Trauma setback plan

Keep the learning visible. Match each early sign with a practical response rather than waiting for a difficult week.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.

What I have learned

e.g. Present-day cues and support helped me reconnect.

If I notice...	A small response I can use	Support / when to review
e.g. More avoidance of ordinary activities.	e.g. Use my agreed support plan.	e.g. Contact my therapist if needed.

Helpful habits to keep

e.g. Manageable everyday activity and support.

Support / when to ask for help

e.g. Contact my therapist if daily life becomes harder or this plan is not enough.

Review date / reminder

e.g. Review next month and after a change in circumstances.

No traumatic detail is needed. Use agreed support; pause if you become disoriented or overwhelmed.

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Using this resource

Trauma setback plan

What this helps with

Progress after trauma is often uneven. An anniversary, stress or an unexpected reminder can bring symptoms back without meaning that all learning has been lost. A review should include everyday functioning, connection and choices, as well as distress. This sheet helps you retain what has been helpful and plan when to seek support. It is not a substitute for treatment review, and it should not make you feel responsible for preventing every difficult day.

How to use it

1. Identify changes in ordinary life, even if symptoms remain.
2. Record specific learning or responses developed with your therapist.
3. Notice early signs that you are becoming more isolated, avoidant or overwhelmed.
4. Choose a manageable response and a person or service to contact.
5. Set a review date and agree signs that need prompt professional attention.

A fictional worked example

Ella noticed more nightmares around an anniversary and worried that she was back at the beginning. Her review showed that she was still seeing a friend, recognising some reminders and using the support plan agreed in therapy. She reduced unnecessary commitments for the week and contacted her therapist to discuss the change. She did not independently increase exposure or try to force herself to revisit memories. Together they reviewed what was happening and adjusted the plan. The worksheet helped her see both the increased difficulty and the abilities she had retained, rather than judging recovery by one night's sleep.

Keep in mind

Seek professional advice for substantial worsening, severe disconnection from yourself or your surroundings or difficulty maintaining safety or daily care. Do not restart intensive trauma-processing exercises independently. If current danger emerges, prioritise practical protection and appropriate urgent support rather than treating it as a routine setback.

Sources and attribution

NICE. (2018). Post-traumatic stress disorder (NG116).

Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. Behaviour Research and Therapy, 38(4), 319-345.

Original material informed by the sources above. No outside organisation endorses this worksheet.

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