**Supplementary Material**

**A.1: Detailed information on Cut-Off Scores**

As inclusion criteria, patients were supposed to have strong feelings of trauma-related guilt and shame based on cut-off scores, which we determined for the purpose of the study with the Global Guilt Scale of the Trauma Related Guilt Inventory (TRGI-GG; Kubany et al., 1996) and the total score of the Trauma Related Shame Inventory (TRSI; Øktedalen et al., 2014).We applied the following rule: Participants had to either reach a moderate cutoff (Cutoff\_Moderate) for both TRGI-GG and TRSI or a stricter cutoff (Cutoff\_Strict) for one of both scores.

The Cutoff\_ModerateGuilt was determined by calculating an overall mean score based on TRGI-GG mean scores derived from a validation study by Kubany et al. (1996) based on different trauma samples: trauma-exposed female college students (*N* = 209, *M* = 1.17, *SD* = 1.07), veterans (*N* = 74, *M* = 2.36, *SD* = 1.13), battered women (*N* = 168, *M* = 1.92, *SD* = 1.08). The Cutoff\_StrictGuilt was calculated by adding the average of the half standard deviations to the Cutoff\_ModerateGuilt.

**Cutoff\_ModerateGuilt = (1.17 +2.36 + 1.92) / 3** ≈ **1.8**

**SDAverage: (1.07 + 1.13 + 1.08) / 3** ≈ **1.01**

**Cutoff\_StrictGuilt: 1.8 + (0.5 x 1.01)** ≈ **2.3**

The Cutoff\_ModerateShame was equivalent to the TRSI total mean score in a validation sample based on patients with different traumas (*N* = 50; *M* = 1 , *SD* = 0.83) by Øktedalen et al.(2015). The Cutoff\_StrictShame was calculated for shame by adding a half standard deviation to the Cutoff\_ModerateShame.

**Cutoff\_ModerateShame = 1**

**Cutoff\_StrictShame: 1 + (0,5 x 0,83) ≈ 1.42**

**A.2: Secondary Outcome Measures**

We used the *PTSD* Symptom-Checklist-Version *5* (PCL-5; Blevins et al., 2015; German version: Krüger-Gottschalk et. al., 2017) to measure self-reported PTSD symptomatology. The PCL-5 comprises 20 items assessing the severity of DSM-5 PTSD symptoms in the previous month on a ­5-point scale (0 = *not at all* to 4 = *extremely*). In the present study, we used the sum score of the PCL-5 (range 0 – 33). A psychometric study found excellent internal consistency and test-retest reliability for the PCL-5 (Bovin et al., 2016). The internal consistency in the present study was excellent as well (α = .93).

Dysfunctional posttraumatic cognitions were assessed using the Posttraumatic Cognitions Inventory (PTCI; Foa et al., 1999; German version: Ehlers & Boos, 1999; Müller et al., 2010), a 33-item self-report measure with a 7-point scale (1 = *totally disagree* to 7 = *totally agree*). For the present study, we used the PTCI total score (range 0 – 231), with higher scores indicating stronger negative cognitions. The PTCI has demonstrated good psychometric properties (Foa et al., 1999) and the internal consistency in the present study was excellent (α = .93).

The Beck Depression Inventory was used to assess self-reported depression in the past two weeks (BDI-II; Beck et al., 1996; German version: Hautzinger, Keller, & Kühner, 2006). The BDI-II is a 21-item questionnaire with a 4-point scale with at least four options of increasing intensity to choose from. The German version of the BDI-II demonstrates good psychometric properties (Hautzinger et al., 2006). The BDI-II showed excellent internal consistency in the present study (α = .92).

Self-reported psychological distress over the past week was measured using the Brief Symptom Inventory (BSI; Derogatis, 1993; German version: Franke, 2000). The BSI consists of 53 items with a 5-point scale (0 = *not at all* to 4 = *extremely*) and includes nine symptom groups (e.g., somatization, interpersonal sensitivity, anxiety). In the present study, we used the Global Severity Index (BSI-GSI) representing the mean item score. The German version of the BSI shows good psychometric properties (Geisheim et al., 2002). The internal consistency of the BSI-GSI in the present study was excellent (α = .96).

Well-being was assessed using the WHO-Five Well-Being Index (WHO-5; Bech et al., 2003; German version: Brähler et al. 2007), which is a five-item self-report measure of well-being over the past two weeks. Responses are made on a 6-point scale (0 = *at no time* to 5 = *all of the time*). We used the total score ranging from 0 to 25). The WHO-5 has demonstrated good validity and reliability as an outcome measure in clinical studies (Topp et al., 2015). In the present study, internal consistency was good (α = .80).

Self-compassion was assessed by the Self-Compassion Scale (SCS; Neff, 2003; German version: Hupfeld & Ruffieux, 2011). The SCS consists of 26 items that are answered on a 5-point scale (1 = *almost never* to 5 = *almost always*) Recent psychometric studies postulate a two-factor solution (e.g., Halamová et al., 2021): Self-Compassion (SCS-CO, 13 items) and Self-Criticism (SCS-CR, 13 items). In the present study, we used mean scores of SCS-CO and SCS-CR. The SCS showed excellent reliability and good validity (Hupfeld & Ruffieux, 2011). The internal consistency in the present study was acceptable for both SCS-CO (α = .74) and SCS-CR (α = .77).

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