A PRINTABLE SELF-HELP PACK

Trauma Recovery Workbook

Gentle Tools for PTSD & C-PTSD

Gentle, well-researched grounding tools for calming your body, riding out flashbacks, and coming back to the present — at your own pace.

INSIDE THIS PACK

- Learn how trauma affects the body and brain (and why your reactions make sense)
- Grounding, orienting, and anchor-phrase skills for flashbacks and triggers
- A personal flashback plan, the container exercise, and a calm place practice
- A trigger and grounding log, plus a five-family regulation menu
- Gentle sleep and after-a-nightmare routines, and a weekly check-in page
- 6 cut-out pocket grounding cards to keep close

A printable stabilization-focused self-help pack drawn from widely used trauma psychoeducation.

How to Use This Workbook

Welcome. If you are living with the after-effects of trauma, the way your body and mind react is not weakness, and it is not who you are. Those reactions are survival responses — and there are gentle, well-researched skills that can help you feel steadier. This workbook puts those skills on paper, for you to use at your own pace.

If you are in crisis right now: call or text **988** (Canada and the US), free and confidential, 24/7. If you are in immediate danger, call 911. You do not have to be in crisis to reach out.

What this workbook is — and what it is not

This workbook is for **grounding and stabilization**: calming your body, riding out flashbacks and triggers, sleeping a little better, and feeling more anchored in the present. That is why nothing in these pages will ever ask you to describe your trauma, write out the memory, or relive what happened.

Processing traumatic memories belongs in therapy, with a trained professional beside you. Stabilization skills like the ones here are the foundation trauma therapists build first — so this workbook can stand on its own, or work quietly alongside therapy.

The pacing rules (please read these first)

1. **Go slow. Slower than that.** One page at a time is plenty. There is no deadline and no falling behind.
2. **You are in charge.** Skip anything that does not feel right today. Skipping is a skill, not a failure.
3. **If you feel flooded, stop.** Put the page down and turn to a grounding page (5-4-3-2-1, Soothing Through the Body, or your Flashback Plan). Come back another day — or not at all.
4. **Practice the calming tools while you are calm.** Your brain learns the steps best when the alarm is quiet, so the skills are there when you need them.
5. **Ten minutes is a full session.** Little and often beats long and rare.

A few gentle reminders

- Healing is not a straight line. A hard day does not erase your progress.
- You survived. You are allowed to move at survivor's pace.

I am starting this workbook on (date):

One thing I hope will feel steadier:

How Trauma Affects the Body and Brain

Part 1: The Smoke Alarm

Deep in your brain there is a small, fast alarm system. Its whole job is to spot danger and get your body ready to survive it — instantly, before you have time to think. It is like a smoke alarm: it cannot tell the difference between burnt toast and a house fire, so it errs on the side of going off.

When something overwhelming happens — something too big, too fast, or too much to cope with — that alarm does its job. It floods your body with survival chemicals. Heart racing, muscles braced, senses sharpened. This is not panic for no reason. It is a survival system working exactly as designed.

What trauma changes

After trauma, the alarm often gets **stuck on high sensitivity**. It has learned, deeply, that the world can turn dangerous without warning — so it starts going off for smaller and smaller things: a sound, a smell, a tone of voice, a feeling in your body. And because the alarm fires faster than thought, your body can be in full emergency mode before your thinking brain even knows why.

The body keeps responding as if it is still happening. That is the heart of a trauma response. The event is over, but the alarm never got the message — so it keeps protecting you from a danger that already passed.

Your symptoms make sense

Seen this way, the most common after-effects of trauma are not defects. They are adaptations — protections that outlasted the danger:

- **Always scanning, always on edge?** That is a guard who never got the memo that the emergency ended.
- **Numb, foggy, or checked out?** That is a circuit breaker, cutting the power when the system overloads.
- **Jumping at small sounds?** That is a very fast alarm doing its job a little too well.
- **Avoiding reminders?** That is your brain trying to keep you away from anything that trips the alarm.

You are not broken. Your survival system worked — and it kept working after the danger passed. The skills in this workbook do not fight that system. They gently teach it, one signal at a time, that the emergency is over. Bodies can re-learn safety. That is what the rest of these pages are for.

How Trauma Affects the Body and Brain

Part 2: Fight, Flight, Freeze, Fawn

When the alarm goes off, your body picks a survival strategy — automatically, in a fraction of a second, without asking your opinion. There are four main ones. Most people use different ones at different times.

The four survival responses

Fight — the body powers up to push the threat back. It can look like anger, irritability, a short fuse, clenched fists and jaw, or feeling suddenly explosive over something small.

Flight — the body powers up to get away. It can look like restlessness, anxiety, racing thoughts, over-working, over-planning, or the constant urge to leave, cancel, or escape.

Freeze — the body slams the brakes. It can look like going still or numb, feeling unable to move or speak, brain fog, feeling far away from your own body, or watching yourself from the outside.

Fawn — the body tries to stay safe by keeping others happy. It can look like instant agreement, apologizing for everything, losing track of your own needs and opinions, and people-pleasing that feels impossible to stop.

The most important thing to know

These are **reflexes, not decisions**. In the moment, your nervous system chose the option it calculated was most likely to keep you alive — based on the situation, your past, and what was possible. Freezing when you could not fight, or fawning when you could not flee, was not weakness or consent. It was survival intelligence.

Many survivors carry shame about *how* they responded. But you did not choose your response any more than you choose to blink. **However you survived was the right way, because you are here.**

Which responses do I notice in myself?

Check any that feel familiar. This is just noticing — no details, no story needed.

- ☐ **Fight** — irritability, anger, feeling suddenly explosive
- ☐ **Flight** — restlessness, racing thoughts, the urge to escape
- ☐ **Freeze** — numbness, fog, going still or far away
- ☐ **Fawn** — appeasing, apologizing, losing my own needs

Pacing note: *if noticing this stirs things up, that is a normal sign you are touching something real. Pause here and use a grounding page (5-4-3-2-1 or Soothing Through the Body). This page will wait for you.*

PTSD and C-PTSD, in Plain Language

Understanding the names for what you might be carrying

Post-traumatic stress is the mind and body's understandable response to overwhelming events. When those responses stick around and interfere with life, professionals may call it PTSD or C-PTSD. Here is what those terms actually mean — in plain language.

PTSD (post-traumatic stress disorder)

PTSD can follow one or more traumatic events. It tends to show up in four ways:

- **Intrusions** — unwanted memories, nightmares, or flashbacks that arrive uninvited, often triggered by reminders.
- **Avoidance** — steering around people, places, conversations, or feelings connected to what happened, because they set off the alarm.
- **Mood and thought shifts** — heavy guilt or shame, beliefs like "the world is dangerous" or "something is wrong with me," numbness, or losing interest in things you used to enjoy.
- **Being on high alert** — feeling jumpy and watchful, scanning rooms, irritability, trouble concentrating, and trouble sleeping.

C-PTSD (complex PTSD)

C-PTSD can develop after trauma that was **prolonged or repeated** — especially when escape was difficult, and often when it happened in childhood or inside close relationships. It includes the PTSD responses above, and adds three deeper layers:

- **Wounds to self-concept** — persistent shame, worthlessness, or the deep sense of being permanently damaged or different from other people.
- **Emotion regulation difficulty** — feelings that arrive as huge waves, take a long time to settle, or swing quickly; or long stretches of feeling nothing at all.
- **Relationship effects** — trouble trusting, fear of closeness or of being abandoned, and struggling to feel safe with people even when you want to.

If you recognize yourself in these lists, let it mean this: **your struggles have a name, they are shared by many others, and they are well understood.** These patterns are adaptations to what you lived through — not character flaws, and not a life sentence. They respond to support and treatment.

This page is not a diagnosis. *Only a qualified mental health professional can assess whether these labels fit your experience. This page exists so the words feel less frightening — and so you know what to ask about if you seek support.*

Pacing note: *reading about symptoms can be activating. If your body is getting loud, pause and turn to a grounding page before reading on.*

The Window of Tolerance

The zone where life is workable — and how to widen it

Everyone has a zone where they can feel their feelings and still function: you can think, connect, cope, and stay present, even when things are stressful. Therapists call this the **window of tolerance**. Inside the window you might feel calm, focused, or even upset — but you are still *here*, still steering.

Trauma tends to **narrow the window**, so it takes less to knock you out of it. Outside the window, there are two directions to go:

Above the window: hyperarousal (too much)

The alarm is blaring and the body is in overdrive. It can feel like anxiety or panic, racing heart and thoughts, anger, shakiness, feeling flooded or out of control, needing to move or escape.

Below the window: hypoarousal (too little)

The system overloads and shuts down. It can feel like numbness, exhaustion, brain fog, feeling flat or far away, disconnection from your body, or barely being able to move or speak.

Neither direction is a failure. Both are your nervous system trying to protect you. The goal is not to never leave the window — it is to **notice sooner and return faster**, using skills that bring you back: grounding and temperature tools when you are above the window, and gentle movement, orienting, and connection when you are below it. With practice, the window itself slowly widens.

Getting to know my window

No story or details needed — just body signals and behaviors you notice.

When I go ABOVE my window (hyperarousal), it looks like:

When I drop BELOW my window (shutdown), it looks like:

Earliest signal that I am leaving my window:

Pacing note: *if filling this in starts to pull you out of your window, that is your answer for today — stop, and use a grounding page. Noticing it happen is the skill.*

5-4-3-2-1 Grounding and Orienting

Come back to here and now, one sense at a time

Trauma responses pull your attention into the past and your body into alarm. Your senses, though, only work in the *present* — which makes them a reliable road back. Use this page when you feel triggered, spacey, or on edge. Go slowly. Saying the items out loud helps.

Part 1: The senses countdown

5 things I can SEE right now:

4 things I can TOUCH or FEEL (the chair beneath you, fabric, cool air):

3 things I can HEAR:

2 things I can SMELL (or two smells I like):

1 thing I can TASTE (or take one slow breath):

Part 2: Orienting — name where and when

Orienting is what animals do after a scare: look around and confirm the coast is clear. It tells the alarm, in its own language, that the danger is not here.

1. Turn your head slowly and let your eyes wander the whole room. Let them rest on anything neutral or pleasant.
2. Name out loud: today's date, the place you are in, and one door or window you can see.
3. Complete the sentence below, then say it slowly — twice.

Write your sentence: 'My name is ..., it is (month and year) ..., I am in (place) ..., and right now I am safe enough.'

Pacing note: *if you feel flooded at any point, stop the exercise, stand up, and press your feet into the floor. Shorter is fine. You can always try again later.*

Soothing Through the Body

When words feel far away, the body still listens

During a trauma response, the thinking brain goes partly offline — which is why "just calm down" has never worked on anyone. These tools skip words entirely and speak the body's own language: temperature, pressure, movement, and breath. Try each one while you are calm, so your body knows the way.

Temperature

- Splash cool water on your face, or hold your wrists under the cold tap
- Hold something cold — a chilled can, an ice cube wrapped in a cloth
- Step outside into fresh air for one minute

Pressure

- Place a hand flat on your chest and breathe out slowly under it
- Wrap yourself firmly in a heavy blanket
- Hug a cushion hard, or press your palms together and hold

Movement

- Push against a wall — really push, then release
- Walk slowly and feel each footfall land
- Shake out your hands and arms; roll your shoulders back

Breath

- Make your exhale longer than your inhale: in for 4, out for 6 to 8
- Exhale like you are slowly fogging a mirror

Try it now (while calm)

Tension before (circle one): 0 1 2 3 4 5 6 7 8 9 10

Pick one tool from any group above and do it for about a minute.

Tension after (circle one): 0 1 2 3 4 5 6 7 8 9 10

The body tool that works best for me:

Pacing note: *if any tool feels wrong in your body today, skip it — there are plenty of others. Cold water is safe for most people, but if you have a heart condition, check with your healthcare provider first.*

Dual Awareness and Anchor Phrases

Part of me is remembering — and I am here

What a flashback actually is

A flashback is **a memory firing in the present**. Traumatic memories often get stored without a timestamp — raw sights, sounds, sensations, and feelings filed under "still dangerous." So when something trips the alarm, the memory does not play back like an old film. It floods in at full volume, and your body responds as if it is happening *now*. That is not losing your mind. It is a filing error in a survival system — and it can be worked with.

Dual awareness

Dual awareness is the skill of holding two true things at once:

Part of me is remembering something painful — AND I am here, in this room, in this year, and the danger is not here now.

You do not have to push the memory away (pushing usually makes it louder). You simply widen your attention until the present fits in the frame too: feel your feet, see the room, and speak to yourself in the present tense.

The anchor phrase formula

"I am having a memory. It is [year]. I am in [place]. I am safe right now."

Each piece does a job: **naming it** puts the thinking brain back online. **The year** gives the memory its missing timestamp. **The place** locates your body in the present. **The safety line** tells the alarm the one thing it needs to hear. If "safe" feels like too big a word, use "safe enough" or "the danger is not here now."

Build your own anchor phrase

I am having a memory. It is (year):

I am in (place):

My closing line (safe / safe enough / the danger is not here now):

Write your full anchor phrase here, then read it aloud twice:

Pacing note: *practice your phrase while calm — that is what makes it available when things get loud. If you feel flooded, stop and use a grounding page.*

My Flashback Plan

Decide now, so you don't have to decide then

During a flashback, the thinking part of your brain is partly offline — which is why you make this plan *now*, while you are calm. Fill in the card below, cut it out, and keep it where your hands can find it: wallet, phone case, bedside table, coat pocket.

When a flashback starts, I will…

Step 1 — Name it. "This is a flashback. It is a memory, not the present. It will pass."

Step 2 — Feet on the floor. Press both feet down, hard. Feel the ground holding you up.

Step 3 — Orient. Look around slowly. Name 5 things I can see, out loud.

Step 4 — Say my anchor phrase.

My anchor phrase:

Step 5 — Change the temperature. Cool water on my wrists or face, or hold something cold.

Step 6 — Reach out.

A person I can text or call:

What I can say or send:

Afterward: water, warmth, rest. A flashback is exhausting — you just rode one out. That took strength.

Flashbacks lose power as your brain slowly re-learns that the memory is over. If they are frequent or intense, that is a strong reason to reach out to a trauma-trained professional — not a sign you are failing. If you ever feel unsafe, call or text 988 (Canada and US), any hour.

The Container Exercise

A place to keep it — until you choose to open it

Between now and the right moment — a therapy session, a steadier day, a time when you have support — you need somewhere to *put* distressing images, thoughts, and feelings. The container is a well-known imagery skill trauma therapists teach for exactly this. It is not pretending nothing happened. It is choosing **when** to deal with things, so they stop choosing for you.

Build your container (while calm)

1. **Picture a container strong enough to hold anything.** A bank vault, a steel chest, a submarine, a locked trunk — yours can be realistic or completely imaginary.
2. **Give it a lid or door that seals and locks.** Only you hold the key, the code, or the combination.
3. **Decide where it lives.** The bottom of the ocean, a locked room down a long hallway, buried under a mountain — somewhere away, but reachable when you choose.
4. **Practice with something small.** Take a minor annoyance from today (not trauma material — something small). Imagine placing it inside, closing the lid, and locking it. Notice the click.
5. **Use it when material shows up uninvited.** Say your "not now" phrase, and picture the image or thought going in and the lock turning.
6. **Open it only on purpose** — ideally with a professional beside you. The container holds things; therapy is where they get unpacked safely.

My container

My container is (what it is, what it is made of):

It closes and locks by:

It is kept:

My 'not now' phrase (example: 'Not now — I will handle you with support.'):

Pacing note: *practice only with small, everyday stresses at first. If this exercise itself feels activating, stop and use a grounding page — and consider building your container together with a therapist.*

Calm Place

Somewhere your body can exhale

This exercise builds a place — real or imagined — in enough sensory detail that your body responds to it. With practice, visiting it for even a minute can turn the alarm volume down.

Important: *if the phrase "safe place" feels impossible, you are not doing it wrong — that is extremely common for trauma survivors. Aim lower on purpose: a* ***calm-er*** *place, or even just a* ***neutral*** *one. A quiet library corner, a sunlit bus seat, a kitchen table with tea — neutral is enough.*

Choose a place with **no connection to difficult memories**. Real, imaginary, or borrowed from a film — it only has to feel calm-er than here.

Build it with your senses

My calm (or neutral) place is:

What I can SEE there (colors, light, shapes):

What I can HEAR there:

What I can FEEL there (temperature, textures, what I am sitting or standing on):

What I can SMELL there:

One word to call it up (my cue word):

Practice

- Visit for 30 to 60 seconds once a day, while calm. Say your cue word, close your eyes if that feels okay (open is fine too), and walk through the senses.
- With repetition, the cue word alone starts to bring a piece of the calm with it.

Pacing note: *if your calm place ever stops feeling calm, redesign it or build a new one — that is normal maintenance, not failure. And if imagery of any kind leaves you feeling worse, stop and use a body-based grounding page instead; some nervous systems prefer the concrete.*

Trigger and Grounding Log

Turn ambushes into information

Triggers feel random — until you track them. A few weeks of gentle logging usually reveals patterns: certain times, places, sensations, or situations. Once you can predict the alarm, you can have a tool ready *before* the wave peaks.

How to use it: after a triggered moment has passed and you feel steady enough, add a row. **A word or two is plenty for the trigger — you never need to write the story or the memory.** Record it like a kind scientist: data, not judgment.

The log

Date	The trigger (a word or two)	Intensity (0-10)	Grounding tool I used	What helped, even a little

Example: *Mar 4 — "crowded bus" — 7 — 5-4-3-2-1 + long exhales — "got off one stop early, walked, settled in 20 minutes."*

Patterns I am noticing

My most common triggers seem to be...

The tools that helped most were...

One thing I could set up in advance (a card in my pocket, a person on standby, an exit plan)...

Pacing note: *log only when you feel steady — never mid-wave. If reviewing this page stirs things up, close it and use a grounding tool first.*

> Knowing your triggers is not about avoiding the whole world. It is about seeing the alarm coming, so it cannot ambush you.

Regulation Menu

20 ways back to steadier ground — pick what fits the moment

No single tool works every time, in every state. That is why you need a menu, not a rule. Check off what you have tried. Star what works. When things get loud, you will not have to think — just look for your stars.

Body

- ☐ Press both feet into the floor and feel the ground push back
- ☐ Hand flat on chest, long slow exhale underneath it
- ☐ Wrap up firmly in a heavy blanket
- ☐ Lengthen the exhale: in 4, out 6 to 8

Senses

- ☐ Name 5 things you can see, out loud
- ☐ Strong mint, sour candy, or a squeeze of lemon
- ☐ Keep a textured object in your pocket and trace it
- ☐ One familiar song, listened to all the way through

Movement

- ☐ Push hard against a wall, then release
- ☐ A slow walk, noticing every footfall
- ☐ Shake out your hands and arms for 30 seconds
- ☐ Stretch slowly toward the ceiling, then let everything drop

Connection

- ☐ Text or call a person who feels steady
- ☐ Sit somewhere gently peopled — a cafe, a library
- ☐ Time with a pet or any friendly animal
- ☐ Say it out loud: "A wave is here. It will pass."

Containment

- ☐ Use your container (see the Container Exercise page)
- ☐ Visit your calm place for one minute
- ☐ Screens and news off for the rest of the evening

My top 3 go-to tools

When the alarm sounds, I will try these first:

1. _____

2. _____

3. _____

Sleep and Trauma

Why nights are hard — and a gentler way in

Sleep asks your body to power down its defenses — and a nervous system that learned the world is dangerous does not like powering down. That is why so many trauma survivors lie awake scanning, wake at small sounds, or dread bed entirely. Trouble sleeping after trauma is not a bad habit. **It is a guard refusing to leave its post.** The goal is not to force sleep (forcing wakes the guard up more). It is to send the body slow, repeated signals that tonight, the watch can stand down.

Nightmares are part of the same picture: the alarm rehearsing at night. They are common after trauma — and they are treatable, which is worth telling a professional about.

Wind-down checklist (start 30-60 minutes before bed)

- ☐ Dim the lights — low light tells the body the day is ending
- ☐ Screens and news off (both feed the alarm)
- ☐ A warm shower, or a warm drink without caffeine
- ☐ 10 long exhales: in for 4, out for 6 to 8
- ☐ A slow stretch, or tense-and-release your shoulders and jaw
- ☐ Heavier blankets or firmly tucked sheets — gentle pressure calms
- ☐ Check what helps you feel secure: door, curtains, a light within reach
- ☐ Say where and when you are, once, kindly: "I am in my room. It is [year]. The day is done."

My three-step wind-down

Pick the three that fit your life, in order:

1.

2.

3.

My usual lights-out time and my usual wake time:

Pacing note: *if closing your eyes feels unsafe some nights, keep a low light on and rest without forcing sleep — rest still counts. If sleep stays hard for weeks, bring it to a professional; sleep is treatable, and you deserve it.*

After a Nightmare

A routine for the middle of the night

Waking from a nightmare, your body is often already in full alarm — heart pounding, memory and dream tangled together, the room unfamiliar for a second. Having a routine decided *in advance* means you do not have to figure anything out at 3 a.m. You just follow the steps.

The routine

1. **Turn on a light.** Darkness keeps the dream alive; light hands the room back to the present.
2. **Feet on the floor.** Sit up, place both feet down, and press. Feel the solid ground.
3. **Say where and when.** Out loud, slowly: "That was a nightmare. It is over. I am in [place]. It is [year]."
4. **Change the temperature.** Cool water on your hands or face, or a few sips of a cold drink.
5. **Do something neutral for 10-15 minutes.** Sit somewhere else if you can. Flip through a familiar book, quiet music, a warm drink — not screens, not news.
6. **Rest is enough.** Go back to bed when your body is ready. If sleep does not return, lying down and resting still counts. The night is not ruined.

My plan, filled in while calm

My light (lamp, phone flashlight, hall light):

My orienting line: 'That was a nightmare. It is over. I am in (place). It is (year).'

My neutral activity:

If I need a person:

Pacing note: *you never need to write down or analyze the nightmare itself — that is not this workbook's job. If nightmares are frequent or the same one repeats, please tell a professional: there are specific, effective treatments for trauma nightmares.*

> A nightmare is the alarm rehearsing, not a prophecy. It has no information about tomorrow.

Getting Professional Support

Trauma therapy works — and you deserve more than coping

This workbook can help you feel steadier. But stabilization is the *first* part of trauma recovery, not the whole of it. The deeper work — safely processing what happened so it loses its grip — is done in therapy, with a trained professional beside you. That is not a limitation of yours. It is simply how this kind of healing works: it needs another steady nervous system in the room.

Here is the genuinely hopeful part: **trauma therapy is well researched and effective for many people.** Symptoms that can feel permanent — flashbacks, nightmares, the constant alarm — often improve with treatment, sometimes more than survivors dare to expect.

Kinds of help (in plain language)

- **Trauma-focused talk therapies** — structured approaches where you build skills first, then work with memories gradually, at a pace you control.
- **EMDR and related memory-reprocessing approaches** — help the brain re-file traumatic memories so they stop firing as if the event were still happening.
- **Parts-based approaches** — work gently with the protective "parts" of you (the guard, the pleaser, the one who went numb) so they can stand down.
- **Group support** — being with people who get it can shrink the shame that trauma feeds on.

Many therapists blend these. The specific approach matters less than two things: the therapist is **trained in trauma**, and you feel **increasingly steady** working with them.

What a first session actually looks like

Mostly: talking about the present. What is going on now, what you are hoping for, what safety and support look like in your life. Some paperwork, some questions. **You do not have to tell your story in the first session — or until you are ready.** A good trauma therapist builds safety first and follows your pace. You are allowed to interview them, too: "What is your experience with trauma?" and "How do you pace the work?" are excellent questions.

Finding support

Community mental health clinics, sliding-scale and low-cost therapy programs, employee assistance programs, your primary care provider, and national crisis lines (which can point you to local resources) are all real doors in. If the first therapist is not the right fit, trying a second is normal — fit matters.

Reaching out is not an admission that you are broken. It is the next skill.

Weekly Check-In

Small wins count double here

Trauma recovery is built from moments that are easy to miss: the flashback that passed a little faster, the night you used your wind-down, the text you sent instead of disappearing. This page helps you see them. Fill it in once a week — a word or two is always enough, and no question requires details.

Week of:

1. This week, overall

How steady I felt, on average (circle one): *0 1 2 3 4 5 6 7 8 9 10 — 0 = far outside my window, 10 = mostly steady*

2. Tools I used this week (check all that apply)

- ☐ 5-4-3-2-1 grounding / orienting
- ☐ Soothing through the body
- ☐ Anchor phrase or dual awareness
- ☐ My flashback plan
- ☐ Container exercise or calm place
- ☐ Regulation menu tool
- ☐ Wind-down or after-a-nightmare routine

3. Gentle reflections

One thing that helped this week, even a little:

My hardest moment (a word or two is enough) — and what got me through it:

One kind thing I did for myself:

4. Looking ahead

Next week, one small thing I will practice:

One kind sentence for myself, for the hard moments:

Pacing note: *if a question stirs too much, skip it — a partly filled page is a completed check-in.*

> A hard week does not erase your progress. Showing up to this page is itself an act of recovery — and if several hard weeks stack up, that is useful information to bring to a professional.

Pocket Grounding Cards

Cut them out. Keep them close.

In a hard moment, remembering what to do is the hardest part. These cards remember for you. Cut along the dashed lines and put them where your hands will find them: wallet, phone case, bedside table, coat pocket, car.

"This is a memory, not the present. It is [year]. I am in [place]. Right now, I am safe enough."

"Feet on the floor. Five things I can see. Four I can feel. Three I can hear. I am here."

"My body is trying to protect me. The alarm is loud — but loud is not the same as true."

"Long, slow exhale, like fogging a mirror. My breath tells my body: the danger is not here now."

"I survived what happened. I am allowed to go slowly now. Survivor's pace still counts as forward."

"Cold water. A strong mint. A firm press of my feet. My senses are doors back to now."

Cut along the dashed lines.

Please Read: Important Information

About this workbook

This workbook is an educational self-help resource focused on grounding and stabilization. It shares general information and skills drawn from widely used trauma psychoeducation and stabilization approaches.

It is not psychotherapy, counselling, medical care, or mental health treatment. *Using this workbook does not create a therapist-client or any other professional relationship with its creator. It is not a substitute for assessment, diagnosis, or treatment by a qualified physician, psychologist, psychotherapist, counsellor, or other licensed professional, and it is not intended to diagnose or treat any condition. This workbook deliberately does not include trauma-processing or exposure exercises:* ***processing traumatic memories belongs in therapy with a trained professional.***

Everyone's situation is different. If the after-effects of trauma are significantly affecting your daily life — your sleep, work, school, relationships, or sense of safety — please reach out to a qualified mental health professional or your primary care provider. Effective treatments for trauma exist, and seeking help is a sign of strength.

A note about grounding exercises: grounding and imagery exercises are gentle, but for trauma survivors any exercise can occasionally feel activating. If any page leaves you feeling worse, more anxious, or spaced out, please stop, use a skill that has helped before, and consider speaking with a professional before continuing. Cold-water and breathing tools are safe for most people, but check with your healthcare provider first if you have a heart or breathing condition.

If you need help now

If you or someone else is in immediate danger, call 911 (Canada and the US) or go to your nearest emergency department.

988 Suicide & Crisis Lifeline (Canada and the United States)

- **Call 988** — free, confidential, available 24 hours a day, 7 days a week
- **Text 988** — if you prefer texting to talking

Additional support:

- **United States — Crisis Text Line:** text HOME to 741741 (24/7)
- **Canada — Kids Help Phone (ages 5-29):** call 1-800-668-6868 or text CONNECT to 686868 (24/7)

You do not need to be in crisis to reach out. If you are struggling, these services are there for you.

You survived. You matter. And support is available.