Story of me
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Center for Psychotraumatology
Children and Youth Activity 2019–2021
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INFORMATION ABOUT ME

Name

Date of birth

Nationality

Native language / languages, I use

Ethnic background

Religion

Guardian /-s
GETTING TO KNOW ME

My name means

This is the way I am and the way I think

In these things I am good at
These are the things I need help with

Things I worry about

I can tell about my worries to

When I am really worried, it helps me when I
My responsibilities in my family are

These are the things I can decide about myself

My loved ones think I am

How did working on this part make you feel?
Mark on this timeline the most significant events, the good and the bad memories.

How did working on this part make you feel?
<table>
<thead>
<tr>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>memory problems / forgetfulness</td>
</tr>
<tr>
<td>sickness / pain</td>
</tr>
<tr>
<td>substance abuse problems</td>
</tr>
<tr>
<td>difficulties concentrating</td>
</tr>
<tr>
<td>agitation</td>
</tr>
<tr>
<td>insomnia</td>
</tr>
<tr>
<td>nightmares</td>
</tr>
<tr>
<td>anger</td>
</tr>
<tr>
<td>irritation</td>
</tr>
<tr>
<td>feeling blue / hopeless</td>
</tr>
<tr>
<td>learning disabilities</td>
</tr>
<tr>
<td>crying</td>
</tr>
<tr>
<td>anxiety</td>
</tr>
<tr>
<td>feeling scared</td>
</tr>
<tr>
<td>feeling helpless</td>
</tr>
<tr>
<td>gambling addiction</td>
</tr>
<tr>
<td>disabilities</td>
</tr>
<tr>
<td>loss of sexual desire</td>
</tr>
<tr>
<td>obsessive compulsive symptoms</td>
</tr>
</tbody>
</table>
Name the physical experiences you feel in your body. You can use the picture to mark the areas you feel pain and/or have injuries.
MATERIAL POCKET
My home, where I used to live with my family

My family members were

My friends were
My duties were

The school, I used to go to

My former job
My hobbies were

Bad memories were

The best moments were

How did working on this part make you feel?
I left my home country, or the country I used to live in

The items I took with me on the journey

The things I miss from my home country
The people who helped me and my family on our journey to Finland

The things that made me feel safe

Finish the sentence
My saddest memory is...
My scariest memory is...

My happiest memory is...

My funniest memory is...

How did working on this part make you feel?
MY TIME IN FINLAND

My first memory about Finland

My family in Finland

My home in Finland

My friends in Finland
These are the things I do not like in Finland 😞

These are the things I like in Finland 😊

I am worried about these things in my family at the moment

The things that are well in my family
Finish the sentence
I do not like when...

I am scared that...

I am sad, because...

I like it when...

I am happy when...

I hope that...

How did working on this part make you feel?
First write your name to the circle in the middle. Then start writing your loved ones names to the circles around your name. Start from the person you feel is the closest to you.
My favourite school subjects

I get help at my school from

Bad things at my school

Good things at my school
My hobbies

Hobbies, I would like to try

My dream profession

How did working on this part make you feel?
The best thing, that could happen to me in the near future

Next year I will be

Things, that make me feel safe

In five years, I see myself
MAKE YOUR OWN DREAM MAP

Cut pictures and words you find important or dream about from a newspaper. Then glue the pictures to a cardboard and write keywords to yourself.

Look back regularly at your dream map and remember your goals, your values and your dreams.

How did working on this part make you feel?

😊😊😊😊😊
Topics, I would like to discuss more about

relationships    dating    sexuality

birth control    starting a family    circumcision

alcohol / narcotics    life philosophy / religion

the meaning of family honour / shame

relationship with my parents    social media

independence    own apartment    finances

(summer) job    studies

Other topics
MATERIAL POCKET