

Grounding and present-moment orientation

Clients + Clinicians | Stabilization and Resourcing | Phase 2

Awaiting qualified clinical review. Not a stand-alone protocol, clinical training, supervision, or individualized treatment.

Collaborative ways of noticing the present environment and the body's contact with support.

UNDERSTAND

Context and choices

DISCUSS

Collaborate and monitor

ADAPT

Review what helps

Purpose and context

A short, tolerable orienting action can help the therapist monitor connection and choose a manageable pace.

Client-facing explanation

With your therapist, you can try noticing where you are, looking for a familiar object, or feeling the chair supporting you. You can skip anything that feels uncomfortable.

Clinician reference

Offer choices rather than a fixed sequence. External sensory orientation may be more tolerable than inward attention. Ask about sensory sensitivities, accessibility, pain, and cultural preferences.

General sequence / checklist

1. Ask whether looking outward, moving slightly, or noticing a contact point sounds useful.
2. Invite one neutral observation, such as a color or the chair under the legs.
3. Notice the current place and date if that supports orientation.
4. Check the effect; stop or change the exercise if discomfort or disconnection grows.

Example / documentation consideration

Fictional example: naming two blue objects with eyes open works better than a breathing exercise.

Scope and cautions

Deep breathing, body scans, and sensory counting do not help everyone. Do not continue an exercise solely to complete it. Persistent disorientation needs clinical attention.

Selected references (framework; not validation of every exercise)

EMDRIA: Experiencing EMDR Therapy

EMDRIA: The Eight Phases of EMDR Therapy

No qualified review date recorded. Accessible written counterpart: emdrdot.com/resources/preparation/grounding