

CLIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

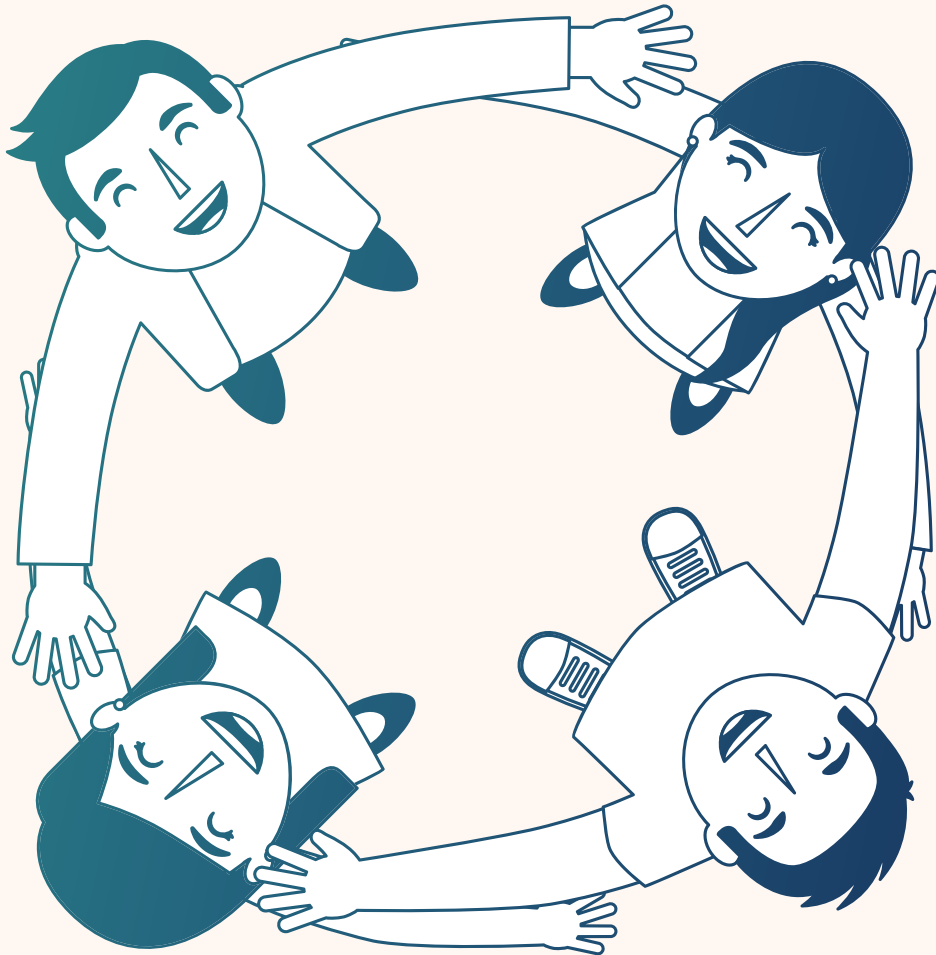
# CIRCLE OF SUPPORT

## FOR RESOURCING

**Directions:** Identify supportive individuals that you can assign to your "Circle of Support." This circle of support will serve as a mental resource to help you feel strong, grounded, and protected when processing distressing memories and information.

Person 1: \_\_\_\_\_

Person 2: \_\_\_\_\_



Person 3: \_\_\_\_\_

Person 4: \_\_\_\_\_