DISSOCIATION-RESPONSIVE CARE

TRAUMA SURVIVOR GUIDE

EMPOWERED RECOVERY

A Practical, Compassionate Introduction
Trauma-Related Dissociation

By Lauren Rudolph, LPC

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Dissociation-Responsive Care™ (DRC) — A Guide for Trauma Survivors

By Lauren Rudolph, LPC

A compassionate guide for anyone healing from trauma-related dissociation

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INTRODUCTION — You Are Not "Making It Up"

If you've ever wondered why you're missing periods of time you *should* remember, or why you question whether something actually happened or you dreamt it or made it up—you are not alone. If you've ever noticed yourself zoning out, dealing with medical symptoms that don't have clear answers, feeling far away from yourself, or suddenly going numb in moments that should feel safe, you are not alone — and you are most definitely not broken. And the good news is: change is still possible. You do not have to stay stuck in these patterns forever.

At the same time, it's pretty hard to change something you've had little to no awareness of, especially when it's been happening automatically for years. When a survival response becomes so ingrained that it feels like "just who you are," it can be confusing, frustrating, and defeating.
That's where this guide comes in.

My goal is to give you knowledge, language, and some practical tools to help you finally understand what's been happening inside you — and to help you meet yourself with the compassion and courage needed to create change. You may not be able to control the automatic responses you developed to survive, but you *can* learn to choose how you respond now that you have new information.

Here's something we don't talk about enough: for many people who grew up with overwhelming stress, chaos, or chronic trauma, dissociation becomes a brilliant survival strategy. Truly — it is brilliant, bold, and one of the most badass coping mechanisms the human nervous system has. When fight or flight won't work or won't be enough, the brain activates another option: the freeze response. And freeze, in many cases, is the reason you're here today.

Your system learned how to protect you long before you had words for what was happening.
Dissociation isn't a failure. It's not a personality flaw. And no — you are not imagining it.
Your system adapted to survive.

But here's the part that's complicated: even though dissociation helped you survive, living with it long-term can create a whole new set of challenges. Survival patterns that once kept you safe can start interfering with relationships, stability, daily functioning, or your ability to feel present in your own life. And it can be incredibly frustrating to realize that even when the danger is gone and your life is objectively safer, that doesn't automatically translate into your body *feeling* safe enough to shift out of the freeze response it learned so well.

Healing from trauma-related dissociation requires awareness, intention, compassion, and understanding — especially understanding of yourself.

This guide is here to help you access exactly that. It's written to be clear, accessible, and shame-free, so you can finally make sense of what you've been experiencing and begin navigating your inner world with confidence instead of confusion.

WHAT IS DISSOCIATION? (A Simple, Human Explanation)

Dissociation is your mind's way of saying:

"This is too much. Let me help you get through this."

It's what happens when something overwhelming occurs and no one responds, or no one is able to help. The mind steps in and does something brilliant: **it separates things that are too painful to hold all at once.**
It keeps the thoughts, feelings, sensations, and memories of the "bad thing" in one place… and allows the rest of you to keep going.

If the overwhelming experiences were big, prolonged, or repeated, the system begins to organize itself around these splits. This isn't a flaw — it's an adaptation.

What Dissociation Can "*Look*" Like

- feeling far away or "foggy"
- losing time or having memory gaps
- watching your life from the outside
- feeling disconnected from your body
- suddenly shifting into a different "version" of yourself
- experiencing thoughts, emotions, or sensations that feel like they "don't belong to me"
- struggling to stay present during stress, conflict, or emotional topics

I put "look" in quotations because dissociation usually doesn't *look* like much on the outside. Many people function, talk, smile, work, parent, learn and live while dissociated. You can be on autopilot for years without anyone noticing — including yourself.

This is important:
No one should expect trauma-related dissociation to be visible.

It often flies so far under the radar that even when *you* are dissociating, you may only realize it afterward—if at all.

Octavia Butler wrote, *"What we don't see, we assume can't be. What a destructive assumption."*
I feel these words deeply when I think about trauma survivors doubting their own experiences. Dissociation is invisible, and because people can't see or believe the trauma or the internal responses to it, survivors often

question their own reality. Others may question it too, which makes the whole experience even more confusing and painful.

A Note on the Type of Dissociation This Guide Focuses On

Most people experience mild dissociation sometimes — like driving home on autopilot and suddenly realizing you don't remember the last several minutes. That's a normal, everyday form of dissociation called **absorption**. And that type of dissociation can also happen to trauma survivors.

But trauma-related dissociation typically involves a variety of different dissociative experiences. And it can be more severe.

It is:

- more automatic
- more protective
- more deeply wired into your nervous system
- more confusing to understand without the right language
- more likely connected to early or chronic trauma

This guide will help you build the language — and the self-understanding — to finally make sense of it.

WHY TRAUMA-INFORMED CARE ISN'T ALWAYS ENOUGH

You've probably heard the phrase "What happened to you?"
It's a beautiful shift away from blame and toward understanding and empathy — and it's the foundation of Trauma-Informed Care (TIC).

And for many trauma survivors — especially those with dissociation — that question leaves out something huge:

Sometimes… **you don't know what happened.**
Sometimes… **your system won't let you tell the story yet.**
Sometimes… **it's not just about the event — it's about the survival strategies.**

So Dissociation-Responsive Care™ (DRC™) adds a second, essential question:

"How did your system help you survive, and how can we honor that protection now?"

Instead of focusing only on the past, DRC™ looks at how your system keeps you safe *today*.

You don't need to force memories.
You don't need to push through triggers.
You don't need to "stay in your body" when your body doesn't feel safe yet.

Your system gets to set the pace.
Not the therapist. Not the treatment manual. Not the world.

🫚 THE 7 PILLARS OF DISSOCIATION-RESPONSIVE CARE™ (Survivor Version)

This is the DRC™ framework, rewritten with *you* in mind — the human being actually living this experience.

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1. Universal Dissociative Precautions

You do *not* need a formal diagnosis for your experiences to be real.

DRC™ starts with the assumption that dissociation may be present — because this assumption protects you from being pushed too fast.

Your therapist should never wait for "proof" before working safely with you.

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2. Dissociation Exists on a Spectrum

Dissociation is not all or nothing.
It can range from feeling checked out…
to feeling like different "parts" of you have different emotions, needs, or roles.

It can show up differently on different days or in different moments throughout the day — sometimes subtle, sometimes intense — and often for reasons you can't immediately explain. This is part of why it can feel so hard to describe to others. And sometimes what makes us distrust ourselves and our own experiences.

But here's the truth:

- All of these experiences are valid.
- All of them are adaptations.
- None of them make you "crazy," dishonest, manipulative, or "attention-seeking."

(And honestly… wanting attention is *not* a bad thing. That's a whole other guide for another day.)

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3. Distinguishing Helpful vs. Harmful Dissociation

Not all dissociation is harmful. Sometimes it:

- keeps you functional
- protects you from overwhelm
- helps you navigate conflict

- allows you to move through the world safely

And other times, it may:

- interfere with relationships
- make daily tasks harder
- create shame or confusion
- make therapy feel unsafe or ineffective

DRC™ helps you learn when dissociation is protecting you… and when it's holding you back. It also helps us understand that what is helpful to us can shift over time, throughout our lives.

Both matter. Neither makes you defective.

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4. Modifying Mindfulness (Because Standard Mindfulness Can Backfire)

If closing your eyes or "going inward" makes you:

- feel like you're falling
- feel "gone"
- feel less real
- lose time
- panic

…that is not your fault. It means your system does not feel safe with internal focus — and that is *information*, not failure.

In DRC™, mindfulness can looks like:

- eyes open
- focusing on objects around you
- noticing colors, sounds, textures
- grounding that keeps you externally anchored
- short durations including micro-moment practices

These are examples of modulation — using tools in a way that does *not* cause emotional flooding.

Flooding happens when your system becomes overwhelmed, overstimulated, or emotionally overloaded — and your brain prioritizes protection over presence.

Mindfulness should not destabilize you.
And truly, *no* therapeutic tool should.

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If a tool makes things worse, the tool needs to change. Not you.

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5. Internal Communication (Without Shame or Judgment)

Many people have "parts" or "selves" that take over in different situations. This can feel like:

- you're not fully in control of what you're thinking, saying, or doing
- you're suddenly younger
- your "adult self" goes missing
- you switch into a protector mode
- or you shift into shame, numbness, or overwhelm without warning

Because dissociation is a spectrum, sometimes it feels subtle — like being nudged aside — and other times it feels like the Adult "left the building." That can be incredibly scary and confusing, but it is also an adaptation.

You might notice:

- a younger-feeling version of yourself
- a protector voice
- a highly competent version
- a numb version
- an overwhelmed version
- a part filled with chronic shame or self-criticism

DRC™ treats every part with dignity.
Your parts are not symptoms. They are survivors too.

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6. Relational Safety (Your Therapist's Presence Matters)

When dissociation is involved, your system isn't just tracking *your* body — it's tracking the therapist's body too.

A DRC™-informed therapist pays close attention to:

- their tone
- their pacing
- their energy
- their ability to stay present with you

If a therapist becomes rushed, foggy, disconnected, or inexplicably tired, DRC™ views this as important clinical information, not a mistake.

Your system is always communicating.
And it always has a valid reason for what it notices.

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7. Stabilization First

You never need to jump into trauma processing before you — and *all* parts of you — are ready *enough*.
I say "enough" because complete readiness is sometimes unrealistic. Trauma work involves moving through avoidance and protection, and that's okay.

The goal isn't to swing between extremes. One analogy I often use is learning to swim:

We don't throw someone into the deep end without teaching them to swim or giving them a life jacket.
But we also don't reinforce the fear that they can never dip a toe in the water.
Healing happens gradually — with support, pacing, and safety.

In DRC™:

- safety comes first
- presence comes second
- processing comes last

There is *no prize* for rushing.
In fact, slowing down often gets you there faster — because rushing can send you two steps backward.

Your system has survived too much to be pushed before it's ready.

♡ **YOUR TURN: Common Signs of Dissociation**

Here are gentle, non-clinical questions to help you understand your own experience.

Do any of these feel familiar?

- "I forget parts of my day."
- "I feel like I'm watching myself from the outside."
- "Sometimes I can't tell how I got from one place to another."
- "I lose track of conversations."
- "Trying to focus on my breath makes me feel worse, not better."
- "Different parts of me want opposite things."

If so, you're not alone — and nothing is wrong with you.

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📝 HOW TO ADVOCATE FOR YOURSELF IN THERAPY

Starting therapy — or returning after a bad experience — can be intimidating. Many people with trauma-related dissociation tell me they worry about:

- How to *explain* dissociative experiences
- How to *know* if the therapist understands dissociation
- How to tell whether the therapist will help or unintentionally make things worse
- What to say if something feels unsafe
- How to ask for what they need
- How to leave if the therapist isn't a good fit

You deserve support that feels safe, steady, and aligned with *your system's* needs. This section will help you find the right fit *and* advocate for yourself once you're there.

First: You're Allowed to Ask for What You Need

Let's begin with this truth:

You are not "too much." You are not a burden. And you are absolutely allowed to ask for the kind of support your system needs.

Trauma-related dissociation isn't something you "push through." It requires a therapist who understands pacing, stabilization, and nervous-system safety. That is not "special treatment." That is **basic trauma-competent care**.

And no therapist should ever make you feel stupid, silly, dramatic, or selfish for asking for what you need.

Unfortunately, sometimes people *do* have experiences where a provider reacts in a way that feels minimizing, dismissive, or shaming. Speaking as a therapist myself, this can happen because the provider feels insecure or unaware of what they *don't* know — and instead of admitting or being aware of that that, it gets projected onto the person seeking help.

It's not okay.
It's also not your fault.
And it's something the clinical field needs to continue working on.

🗣️ How to Talk to a Therapist About Your Dissociative Experiences

Many people don't know how to bring this up.
Others worry they'll sound "crazy" or be judged or misunderstood.
Some fear the therapist might overreact or dismiss them.

Here's the truth:
Dissociative experiences are extremely common among trauma survivors.
Asking a therapist about their comfort with dissociation is *not* an unreasonable question — it's smart.

Starting with a simple, low-pressure question can help you "test the waters" and see whether the therapist feels safe enough to continue with.

Here are a few scripts you can use (feel free to put them in your own words):

Script Option 1 (Clear + Low-Pressure):

"Something I experience is dissociation — zoning out, losing time, or feeling far away. It would help me to work with someone who is comfortable talking about dissociation and pacing sessions around it. Could you share your thoughts on this?"

Script Option 2 (When You're Not Sure How to Explain It):

"I'm not totally sure how to describe it yet, but there are times when I check out or feel disconnected from myself. I'd like therapy to help me understand that better, without feeling rushed. Is this something you can help with me, and if so, how?"

Script Option 3 (If You Have Trauma Around Therapy):

"I've had experiences in therapy before where I felt misunderstood or pushed too fast. I want to go slowly, and I need a therapist who can work safely with overwhelm and dissociation. How can you help to ensure I don't feel that way again?"

You don't need the perfect words. You don't need a polished explanation.
You just need honesty — and a therapist who responds with respect, curiosity, and care.

How to Know If a Therapist Is the Right Fit (Green Flags)

These are the signs that a therapist may be safe, educated, and compatible with individuals who have dissociative systems:

GREEN FLAGS

- They don't look alarmed or skeptical when you mention dissociation.
- They respond with curiosity, not judgment: "Can you tell me more about what that's like for you?"
- They take time to understand what your dissociative experiences are like-because even if they know a lot, every individual is unique

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- They understand pacing and don't jump into trauma processing immediately.
- They say things like, "We'll go at your system's pace," or "Safety first."
- They ask permission before trying grounding or somatic tools.
- They don't push you to "stay in your body" when your body feels unsafe.
- They check in when you look far away or disconnected.
- They don't try to force coherence or clarity when you lose time.
- They demonstrate patience and don't take dissociation personally.
- They show respect toward your internal system — even without using parts language.

If you feel calmer, safer, or more understood after leaving the session — that's a good sign your system feels held.

🏳 Signs a Therapist May *Not* Be the Right Fit (Red Flags)

These are signals to pay attention to. If you see several of these, it's not you — it's the fit.

RED FLAGS

- They minimize dissociation ("Everyone zones out sometimes.").
- They pathologize or shame you ("That sounds very extreme…are you sure?").
- They insist on trauma processing immediately.
- They force tools that make you feel worse ("Just breathe through it.").
- They get irritated, confused, or overwhelmed when you dissociate.
- They require perfect memory or continuity from you.
- They accuse you of being dramatic, manipulative, or "attention-seeking."
- They rush you or push to "get somewhere."
- They say parts-work is "dangerous," "not real," or "too advanced for you."
- They say DID is "fake"
- They appear flustered, avoidant, or disconnected during your dissociation.

Your system is exquisitely sensitive to safety.
If something feels off — trust that signal.

How to Advocate for What You Need

Here are phrases you can use to set boundaries, slow the pace, or ask for adjustments:

IF YOU NEED TO SLOW DOWN

- "I'm starting to feel far away — can we pause?"
- "My system is getting overwhelmed; can we take smaller steps?"
- "I need to stay external right now."

IF YOU NEED DIFFERENT TOOLS

- "Can we try grounding that doesn't involve closing my eyes?"
- "Breathing makes me feel worse — do we have another option?"
- "I need more external, eyes-open strategies."

IF YOU LOST TIME

- "I think I dissociated for a moment. What were we talking about before that?"
- "I'm not sure what just happened. Can we recap?"

IF YOU FEEL UNSURE ABOUT SAFETY

- "Something about this feels too fast for me."
- "I want to make sure we're not rushing into processing before I'm ready."

IF YOU NEED THEM TO NAME WHAT THEY'RE SEEING

- "If you notice me going far away, can you check in?"
- "If I look shut down, can you help me ground gently?"

You're not demanding. You're advocating.
And advocating is a trauma-healing skill.

Remember: You're Interviewing *Them*, Too

Therapy is not a test you have to pass.
You are not there to perform.
You are not there to impress the therapist.
You are there to see if they are safe enough for *your system*.

You are allowed to leave.
You are allowed to try someone else.
You are allowed to ask questions.
You are allowed to take up space.

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You deserve care that understands you.

Walking away from a therapist, especially if you have been seeing them for a while and invested much time and energy can be very challenging. It can also be difficult if you have a hard time being direct or feeling like you are disappointing someone. The next section will provide some helpful steps you can take if you are at that point.

✕ IF YOU NEED TO END THE THERAPEUTIC RELATIONSHIP

Sometimes the bravest and healthiest decision you can make is to step away from a therapeutic relationship that isn't serving you. Ending therapy does *not* mean you failed. It doesn't mean you're "too much." And it doesn't mean you're giving up.

It simply means the fit wasn't right — and that's okay.
Therapy is a relationship, and relationships need compatibility, safety, and mutual trust.

Here's how to navigate ending therapy with clarity and self-respect.

First: You Are Allowed to Leave

You are allowed to end therapy for any reason. Here are some signs it is probably in your best interest to walk away:

- you feel consistently unsafe, dismissed, or misunderstood
- the therapist ignores your dissociation or pushes past your pace
- your symptoms worsen because tools aren't being adjusted
- you feel judged, shamed, or pathologized
- your system consistently shuts down during sessions
- you dread going or leave feeling destabilized
- you no longer feel aligned with their approach

You do *not* owe anyone an apology for needing a different kind of support.

How to Tell a Therapist You Need to Stop or Switch

You can keep this simple. You don't need to explain your entire reasoning unless you want to.

Here are some scripts you can use:

Option 1 — Clear + Boundaried

"I've been reflecting on what I need right now, and I think I need to pause or end therapy with you. I appreciate your time, but I don't feel this is the right fit for me."

Option 2 — If You Want to Name the Mismatch

"I'm needing a therapist who has more experience with dissociation and pacing around overwhelm. I'm going to look for someone whose approach aligns more closely with those needs."

Option 3 — If You Don't Feel Safe Giving Details

"I've decided to move in a different direction with my care. Thank you for your work with me."

Option 4 — If You Want a Transition Plan

"I'd like to end therapy, but I'd also like help finding someone who specializes in trauma-related dissociation. Can you recommend clinicians or resources?"

If You're Worried About Their Reaction

You are not responsible for managing a therapist's feelings.

A therapist who is a good fit will respond with:

- respect
- understanding
- support
- help transitioning
- zero pressure

If they become defensive, guilt-tripping, or upset, remember:
that reaction confirms you made the right choice.

You Can Come Back Later If You Want To

Ending doesn't have to be forever.
Sometimes people pause therapy when:

- they need more stability
- they want to try a different approach
- they need a therapist with more specialized skills

You can return later — or not. You get to decide. If you think you may want to return to working with that therapist, you can also share that with them as well.

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✵ Your Healing Is Too Important for the Wrong Fit

Choosing the right therapist is an act of self-protection.
Leaving the wrong one is an act of self-respect.
Neither makes you difficult — they make you *incredibly brave.*

You deserve therapy, or any kind of help from a provider, that feels safe, collaborative, trauma-aware, and aligned with your healing. All of what we discussed in this section can be applied to psychiatrists, nurse practitioners, social workers, family/couples therapists, clinical directors, psychologists or any other mental health provider that is a part of your care team.

✵You're Not Alone on This Journey

You've just walked through a lot — new language, new understanding, and maybe even new compassion for yourself. This guide gave you tools to recognize dissociation, understand why it happens, explore how to advocate for your needs, and begin identifying the kind of support that actually honors your system.

Here's what I want you to remember above everything else:

You are not making this up.
You are not too much.
You are not broken.
You are adaptive.
You are resilient.
You are worthy of safe, attuned care.

You deserve to be here, and more.

Your dissociation makes sense in the context of your story, your history, and your nervous system. And healing is not a race — it's a relationship with yourself.

As you begin (or resume) therapy, it's completely okay to:

- move slowly
- ask questions
- interview therapists
- set boundaries
- pause when you need to
- come back to this guide anytime
- leave a therapist who isn't the right fit
- take breaks

- trust what your system is telling you

Dissociation-Responsive Care™ is not about pushing, forcing, or “fixing.” It’s about honoring the extraordinary ways your system has protected you — and gradually helping it learn that safety is possible now.

And you never have to do that alone.

Most importantly, I want you to remember this:

The fact that you’re here — learning about yourself, showing up for your own healing, trying to understand something that was once invisible even to you — speaks volumes about your courage.

And it speaks just as loudly about the compassion you already have for yourself, even if you don’t always feel it there.

I know self-compassion can be one of the hardest things to access when you’re recovering from trauma. The world may have taught you to minimize your pain, push through, hide your needs, or believe you don’t deserve gentleness.

But here you are, choosing understanding over shame. That is an act of self compassion.

Choosing awareness over avoidance.

Choosing yourself — quietly, bravely, consistently.

Finding yourself the right kind of help isn’t a sign of weakness.

It is the ultimate act of self-compassion.

It is you saying:

My story matters.

My safety matters.

My healing matters.

I matter.

Even if you cannot say these words out loud or think them to yourself, you are showing compassion to every part of yourself, through your actions.

And if you take nothing else with you from this guide, take this:

You deserve care that honors the full truth of who you are — including the parts that learned to survive the only way they knew how.

And you are worth every bit of the healing you’re moving toward.

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Below is your **one-page interview guide** you can screenshot, print, or save to your notes app. Bring this with you when you're ready to start exploring trauma-related dissociation with a therapist who truly gets it.

(Extra space for notes to self 😊)

📝 One-Page Therapy Interview Guide

Questions & Reminders for Beginning or Returning to Trauma-Related Dissociation Work

Opening Questions (Low-Pressure Ways to Start the Conversation)

You can ask your therapist:

- "Do you have experience working with trauma-related dissociation?"
- "How do you typically pace therapy with clients who get overwhelmed easily?"
- "What is your approach if a client starts to dissociate during a session?"
- "How do you help clients stay within their window of tolerance?"
- "Do you use grounding strategies? If so, what kinds?"
- "Do you incorporate parts-work or internal communication in your approach?"

These questions help you see how informed, flexible, and safe they feel.

Green Flags: Signs They May Be a Good Fit

- They respond calmly and openly about dissociation.
- They validate your experience without minimizing it.
- They emphasize safety, pacing, and stabilization.
- They understand that mindfulness needs to be modified.
- They don't push to process trauma immediately.
- They check in if you look far away, foggy, or overwhelmed.
- They are willing to collaborate and adjust.
- They show curiosity, not fear or defensiveness.

Red Flags: Signs to Consider Seeing Someone Else

- They dismiss dissociation as "just zoning out."
- They seem confused, skeptical, or overwhelmed when you describe it.
- They rush or pressure you to "get into the trauma."
- They insist traditional mindfulness will fix it.
- They shame you, judge you, or make you feel difficult.

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- They attribute dissociation to manipulation, attention-seeking, or resistance.
- Their energy feels checked-out, impatient, or dysregulated.

If it feels wrong, you're allowed to leave.
If it feels safe, you're allowed to stay.

Questions About Session Safety & Pacing

- "How will you know when I'm getting overwhelmed?"
- "What will you do if I start losing time?"
- "Can we build in pauses or check-ins?"
- "Are there grounding tools we can use that don't involve closing my eyes?"

What You Can Say in the Moment (Advocacy Scripts)

- "I'm starting to feel far away — can we pause?"
- "My system is getting overwhelmed; can we slow down?"
- "I'm feeling unsafe going inward right now."
- "Can we stay with external grounding?"
- "Can you recap? I think I dissociated for a moment."

You're not being demanding.
You're communicating — and communication is a healing skill.

Reminders to Bring With You

- **You can return to this guide anytime.**
- **Your system gets the final say on pacing.**
- **You don't have to earn help.**
- **You don't have to stay with a therapist who feels unsafe.**
- **You don't need perfect words to describe dissociation.**
- **It's okay to ask questions.**
- **It's okay to take breaks. It's okay to start over.**
- **You deserve therapy that feels safe, collaborative, and trauma-aware.**

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