

Grounding

Choosing a Grounding Option That Fits

Adults and teens 13+ | 10 to 15 minutes

Grounding usually means redirecting attention toward the present. It may help some people and feel unpleasant or ineffective for others. You do not need to count senses, close your eyes, focus on breathing, or finish an exercise to participate in care.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Choose one ordinary cue

You might notice the date on a calendar, read a sign, describe an object, or ask a trusted person to speak slowly. Choose something accessible and neutral. If the environment is unsafe, practical protection takes priority.

Evaluate fit rather than performance

Notice whether the option helps you orient, makes no difference, or increases discomfort. You can shorten it, change focus, ask for company, or stop. A clinician should welcome information about what does not help.

1. What present-oriented cue, if any, would you choose today?

2. What adaptation would make it more accessible or comfortable?

3. What happened when you tried it, or what led you to decline?

4. What should a helper do next time if this option does not help?

Clinical use and adaptation

Obtain permission and avoid mandatory sensory sequences, body attention, or breath focus. Assess medical and dissociative concerns when indicated. Grounding is an optional support, not proof of safety or a substitute for treatment and safeguarding.