Somatic Orienting & Grounding Choice Sheet — Page 1

Session decision aid: capacity checks, one grounding/orienting option, titration limit, and client response.

Client / ID: _____ Date: _____ Clinician: _____

Presenting theme in client words (no graphic detail):

1. Present signal (check primary)

- ☐ Thin orientation / time loss
- ☐ Hypoarousal / shutdown
- ☐ Child/teen needs co-regulation
- ☐ Hyperarousal (panic, urge to flee)
- ☐ Workable range; one body cue available
- ☐ Other (name on line below)

Other / notes:

2. Capacity checks

- ☐ Can leave a cue and return to the room
- ☐ Enough time remaining for safe closure
- ☐ Co-regulation support available if needed
- ☐ Body sensation is NOT a primary threat cue now
- ☐ Consent current for this dose of body work
- ☐ No acute risk requiring safety-first plan

Finding that changes the plan (if any):

3. Option selected (choose ONE)

- ☐ External orienting (room/feet/object/light/sound)
- ☐ Brief interoception (one small cue, seconds only)
- ☐ Stop body-focused work; stabilize and reassess
- ☐ Known resource (image/relationship/steadier area)
- ☐ Co-regulation (therapist/caregiver-supported)
- ☐ Return later after external orientation holds

Exact action in client-friendly language:

4. Titration limit

Time cap (seconds / minutes):

Intensity stop rule (what ends the exercise):

Client stop word or signal:

- ☐ Vacant/darting gaze
- ☐ Freeze / collapse / blank compliance
- ☐ Shame spiral / self-attack
- ☐ Speech fragments or disappears
- ☐ Panic climb or urge to flee
- ☐ Child still-silly-clingy out of range

Somatic Orienting & Grounding Choice Sheet — Page 2

Client response, developmental notes, documentation scaffold, and next-session review.

5. Client response (what changed)

Orientation / gaze / room contact:

Breath / posture / movement:

Emotion or urge shift:

Ability to choose next step:

Any titration cue that appeared:

6. Developmental / family notes (if relevant)

- ☐ Child: kept concrete and brief
- ☐ Caregiver role defined (prompt/model, not interrogate)
- ☐ No body-scan homework assigned
- ☐ Teen: protected dignity and choice
- ☐ Between-session plan is external only
- ☐ School / home support considered

Support person role in one sentence:

7. Progress-note scaffold (minimum necessary)

Use short clinical labels. Prefer observable response over private trauma narrative in shared charts and unsecured files.

Signal and capacity read:

Option chosen and why:

Titration limit / stop cue:

Client response:

Next-session review question:

8. Next-session review

- ☐ Keep the same option
- ☐ Change door (external / resource / interoception)
- ☐ Pause body work; stabilize first
- ☐ Shrink the dose further
- ☐ Stay in co-regulation longer
- ☐ Consult / training / higher care considered

First question next visit:

Clinician reflection (optional):

Scope reminder

This sheet supports trauma-informed, Somatic Experiencing-informed grounding and orienting within the clinician license and competence. It is not a certification, not a full SE protocol, and not self-administered trauma processing. Match every dose to the client response you observe.