# Emotional Regulation Toolkit

## A gentle guide for nervous systems under pressure

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**Important note**

This resource is intended for educational and supportive purposes only. It does not replace professional medical, psychological, or therapeutic advice, diagnosis, or treatment.

If you are experiencing severe distress, persistent mental health difficulties, or are concerned about your safety, please seek support from a qualified healthcare professional or local emergency services.

Use these tools in ways that feel safe and appropriate for you. You are not required to push through distress or manage alone.

Emotional regulation is often described as a skill you should be able to apply on demand.

Pause. Breathe. Reframe. Think differently. Calm down.

For many people… especially those with ADHD, autism, trauma exposure, or chronic stress… this framing misses something essential. Regulation is not something you *decide* to do once you notice you're struggling. It is something that depends on **timing, access, and nervous system capacity**. By the time distress is obvious, the system may already be flooded, shut down, or operating outside conscious control.

This toolkit starts from a different assumption:

That emotional overwhelm, shutdown, reactivity, and sensitivity are not failures of discipline or insight… they are **signals that the nervous system has exceeded its current capacity to process safely**.

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This resource is not designed to make you calmer, more productive, or easier to manage.

It is designed to help you:

- recognise early signs of nervous system strain
- support regulation when thinking is hard or unavailable
- reduce self-blame during moments of emotional intensity
- recover without creating further exhaustion or shame
- work *with* your nervous system rather than against it

The tools in this guide are deliberately **gentle, optional, and flexible**. There is no correct order. There is no expectation that every strategy will work for every person or every moment. Regulation is highly individual, context-dependent, and influenced by safety, history, and environment.

If something here does not help, that does not mean you are doing it wrong.

It means your system is telling you what it needs… and that information matters.

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Many regulation resources assume a baseline level of stability, clarity, and energy. This toolkit does not.

It is written for moments when:

- emotions escalate faster than thought
- your body reacts before you understand why
- words disappear or feel out of reach
- everything feels suddenly "too much"

- you know what *should* help, but cannot access it

Rather than asking you to override these states, this guide focuses on **meeting them safely**, supporting recovery, and restoring choice over time.

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This toolkit may be useful if you:

- identify as neurodivergent (including ADHD, AuDHD, autistic)
- experience emotional intensity, shutdown, or rapid overwhelm
- notice strong reactions to perceived rejection or social threat
- feel drained by “coping” strategies that require constant effort
- want support that does not rely on forcing calm or positivity

It may also be useful for clinicians, coaches, and supporters who want tools that **do not escalate pressure** or demand insight at the wrong moment.

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A final note before you continue:

You do not need to read this all at once.
You do not need to practise it when you feel fine.
You do not need to remember any of it perfectly.

Use this as a **reference**, not a rulebook.
Return to it when your system needs support… not when you feel capable.

Regulation is not about control.
It is about **creating the conditions where control becomes possible again**.

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# Section 1. Grounding

**Restoring orientation before regulation**

Grounding is often described as a way to “calm down.”

For many nervous systems, especially neurodivergent and trauma-exposed ones, this framing creates confusion or frustration. Calm may not be accessible in moments of overwhelm. Trying to force it can increase distress rather than reduce it.

Grounding serves a different purpose.

Grounding is about **orientation…** helping the nervous system re-establish where you are, what is happening now, and whether you are safe enough in this moment to reduce protective responses.

When grounding works, it does not necessarily make you feel relaxed.
It makes you feel **located**.

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## When grounding is useful

Grounding can help when you notice:

- emotional intensity rising quickly
- a sense of unreality, fog, or disconnection
- racing thoughts or mental looping
- a sudden urge to escape, freeze, or shut down
- difficulty accessing words or coherent thought

These states are not signs that you are failing to cope. They often indicate that the nervous system has shifted into a **protective mode** where cognitive access is reduced.

Grounding supports the system *before* problem-solving, reflection, or emotional processing.

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## What grounding is… and what it is not

Grounding **is**:

- a way to bring attention back to the present moment
- a method for anchoring awareness in the body and environment
- a tool for reducing disorientation and threat perception
- something that can be done gently and briefly

Grounding **is not**:

- a demand to calm down
- a test of emotional control
- a requirement to sit still or close your eyes
- a guarantee that distress will immediately disappear

If grounding increases discomfort, it may mean the approach needs to change… not that grounding “doesn’t work for you.”

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## Choosing the right kind of grounding

Different nervous systems ground in different ways.

Some people find **stillness** grounding.
Others find it destabilising.

Some benefit from **internal focus**.
Others need **external reference points**.

There is no universal technique.

As a general guide:

- If you feel *flooded or agitated*, external and physical grounding often works better.
- If you feel *dissociated or numb*, sensory or movement-based grounding may be more helpful.
- If focusing inward increases distress, keep your eyes open and orient to your surroundings.

Trust the response of your body more than the theory.

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## Grounding practices to try

You do not need to do all of these. Choose one or two that feel tolerable.

### *1. Physical contact grounding*

- Place both feet on the floor and press them down firmly for 10–15 seconds
- Lean your back or shoulders into a wall or chair
- Hold an object with noticeable weight or texture
- Press your hands together or wrap your arms around yourself with firm pressure

This type of grounding uses **proprioceptive input**, which many nervous systems find stabilising.

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### *2. Sensory orientation grounding*

- Name three things you can see in the room
- Notice two sounds you can hear, near or far
- Identify one physical sensation (pressure, warmth, contact)
- Slowly scan for colours or shapes without analysing them

Keep this slow and observational, not evaluative.

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### *3. Movement-based grounding*

- Gently rock, sway, or pace
- Stretch your arms, neck, or legs
- Shift your weight from one foot to the other
- Shake out your hands or feet briefly

Movement can help when stillness increases agitation or panic.

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### *4. Breath-supported grounding (optional)*

- Inhale slowly through the nose
- Exhale a little longer through the mouth
- Keep breathing natural… do not force depth
- Pair breath with physical contact (hand on chest, abdomen, or thighs)

Breath work should never feel like a performance task.

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## Common obstacles to grounding

If grounding feels ineffective or unpleasant, possible reasons include:

- the technique does not match your nervous system state
- attention is being directed inward when the system needs external reference
- pressure to “do it right” is increasing threat
- the environment itself is still overwhelming

In these cases, change the method, reduce the duration, or pause altogether.

Grounding is a support… not an obligation.

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## After grounding

You may notice:

- a slight reduction in intensity
- clearer perception of the environment
- more access to language or thought
- no obvious change at all

All of these outcomes are valid.

Sometimes grounding simply **prevents escalation**, even if it does not create immediate relief. That still matters.

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## A note on safety

If grounding brings up distressing memories, images, or sensations, stop and return attention to something external and neutral.

If grounding consistently increases distress, it may be helpful to explore alternatives with professional support.

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## Remember

Grounding is not about making emotions go away.
It is about **creating enough orientation for the nervous system to stop escalating further**.

That alone is a meaningful shift.

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# Section 2. Sensory Regulation Tools

**Using sensation to influence nervous system state**

Sensory regulation is often misunderstood as avoidance… as if the goal were to minimise sensation or retreat from the world.

In reality, sensory regulation is about **using specific types of input to support nervous system stability**.

The nervous system is constantly responding to sensory information: sound, light, pressure, temperature, movement, texture, and visual complexity. These inputs shape arousal, safety perception, and emotional intensity long before conscious thought comes online.

This means regulation does not begin with insight or intention.
It begins with **what the body is taking in**.

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## Why sensory regulation works

When a nervous system is overwhelmed, it is often because the **volume, unpredictability, or emotional meaning of sensory input** has exceeded its capacity.

Trying to reason, reframe, or self-soothe without adjusting sensory input can feel impossible… not because you lack skill, but because the system is still receiving signals of threat or overload.

Sensory regulation works by:

- reducing incoming threat cues
- increasing stabilising or organising input
- giving the nervous system clearer, simpler information to process
- supporting state change without requiring cognitive effort

This is especially important for neurodivergent systems, where sensory processing is often more intense, less filtered, or slower to integrate.

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## Regulation is not one-size-fits-all

There is no universally “calming” sensory input.

What settles one person may overwhelm another.
What helps in one state may worsen another.

Some people regulate through **reduction** (less noise, less light).
Others regulate through **addition** (pressure, movement, sound).

The goal is not comfort.
The goal is **nervous system support**.

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## Understanding your sensory responses

It can help to notice:

- Which sensations feel organising or steadying
- Which feel agitating or draining
- Which feel alerting without overwhelming
- Which feel neutral or grounding

These responses may change depending on:

- stress level

- fatigue
- emotional load
- environment
- time of day

This variability is normal.

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## Categories of sensory regulation tools

You do not need to use all of these.
They are options… not prescriptions.

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### *1. Pressure and proprioceptive input*

*Often stabilising for overwhelmed or scattered states*

Examples include:

- Firm pressure through leaning, hugging, or weighted objects
- Sitting with feet planted and legs supported
- Carrying or holding something with weight
- Wrapping in a blanket or applying compression clothing

Pressure provides clear, predictable feedback to the nervous system and can reduce sensory “noise.”

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### *2. Temperature-based input*

*Helpful for interrupting escalation or numbness*

Examples include:

- Cool water on wrists or face
- Holding a warm mug or heat source
- Changing room temperature or stepping outside briefly

Temperature shifts can act as a **reset signal**, bringing attention back to the body.

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### *3. Auditory input*

*Regulating through sound*

Examples include:

- Low-frequency or rhythmic sound
- Familiar voices or predictable audio
- Noise reduction or ear protection when needed
- Silence, when accessible and safe

Sound is particularly powerful because it is difficult to “tune out.”

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### *4. Visual input*

*Reducing visual demand*

Examples include:

- Soft or indirect lighting
- Minimising visual clutter
- Neutral or predictable visual environments
- Allowing the eyes to rest or defocus

Visual complexity can be exhausting even when unnoticed.

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### *5. Movement-based sensory input*

*Supporting regulation through motion*

Examples include:

- Gentle rocking, swaying, or pacing
- Stretching or slow repetitive movement
- Brief bursts of more intense movement if safe

Movement can help regulate both high arousal and shutdown states, depending on intensity.

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## Using sensory regulation in everyday settings

Sensory regulation does not need to be obvious or disruptive.

Many tools can be used:

- at work
- in public
- during conversations

- without explanation

Subtle options often include:

- posture shifts
- pressure through feet or hands
- controlled use of sound
- adjusting visual focus
- micro-movements

The goal is **support**, not concealment… but discretion can be helpful.

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## When sensory regulation doesn't help

If sensory tools increase distress, possible reasons include:

- the input is mismatched to the nervous system state
- too many sensory changes are happening at once
- emotional meaning is attached to the sensation
- the environment remains fundamentally unsafe or overwhelming

In these cases, reducing input or pausing altogether may be the most regulating option.

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## A note on self-trust

Many people have learned to ignore or override sensory needs in order to function.

Relearning sensory regulation often requires:

- experimentation
- permission to stop tolerating discomfort
- letting go of ideas about what *should* help

Your nervous system's responses are data… not weaknesses.

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## Remember

Sensory regulation is not indulgence.
It is **basic nervous system maintenance**.

Supporting sensory needs early can prevent escalation later… and reduce the overall cost of coping.

# Section 3. Shutdown Support

**When energy collapses and access disappears**

Shutdown is one of the most misinterpreted nervous system states.

It is often described as avoidance, disengagement, laziness, or emotional withdrawal. In reality, shutdown is a **protective response** that occurs when a nervous system has exceeded its capacity to process, respond, or stay mobilised.

Shutdown is not a choice.
It is not something you talk yourself into or out of.
It is what happens when the system decides that **continuing would cause harm**.

## What shutdown actually is

Shutdown occurs when:

- emotional demand overwhelms processing capacity
- sustained stress outpaces recovery
- threat remains present without a sense of escape or resolution
- regulation efforts fail repeatedly

In these conditions, the nervous system may reduce energy output, emotional range, and cognitive access in order to conserve resources and limit further damage.

This can look like disconnection… but it is **protection**, not collapse.

## Common signs of shutdown

Shutdown does not always look dramatic.

It may include:

- feeling heavy, foggy, or slow
- difficulty initiating movement or speech
- emotional numbness or flattening
- loss of motivation or interest
- withdrawal from interaction
- a sense of “disappearing” or going offline

Internally, many people describe shutdown as *being there but not fully accessible*.

## Shutdown is not the same as burnout or depression

These states can overlap, but they are not identical.

- **Shutdown** is often acute or episodic, triggered by overload.
- **Burnout** develops over time from sustained overexertion and inadequate recovery.
- **Depression** involves broader changes in mood, meaning, and self-concept.

Mislabeling shutdown can lead to responses that worsen it… such as pushing for motivation, insight, or emotional engagement too soon.

## What helps during shutdown

The goal during shutdown is not recovery or productivity.

The goal is **stabilisation**.

Helpful supports often include:

- reducing demands to the lowest possible level
- prioritising physical needs (hydration, warmth, rest)
- limiting sensory input
- allowing stillness or low-effort movement
- removing pressure to explain or justify the state

Even small expectations can feel overwhelming during shutdown.

## What does not help during shutdown

Common responses that often extend shutdown include:

- trying to “push through”
- forcing emotional processing
- self-criticism or moral framing
- urgent problem-solving
- pressuring yourself to communicate clearly

If something feels effortful, it likely exceeds capacity in that moment.

## Supporting re-entry after shutdown

Coming out of shutdown requires **gradual re-engagement**.

Helpful approaches include:

- starting with simple, concrete actions
- reintroducing stimulation slowly
- using sensory regulation to support transition
- avoiding immediate emotional or social demand
- allowing incomplete recovery without judgement

Trying to resume full functioning too quickly often leads to rebound shutdown.

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## Planning for shutdown (when you are not in it)

Many people only address shutdown after it occurs.

Planning ahead can reduce its impact:

- identify early warning signs
- prepare low-demand options in advance
- reduce the need to decide when capacity is low
- communicate boundaries or needs where possible

This is not resignation… it is **care**.

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## A note on shame

Shutdown is frequently followed by shame:

- for not coping
- for withdrawing
- for needing rest
- for “failing” to function

Shame increases nervous system threat and delays recovery.

Shutdown does not mean you are broken.
It means your system is responding intelligently to overload.

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## Remember

Shutdown is not something to fix.
It is something to **support**.

When the nervous system feels safe enough, energy and access return on their own.

Your role is not to force that process… but to make space for it.

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# Section 4. Rejection Sensitivity (RSD) Strategies

**When social pain triggers a threat response**

Rejection Sensitivity is often misunderstood as emotional fragility or overreaction.

For many neurodivergent people, what gets labelled as "RSD" is not a personality trait or cognitive distortion. It is a **nervous system threat response** shaped by sensitivity, learning history, and repeated experiences of misunderstanding, criticism, or exclusion.

The pain is not imagined.
The intensity is not chosen.
The speed is not voluntary.

What happens feels social… but it is often **physiological first**.

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## What is actually happening during RSD

When a cue is interpreted as rejection, dismissal, criticism, or withdrawal of connection, the nervous system may respond as if **relational safety is under threat**.

This can happen:

- before conscious thought
- without clear evidence
- even when the other person's intent is neutral or unclear

The body reacts first.
Meaning is assigned later.

This is why reassurance, logic, or "reframing" often fails in the moment… the system is already in protection mode.

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## Common RSD responses

RSD does not look the same for everyone.

It may include:

- sudden emotional pain or shame
- intense self-criticism or collapse
- anger, defensiveness, or urge to withdraw
- rumination or mental replay
- urge to repair, apologise, or disappear

These are not character flaws.
They are **strategies for restoring safety**.

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## The goal of RSD strategies

The goal is not to eliminate sensitivity.
The goal is not to become indifferent to social cues.

The goal is to:

- reduce self-attack after activation
- slow meaning-making until regulation returns
- support the nervous system through the response
- preserve relationships without self-abandonment

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### Step 1: Recognise early warning signs

RSD often announces itself through the body.

Early signals may include:

- heat, tightness, or sinking sensations
- sudden drop in energy or mood
- urge to escape or defend
- narrowing of attention or mental looping

Noticing these signs early creates **choice**, even if limited.

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### Step 2: Separate sensation from meaning

In the moment, try to distinguish:

- *what your body is experiencing*
  from
- *the story your mind is generating*

You might internally name:

- “My chest is tight.”
- “My system is reacting.”
- “Something landed as threat.”

This is not denial.
It is containment.

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## Step 3: Pause relational action

When possible:

- delay responses
- avoid immediate confrontation or repair
- step away from messaging or conversation
- give your nervous system time to settle

Pausing protects both you and the relationship.

You are not avoiding… you are **regulating**.

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## Step 4: Reduce self-attack

Self-criticism often arrives immediately after RSD activation.

Gently interrupt this pattern:

- avoid labelling yourself as “too much” or “broken”
- use neutral language (“This is hard for me.”)
- remind yourself that sensitivity developed for a reason

Compassion is not indulgence.
It is stabilising.

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## Step 5: Revisit meaning later

Once regulation improves, you may find that:

- the interpretation softens

- alternative explanations emerge
- the emotional charge decreases

If communication is needed, it is often safer and clearer **after** this window.

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## When RSD feels constant

If RSD reactions are frequent or intense, it may indicate:

- ongoing relational unsafety
- chronic masking or self-suppression
- environments that rely on implicit feedback or criticism
- cumulative stress or burnout

In these cases, the issue may not be sensitivity… but **exposure**.

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## A note on reassurance

Reassurance can help *after* regulation returns.

During activation, repeated reassurance may:

- feel unbelievable
- increase confusion
- heighten dependency

Support that focuses on **grounding and containment** often works better first.

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## Remember

Rejection Sensitivity is not weakness.
It is **patterned nervous system protection**.

Your system learned to detect social threat quickly because, at some point, it needed to.

The work is not to erase that sensitivity…
but to **support it without turning it against yourself**.

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# Section 5. Pacing Techniques

**Protecting capacity before it collapses**

Pacing is often framed as a time-management skill.

For many neurodivergent and trauma-exposed people, this framing misses the point. The challenge is not organising time… it is **managing energy, load, and recovery** in a nervous system that does not operate on linear output.

Pacing is not about doing less because you are incapable.
It is about doing things in a way that does not silently deplete you.

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## Why pacing matters

Many people function by borrowing energy from the future.

They push through when tired.
They override early warning signs.
They rely on urgency or adrenaline to mobilise.

This can work… briefly.

But over time, it creates **regulation debt**: a growing gap between what the nervous system can sustain and what is being demanded of it.

Pacing is how that debt is prevented.

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## Pacing is not procrastination

This distinction matters.

Procrastination usually involves avoidance of an unwanted task despite capacity to engage.

Pacing involves **intentionally modulating engagement** because capacity is limited or fluctuating.

Choosing not to push when depleted is not avoidance.
It is maintenance.

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## Understanding your capacity patterns

Capacity is not fixed.

It varies with:

- emotional load
- sensory environment
- sleep and health
- relational safety
- cumulative stress

For many neurodivergent people, capacity fluctuates **within a single day**, not just across weeks.

Pacing begins with noticing these patterns rather than judging them.

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## Core pacing principles

These principles are simple, but not always easy.

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### *1. Stop before collapse*

Waiting until exhaustion or overwhelm is already present means pacing has arrived too late.

Useful stopping points are often:

- slight irritability
- early restlessness
- subtle cognitive fog
- drop in tolerance or patience

Stopping here preserves recovery capacity.

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### *2. Alternate demand levels*

Sustained high-demand output is rarely sustainable.

Where possible:

- follow effortful tasks with low-demand ones
- avoid stacking emotionally or cognitively heavy activities

- build recovery *between* tasks, not only at the end

Even short breaks can prevent escalation.

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## *3. Build recovery into the task*

Recovery does not have to mean stopping completely.

It may include:

- slowing pace
- reducing sensory load
- simplifying the task
- switching posture or environment
- adding grounding or sensory support

This allows continuation without depletion.

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## *4. Use external stopping cues*

Many people struggle to notice internal limits until they are exceeded.

External cues may help:

- timers
- scheduled pauses
- task caps
- check-ins with another person

These are supports, not crutches.

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## *5. Respect variable output*

Some days allow deep focus and momentum.
Other days do not.

Pacing means:

- not demanding consistency from an inconsistent system
- allowing uneven productivity without moral judgement
- valuing sustainability over intensity

Output variability is not failure.
It is information.

## When pacing feels “wrong”

Many people experience guilt or anxiety when pacing.

This may come from:

- internalised expectations
- environments that reward overextension
- fear of falling behind
- history of being judged for inconsistency

These responses are understandable.

They do not mean pacing is unnecessary… they mean it is **unfamiliar**.

## Pacing as prevention

Pacing is not just about getting through the day.

It helps prevent:

- emotional dysregulation
- shutdown episodes
- burnout
- chronic exhaustion
- loss of self-trust

Used consistently, pacing reduces the need for recovery after collapse.

## Remember

Pacing is not about lowering standards.
It is about **aligning demand with capacity**.

You do not need to earn rest.
You need to protect the system that makes effort possible at all.

# Section 6. 30-Second Nervous System Resets

**Small interventions that create breathing room**

When regulation resources talk about self-care, they often assume time, privacy, and choice.

In real life, dysregulation rarely waits for ideal conditions.

It shows up:

- mid-conversation
- in meetings
- in public
- at work
- when you are already depleted

Thirty-second resets exist for these moments.

They do not aim to resolve distress.
They aim to **interrupt escalation** just enough to restore a degree of choice.

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## What a 30-second reset is… and isn't

A reset **is**:

- brief
- repeatable
- discreet
- low-effort
- adaptable to different environments

A reset **is not**:

- a guarantee of calm
- a replacement for rest or recovery
- a performance to do "correctly"
- something that must be done only once

Think of these as **nervous system punctuation**, not solutions.

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## Why short resets matter

Nervous system shifts do not require long interventions.

Small changes in:

- breath
- posture
- muscle tone

- sensory input
- orientation

can reduce the intensity of threat signals enough to prevent further escalation.

This matters most **early**, but even late interventions can limit fallout.

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## Resets to try

You do not need to use all of these.
Choose one or two that feel tolerable and accessible.

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### *1. The extended exhale*

- Inhale gently through the nose
- Exhale slowly through the mouth, slightly longer than the inhale
- Repeat once or twice

Longer exhales can signal the nervous system to reduce mobilisation.

Do not force depth or rhythm.

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### *2. Jaw and tongue release*

- Let your tongue rest on the floor of your mouth
- Gently unclench the jaw
- Allow the face to soften

Jaw tension often mirrors nervous system activation.

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### *3. Feet-to-floor pressure*

- Press both feet firmly into the ground
- Notice the contact points
- Hold for 10–15 seconds

This provides grounding and proprioceptive input without drawing attention.

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### *4. Peripheral vision expansion*

- Keep your head still
- Soften your gaze
- Notice what you can see at the edges of your vision

This can reduce tunnel vision and threat focus.

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### *5. Posture reset*

- Drop the shoulders
- Straighten or support the spine
- Adjust seating or stance

Small posture changes can shift internal state.

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### *6. Gentle pressure*

- Place a hand on your chest, abdomen, or thighs
- Apply steady, comfortable pressure

Pressure can be regulating even when brief.

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## Using resets in real contexts

Resets can be used:

- during conversations
- while listening
- at a desk or in transit
- without closing your eyes
- without explanation

They are meant to **support participation**, not interrupt it.

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## When resets don’t help

Resets may feel ineffective if:

- the nervous system is already in shutdown
- the environment remains unsafe or overwhelming

- expectations for immediate relief increase pressure
- the same reset is overused when it no longer fits

In these cases, the need may be **rest, withdrawal, or deeper support**.

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## Building resets into daily life

Resets work best when they are:

- familiar
- practised outside crisis
- used early and often
- treated as support, not correction

Even using them when you feel “mostly fine” can reduce baseline tension.

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## Remember

You do not need to feel better to benefit from a reset.
You only need to feel **slightly less escalated**.

Thirty seconds cannot fix everything…
but it can stop things from getting worse.

And sometimes, that is enough.

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# Closing… Working With Your Nervous System, Not Against It

Emotional regulation is often treated as a personal responsibility… something you should be able to manage quietly, efficiently, and without inconvenience to others.

This toolkit takes a different position.

Your nervous system is not malfunctioning.
It is responding to demand, history, and environment in the only ways it knows how.

Overwhelm, shutdown, sensitivity, and exhaustion are not evidence of weakness or failure. They are **signals**… indicators that capacity has been exceeded, that recovery has been delayed, or that safety has been compromised in subtle but cumulative ways.

Nothing in this guide is meant to override those signals.

The purpose of these tools is not to suppress reactions, push through distress, or make you more palatable to the systems around you. It is to **reduce harm**, preserve energy, and support your system so that choice and agency can return.

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You may notice that some strategies help immediately, while others do very little. You may find that what works one day does not work the next. This is not inconsistency… it is responsiveness.

Regulation is not linear.
Capacity is not fixed.
Recovery is not something you earn.

If you take one thing from this toolkit, let it be this:

You do not need to fight your nervous system in order to function.

When you support it early, gently, and without judgement, many of the things that feel impossible begin to feel **possible again… not because you forced them, but because the system is no longer under threat**.

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Use this resource as a reference, not a rulebook.
Return to it when things feel hard… not when you feel capable.
Adapt it. Ignore parts of it. Share what helps.

Regulation is not about control.
It is about **conditions**.

And when the conditions change, so can everything else.