Dissociation is being disconnected from the here and now. Everyone occasionally has times of daydreaming or mind wandering, which is normal. Sometimes dissociation is a way of coping by avoiding negative thoughts or feelings related to memories of traumatic events. When people are dissociating they disconnect from their surroundings, which can stop the trauma memories and lower fear, anxiety and shame. Dissociation can happen during the trauma or later on when thinking about or being reminded of the trauma. When dissociation is connected to trauma memories or reminders, it is considered an avoidance coping strategy. The difference from active avoidance (on purpose avoiding thinking about or doing something) is that dissociation tends to happen without planning or even awareness. Many times, people who are dissociating are not even aware that it is happening, other people notice it. Just like other types of avoidance, dissociation can interfere with facing up and getting over a trauma or an unrealistic fear. It can also interfere with school or doing other activities that require paying attention and being in the here and now.

Dissociation commonly goes along with traumatic events and PTSD.

**Signs and Symptoms**

- Spacing out; day dreaming
- Glazed look; staring
- Mind going blank
- Mind wandering
- Sense of world not being real
- Watching self from outside
- Detachment from self or identity
- Out of body experience
- Disconnected from surroundings

**Causes of Dissociation**

**Dissociation** as avoidance coping usually happens because of a traumatic event. Being powerless to do anything to change or stop a traumatic event may lead people to disconnect from the situation to cope with feelings of helplessness, fear or pain. Dissociation can help people get through to the end of the traumatic experience. People who dissociate during trauma are more likely to develop a pattern of dissociating as a coping strategy.
Since everyone spaces out or daydreams sometimes, it is only when dissociation interferes with everyday life that it is necessary to get help for it. Dissociation may persist because it is a way of not having negative feelings in the moment, but it is never a cure. Too much dissociating can slow or prevent recovery from the impact of trauma or PTSD. Dissociation can become a problem in itself. Blanking out interferes with doing well at school. It can lead to passively going along in risky situations. Facing up to trauma and learning the impact can be handled is the cure for dissociation.

**The good news** is that there is help for dissociation.

Most of the time the person who is dissociating does not realize it is happening. Therefore others have to help out at least in the beginning. The key strategy to deal with dissociation is **grounding**. Grounding means connecting back into the here and now.

**Grounding in therapy (therapist does).**

- Firmly get attention to make eye contact (call out, snap fingers, wave hand).
- Make direct observation about state of dissociation ("seems like you spaced out, where'd you go?" "remember we talked about spacing out as a type of avoidance? Let's back track and see where we were when you disconnected, what were you thinking about").
- Have client talk about where, what, surroundings ("tell me where you are; what are you doing right this minute").
- Ask client to do something grounding ("name 5 things you see, hear, and feel", "count how many blue items you can see"; "name animals beginning with the first 5 letters of the alphabet").
- Give something grounding to do: calming smell (e.g., lavender on cotton balls), eat a piece of candy or an Altoid and describe, put cold water compress, ice cubes or cold bottle behind knees or on temples, push feet into the ground, get up and move around)

Note: It is always important to return to active treatment including doing exposure or trauma narrative.

**Grounding out of therapy (Child/youth or caregiver does)**

- Create a **grounding plan** to take with and use when notice dissociation.
  - Notice dissociation
  - Do physical or mental grounding activity
  - Have cognitive coping strategy ready to go ("I know what this is"; I can handle it”, I’m fine”.)
- Have caregiver, friend or teacher agree to do prompt for use of **grounding plan**. Needs to be discussed ahead of time. Client decides what works best!