

# **“My Somebody” Worksheet, Chapter 1: Welcome & Workshop Overview**

**Part 1: What do I know about “My Somebody’s” life?**

**Part 2: What would I like to understand better about “My Somebody”?**

## “My Somebody” Worksheet, Chapter 2: Introduction to Trauma

### Part 1: “My Somebody’s” Traumatic Life Experiences

Prenatal	Age 0-5	Age 6-12	Age 13-25	Age 26-45	Age 46-66	Age 67+

**Examples of Potentially Traumatic Life Events:** Experiencing or witnessing serious injury, accident or illness, moving, starting new school, bullying, death or illness of loved one, sibling birth or birth of a child, marriage, divorce, natural disasters, illness, military deployment, community violence, loss of a pet

### Part 2: “My Somebody’s” Behaviors

**Part 3: “My Somebody’s” Positive Life Experiences**

<b>Prenatal</b>	<b>Age 0-5</b>	<b>Age 6-12</b>	<b>Age 13-25</b>	<b>Age 26-45</b>	<b>Age 46-66</b>	<b>Age 67+</b>

**Examples of Positive Life Events:** sibling birth or adoption, new pet, educational accomplishment, extra-curricular accomplishment, graduation, vacation/trip

**Part 4: “My Somebody’s” strengths to build on**

## **“My Somebody” Worksheet, Chapter 3: Understanding Trauma’s Effects**

### **Part 1: “My Somebody’s” “Invisible Suitcase”**

What are “My Somebody’s” beliefs about themselves?

What are “My Somebody’s” beliefs about adults?

What are “My Somebody’s” beliefs about the world?

### **Part 2: “Repacking” the Suitcase**

How can I help “My Somebody” add one positive experience or belief to their invisible suitcase?

# “My Somebody” Worksheet, Chapter 4: How a Child’s Trauma Affects Us

## Part 1: My Wheel of Life

### How satisfied are you in areas of your life?

In addition to family (see below), pick five areas of life (such as work, health, personal growth, friends, money, spiritual, education, parenting/caregiving) and write them in the outer ring of the circle below. Color in the inside wedge according to how satisfied you feel in that area of your life.



Completely



Mostly



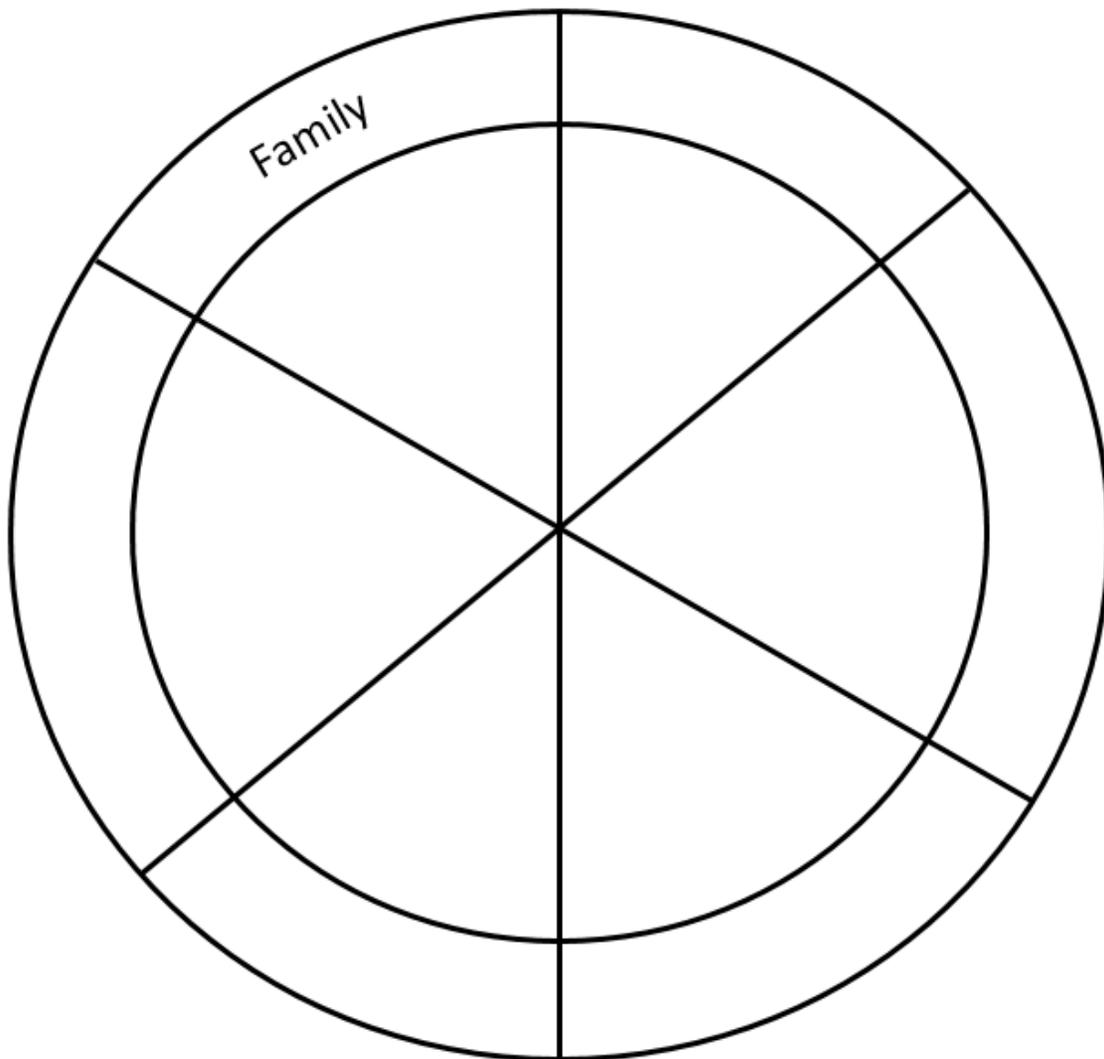
Somewhat



A little



Not at all



**Part 2: My Wheel of Life Plan**

Area(s) I would like to work on are: \_\_\_\_\_

**Steps I will take right now:**

1.

2.

3.

**Steps I will take in one month:**

1.

2.

3.

**Steps I will take in one year:**

1.

2.

3.

# **“My Somebody” Worksheet, Chapter 5: Creating a Safe-feeling Environment**

## **Part 1: “My Somebody’s” trauma reminders and reactions**

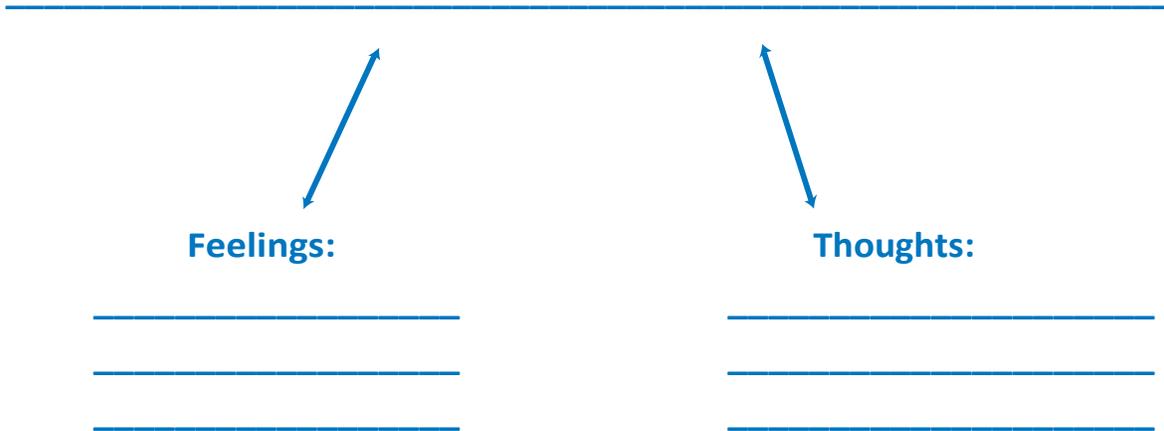
## **Part 2: My trauma-informed safety plan for “My Somebody”**

In order to help “My Somebody” feel safe, I will:

# “My Somebody” Worksheet, Chapter 6: Understanding Feelings and Managing Behaviors

## Part 1: “My Somebody’s” Thinking Triangle

Behavior I would like to better understand:



## Part 2: How I can help to change “My Somebody’s” Thinking triangle?

## Part 3: Correct and Build

1. What are the negative effects of this behavior on your “Somebody’s” life?
2. How can you help your “Somebody” to understand these effects?
3. What alternatives can you suggest for this behavior?
4. What consequences can you set if the behavior continues?



# "My Somebody" Worksheet, Chapter 8: Advocacy

## My "Somebody's" Key Team Members

"My Somebody's" Key Team Members & role on the team	Steps we can take to work in more effective, trauma-responsive ways together
1.	1.
	2.
	3.
2.	1.
	2.
	3.
3.	1.
	2.
	3.