Then have women practice the skill once. Have them practice at home.

Closing
How is everyone feeling?
Any questions?
Facilitator will be here for a while after the session if you need to talk or have questions.
Create a safety plan: session 2

Before completing the safety plan, think about situations, people or behaviours that are risky or dangerous to you. Examples could be abusive relationships, addictions, self-harm, and aggressive behaviours. Pick one to explore.

What are your triggers: feelings, events, people....

Warning signs that you are thinking of undertaking risky behaviours:

People who can help or people who will notice the signs:

If you have children: plan for the safety of your children, where can they go, who is safe, who do they have for supports. Include phone numbers and if they are old enough, discuss your plan with your children.
List of reasons not to engage in risky behaviours:

1.
2.
3.
4.
5.

What can you do instead of engaging in risky behaviours?

1.
2.
3.
4.
Domestic violence safety plan: session 2

If I decide to leave, this is how I will exit the area:

(Practice how to get out safely. What doors, windows...)

I can keep my purse or wallet, car keys, bus pass, identifications ready. I can put them:

I can tell (family, friend, neighbour) about the violence and ask them to call police if they hear loud noises, yelling, or banging, or if they can't locate me.

I can teach my children how to use the telephone to call police when I say my code word. My friends and children know to call the following people if I use this word.

Code word:

Whom to call:
If I leave home, I will go to

When my partner is becoming upset and I don’t feel safe. I will try to move to a space that is safer for me, such as
__________________________ (try not to have arguments in rooms with knives or weapons, such as kitchens, garages, or the bathroom)

I will use my judgement and intuition. I have to protect myself until I am out of danger.

*Make a safety plan on this sheet. You may choose not to take your safety plan home with you. Thinking the safety plan through in this session will help me make decisions in times of crisis even if I do not have the paper.*
Skill development and homework: session 2

Deep breathing (continue this week)

Two or three deep breaths—slow, long, and complete.
Feel or imagine breath moving through the center of your chest,
in the area of the heart.
Be mindful of your breath.

Try to practice deep breathing a few times a day.

Metta meditation: The loving kindness meditation
Meditations can be used to balance mind, body, emotions, and spirit.

Sit down, feet on ground, eyes closed or open, and breath three breaths. Then say out loud or in your head.

May I be happy.
May I be well.
May I be safe.
May I be peaceful and at ease.

Focus on connecting words to feelings!

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Check mark the days that you try Metta meditation
VI. Session 3: Emotional regulation—mind and body

A. Facilitator’s notes

Materials needed

- Felt markers
- Easel and paper
- Printed copies of goal sheet and homework assignment
- Mandala sheets and markers

Weekly objective

Numbing, hyperarousal, hypervigilance, and intrusive thoughts are constant concerns for women struggling with complex trauma (Herman, 2015). The effects of persistent stress are somatization, dissociation, and emotional dysregulation (Courtois, 2004). The focus in the next four weeks will be on recognizing emotional dysregulation and developing the skills and techniques necessary to manage them. Session 3 will focus on connecting mind, brain, and body. Session 4 will be on triggers and thoughts. Session 5 and 6 will focus on particular emotions: anger and anxiety.

Rationale for the session

The session will begin with a discussion on brain functioning and how it is affected by trauma.

The session will then focus on how women struggling with trauma often experience intense emotions that interfere with daily functioning and the enjoyment of their lives. Unable to manage intense emotions, survivors often retreat from or avoid feelings, becoming emotionally flat and disconnected (Herman, 2015). The unconscious consequence of disengagement from emotions is somatization, affective destabilization, and relationship difficulties (Courtois & Ford, 2013). Somatization is the physical symptoms resulting from complex trauma, including chronic fatigue, headaches, chest pains, high blood pressure, sore muscles, and stomach issues (Van der Kolk, McFarlane, & Van der Kolk, 1996). Affective destabilization occurs as a result of disregarding intense emotions. Many women will remain emotionally flat with occasional outbursts of anger, depression, anxiety, and frustration (Orsillo & Batten, 2005). The purpose of the session is to connect women to their emotions and begin the process of acknowledging and then managing emotions.
**Safe place meditations**

This meditation does two things: first, it connects the mind and body. As the mind unwinds and focuses on a safe place, the breath should slow down and deepen, and the body relaxes. Second, survivors will gain control over the process of relaxation, empowering and strengthening the belief in their own abilities (Birnie, Speca & Carlson, 2010). It is normal for the mind to wander during meditation so participants should remain nonjudgmental and compassionate toward themselves (Orsillo & Batten, 2005). As skills develop, the practitioner’s mind will wander less and they will be able to utilize the skill to manage emotional outbursts or impulsive behaviours. Therefore, suggest that women practice this meditation when reasonably calm or relaxed. Once they have practiced the meditation when calm, they will become confident enough to utilize it when needed.

**Mandala coloring sheets**

Mandala sheets or any coloring can be used to self-soothe. Coloring relaxes the amygdala, that part of the brain that controls emotions and fear response. A person with complex trauma experiences fear and stress regularly and therefore the amygdala is constantly working. Coloring a mandala allows the amygdala a bit of rest, decreasing stress and fear. Women can also knit, sew, or embroider.
B. Session 3: Mind and body

Talking circle or emotional check-in
Begin the session with an emotional check-in or talking circle. The focus of the circle should be on how participants are feeling, one good thing that happened in the week, and homework.

Agenda for the session
- How the traumatized brain works
- Emotions and how we manage them
- What happens to the body after trauma
- Safe place meditation and a sheet on emotions and body

Quick check-in
Try to slow down your breathing and mind. Clear your mind of everything you can. Take three deep breaths. What are your five senses saying? What do you hear, smell, taste, feel, and see? Can you identify any emotions?

For some people this is easy, others may struggle to empty their minds, connect to senses or feelings. That is okay! I want you to think how the mind, body, and feelings all connect. We may do this again in another session.

Learning opportunity
Offer the opportunity for women to color mandalas while discussing triggers. Mandalas are a self-soothing technique that can be used by women to manage emotions. Women should color while they participate in the group.

People are programmed to respond to a threat or stress with both their body and mind. When a person feels threatened, the body reacts with an adrenalin rush causing the mind to engage in a state of alertness (Howard & Crandall, 2007). The mind concentrates on the threat, ignoring other basic needs such as food, sleep, or thirst. A human being can’t eat and run from danger at the same time! The mind also responds to potential danger with an intense rush of emotions, including fear and anger (Howard & Crandall, 2007). The body reacts to danger with the reflex to either fight, flight, or freeze. Your fear and anger push your body to either fight or run away (Courtois, 2004; Herman, 2015; Howard & Crandall, 2007; Van de Hart, 2012). It is also important to note that both the body and the mind remain alert for a while after there is no longer a threat. Once a person feels safe, the body and the mind slowly respond by returning to a state of relaxation (Herman, 2015). In the case of complex trauma the body/mind reaction becomes overwhelmed and doesn’t work as well. Your brain may remain in a constant state alert, triggered easily or remaining overwhelmed. It may be triggered at times when there is no danger, like
going to the mall. Finally, it may misinterpret the signals being sent and react with a fear response. The instinct to fight, flight, or fight no longer protects the individual, rather it causes problems, it becomes dysfunctional (Herman, 2015). Danger responses continue long after the traumatic event ends and can occur randomly or at inappropriate times (Courtois, 2014). An example: you were in domestically violent relationship. You stop at the store; there is a loud bang. Your body reacts, heart beats faster, you breathing shallows, you startle or flinch and freeze. You start to panic and you feel like you are going to have a heart attack. It takes you a few minutes to calm, in that time you feel out of control. After you start to feel better physically, you become embarrassed or blame yourself for being unable to control bodily reactions. It is a body adaptation that was needed when being threatened that became maladaptive in this environment! The situation wasn’t dangerous, but your brain interpreted it as dangerous—good instinct when in abusive relationship, but not protective in this situation. The problem occurs when a woman regularly experiences the fight, flight, or freeze response and its emotional aftermath. A woman can become exhausted, fearful, and isolated from others or her experiences.

**In groups of two or three discuss**
- How does a traumatized brain affect the body?
- How does it affect emotions?

Facilitator’s guide: with easel and felt marker write down answers. Discuss answers and feelings.

**Answers may include:**

**Body:**
- Always feeling stress—sore and tight muscles
- Heart trouble and high blood pressure
- Trouble sleeping
- Chronic fatigue
- Chest pains
- Headaches
- Diabetes
- Inability to eat
- Stomach troubles
- Joints are in pain

**Emotions:**
- Feel anger, frustration, and anxiety
- Depression
- Emotions out of control, fluctuate and unpredictable
- Impulsive
- Outbursts that don’t make sense
• Emotions not always connected to event
• Scared
• Difficult leaving the house
• Difficult to feel for others, relationships suffer
• Hard to be vulnerable
• Trouble concentrating
• Want to isolate from others
• Trouble understanding other people and their responses.

**Overwhelmed with emotions**

Individuals who have experienced complex trauma often experience emotional dysregulation, where they feel extreme emotions or nothing at all. Women attempt to retreat from or avoid intense emotions such as sadness, anger, frustration, and depression. They fear the intensity and unpredictability of their emotions. These experiences cause women to disconnect from others and keep them from fulfilling their dreams.

**What can women do?**

• Learn to identify feelings
• Become aware of the body—what is your body telling you?
• Realize that brain, body, spirit, and emotions are all connected
• Treat yourself with kindness
• Non-striving—if you feel pain, you feel pain. Accept your emotions, observe and let go
• Patience—change takes time

**Activity**

Either in groups of two or alone complete the feeling worksheet. This would work well as an activity individuals can do alone, especially for individuals that need time to process.

This may be an easy worksheet for some of us, for others it may be a struggle. It’s okay!! The purpose is to become mindful of the connection between the body and emotions. In a later session we will work on mind, body, emotions, and spirit.

Have the group come together to talk about what they learned and to participate in safe place meditation.

**Homework**

Safe place meditation should be read in the group. Have women practice the skill of meditation before they take it home for homework.

**Closing**

How is everyone feeling?
Any questions?
Facilitator will be here for a while after the session if you need to talk or have questions.
Feelings and body worksheet

I felt angry when

How did my body react? (Examples: heart was beating fast, face felt hot...)

I felt happy when

How did my body react?

I felt sad when

How did my body react?

I felt afraid when

How did my body react?

What is the connection between my body and my emotions?
Skill development and homework

Start by practicing safe place meditation when you are already feeling relatively calm. The practice is to connect the mind, body, spirit, and emotions. By focusing the mind on somewhere safe, the body should relax, the emotions calmed, and the spirit strengthened. Be patient and be kind to yourself.

Safe place meditation

Either close or keep your eyes open.  
Breathe in and out deeply a few times  
Image a safe place—it can be a log cabin, desert island, forest, beach, castle with high walls, or a room with locked doors  
It can be a place where you have been before, a place where you were protected, where you feel safe.  
It could also be imaginary place, where you can build safe memories  
Imagine how it feels to be in this safe place  
How does it smell, how does it sound, is the sun shining or is it dark?  
How does your body feel in your safe place, your heart, breathing, and muscles?  
Breathe in and out  
This is a safe place—a place where you can feel calm  
Breathe in and out deeply a few times (Boon, Steele, & Van der Hart, 2011 pg. 83).

Return to this safe place where you can find peace and safety when feeling overwhelmed, when you experience too much emotion—if only for a few minutes.

Try this meditation a couple of times this week.
VII. Session 4: Emotional regulation—triggers

A. Facilitator’s notes

Materials needed
- Felt markers
- Easel and paper
- Printed copies of goal sheet and homework assignment
- Mandala sheets
- Felt markers and pencil crayons

Weekly objectives
Individuals struggling with complex trauma often become overwhelmed when triggered, feeling intense fight, flight, and freeze responses. Triggers are events, objects, smells, places, or sounds that elicit feelings of anxiety, fear, anger, or frustration (Boon, Steele, & Van der Hart, 2011; Ford & Russo, 2006). The triggers themselves are harmless; however, the individual’s response to the experience can be traumatizing. Triggers remind survivors of their traumatic experiences and the intense emotions connected to the event (Courtois, 2004). Often survivors react by removing themselves from potentially traumatizing environments, thereby preventing them from fully participating in their lives. The objective of this session is to learn how to recognize triggers and utilize skills to minimize negative reactions.

Rationale for the session
The amygdala interprets and transmits information to the prefrontal cortex. A traumatized brain can interpret harmless events incorrectly, triggering emotional reactions that may seem excessive or unreasonable (Bremner, 2011). Survivors should be given the reasons why triggers occur and techniques to better manage their emotions. This session focuses on identifying and managing the emotions that accompany triggers. The intent is to decrease avoidant behaviours, support the achievement of goals, and work towards a fulfilling existence.

Activity sheets
The activity sheets support individual learning in regards to identifying triggers, negative thoughts, emotional reactions, physical symptoms, and negative behaviours. The second sheet is meant to aid women in examining not only their responses to triggers but alternative coping skills. The session will consider both the reactions to and then create a step-by-step plan for managing triggers. Through this experience, individuals will gain understanding, skills, and confidence. Completing
either one or both sheets in groups of two or three will also strengthen communication skills, problem solving skills, and build trust. It can also aid in creating a stronger plan because the group can offer ideas or suggestions. The facilitator will need to actively participate in groups, offering suggestions and making sure all voices are being heard. Finally, the facilitator should be focused on making sure that plans reflect the strengths and needs of the individual.

Homework
The homework, like the activity sheets, is meant to bring together a number of skills taught in other sessions. Knowledge is enhanced when participants teach a skill that was been utilized in another session.

It is also important that participants continue to focus on the balance between the mind, body, emotions, and spirit. Session 4 centers on connecting the participant with their thoughts, feelings, and physical reactions to triggers. To further increase balance between all four aspects of self, the homework also includes a spiritual connection to the experience by focusing on thankfulness.
B. Session 4: Emotional regulation—triggers

Talking circle or emotional check-in
Begin the session with an emotional check-in or talking circle. The focus of the circle should be on how participants are feeling, one good thing that happened in the week and homework.

Agenda for the session
- How the brain affects your interpretation of situations and your triggers
- Identify specific triggers and how to manage emotions
- Complete a trigger sheet
- For homework, the focus will be on positive self-talk.

Learning opportunity
Hand out mandala pictures and markers.

The brain and triggers
The brain is affected when a person has undergone a single traumatic event and is significantly damaged when they have faced complex trauma. The amygdala is the part of the brain that perceives danger and reacts with emotions, such as anxiety, anger, and fear. The hippocampus focuses on your memories, what has happened in the past, is it safe? The medial prefrontal cortex gathers all the information and decides whether the environment is safe or whether a person needs to freeze, fight, or flight. An illustration: in the past you were abused by your partner and have not had contact with him for a while. One day, you are in the park and you smell his cologne (a trigger). Your amygdala interprets the scent as a sign of danger, since the last time you smelled this you were hurt. Your brain reacts with fear and anger. Your hippocampus remembers that someone who smells like that cologne hurt you in the past. Your medial prefrontal cortex receives this information and tries to figure out whether the danger is real. All this happens in a fraction of second and in that moment, your brain decides whether the environment is safe.

Facilitator’s tip: use the easel to draw out the diagram to illustrate the idea.
**How does a trigger and the brain’s reaction influence everyday experiences?**

A woman can become entrenched in a cycle of negative responses to triggering events. The consequences can be the continuation of distress, stress, and shock. The cycle begins with the triggering event; sometimes it has a predictable cause and other times a seemingly minor stimulus eliciting an intense reaction. The survivor reacts instantaneously with negative self-talk, strong emotional responses, physical symptoms, and a behavioural response. An illustration: back to the situation in the park where you smell the cologne and your brain reacts to an unwanted memory. Unconsciously, your brain responds to the trigger with negative thoughts: “it is dangerous,” “Bob is in the park,” “no where is safe,” “I could get hurt here,” which leads to interpreting the park as unsafe. You have a rush of emotions that don’t necessarily relate to the event. You emotionally react to the scent of cologne with intense feelings of fear, anger, or powerlessness. Your heart beats rapidly; you have trouble breathing and become flushed. In response to the intense emotions and physical symptoms, behavioural reaction arises, which can include fighting, flight, or freeze. In the case of fight, you turn to your friend and yell at her for no apparent reason. If you are experiencing freeze reactions, you struggle to breathe, your heart beats fast, and you are immobilized. Or else the flight response drives you to move away from the trigger as quickly as possible and therefore you leave the park before you intended to.
Your reactions to the trigger can further entrench the sense of powerless and/or the belief that the world is unsafe. Consequently, a woman who experiences triggers can become scared to go out into the public, avoid relationships, or isolate herself from particular situations or environments.

**What do you think of this?**

Facilitator’s tip: with easel and felt markers write down their thoughts and discuss their answers and feelings.

**How to alter reactions to triggers**

- The key to managing triggers is not to avoid them but to recognize them.
- Become aware of the different emotions and physical sensations that are experienced when triggered.
- Recognize that there are ways to manage the emotions that accompany the trigger, that you have power over it.
- Create a step-by-step plan for times when you are triggered, including changing thoughts, safe place imagery, deep breathing, emotional distancing
- Break the problem down to small manageable pieces.
- Think about what has helped in the past and what skills you have. Utilize your strengths when building your strategies.
- What obstacles do you face? How do you incorporate those difficulties in your plan?
- Practice the step-by-step plan often in order to build confidence, role-play the plan and imagine you reacting calmly and utilizing your skills.
- There is no “right” plan—it is whatever works for you.
- Listen to your heart and your head when making a plan.
- Differentiate the past from present—remind yourself of the difference between now and then.
- Realize it is okay to feel anxiety, fear, or anger. It takes time and practice to lessen reactions to triggers.
- Recognize improvements or changes to your abilities.
- Sometimes using scales can aid in seeing improvements or changes. My present level of anxiety is 8; I can go down to 6 or 5 by...
- Modify your plan if it is not working the way you would like (Boon, Steele, & Van der Hart, 2011, pg. 154).
Activity
Complete the sheets in groups of two or three. The process of working together to complete the sheets may aid in creating a comprehensive plan. Come back after the activity and ask groups to share ideas (if comfortable).

Some ideas:
• Deep breathing
• Safe place visualization
• Music
• Warm bath or water on your hands
• Massaging your hand
• Candy/gum
• Walking away
• Grounding (mindful of environment)
• Exercise, going for a walk
• Positive self-talk
• Yoga

Activity to end session
Try to slow your breathing and mind down. Clear your mind of everything you can. Take three deep breaths. What are your five senses saying? What do you hear, smell, taste, feel, and see? Can you identify any emotions?

Homework
Teach someone a deep breathing exercise, safe place imagination or Metta meditation. The reason to teach someone a skill is that aids in your own learning.

If possible, read through your activity sheet for triggers. Try to practice the coping skills in a safe place once or twice this week.

Finally, challenge yourself to think of one thing you are thankful for everyday, even if it is a bad week!

Closing
How is everyone feeling?
Any questions?
Facilitator will be here for a while after the session if you need to talk or have questions.
Activity sheet 1: Triggers

Try to remember one time when you were triggered: do this best that you can

1. Triggering event:

2. Negative thoughts about the trigger:

3. Emotional thoughts about the trigger:

4. Physical symptoms:

5. Behavioural response:
**Activity sheet 2: Triggers**

*Think back to coping skills you have learned in this group and things that have worked in the past.*

<table>
<thead>
<tr>
<th>Trigger:</th>
<th>Response:</th>
<th>Alternate coping skill:</th>
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(McKay & Rogers, 2000, p.148)
VIII. Session 5: Emotional regulation—anger

A. Facilitator’s notes

Materials needed
- Felt markers
- Easel and paper
- Printed copies of goal sheet and homework assignment

Weekly objective
Emotional regulation becomes impaired when an individual experiences trauma or a series of traumatic events. As discussed earlier, the brain can be triggered into survival mode. Anger is an adaptive reaction to dangerous environments. It is an energizing emotion that can be utilized in the face of a threat and a means of suppressing feelings of helplessness (Chemtob, Novaco, & Hamada, 1997). Anger can be utilized in the fight survival mode rather than flight, but becomes maladaptive when it is utilized in safe or harmless environments (Chemtob, Novaco, & Hamada, 1997). The purpose of session 5 is to educate women on the function of anger, identify reactions, and practice skills that can be utilized.

Rationale for the session
Anger can impede a woman’s ability to participate in healthy relationships, express emotions appropriately, and make rational/safe decisions (Newman, Riggs & Roth, 1997). Therefore, this session focuses on anger and how to manage this particular maladaptive emotional reaction.

Survivors who struggle with anger often fear intense emotions, their own lack of emotional control, inability to appropriately express what they are feeling, or to understand why they are experiencing what they consider irrational behaviours (Chemtob, Novaco & Hamada, 1997). Anger can be activated when an individual feels threatened. Once triggered the emotion impairs their ability to self-monitor and process complex information (Chemtob, Novaco, & Hamada, 1997). This session will focus on aiding participants in monitoring thoughts, acknowledging signs of arousal, and implementing strategies that can support healthier choices.

What if a participant indicates that she does not experience anger? Some women do not experience anger, either they have been taught that it is wrong or they fear the intensity of this particular emotion (Chemtob, Novaco, & Hamada, 1997). It can be helpful to discuss other emotions or reactions that they may experience instead of
anger, such as frustration, hopelessness, and sadness. The participant can utilize the same skills to cope with those emotions. Anxiety will be discussed in next session.

**Activity**
The activity will concentrate on how participants experience anger in their body, thoughts, and actions. The volcano is set up so that the participant will consider how their body and mind feel at different stages of emotional intensity. Start at 1, when an individual is the most calm; think about how body feels, be specific (breathing is deep and even, muscles relaxed, smiling, shoulders are down). Then explore what the individual is thinking (enjoyment, happy, peace). How they act at 1 (watching TV, playing with kids, hanging out with friends, laughing, not thinking). Not everyone that has experienced trauma has ever experienced a stage 1 and that is okay. Then start at whatever number they are at when they are their calmest. Then explore the other states with 10 being most intense. It is important to explain that an individual will most likely not be able change behaviours once they are experiencing emotions or behaviours at the intensity of a 10. They do not have the reasoning at this stage to implement a calming plan (McKay & Rogers, 2000). Ideally, the calming plan should be implemented when a participant is somewhere between 3 and 7. The participant will then create a plan to cope with the emotion using skills we have been utilizing over the last few sessions along with techniques they know work from past experience.

**Homework**
Homework will incorporate progressive relaxation training (Boon, Steele, & Van der Hart, 2011). This is a skill that can be utilized to reduce stress, which can be a trigger for anger.
B. Session 5: Emotional regulation—anger

Talking circle or emotional check-in
Begin the session with an emotional check-in or talking circle. The focus of the circle should be on how participants are feeling, one good thing that happened in the week, and homework.

Agenda for the session
- Discussion about anger and trauma
- How anger can affect relationships, health, emotional regulation, and ability to make decisions
- The benefits of anger and the difficulties of discontinuing it
- Activity on your experiences with anger and coping strategies
- Homework: progressive relaxation training.

Learning opportunity
Anger is an adaptive reaction to a dangerous situation; it tells us something is wrong. Anger aids in survival because it is an energizing or activating reaction, propelling us into action (Chemtob, Novaco, & Hamada, 1997). Anger also prevents individuals from feeling helpless, giving them the confidence to either fight or flight. An illustration: I am walking in a park and a dog attacks. If I feel only calm and relaxed I will not have the power necessary to either fight him off or run away. The emotion of fear and anger will give me the energy I need to kick him away or run for some place safe. The difficulty occurs when the anger starts affecting your life, keeping you from reaching your goals, participating in relationships, or maintaining safety.

Anger can sometimes be expressed with aggression, fighting, swearing, and explosivity. It can also be expressed inward towards yourself, causing injury to self.

Facilitator’s tip: group discussion about the negative aspects, benefits of anger, how to manage anger, and coping thoughts.

Negative effects of anger
- Physical issues: high blood pressure and hypertension due to unexpressed anger. Heart disease is due to changes in the arteries (McKay & Rogers, 2000).
- May become involved in dangerous situations.
- If anger is internalized, may hurt yourself or cause yourself damage.
- Emotional costs: low sense of worth and self-esteem. Feelings of helplessness and inability to manage emotions.
• Relationships: friendships are damaged, inability to trust, and disconnected from others (McKay & Rogers, 2000).

Benefits of anger
• Feel more relaxed after expressing anger. Like a volcano, the eruption relieves some pressure. However, anger and stress will return because the individual has not resolved the issue. Short-term gain, release of feelings, with long term damage to relationships, self-esteem, jobs, health.
• Can use anger to hide from other emotional pain, such as fear, sadness, loss, shame. In the long-term, those feelings can become overwhelming because they are not acknowledged, expressed, or resolved.
• Anger gets attention. People listen when you are angry.
• Can be used for punishment or revenge.
• Can change the way people behave; they fear the blow-ups and will change actions to keep you from becoming angry (McKay & Rogers, 2000).

What can you do to manage anger?
• Notice the feelings, notice the strength of the feeling, and accept it. It is a signal of pain.
• Notice that it will feel like a wave, the anger will peak and then lessen.
• Anger is not a failure.
• Get to know your triggers.
• Pay attention to signs of arousal.
• Pay attention to how your body feels when calm and angry. Learn to listen to the clues your body is giving you.
• Learn to listen to your thoughts and how to influence them.
• Create a step-by-step plan to manage your anger.
• You don’t have to act on your feelings—it is just an emotion (McKay & Rogers, 2000, p. 23).

Best coping thoughts
• It’s just not worth getting upset about.
• It’s not the end of the world, just a problem that I can fix.
• I am coping.
• I can handle this. I have done it before, I can do it again.
• I have control over the situation.
• I can walk away.
• I have the skills I need to make this okay (Meichenbaum & Deffenbacker, 1988, p. 75).

Activity
Complete the sheets in groups of two or three. The process of working together to complete the sheets may aid in creating a comprehensive plan. Come back after the activity and ask the group to share ideas (if comfortable).
Make yourself comfortable. Facilitator reads the progressive relaxation meditation to the group.

**Homework**
Practice the progressive relaxation technique once during the week.

Challenge yourself to think of one thing you are thankful for everyday, even if it is a bad week.

**Closing (10 min)**
- How is everyone feeling?
- Any questions?
- Facilitator will be here for a while after group if you need to talk or have questions.
Activity: Session 5: Anger volcano

How do you feel, think, and act when angry?
(1–calm to 10–very angry)

Body: thoughts: actions:

10.

7.

5.

3.

1.
(The Volcano lava images, 2016) Author created the activity
Activity sheet 2: Anger

1. Relaxation coping: (how to relax, deep breathing...)

2. Coping thoughts: (what can you say to yourself? I can manage this...)

3. Coping behaviours: (what can you do? go for a walk...)

Anger log

<table>
<thead>
<tr>
<th>Situation</th>
<th>triggering thoughts</th>
<th>coping strategies</th>
<th>results</th>
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(McKay & Rogers, 2000, p. 32)
**Homework: Anger**

*Progressive relaxation training*

1. Make yourself comfortable in a seated position. Allow yourself to feel relaxed, feel the heaviness of your body. Take a deep breath. Start at the bottom. Point your feet toward the ground, and then up toward your head. Tighten your muscles a few times, up and down. You should feel tension in your calf. Place your feet back on the ground. Take a deep breath.
2. Move your focus to your bum, tighten your muscles; hold for a few seconds and then relax, tighten and then relax. Take a deep breath.
3. Move your focus onto your chest. Arch your chest away from your seat, feel the tension in your back. Then slump your body forward, your spine moving toward your chair. Arch your chest away and then slump forward. Take a deep breath.
4. Focus on your arm and hands. Clench your fists, bend your elbow, and tighten the muscles in your arms. Release your fists and loosen the muscles in your arm. Tighten your arms, feel the tension in your arms. Relax. Take a deep breath.
5. Hunch your shoulders in, head to your chest, like a turtle. Relax. Hunch your shoulders in, head to your chest. Relax. Move your head slowly to left side shoulder, then to the right. Breath.
6. Tighten muscles in your face, crinkle your eyes and lips, and relax your muscles. Take a deep breath.
7. Feel your body, let yourself feel heavy. Feel relax. Take a few deep breaths. Feel calm, feel relaxed.

(Boon, Steele, & Vander Hart, 2011, p. 131)
IX. Session 6: Emotional regulation—anxiety and panic attacks

A. Facilitator’s notes

Materials needed
- Felt markers
- Easel and paper
- Printed copies of goal sheet and homework assignment
- Old magazines to be cut up
- Paper
- Glue
- Scissors

Weekly objective
Anxiety and panic attacks can affect a woman’s ability to achieve her individual goals and live to her full potential. Therefore, this session will discuss anxiety and panic attacks and how to manage symptoms. It will examine particular techniques that will support managing symptoms rather than avoiding situations or circumstances that trigger unpleasant feelings. There tends to be a decrease in the intensity and regularity of anxiety and panic attacks through acceptance and skill building techniques that can be used to manage symptoms (Courtois, 2004).

Rationale for the session
This is the final session focusing on emotional regulation; previous conversations have been on identifying emotions, triggers, and anger. There are a number of concepts that connect the four sessions: firstly, the importance of identifying emotions, thoughts, and reactions to experiences. Secondly, Learning how to be mindful of how emotions, thoughts, and the body can affect behaviours and reactions to circumstances. Thirdly, the sessions also focused on the importance of creating a step-by-step plan for managing emotions, which could include meditation and deep breathing. Finally, in practicing skills when calm, the individual will gain confidence and ability to utilize them when needed. The difference in this session is that women will return to discussing how emotion regulation can support healthy lives and the completion of goals.

This session will focus on how anxiety and panic attacks interfere with ordinary life. It will begin by examining the symptoms of anxiety and panic attacks and how some individuals will utilize avoidance to manage unwanted emotions. The group will then return to a past discussion on goals and explore how fear influences ability to
successfully achieve them. Finally, the group will discuss the importance of accepting emotions, including fear and anxiety, and building confidence to manage them.

Metaphors
This session will use metaphors to discuss how women many chose to fight emotions rather than accept them. The intensity of certain emotions can be overwhelming for many women, therefore they avoid them. By fighting their emotions, individuals can sink into isolation and experience a lesser existence (Orsillo & Batten, 2005).

Grounding
Grounding can be utilized to aid individuals to focus on the outside environment and ignore internal emotions (Najavits, Weiss, & Liese, 1996). Women will describe qualities in the environment (how many lights in room, colors in sight, pictures on the wall) and by doing so manage emotions. In learning grounding, the individual is practicing and solidifying the skills that can be utilized when anxious (Najavits, Weiss, & Liese, 1996; Monsoon & Shnaider, 2014).

Balance
Each session focuses on how the mind, body, emotions, and spirit intertwine, affecting how a person manages their emotions. This continues to be the case in this session, with conversations focusing on the belief that there is an intertwining of body, mind, emotion, and spirit. The metaphor can be utilized to focus on all four aspects, with special emphasis on the spirit.
B. Session 6: Emotional regulation—anxiety and panic attacks

Talking circle or emotional check-in
Begin the session with an emotional check-in or talking circle. The focus of the circle should be on how participants are feeling, one good thing that happened in the week and homework.

Agenda for the session
Discussion about anxiety, panic attacks and trauma.
How anxiety affects the ability achieve goals or dreams
Activity: discuss what techniques can be used when feeling anxious and role-playing.
Homework: grounding.

Metaphor
*everyone sit comfortably with eyes closed*
Imagine you are walking along in the wilderness. You step in some uneven sand and you start to sink. You realize that you have just walked into quicksand. Your first reaction is to fight; you need to get out of the sand before you sink too deep. You try to move quickly to where there is no quicksand. Your movements are erratic and sudden. You sink deeper and deeper into the quicksand. You panic and become frantic. You fight the quicksand. Your quick movements are only sinking you deeper into the sand, now you are in to your hips, if it keeps going like this you will drown soon. You continue to try to fight the sand. There is no hope. For every quick movement you make, the more you sink into the quicksand.

Then you realize you need to stop fighting or struggling, it isn’t getting you anywhere. In a flash you realize your mistake. You don’t fight quicksand, rather you need to relax and accept. The panic only weights you down, forcing you deeper into the sand. You breathe deeply and say to yourself, “I can handle this situation, think.” Then you realize the key to quicksand is to lie down on your back, allow yourself to float, move slowly, and be patient. Relax! You start slowly swimming towards the shore. Being calm and accepting of the quicksand has saved you. You are thankful that you are safe. The sun shines on your face and if you are religious you thank God or the Creator. You are okay!

What does this mean to you? How does it connect to your own experiences?

Activity
Remembering the goals sheet completed in session 1, cut out magazine pictures to make a collage that will represent future goals. Or draw a picture representing your future.
Learning opportunity

When an individual perceives that there is danger, she becomes energized. Fear causes the body to react with an increase in heart rate, blood pressure, trouble breathing, nausea, and sweating. If the person becomes too terrified they freeze, their body shuts down and in extreme cases they collapse. Women who have experienced a traumatic event or complex trauma become hyper vigilant, perceiving danger in harmless circumstances. A woman may perceive danger, become energized and then her body shuts down; she is having a panic attack. If a woman is consumed by a constant feeling of dread or danger she is experiencing anxiety.

Panic attacks occur when the fear is intense, sudden, and severe. It is short lived, peaking in about 10 minutes.

Anxiety is a generalized feeling of apprehension and dread without having a specific focus. It can be a foreboding or a feeling that something bad is going to happen, that it is unsafe.

Many women who experience anxiety and panic attacks try to avoid the intense feelings by withdrawing from others or experiences such as going out with friends or participating in events.

Anxiety and panic attacks may cause women to abandon their goals and/or normal activities. Remembering goals is an important way of keeping yourself from isolating and advancing towards your future.

Anxiety and panic attacks

Facilitator's tip: have an open discussion with participants about how they experienced anxiety and managed panic attacks or anxiety in the past.

How to manage anxiety and panic attacks

- Feel the anxiety; accept that you will feel the emotion and that you have the strength to manage it.
- Use imagery, the safe-place meditation
- Relaxation techniques
- Breathe deeply
- Grounding
- Self-talk
• Accept the panic attack and realize that instead of fighting it you can ... It will only last about 10 minutes.

_Self-talk script_
- This is not terrible, just a problem that I can fix.
- It's okay to feel anxiety.
- It's just a problem that I need to deal with.
- I can use my relaxation techniques to help me through this.
- I can cope in this situation.
- I am going to break this problem down into small pieces, fixing it one step at a time. No reason to get anxious (Van der Hart, 2013).

**Grounding techniques**
The purpose of grounding techniques is to move the person away from the intense feelings experienced with anxiety and fear to something impersonal, unemotional (Najavits, Weiss, & Liese, 1996).

Take a minute to calm down, take a deep breath. Focus on the outside environment; ignore your emotions, thoughts, and inner experiences.

Choose one thing—colors, shapes, smells, or counting backwards. For today, focus on the colors in the room. What colors are there, how many red items are in the room, how many blue items? What is the most unique color in the room? (Najavits, Weiss, & Liese, 1996)

_Do you notice any difference in how you feel after the grounding technique?_

**Other forms of grounding techniques:**
- Putting your hand under a facet of cold water.
- Listening to a song; pay special attention to the words.
- Put your feet on the floor and push as hard as you can. Feel the pressure on the bottom of your feet.
- Place your thumb on the palm of your hand and massage.
- Touch objects like your clothing, keys, chair; focus on the feel of the object (Najavits, Weiss, & Liese, 2014, pg. 20).

**Activity**
With a partner, complete the activity sheet and discuss your plans. Explain it thoroughly; include step-by-step instructions and thoughts.

**Homework**
Teach someone the grounding exercise. If you do not feel comfortable talking to someone else, explain it to yourself like you would a stranger. The point is to hear the instructions and to think it through like you would if you were to explain it.

Practice grounding techniques once a day while you are calm; practicing will allow you to utilize technique when you really need it.

Check off the box every time you use the technique

|   |   |   |   |   |   |

**Closing**

How is everyone feeling?

Any questions?

Facilitator will be here for a while after the session if you need to talk or have questions.
Activity sheet: Anxiety

What can I do when feeling anxious?

Coping strategies:

What self-talk can I use?
X. Session 7: Self-esteem

A. Facilitator’s notes

Materials needed
- Felt markers
- Easel and paper
- Printed copies of goal sheet and homework assignment
- Envelopes and paper
- Stickers and markers
- Magazines, glue, and scissors
- Items that can be used to decorate the letter or envelopes

Weekly objective
Women who have survived abuse and neglect often have profound feelings of low-self-esteem, self-hatred, and lack of confidence. They feel betrayed, rejected, and abandoned by others (Cloitre & Stolbach, 2009). Consequently, the experiences of survivors significantly affect their ability to trust themselves and others, leading to isolation and a negative self-concept. Self-compassion, empathy, and building self-esteem will lead to life satisfaction (Banks, Newman, & Saleem, 2015).

Rationale for the session
This session will focus on activities that build self-esteem. Many women who have experienced complex trauma adopt feelings of shame, guilt, and humiliation about their experiences (Banks, Newman, & Saleem, 2015). These emotions and beliefs often lead to harsh judgement of oneself and self-criticism. Sometimes women integrate lessons learned by an abuser, including their responsibility for abuse, worthlessness, and shame (Birnie, Speca, & Carlson, 2010). These intense beliefs often lead to women isolating themselves from others and an inability to trust in relationships. It can also be the root of intense feelings of dislike of their body, rage, despair, and disgust (Courtois, 2004).

Therefore, it is important for women to accept a new perceptive, one that incorporates feelings of self-compassion, acceptance, and empathy. Happiness and life satisfaction can be accomplished by building up self-esteem and self-acceptance (Birnie, Speca, & Carlson, 2010).

The focus of all the activities in this session will be on building on strengths and successes.
Some women may consider this session easy; however, for many survivors this will feel very uncomfortable. It will be important to encourage participants to examine, even if it may feel uncomfortable, their positive attributes and successes.

**Write down three strengths activity:** It is often hard to come up with positive descriptions of yourself. If the group is really struggling with the activity, start by discussing positive traits in general and then ask them to reflect on their own experiences and strengths.

**Write letter to self:** Write a letter to yourself, discuss strengths (came up with earlier), plans for the future, your successes, what you like, people you care about, your favourite color, what makes you happy, and what are you good at. It can be written in point form, you can use pictures to make a collage—use your imagination. The intention of this activity is to focus on individual strengths and to express love for self. This letter will go in an envelope—no one needs to see it but the writer.

**Share the love:** With another piece of paper go around the room. Each participant will write one thing that is good about the person. It works well if they write and say to the woman one thing that they appreciate.

**What animal am I like?** Use individual strengths and decide what animal you are most like. Then tell the group what animal you chose, why and what strengths that animal has. Talking about strengths this way alleviates some of the pressure that can occur when discussing personal attributes.

**Life Banner:** Individuals are challenged to think about their successes and then tell someone else the story of their achievements. This way the person thinks, discusses, and hears their positive story. This activity not only focuses on strengths but also hope. They have been successful in the past and will be again in the future.

**Homework**

The homework this week will continue to focus on building positive self-esteem. Positive self-talk may feel uncomfortable and silly to many participants. Some may even hesitate to commit to this lesson. The reason why it is uncomfortable is that it goes against their negative perceptions of self and what others have said about them in the past. It may feel uncomfortable and unnatural; facilitators may need to encourage participants to persevere. They should engage in positive self-talk even if they don’t believe it, simply by hearing it the mind is change. Positive self-talk will disrupt the negative script that is playing in their mind, thereby allowing participants to build self-esteem, self-compassion, and self-acceptance.
B. Session 7: Self-esteem

Talking circle or emotional check-in
Begin the session with an emotional check-in or talking circle. The focus of the circle should be on how participants are feeling, one good thing that happened in the week, and homework.

Agenda for the session
- Discuss the importance of building self-esteem and self-compassion.
- Activities that focus on recognizing your unique gifts and strengths
- Writing a love letter to self, recognizing the positive aspects of others, and finally, positive life stories.
- Homework will be positive self-talk and relaxation.

Learning opportunity
*On activity sheet write three strengths*—You will need them later!
Women who have experienced abuse, neglect, exploitation, or other forms of complex trauma often struggle with low self-esteem and lack of confidence. Survivors can also internalize the perceptions and beliefs of their abuser, including blame, low self-worth, and self-disgust. Women often experience intense feelings of shame, guilt, and humiliation about the abuse or trauma. The intense emotional experiences of shame and harsh judgement cause survivors to use avoidance. They avoid social connections, relationships, or actions that might result in judgement.

Women also often struggle in social relationships and with an ability to trust as a result of being betrayed, neglected, exploited, or abused. Survivors often feel isolated and alone because they do not feel able to create social connections with others.

Women who have experienced complex trauma often have intense feelings of fear, rage, despair, hopelessness, and depression. Profound feelings of self-hatred often lead them to feeling of revulsion towards their bodies, and they express these beliefs by ignoring, depriving the body of basic needs, or self-injurious behaviours.

Low self-esteem and shame fundamentally affect a woman’s ability to experience self-compassion, life satisfaction, happiness, and social connections with others. Survivors ought to work towards adopting self-compassion, acceptance, and worthiness. Survivors can begin the healing process when they recognize that they are not responsible for the trauma that they experienced. They are not to blame for the abuse nor had they somehow been better the abuse would not occur. Building self-esteem and self-worth will increase life satisfaction, lead to greater social connectedness, and support feelings of hope and optimism.
What animal are you most like?
The strengths that you have written—what animal is most like you? Going around the circle, everyone talk about chosen animal. What strengths do they have?

Write love letter to self
Write a letter to yourself, include words or pictures of your strengths, what makes you special, what do you like, what do people like about you, your plans for the future, the people you care about, your favourite color, what makes you happy, and what are you good at. Decorate the love letter if you want. Put it in an envelope.

Then on another paper, write your name on the top. Pass the paper around the group. Each person should write something kind about you on the paper. When you get the paper back take a minute, read the comments, see the uniqueness of yourself. Put the paper in the envelope with your love letter to self. Whenever you are struggling, read both notes to yourself.

Life banner
Complete the life banner activity sheet. All of these banners should represent a success in your life. The second part of this activity is get into groups of two or three and tell the story of one of your banners. Tell the story of one of your successes, what did you do and how did it feel?

Homework
Focus this week on:
- Positive affirmations

Closing
How is everyone feeling?
Facilitator will be here for a while after the session if you need to talk or have questions.
Activity Sheet 1: Self-esteem

Write down three of your strengths or gifts:

1. ____________________________________________

2. ____________________________________________

3. ____________________________________________

Positive affirmations: Sometimes saying and thinking positive things about yourself is challenging. Even though it feels uncomfortable, keep it up for a week! Here are some examples—use these or make up your own. Try using your strengths.

- I am smart
- I am strong
- I can do anything I set my mind to
- Even when it is hard, I keep going
- I know what I want
- I am funny
- I care about the people in my life

Be as creative as you want!
Activity sheet 2: Self-esteem

*Life banner*
Title each banner with a time that you did something special, successful or positive (giving birth, saying “no,” school achievements, having a friend...) How did it feel when you succeeded? What did you say to yourself?
XI. Session 8: relationships

A. Facilitator’s notes

Materials needed
- Felt markers
- Easel and paper
- Printed copies of goal sheet and homework assignment

Weekly objective
Women who have experienced abuse and trauma often struggle with creating and maintaining healthy relationships. Trauma often affects the capacity of individuals to trust, feel intimate, and relate to others. Consequently, they are often dissatisfied in their relationships and experience social isolation (Herman, 2015). This week will focus on identifying and creating healthy relationships.

Rationale for the session
Survivors also often incorporate the myths of the abuser, including that people can’t be trusted, everyone is self-serving and selfish. Studies suggest that 91 per cent of survivors are hypersensitive to criticism, have an inability to listen to others, and struggle to express themselves assertively (Courtois, 2004). They are less likely to find satisfaction in their marital relationships, struggle with parenting, and are often socially isolated.

The intention is to start the relationship session discussions by talking about abusive personalities and why we stay with abusers. Next, shift the focus to boundaries: What is a healthy relationship and how to be mindful in your relationships. These topics are designed to aid women in their examination of their relationships and how to become mindful of their connections with others. Instead of falling into unhealthy relationships, women can make a choice as to what kind of relationship they want to participate in.

Warning signs of abusive personality and why we choose to stay
Begin the session with a discussion about abusive relationships and why we choose to stay. Most women have a clear understanding of this topic and will be able to discuss their experiences if they have any.

Healthy boundaries
Individuals who experience complex trauma struggle with creating and maintaining healthy physical and emotional boundaries (Courtois, 2004; Herman, 2015). Often
they experience either intense enmeshment or detachment. Enmeshment occurs in relationships where they have few boundaries between themselves and others (Nichols, 2014). Enmeshed relationships center on the “we,” with minimal differentiation between the needs of the individual and the unit (Nichols, 2014). They have closed boundaries; other people are not allowed into the relationship. Other survivors struggle with detached relationships. These relationships maintain disconnected or loose boundaries; they focus is on the “I,” what the individual needs rather than the unit. They have characterized by associations with others, but no meaningful connections (Nichols, 2014). Survivors should focus on creating relationships with healthy boundaries, a connection with an allowance for some differentiation.

The session will examine healthy boundaries in relationships, the warning signs of an abusive personality, and healthy connections. The session will also discuss mindfulness in relationships. We will return to the safety plans created found in session 2—do they need to change to include abusive partners or relationships.

What are the characteristics of a healthy relationship?
It starts with the description of a healthy relationship, then an activity sheet that allows women to consider their relationships. This activity sheet is a starting point for a discussion about their relationships, both good and bad.

Safety planning
It is important to discuss a safety plan for domestic violence. However, this is not a domestic violence group and so it is just a brief examination of safety planning. The key is for women to know where to get help if they are thinking of leaving an abusive relationship. Facilitators should have a list of services and contact numbers that will support women leaving abusers. The most dangerous time for women is when leaving a domestically violent relationship; therefore it is crucial for women to seek supports!

Homework
The focus of the homework is to have participants become mindful of what kind of relationships they are participating in. It will also help women determine how they want to feel in a relationship. This may aid in their current relationships or connections they have in the future.
B. Session 8: Relationships

Talking circle or emotional check-in
Begin the session by completing an emotional check-in or talking circle with the focus on how they are feeling, one good thing this week, and homework.

Agenda for the session
- Why women struggle with healthy relationships
- Enmeshment and detachment
- Warning signs of an abusive personality
- Qualities of a healthy relationship
- Homework: Mindfulness in relationships

Learning opportunity
Often a woman who struggles with complex trauma has difficulties within relationships.
- She may struggle with the feelings of intimacy and therefore avoid relationships and social connections.
- A survivor may also acquire from the abuser the belief that people are not to be trusted. “All people are selfish and self-serving.”
- As a result of her trauma, she also feels shame about and doubt in her own worthiness to participate in a healthy, loving relationship. She may not believe she deserves to be loved.
- Some survivors may not know how to obtain or behave in a healthy relationship. They having no role models to copy or look to for guidance.
- As discussed in session 2, some women place themselves in unhealthy relationships or dangerous situations because they want to change the outcome or gain control of their traumatic experiences.
- Some women feel more comfortable in unhealthy relationship because it is what they have experienced in the past; it is known.

Facilitator’s tip: participants discuss unhealthy relationships and you write answers on the easel.

Warning signs of an abusive personality
- Jealousy of other men, relationships, things that take your attention away from them.
- Controlling behaviours: what you wear, where you go, how you behave.
- Quick involvement: say they love you right away.
- Unrealistic expectations.
• Shifting blame for problems and feelings onto you: “I wouldn’t be angry if you...” “I wouldn't have been evicted if...”
• Cruelty to animals or people.
• “Playful” forced sex or any sex you have not consented to.
• Rigid sex roles.
• Verbal abuse.
• Breaking objects.
• Threatening violence.
• Isolation.
• Hypersensitivity.

Why we stay
• Fear
• Lack of resources, including supports, housing.
• Finances
• Children
• Feelings of guilt
• Promises of reform
• Social acceptance
• Love
• Belief that we don’t deserve better

Boundaries in relationships
Some individuals hesitate before becoming intimate or avoid attachment all together. These women tend to participate in detached relationships. In a detached relationship, the focus is on the individual, with minimal connections to others. Other survivors may feel most comfortable participating in intense or enmeshed relationships. They make instant friends or partnerships, which often last only a short time. They separate as quickly as they come together. Both of these relationships are founded on the participants having difficulty connecting to others.

Intense connections are often called enmeshed; they become so close that others aren’t allowed into the relationship. This can happen in relationships and in families. There is no “I”; the focus is on “we.” What do we need? What will we do? In many cases, enmeshment creates co-dependency or total reliance on another person or other people. The boundaries are rigid and closed; no one comes into the relationship. An example: your friends want to go out with just you for a girl’s night. You want to go out but your partner will be at home by himself. He wants you to stay at home with him, have a couple’s night alone (which you do every night). You agree that he needs you at home and you cancel with your friends.

Other survivors may feel more comfortable in a detached relationship. The focus in detached relationships is on the individual, very little focus on the “we.” In detached relationships, the boundaries are very loose, they allow people to come and go in the relationship because the focus is on the individual. What do I want and need, not
what we want. You go out every night, your partner stays at home by himself. He asks you to stay at home and relax with him tonight, have some bonding time. You want to go out, so you do. Your partner, friends, family, work, all take equal time and attention in your mind. Therefore, the boundaries are loose and everyone is included.

In healthy relationships, thought is given to both the “I” and the “we” so that all needs are met. The relationships have boundaries but allow for the connection of two strong individuals. So sometimes you stay at home with partner and sometimes you go out with your friends.

**Activity**

1. Three people stand in a circle facing each other. If it’s okay, they hold each other’s hands. Another person tries to get into the circle. Do not let go of your hands. That is a representation of enmeshment. Can anyone leave the circle? Can anyone come into the circle?
2. Three other people stand in circle facing each other. Have lots of space between participants. Another person comes into the circle. Can you enter the circle? Do you need permission or can you just enter the circle? Can people come and go without affecting the circle? That is a representation of a detached relationship. There is no real connection between the participants in the circle.
3. Three people stand in the circle facing each other. They stand close together. Another person tries to come into the circle. They will need to ask to enter circle. The three will move over to allow her to come in. Can you come and go from circle without it being affected? Does it destroy the circle or just change it when someone leaves or enters?

**What kind of relationship are you in and what kind do you want to be in?**

**Are you in a healthy relationship?**

- Is there respect and acceptance of who you are?
- Is there honesty and open communication? Are you free to be yourself, even if you are not perfect?
- **Realistic expectations:** Each of you should meet your own needs. You also want to be able to meet some of your needs with other people, family, friends, and work.
- **Trust:** No fear in how you will be treated in the relationship. Trust is built like a wall, one brick at a time.
- **Autonomy-partnership:** Both equal in making decisions and taking care of self. Fulfilling own needs but also able support another. Both strong separately and together even stronger. Shared power.

**Activity**

After completing the activity sheet, discuss the sheet as a group. Did you find out anything about yourself doing that sheet?
Safety planning
If you are in an abusive relationship, use the safety plan sheet from this group. (Facilitator has copies of activity sheets from session 2). The key is to get support.

Ask for help
In an emergency call 911

Domestic Violence unit: (306) 757-6675. They can give you information on services, aid in safety planning, shelter information, counselling. They are open Monday to Friday from 8:30–noon and 1:00–5:00.

For 24-hour support call
Regina Transition Shelter (306) 569-2292
WISH (306) 543-0493
Isabel Johnson Shelter (306) 525-2141
Mobile Crisis Services (306) 757-0127

This is not a domestic violence group; please go for expert support if necessary!

Facilitator’s tip: find numbers for supports if group is being held outside of Regina.

Keep safety plan in safe place and out of reach of abuser.

If leaving: Emergency safety plan:
• Pack a bag with emergency supplies of clothing and small sellable items. Leave that bag with someone you trust.
• Keep passport, birth certificates, immigration papers, and legal documents in a safe place or in the emergency bag. Keep photocopies of them somewhere else just in case.
• Keep cards somewhere safe and easy to reach, including driver’s licence, picture identification, bank cards, health cards, and social insurance card.
• Have some emergency money ($10–20) somewhere that you can easily access.
• Know the safest way to exit your house or apartment.
• Safety plan should also include a list of where you can go: friend, family, shelter and their numbers
• Establish a code word or sign with a friend or neighbour that will signal that they need to call the police immediately.
• Try to take children whenever possible.
• Do not tell abuser that you intend to leave.
• Leave when you are ready.
• Follow your instincts. If you feel like the situation is dangerous—it is!
• Call the police if you have any concerns!

**Homework**

**Mindful relationships:** When you are with someone, your family, friends, kids, or partner, notice details about them (what they wearing, color of eyes, height, smell, what their laugh sounds like), observe how they interact with you (gentle, kind, bossy, abrupt). How do you feel when you are with them, do they make you feel good about yourself, do they build you up or tear you down? Finally, why do you choose to be with them?

**Closing**

How is everyone feeling?
Any questions?
Facilitator will be here for a while after the session if you need to talk or have questions.
Take extra time with this closing—make sure no one has been triggered or needs extra time to process the topic
Activity: Session 8

Think about someone you have a close relationship with and answer these questions:

1. Did I accept hurtful behaviours?

2. What did I say that made those behaviours okay?

3. In what ways do I take care of myself?

4. What ways did I not take care of myself?

5. What type of relationship do I usually have? (Think about the circle activity)

6. Does my partner exhibit any of the warning signs of an abusive partner?
XII. Session 9: Communication

A. Facilitator’s notes

Materials needed
- Felt markers
- Easel and paper
- Printed copies of goal sheet and homework assignment

Weekly objective
The group has discussed safety planning, emotional regulation, building self-esteem, and finally relationships. Learning how to communicate in a healthy and positive manner will support all the skills that have been learned earlier. Communication supports healthy relationships, the creation of boundaries and greater self-esteem. Therefore, one of the last sessions will focus on the skills needed for healthy communication.

Rationale for the session
As discussed in earlier sessions, individuals who have experienced trauma often struggle with communication in their relationships. Many survivors do not possess the confidence to successfully assert their needs and wants. Some women surrender to the demands of others and become resentful or angry. Or they try to assert their needs but do not have the skills to clearly communicate their feelings. On occasion, this frustration will become explosive leading to damaged relationships and problems with others (Paterson, 2000). Developing the skill to communicate needs and wants in an assertive manner will support healthy relationships and develop self-confidence.

Assertive, passive, and aggressive communication styles
It is important to discuss the different types of communication styles and how they affect relationships. Recognizing personal communication styles will support understanding and skill enhancement (Paterson, 2000).

“I” statements
There is a connection between assertive communication skills and using “I” statements. This section is focused on learning the skills of asserting feelings in a non-blaming technique that allows for healthy conversation.
**Role playing**
It is important to practice the skills of “I” statements and assertive communication styles. Participants will forms groups of two or three and practice the skills. They will be given some examples of situations where they can utilize skills or they can create their own scenarios.

**Fighting fair**
This section will be a discussion of fighting fair and of communication skills. The group will continue the discussion about healthy communication skills in the next session. Role playing fighting fair will entrench the skill so that it can be used later.
B. Session 9: Communication

Talking circle or emotional check-in
Begin the session by completing an emotional check-in or talking circle, with the focus on how they are feeling, one good thing that happened in the week, and homework.

Agenda for the session
- Assertive, passive, and aggressive forms of communication
- How to use “I” statements
- Fighting fair techniques
- Homework: practice a skill we have already learned

Learning opportunity
Women who have experienced complex trauma sometimes struggle with communication. Women who have been or are presently in an abusive relationship learn how to communicate for survival. A passive communication style is a successful coping strategy when involved in an abusive relationship. In order to protect themselves from being hit, a child will learn to passively communicate with an abusive parent. In the short run, the passive communication style saves the child from being hit; however, in the long run the child does not learn to communicate her needs. The child may never learn the skills necessary to communicate needs in a healthy manner, affecting her relationships with others. The passive communication skills become dysfunctional when a woman seeks an equal, healthy, and satisfying relationship. The same child may grow up and passively communicate in a way that will lead to being taken advantage of. The child may also develop an aggressive communication style in order to gain the power and control that they did not have in their abusive family. To gain the power they crave, they develop an aggressive communication style as a means of intimidating others and gaining control.

Passive communication
- Body physically shrinks, takes as little room as possible. No eye contact. Head is often down. Speech is quiet.
- Has trouble saying “no” to others. Will agree to things and then resent it.
- Allows others to infringe on their rights.
- People will take advantage of you because you struggle to stand up for self.
- Does not respond to hurtful situations.
- Profound fear of rejection.
- Perceive other people as more important than you are.
- Never say anything that might attract comment or criticism.
- Give control of self to others (Paterson, 2000).
**Aggressive communication:**
- Body takes up as much space as possible. Direct gaze. Head and shoulders are up. Speech is loud.
- Uses criticism, humiliation and domination to get what they want.
- Don’t listen to others and interrupts often.
- Becomes frustrated easily.
- They do not notice or care about subtle communication.
- They violate the rights of others when expressing their own feelings and needs.
- They are only interested in their own needs.
- Intimidates others.
- Feels powerful in aggressive communication.
- Like it when people fear you - there are less demands on you if no one questions you
- Helps blow off steam (Paterson, 2000).

**Assertive communication:**
- Body takes just the space it needs, no more or less. Healthy eye contact.
- Listens without interrupting.
- Clearly states what they want and need.
- Stands up for rights.
- Able to express feelings in a way that is respectful to others.
- Displays respect for each other (Paterson, 2000).

**Why you should learn assertive communication:**
- You have the right to control your own life.
- You should be able to express your feelings, thoughts, and needs.
- You should be treated with respect.
- You should be able to make mistakes.
- You should be able to say "no" and not feel guilty (Paterson, 2000).

**Activity**
In groups of two, practice being assertive. Person 1 will communicate being assertive and person 2 being aggressive. Then try again with person 2 being assertive and person 1 being passive. Then try a third conversation with both being assertive. Some conversation ideas: teenager daughter wants to go to party, you want help cleaning the house, your partner wants to go out, you don't want to help a friend. Or come up with your down idea.

**How did it go?**

**“I” statements**
It is important to clearly identify your feelings in a calm and non-blaming manner. Using “I” statements will aid in having the conversation that you may want.

“I feel__________ when you ___________ because__________
Usual: You make me mad when you are late.
“I” statement: I feel angry when you are late because I worry about you.

**Activity**

With a partner, practice using “I” statements. Have the partner respond to the conversation when you use “I” statements. How does it feel?

**Fighting fair**

1. Identify the problem.
2. Focus on the problem.
3. Attack the problem, not the person.
4. Listen with an open mind.
5. Treat the person’s feelings with respect.
6. Take responsibility for your actions (Schmidt & Friedman, 1989).

Remember that when you are angry you cannot think or communicate clearly. Therefore, wait until you are calm before talking about issues. It is okay to take the time necessary to calm down. Simply say “I want to keep talking about this but I need a couple of minutes to calm down” or “give me a minute” or have a sign that says that you might need a minute, maybe hand up with palms facing the person.

**Activity—in partners**

Think of a time when you and your partner/friend/family had a disagreement and tell your partner. If you can’t think of a real life situation, pretend that your partner doesn’t help with children, your teenager wants to go to party, your friend always pressures you to go places where you are not comfortable. Then role play it using the fighting fair model. Practice using the skill. How can you tell your partner what you want in a way that will get him/her to listen to your concerns and problem solve.

**Homework**

Next week is the last week. We are going to talk about the different skills we have learned in this journey. Please practice one of the skills taught. For a reminder, use the homework sheet. Please bring the sheet next week. Thanks.

**Closing**

How is everyone feeling?
Any questions?
Facilitator will be here for a while after the sessions if you need to talk or have questions.
Homework sheet

**Grounding techniques**
Take a minute to calm yourself, take a deep breath. Focus on the outside environment; ignore your emotions, thoughts, and inner experiences. Choose one thing, can be a color, shape, smell or counting backwards. For today, focus on the colors in the room. What colors are there, how many red items in the room, how many blue items in the room, the most unique color?

**Breathing techniques**
1. Breath out through your mouth
   - Close your mouth; inhale quietly through your nose
   - Hold your breath for four counts
   - Breath out through your mouth again
   - Do this for three cycles

2. Lie down, either with eyes open or closed
   - Put your hand on your stomach, near your belly button
   - Close your mouth and inhale through nose, making you hand sink into the backbone
   - Open your mouth and slowly exhale, moving hand away from the backbone
   - Do this for three cycles

**Metta meditation: The loving kindness meditation**
Meditations can be used to balance mind, body, emotions, and spirit. Sit down, feet on ground, eyes closed or open, and breath three breaths. Then say out loud or in your head.

- May I be happy.
- May I be well.
- May I be safe.
- May I be peaceful and at ease.

**Safe place meditation**
Either close or keep your eyes open
Breathe in and out deeply a few times
Image a safe place. It can be a log cabin, desert island, forest, beach, castle with high walls or a room with locked doors
It can be a place where you have been before, a place where you were protected, where you feel safe
It can also be an imaginary place, where you can build safe memories
Imagine how it feels to be in this safe place
How does it smell, how does it sound, is the sun shining or is it dark?
How does your body feel in your safe place, your heart, breathing, and muscles?
Breathe in and out
This is a safe place, a place where you can feel calm
Breathe in and out deeply a few times

**Progressive relaxation training**

1. Make yourself comfortable in a seated position. Allow yourself to feel relaxed, feel the heaviness of your body. Take a deep breath. Start at the bottom of your body. Point your feet toward the ground, and then up toward your head. Tighten your muscles a few times, up and down. You should feel tension in your calf. Place your feet back on the ground. Take a deep breath.
2. Move your focus to your bum, tighten your muscles, hold for a few seconds and then relax, tighten and then relax. Take a deep breath.
3. Move your focus to you chest. Arch your chest away from your seat, feel the tension in your back. Then slump your body forward, your spine moving toward your chair. Arch your chest away and then slump forward. Take a deep breath.
4. Focus on your arm and hands. Clench your fists, bend your elbows and tighten the muscles in your arms. Release your fists and loosen the muscles in your arm. Tighten your arms, feel the tension in your arms. Relax. Take a deep breath.
5. Hunch your shoulders in, head to your chest, like a turtle. Relax. Hunch your shoulders in, head to your chest. Relax. Move your head slowly to left side shoulder, then to the right. Breath.
6. Tighten muscles in your face, crinkle your eyes and lips and relax your muscles. Take a deep breath.
7. Feel your body, let yourself feel heavy. Feel relax. Take a few deep breaths. Feel calm, feel relaxed.
XIII. Session 10: Relapse planning

A. Facilitator’s notes

**Materials needed**
- Felt markers
- Easel and paper
- Printed copies of goal sheet and homework assignment

**Weekly objective**
- focus on what we have already worked
- relapse planning
- phases of healing
- where the women can go for more support

**Rationale for the session**
After working so hard over the last nine weeks, this session is a celebration of what the women have already learned and where to go from here. It is an acceptance of the progress each woman has made and should be seen as a self-congratulatory session.

**Metaphor**
The last metaphor will focus on participant’s ability to remember and utilize the skills taught over the last ten weeks as a means of improving their quality of life; to utilize the skills learned in order to reach the goals that they have set for themselves. Having the skills does not mean that the women will not sometimes struggle, but they can persevere and overcome obstacles (Orsillo & Batten, 2005).

**Phases and relapse plan**
The focus is on what can happen once the women have completed this program. Phases of healing focuses on how each individual will have their own journey, which can include seeking counselling, more group work, or utilizing their skills to accomplish their personal goals. The relapse plan brings together all the pieces that has been taught over the last nine sessions and puts them into a plan that can be utilized when struggling.
B. Session 10: Celebration and relapse planning

Talking circle or emotional check-in (10 min)
Begin the session by completing an emotional check-in or talking circle: with the focus on how they are feeling, one good thing that happened in the week and homework.

Agenda for the session
- Phases for healing
- Relapse planning and what to do next
- What skills have you already learned

Metaphor
Close your eyes and make yourself comfortable
One day you find yourself swimming in a cool, fresh lake. The water feels amazing on your skin, the sun is shining, and you can hear the birds singing. You feel peaceful. You feel happy. You feel content to float in the water. You feel the cold of the water and the warmth of the sun- the contrast in temperature feels soothing. Then suddenly, you start to sink. Your instinct is to struggle against the sinking feeling; you want to splash, fight, and flay. You think for just a fraction of a second, “I should have guessed this would happen.” “I can never be safe.” “I am not strong enough.” Just as quickly as those negative thoughts came, they leave. In their place come new thoughts: “I am strong,” “I will be happy,” “I can succeed.” You no longer feel that you are sinking, that you need to fight against the water. You choose to relax and say to yourself “be calm,” “you are okay,” “and you can swim,” In that instant you realize you don’t need to panic; you have the skills to swim. You then move your arms and legs in a calm motion through the water, and you begin to swim across the lake, further than you ever imagined you could go. The sun is shining, the water feels cool on your skin and there is a deep feeling of personal well-being. You feel happy and content. You feel strong. You feel capable of anything.

How do you feel? How does it connect to what you have learned?

Let’s practice some skills
Your choice:
Do you want to get in groups of two or three and teach each other one of the skills you learned over the past nine sessions? Talk about why you picked that skill and did it help?

or

In a group as a whole, talk about the strategies, the ones you like the most, why, what was difficult about them, which ones would or could you use.
Just a reminder: this activities includes grounding, deep breathing, metta meditation, safe place meditation, progressive relaxation training, positive affirmations, and self-talk.

**What next?**

**Phase one of healing**

There are three phases of healing. During the first phase of healing, focus should be on building skills and techniques, self-confidence, and establishing a community of support. This group is structured for people in the first phase of healing, focusing on building strength, skill building, and establishing community. We learned why people who have experienced complex trauma struggle with emotional management, healthy relationships, and maintaining their own personal safety. We focused on developing skills that can help with managing emotions such as anger and anxiety. We created safety plans that can be used to keep safe. We discussed healthy relationships and how to communicate with others. Along the way we have built self-confidence and a community of supports. Hopefully you leave this group with feelings of hope and well-being.

This phase of healing is not focused on the traumatic event or events. Rather it is meant to build skills (Courtois, & Ford, 2014; Herman, 2015). Many people do not need to continue with further supports. Others may want to complete the group again until they feel ready to continue their journey in a different direction. Finally some women will want to focus on phase two, the traumatic event or events. If that is the direction you want to head, participating in counselling may support growth and healing.

**Phase two of healing**

Once skills, knowledge, and strengths have been built and life is more stable, the next phase can begin. At this stage, women want to build life stability. Their primary focus tends to be on telling their own life story, recreating and reclaiming their narrative (Herman, 2015). The narrative may include events, individuals, and particulars of the traumatization. During this phase, women may also choose to mourn, surrendering to the pain of loss that they have experienced (Courtois & Ford, 2013). Secondly, it is also the phase where women can continue to build their skills, rehearse and role play, gather more information, and integrate what has been learned into everyday experiences (Monson & Shnaider, 2014).

**Phase three of healing**

This is a continuation of the first two phases, focusing on developing a new, stronger self. The aim of this stage is to strengthen the skills developed and maintaining safety (Courtois & Ford, 2013). Phase three focuses on the continuation of the healing process and building on past advances.
It is important to recognize that everyone heals differently; there is no one right answer as to how you move on after this group.

**Relapse management plan**

In groups of two or three work on a relapse management plan that you can use once you leave this group.

Relapse takes place when there is a decline in ability to manage certain behaviours or emotions. Therefore, when we discuss relapse management plan in regards to drugs or alcohol, depression, anger, returning to an abusive relationship, isolation, or anxiety. Therefore, your relapse management plan will or can include all the skills and techniques we have practiced.

You plan can also incorporate what you do to self-soothe:

Some ideas:
- Go for a walk
- Eat chocolate or chew some gum
- Massage your hands or your feet
- Brush your hair
- Stretch or do some yoga
- Listen to some music, dance, or sing
- Crossword, coloring (mandalas), knitting, drawing, crafts
- Sunshine
- Walking on grass
- Talking to friends or family
- Meditation and deep breathing exercise
- Laughing

**Exercise: sit up straight and laugh. It doesn’t have to be about anything. It doesn’t even have to be real. You will still feel relaxed.**

Facilitator's tip: use easel and markers. Write down what people learned over the last 10 weeks.

What did you learn in the sessions?
What were the positive and negative things about the group?
How important is balance to your life: physical, emotional, intellectual and spiritual balance?
Are there any questions?
Activity sheet: session 10

Relapse management plan and self-care
You may not be able to notice when you are slipping into old habits. Therefore, you may need help from others!

1. What will people who care about me say to me if I relapse?

Additional signs of relapse

2. Sleep patterns:

3. Anger:

4. Memories and nightmares:

5. Depression, avoidance behaviours:

6. Relationships:

7. Alcohol and drug use:

8. Other signs of relapse:

Relapse plan
Who can I contact?

Action plan:

Thinking plan:

Feeling plan:


