Sensory-informed Toolkit

In-Action

Experiential Interventions for Trauma + Nervous System

Trauma-informed application: These practices are invitations, not prescriptions. Begin with choice, consent, and curiosity. Use the smallest effective amount of sensory input, monitor its effect, and stop or modify when a practice increases pain, dizziness, nausea, disorientation, panic, traumatic recall, or dissociation. Clients with vestibular disorders, concussion/TBI, recurrent vertigo, significant balance concerns, or unexplained dizziness may need assessment by an appropriately trained medical provider.

Practice	Input	Supports	Steps	Teaching Points
Orientation & Grounds Practices				
Orienting to space	Visual, auditory, vestibular, spatial	Present-time awareness, flashbacks, dissociation, uncertainty, environmental scanning	1. Keep the eyes open or softly focused. 2. Notice where you are. 3. Slowly look + hear + sense the space around without forcing head movement. 4. Identify 3–5 neutral or pleasant objects, colors, sounds, or sources of support. 5. Notice what lets the body & nervous system know, *"I am here, now."*	Invite curiosity rather than demanding relaxation. Stop or modify if scanning increases vigilance. Grounding can be helpful during flashbacks, but it should be discontinued if it increases frustration or distress.
Ground through the Feet	Proprioceptive, tactile	Disconnection, anxiety, unsteadiness, feeling "floaty" or outside the body	1. Place both feet on a stable surface. 2. Notice heel, ball, toes, and edges of each foot. 3. Press down gently for 3–5 seconds. 4. Release and notice the difference. 5. Shift weight slightly from side to side if comfortable.	Pressure is optional; sensing contact may be enough. Offer seated practice when balance, fatigue, pain, or dizziness is present.

Ground through Thighs & Legs	Proprioceptive, tactile, muscular	Mobilized energy, trembling, numbness, difficulty sensing the lower body	1. Notice the legs supported by the chair or floor. 2. Press feet down or gently engage the thighs. 3. Hold briefly without straining. 4. Release slowly. 5. Notice sensations before and after.	Encourage 10–20% effort rather than maximum contraction. Avoid language that requires clients to "get into the body." Invite the amount of sensation that feels manageable.
Ground through the Seat	Tactile, pressure, proprioceptive	Dissociation, instability, upper-body tension, difficulty feeling supported	1. Notice where the chair meets the body. 2. Sense the weight of the body being held. 3. Gently press into the seat or lean into the back support. 4. Pause and receive the support beneath you.	*"Let the chair hold some of your weight"* may be more accessible than "relax." Pelvic or seat awareness may be vulnerable or activating for some trauma survivors; offer alternatives.
Ground through the Pelvis	Proprioceptive, vestibular, interoceptive	Centering, postural awareness, finding a stable midline	1. While seated, notice the sit bones and pelvis. 2. Make a very small rock forward and backward. 3. Shift gently from side to side. 4. Reduce the movement until you find a comfortable center. 5. Pause and notice stability.	Keep movement small, slow, and optional. Pelvic awareness may evoke trauma material. Use neutral language and never require pelvic movement. Modify for pain, pregnancy, recent surgery, or pelvic-floor concerns.
Practice	**Input**	**Supports**	**Steps**	**Teaching Points**
Sensory Resources & Pacing				
Essential Oils	Olfactory	Present-time orientation, accessing a positive association, interrupting dissociation	1. Confirm that the scent is chosen by the client. 2. Place a drop on a personal inhaler or tissue rather than the skin. 3. Begin at a distance. 4. Take one gentle sniff. 5. Notice the response and decide whether to continue.	Scent is strongly associated with memory and can soothe or trigger. Don't assume lavender or another scent is calming. Screen for allergies, migraines, asthma, pregnancy-related sensitivity, and fragrance intolerance.

Sensory Tools	Tactile, proprioceptive, visual, auditory, temperature	Grounding, focus, containment, regulating intensity of internal awareness	1. Offer several options: textured object, smooth stone, putty, weighted item, cool cloth, fidget, or sound. 2. Let the client choose. 3. Explore a quality—texture, weight, temperature, shape, or sound. 4. Notice whether it supports greater presence.	More input is not always better. Introduce one tool at a time. Attend to sensory sensitivities, neurodivergence, pain, and cultural meaning.
Titrate	Clinical pacing principle	Preventing overwhelm, approaching difficult sensations in manageable amounts	1. Identify a small edge of sensation, emotion, image, or movement. 2. Contact it briefly. 3. Pause or return to a resource. 4. Assess the response. 5. Continue only with sufficient capacity and consent.	Titration means "a little at a time," not enduring distress until it subsides. The client determines what is enough. Watch for delayed activation, compliance, collapse, or dissociation.
Pendulate	Clinical pacing; interoceptive & attentional shifting	Increasing flexibility between activation & relative ease, strengthens awareness of contrast	1. Identify an area of manageable discomfort or activation. 2. Identify an area of greater neutrality, steadiness, or support. 3. Notice the resource first. 4. Briefly approach the activation. 5. Return to the resource. 6. Repeat only if helpful and end with orientation or support.	Pendulation is not rapid switching or forced positivity. The "resource" may be merely less uncomfortable—not necessarily calm. Avoid repeatedly returning to traumatic activation if the client can't reorient.
Practice	**Input**	**Supports**	**Steps**	**Teaching Points**
Touch, Posture, Vision, Movement				
Hand to heart & belly	Tactile, pressure, interoceptive	Self-contact, containment, breath awareness, sensing internal rhythm	1. Place a hand over the heart center & the belly center—or choose only one location. 2. Allow the hands to rest without changing the breath. 3. Notice warmth, pressure, movement, or absence of sensation. 4. Stay for several comfortable breaths.	Let the breath be natural. Touching the chest or abdomen may feel invasive or activating. Alternatives include hovering the hands, holding the arms, or using a pillow or blanket.

Hand to forehead & back of neck	Tactile, pressure, proprioceptive	Containment, support for head & neck, slowing or gathering attention	1. Place one hand gently on the forehead. 2. Place the other at the back of the head or upper neck. 3. Support the elbows if helpful. 4. Use no pulling or pressure. 5. Notice whether the contact feels supportive.	Modify or omit with migraines, neck injury, concussion, touch-related trauma, or discomfort placing hands near the throat or face.
Turtling & Emerging	Proprioceptive, vestibular, postural	Exploring protective impulses, containment, completing a small withdrawal-and-return movement	1. Gently draw the shoulders forward and slightly upward. 2. Allow the chin to lower only as comfortable. 3. Notice the sense of protection or boundary. 4. Slowly release the shoulders and lift the gaze. 5. Reorient to the room.	Keep the movement small and brief. Don't force spinal flexion or neck movement. Turtling may increase constriction, shame, collapse, or breathing difficulty; "emerging" is optional.
Power Poses	Proprioceptive, postural, visual-spatial	Agency, mobilization, boundary awareness, experimenting with taking up space	1. Choose standing or seated. 2. Feel support underneath the body. 3. Lengthen the spine without rigidity. 4. Widen the stance or open the arms as far desired. 5. Notice how the posture affects emotion, breath, and sense of agency.	Taking up space may feel unsafe because of culture, identity, disability, or trauma history. Smaller expressions of agency count.
Opens Eyes & Visual Field	Visual, orienting, vestibular-spatial	Emerging from collapse or inward withdrawal, increasing alertness, reconnecting with the environment	1. With the head stable, gently open the eyes a little wider. 2. Look toward the horizon or across the room. 3. Notice the central view. 4. Include peripheral vision without staring. 5. Soften the eyes and assess the response.	This practice can increase arousal and may not suit panic, hypervigilance, light sensitivity, migraine, concussion, or eye conditions. No forcing.
Slow Open &/Close of	Proprioceptive, muscular, interoceptive	Jaw bracing, mobilization held in the	1. Notice the jaw without trying to change it. 2. Let the tongue rest comfortably. 3. Slowly open the	Keep the range small, avoid forcing a yawn. Stop with locking, dizziness, sharp pain, or
Jaw		face,	mouth within a pain-free range. 4.	increased headache. Modify or

		awareness of effort and release	Pause briefly. 5. Close without clenching. 6. Repeat 2–4 times if comfortable.	omit with TMJ problems, dental pain, recent oral procedures, or cervical injury.

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